

VOLUME I

ANNUAL REPORT

2018



ICRC

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

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

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

All figures in this report are in Swiss francs (CHF). In 2018, the average exchange rate was CHF 0.9761 to USD 1, and 1.1552 for EUR 1.

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ABBREVIATIONS AND DEFINITIONS

A	Additional Protocol I	Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of International Armed Conflicts (Protocol I), 8 June 1977
	Additional Protocol II	Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II), 8 June 1977
	Additional Protocol III	Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Adoption of an Additional Distinctive Emblem (Protocol III), 8 December 2005
	1977 Additional Protocols	Additional Protocols I and II
	African Union Convention on IDPs	Convention for the Prevention of Internal Displacement and the Protection of and Assistance to Internally Displaced Persons in Africa, 23 October 2009
	AIDS	Acquired immune deficiency syndrome
	Anti-Personnel Mine Ban Convention	Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on their Destruction, 18 September 1997
	armed conflict(s)	International and/or non-international armed conflict(s): International armed conflicts exist whenever there is a resort to armed force between two or more States. Non-international armed conflicts are protracted armed confrontations occurring between governmental armed forces and the forces of one or more organized armed groups, or between such groups. The armed confrontation must reach a minimum level of intensity. International armed conflicts are governed, <i>inter alia</i> , by the Geneva Conventions of 12 August 1949 and Additional Protocol I, as applicable, while non-international armed conflicts are governed, <i>inter alia</i> , by Article 3 common to the 1949 Geneva Conventions and Additional Protocol II, as applicable. Customary international humanitarian law also applies to both international and non-international armed conflicts.
B	Biological Weapons Convention	Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on Their Destruction, 10 April 1972
C	CHF	Swiss francs
	Chemical Weapons Convention	Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on Their Destruction, 13 January 1993
	Convention on Certain Conventional Weapons	Convention on Prohibitions or Restrictions on the Use of Certain Conventional Weapons Which May be Deemed to be Excessively Injurious or to Have Indiscriminate Effects, 10 October 1980
	Convention on Enforced Disappearance	International Convention for the Protection of All Persons from Enforced Disappearance, 20 December 2006
F	Fundamental Principles	Fundamental Principles of the International Red Cross and Red Crescent Movement: humanity, impartiality, neutrality, independence, voluntary service, unity, universality
G	1949 Geneva Conventions	Convention (I) for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field, 12 August 1949 Convention (II) for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea, 12 August 1949 Convention (III) relative to the Treatment of Prisoners of War, 12 August 1949 Convention (IV) relative to the Protection of Civilian Persons in Time of War, 12 August 1949
H	Hague Convention on Cultural Property	Convention for the Protection of Cultural Property in the Event of Armed Conflict, 14 May 1954
	Health Care in Danger initiative	Health Care in Danger is an initiative of the International Red Cross and Red Crescent Movement aimed at addressing the issue of violence against patients and health workers, facilities and vehicles, and at ensuring safer access to and delivery of health care in armed conflict and other emergencies. It involves working with experts and various partners to highlight the humanitarian impact of violence against health care, develop practical measures and promote the implementation of these measures by States, components of the Movement, humanitarian organizations, health-care professionals and other relevant actors.
	HIV	Human immunodeficiency virus
I	ICRC	International Committee of the Red Cross, founded in 1863
	IDPs	Internally displaced people
	International Conference	International Conference of the Red Cross and Red Crescent, which normally takes place once every four years
	International Federation	The International Federation of Red Cross and Red Crescent Societies, founded in 1919, works on the basis of the Fundamental Principles, carrying out relief operations in aid of the victims of natural disasters, health emergencies, and poverty brought about by socio-economic crises, and refugees; it combines this with development work to strengthen the capacities of its member National Societies.
	IHL	International humanitarian law
	IOM	International Organization for Migration
K	KCHF	Thousand Swiss francs
M	Montreux Document	The Montreux document on pertinent international legal obligations and good practices for States related to operations of private military and security companies during armed conflict
	Movement	The International Red Cross and Red Crescent Movement comprises the ICRC, the International Federation and the National Red Cross and Red Crescent Societies. These are all independent bodies. Each has its own status and exercises no authority over the others.

N	National Society	National Red Cross and Red Crescent Societies embody the Movement's work and Fundamental Principles in over 190 countries. They act as auxiliaries to the public authorities of their own countries in the humanitarian field and provide a range of services, including disaster relief and health and social programmes. In times of conflict, National Societies help civilians and, where appropriate, support the military medical services.
	NATO	North Atlantic Treaty Organization
	NGO	Non-governmental organization
	<i>Non-refoulement</i>	<i>Non-refoulement</i> is the principle of international law that prohibits a State, a party to an armed conflict or an international organization from transferring a person within its control to another State if there are substantial grounds to believe that this person faces a risk of certain fundamental rights violations, notably torture and other forms of ill-treatment, persecution or arbitrary deprivation of life. This principle is found, with variations in scope, in IHL, international human rights law and international refugee law, as well as in a number of extradition treaties. The exact scope of who is covered by the principle of <i>non-refoulement</i> and what risks must be taken into account depends on the applicable legal framework that will determine which specific norms apply in a given context.
O	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
	OHCHR	Office of the United Nations High Commissioner for Human Rights
	Optional Protocol to the Convention on the Rights of the Child	Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict, 25 May 2000
	other situations of violence	This refers to situations of collective violence that fall below the threshold of an armed conflict but generate humanitarian consequences, in particular internal disturbances (internal strife) and tensions. The collective nature of the violence excludes self-directed or interpersonal violence. If such situations of collective violence have significant humanitarian consequences to which the ICRC can provide a relevant response, the ICRC may take any humanitarian initiative falling within its mandate as a specifically neutral, impartial and independent organization, in conformity with the Statutes of the Movement, article 5(2)(d) and 5(3).
P	POWs	Prisoners of war
R	RCMs	Red Cross messages
	remotely piloted aircraft	Any aerial vehicle, including those from which weapons can be launched or deployed, operated by one or more human operators who are not physically located on board
	Restoring Family Links Strategy for the Movement	In November 2007, the Movement's Council of Delegates adopted the Restoring Family Links Strategy for the Movement. The strategy aims to strengthen the Movement's family-links network by enhancing the capacity of its components to respond to the needs of those without news of family members owing to armed conflict, other situations of violence, natural disasters or other circumstances, such as migration.
	Rome Statute	Rome Statute of the International Criminal Court, 17 July 1998
S	Safer Access Framework	A set of measures and tools, grounded in the Fundamental Principles, that National Societies can use to prepare for and respond to context-specific challenges and priorities; such measures put a premium on mitigating the risks they face in sensitive and insecure contexts and on increasing their acceptance and access to people and communities with humanitarian needs
	San Remo	The International Institute of Humanitarian Law in San Remo, Italy, is a non-governmental organization set up in 1970 to spread knowledge and promote the development of IHL. It specializes in organizing courses in IHL for military personnel from around the world.
	Seville Agreement and its Supplementary Measures	The 1997 Seville Agreement and its 2005 Supplementary Measures provide a framework for effective cooperation and partnership between the members of the International Red Cross and Red Crescent Movement.
	Study on customary IHL	The study on customary IHL was published in 2005 by the ICRC – as mandated by the 26th International Conference in 1995 – after extensive research on State and international practices relevant to IHL. It identifies 161 rules of customary IHL, most of them applicable in both international and non-international armed conflicts, and outlines the practices underlying those rules. Since 2007, the study has been regularly updated through the continuous collection of practices and is freely accessible on the ICRC's online customary IHL database (ihl-databases.icrc.org/customary-ihl).
T	TB	Tuberculosis
U	UN	United Nations
	UNDP	United Nations Development Programme
	UNESCO	United Nations Educational, Scientific and Cultural Organization
	UNHCR	Office of the United Nations High Commissioner for Refugees
	UNICEF	United Nations Children's Fund
W	WFP	World Food Programme
	WHO	World Health Organization

MESSAGE FROM THE PRESIDENT



ICRC President Peter Maurer in Myanmar.

As 2018 drew to a close, a paradox became more starkly evident: although overall, the global population is healthier, wealthier and better connected than ever, progress has not necessarily led to peace.

Conflicts raging in particularly vulnerable parts of the world continue to have a massive impact on local people and neighbouring countries, often fueling regional instability. In these conflicts we have seen regular breaches of international humanitarian law, disproportionate attacks in urban areas, and the targeting of civilians, civilian services and humanitarian workers. Men, women and children have suffered not only the immediate impact of death and injury, but the destruction of their homes, schools and livelihoods.

Today, it is the combination of threats – violence, “terrorism”, anti-terrorist measures and policies, together with developmental deficits, injustice, exclusion and climate change – that is driving people further into need.

In 2018, on every continent – in over 90 countries – the ICRC made a difference in people’s lives, with its biggest operations taking place in the Syrian Arab Republic (hereafter Syria), Iraq, Yemen, the Horn of Africa, the Lake Chad Basin and the Sahel, Afghanistan, Myanmar and Bangladesh. In some protracted conflicts, it has been operating for decades; in other places, it increased its activities in response to fresh emergencies.

In all contexts, the ICRC upheld the principles of neutrality, impartiality and independence. With increasing restrictions placed on humanitarian action, this approach was challenging in many contexts, requiring the ICRC to gain acceptance through negotiation and diplomatic efforts to reach people in need and to protect humanitarian methodologies. The ICRC prioritized staying close to those who needed its support and in so doing, demonstrated the unique value of its approach.

The terrible images of the devastation in Eastern Ghouta, the eerie landscape of Rakhine, and the drawings of children in the camp in Kaga Bandoro stayed with me throughout the year – and so did the dedication of our colleagues, who put the humanitarian spirit into practice in the face of adversity, every day.

As every year, the ICRC stepped up when crisis struck – the Ebola outbreak in the Democratic Republic of the Congo, renewed fighting in the Gaza Strip, the migration crisis in Central America – often with the support of its partners in the International Red Cross and Red Crescent Movement.

In many places, from South Sudan to Ukraine, the ICRC maintained the capacity to act as a neutral intermediary. In the Astana and Stockholm processes for Syria and Yemen, it was recognized as having the legitimacy and expertise to speak about humanitarian concerns regarding detention and missing persons. The humanitarian forensic project it carried out in the Falkland Islands/Islands Malvinas, which involved exhuming and identifying soldiers buried there, not only brought real relief for the families, it also showcased a creative model of humanitarian action.

The generous support of our funding partners signaled continued trust and confidence in the ICRC. We are grateful for their contributions, which helped us cover our expenses in 2018 (CHF 1.93 billion for our field operations, headquarters and innovation initiatives, with an implementation rate of 94%), and are hopeful that the downward trend of flexible funding – so critical to the delivery of neutral, impartial, independent humanitarian action – will be reversed.

Despite this, the humanitarian funding ecosystem still needs to improve the way it functions and transition to a new business model – one where the needs of communities trapped in protracted conflicts are addressed through a wider lens, by breaking down silos in our approach through partners, and reinforcing the sustainability of the ICRC's activities, which in turn will allow us to support the resilience of the communities we want to serve. We need to be innovative if we want to bridge the steadily growing gap between people's needs and what we are actually able to deliver to address those needs.

The ICRC's new Institutional Strategy 2019–2022 has identified key priorities for the coming years. Given the challenging dynamics of today's conflicts, it focuses on areas such as strengthening protection and prevention, ensuring a sustainable humanitarian impact, digital transformation, and partnering with others. The strategy has been well-received by our donors and supporters, and I am confident that it will help us to meet the humanitarian challenges ahead.

In this respect, our ability to create partnerships and collaborate in new and different ways will be key. No single sector can respond alone to the depth and breadth of humanitarian crises: progress will require strong support from States, international organizations and civil society at large.

While the neutral, impartial and independent humanitarian space is still the best place to reset lives and reconcile, humanitarian practitioners can spearhead efforts at front lines and guide others through the landscape of fragmented societies, security challenges and multifaceted needs.

In the coming years, we will continue to work with our partners, relying on their skills, expertise, resources and financial contributions to make an impact. Thank you to all who championed the work of the ICRC in 2018. I look forward to your continued support into the future.

A handwritten signature in black ink, appearing to read 'Peter Maurer', with a stylized, flowing script.

Peter Maurer
ICRC President

ICRC MANAGEMENT FRAMEWORK AND DESCRIPTION OF PROGRAMMES

ICRC CORPORATE MANAGEMENT FRAMEWORK INSTITUTIONAL STRATEGY

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

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

KEY SUCCESS FACTORS/AREAS OF RISK

The ICRC's key success factors/areas of risk are laid out in the institutional monitoring framework as a common reading grid for monitoring the strategy's implementation, the organization's performance and the risks it faces. They are critical to the ICRC and its work, and comprise:

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

The ICRC encounters risks and opportunities related to each of these factors. By influencing these, the ICRC can reduce its vulnerability to the risks and capitalize on the opportunities, thus improving its performance and enabling it to better respond to the needs of people affected by armed conflicts and other situations of violence.

The ICRC's key success factors/areas of risk are used for analysis in annual, quarterly and other reviews by the Directorate. These reviews include the results achieved, an assessment of risks, and the definition or updating of management objectives and action plans to mitigate the main risks and reinforce the key success factors. They aim to ensure the organization's efficient management according to available resources and priorities;

they enable it to continue to demonstrate its added value and thus preserve its reputation. Annual reviews are submitted to the Assembly.

COMPREHENSIVE ANALYSIS AND MULTIDISCIPLINARY APPROACHES

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

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

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

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

MODES OF ACTION

The ICRC uses the following modes of action:

- persuasion: confidential representations to the authorities aimed at convincing them to enhance respect for IHL and/or other fundamental rules protecting persons in situations of violence and to take measures to improve the circumstances of such people;
- mobilization: activities aimed at prevailing on third parties to influence the behaviour or actions of the authorities, to support them, or to directly provide services to people in need;
- support: activities aimed at providing assistance to the authorities so that they are better able to fulfil their functions and responsibilities, including with regard to the maintenance of existing systems;
- substitution: activities to directly provide services to people in need, often in place of authorities who are not able or not willing to do so;
- denunciation (resorted to by the ICRC only in exceptional circumstances and under strict conditions): public declarations regarding repeated violations of IHL or other fundamental rules protecting persons in situations of violence committed by specific parties; such declarations are made for the purpose of bringing a halt to the violations or preventing their recurrence.

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

LEVELS OF INTERVENTION

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

RESULT-BASED MANAGEMENT

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

The annual appeals provide donors with information on these objectives, plans of action and indicators, and the corresponding budget. The ICRC also produces annual reports, which

provide information – descriptive, quantitative and financial – regarding those objectives, plans of action and indicators. Whenever possible, the reporting is result-oriented. It includes a description of the products and services resulting from processes that use a combination of resources, and their effect or results in terms of output, outcome or impact.

The ICRC's planning and project implementation processes are carried out according to the ICRC's result-based approach to management, whereby the organization is focused on the expected results for people affected by conflict at each stage of the management cycle, as opposed to piecemeal project implementation and budget control (see *The ICRC's approach to result-based management – improving humanitarian action* for more information).

COORDINATION

Besides its close coordination and cooperation with its Movement partners (National Societies and the International Federation), the ICRC coordinates its humanitarian response with other relevant players – be they State or non-State authorities, UN agencies, international, regional, national or faith-based organizations – the diversity of which adds to the complexity of coordination work.

Through its participation in regional and field coordination meetings and in bilateral discussions, the ICRC seeks to help provide the best possible protection and assistance for people affected by armed conflicts and other violence, avoid gaps and duplication, and ensure that any humanitarian response supports the people's own recovery and resilience-building efforts. It emphasizes that the needs of victims of violence should be met by the organizations best placed to do so in operational terms, including in terms of existing skills, available capabilities, access and funding in the context concerned.

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

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

TARGET POPULATIONS IN FIELD OPERATIONS

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

- The populations/people affected are individuals or segments of the population suffering the direct and/or indirect effects of a confirmed or emerging armed conflict or of other violence. They do not or no longer take a direct part in the hostilities or violence. The aim of ICRC action for these people is to ensure that they are respected and protected and to alleviate the suffering caused by the situation, in accordance with the provisions of IHL and other fundamental rules protecting them. The ICRC works in support of three groups of people.
 - **Civilians:**
all people who do not or no longer take a direct part in hostilities or violence but whose physical or mental integrity and dignity are either threatened or otherwise affected during an armed conflict or other violence
 - **People deprived of their freedom:**
all individuals deprived of their freedom, with a special focus on those held in connection with an armed conflict or other violence and/or with other particular sources of vulnerability
 - **The wounded and sick:**
people – civilians or weapon bearers – suffering from an injury or illness, or otherwise in need of medical assistance or care, during an armed conflict or other violence
- The second category comprises influential players and the Movement. The ICRC works with influential individuals or institutions to promote full respect for IHL and other fundamental rules protecting people in situations of violence, and to ensure that the people in need receive protection and assistance.
 - **Actors of influence:**
Certain individuals or institutions are in a position to stop or prevent violations of IHL or other fundamental rules protecting people in situations of violence, and to protect or aid those affected when humanitarian problems arise. They are also in a position to facilitate (or hinder) the ICRC's access to people and/or foster acceptance of the ICRC's work. This category includes political authorities, armed, police and security forces, non-State armed groups, the media, associations of various kinds, NGOs, community leaders, religious authorities and other opinion-shapers, economic entities, academic institutions, young people and other representatives of civil society.
 - **The Movement:**
Besides the ICRC, the Movement comprises the National Societies and their International Federation. There are currently 191 recognized National Societies in the world, carrying out humanitarian services for the benefit of people affected by crises and of the broader community. The ICRC considers the National Society its primary local partner in each country where it operates, sharing the same Fundamental Principles, working in partnership with it, and helping it further enhance its emergency preparedness and response capacities. The ICRC's cooperation with National Societies and

their International Federation is a valuable asset that contributes to enhanced access by Movement components to people affected by crises and the delivery of a relevant humanitarian response to their needs.

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

Cross-cutting issues: accountability, diversity and inclusion

The ICRC recognizes the need to be accountable to individuals and communities affected by armed conflicts and other situations of violence. It also acknowledges the importance of taking into account their specific and diverse needs, vulnerabilities and capacities, which are often linked to factors such as gender, age and disability. As such, it strives to engage directly with people and communities, in order to involve them in planning and implementing its activities (see *Comprehensive analysis and multidisciplinary approaches* above). Listening to the people it seeks to help is also crucial to fostering acceptance of the ICRC's mission and activities. Nevertheless, the ICRC recognizes that there is room for improvement in its efforts to ensure accountability and inclusion in its programmes. It has thus undertaken several interlinked initiatives to achieve this goal, with a view to further enhancing the effectiveness and relevance of its operations.

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

The ICRC also seeks to ensure that its policies, approaches and practices are sensitive to gender, age and disability and that people affected by conflict can access its services in an equitable manner. It is working to strengthen its understanding of these issues and how they compound people's vulnerabilities, with a view to better integrating factors such as gender, age and disability in its operations, and ensuring that its processes are inclusive and participatory for persons with physical, sensory, mental and intellectual disabilities. The ICRC has widened the scope of its activities for people with physical disabilities to include not only support for their physical rehabilitation but also efforts to promote their social inclusion, complementing its endeavours to promote the inclusion of people with disabilities or other specific vulnerabilities and thus ensure the diversity of its workforce. The ICRC is also improving its policies and practices related to the employment of people with disabilities and making ICRC offices physically accessible to them.

Based on a 2018 independent evaluation of its existing policies and operational practices for addressing specific needs related to age, gender and disability, and for engaging with people and communities affected by conflict, the ICRC identified best practices that it can build on and the gaps that it needs to

address, including in terms of training for its staff members. Using these findings, it finalized an institutional framework for ensuring accountability to people affected by conflict, which will be complemented by a policy on inclusion and supported by training; it also seeks to outline a comprehensive framework for promoting diversity and ensuring inclusion in its operations. In addition, the ICRC is using the findings of the evaluation, and a self-assessment tool for monitoring accountability, to help it develop performance indicators and other tools for tracking and monitoring its progress towards achieving the objectives outlined above. Indicators relating to gender, age and disability were incorporated in the self-assessment tool, which is being deployed to ICRC delegations.

PROGRAMME DESCRIPTIONS

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

PROTECTION

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

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

As a neutral, impartial and independent humanitarian organization, the ICRC seeks to ensure that all the parties to a conflict and all authorities provide individuals and groups with the full respect and protection that are due to them under IHL and other fundamental rules protecting persons in armed conflicts or other situations of violence. In response to violations of these rules, the ICRC endeavours, through constructive and confidential dialogue, to encourage the authorities concerned to take corrective action and to prevent any recurrence. Delegations

monitor the situation and the treatment of the civilian population and people deprived of their freedom, discuss their findings with the authorities concerned, recommend measures, support the authorities in implementing them and conduct follow-up activities.

Protection of the civilian population

Protection activities for the civilian population involve:

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

Protection of people deprived of their freedom

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

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

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

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

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

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

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

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

- supporting the development of normative frameworks, including for engaging in activities aimed at preventing disappearances, and encouraging governments to enact or implement legislation to prevent people from becoming unaccounted for, to ascertain the fate and whereabouts of missing persons through appropriate mechanisms and measures and to protect and support the families of missing persons;
- working with families of missing persons and with the relevant authorities and organizations to accelerate the tracing process, including by: providing technical advice to national authorities; chairing coordination mechanisms between former parties to the conflict; collecting tracing requests; and publishing and updating lists of persons reported missing or pictures of people looking for their relatives; and

- in close cooperation with the staff members carrying out assistance activities, assessing the multifaceted needs (e.g. psychosocial, economic, legal, administrative) of families of missing persons and the local resources available to meet those needs, and helping address them in close coordination with the authorities, National Societies, NGOs, family associations and other service providers.

Forensic services

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

Such activities include:

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

ASSISTANCE

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

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

Economic security

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

- relief activities cover people's most urgent needs in the immediate aftermath of a shock; the objective is to protect lives and livelihoods by providing people with the goods and/or services essential for their survival when they can no longer obtain these through their own means;

- livelihood support activities aim to re-establish or enhance the livelihoods of violence-affected groups by helping restore, protect or enhance their means of production; and
- structural support activities aim to contribute to restoring or building the capacities of service providers in violence-affected areas, and consequently, to help them support the population's ability to maintain livelihoods by providing, for example, agricultural or livestock services.

Water and habitat

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

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

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

Health

In line with the organization's public health approach, the ICRC's health-care activities are designed to meet the needs of people affected by an armed conflict or other violence; they cover both curative and preventive care. Based on its analysis of the situation, people's needs and other entities present, the ICRC may provide health-care services directly, support existing facilities, mobilize the authorities and others to assume these responsibilities, and/or respond with a combination of these actions.

The main areas of the ICRC's health response are described below.

- Primary health-care services seek to guarantee a first point of access to health care for people affected by armed conflicts and other situations of violence. They are geared towards communities and include vaccinating children, providing ante-natal care for pregnant women and running mobile health units.
- First-aid services and hospital support aim to ensure that the wounded and sick receive safe, humane and effective treatment, or are referred to the right place for further care.
- Mental health and psychosocial support covers a wide range of activities to address psychosocial, psychological and psychiatric problems caused or exacerbated by conflict.
- Physical rehabilitation projects are designed to strengthen the rehabilitation services available in a given context. They aim to improve access to services for people with physical disabilities, upgrade the quality of those services and ensure their viability in the long term.

- Health in detention activities aim to protect the life and health of detainees and to ensure that governments respect detainees' dignity and their right to receive, at all stages of their detention, health care that is at least of an equivalent quality to what is available in the community outside the detention facility and/or what the health ministry and international standards recommend for public health facilities.

In carrying out its health-care activities, the ICRC seeks to ensure a continuum of care and an integrated approach that covers the areas described above. It works to maintain its expertise in first aid and surgical care for the weapon-wounded, health care for people deprived of their freedom and physical rehabilitation for people with impaired mobility, spearheading innovative practice and setting standards in these fields.

The ICRC also works to respond to the new and emerging health needs of people affected by armed conflicts and other violence; its response is adapted and prioritized according to needs and to the context.

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

Weapon contamination

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

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

- collecting, managing and analysing data on incidents, victims and contaminated areas;
- raising awareness of risks, liaising with communities and clearance/decontamination operators and promoting IHL provisions relating to weapon use;
- contributing to risk reduction (weapon contamination and the risk/presence of CBRN agents are included as potential sources of vulnerability in assessments and planning for protection and assistance programmes; the aim is to help ensure that communities exposed to contaminated areas are able to carry on with their daily activities and are not forced to take risks in order to survive);
- survey and clearance (as a priority, the ICRC seeks to mobilize agents capable of clearing mines, explosive remnants of war or CBRN agents from contaminated environments, in line with international mine-action standards; in exceptional cases, and particularly in areas of urgent humanitarian concern or where it has sole access,

the ICRC, in line with strict criteria, may deploy specialist teams to conduct short-term contamination surveys and clearance tasks);

- supporting the efforts of States party to weapons treaties to fulfil their obligations (the ICRC provides technical support to authorities willing to destroy their obsolete ammunitions/stockpiles according to their treaty-based obligations).

PREVENTION

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

Promotion and implementation of IHL

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

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

Development and clarification of IHL

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

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

Communication

The following complementary communication approaches are key to preventive action and facilitate ICRC access to people affected by conflict:

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

Weapon-related issues

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

- making representations to governments and weapon bearers;
- providing an IHL-based perspective on weapon-related issues in national and international forums;
- holding meetings of military, legal, technical, medical and foreign affairs experts to consider, *inter alia*, issues relating to emerging weapons technology and the impact, in humanitarian terms, of the use of certain weapons;

- promoting the full implementation of treaties such as the Anti-Personnel Mine Ban Convention, the Convention on Certain Conventional Weapons and the Convention on Cluster Munitions, and providing an IHL-based perspective in meetings on relevant arms treaties;
- offering policy guidance and technical support on mines and other arms-related issues to National Societies and representing the Movement internationally on these matters; and
- attending meetings with key mine-action organizations that contribute to the development of mine-action policy, methodologies and systems.

COOPERATION WITH NATIONAL SOCIETIES

The ultimate goal of the ICRC's cooperation with National Societies is to provide people affected by an armed conflict or other violence with a more efficient and holistic Movement response to their humanitarian needs, in both the short and long term. Cooperation activities aim to: support the efforts of National Societies – primarily of countries affected or likely to be affected by an armed conflict or other violence – to strengthen their operational and organizational capacities; promote operational partnerships between the ICRC and National Societies; and encourage regular dialogue and coordination within the Movement on issues of common concern. They involve drawing up and implementing joint Movement policies that are adopted during statutory meetings, such as the Council of Delegates and the International Conference, and helping National Societies to adhere at all times to the Fundamental Principles. These activities are geared towards optimizing the Movement's humanitarian coverage and impact by capitalizing on complementary mandates and skills.

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

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

Coordination within the Movement

The ICRC is responsible for promoting and coordinating the contribution and involvement of other Movement components in international relief operations in countries affected by an armed conflict or other violence and their direct humanitarian consequences. It strives to organize and manage an inclusive and complementary Movement response, in the spirit of the Strengthening Movement Coordination and Cooperation process, in accordance with the Movement's Statutes and the Seville Agreement and its Supplementary Measures, and in close coordination and regular consultation with the National Society of the country concerned.

When assuming this “lead agency” role, as provided for in the Seville Agreement, the ICRC implements its own activities while also taking responsibility for coordinating the international response of other Movement components. It works with the National Society of the country as its natural primary partner or as a co-lead of the Movement response. Country-level coordination agreements, Movement contingency plans and Movement country plans, which frame coordination mechanisms and define the roles and responsibilities of each Movement component in all situations, are important tools that have proven to be effective in bringing about well-coordinated Movement action.

In cooperation with other Movement partners, the ICRC continues to seek to build on past experience to improve the way Movement components coordinate and work together to deliver a coherent and complementary Movement response. In this respect, the ICRC has embarked, together with the International Federation and the active participation of National Societies, in a long-term, ongoing process to strengthen Movement coordination and cooperation. This process was developed through a series of resolutions adopted at various Councils of Delegates, and aims to ensure a more efficient and coherent Movement.

Helping National Societies working in their own countries to strengthen their response capacities

Each National Society is responsible for designing, managing, implementing and monitoring all the activities it carries out, and for its own development. The ICRC provides National Societies with various forms of support, including financial, technical, logistical and material assistance. It also seeks to better mobilize and reinforce expertise within and outside the Movement in favour of National Society development. The ICRC's support is offered in the spirit of a mutually beneficial partnership. It is provided in close coordination with the International Federation, as activities are carried out as part of each National Society's long-term development.

The ICRC's support for National Society development covers several areas, in particular:

- identifying and responding to the challenges National Societies face in ensuring operational access and acceptance in all contexts (Safer Access Framework);
- promoting IHL and the Fundamental Principles;
- preparing for and delivering health care and relief services in armed conflicts and other situations of violence;
- restoring family links through the worldwide family-links network, according to the Restoring Family Links Strategy for the Movement and its corresponding implementation plan;
- addressing risks linked to weapon contamination; and
- legal matters, such as drawing up or amending statutes, recognizing or reconstituting a National Society and preparing for the Movement's statutory meetings.

Operational partnerships with National Societies in their own countries

The ICRC and the National Society select activities for joint implementation that best fit their respective plans and strategies, preserve their abilities to function as independent institutions and bolster their operational capacities. The National Society's autonomy in managing such activities may vary, and is contingent on the situation on the ground. ICRC support for the National Society's development is often complementary to such operational partnerships.

Operational partnerships with National Societies working internationally

Many National Societies have the resources and willingness to work internationally with the ICRC. They bring expertise, deploy personnel, and provide cash, in-kind assistance and other forms of contributions to ICRC-led operations. Operational partnerships with these National Societies are framed by two types of increasingly flexible agreements: integrated and coordinated. These agreements are adapted to local needs and drafted in accordance with the ICRC's leadership and coordination roles during armed conflicts and other violence. The ICRC continues to innovate and invest in a wide range of partnerships with National Societies, with a view to improving the quality and scope of the Movement's footprint.

GENERAL

This section covers all activities related to the functioning of ICRC delegations that are not as a rule allocated to another programme, such as management, internal control and certain strategic negotiations.

ICRC FIELD STRUCTURE

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

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

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

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

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

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

REGIONAL BREAKDOWN

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

At headquarters, a regional director is in charge of the management of and support for field operations in each region. The regional director answers to the director of operations and is also in charge of a multidisciplinary regional team representing headquarters services such as protection, assistance, logistics, law, communication, cooperation within the Movement, humanitarian diplomacy, resource mobilization, human resources, finance and logistics, which are involved as needed. The aim is to coordinate and focus the support provided by these various services, and to ensure the overall coherence of the ICRC's response.

PLANNING AND BUDGETS

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

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

OPERATIONS WORLDWIDE



DELEGATIONS AND MISSIONS IN MORE THAN 90 COUNTRIES AROUND THE WORLD

As of 31.12.2018

LEVEL OF EARMARKING	RANGE/RESTRICTIONS
None	general ICRC ICRC field or headquarters budget
Loosely earmarked (region and/or programme)	one of the five geographical regions: Africa, Americas, Asia and the Pacific, Europe and Central Asia, Near and Middle East one of the four programmes: Protection, Assistance, Prevention, Cooperation one of the four programmes for one of the five geographical regions
Country	one of the ICRC's field operations
Tightly earmarked	a specific programme or sub-programme within one context

CONTRIBUTIONS

LEVELS OF EARMARKING

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

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

The ICRC has defined guidelines to bring some uniformity and coherence to the management of earmarked funds. The guidelines include rules on contributions that the ICRC will not accept on principle. These include:

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

The ICRC will make exceptions and accept earmarking at programme or sub-programme level for a specific operation when there are agreed standard reporting requirements. These requirements not only seek increased uniformity and coherence in managing contributions, they also establish a correlation between earmarking and reporting. Indeed, greater flexibility on the donor side regarding narrative and financial reporting enables the ICRC to manage tighter earmarking more effectively.

Earmarking is one of the issues often raised with the members of the Donor Support Group (DSG), a discussion forum made up of governments, supranational organizations and international institutions contributing a minimum of CHF 10 million in cash to the ICRC annually, and at other high-level meetings of those involved in the humanitarian field. The DSG assists the ICRC in its efforts to dissuade donors from earmarking

their contributions and to improve its standard reporting system. In addition, the majority of DSG members accept the ICRC's standard reporting as fulfilment of the reporting requirements related to their donations. The ICRC continues to encourage donors to ease their constraints, while maintaining its commitment to use funds as efficiently as possible. The commitment to improve reporting to donors, for its part, is reinforced through, for instance, external audits and enhanced internal planning, monitoring and evaluation procedures.

CONTRIBUTIONS IN KIND/CASH FOR KIND

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

CONTRIBUTIONS IN SERVICES

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

DESCRIPTION OF THE ACCOUNTING MODEL OVERVIEW

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

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

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

Financial accounting system

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

Cost or analytical accounting system

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

Overheads

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

COST TYPE ACCOUNTING

Financial accounting and cost categories

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

Cost centre accounting

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

Cost units accounting

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

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

Financial "organizational unit" dimension

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

Target populations dimension

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

Field programme dimension

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

GOVERNANCE AND OVERSIGHT FRAMEWORK

The ICRC has in place various multilevel and inter-related mechanisms to ensure that its financial and other resources are managed in line with professional best practices and its own policy frameworks. The following sections identify the bodies and entities involved in the ICRC's governance and oversight mechanisms and the framework by which they are governed.

GOVERNING BODIES

The governing bodies¹ of the ICRC, comprising the Assembly, the Assembly Council and the Presidency, have overall responsibility for institutional policy, strategy and decisions related to the development of IHL. They oversee all ICRC activities, including field and headquarters operations, and approve objectives and budgets. They also monitor implementation by the Directorate of decisions taken by the Assembly or Assembly Council, and are assisted in this task by the Audit Commission and the internal and external auditors (see also *ICRC decision-making structures*).

OVERSIGHT MECHANISMS

The mechanisms that oversee the management of the ICRC's resources include the Audit Commission, the Data Protection Commission (see *ICRC decision-making structures*) and the two audit functions described below.

Internal Audit

The Internal Audit Unit helps the ICRC to accomplish its objectives, using a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes. It is independent of the ICRC's executive bodies and covers all of the institution's activities, at headquarters and in the field. It reports its findings directly to the Assembly, the ICRC president and the Audit Commission, and issues recommendations to management. The head of Internal Audit is appointed by the Assembly and also serves as the secretary of the Audit Commission.

External Audit

In accordance with Swiss law² and the ICRC Statutes³, the Assembly appoints independent external auditors to perform the mandatory annual audit of the ICRC's statutory and consolidated financial statements, which are prepared in accordance with the Swiss Code of Obligations and the International Financial Reporting Standards (IFRS). The external auditors report their audit opinion to the Assembly and prepare a management letter addressed to the Directorate. Since 2007, the external audit has been carried out by Ernst & Young. Although audit firm rotation is not mandatory in Switzerland, Swiss law⁴ requires that the firm's partner-in-charge not serve in his or her capacity for more than seven consecutive years.

Most of the audit procedures are conducted at ICRC headquarters in Geneva, Switzerland, and at the Manila Shared Services Centre, in the Philippines. In addition, the external auditors conduct field visits to three delegations every year; these usually include one joint field visit with ICRC internal auditors. The audit is conducted in accordance with Swiss law, Swiss Auditing Standards and International Standards on Auditing.

The audit involves performing procedures to obtain sufficient and appropriate audit evidence of the amounts and disclosures in the financial statements. The procedures selected depend on the judgment of the external auditors, who assess the risk of material misstatement – whether due to fraud or error – in the financial statements, while also considering the ICRC's internal control system.

The audit results are presented to the director of the Department of Financial Resources and Logistics, the chief financial officer, the head of Internal Audit, and the Audit Commission through open and regular communication throughout the year. The Audit Commission assesses the quality of the work of the audit team and the partner-in-charge annually.

Furthermore, the external auditors help the ICRC prepare the Field Financial Review (FFR), which presents the differences between budgeted and actual expenditure by geographical region and by country. The annual FFR is published on the ICRC's Extranet for Donors.

EXECUTIVE BODIES

The following is a list of internal entities (divisions, units or offices) that are involved in compliance and control activities. Some of them are partially based at ICRC headquarters in Geneva; others are located at the Shared Services Centres in Manila, Philippines, and in Belgrade, Serbia. This is not an exhaustive list of the ICRC's executive bodies.

Directorate

The Directorate⁵ is the executive body of the ICRC. It is responsible for applying the institutional strategy, as defined by the Assembly, for setting and implementing its objectives accordingly, for running the administration and for ensuring the ICRC's operational effectiveness.

Its members are: the director-general; the five directors who head the Departments of Communication and Information Management, Financial Resources and Logistics, Human Resources, International Law and Policy, and Operations; and the director of Digital Transformation and Data. The Directorate is chaired by the director-general.

The members of the Directorate are appointed by the Assembly for four-year terms. The current Directorate took office in July 2018.

1. According to Article 8 of the ICRC Statutes, the organization's governing bodies are the Assembly, the Assembly Council, the Office of the President, the Directorate, the Internal Audit Unit, and the Data Protection Independent Control Commission. This section only lists the governing bodies within the framework of internal control, compliance and assurance mechanisms; not every section is exhaustive, and some sections only list the bodies and activities directly relevant to the focus of that section.
2. Art. 69(b) of the Swiss Civil Code (available at <https://www.admin.ch/opc/en/classified-compilation/19070042/index.html>), in conjunction with Arts 730 and 727 of the Swiss Code of Obligations (available at <https://www.admin.ch/opc/en/classified-compilation/19110009/201704010000/220.pdf>).
3. For more information, please see <https://www.icrc.org/en/document/statutes-international-committee-red-cross-o>.
4. Art. 730(a.2) of the Swiss Code of Obligations (see note 2).

5. As per the ICRC Statutes and internal regulations, the Directorate is also one of the ICRC's governing bodies.

Global Compliance Office

The Global Compliance Office is based in the Office of the Director-General and reports to the deputy director-general. It works to strengthen the ICRC's management capacities in three areas: risk management, internal control and compliance with the Code of Conduct.

The Global Compliance Office has several aims: to establish and maintain the structure of the overall compliance landscape by developing frameworks, guidelines and policies and supporting their execution; to support managers' efforts to mitigate major risks, including via a sensible internal control system; and to enable prevention, detection and response in respect of breaches of the Code of Conduct and related policies and procedures. All potential and actual breaches are handled by the Global Compliance Office.

Data Protection Office

The ICRC Data Protection Office, which is under the Office of the Director of Digital Transformation and Data, monitors the application of the ICRC's rules on personal data protection and contributes to their consistent application across the organization. The Data Protection Office may choose to submit cases to which it is unable to achieve a satisfactory solution to the Data Protection Commission.

Security and Crisis Management Support Unit

The Security and Crisis Management Support Unit, which is in the Department of Operations, is responsible for drawing up general policy related to field security, safety and crisis management, and for providing operational support to delegations through training, guidance and field security assessment missions. It oversees crisis management procedures, including the Rapid Deployment Mechanism, helping to enhance the ICRC's ability to respond to unforeseen emergencies. The unit also helps to monitor the effectiveness of security and safety risk management processes in the field, and promotes a risk assessment methodology in line with internationally recognized good practices.

Finance and Administration Division

The Finance and Administration Division, which is in the Department of Financial Resources and Logistics, aims to provide ICRC management with the trustworthy and cost-effective information needed to make sound decisions and disseminate reliable information to donors and partners. It operates at headquarters in Geneva and at the Manila Shared Services Centre. It also has a network of finance and accounting managers and coordinators in field delegations. It reviews its processes regularly, to ensure that its support to field operations is responsive and effective.

Over the years, the ICRC has developed an internal control system and compliance approach for financial reporting based on three pillars: the Internal Control, Compliance and Fraud Investigation Unit; the field visits of internal controllers; and the Compliance and Quality Assurance Centre, based in the Manila Shared Services Centre (see also *Internal control monitoring activities* and *Code of Conduct framework and fraud policy* below).

Logistics Division

The Logistics Division, which is in the Department of Financial Resources and Logistics, oversees the delivery of goods and services to the sites of ICRC operations, the management of transport assets, and the safe movement of passengers and cargo. The global supply-chain and logistics services are coordinated from headquarters, through the Geneva Logistics Centre, and from six regional logistics support hubs located in Abidjan (Côte d'Ivoire), Amman (Jordan), Kuala Lumpur (Malaysia), Nairobi (Kenya) and Peshawar (Pakistan). The division develops policies and procedures in relation to procurement, inventory management and other activities. Its Logistics Compliance Unit is based in the Manila Shared Services Centre and works in the areas of process efficiency, risk management and internal controls.

Department of Human Resources

The Department of Human Resources (HR) ensures that the ICRC has a sufficient pool of competent staff to meet its operational needs worldwide. It develops the policies, tools and services for recruitment, compensation, training and talent management needed for the ICRC's sustained growth. The department runs the HR Management Framework and Compliance Centre of Expertise, which safeguards HR policies and procedures, and designs, maintains and enforces processes and tools to ensure compliance with internal rules and external laws and regulations.

Information and Communication Technology Division

The Information and Communication Technology (ICT) Division, which is in the Department of Communication and Information Management, aims to respond to the increased mobility and use of personal devices, web-based applications and business intelligence tools, and the need for greater information security. It works to ensure that all staff members have consistent and round-the-clock access to a stable IT system in the countries in which the ICRC operates. The division contributes to the production of reliable and secure information, and mitigates information security risks through its security management framework. It has also established an internal quality assurance office responsible for maintaining the quality of IT processes, fostering continuous improvement and supporting efficiency management and cost-control. It is in charge of designing and implementing IT general controls on system access and changes (see also *IT general controls and security* below).

Information Security Board

The Information Security Board, which is in the Department of Communication and Information Management, is responsible for monitoring and managing institutional risks related to information security. It focuses on global risks and oversees risk mitigation measures, such as the validation of strategies, policies and assessments, and the monitoring of their implementation and impact. It also makes recommendations aimed at ensuring that new projects and innovation initiatives comply with information security standards.

RISK MANAGEMENT

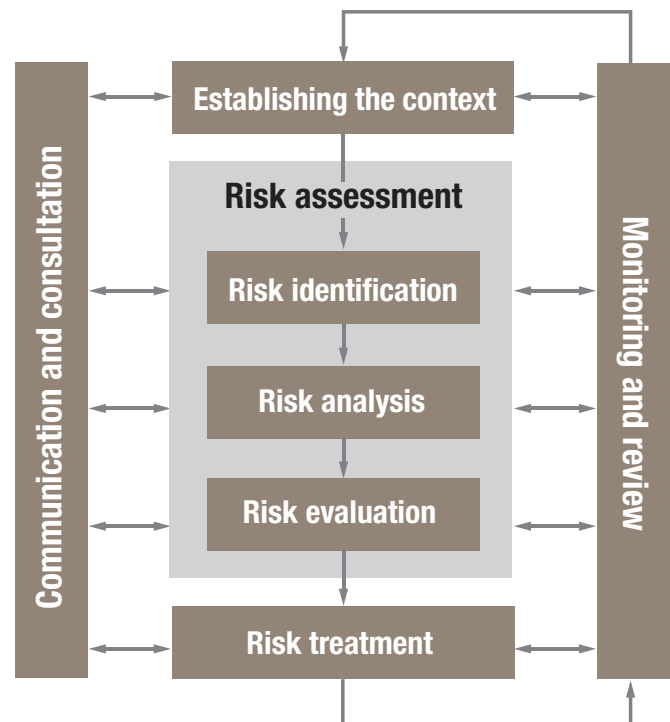
A global approach

Over a period of more than ten years, the ICRC has developed a risk management approach aimed at ensuring more systematic management of risks across the organization. Although a number of effective risk management mechanisms were already in place in the field, the Directorate recognized the need to have an overview of the ICRC's risk management practices, so as to identify potential gaps, weaknesses and redundancies at headquarters and in field operations. It favoured an incremental approach, building on existing initiatives and leveraging existing resources, in order to align the ICRC's risk management processes with standards based on ISO 31000 or professional/industry best practices.

The ICRC operates in complex, often rapidly evolving contexts, and it must have accordingly dynamic risk management practices. Escalation and de-escalation processes are frequently activated by the Directorate throughout the year to ensure that relevant risk information is integrated into decision-making processes in a timely manner.

The ICRC manages risks at the institutional, business, project, and operational levels. It aims to build a "risk management culture", in which all ICRC managers across the organization are responsible for identifying, assessing and addressing risks that may affect the execution of their plans of action and the achievement of their objectives.

A risk management adviser works on strengthening the ICRC's capacity to manage strategic and operational risks by providing advice to the Directorate on the major risks facing the institution and by working with managers at other levels to assess and address them.



Risk management process, in accordance with ISO 31000.

Identifying risks: risk families

To harmonize risk analysis across the organization, the ICRC has defined a set of risk families categorizing major institutional risks (see the table below). It defines a "major institutional risk" as an uncertain event or change that may affect the fulfilment of the ICRC's mandate, strategy or objectives, that is likely to happen and that may have a severe impact on the institution if it occurs with only basic mitigation measures in place.

ICRC MISSION	
Staff	Risks caused by ICRC human resources and their management
External stakeholders	Risks linked to relationships with external stakeholders, particularly risks to the ICRC's reputation
Finance	Risks linked to financial equilibrium
Quality/result	Risks linked to poor results or results that are insufficient in relation to objectives
COMPLIANCE	
Financial reporting	Risks pertaining to the quality, conformity and/or reliability of ICRC financial reporting, with potential impact on the certification of ICRC consolidated financial statements
Legal compliance	Risks pertaining to compliance with applicable laws, with potential consequences on costs, reputations or access to beneficiaries
Duty of care	Risks linked to the protection of ICRC staff members and their families (i.e. security, safety, physical and mental health, stress, harassment, financial and professional damage)
Ethical questions/internal compliance	Risks linked to integrity (including fraud, ethics, corruption, harassment) and capacity to ensure consistent application of the ICRC Code of Conduct
ORGANIZATIONAL CONTINUITY	
Business continuity	Risks related to business discontinuity for certain programmes or services, or caused by hazards (i.e. environmental, economic, geopolitical, societal, technological)
Institutional functioning	Risks linked to ICRC internal policies and procedures or the ICRC organizational model (e.g. lack of policy, procedure not applied, dysfunctional management)
System and information security	Risks pertaining to the confidentiality, integrity and availability of information

Risk families as defined by the ICRC.

Organization, processes and tools

Directorate's review of top risks

The ICRC defines “top risks” as events that are likely to happen and to have a potentially severe impact on the institution if only basic measures are in place, and that are therefore being managed and monitored by the Directorate. It has been using a monitoring and reporting framework for top risks since 2011, and has regularly taken steps to strengthen it. The framework establishes the following:

- a definition of top risks and the escalation/de-escalation criteria for determining which risks are added to or removed from the list of top risks;
- the process for assessing and addressing top risks;
- the methodology and templates to be used to regularly reassess top risks;
- the reporting process, facilitated by the use of a top risks dashboard;
- roles and responsibilities relating to the identification and management of top risks.

The Directorate monitors the top risks dashboard and evaluates the top risks identified in the quarterly performance review. The top risks dashboard is communicated to and discussed by the Assembly and by the Audit Commission.

Annual review of major institutional risks (Major Institutional Risk dashboard)

Since 2015, the ICRC has conducted an annual review of major institutional risks and the corresponding control measures, presented in the Major Institutional Risks (MIR) dashboard. Compared to the quarterly top risks dashboard, the MIR dashboard gives an annual overview of the major institutional risks identified by the ICRC's five departments at headquarters, how these risks evolve from one year to the next, and how they are managed. The MIR dashboard facilitates the monitoring of proposed mitigation measures, and informs the organization's annual planning and budget processes. It is communicated to and discussed by the Assembly and by the Audit Commission.

Security and safety risk management (field)

The ICRC's security risk management approach relies on regular dialogue with all players in the field and on the acceptance of the ICRC's mandate and activities by those participating in hostilities. Decision-making responsibility is decentralized; it is devolved to ICRC staff members overseeing the implementation of ICRC activities on the ground. The resulting flexibility in decision-making and proximity with players in the field ensure that the ICRC's response is adapted and relevant to the context, while striking a balance between expected humanitarian impact and identified risks. This culture of security risk management is embedded in all levels of the organization and supported by the Security and Crisis Management Support Unit at headquarters. Additionally, security risk management advisers, based in ICRC regional sites, provide delegations in the field with guidance, training and other technical support, including through a web-based Security Management Information Platform.

Project risk management (headquarters)

The ICRC defines “project risks” as uncertain events that may affect the success of a project. The ICRC's Project Management Framework covers risk management procedures and tools applicable to institutional projects. The Project Management Office and the risk management adviser provide specific support for managing risks related to the implementation of transformational and/or critical projects. Risk management is part of the role of project managers, and project steering committees are responsible for evaluating risks and making decisions accordingly. The Project Board, established by the Directorate, also manages risks pertaining to the portfolio of headquarters-led projects and programmes.

Process risk assessment (headquarters and field)

The ICRC defines “process risk” as an uncertain event or change that may result in a dysfunctional process. Risks related to day-to-day operations are identified for the most critical processes under the responsibility of the respective divisions or departments, such as finance, logistics and human resources. Risks are reviewed when significant changes in procedures and systems occur, or following organizational changes. Risk assessment at process level considers the risk of internal and external fraud and facilitates the identification of proper controls and prevention mechanisms for minimizing their occurrence.

THREE-LINES-OF-DEFENCE MODEL⁶

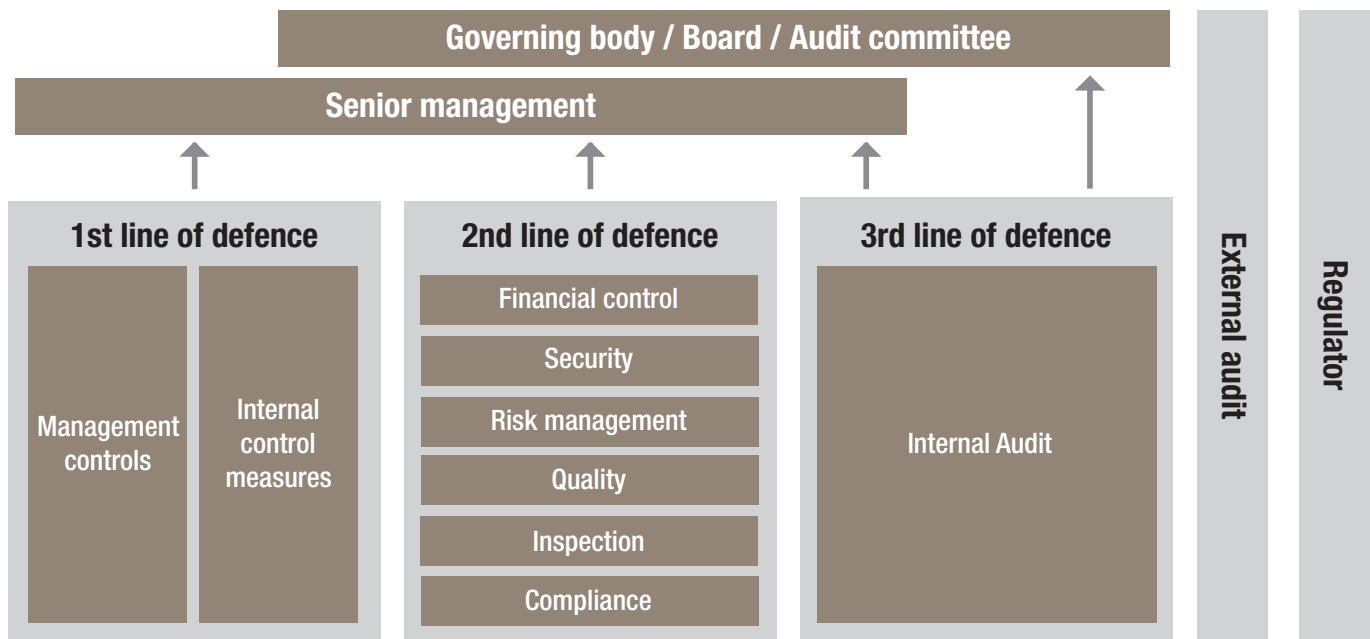
ICRC operational management is responsible for risk management, including the selection and deployment of internal control mechanisms. It is assisted by support units, whose role is to develop the requisite compliance mechanisms, and by the Global Compliance Office.

Roles and responsibilities in risk and control management follow the three-lines-of-defence model (see diagram below).

The first line is composed of front-line managers – mostly in the field – involved in day-to-day operations, as they “own” the risks. They are responsible for implementing and maintaining effective internal control measures and for executing risk management and control procedures on a day-to-day basis. They are also responsible for taking action to address process and control deficiencies.

The second line is composed of various compliance functions, mostly at headquarters or at the shared services centres. It monitors the adequacy and effectiveness of risk management and control mechanisms, and supports front-line managers by providing them with advice on these, including on the timely remediation of deficiencies. The Global Compliance Office forms part of the second line of defence. In the past few years, funds have been invested to develop second-line-of-defence functions at the Manila Shared Services Centre, in order to provide support to operational managers, who are part of the first line of defence.

6. Based on the Institute of Internal Auditors position paper, “The three lines of defense in effective risk management and control”, available at <https://global.theiia.org/standards-guidance/Public%20Documents/PP%20The%20Three%20Lines%20of%20Defense%20in%20Effective%20Risk%20Management%20and%20Control.pdf>.



The three-lines-of-defence model.

The third line of defence is the Internal Audit Unit (see also *Oversight mechanisms* above). It provides independent assurance to the Assembly concerning the effectiveness of risk management and internal control mechanisms, including the extent to which the first and second lines of defence achieve their risk management and control objectives.

Additional independent control evaluations are also carried out by external auditors, including donor auditors and other corporate partners. The ICRC does not rely on these evaluations for additional assurance on the functioning of its internal controls, but it takes into account the results of such audits, due-diligence assessments and evaluations during its risk-assessment and resource-allocation processes.

INTERNAL CONTROL

Internal control system: Global approach and reference framework

The ICRC follows a global internal control approach tailored to each division's and each delegation's risks. This approach is built using internationally recognized references, such as the Internal Control – Integrated Framework (2013) of the Committee of Sponsoring Organizations of the Treadway Commission (COSO) and the three-lines-of-defence model described above. It is described in the "ICRC Internal Control Framework", which is built around five key components, namely:

- control environment;
- risk assessment;
- control activities;
- information and communication; and
- monitoring activities.

ICRC internal control activities are the responsibility of the management of each division, including the support functions, namely finance, logistics, human resources, IT and operations. The activities of each compliance unit or function are

coordinated by the Global Compliance Office. The internal control officer, a member of the Global Compliance Office, is responsible for providing guidance and a methodology for the design, documentation and evaluation of internal controls; promoting information-sharing and disseminating best practices across divisions; and providing tailored training and information sessions. The internal control officer coordinates the management response to various internal and external audits and monitors follow-up of corrective actions, for example, by identifying deficiencies in control processes and determining the appropriate corrective measures to take in the wake of significant fraud cases. The internal control officer also leads fraud-prevention and -detection initiatives by reinforcing the control environment and promoting a culture of integrity.

Internal control system: baseline documentation and scope

As required by Swiss law⁷, the ICRC's internal control baseline is formalized for each key organizational process used for financial reporting at the entity level ("entity-wide controls"). Each process is documented using a common modelling tool, flowcharts and diagrams, and mapped to corresponding controls and risks. This documented baseline is reviewed at least annually, or more frequently if there are significant changes in the organization.

Entity-wide controls, which set the tone for and underpin the organization's control environment, are documented in a matrix and evaluated every year. The annual evaluation is carried out as part of an evidence-based self-assessment conducted by senior management staff, the Directorate and the vice-president, and led by the internal control officer.

7. Article 728(b) of the Swiss Code of Obligations (see note 2).

ICRC policies and procedures are documented and maintained in global reference manuals such as the Finance and Administration Manual, the Logistics Manual, the Code of Conduct, and HR and IT policies. These policies and procedures apply to all ICRC staff, at headquarters and in the field. Whenever necessary, they are updated to reflect organizational changes and external events, such as changes to accounting laws or regulations.

The scope of the ICRC's internal control baseline currently focuses on the financial reporting processes used at headquarters and at the Manila Shared Services Centre, but is being formally expanded to cover field processes and to extend beyond financial reporting to other forms of reporting, operations and compliance objectives. This expansion is based on an assessment of institutional risks and priorities.

Internal control monitoring activities

Internal control monitoring activities are being streamlined to follow one global framework and methodology, in coordination with the Global Compliance Office.

ICRC monitoring activities comprise ongoing evaluation activities, including the monthly review of accounting entries and vouchers, and are centralized at the Manila Shared Services Centre. The monthly review is carried out by the Compliance and Quality Assurance Centre, which employs a team of accounting and audit professionals, who review the monthly financial reporting of all ICRC delegations; they provide comments on financial entries and, whenever necessary, follow up with the delegations for corrective action. This review is based on a pre-defined programme and sample-testing techniques, to ensure that financial transactions in the field are supported with *bona fide* documentation, and that the standards set by the financial framework are respected. Financial data go through two phases of compliance review: preliminary checks and voucher audits. The preliminary checks focus on technical issues and are done before and after the closing of the books, while the voucher audits focus on transaction validity. The delegation concerned is contacted immediately regarding any issues arising during the preliminary checks; observations from the voucher audits are also sent to the delegations concerned, which have 30 days to reply.

In addition, the Compliance and Quality Assurance Centre assists headquarters with selected projects related to financial reporting, and provides training and support to delegations, deploying its staff in the field whenever necessary. It also identifies potential risks and provides information to the internal controllers in preparation for their field visits.

A similar structure set up within the Logistics Division at the Manila Shared Services Centre reviews supporting documents and statistics related to procurement. The Manila Shared Services Centre has also integrated new resources for reviewing distribution tracking files and evidence for activities carried out under the assistance programme.

The ICRC also conducts internal control monitoring through separate evaluations. These include field internal control missions conducted in selected delegations each year. Internal controllers carry out field visits ("spot checks") aimed at

verifying whether ICRC policies, procedures and related internal controls are working as expected. They employ different techniques, such as interviews with field and headquarters personnel, sample testing of internal controls, reasonability checks, and accounting ledger review and testing. Their findings are summarized in a mission report submitted to the delegation's management, whose response is tracked, with a view to facilitating any remedial action required. The mission report serves to identify and correct internal control problems in a timely manner, and to highlight opportunities for improvement. In addition, the outcome of these field visits informs the risk assessment and resource allocation processes.

Periodic walk-throughs are also performed on certain key organizational processes, selected based on financial impact and internal management assessment, to confirm the existence, design and suitability of internal controls.

Dedicated regional logistics and finance managers at headquarters also oversee the delegations within their respective geographical regions. They conduct support and monitoring visits in the field to ensure the proper implementation of effective risk management practices, and to identify and escalate known and emerging issues.

The ICRC's monitoring activities evolve over time and aim to integrate new technologies and innovative tools, with a view to testing the effectiveness of the internal control mechanisms in place more efficiently.

IT general controls and security

Each division and field delegation is responsible for IT general controls over systems access for their respective information systems. Systems access is controlled on the arrival and departure of employees, and the segregated access for financial applications is confirmed quarterly with managers. Changes to systems are controlled by the ICT Division through a ticketing validation flow, which ensures proper documentation of change approval and testing before implementation. IT system security is also managed centrally by the ICT Division (see also *Executive bodies* above).

CODE OF CONDUCT FRAMEWORK AND FRAUD POLICY

Code of Conduct

The ICRC Code of Conduct reflects the ICRC's commitment to ensure that all its activities meet fundamental principles and rules for ethical conduct. It contains essential rules of behaviour that reflect the values underpinning the ICRC's mission. It seeks to safeguard the high standards of integrity and professionalism that the organization values, and sets the ethical and behavioural framework that all ICRC staff are expected to conform to in their daily work.

The rules contained in the Code of Conduct are mandatory for all ICRC employees and constitute an integral part of their employment contract. They include clear rules prohibiting fraud and corruption, harassment (including sexual harassment), abuse of power and sexual exploitation. The Code of Conduct also defines employees' duty of discretion and the proper use of ICRC IT facilities.

Code of Conduct framework and operating guidelines

The Code of Conduct framework is a separate document that provides strategic direction, in line with the key principles and rules set out in the Code of Conduct, for various prevention and detection activities. It is accompanied by the Code of Conduct operational guidelines, which are binding on all employees. The guidelines:

- define the reporting, investigation and inquiry process, including ICRC employees' rights, obligations and roles therein;
- establish the standards for planning and conducting inquiries and investigations and for preparing reports; and
- set out the process and minimum standards for disciplinary sanctions.

The guidelines primarily serve to ensure that allegations of misconduct are managed in line with key principles, such as confidentiality, protection of complainants against retaliation, due process and standard sanctions.

Fraud policy

The ICRC developed a policy on the prevention of fraud and corruption, for all staff members, in 2018. The policy defines fraudulent practices as "any act or omission whereby an individual or entity knowingly misrepresents or conceals a fact (a) in order to obtain an undue benefit or advantage or avoid an obligation for himself, herself, itself, or a third party, and/or (b) in such a way as to cause an individual or entity to act, or fail to act, to his, her or its detriment". The ICRC wishes to promote a culture of integrity and of opposition to fraudulent activity in all its forms. It is committed to the highest possible standards of openness, transparency and accountability in all its affairs, while acknowledging the importance of – and challenges posed by – recommended best practices to address these issues in humanitarian operations. Although the Office of the Director-General has overall responsibility for ensuring the policy's application, every ICRC staff member is responsible for protecting the organization's assets and reputation. The policy applies to all ICRC activities and operations, covering the organization's employees, suppliers and implementing partners.

Policy on sexual misconduct

The ICRC also developed a policy on the prevention of, and response to, sexual misconduct for all its staff members in 2018, to complement the effective implementation of its Code of Conduct. The ICRC is committed to fostering an organizational environment that discourages abuse of power and holds the lack of respect in human relations as being absolutely unacceptable. In line with this commitment, the policy provides definitions of the various forms of sexual misconduct prohibited by the Code of Conduct, guidance to ensure that concerns about the well-being and safety of persons subjected to sexual misconduct, and support for them, are placed at the centre of any action, and a summary of the roles and responsibilities of every employee, supplier and implementing partner with regard to preventing, detecting and managing allegations of sexual misconduct. The policy applies to all ICRC employees and, to the extent specifically mentioned in the policy, to suppliers and implementing partners.

Preventing violations of the Code of Conduct

The ICRC works to ensure that the Code of Conduct and its principles are well-understood and shared across the organization through, among other means, the facilitation of learning and role modelling. The Code of Conduct and key behavioural principles are covered and explained during a formal, two-week integration course taken by staff members. The ICRC has also developed an e-learning module that is mandatory for all staff members. Additional prevention and awareness activities are also carried out. The director-general, for example, periodically sends messages to encourage staff members at all levels of the organization, at headquarters and in the field, to have broad, inclusive and open conversations; they are encouraged, in particular, to focus on self-reflection and on generating a respectful and safe environment.

Managing violations of the Code of Conduct

A structured and centralized intake system is in place to handle complaints related to violations of the Code of Conduct, or of other policies and procedures, in an effective and timely manner. Following industry standards, the ICRC promotes the escalation of complaints to specific channels at the delegation and headquarters levels, namely: (1) direct manager or manager's manager; (2) human resources manager, finance and administration managers, or other positions of trust; and (3) complaint integrity line or Code of Conduct compliance officer. All staff members are encouraged to consult, through the above-mentioned channels, on observed or suspected violations of the Code of Conduct and to report misconduct. Because managers are likely to be the primary recipients of complaints from staff, they will be given the necessary guidance and tools for assessing the nature and seriousness of complaints, and for gauging whether complaints must be referred to the Code of Conduct compliance officer (based at headquarters) for follow-up.

Guidance on how to report potential misconduct, including a dedicated email address and an integrity line, are available on the ICRC intranet for all staff members and on the ICRC website for external stakeholders, such as suppliers and people assisted by the ICRC. Reports are compiled and analysed by the Global Compliance Office and communicated to the appropriate channels. Reported allegations of improper behaviour potentially arising from a criminal act – including fraud, theft, harassment, abuse of power or sexual exploitation – are investigated under the supervision of the head of the Global Compliance Office, who has the authority to close the case and organize a lessons-learned exercise thereafter.

Each quarter, the Directorate receives statistics, trends and other information on misconduct cases reported, which it then shares with the Audit Commission and the Assembly as part of the quarterly reviews. Information, which has been anonymized, on misconduct cases is also summarized in the biannual reports prepared by the Global Compliance Office.

The Major Institutional Risks dashboard (see also *Annual review of major institutional risks* (Major Institutional Risks dashboard) above) makes it easier to monitor risk assessments and evaluate control mechanisms for risks related to staff behaviour and compliance, internal fraud against the ICRC, and duty of care in relation to harassment (see *Identifying risks: risk families* above).

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

MANAGING ICRC OPERATIONS: THE CYCLE AND THE RESULTS

INTRODUCTION

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

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

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

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

THE ICRC MANAGEMENT CYCLE

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

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

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

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

The stages of the management cycle

Assessment and analysis

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

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

Formulation and planning

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

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

Implementation and monitoring

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

If, during the monitoring process, a significant change in the situation is noted during the year, the ICRC may need to undertake a major revision of the PfR entries for that context;

if the needs are much greater and the action is expanded, this may necessitate an extension of the initial budget. The reverse may also be true: where there is a decrease in needs, the corresponding operation and the initial budget are scaled down accordingly.

Review, evaluation and learning

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

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

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

Multi-year programming

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

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

RESULTS AND INDICATORS

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

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

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

PRAGMATIC APPROACH TO RESULTS-BASED MANAGEMENT

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

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

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

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

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

RESULT-BASED MANAGEMENT IN ICRC PROGRAMMES

INTRODUCTION

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

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

PROTECTION

The Protection Policy (dated April 2008) sets out the ICRC protection framework, definitions of the main terms, and key principles and operational directives for implementing

the activities that comprise the programme. This guidance document describes the tools and approaches available, and the general action and the generic indicators guiding ICRC protection activities.

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

Examples of generic indicators and related topics are listed below:

Protection of the civilian population

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

Protection of people deprived of their freedom

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

Restoring family links

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

Forensic services

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

ASSISTANCE

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

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

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

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

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

Economic security

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

Relief – to save lives and protect livelihoods

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

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

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

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

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

Health services

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

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

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

Water and habitat

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

Safe drinking water supply

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

Sanitation and environmental health

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

Temporary human settlements

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

Energy supply

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

Building renovation and construction

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

Weapon contamination

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

- training and capacity-building on safe behaviour and mitigation measures; hazard identification and risk assessment

- survey and clearance; data collection and management; access to secure areas
- availability of and degree of authorities' compliance with national and international standards

PREVENTION

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

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

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

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

Generic indicators are listed below with examples of related topics:

Prevention-dissemination

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

- sustainability (e.g. designation of liaison officers by stakeholders; existence of a process for notification of movement; ICRC access to conflict-affected areas and/or people)

Prevention-implementation

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

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

COOPERATION WITH NATIONAL SOCIETIES

The Seville Agreement and its Supplementary Measures, as well as relevant Council of Delegate resolutions, provide a framework for effective cooperation and partnership among the Movement's components, enhancing field-level coordination among them. The ICRC Strategy 2019–2022 sets out the organization's ambition to strengthen its leadership and coordination role during armed conflict and other situations of violence, with a view to ensuring a more inclusive Movement response that achieves greater impact on the people affected. This includes an effort to better integrate or broker the support of other Movement components who can bring specific and complementary expertise. The ICRC also aims to contribute to National Society development in a more holistic manner, by ensuring that National Societies have access to the support they need, with a special focus on contexts of armed conflict and violence. This is done either by providing direct support in areas where the ICRC has specific competencies – such as the Safer Access Framework, IHL, the Fundamental Principles and restoring family links – or by championing the roles of others, in particular the International Federation. Close cooperation with National Societies, whether they are working in their own countries or abroad, and with the International Federation will be key to achieving these goals.

Generic indicators are listed below with examples of related topics:

- National Society capacity to operate safely (e.g. legal and statutory base; respect for the Fundamental Principles and proper use of emblems; structure; organization and services)

- partnership with National Societies (e.g. relationship; training and competencies; resources)
- Movement coordination and cooperation (e.g. strategic development plans; Movement coordination mechanisms; Movement response planning processes)

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

RESULT-BASED MANAGEMENT AND STANDARD REPORTING TO DONORS

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

CYCLICAL STANDARD REPORTING DOCUMENTS

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

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

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

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

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

OTHER STANDARD REPORTING DOCUMENTS

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

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

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

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

THE ICRC'S OPERATIONAL APPROACH TO CHILDREN

CHILDREN IN ARMED CONFLICT AND OTHER SITUATIONS OF VIOLENCE

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

PROTECTION UNDER INTERNATIONAL LAW

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

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

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

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

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

THE ICRC'S MULTIDISCIPLINARY APPROACH

The ICRC implements a multidisciplinary approach to protecting the life and dignity of victims of armed conflict and other violence and providing them with assistance. Within this approach, the ICRC acknowledges that children not only represent a large segment of the population (and, therefore, of those affected by armed conflict and other violence) but are also particularly vulnerable. Thus, the ICRC pays particular attention to them and to their needs when implementing its prevention, protection and assistance programmes worldwide.

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

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

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

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

CHILDREN IN ICRC PROGRAMMES (BY TARGET POPULATION)

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

CIVILIANS

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

Protection

Protection of the civilian population

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

DEFINITIONS USED BY THE ICRC

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

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

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

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

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

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

are girls with children of their own. When possible, the children and their families are referred to the appropriate services, to help them cope with the psychological impact of their experiences.

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

Restoring family links – missing persons

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

The ICRC supports families through activities aiming to address their concerns, using different modes of action, in coordination with the authorities, National Societies, NGOs, family associations, and other service providers.

- Directly or through associations or institutions, the ICRC provides family members of missing persons, including women and children, with administrative help in dealing with matters related to access to education, inheritance, pensions, legal status, custody of children and property rights.

Assistance

Economic security – emergency aid:

food and essential household items

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

Water and habitat

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

with the knowledge and skills necessary for helping prevent and contain the spread of communicable diseases. Sessions commonly cover the prevention of major risks identified in their environment, such as hand-to-mouth contamination, through good hygiene; the proper use and maintenance of facilities and equipment for water, sanitation and waste management; and the prevention and treatment of diarrhoea.

Health – Primary health care

- The ICRC works to reinforce reproductive health, including ante/post-natal care and care for newborns. ICRC-trained or -supported birth attendants and midwives also play decisive roles in health education, for example, on basic care and breastfeeding. The organization's involvement in vaccination campaigns, particularly in difficult-to-access areas, is also a key part of its health activities for the civilian population: ICRC support for immunization programmes (cold chain, transport, supervision) benefits mostly children under five, and girls and women of child-bearing age. In certain contexts, the ICRC is implementing the Community Management of Acute Malnutrition (CMAM) approach to treat young children (below 5 years old) suffering from severe acute malnutrition.

Health – Mental health and psychosocial support

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

PEOPLE DEPRIVED OF THEIR FREEDOM

Protection

- Children detained in their own right may be registered by the ICRC, and individually monitored with the aim of ensuring that they are afforded particular care and protection, including from torture and other forms of ill-treatment. Infants and other children accompanying detained parents (most commonly, mothers) may also be registered to ensure that their needs are not forgotten and to deter any attempt to use the child to exert pressure on the parent.
- During its visits to people deprived of their freedom, the ICRC pays special attention to the treatment and living conditions of detained children. Particular consideration is given to suspected victims of ill-treatment, including sexual violence. The ICRC checks on children's

accommodations, which should separate boys from girls and children from adults (unless their protection and well-being are better ensured by being with their families or other adults responsible for them). ICRC delegates also pay attention to the children's ability to maintain regular contact with their families and to engage in appropriate recreational and educational activities. The organization then provides reports and recommendations confidentially to the authorities concerned accordingly.

- The ICRC considers children's access to judicial guarantees. When children are detained beyond the time limits allowed by law, when they are eligible for non-custodial measures but have not had the opportunity to access them, or when they are below the age of criminal responsibility, the ICRC makes representations to the detaining authorities with the aim of securing their release. The ICRC also advocates against the detention of children and family separation for immigration-related reasons.
- Children recruited or used by armed forces or armed groups are often victims of unlawful recruitment and should be treated primarily as victims, instead of as perpetrators. The ICRC advocates non-custodial measures for children who would otherwise be detained for the sole reason of being associated with an armed group. ICRC support for the penitentiary administration and training for penitentiary staff (medical personnel included) encompasses, whenever relevant, action regarding or in consideration of the particular needs of children, for example, in terms of food, health care, education and recreation.

Restoring family links

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

Assistance

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

Water and habitat

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

WOUNDED AND SICK

Assistance

Medical care

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

Physical rehabilitation

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

Water and habitat

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

ACTORS OF INFLUENCE

Prevention

- Prevention activities targeting actors of influence (e.g. political authorities, armed forces and other bearers of weapons, civil society representatives, the media, academics, young people, NGOs) always emphasize the need to take measures to respect the life and dignity of people affected by armed conflict or other violence; as part of these efforts, the ICRC emphasizes that children – who often represent a large segment of the affected population – are particularly vulnerable and their specific needs must be recognized and addressed.
- Depending on the audience, prevention activities may highlight the existing provisions of IHL and international human rights law that focus on children, such as the 1977 Additional Protocols and the Optional Protocol to the Convention on the Rights of the Child, along with relevant national legislation, which may call for even more protection. The ICRC provides technical support and advice to countries on becoming party to

such instruments and enacting national legislation to implement their provisions, to enhance the protection afforded to children and to meet their specific needs. Particular emphasis is placed on the protection of schools and on the issue of child recruitment. The ICRC promotes the principle that persons under 18 years of age should not participate in hostilities or be recruited into armed forces or armed groups. All actors are systematically made aware of their responsibilities and capabilities in this respect through a combination of bilateral meetings, legal advice, dissemination sessions, training courses, documentation and publications, academic competitions, and communication campaigns.

- The ICRC is often invited to speak about the effects of armed conflict and other violence at conferences hosted by donors and by regional and international organizations. The organization contributes to the common efforts of the international community to improve child protection standards in humanitarian work in armed conflict and other violence. It also provides input for new international resolutions, policies and other documents – for example, the guidelines on enhancing the protection of schools and universities against attacks – and promotes their enforcement.
- The ICRC addresses the consequences of urban violence affecting young people in Latin America, including through school-based projects, conducted in partnership with the local education authorities and often with the relevant National Society, aimed at fostering a humanitarian space in and around schools.

RED CROSS AND RED CRESCENT MOVEMENT

Cooperation

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

THE ICRC'S OPERATIONAL APPROACH TO DISPLACEMENT

INTERNAL DISPLACEMENT AND THE INTERNALLY DISPLACED

Displacement is a recurrent consequence of armed conflicts and other situations of violence. In most cases, it entails an unstable and unsustainable set of circumstances for IDPs, the families and communities hosting them, and the authorities concerned.

There are two broad causes of displacement in armed conflict: as a direct consequence of the hostilities, owing to already occurring violence that forces people to flee their homes, or as a pre-emptive measure on account of fears or threats; and as a secondary consequence, owing, for example, to the exhaustion of resources or to poor access to essential services as a result of the general hardship brought about by the conflict.

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

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

The forced displacement of civilians is banned under both treaty and customary IHL. Exceptionally, temporary evacuations may be carried out if the security of the civilians involved or imperative military reasons so demand. In addition to this express prohibition, the rules of IHL intended to spare civilians from hostilities and their effects also play an important role in preventing displacement from occurring in the first place, as it is often violations of these rules that cause civilians to flee their homes.

Phases of displacement

The ICRC understands internal displacement to be a dynamic phenomenon consisting of a series of relatively distinct phases: the pre-displacement period (the circumstances leading up to displacement and the event that causes displacement); the displacement itself (further divided into the acute, highly unpredictable phase, including both the flight and the arrival in a new location, during which immediate protection and assistance efforts are required; and longer-term, often protracted, displacement, during which IDPs need support to access livelihoods and essential services such as health care and education, so that they can progressively normalize their circumstances); and the durable solution phase (i.e. return, local integration or relocation).

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

While using an “all phases” approach in its analysis of situations of internal displacement, the ICRC does not aim to respond to every phase of displacement to the same extent; it seeks to combine different forms and levels of engagement to contribute to meeting people’s needs in each phase of their displacement, as called for by the situation. The focus is on bringing a specific added value to the humanitarian response, based on the ICRC’s expertise and experience.

A HOLISTIC APPROACH

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

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

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

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

Neighbouring communities (whether sympathetic or not) or extended family members are often the first to receive the IDPs and can be significantly affected by their arrival, especially when IDPs are directly taken into and supported by individual households and the latter receive minimal or no assistance from the authorities or humanitarian actors. In many cases, hosts already face dire circumstances even before the IDPs arrive and they tend to be quickly stretched beyond their capacity to help, reaching the point of exhaustion, particularly when displacement becomes protracted. Tensions over insufficient resources – land, water and other natural resources, health care, education and other essential services, jobs – can easily emerge and rapidly escalate, leading to protection concerns for IDPs, as well as stigma in certain cases. This may be particularly the case when large numbers of IDPs move into a city, transforming the urban space and putting additional strain on already weak and overburdened services. As such, the ICRC underscores that the needs of IDPs should be considered and addressed in conjunction with the needs of the communities and families hosting them.

Often, however, this temporary solution allows IDPs to stay close to their place of origin and families, and to avoid being confined to camps.¹ The ICRC favours providing protection and assistance to IDPs outside camp settings, and focuses its efforts in these areas. However, it may get involved in delivering some services in IDP camps, to complement the support provided by other actors, or even very exceptionally, in managing camps; in these cases, it often operates with or through the National Society.

THE MULTIDISCIPLINARY APPROACH

The ICRC seeks to prevent forced displacement and to address the diverse needs of IDPs and host communities through a combination of different activities. The organization is committed to initiating a flexible response to internal displacement, which may be adapted to the changing circumstances of the people affected. At every stage, these activities are designed to help empower beneficiaries, promote their self-reliance and reinforce positive coping mechanisms.

Preventing forced displacement

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

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

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

Alleviating the effects of internal displacement

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

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

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

Easing return, local integration and relocation

Whenever appropriate, the ICRC aims to facilitate the return of those who have been internally displaced, or their integration in the place to which they were displaced or in another part of the country, based on their voluntary, safe and dignified choices. The ICRC continually reminds the authorities of their obligations to promote voluntary return whenever it is safe, or to ease the process of local integration and/or relocation; it reminds them of the basic conditions that must be in place, before they urge IDPs to return to their places of origin.

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

Internal displacement and migration

For the ICRC, internal displacement and migration are two distinct humanitarian issues with specific characteristics, governed by different legal frameworks, and, thus, requiring different operational approaches. With regard to migration, the ICRC – together with the other components of the Movement – has adopted a broad description of migrants, to encompass all people who leave or flee their homes to seek safety or better prospects abroad, and who may be in distress and in need of protection or humanitarian assistance. This may include, among others, labour migrants, stateless migrants, and migrants deemed irregular by public authorities. It also concerns refugees and asylum seekers, who are entitled to specific protection under international law. Whatever the reasons for leaving their country, migrants can become vulnerable at different stages of their journey, and some endure hardship that can threaten their life and affect their physical and mental well-being. The ICRC's response is

geared towards addressing the needs of vulnerable migrants, keeping in mind that all migrants, irrespective of their status, are protected by international human rights law and – when caught in conflict – by IHL. In view of the transnational, and at times transregional, nature of migration, the ICRC works with other components of the Movement, drawing on the Movement's presence along migration routes, to better understand and address the needs of these migrants and help bridge gaps in the protection and assistance they receive.

At the same time, the ICRC acknowledges that internal displacement and migration often pose interrelated challenges. Many migrants, including refugees and asylum seekers, come from conflict-affected countries where internal displacement is already rife; some people who had been displaced internally may eventually move to another country, if they are unable to find protection and lasting solutions in their country. Similarly, some returning migrants end up becoming displaced in their home country because going back to their places of origin is unsafe, or would leave them without access to basic services and livelihood opportunities. The ICRC repeatedly draws attention to the possible connection between internal displacement and migration, and emphasizes that when such a connection exists, the situation should be addressed in a holistic and multidisciplinary manner.

RELATIONS WITH THE MOVEMENT AND HUMANITARIAN COORDINATION

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

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

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

The ICRC is also committed to facilitating coordination with other actors while preserving its neutrality, impartiality and independence. It has welcomed the various UN initiatives

for humanitarian reform – including the cluster approach, although, as a neutral and independent organization, it is unable to be a formal part of it.

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

THE ICRC RESPONSE TO INTERNAL DISPLACEMENT (BY TARGET POPULATION)

In line with its mandate, the ICRC seeks to help all people affected by armed conflict and violence, based on their needs. As IDPs tend to be among the most vulnerable civilians, they often benefit from many ICRC activities – either because these activities are designed to address their particular needs, or because the activities aim to support the civilian population as a whole, including those displaced. The points below detail only the specific activity or group of activities that are particularly significant for IDPs or host communities or where, for one reason or another, they comprise the majority of beneficiaries; the significance of the activity during the different phases of displacement is also explained.

CIVILIANS

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

Protection

Protection of the civilian population

- The ICRC monitors the situation of individuals and groups who are not or no longer taking part in hostilities, and documents allegations of abuse against them. These allegations figure into the ICRC's discussions with all parties regarding reported IHL violations and the measures to be taken to stop them, and on the need to strengthen the overall protection of the civilian population, especially with a view to removing some of the causes of displacement. The discussions may cover patterns of harm, such as direct or indiscriminate attacks, harassment, arbitrary arrests, sexual violence, looting or destruction of property and possessions, forced recruitment by weapon bearers, or restriction/denial of access to land, fields, markets and essential services.
- In addition to making formal and informal oral and written representations to the authorities concerned about alleged incidents, the ICRC conducts dissemination activities (see *Actors of influence* below) for the authorities and all kinds of weapon bearers on their responsibilities under IHL to, at all times, protect and respect individuals and groups not or no longer taking part in hostilities.
- By reinforcing civilians' self-protection mechanisms and acting as a neutral intermediary to facilitate movement across front lines or access to essential services, such as markets, health care or education, the ICRC can remove some of the causes of displacement while contributing to increasing the resilience of the population.
- When displacement does occur, the ICRC plays an important role in engaging with the authorities, who, while bearing the primary duty to care for the displaced and to manage the displacement crisis, may lack the capacity or the will to do so. The ICRC highlights critical humanitarian needs and makes recommendations to the authorities on how they can better fulfil their obligations, including those in relation to protecting civilians from abuses and further displacement; it takes care to emphasize that IDPs are not a homogeneous group and each sub-group is likely to have particular concerns, in relation to their gender, age and physical or mental abilities.
- Any movement of IDPs ordered by the authorities must be carried out in a safe, voluntary and dignified manner. In terms of responding to a displacement crisis, the authorities bear responsibility for ensuring that the conditions are in place for the resolution of the problem. The ICRC advocates the establishment of such conditions, so that displaced people are able to return to their places of origin, integrate into the community in the place where they were displaced, or relocate to new areas within the country, according to their preferences: these conditions include security guarantees, access to livelihoods and essential services, the ability to exercise housing, land and property rights, and often, compensation for lost, stolen or destroyed property. People's physical movement back to the area of origin or their presence being merged within the host community do not amount to IDPs having found a durable solution. A premature return often leads to re-displacement and further hardship.
- The ICRC pays particular attention to the relationship between IDPs – living in formal or informal camps, individual accommodation or hosted by relatives, friends or other members of the local community – and host communities in order to avoid or reduce tension between the two groups, such as that caused by competition for overstretched resources. Whenever possible, the ICRC takes direct action to remove or reduce the causes of the tension.
- Encouraging respect for people's dignity includes ensuring that they have access to accurate information and can actively influence decisions made on their behalf, so that they are still able to make choices about their lives, however dire the circumstances. For example, a lack of information regarding the services available or the local procedures makes it difficult for IDPs to access essential services and support. In such cases, the ICRC will directly facilitate beneficiaries' access to the services available, including those run by the State, as well as prompt the authorities to improve their communication and information-sharing systems.
- During their flight, IDPs may leave behind or lose critical documents (personal identification cards, passports, birth certificates, marriage certificates, etc.) or have them stolen, making it difficult for them to exercise their rights. The ICRC reminds the authorities of their obligation to provide document replacement services to all eligible citizens. It can also act as a neutral intermediary to relay official documents across front lines, between family members or between the authorities and civilians.

Restoring family links

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

Assistance

Economic security – emergency aid:

food and essential household items

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

Economic security – livelihood support

- Livelihood support programmes help people protect or regain their self-sufficiency and a sense of dignity. Seed and tool distributions, livestock replenishment and vaccination, cash-for-work projects to rehabilitate community infrastructure, grants or material inputs (e.g. sewing machines, donkey carts, flour mills, oil presses, brick-making machines, irrigation pumps), for example, directly improve the standard of living of households by helping them continue or jump-start an income-generating activity. This, in turn, can also help people to cope with the various threats in their environment posed by the armed conflict or other violence. In this way, boosting economic security can contribute to mitigating some of the possible drivers of displacement. On the other hand, displaced households, whether they are able to return home after a relatively short period of

time or are caught up in prolonged displacement, are cut off from their livelihoods and struggle with the depletion of their resources. The ICRC's support helps IDPs and returnees recover or maintain their sources of income. The support provided to the receiving communities, especially households hosting IDPs, contributes to alleviating possible tensions.

- In many cases, occupational training forms part of livelihood support programmes, either to help the beneficiaries keep up their skills or to enable them to take up a new economic activity more suited to the area to which they have been displaced. For example, people displaced from rural to urban areas often do not have the skills necessary for getting employed in cities and need assistance to be able to find a new source of income.

Water and habitat, Health

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

Weapon contamination

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

WOUNDED AND SICK

Protection

- In its dialogue with the authorities and weapon bearers, the ICRC reiterates their obligations under IHL to respect medical personnel, equipment and facilities and to allow all people in need, including displaced civilians, access to medical care. In addition, health personnel are instructed in their work-related rights and obligations under IHL and the protective measures they can employ, such as marking health structures with a protective emblem.
- The ICRC reminds the authorities, including the health authorities, of their obligation to prevent secondary separations and the measures that need to be taken (e.g. proper registration of patients in health structures, registration of medical evacuations).
- The ICRC's activities aimed to ensure that IDPs can obtain or replace official documentation can also serve to ensure their access to healthcare, as the lack of identity or other documents often becomes an obstacle to receiving medical treatment.

Assistance

Medical care, Physical rehabilitation

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

ACTORS OF INFLUENCE

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

The ICRC is also involved in shaping the broader policy debate on the challenges related to internal displacement and the response to it, with a particular focus on urban displacement. It takes part in regional and global forums, to present opinions

and recommendations based on its first-hand experience in the field. It promotes the ratification of the African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention), the first legally binding regional instrument on internal displacement, and supports its implementation.

Protection, Prevention

- Activities targeting actors of influence (e.g. political authorities, armed forces and other bearers of weapons, civil society representatives, the media, academics, young people, NGOs) always emphasize the need to take measures to respect the life and dignity of all people affected by armed conflict or other violence, including IDPs. All actors are made aware of their responsibilities and capabilities in this respect through a combination of bilateral meetings, dissemination sessions, training courses, publications, academic competitions and communication campaigns.
- The authorities, both civil and military, bear the primary duty to protect and assist people in their territory. Humanitarian action cannot and should not be expected to comprehensively make up for the shortcomings in the formal system. The ICRC therefore discusses with the authorities – at all levels, on the ground and in high-ranking positions right up to the cabinet – their obligations to respect, protect and support those affected by displacement, and to ensure that IDPs are able to exercise the same rights and freedoms under the applicable legal frameworks (IHL and national law), without discrimination, as other citizens.
- Where the existing legislation is inadequate, the ICRC provides technical support and expertise to the authorities to help them develop new laws and adopt the necessary policy and concrete measures to implement these laws.
- During its contact with a range of influential actors – for instance, during training courses and workshops – the ICRC covers the basic rules of IHL, the respect of which would contribute to preventing cases of conflict-related displacement; these rules include:
 - the obligation to distinguish at all times between civilians and combatants and between civilian objects and military objectives;
 - the prohibition on making civilians or civilian objects the target of attacks;
 - the prohibition on indiscriminate attacks;
 - the obligation to use force that is proportional to the military objective in order to minimize the collateral damage suffered by civilians;
 - the obligation to take precautions in attacks to spare the civilian population;
 - the prohibition on the destruction of objects indispensable for the survival of the civilian population;
 - the prohibition on reprisals against the civilian population and civilian property;
 - the obligation to respect fundamental guarantees such as the prohibition of ill-treatment; and
 - the obligations of all parties to a conflict in relation to humanitarian assistance and access.

- The ICRC also discusses with the authorities their obligation to provide protection and assistance and to seek solutions when displacement occurs. This includes ensuring that all civilians, including those displaced:
 - are protected against threats, indiscriminate arrests, attacks and other acts of violence, as is their property (either that currently with them or that left behind), are able to maintain their dignity, physical, mental and moral integrity, and family unity, have freedom of movement and freedom to choose their place of residence (in or out of camps, within the country or abroad) and are protected against forced return;
 - have adequate standards of living in terms of food, water, sanitation, basic shelter, clothing, health care and education;
 - have access to the documents they need to exercise their rights (personal identification, passport, birth certificate, marriage certificate, etc.); and
 - have access to accurate information in order to make informed choices and participate in and influence decisions being made on their behalf.
- Finally, the ICRC raises awareness of the authorities' responsibility to restore conditions that permit return, local integration or relocation as quickly as possible. The basic conditions for sustainable, long-term solutions, based on voluntary, safe and dignified choices, include the following assurances that IDPs:
 - do not suffer attacks, harassment, intimidation, persecution or any other form of punitive action upon return to their home communities or settlement in other locations;
 - are not subject to discrimination for reasons related to their displacement, and have full non-discriminatory access to national protection mechanisms (e.g. police and courts);
 - have access to the personal documentation typically needed to access public services, to vote and for administrative purposes;
 - have access to mechanisms for property restitution or compensation;
 - enjoy without discrimination adequate standards of living, including shelter, health care, food and water; and
 - are able to reunite with family members if they so choose.

RED CROSS AND RED CRESCENT MOVEMENT

Cooperation

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

HEADQUARTERS

ICRC GOVERNING AND CONTROLLING BODIES

MEETINGS AND DECISIONS OF THE GOVERNING BODIES

In 2018, the Assembly and the Assembly Council held six and ten meetings, respectively. The president and the director-general of the ICRC informed the governing and controlling bodies about matters pertaining to the conduct of operations, the development, implementation and promotion of IHL, humanitarian diplomacy priorities, cooperation with National Societies, relations with the private sector, public communication, and administration and finance. In December 2017, Vice-President Christine Beerli's third term of office was extended until the end of March 2018; the new vice-president, Gilles Carbonnier, elected in June 2017, took office in April.

The Assembly adopted the Institutional Strategy 2019–2022. Pursuant to the recommendations of the Audit Commission, it reviewed and approved the 2017 financial accounts, including the report of the external auditors, and the Directorate's proposed objectives and budgets for 2019. It was kept informed of the internal control system and of issues relating to autonomous weapons, and adopted the new Information Environment Strategy. The Assembly did not recognize any new National Society in 2018, leaving the total number of recognized National Societies at 191.

The Assembly Council continued to monitor the development and implementation of some of the ICRC's main transformational projects, such as the new Information Environment Strategy, the organization's digitalization – including issues relating to data management and protection – and changes in the organizational model. The Assembly Council also spearheaded reflection on a future security review commission headed by the Presidency and adopted five budget extensions related to the ICRC's main theatres of operation (Bangladesh, Israel and the Occupied Territories, Libya) and certain other cross-cutting programmes (see *Financial resources and logistics*).

MISSIONS

Mr Peter Maurer, president, held bilateral discussions with heads of State, ministers of foreign affairs and defence, parliamentarians and National Society leaders and, whenever possible, non-State armed groups, during his missions to Australia, Bangladesh, Belgium, Canada, China (including Hong Kong), the Central African Republic, the Democratic Republic of the Congo, Ethiopia, Germany, the Islamic Republic of Iran, Iraq, Japan, Kuwait, Libya, Liechtenstein, Luxembourg, Myanmar, New Zealand, Qatar, the Republic of Korea, the Russian Federation, Sudan, the Syrian Arab Republic, the United Arab Emirates and the United States of America.

Mr Maurer also held talks with government representatives during the high-level segments of the UN General Assembly in New York (United States of America) and of the UN Human Rights Council in Geneva (Switzerland), and at the World Government Summit in Dubai (United Arab Emirates), the Security Conference in Munich (Germany), the International Conference held to mark the 150th anniversary of the St Petersburg Declaration in St Petersburg (Russian Federation), and the World Economic Forum in Davos (Switzerland).

Mr Gilles Carbonnier, vice-president, met with government officials and National Society leaders on visits to Belgium, China, France, the Islamic Republic of Iran, Kazakhstan, Kuwait, Morocco, Nicaragua, Sweden, Ukraine, the United Kingdom of Great Britain and Northern Ireland, and Uzbekistan.

Mr Carbonnier also represented the ICRC at a number of high-level events. These included the Stockholm Forum on Gender Equality in Sweden, the Xian Shan Forum in China, the international conference "Fighting Terrorism: Cooperation without Borders" of the Regional Anti-Terrorist Structure of the Shanghai Cooperation Organization (RATS SCO) – the first SCO event to which the ICRC was invited after the signing of a memorandum of understanding in 2017 – in Tashkent (Uzbekistan), the Paris Peace Forum and the ceremony marking the centenary of the end of the First World War, and the Intergovernmental Conference to Adopt the Global Compact for Safe, Orderly and Regular Migration in Marrakesh (Morocco).

Other members of the ICRC conducted the following missions:

Mr Mauro Arrigoni took part in the celebration of the Centennial of the Ukrainian Red Cross Society in Kyiv (Ukraine) and visited ICRC activities in Cambodia and Myanmar with the MINE-EX Foundation of the Rotary Club of Switzerland and Liechtenstein. He also participated in a course on security crisis and management support in Nairobi (Kenya).

Ms Christine Beerli met with government officials and National Society leaders in Mali during her last mission as vice-president (in January).

Mr Hugo Bänziger visited the ICRC logistics centre in Jordan and the Belgrade and Manila Shared Services Centres (Serbia and the Philippines).

Mr Jacques Chapuis and **Ms Barbara Wildhaber** visited ICRC operations in South Sudan.

Mr Christoph Franz visited ICRC operations in Niger.

Ms Hertig Randall attended a regional event on the law of armed conflict at sea, in Shanghai, China.

Mr Alexis Keller attended the Red Cross Ball in Monaco in July, on the occasion of the 70th anniversary celebration of the Ball's inception.

Mr Jürg Kesselring attended conferences in Indonesia and Ukraine, and took part in events marking the 140th anniversary of the Croatian Red Cross in Zagreb and in the regional Health Emergencies in Large Populations (HELP) course in India. In Switzerland, he attended a Digital Health Event in Zurich and the 50th anniversary celebration of the Junior Chamber International in St Gallen.

Ms Béatrice Speiser visited ICRC operations in Bangladesh.

DIRECTORATE

The Directorate is the executive body of the ICRC. Its members are the director-general, the director of communication and information management, the director of financial resources and logistics, the director of human resources, the director of international law and policy, the director of operations and the director of digital transformation and data.

The Directorate is responsible for applying the Institutional Strategy, as defined by the Assembly, and setting and implementing its objectives accordingly. The Directorate also ensures that the organization, particularly its administrative structure, runs smoothly and efficiently. The members of the Directorate are appointed by the Assembly for four-year terms.

The current Directorate took office on 1 July 2018. The Office of the Director-General added a new portfolio in preparation for the implementation of the Institutional Strategy 2019–2022. The newly established Office of the Director of Digital Transformation and Data leads strategic technology initiatives to develop tools and integration capacities to provide secure digital services to people affected by armed conflicts or other situations of violence, with the aim of increasing the ICRC's accessibility and virtual proximity to them and other stakeholders.

During the final year of the Institutional Strategy 2015–2018, the Directorate played a key role in ensuring the implementation of the organization's strategic priorities. It conducted the annual review of implementation of the Strategy in April, examining progress made in 2017; the aim was to assess the Strategy's continued relevance, identify any required adaptations and inform the next Strategy. It conducted quarterly institutional reviews of performance and risks and made the necessary adjustments.

Drawing on these findings and the input of various stakeholders, the Directorate contributed to the development of the new Institutional Strategy 2019–2022, which was launched in September.

IMPLEMENTATION OF THE INSTITUTIONAL STRATEGY 2015–2018

In its 2018 review of the implementation of the Institutional Strategy 2015–2018, the Directorate came to the following main conclusions:

- The ICRC has been able to adapt its response to continuously growing needs in a very challenging environment. It increased its operational response in multiple domains, including health and protection. The ICRC worked with National Societies and the International Federation to expand the Movement's response in certain contexts; this came with its challenges owing to the ICRC's ongoing transformations and to the complexity of the humanitarian environment.

- The ICRC succeeded in expanding its diplomatic outreach and generated continued support from its donors. Dialogue with States contributed to strengthening the ICRC's humanitarian diplomacy and engagement in policy and diplomatic collaboration.
- The environment in which the ICRC operates challenged the organization's core model of acceptance, implying that good programming, proper networking and respect for the principles of neutrality, impartiality and independence no longer guarantee reasonable security conditions.
- The ICRC continuously needed to strike a balance between transforming and adapting the organization and growing to respond to increasing needs on one hand, and securing business continuity on the other.

Strategic Orientation 1 – Enhance the ICRC's capacity to protect through law, operations and policy

The ICRC was present in, and able to respond to the needs of people affected by, all major conflicts during the period.

Influencing protection became more complex in light of diminishing humanitarian space and a declining sense of alignment with humanitarian principles. In the area of IHL, ensuring that States fulfilled their obligations continued to be a challenge.

On the other hand, deliberate strategies have helped reduce violence against health-care services, and there were good examples of measuring results. Overall, there were greater efforts not just to reach out but also to raise the quality of dialogue, in terms of the issues raised. The ICRC also began modernizing its services, such as the Central Tracing Agency, to ensure their relevance in the digital age. The development of new norms demonstrated the ICRC's capacity to move critical humanitarian issues forward. For instance, the ICRC contributed to the negotiations that led to the adoption of the Treaty on the Prohibition of Nuclear Weapons in 2017; throughout 2018, it urged States to join the treaty and worked with National Societies to advocate for a world free of such weapons.

The ICRC continued to promote compliance with, and enhanced understanding and dissemination of, IHL and contributed to its clarification and possible development. It focused on areas relating to: new technologies of warfare, such as cyber warfare or autonomous weapons; the use of explosive weapons in populated areas; and IHL and "terrorism". It published a report on the ethical implications of autonomous weapon systems, which has become a reference in international discussions on this topic. It also published and promoted the updated Commentaries on the First and Second Geneva Conventions.

Together with the government of Switzerland, the ICRC chaired discussions as part of implementing Resolution 2 (strengthening compliance with IHL) of the 32nd International Conference.

The ICRC worked to reaffirm, clarify and promote the legal framework relevant to the protection of migrants – including asylum seekers and refugees – and IDPs, to influence States and other relevant actors to take these into account. It promoted institutional and legal positions during the inter-governmental negotiations on the Global Compact for Safe, Orderly and Regular Migration in New York, United States of America, and during the consultations on the Global Compact on Refugees in Geneva, Switzerland, to increase awareness and support for these.

The ICRC published its *Roots of Restraint in War* study, which generated considerable interest in the subject of how to influence soldiers and fighters to act in accordance with the norms of IHL across armed forces and armed groups.

The ICRC stepped up its efforts to document violence against health care, going beyond capturing incidents and into measuring its impact. To that end, it strengthened its internal data collection mechanisms, participated in research consortia and actively pursued partnerships with leading public health institutions.

Strategic Orientation 2 – Enhance the ICRC's distinctive response to growing needs

The ICRC continued to adapt to an evolving environment, adjusting its response where needed, and in some cases expanding its activities to answer to growing needs.

The organization kept its trend of growth in 2018, in operational and financial terms. It scaled up its activities in Bangladesh, Libya, and Israel and the occupied territories, launching budget extension appeals to support the process. It maintained large-scale operations in contexts such as Iraq and the Syrian Arab Republic (hereafter Syria), and responded to fresh needs arising from the migration crisis in Central America and the situation in Venezuela.

The overall security environment continued to expose ICRC staff to high risks and, in general, become increasingly complex to manage. Contributing factors included global instability and the uncertainty of the operating environment, eroding respect for IHL and for humanitarian action, growing polarization between political and armed actors, and the fragmentation and criminalization of armed groups. In 2018, the ICRC substantially reinforced its commitment to security, safety and crisis management. This included a more integrated view through the Security and Safety Risk Management methodology and the adoption of the Minimum Security Requirements and of the Guiding Framework on ICRC Support for Movement Security.

The organization continued to implement the Health Strategy. In 2018, ICRC's health personnel delivered services around the world, encompassing primary health care, mental health and psychosocial support, first aid and pre-hospital care, comprehensive hospital services, physical rehabilitation, and health care in detention. Health programmes were expanded in: Israel and the occupied territories, in response to increased health needs due to active conflict; Bangladesh, for people displaced

from Myanmar; the Democratic Republic of the Congo, amid an Ebola outbreak in a highly volatile environment; and Venezuela, to help sustain the health system.

Over 7 million people received one or more rounds of food, or the means to obtain it, and more than 5 million received essential household items or other aid to ease their living conditions. Over 35 million people benefited from various projects that provided them with clean water, improved sanitation or shelter.

Pursuant to its efforts to address sexual violence, the ICRC continued to provide services for victims and survivors, while working toward reducing risk within communities and strengthening prevention efforts with actors of influence, as part of its multidisciplinary approach in a number of contexts. It continued to strengthen collaboration around responding to sexual and gender-based violence with other Movement components, thus contributing towards implementation of Resolution 3 of the 32nd International Conference.

In terms of people engagement, the ICRC finalized its Accountability to Affected People (AAP) framework, which provides staff with a coherent approach to delivering high-quality programmes to affected people and underpins the value of working with others to maximize impact. The Institutional Strategy 2019–2022 strongly echoes the AAP framework in terms of the priorities it sets for the organization.

In the field of detention, the ICRC shifted its way of working towards providing greater systemic, structural support to places of detention.

Strategic Orientation 3 – Secure the widest possible support for ICRC action

The ICRC secured donors' support to accompany its significant growth. Donors also provided funding for traditionally under-funded operations, and although earmarking levels remained a concern, there was a slight increase in the proportion of non-earmarked funding over the previous year.

During the year, the ICRC actively reached out to key stakeholders and forums (e.g. World Economic Forum, UN General Assembly) to influence and shape related agendas. Efforts were stepped up both quantitatively and qualitatively. States continued to reach out to the ICRC in terms of support for humanitarian diplomacy, and the organization enjoyed a good level of detailed policy dialogue with its donors.

The ICRC also increased its engagement with States and regional organizations and reinforced its public positioning on key humanitarian concerns, particularly in the areas of migration, health and protection. In terms of communication and engagement, the ICRC concluded the implementation of its digital engagement and positioning strategy for 2015–2018 and developed a new one for 2019–2022.

The ICRC's "share of the voice" on global priority contexts – for example, the Central African Republic, the Democratic Republic of the Congo, Syria, Yemen, and the Lake Chad and

Sahel regions – increased during the year. More than 1,000 TV channels edited ICRC footage into some 7,500 broadcasts – a 15% increase from last year. The most popular ones were about Yemen; one video, for example, was broadcast more than 1,500 times.

The ICRC's public relations activities positioned the organization on priority themes such as IHL, access to health care and missing people. Its digital campaigns launched in late 2017 – a video, "Every parent's worst nightmare", and an interactive website on missing migrants in Central America ("Missing on the road") – gained further traction in 2018 and increased the ICRC's public positioning on the plight of separated families.

Proactive public engagement during the UN General Assembly resulted in an interview on CBS News and the president's participation in a Facebook Live event, in addition to other key meetings. The ICRC also explored new ways of engaging with the public, for instance, through coordinated releases on various social media platforms. It launched a new video for the Health Care in Danger initiative, "Hope", which won an international award.

Strategic Orientation 4 – Contribute to a more significant response by the Movement to large-scale emergencies

While there has been improvement in the coordination of the response and in terms of support to the development of National Societies, more work needs to be done to fulfil all the ambitions related to having a more significant Movement response to large-scale emergencies.

The ICRC continued to carry out its responsibilities within the Strengthening Movement Cooperation and Coordination plan of action, under the resolution adopted by the 32nd International Conference and reaffirmed through the 2017 Council of Delegates. Some tools, such as the mini-summit or the Movement Contingency Plan, are rapidly becoming standards that are being used widely and help the Movement ensure more coherent service provision to affected populations.

The One International Appeal (OIA) was launched once in 2018 for the Movement's response to the Ebola outbreak in the Democratic Republic of the Congo, led by the International Federation. Coordinated Movement operations continued in Nigeria and South Sudan, following the OIA launched in 2017. The ICRC also contributed support for International Federation programmes to strengthen the capacities of the National Societies in Myanmar, Ukraine and Yemen.

In 2018, National Societies demonstrated an increased interest to work in partnership with the ICRC, both in their own countries and internationally. The percentage of countries where the ICRC and National Societies have established an

effective partnership is high. The ICRC provided technical expertise and advice to help National Societies strengthen their ability to deliver effective and principled humanitarian services. The joint International Federation–ICRC National Society Investment Alliance was launched with the aim of creating and providing significant, multiyear financing and support to National Societies.

Strategic Orientation 5 – Adapt and strengthen organizational capacities to sustain growth and the continued relevance of ICRC action

The ICRC continued its efforts to adapt its organizational model to ensure its efficiency and effectiveness.

The Global Compliance Office developed a new risk management framework, which will be implemented gradually at all levels of the organization during 2019–2020. New Code of Conduct operational guidelines were developed and became effective in May 2018.

The process that was launched in 2017 to develop and create a new institutional strategy in a more inclusive and participatory manner was completed at the end of 2018 with the publication of the ICRC's new Strategy 2019–2022 in four languages. More than 500 people contributed to the development of the strategy, including ICRC staff, National Societies, donors, academics and other external experts.

The newly created office for digital transformation and data focused on: (1) building agility through data and enhancing capacity for data analytics; (2) delivering environment scanning and analysis of information and data; (3) initiating research and scoping for the development of new tools to provide digital services to violence-affected people, enhancing the ICRC's virtual proximity and enabling better engagement; and (4) raising awareness of humanitarian considerations linked to personal data protection and contributing to debates regarding the application of data protection requirements to the use of new technologies. In August 2018, the Assembly adopted the Information Environment Strategy 2018–2023, including key elements on data and digitalization.

In terms of change management, the ICRC, through the Project Management Office and the unit in charge of organizational change, focused on improving the preparation and sequencing of changes within the organization.

As for people management, the ICRC continued to strengthen management skills through the Humanitarian Leadership Management School, and to foster diversity and inclusion throughout the organization. In 2018, it consolidated the transformation of its HR services, defined and launched in previous years of implementing the Strategy, such as the HR Space online platform and the HR service-delivery model, including talent management.

OFFICE OF THE DIRECTOR-GENERAL

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

In 2018, the ICRC further expanded and adapted its operations to respond more effectively and efficiently to humanitarian needs. In line with this, the Office of the Director-General oversaw the final year of the Institutional Strategy 2015–2018 and took steps to usher in the Institutional Strategy 2019–2022. The office continued to manage the ICRC's performance and pursued efforts to improve it, notably by encouraging innovation across the organization and by driving the ICRC's digital transformation. It also managed risks related to the organization's functioning and ensured the fair and consistent application of internal rules. It helped shape the internal debate on legal and policy issues, and spearheaded institutional efforts to bolster coordination within the Movement.

STRENGTHENING THE ICRC'S PERFORMANCE

The Office of the Director-General managed the work of the Directorate, helping it to steer the ICRC's operations and oversee institutional changes, while ensuring that institutional decisions were relevant, coherent, evidence-based and delivered in a timely manner. It helped oversee reform processes, monitored the roll-out of large-scale projects and managed change.

In particular, the office oversaw implementation of the Institutional Strategy 2015–2018 in its final year and took stock of the gains and areas for improvement (see *Directorate*). Taking these into account, the office led the Directorate in contributing to the development of the Institutional Strategy 2019–2022 and of a roadmap for its implementation, in close cooperation with the Office of the President and the ICRC's governing bodies. Among its contributions, the office helped define the organizational capabilities and changes needed to successfully implement the new strategy, and designed a new approach for monitoring its progress.

PLANNING, MONITORING AND EVALUATION

The Office of the Director-General helped improve the relevance, efficiency and effectiveness of the ICRC's strategic planning, monitoring and reporting. It helped guide the roll-out of a new monitoring-for-results process in all delegations in 2018. Updated on a quarterly basis, the new process helped standardize monitoring across the organization and make it more efficient. For instance, staff can now more closely

track their progress in relation to the objectives set out by delegations in the revised 2018 planning-for-results process, and more quickly adapt activities as needed. The office also oversaw the beginning of the roll-out of a similar planning and monitoring process for headquarters units.

These important milestones marked the final step of the ICRC's business transformation to outcome-based programming – as set out in the Institutional Strategy 2015–2018 – and further progress in its benefits-realization plan. The benefits achieved included:

- improved results-based management and performance awareness and capacity;
- increased accountability for outcomes and ownership of results among managers and staff members; and
- greater capacity to manage and adapt planning, budgeting, monitoring and reporting processes, practices and systems.

The ICRC again ensured that its performance management system met or exceeded standards within the humanitarian sector. The office supported these efforts by making sure that decision-making bodies had access to sound data and analyses, and improved monitoring tools; it reviewed the Directorate's functions and advised managers in delegations and headquarters units about how to strengthen their management practices. The office also responded to donor requests relating to the organization's performance and accountability throughout the year.

PROJECT AND CHANGE MANAGEMENT

The Office of the Director-General continued to work with the ICRC's project board, which delivered 21 projects and 10 project feasibility studies, out of a portfolio of some 70 active projects (see *Communication and information management*).

The office facilitated the delivery and management of the above-mentioned projects and their impact across the organization. It advised project teams, which helped improve their success rates and facilitated their compliance with the ICRC's project management framework. With technical input from the office, this framework was re-designed to more clearly reflect the fundamental aspects of project management and to include more robust practices for managing change; the updated version was set to be rolled out in 2019. In addition, the office helped build capacities to manage and absorb change across the organization, providing training to staff and managers involved in transformation processes and with project-sponsor responsibilities. For example, 100 staff members became certified change-management practitioners, after attending courses organized with the office's help. A training module on change management was developed specifically for line managers; it was set to be implemented in 2019.

At the end of the year, the project board, drawing on the office's advice, reviewed its own composition, objectives and terms of reference, and designed a more efficient and better-adapted governance mechanism, to be put in place in 2019. In September 2018 and following the appointment of three new directors to the ICRC's Directorate, the office's oversight function for communication and information technology matters was transferred to another body (see *Communication and information management*).

ORGANIZATIONAL DEVELOPMENT

Led by the Office of the Director-General, the ICRC continued to transfer corporate services – for example, certain services of the ICRC's Resource Mobilization Division and some compliance functions – out of Switzerland. Accordingly, the capacities of the Shared Services Centres in Belgrade, Serbia, and Manila, Philippines, were expanded to accommodate additional staff, a number of whom had already started work at the end of 2018 (see *Institutional services*). In addition, the budget structure of the Corporate Services Network was formally integrated into institutional planning and monitoring processes to strengthen accountability for these services.

During the development of the Institutional Strategy 2019–2022, the office helped make sure that the concerns and insights of ICRC staff and other pertinent stakeholders, including National Societies and members of the Donor Support Group¹, were taken into account. Over 500 of these stakeholders participated in the strategy's development through various events and/or online resources set up partly with the office's help (see *Communication and information management*). Moreover, formal launch events, and publication in several languages, ensured that as many people as possible had access to the new strategy. The office began to review the ICRC's operating model to ensure that it would be able to implement the new strategy.

DIGITAL TRANSFORMATION AND DATA

In line with the Institutional Strategy 2019–2022, the Office of the Director of Digital Transformation and Data was established in July to spearhead the creation and management of tools providing secure digital services to people affected by conflict and violence, and facilitate the ICRC's access to them. For example, with other headquarters units and with delegations, the new office helped develop a digital platform featuring algorithmic reading and facial recognition technology to locate missing persons, to beef up Movement family-links services.

In the second half of the year, the new office oversaw or discharged existing data management functions inherited from other headquarters units.

Through the Data and Analytics Unit, the new office took stock of ongoing transversal data projects – Business Intelligence, Master Data Management and Data Management model –

and, based on the findings, defined new areas of focus or areas needing further support. This helped enhance the ICRC's operational agility.

Through the Trends, Reputation, Analysis and Knowledge Unit, the new office supported the environmental scanning activities of various ICRC units, notably by sifting through open-source information, traditional and social media and the ICRC's own internal knowledge, and by interpreting the data via analytics and traditional analytical techniques. The unit also maintained various training activities, and a data science lab for testing new tools and methods. All of these helped ICRC units gauge the perception of the public and specific stakeholders of the Movement and of themes relating to funding, sexual violence or IHL; this in turn helped produce actionable insights in a timely manner, which facilitated decision-making and enriched strategies for security, crisis management and public communication. The unit's work also contributed to projects with external partners, such as the data modeling of the World Bank's Famine Action Mechanism.

Through the Data Protection Office, the new office helped ensure that staff members and other stakeholders complied with the ICRC's data protection rules, notably by promoting the use of the *Handbook on Data Protection in Humanitarian Action* and monitoring staff members' observance of the rules. Moreover, in partnership with a Belgian institute, the office launched a series of academic texts on data protection in a humanitarian context; the aim was to obtain expert insights on topics such as connectivity as aid, social media, artificial intelligence and machine learning, with a view to updating the data protection handbook. At the same time, participation in international forums, notably bodies affiliated with the Council of Europe, and other awareness-raising initiatives helped improve understanding of data protection issues in humanitarian work, particularly the need to respect the confidentiality of beneficiaries' personal information. The office also worked with an NGO on a study of how humanitarian practitioners can cause harm to beneficiaries by incorrectly storing and using their metadata, and how to prevent this from happening. It provided National Societies with technical support for promoting observance of the Movement's recently adopted Code of Conduct for providing family-links services.

INNOVATION

The ICRC was able to adapt to new situations and respond more quickly and effectively to the needs of affected populations, in part because of innovations put forward by staff members. The Office of the Director-General contributed to this process by strengthening the reflex to innovate among staff, and by helping to create an environment conducive to creative problem-solving and testing.

Specifically, the innovation community – some 400 contributors among ICRC staff – shared their experiences and lessons using an online innovation platform. This exchange was supported by dedicated workshops in several delegations. A training module developed to help managers encourage and enable innovation was readied for roll-out in 2019.

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

In all, 15 initiatives and three challenge teams spanning a range of technological, product and process solutions were tested and sped up for development across the ICRC. Among them were: applying behavioral science concepts to reduce violence in several hospitals in Pakistan; digitizing RCMs to speed up the exchange of family news; and using complex network analysis to identify and trace missing migrants.

Aside from technical support, innovators leading these initiatives received seed funding, taken from a dedicated innovation budget. The funds were awarded according to a framework giving priority to initiatives with a potentially greater impact for the ICRC, which could engage affected populations in solution design, and anticipate future challenges and evolving needs. For example, an initiative to improve energy supply, performance and consumption, leveraging the ICRC's multi-disciplinary approach, set realistic targets in line with the focus of the Institutional Strategy 2019–2022 on conflict and climate shocks.

New modes of partnership and financing remained central to these innovation efforts. For example, over the last three years, the ICRC has been collaborating with a Swiss institute to develop a low-cost, high-performing prosthetic foot made with new composite materials and incorporating advanced design features to allow for a higher rate of mobility at a lower price point. The ICRC secured the intellectual property rights to the design, with the aim of producing and marketing the prosthesis through different social business models.

Innovative approaches also helped the ICRC to anticipate the impact and potential benefits of disruptive technologies such as virtual reality, while planning for ways to mitigate the ensuing risks. The ICRC used virtual reality to promote IHL by providing more immersive learning experiences to various target groups, and began exploring additional applications focused on influencing and changing behaviour.

POSITIONING THE ICRC IN EXTERNAL DEBATES

The Office of the Director-General continued to support the ICRC's humanitarian diplomacy work. The director-general met with representatives of States, Movement components, the UN and other organizations, and the private sector, helping the ICRC to influence developments in the international humanitarian landscape. For example, at a conference convened by the World Bank, he spoke of the situation in the Syrian Arab Republic and about the importance of humanitarian access.

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

INSTITUTIONAL SERVICES

GLOBAL COMPLIANCE OFFICE

The Global Compliance Office is responsible for preventing, detecting and responding to misconduct, entity-wide controls, and institutional risk management. In 2018, the Global Compliance Office was expanded – more staff took up compliance-related positions at headquarters and in selected field units – and was therefore able to prevent and address compliance issues, and to foster a culture of integrity, trust and accountability, where employees could safely report violations more effectively. The Assembly Council adopted a budget extension to support these activities (see *Financial Resources and Logistics*).

Risk management

The Global Compliance Office continued to strengthen the ICRC's capacity in the area of risk management. A risk management adviser coordinated standard mechanisms at the institutional (headquarters) level and developed a new risk management framework for the organization.

Internal control

Internal control system: global approach and reference framework

In consultation with the departments/divisions concerned, notably Finance, Logistics, Human Resources and ICT, the Global Compliance Office developed the ICRC Internal Control Framework, approved by the Directorate in 2018. The scope of the framework covered all forms of reporting, operations and compliance objectives; its application aimed to go beyond the minimum financial reporting requirements of Swiss law.

The framework standardized internal control concepts, terminology and practices, and formally defined related roles and responsibilities at various levels of the organization.

The Global Compliance Office led the annual organization-wide assessment of the ICRC's 47 control systems in terms of design effectiveness and efficiency. The results for 2018 saw a 7% improvement from 2017, with 29 controls (62%) rated as "effective" and 18 (38%) as "effective with improvements to be made". An action plan was defined for the latter, for follow-up in 2019.

Internal control monitoring activities

The compliance and quality assurance centre, based in the Manila Shared Services Centre, completed monthly checks of the accounting vouchers of all 68 delegations and their sub-structures during the year. The findings were sent to the delegations for action, and the relevant statistics were reported monthly to headquarters for monitoring purposes.

The centre also supported various headquarters and field activities, such as: the monitoring of assistance distributions; the review of financial data pertaining to the Programme for Humanitarian Impact Investment; and the establishment of new procedures regarding financial reporting of lease transactions, in line with the new standards issued by the International Accounting Standards Board.

Internal controllers conducted six field visits to help the following delegations monitor compliance: Abidjan (regional), Bangkok (regional), Egypt, Lima (regional), London and Rwanda.

Code of Conduct

The ICRC's Code of Conduct underlined the values and ethical rules that the organization and its staff should operate by and uphold, safeguarding the high standards of integrity and avoiding misconduct. The principles and rules set out in the Code of Conduct were mandatory for all ICRC employees and constituted an integral part of all employment contracts. These included rules prohibiting fraud and corruption, harassment, including sexual harassment, abuse of power and sexual exploitation among others. As such, the Code of Conduct served as a declaration to beneficiaries, donors and the public about the way the ICRC operates.

Framework and operating guidelines

The Code of Conduct framework was developed in the end of 2017 as a separate document providing strategic direction, in line with the key principles and rules set out in the Code of Conduct, for various preventive and detection activities. As a supplement to the framework, new operational guidelines were drafted and put into effect on 1 May 2018. The new guidelines: defined the reporting, investigation and inquiry process, including ICRC employees' rights, obligations and roles therein; established the standards for planning and conducting inquiries and investigations and for preparing reports; and set out the process and minimum standards for disciplinary sanctions.

The guidelines primarily served to ensure that allegations of misconduct were managed in line with key principles, such as confidentiality, protection of complainants against retaliation, due process and consistency in sanctions.

Policies

At the end of 2018, the Code of Conduct Steering committee approved two new key policies on the prevention of and response to fraud and corruption, and the prevention of and response to sexual misconduct to ensure effective implementation of the ICRC's Code of Conduct.

The sexual misconduct policy provided definitions of the various forms of sexual misconduct prohibited by the Code of Conduct, guidance to ensure that the well-being and safety of persons subjected to sexual misconduct, and support for them, are placed at the centre of any action. The policy covered all ICRC employees and, to the extent specifically mentioned in the policy, suppliers and implementing partners, noting well that although the Office of the Director-General had overall responsibility for ensuring the policy's application, every ICRC staff member should be responsible for protecting the organization's assets and reputation.

These policies will be further communicated to all staff members with an official launch in the beginning of 2019. Associated communication and training material will be developed in 2019 as well as a dedicated process for risk-assessment in the field and due diligence procedure on third party partners.

Preventing violations

The ICRC worked to ensure that the Code of Conduct and its principles were well-understood and shared across the organization through learning and role-model exercises, among other means. For example, the Code of Conduct and key behavioral principles were regularly covered and explained during a formal, two-week integration course taken by all new staff members. The ICRC also developed in 2018 an e-learning module that was made mandatory for all staff members. As of 31 December 2018, 72% of ICRC staff having access to an email address and computer have completed the module. Employees without access to a computer received the training through learning labs or face-to-face sessions.

Additional prevention and awareness activities were also carried out. The director-general, for example, periodically sent messages to encourage staff members at all levels of the organization, at headquarters and in the field, to have broad, inclusive and open conversations; they were encouraged, in particular, to focus on self-reflection and on generating a respectful and safe environment.

Managing violations

In 2018, the ICRC made significant investments in reinforcing the investigative capacity and capabilities of the Global Compliance Office. That included strengthening its capacity in effectively and efficiently handling Code of Conduct violations, but also in promoting the culture of integrity, trust and accountability that allows employees to feel comfortable and safe speaking up.

The ICRC has put in place a centralized complaint intake and management system to report and process suspected cases of misconduct. This functioned as both the ICRC's internal whistleblowing mechanism for ICRC staff to report breaches of ICRC's Code of Conduct and as an external complaints mechanism. Guidance on how to report potential misconduct, including a dedicated email address and an integrity line, remained available on the ICRC intranet for all staff members. As of 2018, the same guidance was also available on the ICRC website for external stakeholders, such as suppliers and people assisted by the ICRC.

The Investigation Unit of the Global Compliance Office performed a pre-assessment of cases received and categorized them – A, B, C and C+ – depending on the nature and the seriousness of the case. The Global Compliance Office is directly responsible for undertaking investigations into higher risk cases (C+), and the Investigation Unit was explicitly mandated to handle cases of potential higher-risk misconduct, such as sexual misconduct. Lower risk cases (B and C) were delegated to other functions, notably human resources managers, finance and administration managers, or to the delegations concerned.

Reported misconduct and response

Between 1 January and 31 December 2018, the Global Compliance office received 344 allegations of potential misconduct, with a peak noted in the fourth quarter.

From all reports received, the Global Compliance Office opened 286 investigations and inquiries, of which 172 were closed by the end of 2018. The allegations concerned fraud, employee relations (such as harassment and bullying), sexual exploitation, sexual harassment and other misconduct covered by the ICRC's Code of Conduct.

The breakdown of allegations by type showed that fraud (48%) was the most widely reported, followed by those concerning employee relations (22%) and sexual misconduct (20%), including sexual harassment and sexual exploitation. Allegations concerning other Code of Conduct issues – drug use, inappropriate behavior and conflict of interest, among other things – represented 10% of the allegations recorded by the Office.

In 53 cases, disciplinary action was taken: 34 employees had their contracts terminated (with or without notice); 16 employees received a warning (verbal and written); and 3 cases were related to external fraud. Seventeen of these cases were related to sexual misconduct.

The number of reported allegations will likely continue to rise in the coming years – not necessarily because misconduct would become more prevalent, but because staff members would be more likely to report cases, as a result of the ICRC's expanded efforts to raise awareness of the Code of Conduct, and the related policies and procedures.

OMBUDS OFFICE

The ombuds network helped ICRC staff maintain civil, respectful and collegial workplaces, where they could enjoy due process and fair treatment.

In 2018, the network grew to 50 ombuds officers and relays, who accompanied the conflict-management efforts of more than 1,000 colleagues at headquarters and field units and helped them address concerns at the appropriate level. Pivoting away from purely reactive approaches, the ombuds network standardized its internal procedures – including its data management and external communications – enabling it to expand its awareness of workplace issues, increase staff members' trust in the network, and reach more colleagues.

GENERAL COUNSEL

The ICRC General Counsel continued to advise internal stakeholders on institutional and corporate legal issues, including those relating to the implementation of new collective staff agreements, the design and application of newly adopted integrity-related policies and enhanced recruitment practices. He also helped shape the ICRC's comprehensive approach to operating in contexts under restrictive regimes, for example strict counter-terrorism measures or economic sanctions.

The General Counsel initiated a reflection process among staff members on the current corporate legal function so as to gather feedback and suggestions for its improvement.

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

Led by the Office of the Director-General, the ICRC shared its technical expertise with National Societies, helping them strengthen their ability to deliver effective and principled humanitarian aid both individually and collectively, as part of the Movement.

The ICRC worked more closely with the International Federation for National Society development, launching, for instance, the National Society Investment Alliance, a joint International Federation/ICRC initiative to fund National Society capacity-building projects over a 5-year period. National Society applications opened in October; after undergoing a selection process, the first National Societies will receive allocations in March 2019. The ICRC joined the Movement working groups on two subjects on which it has expertise: continuing organizational development during emergencies, and ensuring volunteers' safety and effectiveness during conflict situations.

National Societies continued to receive ICRC technical support for implementing the Safer Access Framework; as in past years, this support was increasingly decentralized, making it more accessible for National Societies. In Asia and Africa, one adviser in each region was available full-time to advise National Societies. Around the world, 25 Safer Access Framework workshops were organized for volunteers and for instructors. In Africa and the Middle East, ICRC-organized regional conferences facilitated the exchange of best practices among Movement components.

The ICRC's advice helped National Societies develop sound legal, statutory and policy frameworks; one aspect of this work involved promoting adherence to the Movement's guidance document for National Society statutes. In 2018, the ICRC and the International Federation finished a two-year process to make the document more accessible, fit-for-purpose and user-friendly. The final document was set to be presented at the 2019 Council of Delegates.

OPERATIONAL AND MOVEMENT COORDINATION SUPPORT

The Office of the Director-General supported the efforts of ICRC delegations and headquarters units to improve Movement coordination mechanisms.

The ICRC continued to help implement the Movement resolution on strengthening Movement cooperation and coordination, adopted and reaffirmed by the 32nd International Conference and the 2017 Council of Delegates, respectively. This proved especially useful during coordinated Movement responses to the Ebola virus outbreak in the Democratic Republic of the Congo, to natural disasters in Indonesia and to the situation in the Bolivarian Republic of Venezuela. The office focused on strengthening coordination mechanisms by creating an online toolkit, finding ways to improve the interoperability of security and logistics systems, and evaluating the One International

Appeal funding mechanism (see also *Financial Resources and Logistics*). It organized more training events on Movement cooperation for ICRC staff, which highlighted the importance of cooperation and coordination mechanisms.

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

PROMOTION OF PRINCIPLED HUMANITARIAN ACTION

The ICRC continued to support Movement-wide efforts to help National Societies adhere to the Fundamental Principles and to the Movement's policy and regulatory frameworks. Along with delegations and the Joint ICRC-International Federation Statutes Commission, over 40 National Societies were able to draw on the ICRC's technical expertise to revise their legal and statutory bases. Volunteers were briefed on the Fundamental Principles at Movement induction courses, and those slated for international deployment during emergencies acquired more in-depth knowledge of Movement coordination and applicable international law from ICRC-supported International Mobilization and Preparation for Action (IMPACT) courses. The Office of the Director-General contributed to these initiatives by facilitating consultation meetings between the parties concerned. National Societies facing integrity challenges – or allegations thereof – were also advised on how to resolve and manage them.

The ICRC responded to a wide range of enquiries relating to the correct use and protection of the red cross, red crescent and red crystal emblems, and conducted various dissemination and promotional activities to that end. These activities, undertaken in part with help from the office, fostered better understanding of and respect for the emblems among National Societies, governments and the private sector.

MOVEMENT POLICY

Together with the International Federation, the ICRC continued to play a pivotal role in strengthening cooperation between Movement components. Statutory meetings and their preparatory events, along with regional conferences in Europe and Asia, served as platforms for Movement components to discuss issues of concern and draw up common policies to address them.

The Office of the Director-General contributed to the preparations for the 2019 Council of Delegates and the 33rd International Conference by helping organize various events to strengthen the engagement of participants. For example, representatives of States and of National Societies were made more aware of issues relating to migration, IHL and other relevant themes, thanks to briefings and meetings, either in person in Switzerland or online (via webinars and teleconferences, a method that reached more participants while keeping costs down). The office also helped draft the ICRC's concept note for the 33rd International Conference, in consultation with States and some National Societies; copies were distributed to participants.

OPERATIONS

The Department of Operations is responsible for the overall supervision of ICRC field activities worldwide. It oversees the global analysis of key trends and events, and steers the conception, planning and budgeting of field activities carried out by ICRC delegations and missions in more than 90 countries. It ensures that field activities are conducted coherently and professionally, with due regard for the ICRC's principles, policies, guidelines and Code of Conduct and for staff security. It also ensures that adequate resources are allocated in accordance with ICRC priorities, humanitarian needs as they arise and the budgetary framework.

The Operations Department supported field delegations through its five regional management and support teams covering Africa, the Americas, Asia and the Pacific, Europe and Central Asia, and the Near and Middle East; two operational divisions, Assistance, and Central Tracing Agency and Protection (hereafter Protection); and two smaller units, Security and Crisis Management Support, and Global Affairs and Non-State Armed Groups. Teams working on the Health Care in Danger initiative, the Accountability to Affected People Framework and the ICRC's response to sexual violence provided guidance and expertise on cross-cutting issues. The department ensured that ICRC operations worldwide were coordinated and coherent, and that best practices were shared. It also contributed to institutional efforts to secure more operational, political, legal and financial backing from States wielding regional and global influence.

The department oversaw the adjustment of objectives, activities and resources in response to more extensive or restricted access to vulnerable communities, emerging needs and other developments in the humanitarian or security situation in places where the ICRC operated. Expanded activities in places such as Bangladesh, Israel and the occupied territories and Libya were facilitated by budget extension appeals (see *Financial resources and logistics*) and/or the use of the ICRC's rapid deployment mechanism.

The department actively contributed to institution-wide efforts to advance innovation within the ICRC. It worked with the Innovation Board (see *Office of the Director-General*) and other teams at headquarters and in delegations to develop and test new products and practices that can help the ICRC keep pace with changes in its working environment and be even more proactive and people-centric.

In 2018, the department also initiated efforts to enhance collaboration between disciplines in the field and at headquarters; these included clarifying the roles and responsibilities, and aligning the business processes and systems, of teams working on protection and assistance programmes.

The Security and Crisis Management Support Unit facilitated initiatives to mitigate and address security risks faced by ICRC field teams. Its six regional security risk management advisers provided guidance to staff members in 55 field sites, especially on mainstreaming and implementing the institutional approach to security and safety risk management and on the use of the Security Management Information Platform. The unit provided specific crisis management support for serious security incidents in Afghanistan, Mali, Nigeria, Somalia, South Sudan, the Syrian Arab Republic (hereafter Syria) and Yemen. Task forces and/or rapid deployment teams were activated to reinforce the ICRC's response to the Ebola virus outbreak in the Democratic Republic of the Congo (hereafter DRC) and to enable the ICRC to act as a neutral intermediary in an exchange of detainees planned by parties to the conflict in Yemen.

The unit completed a comprehensive security and safety annual report, and improved its lessons learnt exercises following critical incidents. It conducted training sessions on crisis management and security for 75 field managers in volatile contexts and for senior managers and other staff members at headquarters. It provided input on security aspects for the field integration course for new staff members and courses for protection delegates, administrative personnel and others. The unit also provided guidance and risk-management support on issues of institutional concern, such as compliance with the ICRC's Code of Conduct.

The unit continued to streamline the ICRC's security and crisis management agreements with other Movement components, in line with the institutional framework on support for security within the Movement adopted in May 2018. It facilitated and hosted the annual meeting and several working groups of the Security Focal Points Network, a core group of Movement partners working on safety, security and crisis management. As part of the Safer Access Framework, it started developing tools to help National Societies assess situations and related risks and bolster their operational security risk-management practices. The unit also organized a seminar, on managing abduction crises, for representatives of the International Federation and several National Societies.

The Global Affairs and Non-State Armed Groups Unit, meanwhile, helped develop and coordinate approaches to engaging with non-State armed groups. The aim was to strengthen IHL compliance by parties to conflicts, promote respect for humanitarian principles and improve the security of ICRC teams in the field. The unit worked with delegations engaged in dialogue on these matters with weapon bearers and helped them organize meetings with community leaders and conferences for religious scholars and civil society representatives. It focused on improving the ICRC's understanding of conflict-related developments involving radicalized armed groups and the coordinated response – at the policy and operational levels – called for as a result.

The Operations and International Law and Policy Departments finalized a three-year strategy on the ICRC's engagement with States regarding their support for parties to conflict, and developed recommendations for States in this regard. The Operations Department's five regional management teams, and ten selected delegations, were assisted to intensify their dialogue with their contacts and to develop plans of action, helping them reinforce their engagement with others on this subject and implement protection activities accordingly.

The two departments also continued to work with field teams to develop policy positions on education during times of armed conflict and other violence, and activities to facilitate people's access to it.

ACCOUNTABILITY TO AFFECTED PEOPLE

An evaluation of how diversity, inclusion and accountability to people affected by armed conflict or other situations of violence were integrated into ICRC operations was completed in August 2018. Throughout the year, selected delegations were also asked to assess their policies and practices using a questionnaire developed by the ICRC specifically for this purpose. Findings from these two exercises helped improve the ICRC's understanding of its strengths and weaknesses in the areas covered. They also helped finalize an institutional framework meant to guide staff members towards a more people-centric approach to designing, implementing and monitoring their activities, to ensure that the ICRC is accountable to the people it seeks to serve and to improve the overall quality of its activities. This framework was adopted in November 2018.

Key expectations for ensuring accountability were also shared with delegations as part of the instructions for the 2019 annual planning process. Specialists from headquarters provided direct support to some delegations (see also *Communication and information management*).

These efforts were coordinated with similar undertakings by other Movement components. The ICRC also commissioned a consultant to help develop a coherent Movement approach to accountability to affected people, in preparation for the 2019 Council of Delegates.

HEALTH CARE IN DANGER

Based on external and internal evaluations, the ICRC reframed its approach to the Health Care in Danger initiative, with a view to improving the implementation of activities in the field and reinforcing the ICRC's contribution to impact. The shift in approach helped enhance the analysis of the causal relationship between the activities of the ICRC and its partners, enabling environmental factors and efforts to limit the effects of violence on health-care services during conflicts and other emergencies. It also helped to improve the alignment of objectives at headquarters and in the field, establish clear reporting indicators and develop internal and external communication guidelines and materials.

Following successful experiments in the field, such as those carried out in Iraq and Pakistan, the ICRC initiated additional studies to further explore the applicability of behavioural science and similar means to preventing violence against health-care services and personnel.

The ICRC focused its humanitarian diplomacy on developing partnerships in urban centres and encouraging States to implement measures to protect health care. It reinforced its position as a solution-oriented organization, publishing, for example, the second volume of case studies of best practices from the field. With the governments of Nigeria, Pakistan and Peru, it also made presentations, at side-events at the World Health Assembly, about ways to improve the protection of health-care delivery at the national level.

SEXUAL VIOLENCE

The ICRC adopted a new strategy to guide its response to sexual violence in armed conflicts in 2018–2022. The strategy took into consideration the findings of a 2017 external evaluation and underlined the importance of a multidisciplinary approach to preventing sexual violence and responding to its consequences. The ICRC also confirmed its commitment to addressing sexual violence in its Institutional Strategy 2019–2022. In line with both strategies, the ICRC took steps to bolster its response in contexts of particular concern, by assigning more human resources to the topic and initiating additional activities.

The Countering Sexual Violence Team provided technical guidance and other support to headquarters and field teams, and began developing reference materials to help them implement the new strategy. It also continued to lead efforts to improve internal coordination, ensure the inclusion of topics covering sexual violence in internal training sessions and facilitate the participation of ICRC staff members in external courses. Two research projects on sexual violence were launched in 2018: the impact of mandatory reporting requirements on survivors/victims; and the plight and needs of male victims/survivors of sexual violence.

Continued coordination and increased collaboration with other Movement components on responding to sexual and gender-based violence remained a priority, especially in terms of following up the implementation of Resolution 3 of the 32nd International Conference. The ICRC participated in the sexual and gender-based violence forum for Africa, held in Nairobi, Kenya, in December.

CENTRAL TRACING AGENCY AND PROTECTION

The Protection Division provided strategic support to delegations in the following areas: protection of civilians; protection of people deprived of freedom; restoring family links, including activities related to missing persons and their families; and forensics.

The division remained engaged in major information and communication technology projects. The protection data management tool, Prot6, was being used by over 2,400 users

in 69 delegations at the end of 2018; the project phase covering the tool's development and deployment was concluded in 2018 as planned. The division made progress towards developing a web-based application that national authorities and organizations, forensic professionals and the ICRC can use to centralize data on cases of persons missing as a result of conflict, disaster or migration.

The third edition of the *Professional Standards for Protection Work* was launched in 2018, along with an e-learning module, mobile application and website.

The division pursued research on the prevalence and use of digital technologies and their impact on the protection and vulnerability of people. It hosted a second reference group meeting of experts, who discussed digital risks and State accountability for monitoring and reporting civilian casualties.

PROTECTION OF THE CIVILIAN POPULATION

The division supported field efforts to protect civilians from the consequences of conflict and other violence and to help communities reduce their vulnerabilities, including their dependence on harmful coping mechanisms.

Fifteen delegations received direct support for developing and implementing strategies and methodologies for addressing civilian casualties and other consequences of violence. More than 50 ICRC staff from different units received training on the protection of civilians; a simplified Prot6 interface and other tools were developed to help delegations manage related data.

Twelve delegations received support for implementing community-based protection approaches: 318 staff members were trained in such topics as considering the specific vulnerabilities of different groups of people and reinforcing their capacities and coping mechanisms. Field teams engaged with violence-affected communities, incorporating their feedback into activity design and implementation, in line with efforts to improve accountability to affected people (see above).

Some 20 delegations received assistance and advice for assessing and meeting the needs of children affected by violence, specifically preventing and addressing the recruitment and use of children by weapon bearers, the impact of violence on children's access to education, and the needs and vulnerabilities of children who are detained, separated from relatives, internally displaced or migrants.

Field teams in 25 countries received support to improve their responses to the specific needs of IDPs. Together with the Policy Unit of the International Law and Policy Department, the Protection Division completed a study of the perspective of people displaced in urban settings, which also assessed the ICRC's experience and the overall humanitarian response to this issue. Together with the UNHCR, it developed guidelines on maintaining the civilian and humanitarian character of sites and settlements for displaced people.

Around 60 delegations, including those covering El Salvador, Guatemala, Honduras, Mexico and the Bolivarian Republic of Venezuela, received support for their response to the needs of vulnerable migrants.

Further guidelines, strategies and advocacy messages were developed to address the protection concerns of people who had participated in armed conflicts abroad and of their families. Some 25 delegations received advice on addressing specific issues linked to these people's mental health needs, their return to their countries of origin, the applicable judicial processes, and provision of support to local authorities. The ICRC also advocated the applicability of, and respect for, the pertinent international legal standards.

The Danish Red Cross and the ICRC launched a three-year project on humanitarian mediation and, in this framework, organized courses for some 35 staff from five ICRC delegations.

PEOPLE DEPRIVED OF THEIR FREEDOM

A working group led by the Detention Unit started developing a strategy, covering 2019 to 2022, that emphasizes the multidisciplinary nature of activities to protect and assist people deprived of their freedom, in line with the ICRC's new institutional strategy.

Delegations continued to receive support in the following areas: gaining and/or maintaining access to detainees; analysing detention systems, including risks detainees contend with and the challenges authorities face in addressing humanitarian concerns; defining objectives and priorities; and formulating and implementing multidisciplinary recommendations and approaches to these issues.

The Detention Unit developed a number of innovative tools for professionals within and outside the ICRC. It established an online community of practice to facilitate collaboration and support training and briefings, and launched several electronic resources and virtual reality training tools. It also published reference materials on prison planning and design; understanding and addressing issues related to ageing in detention; dealing with restrictive detention systems; and immigration detention.

The unit helped expand the institutional network on, and build the ICRC's knowledge of, the following topics: torture and other forms of ill-treatment and their consequences; judicial guarantees and overcrowding and its causes; detainees' lack of contact with relatives; and poor living conditions that were often compounded by overcrowding. It also undertook research studies and other measures aimed at reinforcing data management and improving the evidence-based policy approach.

RESTORING FAMILY LINKS

Work continued on a new strategy to replace the Movement's Restoring Family Links Strategy, adopted in 2007, with a draft set to be presented at the 2019 Council of Delegates. Representatives of the ICRC, the International Federation,

various National Societies and the UNHCR, along with other experts and researchers, discussed the future of family links services at two meetings during the year. They agreed to pursue several initiatives, including setting an ambitious vision for family-links services, and conducting studies on community engagement and accountability and on gaps in the Movement's Family Links Network.

The ICRC's family-links website (familylinks.icrc.org) provided information in Arabic, English, French and Spanish on the services available in 174 countries to help people restore contact with family members or clarify the fate of missing relatives. Six special alerts were activated on the website during emergencies. Online tracing services continued to operate in relation to specific crises: three were launched in 2018, including one for migrants traveling in organized caravans through Central America towards Mexico and the United States of America. Twenty-six National Societies and six ICRC delegations contributed to the "Trace the Face" campaign, which focuses on people who have gone missing on migration routes to Europe.

The Protection Division launched a programme to digitalize family-links services, in order to resolve more cases and bring services closer to beneficiaries. It also continued to promote Family-links Answers, a case-management system for National Societies. It deployed the system in the Near and Middle East, bringing the total number of National Societies using it to 44 across all regions. The pool of family-links specialists, composed of 46 National Society or ICRC staff members, assisted field teams responding to, *inter alia*, the needs of vulnerable migrants in parts of the Americas and of people displaced in the Lake Chad region in Africa.

Missing persons and their families

Field teams in 48 countries received support for their activities to address issues related to missing persons and the needs of their families. Regional support was provided by advisers covering three regions and the Mediterranean migration route.

The division continued to work closely with other ICRC services to help field teams respond to the diverse needs of the families concerned. On the International Day of the Disappeared and other occasions, campaigns were conducted in over 22 countries and at headquarters to raise awareness of families' right to know the fate of missing relatives and to receive assistance.

As part of efforts to strengthen the ICRC's response to the issue of missing persons and their families, a multi-year project to facilitate the establishment of professional standards in this field was launched in 2018. In November, forensic, anthropological and legal experts discussed the development of principles for proper human remains management during emergencies, at the first of several workshops planned over the project's four-year period.

FORENSICS

The Forensic Unit oversaw implementation of the ICRC's strategy on forensic work, with a particular focus on developing partnerships in 2018. Several partnership agreements were developed, or sought, to this end, including the inauguration of the International Centre for Humanitarian Forensics in partnership with Gujarat Forensic Sciences University in India.

Over 60 forensic experts contributed to operations in more than 70 countries, helping delegations respond to requests from parties to ongoing and past conflicts, and other stakeholders, for support in ensuring that the remains of those who had died during hostilities, disasters or while migrating were managed properly. In Abkhazia and Georgia proper, in line with the ICRC's role as a neutral intermediary, the Forensic Unit continued to support the recovery and identification of human remains, with some 100 sets exhumed in 2018. In partnerships with others, the unit also developed tools, standards and training courses in the field of humanitarian forensics, for use by forensic experts within and outside the ICRC. These included guidelines for constructing medico-legal facilities and on the proper burial of people who had died from infectious diseases; the latter were developed with the International Federation and WHO.

The unit worked with ICRC experts on Islamic law to develop reference materials about human remains management under IHL and Islamic law, and organized events for Islamic law scholars and forensic experts to discuss this issue.

ASSISTANCE

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

The division started to gradually implement the road map for investing in the digitalization of ICRC operations. This was in line with the strategy released in 2017 – which was based on a 2016 review of the division's information system and complemented by input from the Protection Division and the Office of the Director of Operations – and with the Information Environment Strategy (see *Communication and information management*).

The Assistance Division maintained its partnerships with National Societies and the International Federation on such matters as helping vulnerable communities build resilience to the effects of conflict. It also pursued partnerships with academic institutions and the private sector on research and development projects, in order to advance innovative products and solutions to humanitarian needs and to ensure that ICRC programmes are effective and efficient.

The division participated in technical and policy forums, where it shared the ICRC's experience and exchanged good practices with other organizations. This helped the ICRC shape discussions on topics of institutional priority and enhance its own expertise in, among other fields, cash-based assistance, energy, resilience-building, and humanitarian activities in urban settings.

HEALTH

As set out in its public health and continuum-of-care approaches, the ICRC continued to deliver the following services to people affected by conflict and other violence: primary health care; mental health and psychosocial support; first aid and pre-hospital care; comprehensive hospital services, including surgical care and emergency trauma management; physical rehabilitation; and health care in detention. Health activities in Bangladesh, the DRC and Israel and the occupied territories were maintained or scaled up in response to increased health needs or large-scale emergencies, such as the Ebola outbreak. Health programmes in Afghanistan, the Central African Republic and Yemen were scaled down in the wake of security incidents.

The Health Unit continued to focus on maintaining and improving the quality of service delivery, providing field teams with technical, managerial and strategic support and organizing workshops to that end. It set up an online resource centre where staff members can easily access up-to-date technical information, and approved a learning and development strategy focused, initially, on strengthening the competencies of health managers. It continued to digitize systems for collecting health data.

The unit explored potential new models of partnership with others within and outside the Movement, with a view to expanding the reach of ICRC activities and further strengthening the institution's systemic approaches. It developed a model for advanced partnerships with National Societies, and drafted new guidelines for maternal and child health care.

Following the 2017 Council of Delegates, the ICRC continued its work with Movement partners to align efforts on psychosocial care and strengthen mental health services in humanitarian crises. In preparation for the 33rd International Conference in December 2019, it launched a new project on mental health with the International Federation and the Swedish and Danish National Societies.

WATER AND HABITAT

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

The unit continued to invest in improving the ICRC's activities in terms of emergency preparedness and strengthening the resilience of vital infrastructure and basic services in urban

areas. It maintained partnerships with multinational firms, academic institutions and the public and private sectors to develop its capacities and thereby more efficiently and effectively address challenges in the fields of construction, water and waste water, and electricity. It also launched training initiatives to strengthen the competence of its technical experts.

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

Teams working in places of detention continued to receive guidance in the form of reference materials, among other means. The unit co-organized international conferences and workshops – on measures to improve prison design and construction – for authorities in Africa, Asia and Latin America.

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

ECONOMIC SECURITY

The Economic Security Unit continued to develop expertise in conducting relief operations, ensuring food security and supporting sustainable livelihoods. It also continued to work on the four priorities under its 2015–2018 strategy: providing delegations with good-quality operational and programme support; building staff capacity; facilitating communication and learning within the institution; and developing partnerships with others. It hired additional regional advisers – on resilience and urban livelihoods – to bolster its pool of experts and provide specialized support to field teams.

The unit provided delegations with direct support in the form of field visits, workshops, guidance documents and other means. It helped ensure coherence in the management of a diverse range of activities covering large-scale emergency relief (e.g. cash transfers and the distribution of in-kind assistance); livelihood support (e.g. agriculture, livestock, income-generating activities); and structural support for essential infrastructure and services. The unit also helped design and implement activities related to nutrition, including projects for people deprived of their freedom and those carried out as part of ICRC health activities.

In line with institution-wide efforts to transition to digital technologies and to improve data management and quality, the unit established a team of experts to boost its capacity to analyse data and evidence capacities. It expanded its use of digital data-collection tools and conducted a feasibility study to identify suitable technologies for beneficiary and distribution management. It also tested the use of telephone hotlines to encourage more systematic engagement with beneficiaries and facilitate data collection; this was linked to initiatives to improve the ICRC's accountability to people affected by conflict and other violence.

The unit worked closely with partners within and outside the Movement. It sustained its engagement, on the use of cash-based assistance, with the British Red Cross and the Movement's working group on cash transfer programming, and with the Cash Learning Partnership Forum. It reinforced its partnership with the International Federation on helping people affected by conflict and climate shocks develop resilient livelihoods, and kept up discussions on nutrition with the Centre for Disease Control Atlanta, and on livestock with the Livestock Emergency Guidelines and Standards project.

WEAPON CONTAMINATION

In its response to the persistent threat of weapon contamination during armed conflict, the Weapon Contamination Unit continued to focus on the following: helping manage risks posed by weapon contamination to ICRC staff and the organization's partners; ensuring continuity of ICRC operations and institutional integrity amid conventional weapon and chemical, biological, radiological and nuclear (CBRN) hazards; protecting and assisting people affected by the presence of weapons; and spearheading Movement efforts to manage dangers linked to weapon contamination. It extended support to ICRC operations in 51 countries and territories, helping ICRC teams there to reduce the impact of weapon contamination; this represented an increase of more than 50% from the 33 contexts it assisted in 2017.

In Iraq, Syria and several other countries, the unit worked with National Societies to collect and manage data from communities affected by weapon contamination more systematically, in order to build a reliable evidence base for improving the ICRC's response. It also developed guidelines on risk awareness and safer behaviour, for both ICRC and National Society staff members. The guidelines are geared towards helping ICRC delegations and National Societies assess needs, analyse risks and develop activities in response.

HUMAN RESOURCES DEVELOPMENT

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

Field staff attended specialized, often multidisciplinary, training sessions covering protection of the civilian population, detention, family-links services (including in relation to missing persons and their families' concerns), weapon contamination, forensic science, first aid, war surgery, hospital management, and primary health care. Some 1,480 staff members participated in 93 training sessions organized by the Protection Division; they included ICRC interpreters who benefited from courses organized by the ICRC and the University of Geneva. The Economic Security Unit trained some 1,400 people, including staff members of various National Societies, on such topics as cash and markets, nutrition in detention, and data and analysis.

Both divisions worked to improve the quality of ICRC training courses and develop new ones. The Assistance Division regularly reviewed its courses, updating the content and

delivery methods. A new course on statistics and data analysis was designed and tested among senior protection data managers, while new training modules on project management were rolled out for health managers. The Protection Division further developed and tested the use of virtual reality tools for training, particularly on interviewing detainees.

RELATIONS WITH OTHER ORGANIZATIONS AND CONTRIBUTION TO THE HUMANITARIAN DEBATE

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

The ICRC helped design guidance and reference materials for various aspects of humanitarian response. It contributed to the development of the Inter-Agency Standing Committee's protection policy and, together with Médecins Sans Frontières, urged WHO to establish specific criteria for deploying trauma response teams in conflict-affected areas. It helped shape policies affecting IDPs and migrants and the broader discourse around internal displacement and migration. It contributed to the UN-led process to draft global compacts on refugees and for safe, orderly and regular migration. In particular, it advocated the inclusion of an objective on missing migrants in the Global Compact on Migration. Through its report on displacement in cities, it emphasized the importance of considering the perspective of IDPs in discussions about adequate responses to the issue. The ICRC also facilitated peer-to-peer sharing of experiences among States on implementing the Kampala Convention. It provided input to the process, spearheaded by the UN Special Rapporteur on the human rights of IDPs, that culminated in the adoption of a three-year, inter-agency plan of action for reducing and resolving internal displacement. It enhanced its cooperation with the UNHCR on promoting the adoption and implementation of laws and policies affecting IDPs.

In its interaction with key stakeholders, the ICRC also paid particular attention to the issue of children in armed conflict. It provided feedback on policies and reference materials on the protection of children and helped promote inter-agency publications, including handbooks on unaccompanied and separated children, and on addressing the recruitment of children by armed groups and the children's subsequent release and reintegration.

ICRC expertise on the protection of health care (see also *Health Care in Danger* above) continued to be valued by States, international organizations and professional bodies. ICRC experts discussed legal and operational aspects of the problem at various forums, including a UN Security Council meeting and one of the regional congresses of the International Committee of Military Medicine. The ICRC also participated in research projects on the impact of violence on health care and ways to develop preventive mechanisms, which helped further its relations with the public health academic sector.

The ICRC, the World Bank and UNICEF initiated a partnership to help water and sanitation utilities in the Middle East and North Africa to prepare for emergencies; manage their operations during conflict more effectively, to minimize service deterioration; and rapidly recover from the effects of conflict. The initiative is ultimately geared towards strengthening the operational resilience of utilities and delivery systems and ensuring that people have access to essential services.

The ICRC was requested by the review board of the UN-led International Mine Action Standards to rewrite certain chapters, such as those on medical support for clearance operations and safety and occupational health.

In August 2018, the ICRC became an observer at the main multilateral mechanism for coordinating the humanitarian response to gender-based violence, with a view to strengthening collaboration with others working in this field, including through the joint development of tools and information-sharing. It also pursued closer bilateral coordination with the UN on addressing and preventing sexual and gender-based violence during armed conflicts.

Lastly, the ICRC engaged in regular bilateral contact – both at headquarters and in the field – with UN agencies and a range of NGOs. It maintained its ties with a Geneva-based hospital on training, research and development, and staff support. It also maintained its partnership with the Belgian, Swedish and Swiss National Societies, and the International Federation's Reference Centre for Psychosocial Support, to support former detainees who had suffered ill-treatment while in detention. The ICRC also pursued cooperation with organizations from Islamic countries, such as the Humanitarian Affairs Department of the Organisation of Islamic Cooperation.

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

INTERNATIONAL LAW AND POLICY

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

Throughout 2018, the Department of International Law and Policy provided legal and policy expertise, in a variety of settings, to support the ICRC's operational responses. It developed legal, operational and diplomatic representations addressing alleged IHL violations and furnished advice on specific issues, such as migration, new technologies in warfare and urban warfare.

The department continued to engage with State authorities, diplomats, academics and weapon bearers on critical humanitarian issues during discussions and training sessions, and provided support for measures to ensure respect for IHL. Working with civil society, multilateral institutions and Movement partners during global events, it issued policy briefs on, and interpretations of, various humanitarian and legal concerns. It reasserted the ICRC's position as a key reference organization on IHL and demonstrated the relevance and usefulness of IHL in today's armed conflicts.

INTERNATIONAL HUMANITARIAN LAW

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

ENSURING RESPECT FOR IHL BY PARTIES TO ARMED CONFLICTS

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

The Operations and International Law and Policy Departments finalized a three-year strategy on the ICRC's engagement with States regarding their support to parties to conflict, and developed recommendations for States in this regard (see *Operations*).

STRENGTHENING IHL

Seeking to improve IHL protection for people deprived of their freedom

As the time was not ripe to organize another formal meeting as part of the implementation of Resolution 1 of the 32nd International Conference, the ICRC decided to convene a platform for engagement outside the Resolution 1 process to improve the protection of detainees during armed conflict. The resulting meeting, on "Challenges and Practices for Ensuring Humane Treatment and Conditions of Detention during Armed Conflict", was held in Geneva, Switzerland, and was attended by more than 100 experts from 65 States, from all geographical regions, who examined operational detention scenarios relating to the early stages of detention in the immediate vicinity of the fighting and short-term detention. The meeting enabled States to exchange views about the challenges to ensuring humane treatment and conditions of detention in such situations, the practices developed to overcome them, and how they can support each other in this regard.

Strengthening respect for IHL

Resolution 2 of the 32nd International Conference recommended the continuation of the State-driven, intergovernmental process, co-facilitated by the ICRC and the Swiss government, to identify ways to enhance IHL compliance. Following preliminary discussions, two formal meetings (in May and December) were held in Geneva, with more than 110 governments represented at each meeting. The International Federation also joined these discussions. Participants sought to reach an agreement on how to implement Resolution 2, in order to submit an outcome to the 33rd International Conference in December 2019. While broadly acknowledging the merit of using the potential of the International Conference as a way to strengthen respect for IHL, they again diverged significantly on whether a voluntary inter-State dialogue on IHL, held between International Conferences, could be part of the outcome. All avenues were explored in the intergovernmental process, but it became apparent that the global multilateral environment was not propitious for consensus. At the December meeting, States therefore agreed that the ICRC and Switzerland would provide a report of the proceedings of the intergovernmental process, which would be noted in a general resolution of the 33rd International Conference. A final short meeting was scheduled to be held in March 2019 to formally conclude the process. It is hoped that the discussions held will allow both States and the Movement to develop many of the ideas generated over the past several years on ways to strengthen respect for IHL.

CUSTOMARY IHL

The ICRC's study on customary IHL and its online customary IHL database¹ remained important references for States, international organizations, international and domestic judicial

1. Available at <https://ihl-databases.icrc.org/customary-ihl/eng/docs/home>.

and quasi-judicial bodies, academics and ICRC staff. The ICRC continued updating the online database, incorporating additional examples of the national practice of 13 countries through its partnership with the British Red Cross. It also pursued its cooperation with Laval University in Canada.

CONDUCT OF HOSTILITIES

The ICRC continued to improve its understanding of the challenges raised by cyber warfare by engaging with States, cyber security experts, academics and other pertinent parties. In particular, it organized a meeting of experts on the potential human cost of cyber operations and engaged in bilateral dialogue with States on the application of IHL to the use of cyber capabilities during armed conflicts. The ICRC also discussed pertinent sections in military manuals with States and published an international expert meeting report on the principle of proportionality, a rule that is highly relevant to urban warfare. In addition, the ICRC offered technical input to the working group drafting an academic manual on international law applicable to military uses of outer space.

IHL AND “TERRORISM”

The ICRC strove to diminish the risk that counter-terrorism policies would reduce the space needed to conduct principled humanitarian action. It recommended to States and international organizations that counter-terrorism measures – including those linked to sanctions regimes – should have no negative impact on the work of humanitarian organizations. It engaged in bilateral and multilateral dialogue to preserve the capacity of humanitarian organizations to operate – notably through the inclusion of humanitarian exemptions in counter-terrorism measures – and to defend the applicability and integrity of IHL provisions in the context of counter-terrorism activities.

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

The ICRC worked to reaffirm, clarify and promote the legal norms and standards relevant to the protection of migrants – including asylum seekers and refugees – and IDPs, with a view to prompting States and other relevant players to take them into account. In particular, it promoted awareness of and support for, institutional and legal positions during the inter-governmental negotiations on the Global Compact for Safe, Orderly and Regular Migration (hereafter Global Compact for Migration) held in New York (United States of America) and during the consultations on the Global Compact on Refugees held in Geneva. Together with other Movement components, it published recommendations for implementation of the humanitarian priorities of the Global Compact for Migration. It also participated in the intergovernmental conference to adopt the Global Compact for Migration in December 2018, to encourage States to implement their commitments.

The *International Review of the Red Cross* published a thematic edition on migration and displacement. In addition, the 2018 Global Research and Debate cycle explored issues related to migration and displacement, and discussed the needs of vulnerable migrants and displaced people around the world, both in conflict and non-conflict situations, alongside ideas to improve the humanitarian response thereto.

PRIVATE MILITARY AND SECURITY COMPANIES

The ICRC continued to promote the Montreux Document, currently endorsed by 55 States and three international organizations. With the Swiss government, it co-chaired the fourth plenary meeting of the Montreux Document Forum, taking stock of the ten-year existence of the Montreux Document and of evolving challenges to the regulation of private military and security companies. In 2018, outreach activities focused on the Americas: the ICRC and the government of Costa Rica organized the first regional meeting of the Montreux Document Forum, which convened 100 participants from different countries in Costa Rica.

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

The updated Commentary on the Second Geneva Convention, published online in 2017 and in print in 2018, continued to be promoted at various events, including in Beijing (China), Honolulu (United States of America), Lisbon (Portugal), London (United Kingdom of Great Britain and Northern Ireland), Seoul (Republic of Korea), Shanghai (China), Singapore and Sydney (Australia).

The translations of the updated Commentary on the First Geneva Convention into Arabic, Chinese, French, Russian and Spanish were nearly complete. In addition, the commentary on common Article 3 was translated into Dari and Nepali.

Various internal and external authors continued to work on the updated Commentary on the Third Geneva Convention, scheduled for publication in 2019. The draft commentaries on 77 articles were submitted to some 50 IHL experts and scholars in different countries for peer review.

NEW TECHNOLOGIES IN WARFARE

The ICRC published a report on the ethical implications of autonomous weapon systems and presented it to the States party to the Convention on Certain Conventional Weapons. The report became a reference in international discussions on this topic. The ICRC also organized a meeting of experts on the technical aspects of autonomy, artificial intelligence and robotics. This helped further develop the ICRC's views on human control over weapon systems for IHL compliance and ethical reasons, which were presented to meetings of experts on autonomous weapon systems. The ICRC continued to engage States and other stakeholders both bilaterally and multilaterally on this topic. At conferences on legal aspects of new technologies in warfare, it continued to emphasize the importance of conducting legal reviews of new means and methods of warfare, to ensure that they could be used in accordance with IHL.

LANDMINES, CLUSTER MUNITIONS AND EXPLOSIVE REMNANTS OF WAR

Ten years after the adoption of the Convention on Cluster Munitions, the ICRC continued to promote universal adherence thereto, while highlighting the Convention's significant achievements and remaining challenges. Through its expert contributions to meetings of States party to the Anti-Personnel

Mine Ban Convention and the Protocol on Explosive Remnants of War (Protocol V) to the Convention on Certain Conventional Weapons, the ICRC helped ensure that the States Parties advanced their commitments under these treaties. In addition to covering clearance and stockpile destruction and the adoption of national implementing legislation and victim assistance, the ICRC's contributions sought to ensure that States applied the treaties in response to the humanitarian impact of improvised explosive devices as well.

RESPONSIBLE ARMS TRANSFERS

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

NUCLEAR WEAPONS

Under the four-year Movement Action Plan on the non-use, prohibition and elimination of nuclear weapons adopted by Resolution 4 of the 2017 Council of Delegates, the ICRC increased its support to National Societies, including by developing communication and advocacy tools. It continued to engage in bilateral and multilateral dialogue with States on the non-use, prohibition and elimination of nuclear weapons owing to their catastrophic humanitarian consequences. At the UN General Assembly First Committee, the ICRC urged States to join the Treaty on the Prohibition of Nuclear Weapons as a concrete step towards a world free of such weapons. It also urged them to reduce nuclear risks and take measures to fulfil long-standing disarmament commitments, a message which was also at the core of the ICRC president's appeal to States party to the Treaty on the Non-Proliferation of Nuclear Weapons.

EXPLOSIVE WEAPONS IN POPULATED AREAS

The ICRC continued to express concern about the use of explosive weapons with wide-area effects in populated areas, based on its first-hand observations in the field, its analysis of the technical characteristics of such weapons, its review of existing military policies and practices, and its promotion of respect for IHL in the choice of means and methods of warfare in urban conflicts. It did so in bilateral dialogue with military and other governmental authorities, in expert meetings and intergovernmental forums, and in public communications. It fostered awareness of the humanitarian, technical, military and legal issues raised by such weapons and continued to share its views in a variety of forums. These included the Meeting of States party to the Convention on Certain Conventional Weapons and the "EWIPA Talks", a series of workshops on IHL and the use of explosive weapons in populated areas organized

in Geneva by the German government with support from the Geneva International Centre for Humanitarian Demining and the ICRC, and attended by State representatives, international organizations and civil society. The ICRC also continued to encourage States to share existing military policy and practice with regard to the use of explosive weapons in populated areas. It prepared a consolidated analysis of the issue, laying the groundwork for a report scheduled to be published in 2019.

LEGAL CAPACITY AND PROTECTION OF THE ICRC

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

INTEGRATION AND PROMOTION OF THE LAW

PROMOTING THE UNIVERSALITY OF IHL INSTRUMENTS AND THEIR NATIONAL IMPLEMENTATION

The ICRC's Advisory Service on IHL continued to engage with governments and intergovernmental bodies on ways to improve IHL acceptance and national compliance, and to provide them with legal and technical support through its network of legal advisers. It facilitated the ratification of or accession to, and implementation of, IHL-related treaties and other relevant instruments, and the enactment of national legislation to this end (see list below).

The Advisory Service provided technical assistance to inter-ministerial national IHL committees, supported the creation or reactivation of such committees and facilitated exchanges between committees in different countries. At the end of 2018, there were 112 national IHL committees worldwide, and several others were in the process of being created.

Along with the Inter-Parliamentary Union, the Advisory Service promoted the multiple language versions of the handbook on IHL for parliamentarians. It also produced a legal factsheet on the role of parliamentarians in implementing IHL.

To help judges and law professionals uphold and enforce IHL, the Advisory Service contributed to various training events for the judiciary at national, regional and international level, and finalized the draft of a guidance tool on "The Judicial Sector and IHL", which was set to be published in early 2019.

Through operational dialogue and regular meetings with each other, the Advisory Service and UNESCO continued to work together to implement the memorandum of understanding between the two organizations, which seeks to coordinate their activities to enhance the protection of cultural property in armed conflict. In particular, both organizations continued to coordinate their awareness-raising activities and the technical support that they provide to States. The ICRC systematically

invited UNESCO to participate in IHL-related conferences, workshops and round-tables where this topic was addressed; similarly, UNESCO invited ICRC experts to participate in events they organized.

In October 2018, the Advisory Service organized the first global expert workshop on “IHL and Islamic law in contemporary armed conflicts”, in Geneva. The workshop brought together 30 of the world’s leading experts in Islamic law and IHL from 21 countries to exchange views on the conduct of hostilities, the protection of health care, detention in armed conflict, special protection for children and the proper and dignified management of the dead in Muslim contexts. The Advisory Service also used its expertise on Islamic law to further research on the points of correspondence between Islamic law and IHL, provide training on this subject for a number of non-State armed groups and publish a factsheet on Islamic law and IHL.

The Advisory Service wrote two articles for the *International Review of the Red Cross*, on the management of the dead under Islamic law and IHL, and on missing persons. It updated nine legal factsheets on the International Humanitarian Fact-Finding Commission, obligations in terms of penal repression, international criminal justice institutions, the Biological Weapons Convention, the Convention on Certain Conventional Weapons, the Chemical Weapons Convention, the Anti-Personnel Mine Ban Convention, the Rome Statute, and the Convention on Cluster Munitions. It also published the report of the 2017 expert consultation on amnesties under IHL.

The above-mentioned activities were a factor in 53 ratifications of or accessions to IHL treaties or other relevant instruments (or amendments to them) by 38 States:

- 1 State (Palestine) recognized the competence of the International Humanitarian Fact-Finding Commission
- 2 States (Madagascar and Peru) became party to Additional Protocol III
- 3 States (Djibouti, Ireland and Turkmenistan) became party to the Hague Convention on Cultural Property
- 3 States (Afghanistan, Djibouti and Turkmenistan) became party to the First Protocol to the Hague Convention on Cultural Property
- 8 States (Afghanistan, Burkina Faso, Denmark, Djibouti, Ireland, Madagascar, Portugal and Turkmenistan) became party to the Second Protocol to the Hague Convention on Cultural Property
- 1 State (Gambia) became party to the Convention on Enforced Disappearance
- 1 State (South Sudan) became party to the Optional Protocol to the Convention on the Rights of the Child
- 1 State (Guyana) ratified the Amendment to the Rome Statute on war crimes
- 2 States (Guyana and Ireland) ratified the Amendment to the Rome Statute on the Crime of Aggression
- 3 States (Gambia, Namibia and Sri Lanka) became party to the Convention on Cluster Munitions
- 6 States (Brazil, Cameroon, Chile, Guinea-Bissau, Mozambique and Suriname) became party to the Arms Trade Treaty

- 3 States (Central African Republic, Niue and Palestine) became party to the Biological Weapons Convention
- 1 State (Mauritius) became party to Amended Protocol II to the Convention on Certain Conventional Weapons
- 1 State (Mauritius) became party to Protocol V to the Convention on Certain Conventional Weapons
- 1 State (Palestine) became party to the Chemical Weapons Convention
- 16 States (Austria, Cook Islands, Costa Rica, Cuba, Gambia, Mexico, New Zealand, Nicaragua, Palau, Palestine, Samoa, San Marino, Uruguay, Vanuatu, the Bolivarian Republic of Venezuela and Viet Nam) became party to the Treaty on the Prohibition of Nuclear Weapons

In addition, at least 13 countries adopted or amended 35 domestic statutes, and several countries prepared draft legislation, to implement IHL and other relevant instruments. Fifty-seven new laws and examples of domestic case-law were added to the public ICRC database² on national IHL implementation.

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

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

- In all, 144 students from 26 countries participated in the Jean-Pictet Competition on IHL in the Republic of North Macedonia.
- Thirty representatives of government agencies, intergovernmental organizations and NGOs learnt more about global IHL themes and challenges during an annual French-language expert course for humanitarian practitioners in Paris, France, organized by the French Red Cross and the ICRC. An additional English-language expert course held in Geneva brought together 29 senior-level humanitarian workers.

EVENTS AND VISITS

- The Humanitarian in Geneva hosted 18 public conferences for some 2,500 members of the diplomatic, humanitarian and academic communities. These events were brought to a global audience via webcasts and video summaries. The ICRC also organized IHL-related events for various audiences at its Moscow Humanitarian in the Russian Federation.
- The 2018 Conference Cycle on Migration and Displacement consisted of a series of high-level public events and expert meetings organized in Canberra (Australia), Geneva, Jakarta (Indonesia), Ljubljana (Slovenia), Moscow (the Russian Federation) and Pretoria (South Africa).

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

- Issues of the *International Review of the Red Cross* (see below) were featured at events attended by representatives from legal and policy-related circles in Australia, China, Indonesia, the Islamic Republic of Iran, Italy, Mexico, the Netherlands, New Zealand, South Africa, Switzerland, Thailand, Ukraine, the United States of America and elsewhere.
- About 180 groups (some 4,600 people) from over 30 countries learnt more about IHL and the ICRC during information sessions organized by the ICRC Visitors Service.

IHL TEACHING, RESEARCH AND DEBATE

- The online platform “IHL in Action: Respect for the law on the battlefield”³ featured new case studies documenting compliance with IHL. This project is part of an effort to change the narrative about IHL and demonstrate its relevance and usefulness in today’s armed conflicts. By promoting instances where IHL actually works, it aims to substantiate protection and policy dialogues with evidence-based arguments, thereby helping offset the recurring negative discourse on IHL.
- The first ever IHL round-table for French-speaking IHL academics was organized by the ICRC in partnership with the French Red Cross; it brought together 43 university professors and researchers from 18 countries in Africa, Europe, North America and the Middle East to form a global network of French-speaking IHL specialists.
- Twelve law professors gathered at a workshop in Rome, Italy, to exchange best practices in creating an IHL clinic within their law school.
- The ICRC’s Humanitarian Law and Policy blog showcased analyses and debates on IHL and policies that shape humanitarian action and the interplay between these areas; it received 85,000 visits. It also partnered with the Intercross blog to produce a new podcast series on trends and issues related to IHL and/or humanitarian action scheduled to be launched in January 2019.
- The textbook *International Humanitarian Law – A Comprehensive Introduction* was translated into Arabic and French.
- The latest issues of the *International Review of the Red Cross* focused on subjects such as detention, migration and displacement, and the missing. Selected offprints on various topics from previous and forthcoming issues were distributed to targeted audiences and served to enhance dialogue with stakeholders.
- The ICRC developed two new advanced IHL learning series⁴ for university lecturers, on “Counterterrorism, IHL and humanitarian action” and “Creating and Teaching an IHL Course”.

ROOTS OF RESTRAINT IN WAR STUDY

The ICRC published its *Roots of Restraint in War* study in June 2018. The report identified sources of influence on various types of armed forces and armed groups and investigated how

formal and informal norms condition the behaviour of soldiers and fighters depending on the kind of armed organization they belong to. It was translated into Arabic, French, Russian and Spanish. The Royal United Services Institute in London and the ICRC Humanitarium in Geneva hosted public launches of the report, and the findings were further disseminated at public events and meetings in Canberra, Hobart (Australia), London, Melbourne (Australia), New York and Sydney, and at seminars for military personnel in Lviv (Ukraine) and San Remo (Italy). The report sparked considerable interest in how to prompt soldiers and fighters belonging to armed forces and armed groups with different organizational structures to act in accordance with IHL norms. External dissemination of the report’s findings will continue throughout 2019. The report’s findings and recommendations – specifically on the linkage between IHL and the value sets or norms of weapon bearers – were in the process of being incorporated into the ICRC’s practices.

OPERATIONAL RESEARCH

To boost its efforts to harness data and experience to inform practical and policy decision-making, the ICRC created a new research centre in 2018, the Centre for Operational Research and Experience (CORE), based at ICRC headquarters and staffed by ICRC employees. The CORE started two new research projects, one exploring how insights from behavioural science might prevent or reduce violence against staff in two hospitals in Pakistan, and the other analysing the quality of the ICRC’s dialogue with non-State armed groups. The CORE also provided advice and methodological support to research initiatives across the organization, and started developing procedures to facilitate sound research practices. It will also host a “field reflection post” to enhance the exchange of knowledge between the field and headquarters.

FIELD PREVENTION WORK

The Prevention Unit in Geneva continued to provide tailored support to delegation managers and experts in the form of field missions, workshops, meetings and training aimed at strengthening the ICRC’s capacity to design effective and measurable strategies to influence the behaviour of fighters, lawmakers, decision-makers and communities. These activities bolstered the ICRC’s efforts to improve acceptance of its work and its capacity to engage with influential players on creating an environment conducive to respect for the life and dignity of people affected by armed conflicts and other situations of violence.

DIALOGUE WITH ARMED, SECURITY AND POLICE FORCES ARMED FORCES

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

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

4. Available at <https://www.icrc.org/en/document/advanced-ihl-learning-series>

Continued emphasis was placed on reinforcing institutional relationships with global military players, including the British Army, the French *État-Major des Armées*, the Russian Ministry of Defence and the United States Armed Forces. Meetings with senior military and/or political representatives included discussions on mitigating civilian casualties, partnered military operations and related humanitarian concerns.

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

The ICRC continued to engage with the armed forces of numerous States on the integration of IHL into their training and operational doctrine, including measures to protect health-care personnel and facilities, ensure safe access to education, and prevent sexual violence during armed conflicts. Based on an internal nine-country study conducted with the Norwegian Red Cross on integrating the prohibition against sexual violence during armed conflicts into military doctrine, the ICRC developed a communication handbook to facilitate discussions of the matter with State armed forces. ICRC support for the process of integrating IHL into military doctrine also led to further engagement with troops bound for peacekeeping operations, which in turn helped facilitate greater access for the ICRC in the field.

The Senior Workshop on International Rules Governing Military Operations (SWIRMO) remained a flagship event for the ICRC's engagement with State armed forces. The 12th SWIRMO was the largest since the event was conceived, both in scope and in scale; it brought together over 100 senior officers from 80 countries. Facilitated by the ICRC's specialist armed and security forces delegates as part of a "practitioner to practitioner" approach, it took place in Abu Dhabi, United Arab Emirates (UAE) and was co-organized with the UAE Ministry of Defence. Participants discussed the challenges to ensuring legally compliant behaviour in the modern battlefield, the need to incorporate legal considerations into the planning, decision-making and conduct of military operations and law enforcement missions, and how to ensure that the law is fully embraced in military doctrine, education, field training and discipline.

The ICRC maintained its ties with San Remo on IHL training and education. A total of 72 military officers from 32 countries around the world received ICRC scholarships to attend IHL courses in San Remo.

In cooperation with its Movement partners, the ICRC supported the development of internal operational guidelines and a training programme for civil-military relations to ensure an effective disaster response. These were piloted in the Asia-Pacific region and were in the process of being consolidated, with a view to extracting more practices that could be applied globally.

POLICE AND GENDARMERIE

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

In Peru, the national police force, the interior ministry and the ICRC organized a colloquium for Latin American police forces that was attended by representatives from 15 countries and two organizations, the Organization of American States (OAS) and the Police Community of the Americas. Participants exchanged best practices in responding to urban violence and its humanitarian consequences. Owing to the impact of urban violence in many parts of the world, the colloquium included an international dimension via the participation of a European police consultant.

POLICY AND HUMANITARIAN DIPLOMACY **DRIVING POLICY CHANGE IN HUMANITARIAN ACTION** **Strengthening humanitarian policy-making**

The ICRC continued to draw up policies on several pressing humanitarian issues across the organization. It carried out major field research on the experience and needs of urban IDPs, producing a policy report that offered clear recommendations for it and the wider humanitarian and development sector. It also shared its experience of cash transfers in a new policy report. Operational research on the policy of localization continued; a policy report on the complementary roles of national and international components within the Movement was co-published with the British Red Cross and with the close cooperation of the Colombian Red Cross, the Somali Red Crescent Society and the Ukrainian Red Cross Society. The ICRC also finished mapping its various partnerships with local and national organizations (the findings are to be published in a report on local partnerships in 2019) and conducted operational research on its experience of the humanitarian-development nexus, with a view to publishing a policy report in 2019.

The ICRC began to explore new areas of policy-making, such as climate change and armed conflict, mental health and armed conflict, and the humanitarian-development-peace nexus; deeper operational research and policy positions on these will be developed in 2019. The ICRC also formulated internal positions on the Sustainable Development Goals and on the UN's New Way of Working.

In 2018, the ICRC further developed the use of dedicated policy dialogues with individual States as a valuable way for it and a particular State to deepen their understanding of their respective humanitarian policies and priorities, and to engage in policy and diplomatic collaboration where appropriate. The first high-level policy dialogue was held with Kuwait, and working-level policy

dialogues were held with the Islamic Republic of Iran and Singapore; the ICRC vice-president led the ICRC delegation to the first, the Head of Policy to the others.

Enhancing humanitarian diplomacy

The Department of International Law and Policy continued to provide support for the ICRC's wider bilateral and multilateral humanitarian diplomacy across all five regions, including UN humanitarian processes in Geneva and in New York.

Asia was the subject of a special effort in 2018. The ICRC developed closer cooperation with the Association of Southeast Asian Nations (ASEAN) during Singapore's chairmanship, particularly on humanitarian policy-making on resilience and human-induced disasters. In India, the ICRC stepped up its involvement in the Raisina Dialogue and heightened its engagement with the government on India's leading role in policy-making and diplomacy with regard to autonomous weapons. Humanitarian diplomacy was also bolstered in China, where the ICRC continued to develop its relationships with leading security think-tanks and the growing emergency management sector along the Belt and Road Initiative.

The ICRC's multilateral diplomacy remained strong amid an evolving political context at the UN. Significant diplomatic effort was invested in the high-level week of the UN General Assembly and onwards, when the various committees met. In Geneva, the ICRC actively engaged with the UN Human Rights Council on several topics, particularly armed conflict and related humanitarian issues. It maintained its strong engagement with regional organizations such as the African Union, ASEAN, the European Union and the OAS on key policy issues of humanitarian concern. Among the growing number of minilateral and plurilateral groupings, the ICRC took an active interest in the G20, the Non-Aligned Movement, the Munich Security Conference, the Shangri-La Dialogue, the World Economic Forum and the Xiangshan Forum. It attended special summits on disability, mental health and the prevention of and response to sexual abuse in the aid sector in London, and on peace in Paris. Such multilateral platforms and events served as opportunities for the ICRC to raise awareness of its work and highlight humanitarian imperatives.

Affirming the relevance of the ICRC among business stakeholders

In the framework of its dialogue with businesses on the impact of their operations in conflict-affected or insecure contexts, the ICRC continued the joint project, begun in 2013 with the Geneva Centre for the Democratic Control of Armed Forces, to address security and human-rights challenges in complex environments. In particular, the main guidance document produced by the project was translated into Chinese and officially launched in Beijing. A number of Chinese stakeholders expressed interest in partnering with the project.

The ICRC bolstered its engagement with the World Economic Forum, with which it sought to consolidate and institutionalize its relationship by laying the groundwork for the signature of a memorandum of understanding with the forum in 2019.

COMMUNICATION AND INFORMATION MANAGEMENT

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

In 2018, the Communication and Information Management Department used public and media relations, digital communication channels, publications, audiovisual archives and social marketing campaigns to raise awareness of humanitarian concerns among target audiences and gain support for ICRC operations among external stakeholders. Across all platforms, it developed communication strategies and content to strengthen the ICRC's proximity to, and engagement with, people affected by armed conflict or other forms of violence, authorities and weapon bearers, and to build trust in and support for the organization.

The department drove significant growth in the organization's online audience through its implementation of the Digital Engagement and Positioning Strategy 2015–2018. By partnering with media organizations, research groups and digital media influencers, the ICRC gained a better understanding of its digital audience and deepened its levels of engagement with them.

The department took the lead in managing internal information across the organization while ensuring information security and compliance with the ICRC Rules on Personal Data Protection. It oversaw the efficient use of information management systems, optimized practices, and supported staff in the field and at headquarters with information and communication technology (ICT) programs and services. It helped craft and finalize the new Institutional Strategy 2019–2022, implementation of which will require organizational changes. In July, the Office of the Director of Digital Transformation and Data was established to oversee digital transformation, environmental scanning, big-data analytics and data protection (see *Office of the Director-General*), while the department absorbed the Project Management Office, formerly under the Office of the Director-General.

In August, the Assembly adopted the Information Environment Strategy 2018–2023 and its accompanying road map, which the department had developed to enable the ICRC to keep pace with a rapidly changing operating environment. The strategy and the road map situate the ICRC in a new digital environment where data protection and information security are key considerations, and identify areas of investment and opportunities for increasing the ICRC's relevance and digital proximity to people affected by conflict and other violence.

The network of regional communication centres – in Buenos Aires (Argentina), Cairo (Egypt), Dakar (Senegal), Nairobi (Kenya), New Delhi (India) and Bangkok (Thailand) – provided ICRC delegations with strategic communication support and services. They played a key role in developing contextualized content for audience engagement and campaign concepts that were shared with ICRC staff around the world.

COMMUNICATION COMMUNITY ENGAGEMENT AND OPERATIONAL COMMUNICATION

The department continued to strengthen the ICRC's engagement with, and accountability to, people affected by conflict and other violence, contributing to the development of the Accountability to Affected People Framework (see *Operations*).

Additional tools were launched to convey institutional policies and position the ICRC as a thought and operational leader on community engagement in situations of armed conflict and other violence. They included a discussion paper on "Engaging with people affected by armed conflicts and other situations of violence", which was co-written with the Harvard Humanitarian Initiative. Another report, "The humanitarian metadata problem: Doing no harm in the digital era", was co-produced with Privacy International; it detailed potential scenarios and risks when engaging with violence-affected people through mobile and internet technology, and outlined related mitigating measures.

The department represented the ICRC at various events organized by key players in the field of mobile and internet technology, such as the Mobile World Congress and the annual meeting of the Communication with Disaster Affected Communities Network. It delivered guest lectures at various universities, including one on the "future of humanitarian communication in the digital era" at the University of Sheffield. The ICRC became a member of the advisory board of the GSMA Mobile for Humanitarian Innovation initiative.

Advisory support missions were undertaken to ICRC delegations in Bangladesh, Iraq, Kenya, Lebanon, Myanmar, Nigeria, Somalia, the Syrian Arab Republic (hereafter Syria), the Bolivarian Republic of Venezuela and Yemen, to help field staff promote trust in, and acceptance for, ICRC operations among violence-affected communities. Other delegations were given technical support remotely.

The ICRC expanded its partnerships with Internews and with the Geneva Haute école d'art et de design, with a view to collaborating on projects revolving around community engagement and accountability through communication. It furthered its understanding of media landscapes in 26 violence-affected countries through a joint project with the European Journalism Centre.

The department strengthened its coordination and collaboration with the Movement, especially with the International Federation. It supported the organization of three training sessions (in Kenya, Panama and Senegal) for Movement staff, developed an e-learning module and launched a consultation process for developing a Movement-wide approach to community engagement.

PUBLIC AND MEDIA ENGAGEMENT

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

Through news releases, interviews, opinion pieces and social media activity, the department promoted acceptance of the ICRC's neutral, impartial and independent humanitarian action. Topics covered included the evacuation of wounded people from Eastern Ghouta in Syria, the critical situation of civilians in Yemen, and the plight of people who had fled Myanmar to seek shelter and safety in Bangladesh. Work with members of the media and agencies like Magnum Photos led to wider coverage of the humanitarian situation in the Democratic Republic of the Congo (hereafter DRC), the Lake Chad region, South Sudan and other key contexts, underscoring pressing humanitarian themes such as respect for IHL, the formal and informal norms influencing the behaviour of weapon bearers ("roots of restraint in war" – see *International law and policy*), access to health care in conflict-affected areas, the fate of people missing owing to conflict, and the threat posed by nuclear weapons.

The department managed a number of reputational threats, such as when a video of cash boxes misusing the ICRC logo went viral on digital channels. When a sexual misconduct scandal hit the humanitarian sector, the ICRC's proactive communication approach was well received by the media and general public. Serious security incidents affecting ICRC staff, notably in Nigeria and Yemen, were handled in a humane and respectful manner through careful management of media relationships.

The ICRC was mentioned some 19,000 times in traditional and online media, including over 4,600 times in major media outlets and news agencies such as AFP, Al Jazeera, the Associated Press, BBC News, CNN, Deutsche Welle, *Le Monde*, *Le Temps*, Reuters, Sputnik News, *The New York Times*, *The Guardian* and Xinhua. More than 1,000 TV channels edited ICRC footage into some 7,500 broadcasts – a 15% increase from last year. The most popular ones were about Yemen; one video, for example, was broadcast more than 1,500 times.

The ICRC's comprehensive IHL training tool for journalists was made available to field delegations in Arabic. This allowed the ICRC to reach additional Arabic-speaking media professionals reporting on armed conflict, encouraging them to learn more about IHL and the protection it affords to journalists.

The ICRC continued to work in close collaboration with the International Federation to ensure coherence in their respective communication activities in situations of crisis, such as in the DRC, Myanmar, South Sudan, Syria and Yemen, on thematic issues such as migration and nuclear weapons, and for World Red Cross and Red Crescent Day (8 May). The department started to coordinate with National Societies and States party to the Geneva Conventions ahead of the 33rd International Conference, in 2019.

In May, around 40 ICRC communication delegates met at a global media skills lab organized by the ICRC in Beirut, Lebanon, and attended by prominent journalists. Regional meetings in Abidjan (Côte d'Ivoire), Bangkok, Beirut and Buenos Aires facilitated fruitful exchanges among communication staff and advanced regional communication strategies. Specialists were recruited to ensure the availability of trained communication staff, especially during crises.

DIGITAL COMMUNICATION

The ICRC strengthened its digital communication through audience-oriented digital engagement and positioning. Audiovisual content in Arabic, Chinese, English, French, Portuguese, Russian and Spanish was posted on www.icrc.org and on social media. The ICRC's social media channels clocked up around 10 million followers; its Twitter and Facebook pages, for example, had 2.2 million and 1.5 million followers, respectively. Visits to the ICRC website reached around 7.6 million, mainly thanks to improved positioning on search engines across multiple languages, design enhancements and better mobile-device compatibility.

Major digital initiatives covered topics such as civilians caught up in conflict in the Middle East, people displaced in West Africa and missing persons in Latin America. A *National Geographic* feature supported by the ICRC – the "A Woman's War" project – comprised a series of portraits showing the impact of conflict on women in four different countries. An augmented-reality app ("Enter the room") and a virtual-reality film ("The right choice") – both focusing on the devastating effects of armed violence in urban areas – were rolled out during the year.

The department organized the second edition of a global digital “unconference” in September in Amsterdam, Netherlands. Around 200 ICRC communication practitioners and their colleagues from different fields of expertise discussed the innovative and impactful use of digital and social media platforms for storytelling and engaging with various communities, including those affected by crises.

The department continued to support the ICRC’s online fundraising, as the organization sought to increase contributions from the private sector (see *Financial resources and logistics*). In Cambodia and Pakistan, it piloted a crowdfunding project in support of two community-based programmes for people with physical disabilities. The funds raised did not hit the target, but the ICRC will use lessons learnt from the pilot project to inform future initiatives.

SOCIAL MARKETING

Social-marketing activities continued to raise awareness of the importance of IHL and the ICRC’s expertise and efforts to ensure respect for the rules of war.

The Health Care in Danger initiative continued to draw attention to attacks on health-care providers and facilities while promoting good practices for protecting the delivery of, and access to, health-care services. The department produced a TV spot (“Hope”), publications, e-newsletters and other communication tools. “Hope” was launched on ICRC social media platforms in April and attracted more than 209,000 views on YouTube, 486,000 views on Twitter, 6.2 million views on Facebook, and 243,000 interactions (“likes”, shares and comments) on the three channels. Produced by two Spanish-based agencies for the ICRC, “Hope” received the prestigious Grand Prix award for Film Craft at the 2018 Cannes Lions International Festival of Creativity, a global gathering of creative communications industry experts and practitioners.

The department laid the groundwork for a 2019 public campaign about the importance of States supporting the Treaty on the Prohibition of Nuclear Weapons.

MULTILINGUAL COMMUNICATION

The ICRC continued to communicate with stakeholders worldwide in its working and other languages, thus helping extend its support base in countries of global or regional influence. Over 15.5 million words in 12 languages, forming the basis of 587 communication pieces and statutory, legal, operational and donor-related documents, were processed at headquarters and in the regional communication centres.

INTERNAL COMMUNICATION

The department continued to promote interaction between ICRC staff and updated them about institutional developments and security incidents, including the deaths of two staff members, using enhanced tools for information-sharing and staff engagement. The ICRC’s intranet remained a key internal communication channel; using its interactive features, staff members discussed critical organizational issues such as the code of conduct and the new institutional strategy.

When reports of sexual misconduct among aid workers came out in early 2018, the department supported the organization’s efforts to engage staff members and alumni in constructive dialogue, mirroring its proactive approach to external communication. It also supported an all-staff meeting on the subject at headquarters, which entailed open, real-time conversations with ICRC leadership; a recording of that meeting was made available on the intranet for ICRC staff around the world.

The department involved staff members in defining concrete steps to deliver on the ambitions set out in the new institutional strategy, for instance, by facilitating a webinar focusing on diversity and inclusion.

A platform for social collaboration, called ICRC Communities, was deployed in mid-2018, allowing the organization to shift to a more networked operating model across functions and hierarchies, use collective intelligence, and to take advantage of a more efficient way of interacting. A supplementary forum called Ask the ICRC – which enables staff members to ask or answer questions from colleagues around the world – facilitated the sharing of information and best practices; the forum had 1,700 active users and 41 communities at year’s end.

PROJECT MANAGEMENT OFFICE PROJECT MANAGEMENT

The office supported the ICRC’s project board in conducting a quarterly review of the organization’s project portfolio, to facilitate project prioritization in accordance with institutional ambitions (see also *Office of the Director-General*). It helped harmonize project management practices across the organization by collecting best practices and sharing them with project managers and steering committees, in order to help them carry projects to completion while staying within budget.

ARCHIVES AND INFORMATION MANAGEMENT INFORMATION MANAGEMENT

The department defined a vision and a road map to reinforce information management at the ICRC for the next five years in line with the new Information Environment Strategy 2018–2023. It participated actively in the development and standardization of the ICRC’s digital working environment; for example, it digitized documents and transactions for finance, logistics, human resources and data analysis, as part of the future implementation of a global records management and archiving system.

The department managed institutional risks related to information security through the Information Security Board. Steps were taken to mitigate risks facing the implementation of information-management projects, particularly those linked to information security, data protection and corporate transparency. For instance, a global internal model for access rights to information was put into effect, enhancing the protection of strictly confidential information. In response to needs expressed by staff, a working group was set up to define and implement rules for the use of ICT systems that are not managed by the ICRC.

A new organizational model was launched to support information management in the field and facilitate the ICRC's digital transformation (see also *Office of the Director-General*). Testing started in October with the deployment of information management coordinators for the Asia Pacific region; the model will be replicated globally in 2019. The service centre for information management support, set up at the Belgrade Shared Services Centre in Serbia in 2017, increased its capacity to adapt to the new applications deployed.

The department issued new guidelines for blog posts, speeches, biographies and other publications by former and current staff members. A revised strategy for managing the ICRC's archives, records and library collections was drafted in line with the new institutional strategy and the Information Management Strategy 2018–2019. Adoption was planned for 2019.

LIBRARY AND PUBLIC ARCHIVES

The department continued to promote the use of the ICRC's archived resources internally and externally, and bolstered the identity of the ICRC Library as the go-to repository of IHL-related resources. It responded to over 2,800 internal and external requests for information and documents from the General Public Archives and Library and registered around 800 researchers. Fifty groups of visitors were also welcomed. The Tracing Archives received 2,150 queries, 1,200 of which were from victims of past armed conflicts and/or their relatives.

The blog CROSS-files (blogs.icrc.org/cross-files) featured new articles and digitized content, IHL bibliographies, and research guides aimed at facilitating online access to, and understanding of, the historical archives. Visits to CROSS-files increased by 32% compared to 2017.

Social media posts about the ICRC's history and collections helped heighten the visibility of its online resources among researchers, journalists and other audiences. Quarterly reports on online traffic showed that visits to the public portal of the audiovisual archives (avarchives.icrc.org) increased by 140% compared to 2017, totalling over 100,000. Visits to the First World War website (grandeguerre.icrc.org) increased by 16% compared to 2017, reaching over 110,000.

Historical and archival material and expertise were provided for three exhibitions held during the year in Belgium, Hungary and Switzerland.

PRESERVATION, RESEARCH AND INVENTORIES

The department continued to collect and preserve essential records throughout the year. It contributed to sound decision-making in operations and other areas by researching and analysing information from the archives.

On the basis of the ICRC's classified archives, 730 internal requests for documents were answered and 19 summaries and timelines produced. A new internal online tool called FOCUS made these summaries and timelines, linked to operational contexts or themes, more visible and accessible to ICRC staff around the world.

Measures were again taken to better secure the ICRC's archives in Switzerland – and thus avoid the loss of institutional memory. For example, individual archives related to German POWs during the Second World War, amounting to some 2 km of files, were repackaged ahead of a move to new premises. A new contingency plan for the archives in the event of a disaster was put in place for 2019.

INFORMATION AND COMMUNICATION TECHNOLOGY

The department's ICT activities, driven by the Information Environment Strategy 2018–2023 and the associated road map and master plan, continued to contribute to the ICRC's operational effectiveness. The department supported the digitalization of operations and the management of ICRC data as an asset, and responded to the growing use and mobility of personal devices and the need for better cybersecurity management. A multi-year overview was launched of prospective developments in the ICRC's information systems, including those related to budget planning, project prioritization and integration, and business continuity risk management.

The department continued to safeguard the integrity and security of the organization's ICT assets. It conducted compliance checks to ensure that ICT software, hardware and systems conformed to ICT rules and regulations, and promoted awareness of information-security risks among staff. In November, for example, 140 ICRC staff members attended a two-day workshop on cybersecurity awareness organized by the department; an online question-and-answer session allowed those who could not attend to learn more about information security.

BUSINESS CONTINUITY OF ICT SYSTEMS

The department sustained efforts to ensure that over 15,000 users, in the 90 countries where the ICRC operates, had consistent access to a stable ICT system. The Belgrade Shared Services Centre continued to provide 24-hour ICT support to ICRC staff worldwide and increased the number of ICT applications supported, from 146 in 2017 to 193. It enhanced service delivery, in line with defined service-level agreements for global ICT services: 94% of calls were answered (target: 95%), unresolved issues fell to 6%, and global ICT services reached almost 100% availability.

CONTRIBUTION TO BUSINESS TRANSFORMATION

The department continued to deliver projects with an ICT component to meet changing business needs. These included new ICT infrastructure and business tools and the digitalization of internal processes, which helped the organization improve its management of digital communication, finances, human resources, logistics and operations. Projects launched included a social collaboration network, a new planning and monitoring tool (see *Office of the Director-General*), an IHL mobile app, payroll software, and a treasury management system.

The department commissioned external assessments of ICT projects and activities to ensure it had an objective view and a full picture of their performance.

HUMAN RESOURCES

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

In 2018, the ICRC had 17,672 staff members working around the world: 14,134 resident¹ and 2,498 mobile employees in the field, and 1,040 staff at headquarters.

PEOPLE MANAGEMENT TRANSFORMATION

The Human Resources (HR) Department continued to transform its structure and services to make it fit for its purpose: to efficiently and effectively meet the organization's HR needs as it assists people affected by armed conflicts and other situations of violence. This transformation is centred on empowering staff and fostering their personal and career growth, and on assisting managers to build their people-management capacities.

In January, the department launched the new performance management and development structure, which enabled staff to set individual objectives aligned with the ICRC's mission, and promoted quality dialogue between employees and their managers.

Other changes in the department included the introduction of the new job-grading and rewards system and the implementation of updated collective staff agreements (see *Compensation and benefits* below). The creation or reinforcement of staff associations for resident personnel around the world paved the way for a more meaningful engagement on issues of concern.

With the launch of HR Space in 2017, all HR functions and information were consolidated in a single online platform. Close to 5,000 HR documents were digitized, allowing personnel to access the information online.

The department drew on its network of HR managers and its field HR services to continue accompanying staff and managers during the transition process. It organized dissemination and training sessions for all employees on the above-mentioned changes and on such topics as institutional mechanisms for preventing or dealing with harassment (see *Framework and compliance* below).

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

ONGOING SERVICE DELIVERY

HR Operations Division

The division focused on supporting the organization-wide implementation of the People Management transformation process, while continuing to provide professional strategic and operational HR support to managers and staff. It also supported the establishment of staff associations in delegations and the roll-out of the new Code of Conduct framework.

Fifty mobile and resident HR managers located in as many delegations addressed the needs of all ICRC staff worldwide. In coordination with other HR units, they responded to emergency staffing needs at the regional level by temporarily deploying available resident and mobile staff in the field.

A new Headquarters Mobility Initiative was launched at the end of the year to determine which specific roles at headquarters require field experience and which could be put up for regular rotation. The division continued to support the implementation of the Corporate Services Initiative, which entails the decentralization of various tasks and optimization of operations at headquarters, in compliance with the 2015–2018 redundancy scheme.

HR Services Division

In addition to providing administrative services through the Manila Shared Services Centre in the Philippines, the division arranged all field missions for ICRC staff while striving to ensure timely and cost-effective travel conditions. It responded to 93.7% of the 130,230 queries it received from employees during the year. It continued to monitor the application of HR guidelines and to update HR documentation, processes and procedures.

The division oversaw the dematerialization of nearly 5,000 HR files (some 670,000 pages) as the organization shifted to online storage and access via HR Space.

Global Talent Management Division

The division actively recruited headquarters and mobile staff and maintained an online compendium of internal job openings, which are key to the development and growth of staff members. The HR marketing service – based in headquarters and with positions in eight delegations worldwide – intensified its efforts to build professional networks on social media, with a view to modernizing its outreach activities.

1. Daily workers not included.

The division enhanced its capacities to forecast the organization's global staffing and development needs: it strengthened the quality and reliability of data used for workforce planning and succession, and rolled out online tools for assessing, selecting and managing staff, thus improving talent planning and sourcing.

The Career Development Unit expanded its career coaching and development services across the organization. It prioritized helping managers, HR practitioners and other staff refine their abilities to implement or adapt to the People Management transformation process.

Learning and Development Division

The division continued to support the professional skills development of the ICRC's global workforce. It set up an organization-wide learning and development model and helped other departments design and build their learning programmes. The integrated model provides both cross-cutting and role-specific learning and development opportunities for staff members, in line with the new performance management and development structure.

A total of 8,460 staff members took part in institutional training courses conducted by the division. These included a revised safety and security training course (see *Operations*), an online session on the ICRC Code of Conduct (see also *Office of the Director-General*) and the updated ICRC Management Programme that aims to help managers develop skills related to managing people, projects and resources. New employees participated in the staff integration course at the ICRC's Learning and Development Regional Units in Colombia, Jordan, Kenya, Thailand and Senegal. ICRC managers attended all three modules of the ICRC's Humanitarian Leadership and Management School; the number of participants reached 1,000 in December. Thanks to the partnership between the ICRC and the University of Lucerne (Switzerland), staff taking the modules could obtain academic accreditation from the university, and those who completed all the modules could go on to pursue the university's Masters in Humanitarian Leadership.

The ICRC continued to encourage staff members' professional development through the Individual Development (iDevelop) programme. Launched in 2014, iDevelop supplements institutional training by providing funding for external training, coaching and career assessment; the iDevelop budget allocated for each staff is renewed after a set four-year cycle. Initially available only to staff members that met the grade-level requirement, iDevelop was offered to all staff members as it entered its second cycle in 2018, along with a higher budget allotted for each staff. A total of 2,147 staff members had their requests approved, for a total amount of CHF 9.6 million. Requests came from 300 mobile and 1,574 resident field staff, and 273 headquarters staff, underscoring the continuing interest and engagement of staff in the programme.

CENTRES OF EXPERTISE

Compensation and benefits

With the new job-grading system, the generic roles of all ICRC staff are centralized in a single role grid; this helps clarify the responsibilities of, and competencies required for, each

position and facilitates recruitment, workforce planning and other HR processes. The new rewards system includes updated salary scales and compensation and mobility policies.

Framework and compliance

With a view to mitigating major institutional HR risks, the centre designed and implemented control measures and related staff training; it also defined a process management framework to identify control deficiencies and risks. It worked in closer coordination with the organization's other compliance structures, such as Internal Audit and the Global Compliance Office (see *Office of the Director-General*). During a joint field visit in Côte d'Ivoire with the Financial Resources and Logistics Department, it provided guidance to the local HR team on managing high-risk financial processes. When required, the centre conducted internal investigations and deployed disciplinary measures.

The centre took steps to consolidate reference documents on HR policies adopted by delegations – reflecting needs in the field and complying with domestic labour laws and practices – and make them more accessible to staff.

Staff health

The centre continued to implement the 2015–2018 staff health strategy, as part of the ICRC's duty of care towards its workforce. For instance, it updated health and social security policies and continued to identify suitable medical screening and emergency evacuation providers, with a view to outsourcing such services. Additional health personnel in the field progressively reinforced the Geneva-based team of doctors and nurses providing preventive and curative health care to all ICRC staff and their families, and psychosocial support to ICRC personnel. Where needed, stress advisors based in the field or at headquarters delivered supplementary assistance to staff.

The centre helped manage several security incidents in the field (see *Operations*) and provided ongoing support to the families of the ICRC staff concerned.

DIVERSITY AND INCLUSION

The department continued to implement the institutional framework on diversity and inclusion in the workplace. It coordinated with various departments at headquarters and with delegations, and analysed data, in order to define actionable priorities with a focus on improving gender balance among managers.

COOPERATION WITH NATIONAL SOCIETIES

Staff on loan from partner National Societies represented 9% of the ICRC's total mobile workforce in 2018; the Swedish Red Cross was the biggest provider of fully funded staff on loan. Dedicated ICRC recruiters were assigned to key staff-on-loan partners such as the Australian Red Cross and the British Red Cross. The department also pursued partnerships with other National Societies, with a view to bringing in more staff.

FINANCIAL RESOURCES AND LOGISTICS

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

In 2018, the scale of the ICRC's operations and financial growth again required the Department of Financial Resources and Logistics to step up its efforts to raise funds, manage finances and infrastructure, and purchase and deliver goods and services. The ICRC began the year with an initial budget of CHF 2.02 billion. Increased needs during the year were met through several budget extensions, which amounted to CHF 25.8 million for field operations and CHF 9.1 million for headquarters. The budget extensions brought the total budget to CHF 2.06 billion. Total expenditure amounted to CHF 1.93 billion, yielding an implementation rate of 94.1%. Despite a good level of contributions from its donors, the ICRC recorded a consolidated deficit of CHF 30.7 million, which included a deficit for field operations that the organization was able to cover using the positive balance brought forward from 2017.

The department pursued initiatives to diversify funding sources and to curb the tendency of donors to earmark their contributions. It continued to help shape the future of humanitarian funding, helping the ICRC to fulfil its commitment, for instance, to the Grand Bargain¹ by publishing a report on its activities on the Grand Bargain platform.

The department remained involved in projects aimed at improving organizational efficiency, particularly with regard to financial management and logistical capacity. The Operational Supply Chain Agile and Reliable (OSCAR) project, a logistics-finance solution launched in 2014, covered 87% of the ICRC's worldwide procurement value at the end of 2018 – 7% above the established target. OSCAR was concluded in December

as the ICRC prepared to transition to a new project aimed at further system improvements. The Logistics Transformation Project² was completed as planned.

In 2018, all ICRC delegations were mandated to implement the organization's Framework for Sustainable Development.

FINANCE AND ADMINISTRATION

FINANCIAL MANAGEMENT

The Finance and Administration Division endeavoured to provide ICRC management and leadership with relevant, trustworthy and timely financial information to aid decision-making. For instance, it equipped the ICRC's governing and decision-making bodies with dashboards providing strategic insights on budgets, expenditure and funding. It also helped the Directorate manage financial risks and steer the institution towards meeting its financial needs by providing relevant and timely financial forecasts and strategic advice.

As part of broader due-diligence efforts to reinforce transparency and accountability to donors, the division contributed to a review of the organization's risk management and internal control mechanisms (see also *Office of the Director-General*). It also worked to ensure continued and unrestricted adherence to the International Financial Reporting Standards (IFRS).

The division continued to roll out the Financial Regulatory Framework in all delegations, in order to reinforce compliance and quality assurance across the organization; adherence to the Framework was the primary mechanism by which the ICRC prevented fraud and managed risk. The division continued to strengthen its central control and review unit at the Manila Shared Services Centre, in the Philippines, through detailed process-risk mapping and control design. The ICRC's compliance and review mechanisms at the centre were audited by donors' auditors.

OSCAR implementation required substantive reworking to update audit controls in the organization and leverage enterprise resource planning functionalities. To reinforce process integration for greater control efficiency and effectiveness, and as part of the implementation of the internal control framework approved by the Directorate, plans were made to merge, from 2019, the financial and logistics audit teams

1. The Grand Bargain is a set of proposed reforms put forward by major donor countries and humanitarian organizations to improve the efficiency and effectiveness of humanitarian financing.

2. This project, initiated in 2015 and concluded mid-2018, successfully introduced a new organizational model, which maintains strategic functions at the central level while decentralizing procurement, storage, transport and delivery of transactional services to the ICRC's regional logistical hubs. This model was put in place in 2018 and will help fulfil the ICRC's Institutional Strategy 2019–2022.

into a single control, testing, and monitoring unit. The new unit will allow the ICRC to optimize a second line of defence against risk and fraud. As donors' requirements with regard to compliance are significantly increasing, the new unit will also ensure a more streamlined handling of donor and regulatory authority requirements concerning transparency, integrity and compliance.

To achieve greater cost efficiency for the ICRC, service provision for certain transactional activities – expense claims, treasury controls, and application user support – was relocated from Geneva to the Manila Shared Services Centre.

The division began to define the scope of a transformational project which aims to review the division's organizational footprint and its services, in order to facilitate the move to a truly global finance and administration function. Processes such as budgeting and forecasting have already been integrated into a single, rolling forecast–budgeting process supported by a global solution. As part of this endeavour, the division reviewed its practices and policies with regard to fixed and intangible assets, in order to support a stronger project management approach and an increased ability to have an end-to-end perspective on costs over the useful life of a project (notion of total cost of ownership).

Since 2001, the ICRC has disclosed its financial statements in full compliance with the IFRS. It continues to adapt its financial statements to new and revised reporting requirements. Its financial statements and internal financial controls are audited on an annual basis by a leading external and independent audit firm and have always received an unrestricted audit opinion. The ICRC deems this to be an integral part of its due-diligence obligation to provide donors with complete, robust and transparent financial information.

INFRASTRUCTURE MANAGEMENT

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

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

FUNDING³

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

The department completed the reorganization of the External Resources and Private Fundraising Divisions into a single Resource Mobilization Division to streamline fundraising. The new division began taking a “market approach” to fundraising, whereby governments, the private sector and National Societies in certain countries are approached in an integrated manner. As a next step, the division developed a project plan to upgrade its information systems in order to improve its business intelligence and enable it to manage donor relationships more efficiently and effectively.

While fundraising was centralized at the division level, delegations contributed to donor relationship management by sharing their reading of the situation on the ground and their technical expertise. They also played a key role in organizing field visits for donors. Resource mobilization focal points embedded in certain delegations enabled the ICRC to nurture donor relationships at field level.

Donors came forward with generous contributions to help the ICRC carry out its humanitarian activities in 2018. Despite this strong support, the ICRC registered a consolidated deficit of CHF 30.7 million. This deficit was due mainly to: a shortfall in the funding of field operations, which the ICRC was able to offset using the positive balance brought forward from 2017; and non-operating losses arising from the sudden and sharp decline of financial markets at year's end and from currency volatility, which the ICRC sought to mitigate by releasing reserves (see *The Financial Year 2018*).

BUDGETS

The ICRC's initial budget for its headquarters and field operations in 2018, presented to donors in December 2017, totalled CHF 2.02 billion; this was CHF 200.8 million more than the initial 2017 budget (CHF 1.82 billion). The increase was spread between the Appeals 2018: Operations, which rose to CHF 1.80 billion from CHF 1.61 billion in 2017, and the Appeals 2018: Headquarters, which rose to CHF 218.4 million from CHF 206.7 million in 2017. A separate budget of CHF 4.8 million was allocated for initiatives to foster innovation in the ICRC (see *Office of the Director-General*).

Over the course of the year, the ICRC adopted budget extensions for three delegations in response to additional humanitarian needs or shifts in the operational environment (see *Operations*): Bangladesh (CHF 5.1 million), Israel and the Occupied Territories (CHF 5.8 million) and Libya (CHF 15.0 million). These budget extensions amounted to an additional CHF 25.8 million, raising the field budget to CHF 1.82 billion.

Budget extensions amounting to CHF 9.1 million were also issued for headquarters-related activities, including: earmarked funded initiatives⁴ (CHF 3.4 million); the organization-wide

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

4. Initiatives that were not included in the initial headquarters budget but for which specific funding was proactively sought. To qualify, initiatives must be time-bound and represent a clear added value for the organization. This mechanism allows the ICRC to remain agile and able to respond to unplanned but nevertheless valuable opportunities that may arise during the year.

integrity work plan (CHF 1.4 million); and the Programme for Humanitarian Impact Investment⁵ (CHF 0.5 million). These brought the revised headquarters budget to CHF 227.5 million.

The total final budget (headquarters, field operations and innovation) for 2018 was CHF 2.06 billion.

EXPENDITURE

Overall expenditure (in cash, kind and services)
CHF 1.93 billion (including overheads)
Headquarters
CHF 221.8 million
Field operations
CHF 1.71 billion
Innovation
CHF 2.0 million

The total implementation rate – total expenditure (in cash, kind and services) divided by the total budget – was 94.1%.

The field implementation rate – total field expenditure divided by the final field budget – was 93.8% (compared to 92.6% in 2017 and 90.6% in 2016). The headquarters implementation rate – total headquarters expenditure divided by the final headquarters budget – was 97.5%. The implementation rate for innovation-related initiatives – total innovation expenditure divided by the final innovation budget – was 42.0%.

CONTRIBUTIONS

Total contributions received in 2018:
CHF 1.82 billion (in cash, kind, assets and services)⁶

The strong support of its donors, bolstered by the positive balance brought forward from 2017 for field operations, enabled the ICRC to meet its financial objectives at year's end.

Contributions from governments and supranational institutions that amounted to CHF 10 million and above in 2018 are listed in the table below; the 23 donors listed will constitute the Donor Support Group⁷ in 2019.

The ICRC's operational flexibility was preserved, as a number of governments continued to provide non-earmarked or loosely earmarked (region- and/or programme-earmarked)⁸ contributions. The level of earmarking nevertheless remained a concern. The ICRC continued to encourage donors to provide more flexible funding, emphasizing the importance of non-earmarked funds for undertaking neutral, impartial and independent humanitarian action (see *Flexibility in funding* below).

As in the past, the ICRC worked to diversify its funding sources (see *Diversity of funding sources* below). In 2018, governments accounted for 86.3% of total contributions (up from 82.2% in 2017 and 84.8% in 2016). Contributions from supranational organizations (including the European Commission) and international institutions (including the World Bank) totalled 8.9% (compared to 10.5% in 2017 and 9.9% in 2016). Contributions from National Societies fell to 1.9% (after having risen to 2.9% in 2017 from 1.8% in 2016). Despite ICRC efforts to further diversify its funding sources, the income from fundraising initiatives with the private sector was not at the expected level. Contributions from private and public sources decreased to 2.9% (from 4.5% in 2017 and 3.5% in 2016).

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

6. The figure for total contributions received in 2018 does not include donations made to the ICRC MoveAbility Foundation (formerly ICRC Special Fund for the Disabled).

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

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

In CHF millions						
DONOR (DSG member)	GRAND TOTAL	Cash – Headquarters	Cash – Field	Total cash	Total kind	Total services
United States of America	461.9	21.7	440.2	461.9		
United Kingdom of Great Britain and Northern Ireland	205.6	0.1	205.5	205.6		
Germany	174.3	2.2	172.1	174.3		
European Commission	161.0		161.0	161.0		
Switzerland	148.1	81.0	67.0	148.0		0.1
Sweden	74.8	11.0	63.8	74.8		
Norway	69.1	2.7	66.4	69.1		
Canada	63.8		63.8	63.8		
Netherlands	55.0	7.8	47.2	55.0		
Australia	38.6		38.6	38.6		
Denmark	37.4	3.3	34.0	37.4		
Kuwait	35.5	2.8	32.7	35.5		
Belgium	28.4	0.3	28.0	28.4		
Japan	25.2		25.2	25.2		
France	24.6		24.6	24.6		
Italy	19.6	3.8	15.8	19.6		
Ireland	16.1	0.3	15.8	16.1		
Austria	13.9	0.7	13.2	13.9		
Finland	12.7	1.2	10.9	12.1	0.6	
Luxembourg	12.4	1.6	10.8	12.4		
United Arab Emirates	10.7	0.1	10.6	10.7		
Spain	10.3		10.3	10.3		
New Zealand	10.3		10.3	10.3		

CONTRIBUTIONS IN RESPONSE TO THE HEADQUARTERS APPEAL

	Cash	Kind	Services	Assets
2018	CHF 149.3 million	CHF 0.0 million	CHF 3.0 million	CHF 0.0 million
2017	CHF 148.5 million	CHF 0.0 million	CHF 3.0 million	CHF 26.5 million
2016	CHF 143.4 million	CHF 0.0 million	CHF 3.0 million	CHF 0.0 million

Contributions for the headquarters budget totalled CHF 152.3 million⁹: CHF 145.1 million from 64 governments, CHF 1.7 million from 11 National Societies, CHF 0.3 million

from supranational and international institutions, and CHF 5.1 million from private and other public sources.

CONTRIBUTIONS IN RESPONSE TO THE OPERATIONS APPEAL

	Cash	Kind	Services	Assets
2018	CHF 1.66 billion	CHF 2.3 million	CHF 2.9 million	CHF 0.0 million
2017	CHF 1.63 billion	CHF 5.6 million	CHF 5.0 million	CHF 0.0 million
2016	CHF 1.50 billion	CHF 3.8 million	CHF 4.2 million	CHF 0.0 million

In total, CHF 1.66 billion⁹ were provided for ICRC field operations: CHF 1.42 billion by 47 governments, CHF 162.2 million by supranational organizations and international institutions (including the European Commission and the World Bank), CHF 32.1 million by 43 National Societies and the International Federation, and CHF 39.3 million and CHF 5.0 million by private and other public sources, respectively (including the canton of Geneva, Mine-Ex Stiftung, the Union of European Football

Associations (UEFA), members of the ICRC Corporate Support Group (CSG)¹⁰, and thousands of other private individuals, foundations and companies).

FLEXIBILITY IN FUNDING

Flexible funding, in the form of non-earmarked and loosely earmarked contributions, remains essential for the ICRC to fulfil its exclusively humanitarian mandate. It enables the

9. This figure does not include other operating income.

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

ICRC to rapidly deploy resources in sudden-onset crises; ensure continuity of response in protracted situations; take preventive action (including through its legal and policy engagement); and, in general, respond to needs as they arise irrespective of the level of political or media attention the situation attracts. To respond to a specific need expressed by donors in the earmarking work stream of the Grand Bargain initiative – which the ICRC convenes together with Sweden – the ICRC produced a report that outlined how non-earmarked contributions were allocated and ranked donor contributions according to their levels of earmarking.

The ICRC's ability to operate in a neutral and impartial manner decreases as levels of earmarking increase, to the detriment of the people the ICRC seeks to help. Furthermore, earmarked contributions are often accompanied by rigorous implementation timetables and stringently specific reporting conditions that in some cases compromise the independent nature of humanitarian action.

The table and analysis below show the earmarking levels for cash contributions.

2018 non-earmarked cash contributions
CHF 397.9 million / 22.0% (20.6% in 2017; 22.6% in 2016)
2018 loosely earmarked (region-/programme- earmarked) cash contributions
CHF 142.4 million / 7.9% (6.5% in 2017; 7.3% in 2016)
2018 country-earmarked cash contributions
CHF 1.02 billion / 56.5% (57.9% in 2017; 55.1% in 2016)
2018 tightly earmarked¹¹ cash contributions
CHF 245.2 million / 13.6% (15.0% in 2017; 15.0% in 2016)

At 22.0%, the proportion of non-earmarked cash contributions ("core funding") increased slightly from the previous year (2017: 20.6%; 2016: 22.6%; 2015: 26.0%; 2014: 27.4%), indicating that the trend toward increased earmarking may have stabilized. The bulk of non-earmarked and loosely earmarked funds – i.e. flexible funding – in 2018 was from the governments of Australia, Belgium, Canada, Ireland, the Netherlands, Norway, Sweden, Switzerland, the United Kingdom of Great Britain and Northern Ireland, and the United States of America (each of which contributed more than CHF 10.0 million in flexible funding).

Recognizing the legal and political barriers to providing fully non-earmarked contributions, the ICRC greatly appreciated the efforts of donors to provide flexibility by other means – for instance, by contributing to underfunded contexts or allowing funding to be carried forward to the following year.

PREDICTABILITY IN FUNDING

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

As part of organization-wide reform, the ICRC implemented new monitoring and planning processes at both headquarters and the field (see *Office of the Director-General*). The new planning and monitoring framework helped the ICRC estimate its future needs better and secure longer-term funding commitments from donors.

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

DIVERSITY OF FUNDING SOURCES

The ICRC remained reliant on a small number of donors for the bulk of its funding. In view of its universal mandate and worldwide activities, the ICRC continued to take steps to expand its community of donors to include support from Asia, Latin America, Central Europe and the Middle East. In 2019, the ICRC welcomes back to the DSG Kuwait, Spain and the United Arab Emirates, following their 2018 contributions (see *Contributions* above).

Total contributions
CHF 1.82 billion
80 government donors and the European Commission
CHF 1.73 billion / 95.2% (2017: 91.3%; 2016: 94.5%)
Top 10 donors (governments and the European Commission)
CHF 1.45 billion / 80.0% (2017: 78.7%; 2016: 82.7%)
Top 5 donors (governments and the European Commission)
CHF 1.15 billion / 63.4% (2017: 62.2%; 2016: 64.1%)

The number of contributing National Societies dropped to 45, compared to 54 in 2017, with overall contributions also decreasing significantly to CHF 33.8 million (2017: CHF 52.5 million; 2016: CHF 30.0 million).

The ICRC continued to raise funds from new donor countries and current donor countries' untapped budget lines, and to implement joint fundraising activities with National Societies. It sought to increase the funding received from private sources. Following the launch of the Programme for Humanitarian Impact Investment in 2017, the ICRC continued to work with various partners to develop innovative and sustainable humanitarian financing solutions. These needs-driven initiatives aim to use financial mechanisms to mobilize partners and capital as a means of achieving humanitarian impact in new, collaborative ways.

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

The division also engaged with international financial institutions to leverage opportunities for operational collaboration, knowledge exchange and humanitarian diplomacy.

PRIVATE SECTOR FUNDRAISING AND MOVEMENT ENGAGEMENT

Private fundraising efforts generated less than expected, bringing in CHF 52.5 million in contributions from private and other public sources (2017: CHF 81.6 million; 2016: 58.7 million), including CHF 18.0 million from individuals. In Switzerland, the ICRC's donor base included over 62,000 individual supporters who made a donation in 2018. Membership in the Friends of the ICRC group¹² stood at 176 people in 2018, from 196 people in 2017.

In 2018, the CSG consisted of the following: ABB, Adecco Group Foundation, Avina Stiftung, Credit Suisse, Fondation Hans Wilsdorf, Fondation Lombard Odier, Novartis, Novo Nordisk, Roche, Swiss Re Foundation, Vontobel and Zurich Insurance Group. In all, CSG members contributed CHF 13.7 million in 2018. In addition, they collaborated with the ICRC on institutional and operational projects. For instance, Fondation Lombard Odier, Credit Suisse and Swiss Re were actively involved in discussions with the ICRC and other partners on setting up new financing mechanisms to address funding gaps. Other CSG members contributed expertise and financial resources to projects in the field: the Adecco Group Foundation piloted a job acquisition and skills training programme and worked on expanding sports and inclusion activities within the ICRC's physical rehabilitation programme. Another example was the tripartite partnership established with the Danish Red Cross and Novo Nordisk to tackle non-communicable diseases in humanitarian crises.

The ICRC continued to engage the private sector: it encouraged the sector's support for the ICRC and emphasized the important role the sector played in addressing humanitarian concerns. This involved the ICRC's participation in a wide range of events, including the World Economic Forum. As part of building up its experience in digital fundraising, the ICRC also piloted new models for crowdfunding from private donors for very specific projects.

The ICRC continued to work with other Movement components to coordinate fundraising approaches. For instance, it contributed to the launch of a Movement-wide initiative called the Virtual Fundraising Hub¹³, aimed at helping Movement components make strategic investments in their fundraising efforts. Its collaboration with National Societies in private-sector fundraising, such as with the British Red Cross and the Hong Kong Red Cross, Branch of the Red Cross Society of China,

continued to build on common interests and to test opportunities for shared benefit. For instance, the British Red Cross and the ICRC delegation in London agreed to incorporate, from 2018 onwards, fundraising from high-net-worth individuals in their partnership framework. This cooperation proved to be mutually beneficial, leading to a significant increase in income. The Hong Kong Red Cross and the ICRC developed a humanitarian diplomacy training programme for young professionals to learn more about the Movement and career prospects in the humanitarian field. This and other joint activities with the Hong Kong Red Cross contributed to generating positive interest from new audiences in the ICRC's work.

The International Federation and the ICRC launched a One International Appeal (OIA) – a single appeal to fund activities carried out by both organizations and to support the National Societies concerned – in response to the Ebola outbreak in the Democratic Republic of the Congo. Following the OIA launched in 2017, the coordinated fundraising approach led by the ICRC was maintained for Nigeria, in response to the situation in Lake Chad, and for South Sudan. The ICRC also contributed funding and other services to International Federation programmes to strengthen the operational and organizational capacities of the National Societies in Myanmar, Ukraine and Yemen.

REPORTING TO DONORS

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

The ICRC Annual Report for 2017 was released in June 2018, followed shortly by the Special Reports on *Disability and mine action* and *Addressing sexual violence*.

Donors were informed of the ICRC's objectives and plans of action for the year in the Appeals 2018: Operations, the Appeals 2018: Headquarters (both issued in December 2017), the Special Appeals 2018 (*Disability and mine action* and *The ICRC's response to sexual violence*), and subsequent budget extension appeals. The ICRC continued to publish "mobilization tables" related to the Operations Appeal, to facilitate in-kind or cash-for-kind contributions from donors, and monthly financial updates covering February to November 2018. In October, it issued a Renewed Appeal, which presented the overall funding situation at that time for field operations, including the contexts with the highest outstanding needs.

The Midterm Report 2018 reported on the status – from January to June – of certain field contexts; the division continued to limit the number of reports produced for the midterm to those contexts in which notable progress had been made at that point. The present Annual Report covers the entire year and describes activities carried out in all field contexts and at headquarters, along with standard indicators and financial annexes.

The ICRC's Appeals for its headquarters and field operations in 2019 were launched in December 2018.

Throughout the year, updates on a range of topics kept donors abreast of the main developments in ICRC operations and related humanitarian issues and priorities. The division also

12. The Friends of the ICRC group is made up of individuals who each contribute between CHF 5,000 and CHF 49,999 to the ICRC in the course of one year.

13. The Virtual Fundraising Hub was established pursuant to Resolution 2 of the 2017 Council of Delegates. The Hub's activities include collecting and sharing fundraising data, best practices and lessons learnt, and creating a fund to provide seed financing for Movement components making strategic investments in fundraising – based on robust market and data analysis.

produced other documents and developed new ones – for example, facts and figures, briefs and weekly compilations of media articles – to meet donor needs more effectively. It updated existing documents to improve their readability and content: for instance, it launched the Midterm Report 2018 in a new format. The ICRC Extranet for Donors continued to provide donors with exclusive access to the abovementioned reports and documents.

The ICRC published a report on its activities on the Grand Bargain platform. In December 2018, it started publishing reports on its activities on the platform of, and according to the standards set by, the International Aid Transparency Initiative.

LOGISTICS

A GLOBAL NETWORK

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

The division procured CHF 565 million worth of goods and services, of which CHF 315 million worth of items were distributed to beneficiaries in 79 delegations. It managed a fleet of 22 aircraft, 5,624 other units (cars, trucks, trailers, generators), and over 210,000 square metres of warehouse space with a stock value of CHF 159 million at year's end.

The division continued to ensure that logistics positions at headquarters and in the field were staffed in a timely manner and that the roles and responsibilities of various personnel across the global logistics set-up were appropriately defined and communicated. To support the growth in logistics, activities continued to be devolved from the Geneva Logistics Centre to the field centres, as intended in the framework of the Logistics Transformation Project; the project was completed as planned.

The division continued to implement its Logistics Learning Programme, launched in 2017, aimed at providing additional training and professional development support to logistical staff.

In line with the OSCAR project, the Oracle/JD Edwards enterprise resource planning system was deployed in seven more delegations, including two with very large operations: the Syrian Arab Republic and South Sudan. At the end of 2018, Oracle/JD Edwards was in use in 23 delegations, representing 87% of ICRC global procurement activity: this was 7% higher

than the project's target. With the target surpassed, the OSCAR project was officially concluded: it had established a solid backbone and a robust operational support structure enabling the institution to conduct its logistical activities efficiently and in conjunction with its financial activities, for the long term. The system continues to be deployed in the remaining sites holding 13% of the ICRC's global procurement value, under a new project that aims to further improve the user experience and system sustainability via simple, web-based interfaces.

To support organizational efforts to bolster quality assurance and risk and compliance management, the division continued to institutionalize fleet safety, air operations safety and safety standards for handling pharmaceutical products, in close coordination with the Global Compliance Office (see *Office of the Director-General*). The division strengthened the Fleet Safety Network – comprising focal points tasked with promoting fleet safety in their respective workplaces – and introduced it in all major delegations. It deployed the air operations management software worldwide and organized the institution's first air safety management review. It also published a policy on the handling of pharmaceutical goods and took further steps along the roadmap for implementing the policy on good distribution practices. The compliance and risk management unit for logistics at the Manila Shared Services Centre introduced several tools and projects to support these efforts (see also *Financial management* above).

The division pursued initiatives to reinforce process ownership, change management, internal and external communications, and knowledge management as part of its strategic priorities. In particular, owners were identified for all business processes underpinning the division's activities, and were formally tasked with the maintenance of all knowledge assets related to their business processes. This helped to structure activities and support ongoing transformations within the division. The logistics manual was fully updated and officially launched. The division continued to update business intelligence and data management dashboards, processes and tools (see *Communication and information management*) to enable evidence-based management of daily operations and fast and reliable internal and external reporting. It further enhanced the ICRC's access to additional knowledge or resources pertinent to the delivery of humanitarian aid by strengthening partnerships with other Movement components, other humanitarian agencies, private organizations and academic institutions. For instance, with the International Federation and certain National Societies, it developed a plan of action for improving the effectiveness and efficiency of the Movement's logistical response during major crises. It also helped the ICRC fulfil its commitments under the Grand Bargain and other projects.

The review of the institutional procurement strategy progressed, and several review recommendations were implemented. The division prepared new projects and strategies to align logistics activities with the Institutional Strategy 2019–2022 and support its implementation.

SUSTAINABLE DEVELOPMENT

The Sustainable Development Unit continued to drive the organization's ongoing implementation of the Sustainable Development Strategy over the period 2018–2022. Founded on a rigorous methodology, the strategy more tightly integrates environmental indicators into decision-making, thus guiding delegations to tackle sustainability. A roadmap was developed to help the organization mitigate any potential large-scale environmental impact linked to its activities and practices.

In 2018, all ICRC delegations were mandated to implement the sustainable development programme. They monitored environmental data in order to design projects to reduce their electricity and water consumption, optimize paper usage, reduce carbon emissions and improve waste-management practices. A competency centre – called the “Green Tech Lab” – was set up to support the delegations on three key topics: data analysis, energy efficiency and renewables, and waste management.

In order to share best practices among humanitarian organizations, the sustainable development team, with the International Federation, developed an online course on “Sustainable Development in Humanitarian Action” in the massive open-source course (MOOC) format. The course aims to train humanitarian practitioners in sustainable development principles and practices, using case studies, exchanges of experience and interactive learning. The course was designed to offer concrete solutions to the environmental challenges that humanitarian organizations face on the ground; it touches on social and economic challenges as well and seeks to demonstrate how to integrate a sustainability perspective in the context of emergencies. Registration for the course began in December.

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

OPERATIONS

ICRC AROUND THE WORLD

AFRICA

AMERICAS

ASIA AND THE PACIFIC

EUROPE AND CENTRAL ASIA

NEAR AND MIDDLE EAST

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	147,488
RCMs distributed	137,210
Phone calls facilitated between family members	1,002,856
Tracing cases closed positively (subject located or fate established)	7,020
People reunited with their families	1,006
<i>of whom unaccompanied minors/separated children</i>	840
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	1,352
Detainees in places of detention visited	1,020,088
<i>of whom visited and monitored individually</i>	31,531
Visits carried out	3,773
Restoring family links	
RCMs collected	29,574
RCMs distributed	13,499
Phone calls made to families to inform them of the whereabouts of a detained relative	36,674



ICRC headquarters



ICRC delegation



ICRC regional delegation



ICRC mission

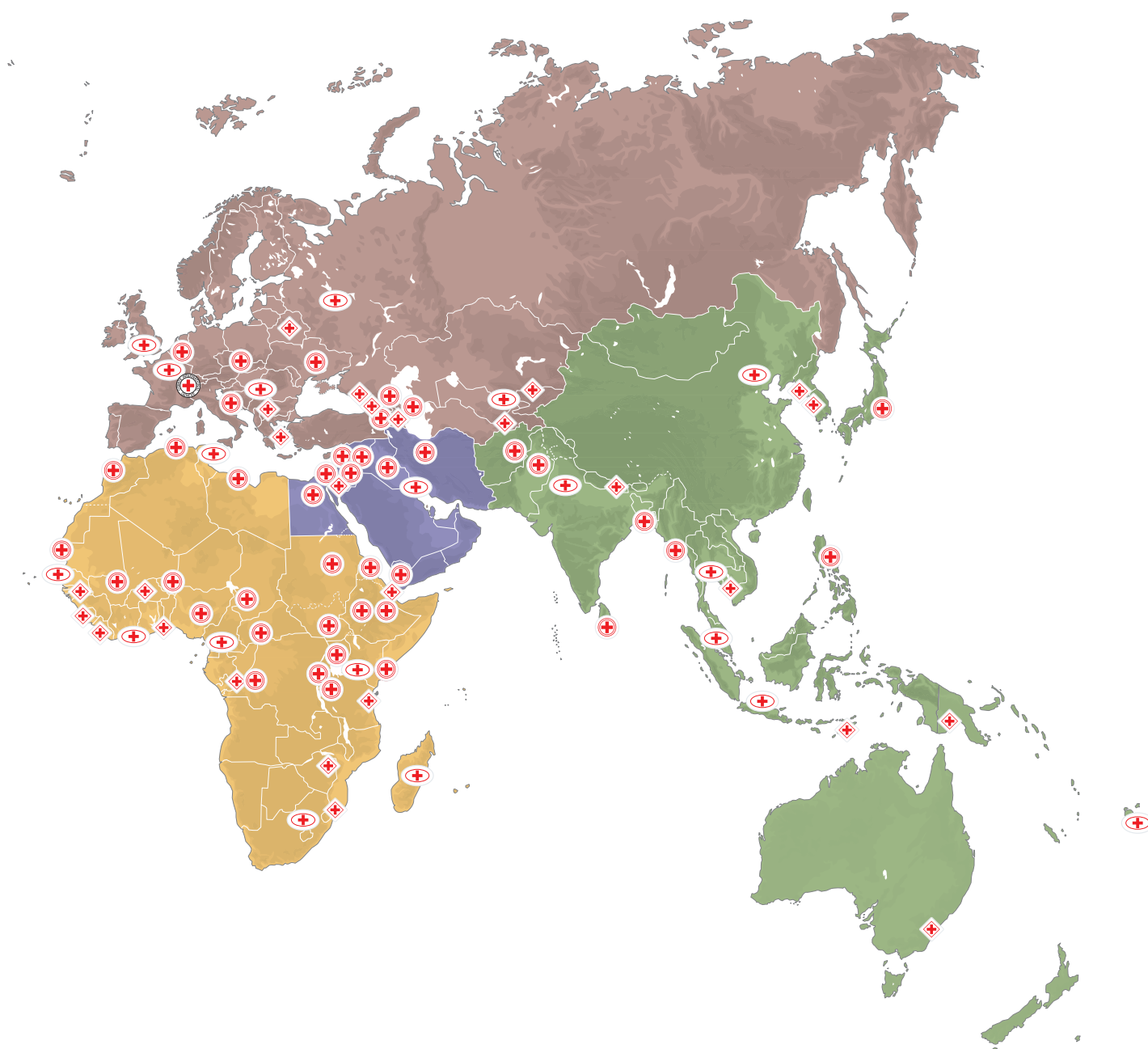


ASSISTANCE		Total
CIVILIANS		
Economic security		
Food consumption	Beneficiaries	7,316,707
Food production	Beneficiaries	5,065,945
Income support	Beneficiaries	789,931
Living conditions	Beneficiaries	5,032,133
Capacity-building	Beneficiaries	23,313
Water and habitat		
Water and habitat activities	Beneficiaries	34,855,090
Health		
Health centres supported	Structures	464
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures	399
Physical rehabilitation		
Projects supported	Projects	189
People benefiting from ICRC-supported projects	Aggregated monthly data	487,700
Water and habitat		
Water and habitat activities	Beds	20,488

EXPENDITURE IN KCHF	
Protection	302,353
Assistance	1,123,323
Prevention	168,474
Cooperation with National Societies	99,304
General	17,356
Total	1,710,810
<i>Of which: Overheads</i>	<i>104,056</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	94%

PERSONNEL	
Mobile staff	2,498
Resident staff (daily workers not included)	14,134



OPERATIONAL HIGHLIGHTS



Q. Almoayed/ICRC

Yemen, Dhamar, Wusab Assafil district. ICRC distributes food parcels to internally displaced people.

CONFLICT ENVIRONMENTS AND CHALLENGES FOR HUMANITARIAN ACTION

Armed conflicts and other situations of violence affected millions of people around the world in 2018, for instance, in the Syrian Arab Republic (hereafter Syria), South Sudan, Iraq, Yemen and in northern Central America. While some conflicts received significant media attention, others were largely ignored. In all of these situations, people faced unbearable hardship, made tough choices, and showed resilience and ingenuity in dealing with the most difficult of circumstances.

Today's operating environment is marked by the expanding and increasingly pervasive effects of conflict. It is characterized by instability and by dramatic shifts in power dynamics. While some of the least-accessible areas in conflict situations remain rural, wars are also being waged in urban areas and the digital sphere, and increasingly, by international coalitions and by proxy. Conventional weapons are readily available and new weapons, such as autonomous weapons, are becoming more accessible. Violence-driven migration is on the rise.

Protracted conflicts have become the new norm. These conflicts eat away at the very fabric of societies: they hamper access to essential services, damage or destroy vital infrastructure and weaken existing social, political and economic systems. In such situations, humanitarian action can be needed for decades. People in the affected communities have immediate and longer-term needs and priorities: they want to live in security, to send their children to school, and to earn a living. The humanitarian consequences of protracted conflicts are seen in contexts such as Afghanistan, the Central African Republic (hereafter CAR), the Democratic Republic of the Congo (hereafter DRC) and Yemen.

Conflicts are, more and more, taking place in **urban environments**, where large-scale damage to, and destruction of, public infrastructure has a long-lasting impact on families and communities. Far less visible are the emotional and psychological scars that people may bear as a result of this violence. Cities in northern Central America and Mexico were among those affected in 2018.

The **root causes** of violence are, increasingly, overlapping. Humanitarian action is confronted with blurred lines between political and criminal violence, and often takes place in contexts marked by “terrorism” and counter-terrorism efforts. These elements make for a complicated operating environment in which traditional legal frameworks – such as IHL and international human rights law – are challenged, particularly by those seeking to lower the bar for respect for and implementation of the law. This underscores the need to focus on protection and prevention, including through humanitarian action aimed at influencing behaviour.

Climate change affects and will continue to affect people around the globe. It can exacerbate existing social tensions, and heighten economic and environmental risks and degradation. In many contexts, such as the Sahel, the nexus between conflict and climate change remained a potential vulnerability.

Internal conflicts created complex patterns of migration and displacement, and affected regional stability. For instance, the situations in Mali, Myanmar and Syria continued to affect their neighbouring countries. Millions of people worldwide continued to be displaced, mainly internally, by conflict or other circumstances. Millions also sought refuge in developing or middle-income countries. To address the specific needs of migrants along the main transit routes, the ICRC worked with National Societies across borders to ensure, *inter alia*, that migrants could access health care and family-links services.

In 2018, humanitarian agencies had to respond to short-term emergencies brought about by sudden violence, while assessing and addressing longer-term needs. For the ICRC, this entailed, for example, improving water systems and other infrastructure in urban areas; enabling access to services such as health care and education; using cash transfers to help people cover their basic needs; and helping people to start small businesses and thereby enhance their economic prospects. Amid complex conflict dynamics and prolonged insecurity, a people-centric approach to boosting resilience and building livelihoods was key.

OPERATIONS: REVIEW, APPROACH AND THEMATIC CHALLENGES

Together with its partners within the Movement, the ICRC responded to acute emergencies and to ongoing conflicts and other violence. It strove to address the needs of millions of people whose lives were suddenly devastated or who continued to suffer the effects of protracted conflict, chronic displacement, lack of access to essential services and the loss or detention of their loved ones.

The initial 2018 field budget was CHF 1.79 million. Budget extensions for three contexts (Bangladesh, Libya, and Israel and the occupied territories) increased the amount by another CHF 25.8 million, for a total of CHF 1,824.1 million, with a field implementation rate of 93.8%. The Rapid Deployment mechanism was activated once, in the DRC.

In terms of security, 2018 was a difficult year, for instance, in Afghanistan, Nigeria, Somalia, and Yemen. The operating environment again featured an increasingly fragmented battlefield and the proliferation – and, in some contexts, radicalization – of armed groups. Waning respect for IHL and for humanitarian action, criminalization, and the growing polarization between political and armed entities were also major factors.

Nevertheless, overall, the ICRC was able to step up its activities in several contexts. Its agility in this regard was exemplified in its scaled-up activities for the rising number of migrants in the Americas and its response to Ebola outbreaks in the DRC. The ICRC expanded its emergency response in Bangladesh and ramped up operations in Burkina Faso and elsewhere. It was able to work in closer proximity to violence-affected people in contexts such as Syria. It also saw the broadening of its activities in the Bolivarian Republic of Venezuela (hereafter Venezuela) along the border with Colombia. In some contexts, the ICRC remained the only, or one of few, humanitarian agencies on the ground, for example in some areas of northern and central Mali, eastern Ukraine, and on the front-line areas of the Nagorno-Karabakh conflict.

Numerous, simultaneous challenges tested the ICRC’s ability to maintain proximity to the people concerned. Engaging with key stakeholders remained essential, not only in relation to the ICRC’s acceptance and security, but also key protection concerns.

While the emergency needs arising from conflict and violence remained an entry point for its activities in 2018, the ICRC increasingly focused on addressing longer-term and intangible needs in its response to both acute and protracted situations. It sought concrete ways to facilitate impartial and safe access to services such as health care and education. It reinforced and diversified its multidisciplinary approach to understanding people’s needs, priorities, vulnerabilities and coping mechanisms in armed conflicts and other situations of violence, paying special attention to the specific concerns of children, women, detainees, persons with disabilities, IDPs and migrants. Drawing upon the findings of an external evaluation carried out in 2017, the ICRC adopted a new Strategy on Sexual Violence for 2018–2022. It bolstered activities aimed at helping victims/survivors of sexual violence and at influencing behaviour to prevent the occurrence of such abuses. It emphasized holistic responses to the needs of these victims/survivors, whether by providing services – including psychosocial support, medical treatment and material assistance – directly or working with other service providers to enhance their impact.

The ICRC acted as a neutral intermediary in negotiations and other initiatives across all continents and involving States and non-State armed groups; these ranged from the release of prisoners, the evacuation of civilians and the transfer of human remains to facilitating contact between parties to conflicts and cross-line operations. For instance, it acted as a neutral intermediary in the release of people formerly held by the government or armed groups in South Sudan, and in Colombia, in the release of civilians and security personnel.

The ICRC was also, in some contexts, one of the only agencies acting on certain humanitarian issues that were largely overlooked: it continued to address the needs of families of the missing in the Balkans, Georgia, Peru and elsewhere, including by helping facilitate the identification of human remains in the Falkland Islands/Islas Malvinas. It provided support to people affected by conflict in cities, for example, by strengthening urban water systems in the CAR, Iraq, Myanmar and the Philippines. In its dialogue with States, the ICRC highlighted the specific needs and vulnerabilities of foreign fighters and their families. In 2018, together with its partners in the Movement, the ICRC increased its focus on transregional migration in Africa and Europe.

People have always been at the centre of the ICRC's humanitarian response, and the organization recently took concrete steps to more systematically involve people affected by armed conflict and violence in the design, implementation and monitoring of its work. In November, the ICRC Directorate adopted the Accountability to Affected People Framework; subsequently, a self-assessment on accountability and diversity inclusion was tested across some delegations, and a network of focal points was established.

People affected by an armed conflict or violence increasingly identified access to education as a priority. Education is often one of the first essential services to cease during hostilities – and one of the last to resume once they end. It was against this backdrop that the ICRC started implementing the new Strategy on Enabling Access to Education 2018–2020. Focal points were established in several delegations, and the ICRC consolidated its partnerships with others working in this domain.

Partnerships – with Movement components and with local organizations – continued to play an increasingly important role in the design and implementation of humanitarian programmes. The International Federation, the National Societies and the ICRC improved their coordination, strengthening the Movement's response in many contexts affected by conflict and other forms of violence. In 2018, the ICRC worked closely with Movement components to respond to specific situations of armed conflict, for instance in Ukraine and South Sudan. It also adopted the Support to Movement Security framework, a key contribution to strengthening Movement cooperation and coordination.

The ICRC further explored innovative financing, the humanitarian-development nexus and new types of partnerships with development banks and other stakeholders.

The ICRC streamlined its operations in certain contexts, enabling it to step up its activities to respond to developments elsewhere. For example, it expanded its activities in Bangladesh, opened new field structures in Honduras and El Salvador, and upgraded its presence in Mozambique to help people affected by clashes. At the same time, it scaled down its operations in Chile, Paraguay, Zimbabwe and elsewhere; the ICRC delegation in Guinea became a mission reporting to the Abidjan regional delegation.

AFRICA

Serious security incidents, such as in Nigeria and Somalia, and various constraints – such as the volatile security situation in the CAR – affected the ICRC's activities in Africa. Nevertheless, the ICRC maintained or stepped up large-scale operations in countries such as the DRC and Cameroon, and responded to urgent needs in others, such as Burkina Faso and Libya.

The ICRC also sought to address the effects of ongoing conflicts on neighbouring countries. For example, while communities in Nigeria bore the brunt of attacks in that country, those in Cameroon, Chad and Niger were also affected and had to cope with the arrival of hundreds of thousands of refugees. In response, the ICRC scaled up its operations in all four countries and coordinated regional action with the pertinent National Societies. In the Sahel region, as needs mounted as a result of spillover from the situation in Mali, the ICRC assisted those affected in border areas in Burkina Faso and Niger. The ICRC's activities in both the Lake Chad and Sahel regions aimed to help violence-affected communities meet their emergency needs, and to assist them in strengthening their resilience.

Many people in South Sudan have lived the past few years on the run. Clashes continued, despite the renewed peace agreement, and nearly 4 million people were reportedly displaced within South Sudan or in neighbouring countries. Food shortages also continued to inflict suffering on hundreds of thousands of people. South Sudan was the ICRC's largest operation in Africa in 2018; key activities included providing food and health-care services, ensuring access to water and proper sanitation, and visiting detainees.

The ICRC worked closely with Movement partners to respond to the Ebola outbreaks in the DRC; it supported health-care services and worked to curb the spread of disease in places of detention. In Somalia, the ICRC was able to deliver assistance to people in places accessible to only a few other humanitarian organizations, and provided communities affected by conflict or natural disasters with emergency aid and support for restoring their livelihoods.

The ICRC scaled up its family-links activities in some contexts – for example, in Eritrea and Ethiopia, after border crossings were reopened – and migrants throughout the region made use of RCMs and phone call services to restore or maintain contact with their relatives. It also helped boost local capacities to manage and identify human remains in countries such as Burundi, helping families ascertain the fate of relatives missing in relation to migration, or to ongoing or past conflicts. The ICRC visited thousands of detainees across the continent and supported the authorities to improve their living conditions, like in Chad, Madagascar and Tunisia.

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

AMERICAS

Responding to the humanitarian consequences of ongoing and past armed conflict in Colombia, and armed violence in urban areas, remained one of the ICRC's priorities in the region. As a neutral intermediary, the ICRC continued to back the implementation of the 2016 peace agreement between the Colombian government and the Fuerza Alternativa Revolucionaria del Común (Common Alternative Revolutionary Force, the political successor of the Revolutionary Armed Forces of Colombia – People's Army, or FARC-EP), particularly in connection with the search for missing people.

As the situation continued to deteriorate in Venezuela, the ICRC increased its cooperation with hospitals, alongside activities aimed at helping particularly vulnerable groups such as minors, women and migrants. It supported the Venezuelan Red Cross, including branches located along the border with Colombia. In neighbouring countries, Central and North America, and beyond, the ICRC worked to help address migrants' needs. It engaged in regular dialogue with the authorities and provided assistance – information on self-protection, emergency aid, family-links services – to thousands along the migration routes, including those in the caravans.

In Mexico and in Central and South America, the ICRC worked with communities, local partners and authorities to develop programmes to protect and assist people affected by the consequences of armed violence, which included displacement, sexual violence and the disruption of public services, especially health care and education. In Nicaragua, the ICRC endeavoured to address humanitarian needs, including those arising from political protests, notably by helping the Nicaraguan Red Cross evacuate the injured.

The ICRC continued to visit detainees and to support the authorities' efforts to improve their treatment and living conditions. In El Salvador, it resumed prison visits to adult inmates in San Salvador after security measures imposed in 2016 were modified. It worked with governments and civil society in Mexico and elsewhere in the region to improve search mechanisms and protocols for missing persons, including migrants, and trained hundreds of forensic experts. In countries including Argentina, Colombia, Guatemala, and Peru, it continued to support the proper recovery and identification of human remains, with a view to helping families ascertain what had happened to missing relatives.

ASIA AND THE PACIFIC

The ICRC stepped up its operations in the Asia and the Pacific region, despite challenges. For instance, its activities in Afghanistan were affected by security constraints that emerged during the year. It worked to address humanitarian needs brought on by conflict, providing medical assistance, clean water and other aid to those most in need, and visiting detainees.

In Pakistan, the ICRC supported the continuum of care for violence-affected people – from basic health care to medical care and physical rehabilitation services – while promoting protection for these services.

The ICRC worked to assist those affected by violence in Rakhine State, Myanmar, including people who had sought refuge in Bangladesh. Together with the Myanmar Red Cross Society and the International Federation, it scaled up operations in Myanmar, including emergency aid and longer-term assistance, protection and prevention activities. In Bangladesh, together with the Bangladesh Red Crescent Society, it assisted people who had fled the violence and host communities, and people stranded along the Bangladesh–Myanmar border, providing emergency aid and family-links services, and ensuring migrants had access to health services and water and sanitation facilities.

In the Philippines, the ICRC responded to the needs of people affected by violence in Mindanao together with the Philippine Red Cross. It helped ensure access to essential services and family-links services, and supported the authorities in managing human remains.

The ICRC offered its services to the governments and National Societies in the Korean peninsula, including to help re-establish links for families separated during the 1950–1953 Korean War and to recover and identify human remains. In China, it continued to build its relationship with the authorities.

The ICRC regularly visited detainees throughout the region and supported the authorities' efforts to improve their welfare and living conditions, and ease severe overcrowding.

Hundreds of thousands of migrants across the region, including asylum seekers, faced terrible conditions and lost contact with their relatives; the ICRC and National Societies did their best to reconnect and reunite them with each other. The ICRC continued to work with the relevant authorities to find lasting and humane solutions for refugees on Manus Island, Papua New Guinea, and Nauru.

The ICRC kept up its dialogue with the authorities in the region, and with multilateral organizations, on IHL and other norms and on humanitarian issues. It enhanced its cooperation with Movement partners, strengthening emergency-preparedness.

EUROPE AND CENTRAL ASIA

The conflict in eastern Ukraine continued to have a severe humanitarian impact, with millions of people reportedly displaced and thousands killed since the crisis began in 2014. The ICRC continued to work in proximity to those affected; it was one of the few humanitarian agencies to do so. It proposed its services as a neutral intermediary and worked to improve conditions for those crossing the line of contact and to find solutions with regard to, for example, cases of missing persons and sustainable access to basic services. It continued to address emergency needs, while strengthening longer-term activities related to recovery and resilience, such as repairs to essential infrastructure and livelihood support.

The ICRC continued to respond to the needs arising from the Nagorno-Karabakh conflict and other unresolved disputes in the region. Its close proximity to the communities concerned enabled it to deliver a timely response. The ICRC ramped up

efforts to address the issue of missing persons and the consequences for their families in the western Balkans, and kept up similar efforts in contexts such as the northern Caucasus and Tajikistan. It visited detainees and supported the authorities' efforts to improve detention conditions in Kyrgyzstan and elsewhere in the region.

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

The ICRC pursued its dialogue with major countries involved in armed conflicts, or supporting parties to armed conflicts in other regions, to promote respect for IHL and to mitigate the humanitarian consequences of conflict and other violence. It engaged in dialogue with authorities to ensure that people arrested and detained on charges related to "terrorism" – and families of European citizens allegedly involved in fighting abroad – were treated in accordance with relevant national and international laws and standards.

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

NEAR AND MIDDLE EAST

In 2018, much of the world's attention focused on the Middle East, where relentless hostilities and unimaginable atrocities inflicted enormous hardship and suffering on millions of people. The ICRC helped provide support for those who remained in the countries concerned or had fled to neighbouring countries.

The ICRC's operation in Syria remained its largest worldwide. The ICRC worked closely with the Syrian Arab Red Crescent to respond to needs in government- and opposition-controlled areas: millions of people received food and household essentials and/or benefited from projects improving access to water. ICRC delegates visited detainees mainly in central prisons, and took steps to clarify the fate of persons who had been arrested or had gone missing.

Following years of intense fighting in Iraq, around 3.9 million people displaced by conflict reportedly returned home. However, some 2 million people within the country were unable to do so. The ICRC assisted millions of those most affected by the violence by distributing food and essential items, facilitating access to health care, and helping repair or rebuild water systems and health facilities. It also visited places of detention holding tens of thousands of detainees, including foreign nationals, and increased its support for government health projects. The ICRC helped dispersed families to reconnect with each other, and kept up its work related to people missing in connection with past conflicts involving Iraq.

Intensified hostilities in Yemen, coupled with restrictions on the movement of humanitarian aid, and economic and other factors, led to a sharp deterioration in the humanitarian situation. Millions of people struggled to obtain basic services and food. Attacks against humanitarian workers and facilities were reported. The ICRC strove to respond to the most urgent needs by providing emergency medical support and distributing emergency assistance. It continued to engage the different parties to the fighting in dialogue on the conduct of the hostilities and on detention-related issues.

In Israel and the occupied territories, the ICRC continued to support livelihood recovery for people in the Gaza Strip and the West Bank, and helped strengthen emergency preparedness. Responding to the needs of thousands of people wounded in demonstrations which began in March, the ICRC set up a surgical ward at a hospital which was run by an ICRC medical team. It visited detainees in Gaza and on the West Bank, and pursued its dialogue with weapon bearers on IHL and other applicable norms.

In Lebanon and Jordan, the ICRC continued to assist Syrian refugees and vulnerable host populations and pursued its dialogue with the authorities on, among other matters, the return of refugees to Syria. Its delegations in Egypt, the Islamic Republic of Iran and Kuwait sought deeper dialogue on humanitarian priorities and approaches with stakeholders in the region.

THE ICRC IN 2018 – FACTS AND FIGURES

PRESENCE

In 2018, the ICRC was present in more than **90 countries** through delegations, sub-delegations, offices and missions.

Its delegations and missions were distributed as follows:

Africa	36
Americas	14
Asia and the Pacific	20
Europe and Central Asia	20
Near and Middle East	10

PERSONNEL

The number of ICRC staff in 2018 was as follows:

Headquarters	1,040
Field: mobile staff	2,498
<i>of whom National Society staff</i>	<i>112</i>
Field: resident staff	14,134
Field: total	16,632
Final total	17,672

FINANCE

ICRC expenditure in 2018			
In millions	CHF	USD	EUR
Headquarters	221.8	227.3	192.0
Field	1,710.8	1,752.7	1,481.0
Innovation	2.0	2.0	1.7
The sub-total comes to CHF 1,934.6 million, of which field overheads account for CHF 104.1 million.			
Final total	1,830.6	1,875.4	1,584.7

Exchange rates: USD 1.00 = CHF 0.9761; EUR 1.00 = CHF 1.1552

15 largest operations in 2018 in terms of expenditure			
In millions	CHF	USD	EUR
1 Syrian Arab Republic	183.3	187.8	158.7
2 South Sudan	127.2	130.3	110.1
3 Iraq	119.5	122.4	103.4
4 Yemen	104.7	107.3	90.6
5 Nigeria	88.9	91.0	76.9
6 Congo, Democratic Republic of the	78.1	80.0	67.6
7 Afghanistan	72.2	73.9	62.5
8 Somalia	68.1	69.7	58.9
9 Ukraine	60.4	61.9	52.3
10 Myanmar	53.0	54.3	45.9
11 Israel and the Occupied Territories	51.2	52.5	44.3
12 Central African Republic	45.2	46.3	39.1
13 Mali	44.6	45.7	38.6
14 Lebanon	44.3	45.4	38.4
15 Libya	43.9	45.0	38.0

Exchange rates: USD 1.00 = CHF 0.9761; EUR 1.00 = CHF 1.1552

PROTECTION

VISITS TO DETAINEES

ICRC delegates visited **1,352 places of detention** holding 1,020,088 detainees, including those held in relation to armed conflicts and other situations of violence. A total of 31,531 detainees were monitored individually (1,847 women; 1,632 minors); among them, 15,460 detainees (928 women; 1,158 minors) were visited and registered for the first time in 2018.

Over 12,970 people received attestations of detention.

RESTORING FAMILY LINKS

The ICRC collected **177,062 RCMs** and distributed **150,709**, enabling members of families separated as a result of armed conflict, other violence, migration, detention or other circumstances to exchange news. Of these messages, 29,574 were collected from and 13,499 distributed to detainees.

The ICRC facilitated **1,002,856 phone and video calls** between family members, including migrants on the move and people with relatives detained abroad. It made **36,674 phone calls** to families to inform them of the whereabouts of a detained relative visited by its delegates. With support provided by the ICRC, **16,201 detainees** received visits from their families.

The ICRC established the **fate or whereabouts of 7,020 people** for whom tracing requests had been filed by their families. Its family-links website (familylinks.icrc.org) listed the **names of 12,304 people** with the aim of reconnecting them with their relatives. A total of **1,006 people** (including minors – see below) **were reunited** with their families. At the end of the year, the ICRC was still taking action to locate 139,018 people (12,068 women; 29,076 minors at the time of disappearance) at the request of their families.

The ICRC and/or the National Societies concerned registered **3,003 unaccompanied or separated minors** (993 girls), including 162 demobilized children (28 girls). Once their families had been located, and with the agreement of the children and their relatives, **840 children** (279 girls) were reunited with their families. By the end of the year, the cases of 5,237 unaccompanied minors/separated children (including 243 demobilized children) were still being handled, which involved tracing their relatives, maintaining contacts between the children and their families, organizing family reunification and/or identifying other long-term solutions for the children concerned.

ASSISTANCE

ASSISTANCE SUPPLIES

In 2018, the ICRC delivered the following assistance supplies (purchased or received as in-kind contributions)		
Relief items		CHF 213 million
Top 10 distributed items		
Food parcels (5 people/1 month)	2,370,644 parcels	
Food parcels (1 person/1 month)	377,467 parcels	
Hygiene parcels (5 people/1 month)	744,406 parcels	
Kitchen sets	220,758 sets	
Blankets	1,283,202 units	
Tarpaulins	379,673 units	
Matting	440,361 units	
Rice	47,857,914 kilograms	
Beans	7,379,027 kilograms	
Oil	2,208,263 kilograms	
Medical and physical rehabilitation items		CHF 57 million
Water and habitat items		CHF 37 million
		CHF 307 million
	TOTAL	USD 315 million
		EUR 266 million

Exchange rates: USD 1.00 = CHF 0.976; EUR 1.00 = CHF 1.1552

ECONOMIC SECURITY

The ICRC, often in cooperation with National Societies, worked to enhance the economic security of vulnerable individuals, households and communities: IDPs, residents, returnees, refugees – including those in hard-to-reach areas – and people deprived of their freedom.

7,399,899 people received **food aid**, whether through food distributions, cash transfers, vouchers or other support; approximately 63% of them were IDPs.

5,530,641 people were given hygiene kits, basic household items or other aid to improve their **living conditions**.

As a neutral intermediary, the ICRC facilitated the **transfer or repatriation of 1,098 people**, including 219 detainees after their release, and the **remains of 2,249 people**. It delivered **official documents** of various types (e.g. passports, power-of-attorney documents, death certificates, birth certificates, marriage certificates) across borders and front lines to 1,136 people. ICRC-issued **travel documents** enabled **1,372 people** to return to their home countries or to settle in a host country.

A total of **654,412 people** contacted ICRC offices worldwide for family-links services or other related concerns.

FORENSICS

The ICRC carried out forensic activities in more than **70 contexts** to ensure the proper and dignified management of human remains and to help prevent and resolve cases of missing persons. Activities consisted primarily of promoting best practices in collecting, analysing and managing forensic data, and in recovering, managing and identifying human remains in the context of armed conflict, other situations of violence, natural disasters or other circumstances, such as shipwrecks involving migrants. Training and information sessions helped build local and regional forensic capacities.

5,065,945 people received support for **food production**, primarily through material, financial or technical assistance for crop cultivation, fishing or livestock breeding.

789,931 people benefited from **income support**, such as cash-for-work projects, seed money or raw materials for micro-economic initiatives, and other assistance aimed at protecting, restoring or augmenting their household income.

32,427 people benefited from **capacity-building** initiatives – e.g. skills training, support for community-based cooperatives – that boosted their livelihoods or employment opportunities.

WATER AND HABITAT

ICRC engineers and technicians, often with local authorities and communities, built or rehabilitated water-supply systems, sanitation facilities and other essential infrastructure. This resulted in clean water for drinking or irrigation, reduced health risks or generally better living conditions for **34,855,090 civilians** (residents, IDPs, returnees, refugees) and **365,869 detainees**.

Infrastructural repairs also contributed to improving services at health facilities with a total capacity of **20,488 beds**.

HOSPITAL SERVICES, FIRST AID AND PRIMARY HEALTH CARE

During the year, the ICRC supported – regularly or on an ad hoc basis – **399 hospitals**. ICRC personnel provided on-site support or directly monitored activities at **72** of these hospitals, where **30,966 surgical admissions for weapon wounds** were registered and **159,813 operations** were performed. Admissions for women or girls receiving **gynaecological/obstetric care** totalled to **45,366**.

The ICRC conducted **6,006 first-aid training sessions** for over **136,600 people**, including National Society volunteers.

The ICRC also implemented community health programmes, in many cases with the help of National Societies. It supported **464 primary-health-care centres** (covering an estimated population of **14,046,372 people**, on average), where **5,199,187 curative consultations** (children: 26%; women: 26%) and **446,266 antenatal consultations** were carried out.

ICRC staff checked on the health situation of detainees in **490** places of detention and supported **168** health facilities in these places.

PHYSICAL REHABILITATION

People with physical disabilities received good-quality rehabilitative services and support for their social inclusion through **189 projects** – including physical rehabilitation centres, component factories and training institutions – supported by the ICRC.

A total of **457,050 people¹** obtained mobility devices, physiotherapy or other services at ICRC-run/supported physical rehabilitation centres. Training for local technicians, some of whom had physical disabilities themselves, aimed to ensure sustainable service delivery.

Through ICRC-supported projects: **12,412 new patients** were fitted with **prostheses**, and **50,804** with **orthoses**; **24,915 prostheses** and **101,981 orthoses** were produced and delivered (of which 5,934 and 399 were for mine victims, respectively); and **7,240 wheelchairs or tricycles** were distributed, most of them locally manufactured.

The ICRC also promoted the social inclusion of physically disabled people: **26,226 people** benefited from referrals to economic programmes; **1,146 people** received support for their education; **2,710 people** participated in sporting activities with the help of specialized wheelchairs, special events or other assistance; and **568 people** took part in vocational training.

WEAPON CONTAMINATION

The ICRC carried out activities for people living in areas contaminated by mines and explosive remnants of war in **51 countries and territories**. These included mine-risk education sessions, collecting and analysing data on mine-related incidents and contaminated areas, clearance activities and training for local actors. The ICRC also worked with the UN and NGOs to further develop and strengthen international mine-action standards and coordination.

COOPERATION WITH NATIONAL SOCIETIES

ICRC delegations implemented wide-ranging activities in cooperation with National Red Cross and Red Crescent Societies. These activities were implemented in close coordination with the International Federation of Red Cross and Red Crescent Societies and with National Societies working internationally. An important dimension of the ICRC's collaboration with National Societies aimed to strengthen the latter's capacities to carry out their activities either independently or jointly with the ICRC.

In 2018, the total expenses devoted to cooperation with National Societies in the field amounted to **CHF 99.3 million**.

PREVENTION

STATE PARTICIPATION IN IHL TREATIES AND DOMESTIC IMPLEMENTATION

The ICRC continued to pursue active dialogue with national authorities worldwide in order to promote State ratification of or accession to IHL treaties and their domestic implementation. It provided legal and technical advice to governments and supported them in their endeavours to establish interministerial committees entrusted with the national implementation of IHL. At the end of 2018, there were **112 national IHL committees** worldwide, and several others were in the process of being created.

The ICRC organized or contributed to at least **47 regional events** related to IHL and its implementation in domestic law and policy. Representatives of governments, academic institutions and civil society from many countries attended these events.

This work contributed to **53 ratifications of or accessions to IHL treaties** or other relevant instruments (or amendments to them) by 38 States. In addition, at least 13 countries adopted or amended **35 domestic statutes**, and several countries prepared draft legislation, to implement IHL and other relevant instruments.

1. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

RELATIONS WITH WEAPON BEARERS

Throughout the year, ICRC delegates engaged in dialogue with weapon bearers – including State forces, peacekeeping troops and members of non-State armed groups or coalitions of armed groups – with a view to promoting respect for IHL and other applicable norms, broadening understanding of the ICRC’s mandate and activities, and facilitating safe passage for ICRC staff in the field.

Specialized ICRC delegates also conducted or took part in courses, workshops, round-tables and exercises involving military, security and police personnel in various countries.

- **Over 100 high-ranking officers from 80 countries** attended the Senior Workshop on International Rules governing Military Operations, held in Abu Dhabi, United Arab Emirates.
- A total of **72 military officers from 32 countries** around the world received ICRC scholarships to attend IHL courses in San Remo, Italy.
- In Peru, the national police force, the interior ministry and the ICRC organized a colloquium for Latin American police forces that was attended by **representatives from 15 countries and two organizations**, the Organization of American States and the Police Community of the Americas.

RELATIONS WITH ACADEMIC CIRCLES

Through seminars and other events held locally or at the regional or international level, the ICRC stimulated academic debate on humanitarian law, policy and related issues. It worked with various universities, organizing IHL competitions and providing support for IHL teaching and research. Outside the classroom, individual professors participated in the development, implementation and promotion of IHL.

Academic events organized, co-organized or supported by the ICRC included:

- the first ever IHL round-table for French-speaking IHL academics organized by the ICRC in partnership with the French Red Cross, which brought together **43 university professors and researchers from 18 countries** in Africa, Europe, North America and the Middle East to form a global network of French-speaking IHL specialists;
- a workshop in Rome, Italy, which gathered **twelve law professors** to exchange best practices in creating an IHL clinic within their law school; and
- the annual Jean-Pictet Competition on IHL, involving **144 students from 26 countries**.

About 180 groups comprising some **4,600 people**, including university students, from **over 30 countries** learnt more about IHL and the ICRC during information sessions organized by the Visitors Service at ICRC headquarters.

The latest issues of the *International Review of the Red Cross*, a peer-reviewed academic journal produced by the ICRC and published by Cambridge University Press, focused on subjects such as detention, migration and displacement, and the missing. The main readership of the journal included lawyers,

military experts, academics, humanitarian practitioners and policy-makers. Selected offprints on various topics from previous and forthcoming issues were distributed to targeted audiences and served to enhance dialogue with stakeholders.

The ICRC developed **two new advanced IHL learning series for university lecturers**, on “Counterterrorism, IHL and humanitarian action” and “Creating and Teaching an IHL Course”.

LAW AND POLICY CONFERENCES AND OUTREACH

The ICRC acted as a convener of public debates and conferences on IHL and humanitarian policy, at which Movement components and members of aid, diplomatic and academic circles reflected on solutions to current challenges and sought to identify ways to improve humanitarian action.

- The Humanitarium at the ICRC’s headquarters in Geneva, Switzerland, hosted **18 public conferences** on international law and policy, bringing together **2,500 diplomats, humanitarians and academics**.
- With various partners, the ICRC organized **a conference cycle on migration and displacement**, comprising of a series of high-level public events and expert meetings held in Canberra (Australia), Geneva, Jakarta (Indonesia), Ljubljana (Slovenia), Moscow (the Russian Federation) and Pretoria (South Africa).

The ICRC’s Humanitarian Law and Policy blog showcased analyses and debates on IHL and policies that shape humanitarian action and the interplay between these areas; it received **85,000 visits**. It also partnered with the Intercross blog to produce a new podcast series on trends and issues related to IHL and humanitarian action scheduled to be launched in January 2019.

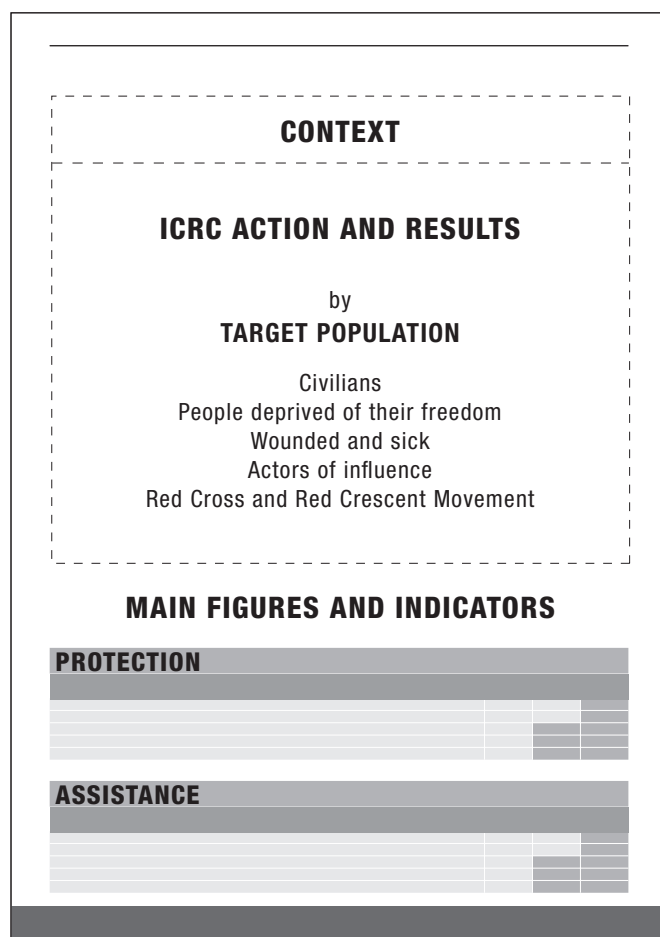
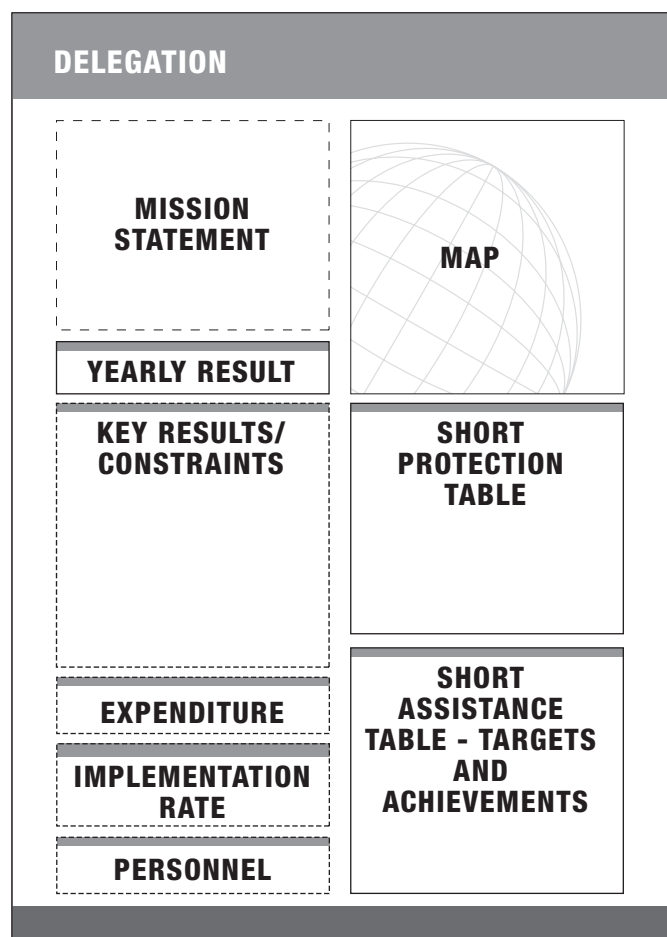
PUBLIC COMMUNICATION

The ICRC’s humanitarian concerns and activities were widely covered by the media. The ICRC was mentioned some 19,000 times in traditional and online media, including over 4,600 times in major media outlets and news agencies such as AFP, Al Jazeera, the Associated Press, BBC News, CNN, Deutsche Welle, Le Monde, Le Temps, Reuters, Sputnik News, The New York Times, The Guardian and Xinhua. More than 1,000 TV channels edited ICRC footage into some 7,500 broadcasts – a 15% increase from last year. The most popular ones were about Yemen; one video, for example, was broadcast more than 1,500 times.

The ICRC strengthened its digital communication through audience-oriented digital engagement and positioning. Audiovisual content in Arabic, Chinese, English, French, Portuguese, Russian and Spanish was posted on www.icrc.org and on social media. The ICRC’s social media channels clocked up around 10 million followers; its Twitter and Facebook pages, for example, had 2.2 million and 1.5 million followers, respectively. Visits to the ICRC website reached around 7.6 million, mainly thanks to improved positioning on search engines across multiple languages, design enhancements and better mobile-device compatibility.

USER GUIDE: LAYOUT OF OPERATIONS CHAPTERS

Each chapter on the ICRC's field delegations and missions comprises the following elements:



- Map:** the country or region showing the ICRC's presence at the end of the year; the maps in this publication are for information purposes only and have no political significance
- Delegation:** the State(s), geographical areas and/or political entities covered by the ICRC's presence
- Mission statement:** the ICRC's reasons for being in the country or region and its main activities there
- Yearly result:** the level of achievement of the ICRC's objectives and plans of action
- Key results/constraints:** up to six major achievements or examples of progress made by the ICRC – or constraints it faced – in meeting its humanitarian objectives in a given context
- Short Protection table:** a table providing key indicators regarding activities for restoring or maintaining family links and for people deprived of their freedom
- Short Assistance table – targets and achievements:** a table juxtaposing targeted beneficiary numbers or other result indicators (as presented in ICRC appeals) against those achieved during the reporting period
- Expenditure:** total, and by programme
- Implementation rate:** expenditure divided by yearly budget multiplied by 100 (indicator)
- Personnel:** the average number of mobile and resident staff employed over the course of the year
- Context:** the main developments in a given context and how these have affected people of concern to the ICRC; this segment highlights the elements that the ICRC took into consideration when analysing the situation to carry out its humanitarian action
- ICRC action and results:** an executive summary of the ICRC's action and results in the given context
- ICRC action and results – by target population:** a description of the ICRC's action and the results for each main target population; this section reports on the objectives and plans of action in yearly appeals and budget extension appeals, includes qualitative and quantitative results (output, outcome and contribution to impact), and combines activities carried out in the four ICRC programmes, thus illustrating the ICRC's multidisciplinary approach
- Main figures and indicators:** tables providing key output and outcome figures for the delegation's protection and assistance programmes

USER GUIDE: YEARLY RESULT

The ICRC aims to ensure that people affected by armed conflict and other situations of violence receive effective and relevant support, in fulfilment of the organization's mandate and its responsibility to use donor funds optimally. It employs result-based management, a structured approach that focuses on the desired and expected results for the beneficiaries throughout the management cycle.¹ A central element of this approach is the ICRC's yearly planning process and continuous monitoring of its activities; where necessary, it re-assesses the needs of the people affected to ensure that its response is adapted to their circumstances. Each year, specialists and managers in the field and at headquarters assess and analyse all ICRC operations, reviewing the progress made in terms of project

implementation and the results achieved against the objectives defined during the planning process. On this basis, and in line with its corporate management framework², the ICRC appraises its performance in each operation and defines new plans for the year to come.

The present report provides the outcomes of these appraisals, made exclusively according to the objectives and plans of action defined for each context.

The "yearly result" indicates the level of success in achieving these objectives and plans of action, using the scale below:



The rating for each context's yearly result is based on the response to these questions: **What is the level of achievement of the ICRC's objectives and plans of action for the given year? To what extent did the ICRC implement its plans of action as defined in its appeals?** These objectives and plans of action are

presented in the yearly appeals and budget extension appeals issued to donors. Scores are not based on the overall humanitarian situation in the context or on the institutional ambition the ICRC may have in that context.

1. See *The ICRC's operational approach to result-based management: improving humanitarian action*

2. See *ICRC management framework and descriptions of programmes*

USER GUIDE: FIGURES AND INDICATORS

INTRODUCTION

Each context chapter of the Annual Report presents numerical data for a set of standard indicators for the ICRC's protection and assistance programmes. Where relevant, these figures are presented in the report's narrative and in tables.

It must be noted that these figures do not always capture the extent of the ICRC's action, results and priorities. Collecting, interpreting and managing data in contexts as diverse and volatile as those the ICRC is active in is particularly difficult to prioritize, if not impossible to undertake. Factors such as cultural and/or State-imposed restrictions (e.g. government policies against providing data on health-care activities or gender-specific breakdowns of beneficiaries); inaccessibility due to conflict and/or other crises; adverse environmental conditions; and internal constraints may be barriers to such efforts.

Moreover, other types of support and results are simply impossible to quantify; however, their relevance should not be discounted: for example, the precise impact of dialogue with different authorities or weapon bearers or the multiplier effect of training initiatives cannot be reflected in numbers.

The ICRC's standard protection and assistance indicators and their definitions are listed below.

PROTECTION FIGURES AND INDICATORS

Protection figures are mainly based on registrations or recorded activities carried out by the ICRC or the ICRC's partners, mainly National Societies. Figures for detainees in places of detention visited are based on figures provided by the detaining authorities.

GENERAL

Child or minor

A person under 18 or under the legal age of majority¹

Girl

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

Woman

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

RESTORING FAMILY LINKS

RED CROSS MESSAGES (RCMs)

RCMs collected

The number of RCMs collected, regardless of their destination, during the reporting period

RCMs distributed

The number of RCMs distributed, regardless of their origin, during the reporting period

OTHER MEANS OF FAMILY CONTACT

Phone calls facilitated between family members

The number of calls facilitated by the ICRC between family members; these may include calls made via cellular or satellite phone or through the internet

Phone calls made to families to inform them of the whereabouts of a detained relative

The number of calls made by the ICRC to inform families of the whereabouts of a detained relative

Names published in the media

The number of names of people – those sought by their relatives or those providing information about themselves for their relatives – published in the media (e.g. newspaper or radio broadcast)

Names published on the ICRC family-links website

The number of names of people – those sought by their relatives or those providing information about themselves for their relatives – published on the ICRC's family-links website (familylinks.icrc.org)

REUNIFICATIONS, TRANSFERS AND REPATRIATIONS

People reunited with their families

The number of people reunited with their families under the auspices of the ICRC and the National Society during the reporting period

People transferred or repatriated

The number of civilians transferred or repatriated under the auspices of the ICRC during the reporting period; this does not include people transferred or repatriated in the context of detention (see *People deprived of their freedom*), but may include former detainees who were transferred or repatriated after being released

Human remains transferred or repatriated

The number of people whose remains were transferred or repatriated under the auspices of the ICRC during the reporting period

1. Based on the definition of a "child" in the 1990 Convention on the Rights of the Child (See at: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>)

TRACING REQUESTS

Tracing requests

All cases of people whose fates are unknown either to their families or to the ICRC, and for whom the ICRC is going to undertake efforts to clarify their fate or to confirm their alleged fate; these can include allegations of arrest and co-detention, and tracing requests collected following unsuccessful attempts to restore family links by other means

People for whom a tracing request was newly registered

The number of people for whom tracing requests were initiated by their families during the reporting period, for instance, because there had been no news of them, they could not be located using RCMs, or they were presumed to have been arrested and/or detained

Tracing cases closed positively

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

Tracing cases still being handled at the end of the reporting period

The number of people for whom tracing requests were still open and pending at the end of the reporting period

UNACCOMPANIED MINORS, SEPARATED CHILDREN AND DEMOBILIZED CHILD SOLDIERS

Unaccompanied minors (UAMs)

A person under 18 or under the legal age of majority separated from both parents and from all other relatives and not being cared for by an adult who, by law or custom, is responsible for doing so

Separated children (SC)

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

UAMs/SC/demobilized child soldiers newly registered by the ICRC/National Society

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

UAMs/SC/demobilized child soldiers reunited with their families by the ICRC/National Society

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

UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period

The number of UAMs/SC/demobilized child soldiers whose cases were opened but who had not yet been reunited with their families – by the ICRC or the National Society concerned, or by another organization – during the reporting period; these include cases concerning children whose parents were being sought or had been found but with whom the children had not yet been reunited

DOCUMENTS

People to whom travel documents were issued

The number of individuals to whom the ICRC issued travel documents during the reporting period

People to whom official documents were delivered across borders/front lines

The number of people who received official documents – e.g. passports, power-of-attorney documents, death certificates, birth certificates, marriage certificates – transmitted via the ICRC across front lines or State borders during the reporting period

People to whom a detention attestation was issued

The number of people who received documents testifying to their detention, according to ICRC records of visits, during the reporting period

PEOPLE DEPRIVED OF THEIR FREEDOM

Places of detention visited

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

Detainees in places of detention visited

The total number of detainees, according to the detaining authorities, in places of detention visited by the ICRC; this figure may differ from figures of detainees benefiting from assistance activities (e.g. water and habitat projects or distributions of hygiene items to improve their living conditions) owing to changes in prison population figures during the course of the year and differences in the timing of data collection for different programmes

Visits carried out

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

Detainees visited and monitored individually

The number of detainees visited and monitored individually – those seen and registered for the first time and those registered previously and visited again during the reporting period

Detainees newly registered

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

Detainees visited by their relatives with ICRC/National Society support

The number of detainees who received at least one family visit that was organized or financed by the ICRC, often in coordination with the National Society

Detainees released and transferred/repatriated by/via the ICRC

The number of detainees who were released and whose transfer or repatriation was facilitated by the ICRC

ASSISTANCE FIGURES AND INDICATORS

Depending on the environment and other circumstances in the context concerned, the activities implemented, or the services delivered or supported, beneficiary figures are based either on ICRC-monitored registrations (of individuals or households) or on estimates made by the ICRC or provided by credible secondary sources (e.g. the communities, authorities, published official figures, other humanitarian organizations). As much as possible, triangulations are made when the figures are based on estimates and secondary sources. Particular effort is taken to avoid double-counting beneficiaries.

In some cases, operational constraints may hamper the collection of disaggregated figures for women, children and IDPs. For example, not all hospitals supported are able to provide precise figures for women and children; this may result in understated figures for these groups. Estimated figures for IDPs are provided whenever possible.

GENERAL

Woman

Female person aged 15 and above

Child

Person under the age of 15

Target figures

For each context, a table juxtaposes the achieved beneficiary numbers or other result indicators for the target populations *Civilians* and *Wounded and sick* against the initial targets set by delegations for the whole year; these targets are determined during the planning process undertaken in the middle of the previous calendar year or, in emergency cases, ad hoc planning processes during the year itself.

Targets are indicated in short summary tables in the ICRC's appeals to donors and in budget extension appeals. These figures include only what can be defined in advance. During the planning process, delegations use standard averages for the number of individuals per household; these figures may be found to be higher or lower than the actual household sizes once the activities are implemented. Delegations also cannot specifically predetermine the number of health and medical facilities that will receive medical materials on an ad hoc basis, particularly in response to emergencies; hence, targets only include regularly supported health centres and hospitals. However, achieved figures in Midterm and Annual Reports include figures for ad hoc support.

Delegations may adapt the assistance they provide, often in consultation with beneficiaries, to what best fits the needs and capacities of the people they aim to assist, and to changes in the situation. This may result in differences between the targets and the achieved figures. Moreover, despite efforts to harmonize indicator definitions and data entry, operational constraints may also affect how targets and results are presented across delegations.

The narrative report provides, explicitly or implicitly, information explaining major differences between targets and achieved figures.

ECONOMIC SECURITY

To better align its data structure with its planning and monitoring processes in the field, the Economic Security Unit revised its set of quantitative indicators for reporting. In previous years, beneficiaries of economic security activities were classified according to the type of commodity they received: food commodities, essential household items, productive inputs, cash, vouchers, and services and training. In 2018, delegations started using a revised set of indicators, which is based on the five core objectives of economic security programmes: food consumption, food production, income support, living conditions and capacity-building. Beneficiaries were classified according to the purpose of the assistance they received (what the ICRC's inputs were used or intended for). For example, people who received food rations would be counted under *food consumption* if the rations mainly aimed to cover their nutritional needs. However, if the food rations were distributed as a complement to seed and tools, primarily to help farming households avoid consuming grain meant for planting, the beneficiaries would be counted under *food production*.

The number of beneficiaries in each category cannot be cumulated as some people may be covered by more than one core objective.

Food consumption

The number of individuals who received ICRC assistance to increase their food consumption and achieve a nutritionally adequate diet: this may include beneficiaries of food rations, or people who will be provided with food items as compensation for work on community projects, or with cash or vouchers for purchasing food. Food items for distribution typically include rice, wheat flour, maize, beans, oil, sugar, salt, and sometimes canned food and nutritional products.

Food production

The number of individuals who were helped to pursue food production activities: this may involve material, financial or other support for crop cultivation, animal health and breeding, and/or other viable means of using natural resources. These can include beneficiaries of livelihood-support services such as tractor-ploughing or animal vaccinations.

Income support

The number of individuals who received assistance to protect, restore and increase household income: this can include material, financial or other support for micro-economic initiatives (e.g. for carpentry, welding, food processing, trade) or for crop or livestock farming activities, chiefly aimed at increasing household incomes. Beneficiaries of financial assistance that is not clearly linked to food consumption, food production, living conditions and capacity-building objectives are reported, by default, under *income support*.

Living conditions

The number of individuals who were assisted with a view to ensuring protection against adverse climatic conditions and the fulfillment of basic hygiene and cooking needs: to improve their living conditions, such assistance may include cash, if conditions allow them to buy the necessary goods on local markets, or the direct provision of such items, which can include tarpaulins, blankets, basic clothing, kitchen sets, hygiene kits, soap, jerrycans and mosquito nets.

Capacity-building

The number of individuals who benefited from training sessions, materials and/or other forms of assistance to increase their capacity to contribute either to the economic security of their households or to the ability of government bodies, civil organizations or other institutions to deliver services aimed at strengthening the economic security of vulnerable people: this figure may include individuals who received training or other capacity-building support; household members who stood to benefit from the increased capacities of their breadwinners; and people who will potentially benefit from the services of local authorities or organizations receiving ICRC support.

WATER AND HABITAT

One beneficiary is one person who has benefited from a water and habitat project at least once over the course of the reporting period. A person who has benefited from a project several times is counted only once.

For recurrent projects like water-trucking or the regular provision of materials (chlorine, spare parts, etc.), beneficiaries are counted only once.

Civilians

The number of people – residents, IDPs, returnees and, in some cases, refugees – who have benefited from a water and habitat project at least once during the reporting period; projects include the repair or construction of wells, boreholes, springs, dams, water-treatment plants, latrines, septic tanks or sewage plants; shelter provision or repair; hygiene promotion; and vector-control activities

People deprived of their freedom

The number of detainees in places of detention where the ICRC has undertaken water and habitat projects (e.g. rehabilitation of detention centres, repairs to water-supply, sanitation and kitchen facilities serving detainees, hygiene promotion, vector-control activities)

Wounded and sick

The number of beds in the structures supported; projects include the construction or rehabilitation of hospitals and physical rehabilitation centres

HEALTH

It should be noted that in a number of contexts, data about patients and health activities cannot be provided or are only provided in part. The main reasons include the lack of proper data collection systems at facility level and difficulties in transmitting information from the facility to the central level and/or the ICRC – both of which result in incomplete information.

For regularly supported facilities, the ICRC endeavours to help local teams establish data management systems to address these deficiencies. In some cases, restrictions by the authorities may limit the types of data made available to the ICRC or the organization's ability to make further use of the information.

PRIMARY HEALTH CARE

The beneficiaries of primary-health-care activities are registered and tallied based on the particular service they have received (e.g. antenatal consultation, curative consultation, immunization, referral).

Health centres supported

The total number of health facilities supported (target figures include only regularly supported health facilities)

Average catchment population

The estimated number of people covered by ICRC-supported health centres, on average, per month

Consultations

The number of consultations carried out at ICRC-supported health centres, further broken down by type of consultation (curative or antenatal)

Immunizations

The number of patients who benefited from immunization activities; this includes children aged five or under who were vaccinated against polio

Referrals to a second level of care

The number of patients who were referred to other health facilities or service providers for further care

HEALTH ACTIVITIES FOR PEOPLE DEPRIVED OF THEIR FREEDOM

Places of detention visited by health staff

The number of places of detention visited by health staff – as part of an ICRC team during a standard visit, or to address specific medical issues

Health facilities supported in places of detention visited by health staff

The number of health facilities supported in places of detention visited by ICRC health staff

HOSPITAL SUPPORT

Hospitals supported

The total number of hospitals supported, including hospitals reinforced with or monitored by ICRC staff, and those that were given supplies on an ad hoc basis (target figures include only regularly supported hospitals)

Hospitals reinforced with or monitored by ICRC staff

The number of ICRC-supported hospitals where ICRC doctors or other staff are managing operations, providing care to patients, assisting local personnel and/or monitoring activities. The ICRC's support can target specific departments or services in these hospitals.

Services at hospitals reinforced with or monitored by ICRC staff

Surgical admissions²

- **Weapon-wound cases:** The number of weapon-wound cases among surgical admissions, including cases of injuries due to mines or explosive remnants of war
- **Non-weapon-wound cases:** The number of surgical admissions that are not associated with weapon wounds

Operations performed

The number of surgical procedures performed on weapon-wounded and non-weapon-wounded patients; more than one procedure can be performed per patient

Medical (non-surgical) admissions

The number of admissions at the medical department of ICRC-supported hospitals; these include internal medicine and other non-surgical cases

Gynaecological/obstetric admissions

The number of admissions for gynaecological/obstetric conditions

Consultations

The number of consultations recorded at outpatient departments or emergency rooms at hospitals supported by the ICRC

Services at hospitals not monitored directly by ICRC staff

Surgical admissions

(weapon-wound and non-weapon-wound admissions)

The total number of surgical admissions, including weapon-wound and non-weapon-wound admissions

Weapon-wound admissions (surgical and non-surgical admissions)

The total number of weapon-wound admissions, including surgical and non-surgical admissions

Weapon-wound surgeries performed

The total number of surgeries performed on weapon-wounded patients; more than one procedure can be performed per patient

Patients whose hospital treatment was paid for by the ICRC

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

FIRST AID

First-aid training sessions

The number of first-aid training sessions carried out by the ICRC during the reporting period

Participants

The total number of participants in first-aid training sessions carried out by the ICRC during the reporting period; this is derived from aggregated monthly data. These participants can include community members, weapon bearers, ambulance-service providers, staff of public agencies, health-care personnel of public or private institutions, first-aid trainers, National Society volunteers or staff, or others.

PHYSICAL REHABILITATION

Projects supported

The number of projects, including centres, component factories and training institutions, that received ICRC support or were managed by the ICRC

People benefiting from ICRC-supported projects

Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data. The total figure for people benefiting from ICRC-supported projects may include repeat beneficiaries throughout the year and across different types of activities, such as the provision of new mobility devices, repairs (to prostheses, orthoses, wheelchairs, walking aids), physiotherapy and other physical rehabilitation services, and projects to promote the social inclusion of people with disabilities (e.g. referrals to economic programmes, support for education or sporting activities, vocational training).

New patients fitted with prostheses

The number of new patients (new to the ICRC) who received prostheses during the reporting period – both those fitted for the first time and patients who had previously received prostheses from a centre not assisted by the ICRC

Prostheses delivered

The total number of prostheses delivered during the reporting period, including for victims of mines or explosive remnants of war

New patients fitted with orthoses

The number of new patients (new to the ICRC) who received orthoses during the reporting period – both those fitted for the first time and patients who had previously received orthoses from a centre not assisted by the ICRC

Orthoses delivered

The total number of orthoses delivered during the reporting period, including for victims of mines or explosive remnants of war

Patients receiving physiotherapy

Figures for patients who received physiotherapy services are derived from aggregated monthly data, including repeat beneficiaries

Walking aids delivered

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

Wheelchairs or tricycles delivered

The number of wheelchairs or tricycles delivered during the reporting period

2. An “admission” refers to an instance of a patient being admitted into an ICRC-supported hospital. A patient may be admitted into an ICRC-supported hospital more than once during the reporting period. Patients may benefit from more than one operation or other procedure per admission.

AFRICA

KEY RESULTS/CONSTRAINTS IN 2018

- Following serious security incidents in Nigeria and Somalia, the ICRC temporarily suspended or reduced its operations in certain areas. Nevertheless, it sought to maintain access and support for vulnerable communities.
- People across the region bolstered their resilience to the effects of conflict and other violence, thanks to financial, material and technical support provided by the ICRC to supplement their incomes or boost their food production.
- Weapon-wounded people were treated by ICRC surgical teams and staff at ICRC-backed facilities. Malnourished children received specialized treatment, and victims/survivors of sexual violence, medical and psychosocial care.
- In coordination with its Movement partners, the ICRC responded to the Ebola outbreaks in the Democratic Republic of the Congo by supporting health-care centres and helping to prevent the spread of this disease in places of detention.
- People held by national and international forces in relation to armed conflict, and those held by armed groups, received ICRC visits. In some cases, their diets were supplemented with food from ICRC-supported prison farms.
- With ICRC encouragement and/or support, several States advanced the implementation of IHL and related treaties. For instance, two States became party to the Second Protocol to the Hague Convention on Cultural Property.

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	134,489
RCMs distributed	122,373
Phone calls facilitated between family members	662,547
Tracing cases closed positively (subject located or fate established)	2,972
People reunited with their families	982
<i>of whom unaccompanied minors/separated children</i>	828
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	467
Detainees in places of detention visited	324,343
<i>of whom visited and monitored individually</i>	17,841
Visits carried out	1,566
Restoring family links	
RCMs collected	9,319
RCMs distributed	4,785
Phone calls made to families to inform them of the whereabouts of a detained relative	6,018

EXPENDITURE IN KCHF	
Protection	107,728
Assistance	473,639
Prevention	61,134
Cooperation with National Societies	44,824
General	6,542
Total	693,868
<i>Of which: Overheads</i>	42,146

IMPLEMENTATION RATE	
Expenditure/yearly budget	92%

PERSONNEL	
Mobile staff	1,090
Resident staff (daily workers not included)	5,482


ASSISTANCE	Total
CIVILIANS	
Economic security	
Food consumption	Beneficiaries 2,801,121
Food production	Beneficiaries 4,040,590
Income support	Beneficiaries 463,650
Living conditions	Beneficiaries 1,396,307
Capacity-building	Beneficiaries 21,842
Water and habitat	
Water and habitat activities	Beneficiaries 4,562,539
Health	
Health centres supported	Structures 201
WOUNDED AND SICK	
Medical care	
Hospitals supported	Structures 122
Physical rehabilitation	
Projects supported	Projects 49
People benefiting from ICRC-supported projects	Aggregated monthly data 39,886
Water and habitat	
Water and habitat activities	Beds 4,286

DELEGATIONS

Abidjan (regional)
 African Union
 Algeria
 Antananarivo (regional)
 Burundi
 Central African Republic
 Chad
 Congo, Democratic Republic of the
 Dakar (regional)
 Eritrea
 Ethiopia
 Libya
 Mali

Mauritania
 Morocco
 Nairobi (regional)
 Niger
 Nigeria
 Pretoria (regional)
 Rwanda
 Somalia
 South Sudan
 Sudan
 Tunis (regional)
 Uganda
 Yaoundé (regional)

 ICRC delegation

 ICRC regional delegation

 ICRC mission





Central African Republic, Kaga Bandoro. A psychosocial support programme is set up to help children affected by conflict.

HUMANITARIAN NEEDS AND RESPONSES

In 2018, the ICRC worked throughout Africa to address the protection concerns and material needs of people affected by ongoing or past armed conflicts and other situations of violence, many of whom were also suffering the effects of climate emergencies, extreme poverty, and limited resources and infrastructure. The ICRC launched emergency responses to outbreaks of violence, sustained or expanded its activities to address the consequences of protracted conflicts and the spillover effects of violence in certain countries, and coordinated these efforts with Movement partners when possible. Its operations in the Central African Republic (hereafter CAR), the Democratic Republic of the Congo (hereafter DRC), Libya, Mali, Nigeria, Somalia and South Sudan were some of its largest worldwide.

The ICRC continually adapted its operations to shifts in the working environment. It maintained a regional approach in responding to needs brought about by the conflict in Mali and its spillover effects on neighbouring countries in the Sahel region, particularly Burkina Faso – where the ICRC expanded its operations – and Niger. In Libya, the ICRC sought to scale up its emergency response, launching a budget extension appeal to that end. It worked with its Movement partners to respond to Ebola outbreaks in the DRC. It upgraded its presence in Pemba, Mozambique, to a sub-delegation, to help people

affected by clashes in the area. After integrating the operations of the regional delegation in Harare, Zimbabwe, the regional delegation in Pretoria, South Africa, became the organization's hub in southern Africa.

Serious security incidents in Nigeria and Somalia forced the ICRC to temporarily suspend or reduce its operations in certain areas. Various constraints – such as the volatile situation in the CAR, and logistical challenges in the DRC and Libya – hampered the implementation of some projects. The ICRC assessed the security situation and adjusted its working methods as necessary, in order to sustain its assistance to violence-affected people, especially in areas accessible to few other humanitarian organizations. In South Sudan, ICRC aircraft delivered aid to isolated communities; airdropped food supplies were collected by National Society and ICRC teams at designated sites, and then distributed to beneficiaries.

Across the region, the ICRC engaged in dialogue with parties to conflicts and interacted with community leaders and members, to secure their acceptance for its neutral, impartial and independent humanitarian action. It urged parties to conflicts to comply with IHL and other applicable law, emphasizing the need to protect civilians, facilitate people's access to essential services and humanitarian assistance, and safeguard medical personnel and facilities. It monitored

the situation of vulnerable people and documented their concerns, including reported abuses; when possible, it shared these allegations with the parties concerned, with a view to preventing their recurrence. The ICRC complemented such dialogue with IHL information sessions, and briefings about its work and mandate, for weapon bearers, local authorities and community leaders in a position to influence parties to conflicts. Such interactions – along with the help of National Societies working in the region – enabled the ICRC to maintain or improve its proximity to vulnerable people.

The ICRC responded to the emergency needs of: people affected by fresh outbreaks of violence, particularly those newly displaced; IDPs who had been displaced for some time; people who had recently returned to their places of origin; and those grappling with the combined effects of violence and climate shocks. Millions of people across Africa benefited from food and relief items – or received cash to buy them if they had access to functioning markets, as in parts of Burundi, DRC and Nigeria – distributed by National Societies and the ICRC. Thanks to this assistance, nearly 3 million people had food to eat and over 1 million obtained household essentials to ease their living conditions. IDPs and other vulnerable people were also provided with clean water for drinking.

The ICRC supplemented its relief efforts with initiatives that helped some 4 million vulnerable people – particularly in areas where subsistence agriculture was the main means of survival – to maintain or bolster food production. Farmers resumed or sustained agricultural activities with the help of ICRC-provided seed and tools, and/or training. Herders maintained the health and market value of their livestock, using ICRC-supported local animal-health services and fodder banks. Among these farmers and herders were IDPs, residents, returnees and refugees. Households who had access to rivers and other bodies of water received fishing kits; in South Sudan, the kits distributed were designed to be easily carried by people needing to flee for safety. Other groups of particularly vulnerable people – such as victims of violence, including sexual violence; families of missing persons; and female breadwinners – received ICRC cash grants, training and other support to supplement their income.

More than 4.5 million people across Africa obtained access to water and other basic services thanks to ICRC projects, which were often undertaken with local entities. Agro-pastoralists obtained water for personal consumption and for their crops and livestock from ICRC-built or -repaired water points; some of these projects also sought to ease tensions arising from competition over limited resources. In urban areas, IDPs and residents had a supply of clean water after the ICRC upgraded key infrastructure, carried out training for maintenance and other staff, and/or donated equipment, tools or water-treatment chemicals. The ICRC also helped minimize the risk of disease in vulnerable areas, by digging wells, chlorinating water and promoting good hygiene practices, as in Sudan, and by building sanitation facilities, including showers and latrines in IDP camps, settlements and rural areas.

People in conflict-affected areas obtained basic preventive and curative care – including vaccinations and ante/post-natal consultations – at primary-health-care centres that the ICRC supported with supplies, staff training and/or infra-structural upgrades. At some centres, malnourished children benefited from therapeutic feeding programmes, and victims of trauma received specialized care. Victims/survivors of sexual violence had access to medical services, including post-exposure prophylaxis, and psychosocial care. The ICRC provided additional support to health facilities in areas affected by disease outbreaks, such as cholera in Cameroon and the Ebola virus in the DRC.

Weapon-wounded people were given first aid on site and/or evacuated to hospital by ICRC-trained emergency responders, including National Society volunteers, community members and weapon bearers. In the CAR and South Sudan, people needing higher-level care were airlifted by the ICRC to medical facilities. The ICRC sustained its support – donating supplies or upgrading facilities, for instance – to hospitals across the region, notably to those that were the only providers of hospital-level services in their areas. This enabled the facilities to maintain their services for people in need of medical care, including during mass influxes of patients. ICRC medical teams, deployed in some hospitals in the DRC, Mali, Niger, Nigeria and South Sudan, continued to treat critically wounded and seriously ill patients and/or provide training for medical staff. Doctors enhanced their technical capabilities at ICRC-organized war-surgery courses in Tunisia.

People with physical disabilities in Burundi, the CAR, the DRC, Ethiopia, Guinea-Bissau, Libya, Mali, Niger, South Sudan, Sudan and Western Sahara obtained rehabilitative care at ICRC-supported centres. Training sessions, scholarships and other support were provided for local specialists and/or students, to help ensure the sustainability of these services. The ICRC promoted the social reintegration of people with physical disabilities, by providing them with psychosocial or livelihood support and/or facilitating their participation in sports. To help prevent further casualties in weapon-contaminated areas, the ICRC provided support to the Moroccan Red Crescent to conduct mine-risk education sessions for the affected communities; it trained volunteers in Senegal for the same purpose.

Across the continent, family members separated by violence, migration and other circumstances reconnected using Movement family-links services. These services were scaled up in Eritrea and Ethiopia after border crossings were reopened, and in some areas of southern Africa. IDPs, people who had fled violence in their home countries and were staying in neighboring countries, and migrants seeking passage to Europe made use of RCMs and phone services to restore or maintain contact with their relatives; these services were facilitated by strong regional coordination between National Societies in the host and home countries and the ICRC. Unaccompanied minors across the region, including those formerly associated with weapon bearers, rejoined their families with ICRC support; where possible, their reintegration was monitored by ICRC delegates.

The ICRC boosted local capacities to manage and identify human remains in countries such as Burundi, Kenya and Tunisia. These efforts aimed to help families ascertain the fate of relatives missing in relation to migration, or to ongoing or past conflicts. In Mauritania and Senegal, the ICRC collected DNA samples and ante-mortem data from missing migrants' families, to help identify remains of people who had perished at sea.

In accordance with its standard procedures, the ICRC visited people being held in relation to armed conflict or other violence, or by international forces or armed groups. It monitored the situation of particularly vulnerable people, including migrants, women and children. Based on its visits, the ICRC confidentially shared its findings, recommendations and other technical input with the detaining authorities, to help them improve detainees' living conditions and treatment, particularly in terms of respect for judicial guarantees and procedural safeguards. In Burundi 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. At the request of the parties concerned, in South Sudan, the ICRC served as a neutral intermediary in the release and handover of 130 people formerly held by the government or armed groups.

Drawing on various forms of ICRC support, the authorities worked to improve penitentiary services, especially with regard to food supply and access to health care. Training initiatives – for instance, a regional seminar on prison design and infrastructure held in Ethiopia – helped penitentiary officials in the region to improve their managerial skills, particularly regarding food services and infrastructure maintenance. In places with high malnutrition rates, the ICRC supported the authorities' efforts to improve the prison food supply and health care. For example, in Burundi, Mali and South Sudan, it provided technical and material support for prison farms, where detainees grew crops to supplement their diets. Where gaps occurred, the ICRC provided sick and malnourished detainees with food supplements, and supplied facilities facing food shortages with contingency stocks. Penitentiary authorities in many countries worked with the ICRC to upgrade water and sanitation, cooking and living facilities, and to conduct pest-control and hygiene-promotion campaigns. In the DRC, the ICRC helped the authorities to establish measures to prevent the spread of disease, particularly Ebola, in prisons.

Together with the National Societies concerned, the ICRC continued to interact – through dialogue and at various events – with government officials, diplomats and representatives of international/multilateral organizations, including the African Union (AU) and regional economic communities, to promote understanding of humanitarian issues and IHL, and to foster support for the Movement's work. Directly or with the AU, the ICRC encouraged State authorities to implement IHL provisions domestically, and offered its expertise in this regard. Thanks to those efforts, Madagascar, for example, became party to Additional Protocol III; Gambia to the Convention on Enforced Disappearance; and Burkina Faso and Djibouti to the Second Protocol to the Hague Convention on Cultural Property.

Across the region, military and security forces, including troops bound for deployment in other countries or participating in AU and UN peace-support operations, reinforced their understanding of their responsibilities under IHL, international human rights law and other applicable norms at ICRC information sessions and advanced courses in third countries. The ICRC engaged in continued dialogue with armed forces to promote the integration of provisions of IHL and other applicable norms into military operations and training. In an exercise organized by the AU, military officers from nine countries learnt about IHL during ICRC sessions and applied IHL provisions throughout the exercise.

Communication initiatives by National Societies and the ICRC raised awareness among the general public about the Movement's work and issues of humanitarian concern. At various ICRC-facilitated events, religious leaders examined points of correspondence between IHL and Islamic jurisprudence, journalists enhanced their understanding of humanitarian action, and students obtained a better grasp of IHL.

PROTECTION MAIN FIGURES AND INDICATORS

AFRICA	CIVILIANS															
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	Names published in the media	Names published on the ICRC family-links website	People reunited with their families	of whom UAMs/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	Tracing cases closed positively (subject located or fate established)	People to whom travel documents were issued	Places of detention visited	Detainees in places of detention visited	of whom women	of whom minors
Abidjan (regional)	195	110	705			2		4			87		36	22,703	652	693
Algeria	33	59	14								3		19	9,976	192	14
Antananarivo (regional)		15									1		17	13,859	816	1,651
Burundi	14,167	18,503	211			5	3	20	4		92		28	11,622	669	160
Central African Republic	208	216	118	1		7	5	63		39	103		17	1,597	72	53
Chad	329	251	62,518			23	21	113			44		13	4,311	104	225
Congo, Democratic Republic of the	35,197	26,768	10,167	18		404	384	1,253	188		147	3	41	27,232	692	662
Dakar (regional)	47	65	429								59		14	4,560	22	89
Eritrea	290	733									22					
Ethiopia	2,389	1,536	92,503	934	903	1	1	186			358	11	56	50,010	1,923	2,830
Libya	37	38	597			12	12	18			16	860	2	694	141	104
Mali	225	120	1,918			17	17	12	4		55		20	3,326	13	163
Mauritania	9	29	182					1					7	2,013	32	54
Morocco	33	89	47					2			5					
Nairobi (regional)	23,469	24,993	212,610			216	159	749			99	6	4	1,035	43	27
Niger	220	189	14,275			41	40	45	18		105	72	13	4,533	147	206
Nigeria	263	112	2,281	3	1	14	13	667	18		446		29	23,927	933	1,293
Pretoria (regional)	855	351	22,278			16	14	206			60	40	24	14,386	354	89
Rwanda	3,772	4,553	30,162	216		23	22	875	10		206		14	74,148	5,302	200
Somalia	45,237	38,569	63,785	6,122				2			326		13	3,736	68	70
South Sudan	3,066	1,958	44,195			66	14	72	49		174		41	4,065	227	183
Sudan	726	406	9,840					74	1		120					
Tunis (regional)	142	223	143					1			16		20	17,499	589	335
Uganda	3,326	2,312	93,512			124	114	446	7		209		22	15,825	744	436
Yaoundé (regional)	254	175	57			11	9	196			219		17	13,286	391	426
TOTAL	134,489	122,373	662,547	7,294	904	982	828	5,005	250	88	2,972	992	467	324,343	14,126	9,963

* Unaccompanied minors/separated children

PEOPLE DEPRIVED OF THEIR FREEDOM

Visits carried out	Detainees visited and monitored individually	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	Detainees newly registered	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	RCMs collected	RCMs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	Detainees released and transferred/repatriated by/via the ICRC	People to whom a detention attestation was issued	
109	255	12	1	9	137	5	1	8	104	32	88				Abidjan (regional)
19	99	6			72	6			10	4	61				Algeria
45	56	3		4	52	3		2	20		311				Antananarivo (regional)
76	812	18		35	144	6		35	149	239	39			4	Burundi
91	169		1	20	125		1	19	126	64	218				Central African Republic
58	751	20		51	262	7		38	637	496	1,325			28	Chad
235	3,024	44	17	68	2,185	35	16	48	3,112	1,343	499		31	36	Congo, Democratic Republic of the
30	74				42				49	20	18				Dakar (regional)
														1	Eritrea
90	154	3	1	2	52	1		1	148	105	519			79	Ethiopia
13	28	28			18	18			208	96		7			Libya
194	974			59	746			53	112	20	474				Mali
10	40				7				4		5				Mauritania
															Morocco
10	24	1							452	299	1,257	35			Nairobi (regional)
96	1,592	29	3	57	562	23	1	47	143	69	215				Niger
110	7,640	67	27	330	1,406	17	5	160	1,015	78	32				Nigeria
58	172	44		5	150	42		5	12	1	40				Pretoria (regional)
53	187	14		2	81	5		2	1,947	1,418	111			219	Rwanda
19	82	2	1	4	16			1	2		20				Somalia
130	256	30	8	16	210	30	8	16	329	77	22		130		South Sudan
									1	1				3	Sudan
35	458	25	1	4	231	7	1	3	120	26	1				Tunis (regional)
54	244	17	4	20	181	10	4	20	530	377	643	57		1	Uganda
31	750	31	3	28	403	11	2	9	89	20	120	60		2	Yaoundé (regional)
1,566	17,841	394	67	714	7,082	226	39	467	9,319	4,785	6,018	159	161	373	TOTAL

ASSISTANCE MAIN FIGURES AND INDICATORS

AFRICA														
	CIVILIANS									PEOPLE DEPRIVED OF THEIR FREEDOM				
	ECONOMIC SECURITY					WATER AND HABITAT	HEALTH			ECONOMIC SECURITY			WATER AND HABITAT	HEALTH
	BENEFICIARIES									BENEFICIARIES				
	Food consumption	Food production	Income support	Living conditions	Capacity-building	Beneficiaries of water and habitat activities	Health centres supported	Consultations	Immunizations (patients)	Food consumption	Living conditions	Capacity-building	Water and habitat activities	Health facilities supported in places of detention visited by health staff
Abidjan (regional)	18,295		23,166	14,202	34	10,368	1	5,011		11,093	9,791		12,146	13
Antananarivo (regional)										8,351	2,485	5,146	23,150	5
Burundi	3,465		24,456	1,325		65,692	5	87,702	38,936	9,774	9,156		11,049	12
Central African Republic	94,340	116,800	2,675	51,156	20	677,607	7	74,906	7,312	250	1,390		890	
Chad		233,046	4,020	4,164	125	24,021				2,409			4,400	6
Congo, Democratic Republic of the	163,372	151,253	463	146,822		586,205	29	73,586	59,110	7,251	29,267		20,724	10
Dakar (regional)		4,649	2,539	26	38	8,106								
Eritrea		4,475	183,070	2,088		185,132								
Ethiopia		98,598	1,043	165,418	11	137,626	21				36,823		37,500	11
Libya	296,646		24,013	231,654		151,205	24	323,026	84,400		798			
Mali	127,992	747,775	43,704	28,584	233	173,018	13	70,138	109,231			3,740	3,035	7
Mauritania			49,878			23,860				2,433			1,500	4
Nairobi (regional)	3,072	3,972	13,380	3,600	8,070	14,324							700	
Niger	119,536	213,805	3,462	23,108	1,365	186,421	6	53,020	21,706	3,900	2,369	29	3,557	7
Nigeria	1,014,962	546,568	20,875	145,968	5,452	657,972	27	649,951	913,731	6,013	6,564		18,515	4
Pretoria (regional)		48,140	13,197	44,305	1,272	61,275	11		29,282	11,437	10,180		689	
Rwanda				105									61,500	2
Somalia	427,795	275,088	6,474	163,187	674	600,663	31	612,997	234,367	4,398	4,503	131	3,115	3
South Sudan	430,856	802,063		338,219	248	447,000	21	213,756	66,846	7,501	5,265		3,116	8
Sudan	18,000	107,996	2,980	5,460	4,300	380,800								
Tunis (regional)													3,865	
Uganda			9,447			35,000					12,726		7,070	
Yaoundé (regional)	82,790	686,362	34,808	26,916		136,244	5	55,335	137,036	6,723	26,470		4,148	4
TOTAL	2,801,121	4,040,590	463,650	1,396,307	21,842	4,562,539	201	2,219,428	1,701,957	81,533	157,787	9,046	220,669	96
of whom women	865,348	1,284,271	228,639	478,581	5,166	1,681,370				5,733	9,226	191	15,751	
of whom children	1,302,252	1,363,919	83,484	573,554	8,191	1,470,481				3,168	4,067	354	3,615	
of whom IDPs	1,505,578	881,686	53,452	985,985	4,656	1,265,428								

1. Based on monthly aggregated data.

WOUNDED AND SICK													
FIRST AID		HOSPITALS					PHYSICAL REHABILITATION						
		HOSPITALS SUPPORTED		SERVICES AT HOSPITALS MONITORED BY ICRC STAFF									
				SURGICAL ADMISSIONS									
Training sessions	Participants of training sessions¹	Hospitals supported	including hospitals reinforced with or monitored by ICRC staff	Weapon-wound admissions	Non-weapon-wound admissions	Operations performed	Projects supported	People benefiting from ICRC-supported projects¹	New patients fitted with prostheses	Prostheses delivered	New patients fitted with orthoses	Orthoses delivered	
15	296												Abidjan (regional)
													Antananarivo (regional)
		4											Burundi
75	2,831	3	3	414	1,107	1,314	1	353	89	112	69	78	Central African Republic
													Chad
55	1,130	44	17	1,081	1,490	6,189	5	1,658	202	460	232	385	Congo, Democratic Republic of the
							1	3,504	36	52	61	89	Dakar (regional)
													Eritrea
		3					17	8,130	707	1,466	654	1,940	Ethiopia
48	815	39					2	921	278	226	412	445	Libya
7	180	2	2	209	680	1,642	4	11,037	89	319	71	467	Mali
													Mauritania
													Nairobi (regional)
		3	3	262	354	799	3	843	214	162	388	268	Niger
148	3,677	9	2	508	71	4,320	1	255	208	227	3	3	Nigeria
													Pretoria (regional)
													Rwanda
167	3,720	9	4	2,779	4,221	13,377							Somalia
189	4,568	5	5	903	153	3,045	3	3,294	188	580	189	342	South Sudan
1	20						11	9,395	836	1,549	794	1,871	Sudan
2	37						1	496	4	25	13	84	Tunis (regional)
													Uganda
		1											Yaoundé (regional)
707	17,274	122	36	6,156	8,076	30,686	49	39,886	2,851	5,178	2,886	5,972	TOTAL
								8,179	554	1,051	546	1,045	of whom women
								14,921	248	455	1,481	3,487	of whom children

ABIDJAN (regional)

COVERING: Benin, Burkina Faso, Côte d'Ivoire, Ghana, Guinea, Liberia, Sierra Leone, 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

KEY RESULTS/CONSTRAINTS IN 2018

- In northern Burkina Faso, the ICRC, with the Burkinabé Red Cross Society, expanded emergency assistance for IDPs and Malian refugees; herding households – refugees and residents – were given livelihood support.
- Aided by the ICRC, Burkinabé and Ivorian penitentiary authorities took steps to improve detainees' living conditions and access to health care. The ICRC wound down its detention-related activities in Guinea.
- Migrants in Burkina Faso and Côte d'Ivoire made phone calls to relatives or filed tracing requests; they did so at family-links kiosks set up by the ICRC in areas frequented by departing or in-transit migrants.
- Military and police officers from Burkina Faso, Côte d'Ivoire, Liberia, Togo and elsewhere – including personnel preparing to join multinational forces – learnt about IHL and international policing standards at ICRC briefings.
- Governments in the region drew on ICRC expertise and other forms of ICRC support to implement IHL and related treaties. Burkina Faso became party to the Second Protocol to the Hague Convention on Cultural Property.

EXPENDITURE IN KCHF

Protection	3,616
Assistance	6,401
Prevention	4,080
Cooperation with National Societies	3,586
General	385
Total	18,068
<i>Of which: Overheads</i>	<i>1,103</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	103%
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PERSONNEL

Mobile staff	44
Resident staff (daily workers not included)	261



PROTECTION

CIVILIANS

Restoring family links

RCMs collected	195
RCMs distributed	110
Phone calls facilitated between family members	705
Tracing cases closed positively (subject located or fate established)	93
People reunited with their families	4
<i>of whom unaccompanied minors/separated children</i>	<i>2</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	36
Detainees in places of detention visited	22,703
<i>of whom visited and monitored individually</i>	<i>255</i>
Visits carried out	109

Restoring family links

RCMs collected	104
RCMs distributed	32
Phone calls made to families to inform them of the whereabouts of a detained relative	88

ASSISTANCE

CIVILIANS

Economic security

Food consumption	Beneficiaries	15,000	18,295
Income support	Beneficiaries	55,000	23,166
Living conditions	Beneficiaries	5,000	14,202
Capacity-building	Beneficiaries		34

Water and habitat

Water and habitat activities	Beneficiaries	9,000	10,368
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Health

Health centres supported	Structures	1	1
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CONTEXT

Intense violence in northern Burkina Faso caused injuries and deaths, and displaced thousands of people. The Burkinabé and Malian armed forces carried out joint operations against armed groups based in Mali, in response to cross-border attacks by these groups. Burkina Faso contributed troops to the G5 Sahel force, a military initiative against armed groups in the wider Sahel region. Some 33,000 Malian refugees were still in UN camps or host communities in the Sahel region of Burkina Faso. These circumstances strained already inadequate public infrastructure; basic services were not easily obtained.

Communal, political and socio-economic tensions gave rise to incidents of violence in Côte d'Ivoire and elsewhere.

Thousands of Ivorian refugees, who had fled past violence, voluntarily returned home from Liberia under a UNHCR-led process; this ended in 2017. However, thousands of them were still in Ghana and Togo.

People from the countries covered sought to migrate elsewhere in West Africa, or to Europe. Côte d'Ivoire remained both a transit and a destination country for migrants.

ICRC ACTION AND RESULTS

The ICRC, together with the Burkinabé Red Cross Society, stepped up its activities for violence-affected people in Burkina Faso. It expanded its distributions of aid – food and basic household items – for IDPs and Malian refugees. Livestock were vaccinated under an ICRC-supported programme; in this way, the ICRC helped herding households – resident and refugee – to protect their livestock against disease and preserve their livelihoods. Violence-affected people had broader access to water and sanitation facilities after the ICRC repaired or built water pumps and latrines in their communities; during ICRC training sessions and hygiene-promotion activities, they also learnt how to maintain these facilities – helping ensure the sustainability of their water supply – and familiarized themselves with good-hygiene practices.

The ICRC visited detainees in Benin, Burkina Faso, Côte d'Ivoire, Guinea and Togo; in Burkina Faso, some of these detainees were held in places of temporary detention run by the *gendarmérie*, and in high-security prisons. Particular attention was paid to security detainees, such as people held in connection with the 2015 coup attempt in Burkina Faso. Findings from these visits were discussed confidentially with the authorities, to help them improve detainees' treatment and living conditions.

Penitentiary authorities in Burkina Faso, Côte d'Ivoire, and Guinea drew on material and technical support from the ICRC – donations of medicines and other supplies, and training for health personnel – to improve detainees' living conditions and treatment, including health care and nutrition. Ivorian authorities stocked prison clinics with the necessary supplies and treated ill detainees, with the ICRC's help; moderately malnourished or particularly vulnerable detainees at one prison received additional food rations under an ICRC-supported programme. The pertinent authorities in these three countries

– together with the ICRC – made structural improvements at some places of detention, such as renovations to living areas, water-supply facilities, and prison kitchens. In Guinea, vector-control and disinfection campaigns – to prevent the spread of disease – were carried out at various prisons. The ICRC wound down its detention-related activities in Guinea and presented a final report to the authorities; it urged them to allocate more resources for prisons, and endeavoured to persuade other actors to support penitentiary services.

Malian refugees in Burkina Faso, and Ivorian refugees in Ghana, restored or maintained contact with their families via the Movement's family-links services. Migrants in Burkina Faso and Côte d'Ivoire made phone calls to relatives or filed tracing requests; they did so at family-links kiosks set up by the ICRC in areas frequented by departing or in-transit migrants.

The ICRC strove to broaden awareness of and support for IHL and humanitarian action throughout the region. Briefings for military and security forces – including peacekeepers and members of the G5 Sahel force – helped to strengthen their grasp of IHL and international law enforcement standards. The ICRC engaged local leaders and other influential figures, and violence-affected communities, in dialogue; these interactions helped facilitate the Movement's work. Academics, journalists and others learnt more about IHL and the ICRC at workshops and other events. The ICRC continued to urge governments to implement IHL and related treaties, and gave them support for doing so. Burkina Faso became party to the Second Protocol to the Hague Convention on Cultural Property.

The regional delegation in Abidjan continued to provide communications, logistical and technical support for ICRC operations in central, northern and western Africa.

Aided by the ICRC, National Societies in the region bolstered their emergency preparedness and their capacity to promote IHL.

CIVILIANS

The ICRC responded to the situation in northern Burkina Faso (see *Context*) by expanding its activities for people affected by the fighting, in conjunction with the Burkinabé Red Cross Society. It brought up various humanitarian issues – linked to the protection of health services during armed violence and to the use of force, for example – with the authorities and other parties concerned. These discussions helped facilitate access to violence-affected communities.

The ICRC continued to document the concerns of violence-affected people throughout the region, to make oral and written representations to the parties concerned, and to urge these parties to prevent unlawful conduct.

While briefing beneficiaries on its activities in Burkina Faso, the ICRC collected their views on the work done in their behalf.

Military and security personnel broaden their knowledge of IHL

More than 1,800 military and police officers in Burkina Faso, Côte d'Ivoire, Guinea, Liberia and Togo strengthened their grasp of IHL and international law enforcement standards, and learnt more about the Movement, at ICRC dissemination sessions. They included: people bound for peace-support operations in Mali and elsewhere; officers preparing to join the G5 Sahel force; members of the police and the *gendarmerie* who were part of a counter-terrorism unit in Burkina Faso; police officers and *gendarmes* in Togo; and Liberian troops who sometimes provided support for law enforcement operations. During these sessions, the ICRC emphasized the importance of incorporating humanitarian considerations in operational decision-making; in Guinea, some of the sessions were led by ICRC-trained instructors from the police academy and the *gendarmerie*. The ICRC helped the Togolese military produce booklets on IHL for distribution to troops.

Violence-affected people in Burkina Faso receive emergency assistance

The Burkinabé Red Cross and the ICRC expanded their efforts to help violence-affected people in northern Burkina Faso to meet their urgent needs.

In all, some 2,500 households (some 18,300 people) – IDPs and refugees from Mali – received enough food for roughly a month, or coupons to buy food in areas with functioning markets; of these households, some 1,800 (some 14,200 people) were given shelter materials, and supplies for preparing meals and maintaining good hygiene. Herding households – residents and Malian refugees – worked to restore their livelihoods and strengthen their resilience to the effects of violence. Livestock were vaccinated against disease, helping some 3,900 herding households (some 23,200 people) to maintain the health and productivity of their herds; some vaccination activities were ongoing at year's end.

Around 10,300 people had broader access to water and sanitation facilities after the ICRC repaired or built water pumps and latrines in their communities; they learnt how to prevent the spread of water-borne diseases at hygiene-promotion sessions. The ICRC also trained members of these communities to maintain water infrastructure, and ensure their long-term functioning. In western Côte d'Ivoire, the ICRC renovated wells or treated them with the necessary chemicals; this made safe water available to people affected by communal violence.

People in northern Burkina Faso obtain basic health services at an ICRC-supported centre

A National Society-run health centre in Djibo, in the Sahel region of Burkina Faso, provided basic services – such as vaccinations and antenatal care – in accordance with the national guidelines established by the health ministry; it did so with technical and material support, and training, from the ICRC. This support included the donation of a refrigerator for storing vaccines; the ICRC also helped renovate the centre's dispensary. The district's sanitation department trained personnel to ensure the hygiene and cleanliness of the centre's facilities with the ICRC's help.

The ICRC continued to urge the ministry to improve the centre's services by assigning additional personnel to it, and to take steps to screen all children for malnutrition and refer them for treatment as necessary. Patients needing higher-level care, such as surgery, were referred to a hospital in Djibo.

Migrants use the ICRC's family-links kiosks to reconnect with relatives

Malian refugees in Burkina Faso, Ivorian refugees in Ghana, and others separated from their families by violence, migration or other circumstances, restored or maintained contact with relatives via RCMs and telephone calls facilitated by the National Societies concerned.

In Burkina Faso and Côte d'Ivoire, the ICRC opted not to launch a pilot project for migrants, which was planned to utilize RFID-enabled cards. Instead, it set up kiosks where people could obtain family-links services – make telephone calls or file tracing requests, for instance – in areas frequented by departing or in-transit migrants.

Two people at a refugee camp in Ghana were reunited with their families. The ICRC arranged a family visit for one of the people resettled in Ghana after being released from the US detention facility at the Guantanamo Bay Naval Station in Cuba.

The National Societies in Burkina Faso, Côte d'Ivoire, and Guinea strengthened their family-links capacities with the ICRC's support (see *Red Cross and Red Crescent Movement*). Plans to build a new office for the Burkinabé Red Cross did not push through, owing to administrative difficulties.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visits places of temporary detention in Burkina Faso

The ICRC visited detainees at 36 places of detention (around 13,000 detainees in Côte d'Ivoire; 3,400 in Burkina Faso; 3,300 in Guinea; 2,500 in Togo; and 400 in Benin) in order to monitor their treatment and living conditions.

After these visits, which were conducted in accordance with its standard procedures, the ICRC communicated its findings and recommendations confidentially to the authorities concerned. Some 260 detainees in all were monitored individually. Detainees in Burkina Faso included: people held in places of temporary detention run by the *gendarmerie*, and in a high-security prison; people held in connection with the situation in the north; and people arrested for their alleged involvement in the failed coup of 2015. People serving sentences in Benin under the UN Mechanism for International Criminal Tribunals (see *Paris*) were also given close attention. The ICRC sought access to all detainees within its purview, including detainees in Côte d'Ivoire, and those held in places of temporary detention by a counter-terrorism unit comprised of military personnel, police forces and *gendarmes* in Burkina Faso.

Detainees contacted their relatives through the ICRC's family-links services. The ICRC helped foreign inmates to notify their consular representatives of their situation.

In Guinea, the ICRC wound down its detention-related activities; it submitted a final report on these activities to the authorities, for use as a source of reference.

The ICRC worked to finalize a report on its work for detainees in Côte d'Ivoire over the past 20 years, with a view to making this report available to the Ivorian president and other high-level authorities.

Particularly vulnerable Ivorian detainees obtain suitable treatment and supplementary food rations

The Ivorian authorities maintained their efforts to reform penitentiary services – particularly, to improve detainees' nutrition and access to good-quality health-care services – with the ICRC's encouragement and expertise, and material assistance. The government agency in charge of dispensing medicines to public facilities, including prisons, stocked prison clinics with medicines and other medical supplies from the ICRC. These supplies helped staff treat detainees suffering from vitamin-deficiency illnesses, and screen and provide therapeutic feeding for malnourished detainees. Some moderately malnourished and/or particularly vulnerable detainees also received food under a pilot project at one prison (see below). Staff working at warehouses throughout the country which supplied food to prisons strengthened their capacities in the management of food stocks through ICRC training.

The ICRC provided material and technical support to the Burkinabé authorities' efforts to improve prison health facilities and boost their capacity to provide good-quality services. The ICRC provided supplies and equipment necessary to monitor detainees' nutrition. Health staff from nearly 30 detention facilities attended training sessions conducted by the authorities in conjunction with the ICRC.

In Guinea, the ICRC met with officials from the health and justice ministries, and urged them to increase the budget allocated for food and health services in prisons. The ICRC provided prison health staff with medicines and other supplies, and training to strengthen their capacities. The ICRC endeavoured to persuade other actors – other government agencies, for example – to provide assistance for the penitentiary system.

Authorities in Burkina Faso, Côte d'Ivoire, and Guinea upgrade prison infrastructure

In Burkina Faso, Côte d'Ivoire, and Guinea, some 12,100 detainees benefited from various improvements to detention facilities carried out by the pertinent authorities with the ICRC: they increased ventilation and expanded prison yards; upgraded water and sanitation facilities; installed new furnaces; and renovated kitchens.

Under an ICRC-supported pilot project at one prison in Côte d'Ivoire, moderately malnourished and/or particularly vulnerable detainees were given additional food rations; the ICRC installed new stoves at this prison, which helped make the preparation of these meals more efficient. The ICRC also provided food stocks and other material support to the authorities, to help them ensure detainees received adequate nutrition. These activities benefited some 11,000 detainees in all. The ICRC

distributed plates, mats and other household items, helping ease the living conditions of some 9,800 detainees.

Prison authorities in Guinea conducted hygiene-promotion sessions and carried out vector-control and disinfection campaigns with material and technical support from the ICRC; these activities aimed to create more sanitary surroundings for detainees and prevent the spread of disease.

In Burkina Faso, students at the national school for prison guards – training to become engineers – learnt more about ICRC projects in places of detention through presentations.

ACTORS OF INFLUENCE

The ICRC engaged weapon bearers in dialogue, and helped military and security forces in the region to incorporate IHL and other norms in their doctrine, training and operations (see *Civilians*). It also sponsored senior officers to attend an advanced IHL course in San Remo, Italy.

Local officials and others learn more about the Movement's work

The ICRC, together with the pertinent National Societies, cultivated relationships with influential figures in the countries covered. This helped to broaden awareness of and acceptance for IHL, and to raise support for the Movement's neutral, impartial and independent humanitarian action within the region and beyond.

In violence-affected areas of Burkina Faso and Côte d'Ivoire, the ICRC met with and conducted briefings and dissemination sessions for youth and community leaders, local authorities, military and security forces personnel, and others capable of facilitating its work. It also conducted other activities for them; for example, roughly 100 people learnt more about humanitarian issues and the ICRC's activities at a conference in Burkina Faso, which was organized jointly by the ICRC and a Burkinabé university and broadcast live through social media. The ICRC held dissemination sessions on IHL, and on its activities, for members of civil society, trainee magistrates, and other influential figures in Togo and Guinea. All these activities aimed to facilitate the Movement's access to people in need (see also *Civilians*).

Journalists from Burkina Faso, Côte d'Ivoire, Guinea, Liberia and Togo advanced their understanding of humanitarian issues through ICRC workshops and briefings organized by the ICRC and the pertinent National Societies. They drew on information from the ICRC to improve their coverage of humanitarian issues. In Côte d'Ivoire, the ICRC also organized a competition for radio journalists reporting on humanitarian affairs; this drew participants from throughout the region.

Burkina Faso becomes party to the Second Protocol to the Hague Convention on Cultural Property

The ICRC urged governments in the region to implement IHL and related treaties, and gave them support for doing so; it sponsored representatives, from most of the countries covered by the delegation, to attend a regional meeting on such matters (see *Nigeria*). Liberian officials attended a seminar on

the African Union Convention on IDPs that was organized with the ICRC's support. Burkina Faso became party to the Second Protocol to the Hague Convention on Cultural Property.

In Burkina Faso, the ICRC met with members of the judiciary and justice ministry officials to discuss violations of IHL; at an ICRC workshop, prosecutors – from jurisdictions where security conditions were volatile – learnt more about criminal repression of IHL violations.

Students debated IHL-related topics at a national moot court competition in Guinea. Academics and students in Benin and Guinea learnt about IHL and the Movement at ICRC dissemination sessions.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies across the region bolstered their ability to respond to emergencies, provide family-links services, promote IHL and the Movement, and strengthen their organizational development; they did so with technical and material support, and training from the ICRC. In Côte d'Ivoire, this helped the National Society to be ready to provide assistance during the elections, and respond to outbreaks of violence. The Burkinabé Red Cross Society trained its volunteers in the Safer Access Framework, including through simulation exercises organized with the ICRC's help; in Liberia, the National Society assigned a focal point for applying the Framework. The ICRC helped cover the salaries of key personnel, and other expenses, at some National Societies.

The Liberia National Red Cross Society continued – with financial and communication support from the ICRC – to assist 200 vulnerable women affected by or at risk of sexual violence; it provided counselling, home visits, and other services.

The ICRC coordinated its activities with those of other Movement components in the region – through meetings held periodically and other means – to maximize the impact of its activities and prevent duplication of effort. Besides bilateral discussions with National Societies, it also participated in various events with them, including a regional meeting of African National Societies in Burkina Faso.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	195	7		
RCMs distributed	110	3		
Phone calls facilitated between family members	705			
Reunifications, transfers and repatriations				
People reunited with their families	4			
<i>including people registered by another delegation</i>	2			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	129	36	39	11
<i>including people for whom tracing requests were registered by another delegation</i>	14			
Tracing cases closed positively (subject located or fate established)	93			
<i>including people for whom tracing requests were registered by another delegation</i>	6			
Tracing cases still being handled at the end of the reporting period (people)	276	60	54	39
<i>including people for whom tracing requests were registered by another delegation</i>	22			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
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	4	1		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	36			
Detainees in places of detention visited	22,703	652	693	
Visits carried out	109			
		Women	Girls	Boys
Detainees visited and monitored individually	255	12	1	9
<i>of whom newly registered</i>	137	5	1	8
RCMs and other means of family contact				
RCMs collected	104			
RCMs distributed	32			
Phone calls made to families to inform them of the whereabouts of a detained relative	88			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	18,295	4,638	2,628
	<i>of whom IDPs</i>	15,352	3,755	1,598
Income support	Beneficiaries	23,166	805	
	<i>of whom IDPs</i>	5,455	100	
Living conditions	Beneficiaries	14,202	2,489	1,441
	<i>of whom IDPs</i>	11,723	1,759	587
Capacity-building	Beneficiaries	34	3	
Water and habitat				
Water and habitat activities	Beneficiaries	10,368	3,110	4,147
	<i>of whom IDPs</i>	2,593	778	1,037
Health				
Health centres supported	Structures	1		
Average catchment population		80,000		
Consultations		5,011		
	<i>of which curative</i>	4,507	837	3,197
	<i>of which antenatal</i>	504		
Referrals to a second level of care	Patients	33		
	<i>of whom gynaecological/obstetric cases</i>	9		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	11,093	271	385
Living conditions	Beneficiaries	9,791	204	473
Water and habitat				
Water and habitat activities	Beneficiaries	12,146	364	243
Health				
Places of detention visited by health staff	Structures	16		
Health facilities supported in places of detention visited by health staff	Structures	13		
WOUNDED AND SICK				
First aid				
First-aid training				
	Sessions	15		
	Participants (aggregated monthly data)	296		

AFRICAN UNION

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 AU bodies. It endeavours to build strong relations with diplomatic representatives and other humanitarian organizations working in Addis Ababa.

YEARLY RESULT	
Level of achievement of ICRC yearly objectives/plans of action	HIGH

EXPENDITURE IN KCHF	
See under <i>Ethiopia</i>	
PERSONNEL	
See under <i>Ethiopia</i>	

CONTEXT

The African Union (AU) maintained its support for diplomatic and military efforts to tackle the consequences of armed conflict and political unrest throughout Africa. It continued to mandate multinational peace-support operations. The scaling down of the AU-UN Mission in Darfur (UNAMID), in Sudan, and the AU Mission in Somalia (AMISOM) – both in existence for over ten years – began in 2018 and will continue through 2019. The AU supported regional efforts to stabilize the Lake Chad and Sahel regions – by authorizing regional military coalitions, and through other means.

To ensure that peace-support operations complied with IHL and international human rights law, the AU continued to develop and enhance policies and operational guidelines for them that incorporated pertinent provisions from these bodies of law. It also provided strategic guidance for training police, military, and civilian personnel involved in peace-support operations.

ICRC ACTION AND RESULTS

The ICRC strove to strengthen acceptance for its work in AU Member States and to influence the AU's efforts to address the consequences of armed conflict and other situations of violence in the region.

AU officials learn more about the ICRC's work

In its interaction with AU officials and Member State representatives at various forums, the ICRC aimed to expand support for its neutral, impartial and independent humanitarian action throughout Africa. It also sought to broaden awareness of its priorities, working methods, and operational constraints in Africa. It briefed members of the AU Peace and Security Council (AU PSC) on humanitarian concerns linked to peace and security and participated in events led by AU bodies. It maintained contact with diplomatic representatives of African countries and other States.

In order to strengthen the coordination of humanitarian activities in the region, the ICRC continued to exchange information with international organizations and NGOs working with the AU – especially those concerned with forced displacement and the protection of children – and to take part in inter-agency meetings as an observer.

The AU and the ICRC discuss regional issues of humanitarian concern

The ICRC continued to draw attention to pressing issues of humanitarian concern, with a view to ensuring that they were given due consideration in the AU's decisions, policies, and public communication. The ICRC stated its positions on such matters as the protection of women and children affected by armed conflict or other violence; humanitarian perspectives to the prohibition of nuclear weapons; the protection of civilians in conflict areas; and the role of women in conflict

prevention and peacebuilding at the community level. It did so at statutory meetings of AU organs – for instance, the African Commission on Human and Peoples' Rights (ACHPR), the African Committee of Experts on the Rights and Welfare of the Child (ACERWC), and the AU PSC – and in discussions with representatives of international organizations, NGOs and think-tanks. The ICRC organized – with the AU Partners Group – a panel discussion with the ICRC's president on the main findings of an ICRC policy report on IDPs in urban settings.

The ACHPR and the ICRC conducted an introductory workshop on IHL for ACHPR commissioners.

The ICRC continued to provide expert advice for drafting and implementing certain policies. For instance, it made its expertise available to the ACERWC Secretariat for developing a general comment on provisions – linked to children dealing with armed conflict and the ICRC's mandate – of the African Charter on the Rights and Welfare of the Child. It continued to support the AU's and its Member States' efforts to incorporate the African Union Convention on IDPs in domestic law.

The AU takes measures

to ensure that peace-support operations comply with IHL

The ICRC continued to assist in developing measures to promote compliance with IHL and other applicable norms among AU peace-support operations personnel.

An ICRC legal adviser seconded to the AU Peace and Security Department provided support, particularly for: organizing round-tables and an experts' meeting to study and identify gaps in current AU methods for ensuring compliance with IHL and international human rights law among peace-support operations; developing an AU training curriculum – focused on, notably, IHL and international human rights law – for personnel deploying to peace-support operations; and piloting an advanced course, also for personnel on peace-support operations, on the protection of civilians and recommending improvements to it.

At a military exercise organized by the AU, officers from nine countries contributing troops to the African Capacity for Immediate Response to Crises familiarized themselves with IHL during ICRC sessions, and applied IHL provisions and humanitarian principles throughout the exercise.

AU officials, sponsored by the ICRC, attended IHL courses and workshops; this helped them strengthen their grasp of IHL and better implement it while planning and managing peace-support missions.

In its dialogue with the AU Police Strategic Support Group, the ICRC emphasized the necessity of fostering adherence among troop-contributing countries to the Luanda Guidelines for arrests, police custody and pre-trial detention and to the ACHPR's guidelines for policing assemblies.

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.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2018

- Detaining authorities drew on the ICRC's help to improve detention conditions, including access to health care. They prohibited solitary confinement for more than 15 days, in line with internationally recognized standards.
- People separated by armed conflict, migration, and/or detention reconnected with their relatives through the Movement's family-links services. Vulnerable people were referred to appropriate services for assistance.
- Influential parties discussed humanitarian issues. They learnt more about IHL and the Movement at various meetings and events, and through a film on the ICRC's role during the Algerian war of independence.
- The defence ministry strove to improve military education with technical support from the ICRC. It began drafting an IHL training manual, and organized a workshop on wound care for military medical personnel.
- The Algerian Red Crescent continued to receive various forms of ICRC support for reinforcing its capacities in administering first aid, restoring family links, and promoting IHL and the Movement.

EXPENDITURE IN KCHF

Protection	1,597
Assistance	299
Prevention	649
Cooperation with National Societies	121
General	115
Total	2,782
<i>Of which: Overheads</i>	<i>170</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	87%
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PERSONNEL

Mobile staff	8
Resident staff (daily workers not included)	18



PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	33
RCMs distributed	59
Phone calls facilitated between family members	14
Tracing cases closed positively (subject located or fate established)	5
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	19
Detainees in places of detention visited	9,976
<i>of whom visited and monitored individually</i>	99
Visits carried out	19
Restoring family links	
RCMs collected	10
RCMs distributed	4
Phone calls made to families to inform them of the whereabouts of a detained relative	61

CONTEXT

Despite insecurity in the region, and a degree of political and economic uncertainty in the country, Algeria remained stable. Algeria kept its borders – other than those with Tunisia and, more recently, Mauritania – closed. It continued military or security operations against groups suspected of endangering the State, or of being associated with unregulated trade in various commodities. These operations reportedly led to arrests and casualties.

Migrants, including refugees and asylum seekers, continued to arrive in Algeria or pass through it on their way to other destinations; reportedly, more people than ever attempted to reach Europe by crossing the Mediterranean Sea from Algeria.

Algeria continued to play an active role in multilateral forums, particularly the African Union Peace and Security Council and the UN Human Rights Council.

ICRC ACTION AND RESULTS

The ICRC's delegation in Algeria pursued dialogue with the relevant authorities; one of its main aims was to broaden its access to detainees, especially those held for security reasons. It visited detention facilities to which it had access, and monitored detainees' treatment and living conditions – and afterwards, communicated its findings and recommendations confidentially to the detaining authorities. These recommendations were acted upon sometimes. For example, the authorities issued a legislative decree prohibiting solitary confinement for more than 15 days, in line with internationally recognized standards. The ICRC provided technical support and organized various events for detaining and other authorities, to help them develop their ability to manage prisons and provide health care of good quality for detainees. Plans to develop a training programme in prison management – for prison authorities in north-western Africa – were hindered by human-resource and other constraints.

People separated from their families by armed conflict, migration, detention, or other circumstances stayed in touch with relatives through the Movement's family-links services. The ICRC provided the Algerian Red Crescent with technical support for improving their provision of these services. When necessary, the ICRC referred vulnerable people to the appropriate services for assistance; it helped foreign detainees to notify their consular representatives of their detention. It remained ready to act as a neutral intermediary, for instance, in the repatriation of Algerian nationals' remains.

The ICRC was in regular contact with institutions and parties facilitating humanitarian action – or wielding influence in these matters – in Algeria and elsewhere. Dialogue with these parties – government ministers, academics, and religious organizations – helped to advance understanding of the ICRC's working methods and made its positions on various humanitarian issues more widely known. An ICRC-produced film enabled government and military officials, and members of the private sector and civil society, to learn about the ICRC's

activities during Algeria's war of independence. The ICRC gave the national IHL committee and the authorities expert advice for incorporating IHL in domestic law and ratifying IHL treaties.

The ICRC continued to work with the military and security forces, to advance understanding of IHL and/or other applicable norms among their personnel, and to help ensure respect for them. The defence ministry and the ICRC maintained their joint efforts to improve military education. With ICRC support, the ministry began to draft an IHL training manual. Military medical personnel attended an ICRC workshop on wound care.

The National Society, aided by the ICRC, reinforced its capacities in first aid, restoring family links, and public communication. It familiarized itself with the Safer Access Framework, and received support for incorporating the framework in its activities. Dialogue with the National Society on certain subjects, such as humanitarian needs arising from migration, was restricted in scope. The ICRC continued to guide the National Society in various matters, such as observing the Fundamental Principles and coordinating with other Movement components.

CIVILIANS

Members of separated families reconnect

People separated from their families by armed conflict, migration, detention, or other circumstances reconnected with relatives through RCMs, brief oral messages and other family-links services offered by the Algerian Red Crescent with the ICRC's technical support. One family continued to send parcels and make video calls every month to a relative held at the US detention facility at Guantanamo Bay Naval Station in Cuba. People lodged requests to trace missing relatives; some of these requests were lodged with European National Societies assisting the families of people thought to have been lost at sea (see *Context*). The ICRC, with the Algerian National Society's help, resolved five cases.

The National Society and the ICRC met regularly to discuss such matters as the National Society's difficulties in providing family-links services. Some 40 volunteers were given the necessary training. Sponsored by the ICRC, the National Society's coordinator for family-links services attended a regional meeting and undertook an immersion mission to Rwanda – in order to learn from and exchange best practices with personnel from other National Societies.

When necessary, the ICRC referred vulnerable people to the appropriate services for assistance. Some foreigners at risk of *refoulement* after their release from detention had their cases forwarded, at their request, to the UNHCR or their consular representatives.

The ICRC remained ready to support the authorities in meeting the needs of the families of people missing in connection with past internal violence.

Algerian authorities and the ICRC discussed how the ICRC could serve as a neutral intermediary in the repatriation of Algerian nationals' remains. Algerian forensic authorities

organized a conference on emergency response – including the management of human remains – during disasters; the ICRC, at the authorities' invitation, attended and shared its expertise on the subject. The National Society's focal point for first aid, and a forensic expert from South Africa, attended the conference, with ICRC sponsorship.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detaining authorities are urged to meet internationally recognized standards for detention

The ICRC maintained dialogue with detaining authorities on securing and/or broadening its access to detainees, especially people held for security reasons. It visited places of detention to which it had access, in accordance with its standard procedures, to monitor detainees' treatment and living conditions. Some 100 detainees with specific needs – including foreign nationals and vulnerable women – were monitored individually. The ICRC communicated its findings and recommendations confidentially to the detaining authorities, to help them improve detainees' living conditions and treatment. It urged the authorities to ensure that judicial guarantees were respected, and helped them produce posters, in Arabic and French, that informed detainees of their rights; this was particularly helpful for detainees awaiting trial.

Detaining authorities – in prisons and at the national level – and the ICRC continued to discuss various issues: overcrowding and its consequences; solitary confinement; and family contact for all detainees, including foreigners. Detaining authorities sometimes took the ICRC's recommendations – for bringing detention conditions in line with internationally recognized standards – into account: for example, they issued and implemented a legislative decree prohibiting solitary confinement for more than 15 days.

The ICRC helped detaining authorities to attend workshops, meetings, and other events to learn about best practices in prison management. It held several workshops on internationally recognized standards for detention, and briefings on its detention-related activities, for students at the national prison administration school; some prison administrators attended these sessions. A joint project with the Algerian prison authority – a training programme in prison management for prison authorities in north-western Africa – was slowed by human-resource and other constraints.

Detainees held far from their homes, or whose families were not in Algeria, exchanged news with relatives through the Movement's family-links services (see also *Civilians*). The ICRC helped foreigners to notify their consular representatives of their detention.

Detaining and health authorities learn more about handling medical issues in prisons

The ICRC continued to urge authorities to ensure the availability of good-quality health services for detainees. During its visits to detention facilities, it took note of detainees needing medical follow-up and brought their cases to the attention of the pertinent authorities.

At meetings and workshops organized by the ICRC or with its support, officials from the justice ministry, prison authorities, and medical personnel learnt about handling various issues related to health-care provision in prisons. Topics covered at these events included documentation and management of incidents of violence, the importance of respecting patient confidentiality, and caring for detainees with mental illnesses. Officials from the justice and health ministries attended a seminar in Amman, Jordan, with the ICRC's help; at this event, they discussed abiding by medical ethics in prisons (see *Jordan*).

The ICRC and a university hospital in Algiers made plans to produce a training video on conducting medical examinations of people on remand; formal approval of the project was pending.

ACTORS OF INFLUENCE

Influential parties learn more about the ICRC and its work

The ICRC was in regular contact with parties facilitating humanitarian action – or wielding influence in these matters – in Algeria and elsewhere; they included government ministers, academics and religious organizations. Dialogue with these parties helped to advance understanding of the ICRC's working methods and made its positions on various humanitarian issues more widely known.

An ICRC-produced film enabled government and military officials, and members of the private sector and civil society, to learn about the ICRC's activities during Algeria's war of independence. They learnt more about IHL, and the ICRC and its mandate, at meetings and other events held in Algeria and abroad (see, for example, *Lebanon* and *Tunis*). Workshops were organized for journalists, to help them report on humanitarian issues more accurately. Islamic leaders and scholars advanced their understanding of the points of correspondence between IHL and Islamic law at courses and conferences held in Algeria and elsewhere (see, for example, *Morocco*). ICRC presentations and round-tables helped university students and lecturers to expand their knowledge of IHL (see *Paris*). Some of the events mentioned above were organized with others, such as the Algerian Red Crescent and the national IHL committee.

The ICRC gave the National Society technical and financial support for developing its public-communication capacities. It also helped the legal adviser to the Algerian Red Crescent – through training and other support – further her understanding of IHL and international human rights law, and the National Society's role in promoting these norms.

During meetings with the authorities and members of the national IHL committee, the ICRC gave advice on incorporating IHL in domestic law and ratifying IHL treaties, such as the Hague Convention on Cultural Property.

The defence ministry and the ICRC work together to improve military education

The ICRC engaged military and security forces in dialogue to broaden their understanding of and strengthen their compliance with IHL, international human rights law, and/or other pertinent norms.

The defence ministry and the ICRC maintained their joint efforts to improve military education. With ICRC support, the ministry began to draft an IHL training manual. Doctors, surgeons and other military medical personnel attended a workshop conducted by ICRC experts on wound care. The workshop also emphasized the necessity of protecting medical personnel and facilities. A number of army officers attended workshops abroad – such as one on international rules for military operations (see *International law and policy*) and another on teaching IHL (see *Morocco*); they did so with ICRC help.

Police and detaining authorities learnt more about the ICRC and its work through a series of workshops and seminars (see also *People deprived of their freedom*).

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC gave the Algerian Red Crescent financial and technical support for strengthening its organizational structure and operational capacities, particularly in first aid and restoring family links (see also *Civilians*). Aided by the ICRC, National Society staff and volunteers attended training sessions, meetings and other events, in Algeria and elsewhere. National Society staff learnt more about IHL and how to promote it among volunteers and the wider public (see also *Actors of influence*); they also learnt more about the Safer Access Framework, and were helped by the ICRC to incorporate it in their activities. Dialogue with the National Society on certain subjects, such as humanitarian needs arising from migration, was restricted in scope.

The National Society continued to receive ICRC guidance in such matters as observing the Fundamental Principles and coordinating with other Movement components.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	33			
RCMs distributed	59			
Phone calls facilitated between family members	14			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	8	3	1	2
Tracing cases closed positively (subject located or fate established)	5			
<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)	47	8	5	2
<i>including people for whom tracing requests were registered by another delegation</i>	6			
Documents				
People to whom official documents were delivered across borders/front lines	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	19			
Detainees in places of detention visited	9,976	192	14	
Visits carried out	19			
		Women	Girls	Boys
Detainees visited and monitored individually	99	6		
<i>of whom newly registered</i>	72	6		
RCMs and other means of family contact				
RCMs collected	10			
RCMs distributed	4			
Phone calls made to families to inform them of the whereabouts of a detained relative	61			

MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM	Total	Women	Children
Health			
Places of detention visited by health staff	Structures	3	

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 in Antananarivo. The ICRC visits detainees in 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.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH



KEY RESULTS/CONSTRAINTS IN 2018

- Malagasy authorities and the ICRC developed more nutritious meals for detainees by implementing pilot projects at two prisons; the ICRC and a local NGO maintained their nutritional programme for malnourished detainees.
- Disinfection and vector-control conducted by prison officials and the ICRC lowered the risk of disease for detainees in Malagasy prisons; hygiene items distributed by the ICRC helped as well.
- The police and the *gendarmerie* in Madagascar learnt more about international human rights law and international policing standards through ICRC training; police personnel were also given booklets on these subjects.
- National IHL committees and parliamentarians from the Comoros and Madagascar discussed the implementation of IHL-related treaties at ICRC workshops. Madagascar became party to Additional Protocol III.

EXPENDITURE IN KCHF

Protection	840
Assistance	1,699
Prevention	305
Cooperation with National Societies	212
General	70
Total	3,126
<i>Of which: Overheads</i>	<i>190</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

Mobile staff	7
Resident staff (daily workers not included)	33

PROTECTION

Total

CIVILIANS

Restoring family links

RCMs distributed	15
Tracing cases closed positively (subject located or fate established)	1

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	17
Detainees in places of detention visited	13,859
<i>of whom visited and monitored individually</i>	56
Visits carried out	45

Restoring family links

RCMs collected	20
Phone calls made to families to inform them of the whereabouts of a detained relative	311

CONTEXT

Political tensions persisted in Madagascar, and protests sometimes led to violence; vigilantism is widespread. Economic difficulties hindered the provision of basic services, including in prisons. Presidential elections took place in November and December.

The Comoros remained vulnerable to social and political unrest. Mauritius and the Seychelles were politically stable.

The region was affected by natural disasters of varying scale. In January, Cyclone Ava caused extensive damage to infrastructure in Madagascar, and displaced thousands of people in the northern part of the country.

ICRC ACTION AND RESULTS

The regional delegation in Antananarivo supported the authorities in Madagascar in improving detainees' treatment and living conditions. It fostered awareness of and support for the Movement and IHL throughout the region, and promoted respect for international policing standards, especially in Madagascar. When possible, it worked with National Societies in the region. During its interaction with the authorities and others of influence, it drew attention to its gradual disengagement from the region and the planned closure of its regional delegation in Antananarivo in 2019.

In Madagascar, the ICRC visited detainees in line with its standard procedures, to monitor their treatment and living conditions; it paid particular attention to detainees with specific needs. Findings and recommendations were communicated confidentially to the authorities, who were helped to bring detainees' living conditions and treatment in line with internationally recognized standards. Detainees maintained contact with their relatives through family-links services such as RCMs and phone calls. At the request of foreign detainees, the ICRC notified their respective embassies of their situation.

The ICRC continued, together with the Aumônerie Catholique des Prisons (ACP), to distribute meals to malnourished detainees in Malagasy prisons. On-site guidance and training from the ICRC helped the ACP to develop their ability to implement the nutritional programme independently. The ICRC also provided training and technical support for the authorities' efforts to improve detainees' nutrition and manage the food supply in prisons more efficiently. The authorities and the ICRC developed more nutritious meals for detainees, through pilot projects implemented at two prisons, and published a guide to detainees' nutrition. A working group, to oversee nutrition in detention facilities, was established; it consisted of officials from the prison administration. The ICRC renovated food storage facilities in prisons, to improve the management of food stocks; improvements were made to kitchens and new stoves installed.

The ICRC urged the justice and health ministries in Madagascar to work together to improve health care in prisons. It lowered risks to detainees' health by helping the authorities to renovate

and disinfect prison infrastructure, and conduct vector-control programmes. ICRC briefings enabled prison staff, and students at the national prison administration school, to familiarize themselves with various aspects of prison management, such as health care and hygiene. Soap and cleaning materials from the ICRC helped detainees in Malagasy prisons to mitigate risks to their health.

The ICRC sought engagement and dialogue with parties of influence throughout the region – authorities, police forces, members of civil society, academics, and others – to broaden awareness of and support for IHL, international human rights law, the Movement's neutral, impartial and independent humanitarian action and its own mandate. Police and *gendarmerie* in Madagascar learnt about international standards applicable to their work during ICRC briefings; police personnel also received booklets on these subjects. ICRC expertise was made available to Malagasy military and security forces for incorporating pertinent norms in their training and operations. The ICRC maintained dialogue with national IHL committees and authorities in the region, and provided them with technical assistance for advancing the implementation of IHL and IHL-related treaties. Madagascar became party to Additional Protocol III. ICRC events, and articles or reports published by journalists after attending ICRC workshops, helped broaden public awareness of Movement activities and humanitarian issues.

National Societies in the region bolstered their capacities in emergency preparedness and response, and in public communication; they assisted their national authorities in providing emergency relief. The ICRC and other Movement components provided support for all these efforts. The ICRC coordinated with Movement partners to maximize the impact of activities and prevent duplication of effort.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visits detainees in Madagascar

The ICRC visited, in accordance with its standard procedures, 17 prisons under the authority of the Malagasy justice ministry; these facilities held over 13,800 detainees in all. ICRC delegates monitored the treatment and living conditions of detainees, paying particular attention to women, children, elderly people and foreigners. Afterwards, they discussed their findings and recommendations confidentially with the authorities, to help bring detainees' living conditions and treatment in line with internationally recognized standards.

Detainees maintained contact with their relatives through family-links services such as RCMs or phone calls. At the request of foreign detainees, the ICRC notified their respective embassies of their situation. It also covered transport costs for detainees who returned home after their release.

The ICRC wound down and concluded its detention activities in the Comoros; there, and in Madagascar, the ICRC endeavoured to persuade others to support the provision of basic services in prisons.

Penitentiary administration authorities discuss best practices at workshops

In Madagascar, a government decree provided formal recognition for the technical committee – on ensuring respect for judicial guarantees – that was set up by the justice ministry and the ICRC in 2011. The ICRC made expert contributions to the committee's meetings; officials from the justice ministry and the penitentiary administration participated in these discussions. The ICRC submitted reports to the justice ministry – on such matters as conditional release for sick detainees – which were also intended to serve as sources of reference.

The penitentiary administration, which expected to be operating with an expanded budget, sought the ICRC's advice for setting up mechanisms to ensure more efficient use of its resources. It also worked to boost its capacities: aided by the ICRC, it organized workshops at which regional directors, prison directors, prison health staff and others could exchange ideas and discuss challenges and best practices.

Students at the national prison administration school familiarized themselves with various aspects of prison management – such as health care, nutrition, infrastructure, hygiene and judicial guarantees – at ICRC briefings. ICRC training also enabled prison staff to learn about detainees' rights and internationally recognized standards for detention; prison staff and detainees were also given decks of cards for a game – on these rights and standards – that the ICRC had developed.

Malnourished inmates are helped to meet their nutritional needs

The ICRC continued to urge the justice and health ministries to work together to improve health services for detainees in Madagascar, including the management of diseases such as TB, HIV/AIDS and malaria in prisons. The ICRC facilitated dialogue between local health and prison authorities to enable the referral of ailing detainees to external health facilities.

Over 8,300 malnourished detainees in Malagasy prisons met their nutritional needs with meals distributed by the ICRC and its implementing partner, the ACP; acutely malnourished detainees received high-energy food supplements. On-site guidance and training from the ICRC helped the ACP to develop its ability to implement the nutritional programme independently.

The authorities and the ICRC carried out pilot projects at two prisons to develop more nutritious meals for detainees. They also produced a video on the projects and published a guide to detainees' nutrition. Aided by the ICRC, the authorities set up a working group to oversee nutrition in detention facilities; it consisted of officials from the prison administration. Prison authorities and staff developed their ability to manage the food supply in prisons, with training and technical assistance from the ICRC.

Detainees' living conditions improve

In Madagascar, the technical committee on hygiene and infrastructure – set up by the justice ministry and the ICRC – met regularly and helped conduct vector-control campaigns, maintain infrastructure and carry out other activities in prisons.

Detainees in Malagasy prisons had better living conditions after the authorities and the ICRC renovated water and sanitation and other basic facilities. They benefited from renovations to kitchens and food storage areas, and the installation of new stoves; at some prisons, these activities enhanced the implementation of nutritional programmes for malnourished detainees (see above).

The health ministry and the ICRC disinfected prison cells – with the Pasteur Institute's support – and conducted vector-control programmes to reduce detainees' risk of illness and disease; soap and cleaning materials from the ICRC helped detainees mitigate risks to their health.

Some 2,500 detainees received recreational items and educational materials from the ICRC, to enhance their living conditions.

In the Comoros, plans to carry out vector-control campaigns in prisons did not push through, owing to various logistical issues.

ACTORS OF INFLUENCE

The ICRC sought engagement and dialogue with parties of influence throughout the region – authorities, police forces, members of civil society, academics and others – to broaden awareness of and support for IHL, international human rights law, the Movement's neutral, impartial and independent humanitarian action and its own mandate. During its interaction with these parties, it drew attention to its gradual disengagement from the region and the planned closure of its regional delegation in Antananarivo in 2019.

The police and the *gendarmerie* add to their knowledge of international policing standards

In Madagascar, members of the police force and *gendarmes* strengthened their grasp of international human rights law and international policing standards, and learnt more about the ICRC, through training sessions. ICRC train-the-trainer sessions helped senior police officers to develop their ability to instruct others in these norms. ICRC expertise was made available to the police and the *gendarmerie* for incorporating pertinent norms in their training and operations, for example by developing modules and curricula. All these efforts were supplemented by the production of communication materials; for instance, roughly 10,000 police personnel received booklets on international human rights law.

A platform bringing together all actors interacting with military and security forces in Madagascar – which was established with the ICRC's help in 2017 – developed a handbook on international human rights law and IHL for trainers of defense and security forces.

Madagascar ratifies Additional Protocol III

The ICRC continued to work with national IHL committees and authorities in the region to advance the implementation of IHL. In the Comoros and Mauritius, it made expert contributions to workshops – on implementing IHL-related treaties – for members of national IHL committees and parliamentarians. Madagascar became party to Additional Protocol III.

At a regional seminar on IHL (see *Pretoria*), representatives of the national IHL committees of the Comoros, Mauritius and the Seychelles discussed matters pertaining to the implementation of IHL.

Academics bolster their ability to teach IHL

In the Comoros, a university developed its capacities in IHL instruction; in support of these efforts, the ICRC sponsored a teacher from the university to attend an experts' workshop on the points of correspondence between IHL and Islamic jurisprudence; the ICRC also gave the university reference materials on IHL. The ICRC also enabled the dean of the law faculty at one Malagasy university to attend a conference on IHL (see *Abidjan*).

Reports published by Malagasy journalists – after attending ICRC workshops held with the National Society – and materials posted by the ICRC on social media, broadened awareness of various humanitarian issues among authorities, members of civil society, and the general public throughout the region. Public events organized by the ICRC – for instance, an exhibit on its detention-related work in Madagascar – helped draw attention to humanitarian issues and foster awareness of the ICRC and its activities.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region strengthened their operational capacities, boosted their emergency preparedness and response, and promoted the Fundamental Principles – and the Movement and its activities – through various events and communication channels (see *Actors of influence*); they did so with the ICRC's technical and material support, and in coordination with Movement partners such as the Indian Ocean Regional Intervention Platform (PIROI). National Societies also supported their national authorities in providing emergency relief – as the Malagasy Red Cross Society did during the floods caused by a cyclone, for instance.

All Movement components in the region met regularly to coordinate their activities, with a view to maximizing impact and preventing duplication of effort. For instance, the PIROI organized regional meetings to discuss and coordinate disaster-response activities with its Movement partners. The ICRC sponsored representatives from the Mauritian and Malagasy National Societies to attend events for francophone National Societies abroad.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs distributed	15			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	2	1		1
Tracing cases closed positively (subject located or fate established)	1			
Tracing cases still being handled at the end of the reporting period (people)	13	4		1
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	17			
Detainees in places of detention visited	13,859	816	1,651	
Visits carried out	45			
		Women	Girls	Boys
Detainees visited and monitored individually	56	3		4
<i>of whom newly registered</i>	52	3		2
RCMs and other means of family contact				
RCMs collected	20			
Phone calls made to families to inform them of the whereabouts of a detained relative	311			

MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	8,351	110	64
Living conditions	Beneficiaries	2,485	103	166
Capacity-building	Beneficiaries	5,146	188	334
Water and habitat				
Water and habitat activities	Beneficiaries	23,150	2,084	1,158
Health				
Places of detention visited by health staff	Structures	19		
Health facilities supported in places of detention visited by health staff	Structures	5		

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. It focuses on working with the prison authorities to ensure that detainees' treatment and living conditions meet internationally recognized standards, and on assisting violence-affected civilians. The ICRC helps the Burundi Red Cross bolster its work, especially 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.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- IDPs and returnees received aid – from the ICRC or through the Burundi Red Cross – which helped them cope with their situation. Vulnerable households earned money thanks to ICRC income support.
- People in urban and rural areas had better access to safe drinking water, and were less at risk from water-borne diseases, after the local water authorities, the National Society and the ICRC renovated water-supply systems.
- People obtained good-quality care, including psychosocial support, at five primary-health-care centres – one more than last year. Health staff were trained to provide integrated care for victims/survivors of sexual violence.
- Detainees had improved access to food since the ICRC helped set up farms or vegetable gardens in additional prisons. Judicial authorities continued to expedite the processing of cases of people in pre-trial detention, with ICRC support.
- Authorities, weapon bearers and others learnt about the Movement at ICRC events aimed at facilitating the delivery of humanitarian aid. The National Society developed its ability to respond to emergencies.

EXPENDITURE IN KCHF

Protection	3,056
Assistance	6,198
Prevention	1,515
Cooperation with National Societies	518
General	177
Total	11,465
<i>Of which: Overheads</i>	<i>700</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Mobile staff	24
Resident staff (daily workers not included)	96



PROTECTION

CIVILIANS

Restoring family links		Total
RCMs collected		14,167
RCMs distributed		18,503
Phone calls facilitated between family members		211
Tracing cases closed positively (subject located or fate established)		104
People reunited with their families		6
<i>of whom unaccompanied minors/separated children</i>		3

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits		Total
Places of detention visited		28
Detainees in places of detention visited		11,622
<i>of whom visited and monitored individually</i>		812
Visits carried out		76
Restoring family links		Total
RCMs collected		149
RCMs distributed		239
Phone calls made to families to inform them of the whereabouts of a detained relative		39

ASSISTANCE

CIVILIANS

Economic security		2018 Targets (up to)	Achieved
Food consumption	Beneficiaries		3,465
Income support	Beneficiaries	25,200	24,456
Living conditions	Beneficiaries	6,000	1,325
Water and habitat			
Water and habitat activities	Beneficiaries	87,825	65,692
Health			
Health centres supported	Structures	8	5
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures		4

CONTEXT

The situation in Burundi is relatively calm despite persisting political tensions and socio-economic frustrations. Violent incidents such as grenade attacks took place sporadically in the capital, Bujumbura.

The European Union and its Member States continued to withhold direct financial aid to the country because of reports of human rights violations. The Burundian government, heavily reliant on this aid, made cuts to the national budget; there were, reportedly, delays in disbursing funds. The scarcity of resources made it difficult for people – including IDPs, returnees, residents of host communities and detainees – to meet their needs. Many people left the country in pursuit of better economic opportunities.

Hundreds of thousands of people, most of whom had fled Burundi after the 2015 presidential elections, remained in neighbouring countries. Thousands of others returned, mostly from Rwanda and Tanzania. The situation in the Democratic Republic of the Congo kept Congolese refugees in Burundi or brought them there.

In May, a constitutional referendum was held, and proposed amendments – including the extension of presidential term limits from five to seven years, and the restriction to two consecutive terms – were approved. Electoral campaigns were set to begin in 2019.

ICRC ACTION AND RESULTS

In 2018, the ICRC pursued its efforts to assist people suffering the consequences of civil unrest and people deprived of their freedom; it did so despite some constraints, such as the close scrutiny to which humanitarian actors in Burundi were subjected. It continued to expand its assistance activities, often with the Burundi Red Cross, in priority zones outside Bujumbura.

Members of families separated by civil unrest, armed conflicts in neighbouring countries, detention, or other circumstances reconnected through the Movement's family-links services. People who had filed tracing requests were informed of their missing relatives' fate and whereabouts, and, where possible, were reconnected with them. Some unaccompanied and separated minors were reunited with their families, in Burundi and elsewhere.

With ICRC support, forensic authorities and the police strengthened their ability to manage human remains linked to past conflicts. The police, with ICRC guidance, drafted standard operating procedures for handling human remains during emergencies.

The ICRC provided IDPs and returnees with food and household essentials, or cash for buying them; this assistance aimed to help them cope with their situation. Vulnerable households earned money thanks to ICRC income support in the form of cash grants and cash-for-work projects.

The ICRC worked with local water authorities and the National Society to renovate water-supply systems in both urban and rural areas, making potable water more widely available and mitigating public-health risks. It installed temporary latrines in an IDP camp during the first half of the year. It remained ready to provide assistance during emergencies.

Support for primary-health-care centres in Bujumbura – which started in 2017 – was maintained; the ICRC also began to support another centre, in the commune of Gisuru in Ruyigi. People received good-quality medical care and psychosocial support at these centres; the staff were trained to provide integrated care for victims of violence, including sexual violence. Preparations were made to extend ICRC support – initially, infrastructural repairs – to a centre in Rumonge. Hospitals were given medical supplies and training in preparation for emergencies. Some people with physical disabilities were fitted with mobility devices, free of charge, at a physical rehabilitation centre.

The ICRC continued to visit places of detention throughout the country, to monitor detainees' treatment and living conditions. The cases of some people in pre-trial detention were expedited after the ICRC gave technical advice to the judicial authorities at local and national levels. The ICRC provided material and other support to detaining authorities for addressing food shortages in prisons. Malnourished detainees received supplementary rations – produce grown on prison farms or in vegetable gardens – and therapeutic food, which helped them regain their health. Detainees had access to health services; those in need of higher-level care were taken to hospitals or other health facilities. Renovations at some detention facilities helped improve detainees' living conditions.

The ICRC met regularly with military and security forces personnel, to foster respect for IHL, international human rights law and other norms applicable to their duties. At dissemination sessions and other events, the authorities, key members of civil society and other influential parties advanced their understanding of the Movement and its activities. All these efforts were aimed at facilitating the delivery of humanitarian aid.

The Burundi Red Cross remained the ICRC's main partner in carrying out humanitarian activities. It strengthened its capacity to respond to emergencies, with financial, material and technical support, and training, from the ICRC.

CIVILIANS

People reconnect with their relatives

The ICRC continued to monitor the situation in Burundi. It cultivated support for its mandate and activities, with a view to maintaining or securing safe access to people in need. It pursued dialogue with the authorities, and with military and security forces personnel, on issues of humanitarian concern such as ensuring unhindered access to health services.

Members of families separated by civil unrest in Burundi, armed conflict or other situations of violence in neighbouring countries, detention, or other circumstances restored or

maintained contact through the Movement's family-links services. A total of 104 tracing requests were resolved: families were informed of the fate and whereabouts of their missing relatives and, where possible, put in touch with them.

The Burundi Red Cross and the ICRC registered 27 unaccompanied and separated minors. Six vulnerable people, including children, were reunited with their families, in Burundi or elsewhere. Other people found their way to their relatives on their own, after availing of family-links services. The ICRC provided kits containing household essentials to 65 people, and food to 23, to ease their return home.

Migrants, refugees, former detainees and other vulnerable people received travel and other documents to help them, for instance, to resettle abroad, apply for State benefits or pursue their education.

The authorities strengthen their ability to manage human remains

Forensic authorities and the police were given material and technical support and training to manage human remains, for example, in case of exhumations linked to past conflicts. At training sessions, they were reminded of the importance of collecting, storing and managing data properly. With the ICRC's expert advice, the police drafted standard operating procedures to guide them in handling human remains during emergencies. Practical guides on the topic were produced and distributed to first responders.

Victims of violence receive medical care and psychosocial support

Five ICRC-backed primary-health-care centres provided preventive, curative and ante/post-natal care; one of them, in Gisuru, Ruyigi, began to receive ICRC support in November. About 660 victims of violence, including sexual violence, received psychosocial support at these centres. When necessary, victims were referred to hospitals or appropriate social services.

The ICRC helped the Ruyigi centre recruit a doctor and a psychologist. Health staff in all ICRC-backed centres were trained to provide integrated care for victims of violence; psychologists bolstered their knowledge of stress management and child development. ICRC-trained National Society volunteers organized information sessions on sexual violence for community members, to prevent stigmatization of victims/survivors and raise awareness of the services available to them.

Two hospitals in Bujumbura – one in Kinindo commune and the other, a military hospital in Kamenge commune – were given wound-dressing kits, and technical support for maintaining their sterilization equipment; this aimed to prepare them in the event of a mass influx of patients. Medical supplies were distributed on an ad hoc basis to two hospitals in Kayanza province, to which detainees were often referred.

Twenty-nine disabled people, including five detainees, were fitted with mobility devices or given other rehabilitative assistance at the Saint Kizito Institute in Bujumbura; the ICRC covered their treatment costs.

People receive material and financial support, helping them meet their needs

Despite delays caused by administrative and other constraints, the ICRC carried out its income-support activities with the National Society's help. Some 2,000 vulnerable households – including female-headed households in Bujumbura, and returnee or displaced households in Bubanza, Gitega, Kirundo, Makamba and Ruyigi – received cash grants, which benefited some 12,000 people. In Bujumbura and Kirundo, roughly 1,500 breadwinners (supporting nearly 9,000 people) received cash in exchange for their work on community projects. Support of this kind enabled the recipients to start or restart small businesses, earn enough money to cover their families' basic expenses or pay off debts. To respond to the needs of people expelled from Rwanda, the ICRC re-allocated some funds originally intended for providing food to detainees. Thus, some 3,500 returnees (around 580 households) in Kirundo received cash for buying food and essential household items. In Bubanza, some 1,100 people, mostly IDPs, (180 households) received household essentials, which helped them cope with their situation.

National Society volunteers developed their ability to implement and follow up, for instance, income-support programmes, with ICRC material and technical support and training.

People have better access to potable water

The ICRC remained ready to assist in water- and sanitation-related emergencies, and sought to strengthen the National Society's ability to respond to these. It installed temporary latrines in an IDP camp in Bubanza during the first half of the year, which benefited 745 people.

Local water authorities and the ICRC worked together to improve water-supply systems. For example, they installed water pumps, which broadened access to potable water for some 34,000 people on the outskirts of cities and 19,700 people in rural areas. This helped people access potable water and reduce their exposure to health risks. Other water projects were in progress in rural Gitega and Makamba. Water committees were given training to maintain water-supply systems. In Makamba, over 11,200 people benefited from upgrades to spring-water catchment systems and wells, which were carried out by the National Society with ICRC financial and technical support.

The primary-health-care centre in the Kamenge commune in Bujumbura received a solar-powered refrigerator for storing medicines. Preparations were made to extend ICRC support to a primary-health-care centre in Rumonge, starting with infrastructural repairs.

PEOPLE DEPRIVED OF THEIR FREEDOM

People in pre-trial detention receive help to expedite the processing of their cases

The ICRC visited detention facilities, including places of temporary detention and a re-education centre for minors, in accordance with its standard procedures; it checked on detainees' living conditions and treatment, including respect for judicial guarantees and the principle of *non-refoulement*.

Particular attention was paid to vulnerable groups, including security detainees, women, minors and the sick. After visits, the ICRC communicated its findings and recommendations confidentially with the authorities concerned.

The ICRC referred the cases of some people in pre-trial detention to local and national judicial authorities, to help expedite their sentencing or release. At an ICRC workshop attended by officials from the justice ministry and prison legal services, a strategic plan for following up legal cases was drawn up; participants in the workshop were also given expert advice on prison management.

Detainees reconnected with their relatives, in Burundi and elsewhere, using the Movement's family-links services. Twenty-five foreigners notified their consular representatives or the UNHCR of their detention through the ICRC. Following their release, 97 former detainees were given financial assistance to return to their homes.

Detainees are able to meet their needs

Detaining authorities struggled to meet detainees' needs owing to financial constraints and the general unavailability of goods. In the first half of the year, the ICRC provided them with contingency stocks – beans, maize flour and cooking oil – for tackling food shortages in prisons (roughly 9,800 detainees).

Detaining authorities and detainees set up farms or planted vegetable gardens at four prisons in southern Burundi; the ICRC provided seed, tools and technical support. The harvested produce supplemented the diets of moderately malnourished detainees in these and other prisons. Detaining authorities assumed responsibility for the farms and vegetable gardens at the end of the year.

Nearly 9,200 detainees in various prisons and places of temporary detention received hygiene kits, kitchenware and other material assistance, which helped ease their living conditions.

Sick and malnourished detainees receive suitable health services

More than 500 malnourished detainees were given ready-to-eat therapeutic food to help them regain their health. The ICRC assessed the prevalence of malnutrition in some prisons; it continued to train some health-service providers and prison social workers to tackle malnutrition in places of detention.

The ICRC continued to support detaining authorities by stocking dispensaries at 12 detention facilities with drugs and other medical supplies, and by helping them maintain acceptable working conditions. Detainees with chronic diseases and disorders such as diabetes and epilepsy obtained suitable services from health staff; the ICRC provided financial and material support, and training, for these personnel. Detainees requiring higher-level care were taken to hospitals or other health facilities; the ICRC covered their treatment costs (see also *Civilians*).

Detainees benefit from repairs to prison infrastructure

Detaining authorities identified infrastructural issues in prisons, and when necessary, worked with the ICRC to renovate facilities. Thus, some 11,000 people in 10 detention facilities, including two places of temporary detention, had better living conditions and reduced exposure to health risks. The renovation projects aimed to improve vital infrastructure: kitchens and food storage areas, clinics, sanitation and water facilities, and family-visit areas, among others. Water pumps were installed at one of these prisons, for watering the vegetable garden.

Detainees at these places of detention received hygiene items and cleaning materials from the ICRC. They learnt good hygiene practices at information sessions.

The ICRC remained ready to help detaining authorities in the event of disease outbreaks or other emergencies.

ACTORS OF INFLUENCE

The ICRC met with and organized events for the authorities, weapon bearers and members of civil society, to broaden understanding of and foster acceptance for the Movement; neutral, impartial and independent humanitarian action; and IHL, international human rights law and other pertinent norms. It did so with a view to facilitating the delivery of aid to vulnerable people and contributing to their protection.

Weapon bearers reinforce their understanding of the norms applicable to their duties

Military personnel attended dissemination sessions, conducted by military instructors with ICRC support, where they reinforced their understanding of the differences between IHL and international human rights law. These sessions helped them learn to determine the legal framework applicable to a given situation, which was helpful because military troops often joined police forces in maintaining public order. Police and other security forces also received training in international human rights law, especially provisions governing arrest procedures and the use of force during law enforcement operations. At such events, weapon bearers were reminded of their duty to protect civilians from abuses, including from sexual violence, and to ensure access to health services. Similar training sessions were organized for instructors and cadets at military and police academies.

Burundi continued to contribute troops to the African Union Mission in Somalia and the UN Multidimensional Integrated Stabilization Mission in the Central African Republic. Troops bound for these peace-support operations were briefed on IHL before their deployment.

Members of civil society advance their understanding of the ICRC and its work

Dissemination sessions, conducted in partnership with the National Society and reinforced by public-communication initiatives, helped various members of civil society – including local officials, members of youth groups, religious leaders and diplomats – to develop a fuller understanding of the Movement and of the ICRC's mandate and activities. Community members learnt about the services available to them; whenever possible,

they were included in the planning and implementation of, for instance, water projects and livelihood-support initiatives (see *Civilians*).

Media coverage of the ICRC's work – radio broadcasts, for instance – increased the ICRC's visibility and broadened awareness of its activities in Burundi. Journalists were briefed and given public-communication materials to help them report the ICRC's activities accurately.

To stimulate academic interest in IHL, the ICRC organized a conference for students and teachers on the treatment of detainees, and sponsored a number of students to participate in moot court competitions in Burundi and elsewhere.

The authorities are urged to ratify IHL and IHL-related treaties

During dialogue with ministers and parliamentarians, the ICRC emphasized the importance of ratifying IHL and IHL-related treaties – such as the Central African Convention for the Control of Small Arms and Light Weapons – and adopting related legislative measures.

A bill on the emblems protected by IHL – drafted by the National Society with expert guidance from the ICRC and submitted to the authorities concerned last year – was rejected for technical reasons; the authorities proposed to replace it with a presidential decree. At the end of the reporting period, the National Society and the ICRC were in the process of strengthening coordination for improving authorities' understanding of the protective function of the red cross emblem and its correct uses.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society develops its emergency-response capacities

The Burundi Red Cross remained an important partner for the ICRC in implementing certain projects, such as aiding victims of violence and conducting income-support programmes (see *Civilians*). It received various forms of support from the ICRC to bolster its operational and organizational capacities: this included the donation of first-aid kits and two-way radios, and the provision of faster internet service at eight National Society branches.

Volunteers were trained in the Safer Access Framework, so that they could work in safety, especially in violence-prone areas. At training sessions and workshops, volunteers and staff developed their capacities in public communication, and refreshed their knowledge of the Fundamental Principles and the proper use of the red cross emblem. They also improved their ability to assess people's needs quickly, and to manage and coordinate humanitarian activities – specifically in the event of mass displacement. At the end of the reporting period, a contingency plan for providing family-links services during emergencies was being drafted.

National Society representatives attended meetings and conferences in Burundi and elsewhere, with ICRC sponsorship.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	14,167	416		
RCMs distributed	18,503	463		
Phone calls facilitated between family members	211			
Reunifications, transfers and repatriations				
People reunited with their families	6			
<i>including people registered by another delegation</i>	1			
People transferred or repatriated	4			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	160	39	38	29
<i>including people for whom tracing requests were registered by another delegation</i>	16			
Tracing cases closed positively (subject located or fate established)	104			
<i>including people for whom tracing requests were registered by another delegation</i>	12			
Tracing cases still being handled at the end of the reporting period (people)	186	43	51	31
<i>including people for whom tracing requests were registered by another delegation</i>	38			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	27	13		
UAMs/SC reunited with their families by the ICRC/National Society	3	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	20	10		
Documents				
People to whom official documents were delivered across borders/front lines	32			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	28			
Detainees in places of detention visited	11,622	669	160	
Visits carried out	76			
		Women	Girls	Boys
Detainees visited and monitored individually	812	18		35
<i>of whom newly registered</i>	144	6		35
RCMs and other means of family contact				
RCMs collected	149			
RCMs distributed	239			
Phone calls made to families to inform them of the whereabouts of a detained relative	39			
People to whom a detention attestation was issued	4			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	3,465	740	
Income support	Beneficiaries	24,456	18,858	
	<i>of whom IDPs</i>	917	621	
Living conditions	Beneficiaries	1,325	778	93
	<i>of whom IDPs</i>	896	600	
Water and habitat				
Water and habitat activities	Beneficiaries	65,692	15,106	35,495
Health				
Health centres supported	Structures	5		
Average catchment population		153,298		
Consultations		87,702		
	<i>of which curative</i>	70,210	15,555	41,200
	<i>of which antenatal</i>	17,492		
Immunizations	Patients	38,936		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	23,212		
Referrals to a second level of care	Patients	239		
	<i>of whom gynaecological/obstetric cases</i>	61		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	9,774	3,648	80
Living conditions	Beneficiaries	9,156	3,389	106
Water and habitat				
Water and habitat activities	Beneficiaries	11,049	331	110
Health				
Places of detention visited by health staff	Structures	18		
Health facilities supported in places of detention visited by health staff	Structures	12		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	4		
Services at hospitals not monitored directly by ICRC staff				
Weapon-wound surgeries performed		20		

CENTRAL AFRICAN REPUBLIC

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

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2018

- Critically wounded or ill patients, including people wounded during armed violence, were stabilized and referred for higher-level care; they obtained suitable treatment at ICRC-supported hospitals and other health facilities.
- People displaced by violence met their basic needs with food and household items from the ICRC, which expanded its distributions of emergency aid; residents and returnees sought to restore their livelihoods with ICRC assistance.
- The volatile security situation sometimes hampered ICRC activities, such as distributions of aid and delivery of medical assistance; the ICRC surgical team at a hospital in Bangui suspended its activities in May.
- IDPs benefited from ICRC activities in their camps: building water and sanitation facilities, and trucking in water; infrastructural work undertaken or supported by the ICRC helped stabilize the water supply in rural and urban areas.
- The ICRC reminded authorities and weapon bearers, confidentially, of their obligations under IHL – particularly to protect civilians – and urged them to ensure access to medical care and humanitarian aid.
- Detainees obtained health-care services at ICRC-supported facilities in prisons, or were referred to external health facilities when necessary; malnourished detainees received specialized treatment under an ICRC programme.

EXPENDITURE IN KCHF

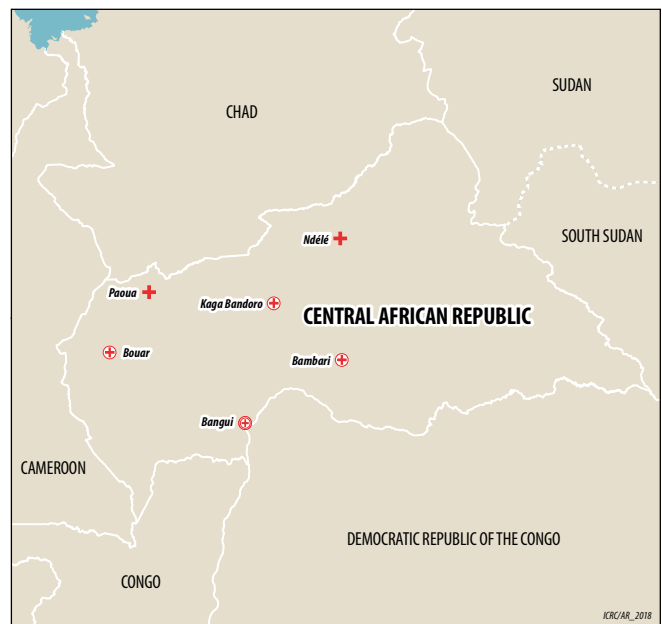
Protection	4,895
Assistance	35,241
Prevention	2,812
Cooperation with National Societies	1,707
General	515
Total	45,170
<i>Of which: Overheads</i>	<i>2,749</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	96%
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PERSONNEL

Mobile staff	79
Resident staff (daily workers not included)	438



PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	208
RCMs distributed	216
Phone calls facilitated between family members	118
Tracing cases closed positively (subject located or fate established)	212
People reunited with their families	30
<i>of whom unaccompanied minors/separated children</i>	<i>27</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits	
Places of detention visited	17
Detainees in places of detention visited	1,597
<i>of whom visited and monitored individually</i>	<i>169</i>
Visits carried out	91
Restoring family links	
RCMs collected	126
RCMs distributed	64
Phone calls made to families to inform them of the whereabouts of a detained relative	218

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	42,500	94,340
Food production	Beneficiaries	104,400	116,800
Income support	Beneficiaries	29,625	2,675
Living conditions	Beneficiaries	50,000	51,156
Capacity-building	Beneficiaries	60	20

Water and habitat			
Water and habitat activities	Beneficiaries	582,500	677,607

Health			
Health centres supported	Structures	6	7

WOUNDED AND SICK

Medical care			
Hospitals supported	Structures	3	3

Physical rehabilitation			
Projects supported	Projects	1	1

People benefiting from ICRC-supported projects	Aggregated monthly data	100	353
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Water and habitat			
Water and habitat activities	Beds	364	632

CONTEXT

Insecurity and tensions persisted in some regions of the Central African Republic (hereafter CAR); armed violence – violent clashes between armed groups, and communal violence arising from socio-political tensions – were widespread, and had intensified in some areas.

Some of the hundreds of thousands of families displaced by the fighting returned to their places of origin; but renewed outbreaks of violence prevented others from doing so or forced them to flee elsewhere. People affected by conflict and other situations of violence – such as IDPs, and residents in host communities – had little or no access to water and other essential services, and struggled to resume their livelihoods. There were reports of abuses against civilians, including sexual violence, and attacks on medical personnel and humanitarian workers.

The UN Multidimensional Integrated Stabilization Mission in the CAR (MINUSCA), whose mandate was extended to November 2019, remained operational throughout the country.

ICRC ACTION AND RESULTS

The ICRC endeavoured to help people in the CAR cope with the effects of armed conflict and other situations of violence; the volatile security situation (see *Context*) hampered the implementation of some activities. Whenever and wherever possible, it carried out its activities with the Central African Red Cross Society.

The ICRC kept up its dialogue with the parties to the conflict, aimed at securing and maintaining access to communities in need, and maintained its efforts to prevent violations of IHL. It promoted respect for IHL and international standards applicable to law enforcement operations; it strove to foster support for the Movement's humanitarian activities among Central African soldiers, members of armed groups, and personnel attached to international forces. It reminded these groups of their obligations to protect civilians and medical services. The ICRC also documented allegations of unlawful conduct reported to it and, when appropriate, relayed them to the parties concerned; it urged these parties to take measures to prevent such misconduct.

The ICRC sought to ensure the sustainability of health-care providers' services in violence-affected areas, such as the primary health care provided by ICRC-supported centres. It increased its support for a National Society-run health post that stabilized patients needing emergency care. Where necessary, it referred patients to ICRC-supported hospitals and other facilities for higher-level treatment; some patients were transported by plane. Critically wounded people and people with serious illnesses were treated at hospitals in Bangui and Kaga Bandoro, which provided their services with the ICRC's support. Because of the security situation, the ICRC suspended the activities of its surgical team assigned to the Bangui hospital and scaled back its presence at the hospital. People suffering from violence-related trauma, including that

caused by sexual violence, received suitable care at facilities supported by the ICRC and/or from ICRC-trained counsellors; ICRC information sessions broadened awareness among communities of the importance of prompt and suitable care for victims/survivors of sexual violence. People with physical disabilities obtained assistive devices and physiotherapy at an ICRC-supported physical rehabilitation centre.

The ICRC expanded its distributions of aid – basic household items, materials for constructing temporary shelters, food and water – to people displaced by violence. In violence-affected areas, residents and returnees worked to rebuild their homes and restore their livelihoods, with the ICRC's support. Plant cuttings, seed and tools provided by the ICRC, and livestock-vaccination campaigns, helped farmers and herders to produce more food. Money earned from cash-for-work projects helped some households to cover various expenses. In rural and urban areas affected by violence, infrastructural repairs and construction by local authorities and the ICRC improved sanitation and the reliability of the water supply.

National Society and ICRC family-links services helped members of dispersed families restore or maintain contact. Unaccompanied minors – including those formerly associated with armed groups – were reunited with their families. Aided by the ICRC, the authorities took steps to bolster their capacity to identify and manage human remains, and thus to ascertain the fate of missing people.

During information sessions and through other ICRC activities, community members and local leaders learnt about their role in protecting people affected by conflict and other violence. Members of the media, and others capable of promoting or facilitating the ICRC's work, were kept informed of the ICRC's activities.

The ICRC visited detainees in accordance with its standard procedures, and monitored their treatment and living conditions. It conveyed its findings and its recommendations confidentially to the detaining authorities. It backed the authorities' efforts to improve detainees' living conditions, including their access to good-quality health care; it also maintained a treatment programme for malnourished detainees.

The ICRC supported the National Society's endeavours to strengthen its ability to restore family links and respond to emergencies, and to coordinate its activities more closely with those of Movement partners.

CIVILIANS

Weapon bearers deepen their understanding of IHL and other applicable law

The ICRC reminded the authorities and weapon bearers of their obligations under IHL and other applicable law, particularly to protect civilians and medical services. It documented allegations of abuses and, when appropriate, discussed them confidentially with the parties concerned – and urged them to take measures to prevent such misconduct. The authorities were urged to facilitate safe passage for IDPs returning home.

ICRC briefings enabled members of the armed forces and international peacekeeping contingents, and members of armed groups, to advance their understanding of IHL and other applicable law. At other ICRC briefings or information sessions, police officers and *gendarmes* learnt more about international standards for law enforcement. On all these occasions, the ICRC emphasized the necessity – during armed conflict and other violence – of facilitating safe access to medical and humanitarian aid and of protecting civilians, including from sexual violence.

The Central African Red Cross Society and the ICRC worked to broaden public awareness of IHL and strengthen acceptance for Movement activities, particularly among those capable of facilitating them (see *Actors of influence*).

The volatile security situation in the CAR limited the implementation of certain ICRC activities (see also *Wounded and sick*).

IDPs meet their immediate needs with ICRC emergency aid

Despite difficulties stemming from security constraints, the ICRC was able to ramp up its emergency-relief activities in response to increased displacement.

In all, some 22,500 households (more than 61,800 people) received staple food items to cover their immediate dietary needs. Over 10,200 households (some 51,200 people) – newly-displaced people, and returnees in priority zones – used ICRC aid to set up temporary shelters, prepare meals and maintain good hygiene.

Violence-affected people obtain health services at ICRC-supported facilities

The ICRC reinforced health services to help ensure the availability of primary-health-care services in violence-affected areas. It provided support – medical supplies, training and infrastructural upgrades – to seven health centres, which collectively gave roughly 70,000 consultations in all. Patients needing higher-level care were referred to an ICRC-supported hospital in Bangui (see *Wounded and sick*).

Young children were vaccinated and screened for malnutrition at ICRC-supported facilities. Those found to be severely malnourished received appropriate treatment, including at an ICRC health unit in Kaga Bandoro; these children and their families (some 8,600 people), and other patients at the hospital in Bangui and their caretakers (over 1,600 people), were given supplementary food.

Community health workers, trained and equipped by the ICRC, tested people for malaria and diarrhoea, and treated them.

Victims/survivors of sexual violence are treated within 72 hours of being assaulted

Victims/survivors of sexual violence received psychosocial support from ICRC-trained counsellors at three health centres and a counselling centre.

Community members learnt more about the consequences of armed violence at ICRC information sessions. These sessions aimed to prevent the stigmatization of victims/survivors of

sexual violence and to encourage their referral for suitable care; they also emphasized the importance of post-exposure prophylactic treatment within 72 hours of an assault. Of the victims/survivors of sexual violence who sought treatment at ICRC-supported facilities, 96% received it within 72 hours of being assaulted.

Nearly 800 children in IDP camps got some emotional relief by sharing their experiences with each other at group therapy sessions.

People in urban and rural areas have better access to clean water and shelter

Over 478,500 people in urban areas had more reliable access to safe water after the authorities and the ICRC repaired or constructed infrastructure, and after water supply was treated with chemicals donated by the ICRC. Some 100,900 people in rural areas had broader access to water after the ICRC built wells and repaired hand pumps. Clean water and sanitation facilities became more readily available to roughly 88,200 people at IDP camps, after the ICRC repaired or upgraded infrastructure and trucked in water. People learnt more about disease-prevention measures through the National Society's hygiene-promotion activities.

Around 10,000 people originally displaced by violence, who had returned to their places of origin, received materials and tools for rebuilding their homes, or cash coupons in areas with functioning markets.

Conflict-affected households strive to restore their livelihoods

Households in violence-affected areas – residents and returnees – used ICRC livelihood support to produce more food, and strengthen their resilience to the effects of violence. Some 14,800 farming households (around 89,000 people) received seed and tools, and disease-resistant cassava cuttings. A livestock-vaccination campaign organized by the authorities and the ICRC enabled more than 154,700 herding households (some 26,000 people) to maintain the health of roughly 153,000 animals; the ICRC also trained 20 community-based animal health workers and helped stock a veterinary pharmacy. ICRC training helped National Society staff to develop their ability to implement livelihood-support activities.

The ICRC provided 3,100 particularly vulnerable farming households (more than 18,700 people) with food, to help them avoid the need to consume seed for planting.

Some farming households (see above) received cash for helping to cultivate cassava cuttings. Nearly 2,700 people met their household expenses with money earned from cash-for-work projects that benefited their communities – for instance, projects to clean up public spaces.

Minors formerly associated with armed groups are reunited with their relatives

Members of families separated by conflict or other violence, or detention, reconnected through RCMs and phone calls facilitated by the Central African Red Cross, National Societies in neighbouring countries, and the ICRC. In all, 27 unaccompanied

minors – some formerly associated with armed groups – were reunited with their families; 212 tracing cases were resolved.

At National Society briefings in violence-affected areas, people learnt how to avoid losing contact with their relatives during outbreaks of violence.

National Society personnel received training and other support for providing family-links services (see *Red Cross and Red Crescent Movement*).

Authorities strengthen their capacities in managing human remains

The ICRC provided the authorities with technical support to bolster their capacities in managing and identifying human remains, and thus become more capable of ascertaining the fate of missing people. For instance, the authorities implemented standardized forms to record post-mortem data. At a workshop, stakeholders – including judges and magistrates – discussed current practices in the management of human remains.

Morgue staff, and police and *gendarmes*, learnt more about managing human remains through National Society and ICRC training sessions.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees contact their relatives

The ICRC visited, in accordance with its standard procedures, all places of detention run by the authorities, and some run by armed groups or MINUSCA; these places held 1,597 people in all. Close attention was paid to particularly vulnerable detainees, including women and children, and people held in relation to conflict. The ICRC communicated its findings – and when necessary, its recommendations for improving detainees' living conditions and treatment – confidentially to the authorities. It continued to seek access to all detainees within its purview.

Detainees exchanged messages with relatives through RCMs and oral messages relayed by ICRC delegates.

Authorities take steps to ensure detainees' access to specialized medical care

The ICRC continued to draw the authorities' attention to detainees' nutrition and their access to health care; it organized a workshop for the authorities, to aid their efforts to formulate a national policy on health care in prisons. With the ICRC's encouragement, the authorities included detainees in national programmes entitling them to free treatment for medical conditions and diseases such as TB; they also referred certain detainees to external medical facilities for specialized treatment.

Penitentiary authorities worked to ensure detainees' access to good-quality health care, including mental-health care; the ICRC supported these efforts by providing prison health facilities with medical supplies and equipment regularly, and health staff with expert guidance. Through its nutritional programme, the ICRC helped the authorities treat detainees for malnourishment and provided therapeutic food for 250 detainees.

A hygiene committee, in Ngaragba prison, met regularly; they strengthened their capacity to improve hygiene in prisons during an ICRC training session. Detainees in one prison learnt how to make liquid soap, which was then distributed within the facility. The ICRC upgraded water-supply systems and sanitation facilities, and kitchens in several prisons; 890 detainees benefited. Some 1,400 detainees received hygiene products and beddings from the ICRC, helping them improve their living conditions.

WOUNDED AND SICK

Briefings from the National Society and the ICRC helped patients at ICRC-supported health facilities and their caretakers to familiarize themselves with the issues covered by the Health Care in Danger initiative.

Weapon-wounded patients receive emergency medical care

The ICRC expanded its support for a National Society-run health post in Bangui that stabilized people needing emergency medical care – wounded people, for instance – and systematically referred them for higher-level treatment, including at the ICRC-supported hospital in Bangui. Staff at the health post treated patients with the support of an ICRC mobile health team; the ICRC also constructed a fortified room to shelter patients and staff during emergencies, renovated infrastructure, and donated medicines and equipment.

Communities in violence-affected areas and members of armed groups – around 2,800 people – learnt first-aid techniques during ICRC training sessions, and received first-aid equipment.

Severely wounded patients receive surgical care at the hospital in Bangui

Critically wounded and seriously ill people were treated at the Bangui community hospital. The hospital's patients included 414 weapon-wounded people; some patients had been transported to the hospital by plane.

ICRC support – including medicines and specialized training for staff – helped the Bangui hospital to strengthen its ability to provide emergency care. The ICRC renovated water facilities and upgraded the hospital's trauma centre, emergency department and operating theatre; other improvements aimed at ensuring the safety of patients and staff during incidents of armed violence. Because of the security situation, in May the ICRC suspended the activities of the surgical team it had assigned to the hospital; it also scaled back its presence at the hospital significantly.

Some hospital patients and malnourished children being treated at an ICRC health unit in Kaga Bandoro (see below), and their caretakers and family, received nutritious food adapted to their needs and/or cash coupons from the ICRC to help ensure the patients had adequate nutrition.

Severely malnourished children receive treatment at an ICRC health unit in Kaga Bando

The ICRC maintained its support for a hospital in Kaga Bando, with a view to ensuring the availability of free health-care services in violence-affected areas.

The hospital's maternity and paediatric departments, in particular, strengthened their capacities with the ICRC's aid, which included medicines and other medical supplies; technical and financial assistance; and renovations to hospital facilities. The ICRC continued to run a therapeutic feeding unit that treated severely malnourished children.

People with physical disabilities receive assistive devices and physiotherapy

Disabled people benefited from the services of an ICRC-supported physical rehabilitation centre in Bangui, and from that centre's collaboration with an association that provided room and board for patients. At the centre, 353 people¹ benefited from physical rehabilitation; 89 people were fitted with prostheses, 69 with orthoses, and 211 patients received physiotherapy.

The ICRC provided the centre – and, to a lesser extent, the association – with material and technical support, and training; this helped them produce a broader range of prosthetic devices. A technician returned to work at the centre after completing training abroad; other prospective technicians and physiotherapists continued their studies abroad. The centre and the ICRC promoted social inclusion of disabled people through radio broadcasts on activities for them, and other means.

The ICRC and the authorities continued to work towards the construction of a new physical rehabilitation centre.

ACTORS OF INFLUENCE

Members of parliament add to their knowledge of IHL implementation

The ICRC continued to discuss a wide range of subjects with the authorities, weapon bearers, traditional leaders and community members: the humanitarian consequences of armed conflict and other violence; the necessity of protecting civilians and safeguarding medical personnel and facilities; and the Movement's neutral, impartial and independent humanitarian action. It continued to support the efforts of the authorities and weapon bearers to incorporate IHL and other applicable law in their doctrine, training and operations (see *Civilians*). With the ICRC's support, a senior military officer attended a course in San Remo, Italy.

The authorities took steps to advance the implementation of IHL and IHL-related treaties, with expert advice and other assistance from the ICRC. The provisional body in charge of setting up a national IHL committee established a government office. Parliamentarians learnt more about IHL implementation during discussions with the ICRC, and were given ICRC reference materials on IHL. The CAR became party to the Biological Weapons Convention.

Community leaders and young people learn more about the ICRC's activities

At an ICRC information session, law students learnt about issues related to protecting civilians during conflict and other violence; a law student and a law professor drew on ICRC expertise to carry out academic projects on IHL.

The ICRC briefed members of the media on its activities; media coverage of the ICRC president's visit in January helped broaden public awareness of Movement activities and humanitarian issues in the CAR. Young people and hundreds of others, including community leaders, familiarized themselves with the ICRC and its work in the CAR through dissemination sessions and other ICRC events and activities.

The National Society strengthened its capacities in public communication with the ICRC's help (see *Red Cross and Red Crescent Movement*).

RED CROSS AND RED CRESCENT MOVEMENT

The Central African Red Cross Society continued to develop its operational and managerial capacities, with material, financial and technical support from the ICRC. Its staff members and volunteers strengthened their ability to restore family links (see *Civilians*) and disseminate messages about IHL and humanitarian issues.

The National Society boosted its readiness to respond to emergencies, for instance through training for its emergency-response teams; the ICRC provided expert assistance for updating contingency plans and response mechanisms. A steering committee set up by the National Society, to oversee projects in line with the Safer Access Framework, finalized their terms of reference, and met regularly.

Regular meetings and discussions ensured more effective coordination and closer cooperation among Movement components.

1. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	208	61		
RCMs distributed	216	31		
Phone calls facilitated between family members	118			
Names published in the media	1			
Reunifications, transfers and repatriations				
People reunited with their families	30			
<i>including people registered by another delegation</i>	23			
Human remains transferred or repatriated	39			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	97	8	28	48
<i>including people for whom tracing requests were registered by another delegation</i>	61			
Tracing cases closed positively (subject located or fate established)	212			
<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)	288	45	59	89
<i>including people for whom tracing requests were registered by another delegation</i>	114			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	51	13		
UAMs/SC reunited with their families by the ICRC/National Society	27	7		1
<i>including UAMs/SC registered by another delegation</i>	22			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	63	16		4
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	17			
Detainees in places of detention visited	1,597	72	53	
Visits carried out	91			
		Women	Girls	Boys
Detainees visited and monitored individually	169		1	20
<i>of whom newly registered</i>	125		1	19
RCMs and other means of family contact				
RCMs collected	126			
RCMs distributed	64			
Phone calls made to families to inform them of the whereabouts of a detained relative	218			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	94,340	41,787	32,161
	<i>of whom IDPs</i>	30,242	13,059	10,317
Food production	Beneficiaries	116,800	41,096	23,734
	<i>of whom IDPs</i>	7,675	3,070	2,309
Income support	Beneficiaries	2,675	630	100
	<i>of whom IDPs</i>	1,180	472	100
Living conditions	Beneficiaries	51,156	21,161	16,441
	<i>of whom IDPs</i>	25,361	10,837	7,170
Capacity-building	Beneficiaries	20	6	
Water and habitat				
Water and habitat activities	Beneficiaries	677,607	271,043	135,521
	<i>of whom IDPs</i>	88,222	35,289	17,644
Health				
Health centres supported	Structures	7		
Average catchment population		99,909		
Consultations		74,906		
	<i>of which curative</i>	68,297	11,306	39,905
	<i>of which antenatal</i>	6,609		
Immunizations	Patients	7,312		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	3,794		
Referrals to a second level of care	Patients	1,496		
	<i>of whom gynaecological/obstetric cases</i>	88		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	250		
Living conditions	Beneficiaries	1,390	48	15
Water and habitat				
Water and habitat activities	Beneficiaries	890	62	
Health				
Places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	3		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	3		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	414	53	
	(including those related to mines or explosive remnants of war)	1		
	Non-weapon-wound admissions	1,107		
	Operations performed	1,314		
Gynaecological/obstetric admissions		2,384	2,341	43
Consultations		51,436		
First aid				
First-aid training				
	Sessions	75		
	Participants (aggregated monthly data)	2,831		
Water and habitat				
Water and habitat activities	Beds	632		
Physical rehabilitation				
Projects supported	Projects	1		
People benefiting from ICRC-supported projects	Aggregated monthly data	353	94	73
	<i>of whom beneficiaries of physical rehabilitation services</i>	353	94	73
New patients fitted with prostheses	Patients	89	14	5
Prostheses delivered	Units	112	16	3
	<i>of which for victims of mines or explosive remnants of war</i>	50	3	1
New patients fitted with orthoses	Patients	69	14	21
Orthoses delivered	Units	78	18	27
	<i>of which for victims of mines or explosive remnants of war</i>	13	2	
Patients receiving physiotherapy	Patients	211	37	38
Walking aids delivered	Units	51	9	14
Wheelchairs or tricycles delivered	Units	3		

CHAD

The ICRC has worked in Chad since 1978. It seeks to protect and assist people suffering the consequences of armed conflict in the region, follows up on the treatment and living conditions of detainees, and restores links between separated family members, including refugees from neighbouring countries. It also pursues longstanding programmes to promote IHL among the authorities, armed forces and civil society. It supports the Red Cross of Chad.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- Particularly in areas bordering Nigeria, the ICRC documented allegations of unlawful conduct under IHL and other norms, and made confidential representations to the authorities and weapon bearers concerned.
- People in the Lac region resumed their livelihoods with ICRC support: seed distributions, livestock-vaccination campaigns, and grants for small businesses.
- Refugees from the Central African Republic, Nigeria and Sudan reconnected with their relatives via the Movement's family-links services; in eastern and southern Chad, the ICRC bolstered these services.
- The ICRC urged the authorities to improve respect for detainees' judicial guarantees, and detainees' access to health care and food; it supported more prison clinics than planned, as another organization could not yet take over.
- Military and security forces in Chad, including members of multinational forces and troops bound for peacekeeping missions abroad, learnt about IHL and other applicable norms at ICRC briefings.

EXPENDITURE IN KCHF

Protection	3,278
Assistance	6,388
Prevention	1,227
Cooperation with National Societies	958
General	107
Total	11,958
<i>Of which: Overheads</i>	<i>727</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	19
Resident staff (daily workers not included)	103



PROTECTION

CIVILIANS

Restoring family links

RCMs collected	329
RCMs distributed	251
Phone calls facilitated between family members	62,518
Tracing cases closed positively (subject located or fate established)	89
People reunited with their families	35
<i>of whom unaccompanied minors/separated children</i>	33

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	13
Detainees in places of detention visited	4,311
<i>of whom visited and monitored individually</i>	751
Visits carried out	58

Restoring family links

RCMs collected	637
RCMs distributed	496
Phone calls made to families to inform them of the whereabouts of a detained relative	1,325

ASSISTANCE

CIVILIANS

Economic security

		2018 Targets (up to)	Achieved
Food production	Beneficiaries	279,000	233,046
Income support	Beneficiaries	1,800	4,020
Living conditions	Beneficiaries	54,000	4,164
Capacity-building	Beneficiaries	125	125

Water and habitat

Water and habitat activities	Beneficiaries	23,000	24,021
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CONTEXT

Chad – together with Cameroon, Niger and Nigeria – continued its military operations against factions of the Nigeria-based armed group known as “the Islamic State’s West Africa Province” and/or Jama’atu Ahlis Sunna Lidda’awati wal-Jihad. Attacks in Chadian territory, particularly the Lac region, intensified in the last quarter of the year. The security situation remained precarious, and many people fled their homes and/or were unable to return. The presence of IDPs, returnees and Nigerian refugees strained the already-scarce resources of host communities, where access to basic services was further exacerbated by economic difficulties. Living conditions in prisons were also harsh, and conflict-related arrests continued to be made.

Insecurity in neighbouring countries, such as the Central African Republic (hereafter CAR) and Sudan, brought refugees and returnees to Chad, or kept them there. Chad’s borders with the CAR, Libya and Nigeria remained closed, disrupting trade. Chadian forces and armed groups battled each other in areas bordering Libya.

Violence linked to socio-political tensions and economic frustrations occurred in some parts of the country. A new constitution took effect in April; parliamentary elections were postponed.

The capital, N’Djamena, hosted the headquarters of the Multinational Joint Task Force (MNJTF), which fought against armed groups in the Lake Chad region, and that of Operation Barkhane, a French military response to armed groups’ activities in the Sahel region. Chad was also part of the G5 Sahel Force, another military initiative against these armed groups. Chadian troops remained in Mali. Chadian-Sudanese forces and CAR-Chadian-Sudanese forces were stationed along those countries’ common borders.

ICRC ACTION AND RESULTS

In 2018, the ICRC maintained its activities for people affected by the conflict in the Lake Chad region (see also *Niger*, *Nigeria* and *Yaoundé*) and in neighbouring countries. It documented allegations of misconduct under IHL and other norms – incidents related to the conduct of hostilities, unlawful arrests and detention, and sexual violence – and made confidential representations to the authorities and weapon bearers concerned, so that they could prevent their recurrence; field visits to conduct these activities were increased, especially near the border with Nigeria. To complement this, the ICRC conducted dissemination sessions on these matters for armed forces and security forces personnel in Chad, including members of multinational forces; such sessions were also held for personnel bound for missions abroad.

In the Lac region, the ICRC sought to help displaced people and members of their host communities, to restore or improve their livelihoods. Some households resumed farming with ICRC-supplied seed and tools. They were also given food to help them get through the lean season. Livestock owned by herding households were vaccinated and given treatment

when required; the ICRC provided these services in cooperation with the livestock ministry and the Red Cross of Chad. People had better access to water after the ICRC upgraded or built water points, and were less at risk of disease after the National Society and the ICRC conducted hygiene-promotion sessions and distributed hygiene kits. The ICRC also donated household essentials to the National Society for distribution to victims of fires and floods; however, as needs were not as great as projected, the target set for this activity was not met.

Refugees from the CAR, Nigeria and Sudan reconnected with their relatives through the Movement’s family-links services. The ICRC bolstered these services in eastern and southern Chad. It also continued to search for people reported as missing, and helped unaccompanied children rejoin their families in Chad or Nigeria.

The ICRC continued to seek access to all detainees; discussions with the authorities concerned enabled it to visit more people held in connection with the conflict, but not all of them. It checked on detainees’ treatment and living conditions, paying particular attention to security detainees and other extremely vulnerable groups.

Discussions between the ICRC and the authorities focused on challenges related to respect for detainees’ judicial guarantees and ensuring their access to health care and food. A few initiatives were undertaken at the ICRC’s urging: dozens of detainees who had completed their sentence were released; five prisons were included in national health programmes for TB and other diseases, giving inmates access to tests and treatment; and food rations were increased at one facility. The ICRC also provided medicines, therapeutic food and other assistance for officials struggling with budgetary constraints. It supported more prison clinics than planned, as another organization expected to provide some of this support was prevented by various constraints from doing so. Fewer malnourished inmates were treated than had been targeted, as the overall rate of malnutrition had decreased.

Despite various organizational difficulties, the National Society was able to assist people in need. With Movement support, it bolstered its capacities in emergency response, first aid, restoration of family links and public communication. Movement partners met regularly to coordinate activities and avoid duplication of effort.

CIVILIANS

Authorities and weapon bearers are reminded of their obligations under IHL

The ICRC monitored the situation of IDPs, returnees, refugees and members of host communities affected by the conflict in the Lake Chad region and other violence in neighbouring countries such as the CAR and Sudan. It documented allegations of violations of IHL and other norms, particularly incidents related to the conduct of hostilities, unlawful arrests and detention, and sexual violence. Based on these allegations, it made confidential representations to the authorities and weapon bearers concerned, so that they could prevent their recurrence; field visits to conduct these activities were

increased, especially near the border with Nigeria. The ICRC also conducted workshops for these parties on IHL and other norms (see *Actors of influence*).

The ICRC reminded parties concerned of the necessity of facilitating access to basic services and sources of livelihood. It worked with vulnerable people in Lac to design and implement community-based projects (see below).

Conflict-affected people pursue herding and other livelihood activities

The ICRC, together with the authorities and the Red Cross of Chad and other organizations, continued to assist people affected by the Lake Chad conflict. Livelihood support – which aimed to strengthen people's resilience to the conflict's effects – remained the priority.

Displaced people and host communities pursued food-production activities with the ICRC's help. Livestock vaccination and treatment carried out by the ICRC with the livestock ministry and the National Society benefited 31,327 households (187,962 people); the ICRC also built vaccination parks, pastoral wells and watering troughs. Furthermore, 7,614 farming households (45,084 people) grew staple crops using seed and agricultural tools distributed by the National Society and the ICRC. To tide them over during the lean season, 5,853 of the farming households (35,118 people) mentioned above were given additional supplies of food.

The ICRC provided capacity-building support for local services, such as veterinary kits and training for 125 community animal-health workers. It also donated motorcycles to three veterinary posts, enabling them to reach remote communities.

Other people received support for earning an income. Around 100 women (who headed households consisting of 600 people in all) started small businesses with ICRC cash grants and training. Another 570 households (3,420 people) benefited from community-based projects designed in consultation with them and subsequently managed by local groups. The ICRC built and stocked a veterinary pharmacy; donated equipment for irrigating and drying crops from market gardens; and carried out a cash-for-work project that paid people to repair garden fences.

The ICRC also helped victims of fires and other disasters. Nearly 690 households (4,164 people) were given blankets, mats and other essentials that helped them improve their living conditions; these items were leftover stock donated by the ICRC and distributed by the National Society. As needs were not as great as projected, the target set for this activity was not met.

National Society volunteers helped carry out these assistance activities and the family-links activities mentioned below with training and other support from the ICRC (see *Red Cross and Red Crescent Movement*).

Communities gain better access to water

About 24,000 people had broader access to water, and/or reduced their risk of illness and disease, as a result of ICRC projects carried out despite logistical obstacles and security

concerns. The ICRC repaired or built wells, boreholes and other water points. It helped set up committees to manage them, and trained technicians to maintain and repair them. The National Society conducted hygiene-promotion campaigns with ICRC support; the ICRC donated soap and constructed latrines at one market.

Members of dispersed families reconnect

Members of families separated by violence, detention, migration and other circumstances – mainly people from the CAR, Nigeria and Sudan – reconnected through phone calls, RCMs and other services provided by the National Society, with the ICRC's support, in refugee camps. In eastern and southern Chad, these services were reinforced, for instance, by installing solar panels which provided power for charging phones. In all, 62,518 calls were made.

Some newly displaced people filed requests to trace their missing relatives. The ICRC ascertained the fate or whereabouts of 89 people and relayed the information to their families. A total of 33 unaccompanied children were reunited with their families in Chad or neighbouring countries. The ICRC made follow-up visits to check on their welfare.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC conducted visits to check on the living conditions and treatment of detainees at 13 prisons and places of temporary detention, where 4,311 people were being held. Delegates paid special attention to those who were particularly vulnerable: people arrested in connection with the conflict in the Lake Chad region; those held in remand; and people with specific needs, such as women, minors and foreigners. The ICRC also continued to seek access to all detainees; after discussions with the authorities concerned, it was able to visit more security detainees held by Chadian forces or by the MNJTF, but not all of them.

Findings and recommendations from these visits were communicated confidentially to the relevant authorities; detainees' judicial guarantees were emphasized. In some cases, measures were taken as a result of these discussions: for instance, 12 detainees who had completed their sentences were released by the authorities, and 115 more were released in line with the newly adopted code of criminal procedure, which the authorities had drafted with the ICRC's input.

To prevent disappearances, the ICRC followed up allegations of arrest and helped set up registries at certain places of detention. Some detainees contacted their families via the ICRC's family-links services. At the request of foreign inmates, the ICRC notified their consulates, embassies, and/or the UNHCR of their detention.

Detainees have better access to health care

Living conditions in overcrowded prisons with dilapidated infrastructure remained difficult for detainees. The ICRC thus continued to help the authorities improve health care and nutrition in prisons. For health care, six prisons were prioritized; this was more than planned as another organization was not yet able to take over support for some facilities. Certain

activities were adapted because of this. For nutrition, four prisons were prioritized, but not as many people as planned were treated, as the overall malnutrition rate had decreased.

The authorities undertook some initiatives at the ICRC's urging. For instance, procedures for referring sick detainees to nearby hospitals for further care were established at three prisons. Detainees at five prisons were included in national programmes for TB and HIV, enabling them to get tested and obtain medicines. At one prison, the new director increased food rations for prisoners.

The ICRC provided support for authorities struggling with budgetary constraints. At six prisons, inmates obtained medicines from ICRC-supplied prison dispensaries and were given check-ups by ICRC delegates, who also counselled prison health staff. At four prisons, nearly 2,200 moderately malnourished and roughly 200 severely malnourished inmates were treated with supplies from the ICRC. The ICRC also provided expert assistance, and training for thirty prison staff, in food-supply management.

The Amsiné prison, which was particularly overcrowded, received special attention. The ICRC provided financial assistance for referring 237 detainees to hospital for follow-up care and 132 for inpatient treatment. At the ICRC's urging, the national TB programme began prophylactic treatment for 42 particularly vulnerable detainees. Detainees at the Amsiné prison also began to be included in the national programme for malaria.

Inmates' living conditions improve

About 4,400 people benefited from the ICRC's water and sanitation initiatives. These initiatives included dissemination sessions and train-the-trainer workshops on hygiene promotion for detainees and prison staff – to help reduce the risk of disease; the ICRC also distributed soap and cleaning products. Living conditions at four prisons improved after the ICRC renovated or built showers and toilets, installed solar-powered water heaters and fuel-efficient ovens, or improved ventilation. Personnel trained and equipped by the ICRC made minor repairs to plumbing and other infrastructure.

ACTORS OF INFLUENCE

Dialogue with the authorities, military and security forces in Chad – including members of multinational forces – and key members of civil society remained a priority, particularly because of Chad's influence in the region and the number of international actors in the country. Efforts to pursue such dialogue were strengthened in the Lac region – and, to a lesser extent, in southern Chad – in order to foster respect for IHL and other applicable norms, and to help facilitate the Movement's activities.

Military and security forces personnel strengthen their grasp of IHL

Military personnel learnt more about IHL and other applicable norms, and discussed these matters, at briefings and round-tables organized by the ICRC. These personnel included soldiers deployed in the Lac region (with the Chadian military

or within the framework of the MNJTF) following attacks in the last quarter of the year; members of the G5 Sahel Force; members of a counter-terrorism unit bound for Mali as part of Operation Barkhane; and peacekeepers set to join the UN peacekeeping mission in Mali.

Security forces personnel learnt more about international standards for law enforcement – including those on the use of force and arrests and detention – and related matters at ICRC dissemination sessions. These personnel included prison guards, *gendarmes*, and for the first time, members of the National and Nomadic Guard of Chad, some of whom had been assigned to a high-security detention facility. A train-the-trainer session for police academy instructors, on international human rights law, was postponed for administrative reasons.

The ICRC urged the military and security forces present in Chad to incorporate IHL and other norms in their decision-making. It sponsored one senior officer to attend an advanced seminar abroad (see *Kuwait*) on the rules governing military operations.

The ICRC continued discussions with parties involved in projects – supported by the European Union – to reform the security sector; plans to work together – to incorporate modules on IHL and international human rights law in training for the police, *gendarmes* and National and Nomadic Guard – were discussed.

Local leaders learn more about the Movement and its work

To broaden acceptance for the Movement and its work, the ICRC held briefings for local officials and traditional and religious leaders, and for people who benefited from its assistance activities (see *Civilians*); the briefings covered its mandate, its activities in the region, and the Fundamental Principles. Seminars were conducted for health personnel and local officials on the law concerning the proper use of the red cross emblem.

At ICRC workshops, journalists learnt more about the Movement, the ICRC's working methods, and the role of the media during armed conflict and other situations of violence; this helped them improve their reporting on humanitarian issues. Public-communication materials produced by the ICRC and the Red Cross of Chad, and various events such as briefings for students, helped stimulate public interest in humanitarian affairs; the ICRC also organized a national moot-court competition. National and international coverage of the competition and other ICRC activities, such as reuniting families and conducting large-scale vaccinations of livestock, helped to promote humanitarian work.

The ICRC urged the authorities to ratify, accede to or implement certain important treaties, such as the African Union Convention on IDPs and arms-related treaties; it also gave them expert advice in these matters. Magistrates and other key officials discussed IHL in relation to the Chadian legal framework for "terrorism", which was undergoing revision at year's end. A new code of penal procedure – which reflected the ICRC's recommendations – was adopted and promoted by the government.

RED CROSS AND RED CRESCENT MOVEMENT

Despite various organizational difficulties, the Red Cross of Chad remained an important partner in assisting people affected by violence and disasters (see *Civilians*). Financial, material and technical support from the ICRC and other Movement partners enabled it to bolster its capacities – in first aid, restoring family links, hygiene promotion and public communication – and its organizational development.

For instance, the ICRC gave first-aid equipment to National Society branches in violence-prone areas; organized emergency-simulation exercises, and a workshop to revise the National Society's first-aid manual; and helped the National Society build a new office in N'Djamena. It also trained newly formed teams in the Lac region in various organizational matters, and gave the National Society financial assistance and technical advice so that it could hold a workshop to revise its statutes.

The National Society, the ICRC and other Movement components met regularly to coordinate their activities in the Lake Chad region.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	329	40		
RCMs distributed	251	24		
Phone calls facilitated between family members	62,518			
Reunifications, transfers and repatriations				
People reunited with their families	35			
<i>including people registered by another delegation</i>	12			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	112	3	18	37
<i>including people for whom tracing requests were registered by another delegation</i>	10			
Tracing cases closed positively (subject located or fate established)	89			
<i>including people for whom tracing requests were registered by another delegation</i>	45			
Tracing cases still being handled at the end of the reporting period (people)	636	95	148	141
<i>including people for whom tracing requests were registered by another delegation</i>	295			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	35	14		4
UAMs/SC reunited with their families by the ICRC/National Society	33	11		3
<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	113	37		4
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	13			
Detainees in places of detention visited	4,311	104	225	
Visits carried out	58			
		Women	Girls	Boys
Detainees visited and monitored individually	751	20		51
<i>of whom newly registered</i>	262	7		38
RCMs and other means of family contact				
RCMs collected	637			
RCMs distributed	496			
Phone calls made to families to inform them of the whereabouts of a detained relative	1,325			
People to whom a detention attestation was issued	28			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	Beneficiaries	233,046	64,448	26,917
	<i>of whom IDPs</i>	70,084	26,644	8,346
Income support	Beneficiaries	4,020	1,737	330
	<i>of whom IDPs</i>	1,665	729	114
Living conditions	Beneficiaries	4,164	2,313	281
	<i>of whom IDPs</i>	772	487	
Capacity-building	Beneficiaries	125	4	
	<i>of whom IDPs</i>	22	1	
Water and habitat				
Water and habitat activities	Beneficiaries	24,021	8,407	9,608
	<i>of whom IDPs</i>	14,413	5,044	5,765
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	2,409	6	
Water and habitat				
Water and habitat activities	Beneficiaries	4,400	44	176
Health				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	6		

CONGO, DEMOCRATIC REPUBLIC OF THE

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 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

KEY RESULTS/CONSTRAINTS IN 2018

- Poor security conditions, disease outbreaks and other constraints affected aid delivery. Nevertheless, the Red Cross of the Democratic Republic of the Congo and the ICRC provided assistance to conflict- and violence-affected people.
- Communities had access to suitable care at ICRC-supported health facilities, including physical rehabilitation and counselling centres. Wounded people were evacuated to hospital and received life-saving care.
- People met their urgent needs with food and household essentials from the ICRC. Victims/survivors of sexual violence and demobilized children started income-generating activities, which eased their social reintegration.
- Detainees received food; malnourished detainees were given ready-to-eat therapeutic food. With the ICRC's help, detaining authorities at some prisons took measures to minimize detainees' exposure to disease during outbreaks.
- People reconnected with relatives via the Movement's family-links services. Where appropriate, children, including those formerly associated with weapon bearers, were reunited with their families in the country or elsewhere.
- Weapon bearers were reminded of their obligation to protect civilians and ensure access to health services. Regular contact with the ICRC helped community members learn more about the Movement and its work.

EXPENDITURE IN KCHF

Protection	17,320
Assistance	52,789
Prevention	4,590
Cooperation with National Societies	2,817
General	540
Total	78,056
<i>Of which: Overheads</i>	<i>4,748</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	102%
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PERSONNEL

Mobile staff	116
Resident staff (daily workers not included)	803



ICRC delegation ICRC sub-delegation ICRC office/presence

PROTECTION

Total

CIVILIANS

Restoring family links

RCMs collected	35,197
RCMs distributed	26,768
Phone calls facilitated between family members	10,167
Tracing cases closed positively (subject located or fate established)	227
People reunited with their families	430
<i>of whom unaccompanied minors/separated children</i>	<i>403</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	41
Detainees in places of detention visited	27,232
<i>of whom visited and monitored individually</i>	<i>3,024</i>
Visits carried out	235

Restoring family links

RCMs collected	3,112
RCMs distributed	1,343
Phone calls made to families to inform them of the whereabouts of a detained relative	499

ASSISTANCE

2018 Targets (up to)

Achieved

CIVILIANS

Economic security

Food consumption	Beneficiaries	80,000	163,372
Food production	Beneficiaries	110,000	151,253
Income support	Beneficiaries	500	463
Living conditions	Beneficiaries	146,000	146,822

Water and habitat

Water and habitat activities	Beneficiaries	570,000	586,205
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Health

Health centres supported	Structures	20	29
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures	5	44
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Physical rehabilitation

Projects supported	Projects	4	5
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People benefiting from ICRC-supported projects	Aggregated monthly data	1,000	1,658
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Water and habitat

Water and habitat activities	Beds	200	734
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CONTEXT

The armed forces of the Democratic Republic of the Congo (hereafter DRC), backed by the UN Stabilization Mission in the DRC (MONUSCO), continued to carry out military operations against various armed groups, especially in the eastern provinces of North Kivu and South Kivu, and in Kasai and surrounding provinces in south-central DRC. The fragmentation and proliferation of armed groups, and fighting among them, also continued. Ethnic violence was widespread in Haut-Katanga, Ituri and Tanganyika. Civilians bore the brunt of it: many were displaced, wounded or killed, or subject to violence, including sexual violence; some had their livelihoods and property destroyed.

Political crises in neighbouring countries drove people to the DRC, or caused them to remain there. Hundreds of thousands of Congolese were forced to return to the DRC from Angola.

Local health services, already weak, were further strained by disease outbreaks, including a cholera outbreak in Kasai and surrounding provinces (ongoing since June), and two Ebola outbreaks – in Equateur (April to July) and in conflict-affected North Kivu (ongoing since August). Disease outbreaks, and logistical and security constraints, affected the delivery of humanitarian aid – as did attacks against humanitarian workers.

Social unrest over economic and political frustrations continued to be a source of occasional instability, especially in the capital, Kinshasa. Presidential elections took place on 30 December, after a two-year delay.

ICRC ACTION AND RESULTS

Security constraints, torrential rain, the poor state of roads, and disease outbreaks sometimes hindered the delivery of humanitarian aid. Despite these circumstances, the Red Cross of the Democratic Republic of the Congo and the ICRC provided assistance to people affected by armed conflict and/or other situations of violence. Movement partners and other humanitarian actors coordinated their activities to prevent duplication of effort. They worked together to help contain both Ebola outbreaks. During the North Kivu outbreak, the International Federation took charge of burying human remains safely and with dignity; the ICRC focused on supporting local health facilities and preventing the spread of the disease to places of detention; the National Society was a key partner in all of these activities.

The ICRC sought to foster respect for humanitarian principles, and broaden acceptance for the Movement, in order to maintain and/or increase its access to people in need. It maintained dialogue with all pertinent authorities and weapon bearers, reminding them of their obligation to protect civilians and ensure access to health services. At dissemination sessions and other events, weapon bearers learnt about IHL, international human rights law and/or other norms applicable to their duties. Regular contact with the ICRC enabled community members to familiarize themselves with the Movement and its work; the ICRC's public-communication initiatives helped as well.

People obtained good-quality health services at primary-health-care centres and hospitals receiving various forms of ICRC support. Wounded people were brought to hospital; some were treated by an ICRC surgical team at a hospital in Goma, North Kivu, or by an ICRC-supported team of local surgeons in Bukavu, South Kivu. People with physical disabilities were fitted with mobility devices, and obtained other physical rehabilitation services, at ICRC-supported centres. Victims of conflict-related trauma, including sexual violence, received psychosocial support at counselling centres backed by the ICRC, and when necessary, were referred to health facilities for medical treatment.

People affected by conflict or other violence met their immediate needs with emergency aid from the National Society and the ICRC. Some households earned money by cultivating crops and through fish-farming activities, using supplies and equipment from the ICRC. Victims/survivors of sexual violence, disabled people and demobilized children received cash, training and material support, to start income-generating activities and facilitate their social reintegration. The ICRC repaired and/or constructed water infrastructure, including hand pumps, and broadened access to clean water.

The ICRC visited places of detention and checked on detainees' treatment and living conditions. It communicated its findings and recommendations confidentially to the detaining authorities. Insufficient funds, and delays in the release of these, made it difficult for the authorities to meet detainees' needs. To help fill gaps, the ICRC supplied food to detainees – including therapeutic food for malnourished detainees – distributed hygiene items, and renovated infrastructure. It helped detaining authorities set up measures to control or prevent the spread of disease, and gave them other forms of assistance, to minimize detainees' exposure to health risks during disease outbreaks.

Members of families separated by detention, or by armed conflict or other violence in the DRC or elsewhere reconnected through the Movement's – context-specific – family-links services. Where appropriate, vulnerable people, including children formerly associated with weapon bearers, were reunited with their families in the DRC or elsewhere.

CIVILIANS

People approached the ICRC with reports of abuses committed by weapon bearers, such as sexual violence, child recruitment and attacks against medical facilities. The ICRC made representations based on these allegations to weapon bearers, and reminded them of their obligation – under IHL, international human rights law and other applicable norms – to protect civilians and ensure access to health services. Some parties took steps to improve training for personnel under their command and establish disciplinary measures to prevent such misconduct.

In March, the ICRC acted as a neutral intermediary in the release of 27 people held by an armed group.

Members of separated families reconnect via family-links services

The Red Cross of the Democratic Republic of the Congo and the ICRC strove to improve their family-links services and adapt them to people's needs.

Members of families dispersed by armed conflict or other violence, or detention, reconnected through the Movement's family-links services. In Ebola-affected North Kivu, written RCMs were relayed to recipients by phone. Some people filed requests to trace missing relatives; 227 cases were resolved. Families received phone calls from the ICRC, informing them of the whereabouts of their detained relative.

A total of 430 vulnerable people – mostly children, including some formerly associated with weapon bearers – were reunited with their families, in the DRC or elsewhere. Some 130 children received food and/or clothes in advance of these reunions.

People have access to good-quality health services

People obtained suitable care at 14 primary-health-care centres regularly supported by the ICRC. At these centres, people, mostly children, were vaccinated; women were given antenatal consultations; patients in need of further treatment were referred to higher-level care; and destitute patients, including pregnant women, were treated for free. Six centres – in Ituri and South Kivu – received three months' worth of financial and material aid for coping with the consequences of mass displacement and looting. One-off donations of drugs were made to nine other centres, mostly in Tanganyika.

In Ebola-affected North Kivu, five primary-health-care centres (among the 14 receiving regular ICRC support) were given additional supplies. The ICRC gave these centres – and one morgue – expert advice for drawing up measures to control or prevent the spread of disease.

In the Kivu provinces, nearly 5,900 people suffering from conflict-related trauma received psychosocial support at 26 ICRC-backed counselling centres. When necessary, they were referred to health facilities for medical treatment. At information sessions aimed at preventing the stigmatization of victims/survivors of sexual violence, community members learnt of the services available to them and the importance of prompt post-exposure prophylactic treatment. Some victims/survivors received ICRC support for easing their social reintegration (see below).

People are able to meet their needs and start earning an income

People, including IDPs and returnees, received one or several forms of support from the National Society and the ICRC. Some 163,400 people (around 32,700 households) – more than planned for – were given food, either during emergencies or – alongside farming support (see below) – to prevent them from consuming seed meant for planting. Roughly 145,000 people (29,000 households) received household essentials or cash to buy them. The National Society was given household kits, for distribution to people returning from Angola (see *Context*).

Almost 25,600 households (nearly 151,300 people) earned money by cultivating crops and through fish-farming activities; the ICRC supplied them – directly or through farming and fishing associations – with seed, fingerlings and tools. Some of them received training in these livelihood activities.

Over 460 victims/survivors of sexual violence and people with physical disabilities – recipients of psychosocial support and/or physical rehabilitation services at ICRC-supported facilities – started earning an income with ICRC support: cash, training and material assistance.

Transitional centres and families collectively hosting roughly 1,400 unaccompanied, separated, and/or demobilized children were given food and household essentials for covering the children's needs; infrastructural upgrades were also made at some transitional centres. Demobilized children and community members attended awareness-raising sessions on the risks to these children even after their return home. Sixty-one demobilized children earned money by weaving baskets and raising rabbits for sale, with ICRC financial and material support.

Communities have better access to potable water

Implementation of several ICRC water projects was delayed or halted by logistical and security constraints and the Ebola outbreak. Despite these setbacks, some 85,200 people gained better access to clean water following ICRC upgrades to water-supply systems in rural areas of the Kivu provinces and Tanganyika. Repairs to the water-supply system in Walikale, North Kivu, were completed, to the benefit of 10,000 people. Local water authorities and the ICRC worked together to ensure access to water in urban areas. They installed a water pump in Bukavu, and ensured the functioning of water-supply systems in other cities with the help of generators and other equipment and supplies from the ICRC; some 450,000 people benefited. Other urban water projects were ongoing.

The ICRC provided assistance during emergencies, to the benefit of some 41,000 people. For example, during a cholera outbreak in Kasai-Oriental, the National Society and the ICRC chlorinated water points, disinfected contaminated sites, and promoted good hygiene practices.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detaining authorities receive help to meet detainees' needs

The ICRC visited – in accordance with its standard procedures – 41 detention facilities, including places of temporary detention and a facility run by MONUSCO – to check on the treatment and living conditions of detainees. Particular attention was paid to vulnerable people, including security detainees, foreigners, women and minors. After visits, findings and recommendations were communicated confidentially to the authorities concerned. The ICRC urged detaining authorities to respect judicial guarantees and the principle of *non-refoulement*, and to establish committees for tackling overcrowding, improving the management of funds and maintaining prison facilities.

Judicial authorities acted on individual cases brought up by the ICRC; this contributed to the release of certain inmates, including some whose pre-trial detention had exceeded the legal limit. The ICRC enabled 33 foreigners to notify their consular representatives and/or the UNHCR of their detention.

Detainees benefited from the Movement's family-links services (see *Civilians*). Following their release, 12 former detainees returned home, with ICRC financial assistance.

Detainees are able to meet their needs and have access to health services

Despite steps taken by detaining authorities to improve living conditions and access to health services, insufficient funds, and delays in the release of allocated funds, made it difficult for them to meet detainees' needs. The ICRC gave them various forms of assistance to help fill gaps.

Some 10,300 severely malnourished detainees at 11 prisons received therapeutic food, and nearly 7,300 moderately malnourished detainees were given supplementary rations. Roughly 29,300 detainees at these and other places of detention (see below) received hygiene kits and/or kitchenware.

Inmates in ten prisons obtained health services at clinics receiving drugs and other medical supplies from the ICRC; prison health staff were given technical support. When necessary, detainees were taken to hospitals or other health facilities; the ICRC covered their treatment costs.

Teams of personnel trained and equipped by the ICRC maintained the infrastructure at 13 prisons (holding over 20,700 detainees). The ICRC renovated water and sanitation facilities, and kitchens, and repaired roofs, at some of these prisons; roughly 12,400 detainees benefited.

Detainees benefit from ICRC assistance during emergencies

The ICRC was prepared to provide assistance during emergencies. The ICRC helped establish – at more than a dozen places of detention in Ebola-affected North Kivu – measures to control or prevent the spread of disease, to minimize the risk of Ebola spreading to the prison population. Detainees at some of these prisons received supplementary rations, to help them regain their strength and boost their immunity; they also received kitchenware.

The ICRC helped during other outbreaks of disease in the first half of the year: diarrhoea in Ituri and North Kivu, and Ebola in areas of Equateur unaffected by conflict. It promoted good hygiene practices, distributed hygiene and cleaning items, and renovated water and sanitation facilities.

WOUNDED AND SICK

Wounded people receive suitable medical treatment

Over 1,100 community members and weapon bearers, and 1,100 National Society volunteers, learnt first aid at events organized by the National Society and/or the ICRC; this enabled them to treat people wounded during armed clashes.

Worsening insecurity and disease outbreaks in parts of the country (see *Context*) led the ICRC to support more hospitals than it had planned: 17 were given supplies and equipment, and their staff trained, regularly (for at least part of the year); four of them – in Ituri and South Kivu – were also given emergency support during mass influxes of patients. Other hospitals – including five in Ebola-affected North Kivu (see below) – were given drugs and other medical supplies on an ad hoc basis. People obtained the necessary care at these hospitals. Vulnerable people – including victims/survivors of sexual violence and demobilized children – had their treatment costs covered by the ICRC.

Nearly 1,100 wounded people were taken to hospitals receiving regular support from the ICRC. Most of them – 928 people – were treated by either of two surgical teams: local surgeons in Bukavu and ICRC personnel in Goma.

To protect against spreading the Ebola virus, the ICRC temporarily stopped referring or transporting wounded people from areas affected to the Goma hospital. In the meantime, five hospitals in Ebola-affected North Kivu were given surgical kits for treating wounds.

Patients had better services at five hospitals (734 beds) after the ICRC renovated infrastructure, including waste-management systems and surgical wards. Repairs to the laundry and sterilization rooms at one hospital were in progress at the end of the reporting period.

Disabled people receive good-quality physical rehabilitation services

Some 1,400 people¹ obtained good-quality services, free of charge, at four physical rehabilitation centres in Bukavu, Goma and Kinshasa. Mobility devices were made with parts produced – by disabled employees – at a workshop in Kinshasa. The ICRC gave the centres and the workshop material and technical support. Patients were fitted with prostheses and orthoses or given wheelchairs and tricycles, which helped them regain some mobility. Some received psychosocial support at physical rehabilitation centres or were referred to ICRC-backed counselling centres.

Over 180 disabled people participated in sports activities organized by the national Paralympic committee which received ICRC support, including for the ongoing construction of a sports field for disabled athletes. Twenty-five children received scholarships to pursue their education. These and other activities (see *Civilians*) helped promote social inclusion of disabled people.

The ICRC made efforts to strengthen the physical rehabilitation sector in the DRC. It sponsored staff from the supported centres to attend courses and training sessions. Three physiotherapists learnt more about caring for children with cerebral palsy; they also learnt how to instruct the children's parents in providing such care. Three people sponsored by the ICRC completed their three-year course in prosthetics and orthotics,

1. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, which include repeat beneficiaries.

in Lomé, Togo, and returned to work at the supported centres. Construction of the country's first reference centre for physiotherapy and orthopaedic services – part of the Programme for Humanitarian Impact Investment, an ICRC initiative being carried out in partnership with the private sector – was in progress.

ACTORS OF INFLUENCE

In all its interaction with the authorities, weapon bearers and members of civil society, the ICRC sought to foster respect for humanitarian principles, and acceptance for the ICRC and the Movement, in order to maintain and/or increase its access to people in need.

Weapon bearers strengthen their grasp of norms and standards applicable to their duties

Weapon bearers of all ranks learnt more about IHL and the Movement at ICRC events that disseminated key messages on preventing sexual violence, and protecting people seeking or providing health care, during armed conflict and other violence. Roughly 2,000 military personnel attended training sessions on IHL and other norms applicable to their duties; sometimes these sessions were accompanied by training in first aid (see *Wounded and sick*). Particular efforts were made to reach military officers and legal advisers – in conflict-affected areas and at their headquarters – and urge them to incorporate IHL and other applicable norms in their doctrine, training and operations. The ICRC provided IHL training for instructors and cadets at three military academies. It was in regular contact with parties involved in security-sector reforms, including MONUSCO.

Over 500 police officers learnt more about international law enforcement standards for the use of force and crowd control at ICRC-organized dissemination sessions. The ICRC also organized such sessions – and first-aid training – for some 30 members of armed groups.

Civil society learns more about the Movement and its work

Regular contact with the ICRC, supplemented by radio spots and other public-communication initiatives, helped thousands of people – local authorities, traditional and religious leaders, and representatives of youth groups and civil society – to familiarize themselves with the Movement and its work. Communities in Ebola-affected North Kivu learnt more about the virus, and the Movement's efforts to check its spread, at dissemination sessions.

Members of the local and the international media were briefed, and/or given press releases and reference materials, to help them report more accurately on humanitarian issues; some of them covered the ICRC president's visit to the DRC, and attended his press conference in Goma, in the first half of the year.

Academic conferences on IHL and moot court competitions helped to stimulate academic interest in IHL. Academics and military officials discussed IHL, and humanitarian issues in the DRC, at a round-table.

The authorities are encouraged to ratify IHL and IHL-related treaties

The ICRC continued to emphasize to the authorities the importance of ratifying IHL and IHL-related treaties, and of adopting related legislative measures – such as a bill on the emblems protected under IHL and bills authorizing ratification of Additional Protocol III and adherence to the Arms Trade Treaty.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society remained a key partner in delivering humanitarian aid to people in need (see *Civilians* and *Wounded and sick*). It received support from the ICRC and other Movement components for improving its organizational and operational capacities. It updated its contingency plan with ICRC technical input. Some meetings were organized, to help the National Society incorporate the Safer Access Framework more fully in its activities, especially in violence-prone areas.

The ICRC covered various expenses for selected National Society branches, including salaries of key staff, incentives for volunteers and the cost of equipment. Some volunteers were given insurance coverage. Others – including 48 volunteers who buried Ebola victims – received psychosocial support.

National Society representatives attended the statutory meetings of the Movement, with ICRC sponsorship. Movement partners met regularly to maximize impact and prevent duplication of effort, including in their response to the Ebola outbreaks (see *ICRC action and results*).

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		35,197	1,844		
RCMs distributed		26,768	731		
Phone calls facilitated between family members		10,167			
Names published in the media		18			
Reunifications, transfers and repatriations					
People reunited with their families		430			
	<i>including people registered by another delegation</i>	26			
People transferred or repatriated		188			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		663	110	192	147
	<i>including people for whom tracing requests were registered by another delegation</i>	246			
Tracing cases closed positively (subject located or fate established)		227			
	<i>including people for whom tracing requests were registered by another delegation</i>	80			
Tracing cases still being handled at the end of the reporting period (people)		646	105	162	139
	<i>including people for whom tracing requests were registered by another delegation</i>	256			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		982	422		99
UAMs/SC reunited with their families by the ICRC/National Society		403	156		48
	<i>including UAMs/SC registered by another delegation</i>	19			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1,253	546		67
Documents					
People to whom travel documents were issued		3			
People to whom official documents were delivered across borders/front lines		9			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		41			
Detainees in places of detention visited		27,232	692	662	
Visits carried out		235			
			Women	Girls	Boys
Detainees visited and monitored individually		3,024	44	17	68
	<i>of whom newly registered</i>	2,185	35	16	48
RCMs and other means of family contact					
RCMs collected		3,112			
RCMs distributed		1,343			
Phone calls made to families to inform them of the whereabouts of a detained relative		499			
Detainees released and transferred/repatriated by/via the ICRC		31			
People to whom a detention attestation was issued		36			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	163,372	70,031	40,657
	<i>of whom IDPs</i>	33,805	11,832	13,522
Food production	Beneficiaries	151,253	70,372	26,986
	<i>of whom IDPs</i>	596	180	297
Income support	Beneficiaries	463	431	16
Living conditions	Beneficiaries	146,822	59,521	43,163
	<i>of whom IDPs</i>	23,145	8,101	9,258
Water and habitat				
Water and habitat activities	Beneficiaries	586,205	234,467	293,104
Health				
Health centres supported	Structures	29		
Average catchment population		211,393		
Consultations		73,586		
	<i>of which curative</i>	61,242	9,177	23,427
	<i>of which antenatal</i>	12,344		
Immunizations	Patients	59,110		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	39,793		
Referrals to a second level of care	Patients	4,071		
	<i>of whom gynaecological/obstetric cases</i>	754		

PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	7,251	169	429
Living conditions	Beneficiaries	29,267	514	743
Water and habitat				
Water and habitat activities	Beneficiaries	20,724	1,243	829
Health				
Places of detention visited by health staff	Structures	12		
Health facilities supported in places of detention visited by health staff	Structures	10		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	44		
<i>including hospitals reinforced with or monitored by ICRC staff</i>		17		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
Weapon-wound admissions		1,081	167	75
(including those related to mines or explosive remnants of war)		2		
Non-weapon-wound admissions		1,490		
Operations performed		6,189		
Medical (non-surgical) admissions		2,890	1,055	99
Gynaecological/obstetric admissions		2,848	1,441	11
Consultations		12,299		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		1,008		
Weapon-wound admissions (surgical and non-surgical admissions)		393	21	20
Weapon-wound surgeries performed		259		
Patients whose hospital treatment was paid for by the ICRC		8,328		
First aid				
First-aid training				
Sessions		55		
Participants (aggregated monthly data)		1,130		
Water and habitat				
Water and habitat activities	Beds	734		
Physical rehabilitation				
Projects supported	Projects	5		
People benefiting from ICRC-supported projects	Aggregated monthly data	1,658	318	391
<i>of whom beneficiaries of physical rehabilitation services</i>		1,430	305	192
<i>of whom beneficiaries referred to economic programmes</i>		20	10	
<i>of whom beneficiaries of educational programmes</i>		25		25
<i>of whom beneficiaries of sporting activities</i>		183	3	174
New patients fitted with prostheses	Patients	202	44	29
Prostheses delivered	Units	460	110	92
<i>of which for victims of mines or explosive remnants of war</i>		16	1	2
New patients fitted with orthoses	Patients	232	71	41
Orthoses delivered	Units	385	107	81
<i>of which for victims of mines or explosive remnants of war</i>		5	1	2
Patients receiving physiotherapy	Patients	603	176	102
Walking aids delivered	Units	1,342	224	147
Wheelchairs or tricycles delivered	Units	53	15	4

DAKAR (regional)

COVERING: Cabo Verde, Gambia, Guinea-Bissau, Senegal

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 throughout the region. It supports the activities of the National Societies, assists people affected by armed conflict and other situations of violence in Casamance, Senegal, and in Guinea-Bissau, and visits detainees of ICRC concern, providing them with material aid where necessary.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2018

- The ICRC signed a memorandum of understanding with the Senegalese mine-action authorities and the Senegalese Red Cross Society. Based on this, it trained volunteers to conduct mine-risk education sessions for communities.
- In Casamance, Senegal, female breadwinners cultivated market gardens with ICRC training and support. ICRC cash grants enabled others – including victims of mines or explosive remnants of war – to set up small businesses.
- Physically disabled people were treated at an ICRC-supported rehabilitation centre in Guinea-Bissau. Technical constraints delayed the creation of a patient-information database for the centre.
- At the request of the parties concerned, the ICRC served as a neutral intermediary in the release and subsequent transfer of two members of an armed group who were formerly held by the Senegalese government.
- Senegalese authorities maintained their efforts to implement IHL treaties, with ICRC support. Gambia and Guinea-Bissau ratified key arms treaties; the former also ratified the Convention on Enforced Disappearance.

EXPENDITURE IN KCHF

Protection	2,699
Assistance	3,490
Prevention	1,833
Cooperation with National Societies	900
General	411
Total	9,333
<i>Of which: Overheads</i>	<i>570</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	96%
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PERSONNEL

Mobile staff	24
Resident staff (daily workers not included)	129



PROTECTION CIVILIANS

Restoring family links	Total
RCMs collected	47
RCMs distributed	65
Phone calls facilitated between family members	429
Tracing cases closed positively (subject located or fate established)	59

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits	
Places of detention visited	14
Detainees in places of detention visited	4,560
<i>of whom visited and monitored individually</i>	<i>74</i>
Visits carried out	30

Restoring family links	
RCMs collected	49
RCMs distributed	20
Phone calls made to families to inform them of the whereabouts of a detained relative	18

ASSISTANCE CIVILIANS

Economic security ¹		2018 Targets (up to)	Achieved
Food consumption	Beneficiaries	900	
Food production	Beneficiaries	2,700	4,649
Income support	Beneficiaries	27,860	2,539
Living conditions	Beneficiaries	900	26
Capacity-building	Beneficiaries	1,200	38

Water and habitat		2018 Targets (up to)	Achieved
Water and habitat activities	Beneficiaries	7,000	8,106

WOUNDED AND SICK

Physical rehabilitation			
Projects supported	Projects	1	1
People benefiting from ICRC-supported projects	Aggregated monthly data	2,200	3,504

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

Little progress was made in the peace talks between the Senegalese government and factions of the Mouvement des forces démocratiques de Casamance (MFDC). The situation in Casamance, Senegal, remained relatively calm, despite an attack against civilians in January. People continued to report movement restrictions and other abuses by weapon bearers. Security conditions, such as mines in areas bordering Guinea-Bissau, hindered access to essential services and facilities.

The Economic Community of West African States and the UN extended the mandates of their peacekeeping and peace-building missions in Guinea-Bissau to mid-2019 and early 2019, respectively. Political tensions in the country had eased slightly since 2017. In Gambia, authorities established a commission for transitional justice.

Migrants bound for Europe or elsewhere – including asylum seekers and refugees – lost contact with their families on their way through or from the countries covered.

ICRC ACTION AND RESULTS

The regional delegation in Dakar focused on addressing the needs of people affected by the conflict in Casamance. The ICRC pursued or maintained dialogue with all parties concerned, and reminded them of their obligations under IHL and other norms to protect civilians and to facilitate access to sources of livelihood. It documented allegations of abuse and, where possible, relayed them to the pertinent parties to prevent the recurrence of such misconduct.

The ICRC signed a memorandum of understanding with the Senegalese mine-action authorities and the Senegalese Red Cross Society, and trained volunteers in conducting mine-risk education sessions for communities affected by mines and explosive remnants of war (ERW). The ICRC, sometimes with the Senegalese Red Cross, implemented assistance activities to help conflict-affected people in Casamance – including those whom few other organizations could reach. Some of these activities sought to mitigate violence against women by minimizing their need to leave their villages.

Resident and returnee farming households grew crops with seed and tools from the ICRC. Households boosted their income-generating activities: vulnerable people – including victims of mines/ERW – started small businesses with ICRC cash grants. Female breadwinners cultivated market gardens with the ICRC's help, while others were able to hull grain more easily after receiving ICRC-donated cereal mills. Herders in Casamance and Guinea-Bissau benefited from livestock services offered by ICRC-supported animal-health workers; support for those in Guinea-Bissau was concluded at year's end, as planned. The ICRC provided training and tools for some communities' reforestation efforts, which were aimed at strengthening livelihood prospects for the long term. The ICRC upgraded or built wells and dykes, which helped ensure sufficient supplies of water for personal consumption and agriculture.

The ICRC urged Senegalese authorities to give more assistance for missing people's families. It handed over to local organizations its activities for missing migrants' families that it assisted in 2017, and began providing psychosocial support for families in two previously unassisted communities.

National Societies in the region received support for reconnecting family members dispersed by armed conflict, detention, migration or other circumstances. Forensic professionals across Africa shared best practices at an event in Senegal organized by the forensic authorities and the ICRC. The ICRC collected ante-mortem data from relatives of missing Senegalese migrants to help identify remains of people who perished at sea. The ICRC arranged a family visit for one person formerly held at the US detention facility at the Guantanamo Bay Naval Station in Cuba, and resettled in Cabo Verde.

The ICRC visited – in accordance with its standard procedures – detainees in Guinea-Bissau and Senegal to monitor their situation. Findings from these visits were discussed confidentially with the authorities, to help them ensure that detainees' treatment and living conditions met internationally recognized standards. Access to health care for ill detainees in Guinea-Bissau improved after these discussions. There were no detainees in Gambia within the ICRC's purview; thus, the ICRC focused on providing support for prison management. At the request of the parties concerned, the ICRC acted as a neutral intermediary in the release of two members of an MFDC faction who were formerly held by the Senegalese government and their subsequent transfer to a non-government-controlled area.

In Guinea-Bissau, people received physical rehabilitation services at the ICRC-supported Centro de Reabilitação Motora (CRM). Among them were Senegalese victims of mines/ERW, who were referred to the CRM as per an agreement between the Senegalese mine-action authorities and the ICRC. Technical constraints delayed the creation of a patient-information database for the CRM.

Radio programmes, and briefings for local officials and leaders, helped broaden awareness of the Movement and its work. Military forces in Gambia and Guinea-Bissau learnt about IHL and other norms at ICRC information sessions; in Senegal, soldiers received such briefings from ICRC-trained army instructors.

Authorities and international organizations in the region furthered their understanding of the ICRC and its work at events attended or organized by the ICRC – such as an IHL course for humanitarian professionals in Africa. With ICRC technical assistance, Gambia and Guinea-Bissau ratified several IHL treaties.

CIVILIANS

In Casamance, the ICRC documented violations of IHL reported to it. Where possible, it relayed these allegations to the parties concerned, with a view to preventing the recurrence of such misconduct. It sought or maintained dialogue with the authorities and factions of the MFDC, and reminded them of their obligation to protect civilians and facilitate access to farmland

and other sources of livelihood. During ICRC dissemination sessions, military personnel learnt more about IHL and other norms, and police officers and *gendarmes* strengthened their grasp of international standards for law enforcement.

Radio programmes, produced by the Senegalese Red Cross Society and the ICRC, informed people about the humanitarian aid available to them. Local officials, community members and their leaders learnt about the Movement and its work through ICRC briefings. The ICRC signed a memorandum of understanding with the Senegalese mine-action authorities and the National Society on raising awareness of the risks posed by mines/ERW. It produced informational materials containing risk-reduction measures, and trained 14 volunteers in conducting mine-risk education sessions for communities.

People's concerns about risks to their safety – from unlawful conduct, for instance – were taken into account in planning and carrying out the ICRC's assistance activities (see below).

Vulnerable people in Casamance boost their livelihoods

The ICRC's assistance activities enabled conflict-affected people in Casamance – including those in areas where few other organizations could reach – to meet some of their needs. Some of these activities helped mitigate the risk of violence against vulnerable people, including women, by making it less necessary for them to work in unsafe areas.

Resident and returnee farming households (730; roughly 4,600 people) cultivated crops with seed and tools from the ICRC. Some of them also received cash to buy donkeys and other animals. ICRC cash-for-work projects to repair or build irrigation dykes enabled some to earn money while helping to boost farming in their communities (see below).

Around 350 vulnerable households (2,500 people) boosted their income-generating activities with ICRC assistance. Fewer pastoralist households were assisted than planned because of administrative and/or logistical constraints in implementing activities, including with local partners. Pastoralist households in Casamance, and in Senegalese refugee communities in Guinea-Bissau, were aided by livestock donations from the ICRC and services from ICRC-supported animal-health workers. Refresher training and material support enabled these workers to sustain their services – assistance for those in Guinea-Bissau was concluded at year's end, in line with the ICRC's shift in priorities for 2019. Some female breadwinners began cultivating or maintained market gardens with ICRC training, and material and technical support. ICRC-provided cereal mills enabled other women to hull grain more easily: people in 12 surrounding villages benefited from their services. Particularly vulnerable breadwinners, including victims of mines/ERW, started small businesses with cash grants and training from the ICRC.

In four communities, 38 people sought to ensure the long-term sustainability of their livelihoods: they participated in train-the-trainer sessions and received tools from the ICRC to plant 2,600 saplings for restoring their mangrove forests. These people, in turn, shared their learnings by training people from three other villages.

Material assistance from the ICRC helped ease living conditions for 26 newly displaced people (10 households) in Senegal.

Communities in Casamance have better access to water

Some 8,100 conflict-affected people in Casamance benefited from multiple water projects. Drinking water became available to roughly 1,080 people after the ICRC constructed wells and installed hand pumps in several villages; in coordination with the local water board, the ICRC also provided maintenance training for 11 community members and mechanics. It repaired or built dykes and spillways, and installed wells and solar-powered water pumps, which benefited around 1,500 people in farming communities and 200 market gardeners. Nearly 2,600 returnees renovated or built homes with materials from the ICRC. The ICRC installed latrines in several villages and conducted hygiene-promotion sessions for over 2,900 people. Senegalese Red Cross volunteers were trained by the ICRC to implement projects aimed at improving access to water.

Families of missing Senegalese migrants receive psychosocial support

During dialogue with authorities from the countries covered, the ICRC raised awareness of the needs of missing people's families. It also sought to discuss with them the necessity of creating national mechanisms for clarifying the fates of missing migrants and, where necessary, assisting their families.

After the ICRC assessed the support it provided for missing migrants' families in northern Senegal in 2017 and handed over these activities to local organizations, the Senegalese Red Cross and the ICRC began assisting families in two communities in other areas of the country. Some 100 families received psychosocial care through peer-support sessions; particularly vulnerable families were selected for livelihood-support activities, which the ICRC was discussing with local authorities and microfinance institutions.

The ICRC's discussions with parties to the conflict in Casamance on the issue of missing persons were infrequent and limited in scope. Because of this, the ICRC put on hold efforts to encourage these parties to provide assistance to the families of people missing in connection with the conflict.

People search for or contact their relatives through the Movement's family-links network

Members of families dispersed by armed conflict, detention, migration or other circumstances sought to reconnect through the Movement's family-links services. The Gambia Red Cross Society restored family links with technical support from the ICRC; most of its services for migrants were handed over to the IOM. National Societies in the region continued to strengthen their skills in restoring family links, with training and other support from the ICRC: for instance, they attended regional meetings to share their experiences and coordinate the provision of such services. ICRC support contributed to the reunification of about 100 children with their families, during festivals and other crowded events in Guinea-Bissau. The Red Cross Society of Guinea-Bissau and the ICRC produced radio programmes and other promotional material in

Portuguese to raise awareness of their family-links services and to remind families to stay together during such events.

The ICRC arranged a family visit for one person formerly held at the Guantanamo Bay detention facility and resettled in Cabo Verde. It also followed up with the ICRC delegation in Libya on the situation of two people formerly held at the Guantanamo Bay detention facility, who were reportedly sent to Libya after having been resettled in Senegal in 2016.

Forensic professionals from across Africa shared experiences and exchanged best practices at a regional event organized by the African Society of Forensic Medicine and the ICRC in Senegal. Staff from the Senegalese government, police, *gendarmerie* and National Society were trained by the ICRC in managing human remains and ante-mortem data. The ICRC regional delegation in Dakar began collecting ante-mortem data and DNA samples from the relatives of missing Senegalese migrants, in aid of the Paris regional delegation's efforts to identify remains of people who perished at sea (see *Paris*).

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited – in accordance with its standard procedures – prisons in Senegal and Guinea-Bissau, collectively holding 4,545 and 15 detainees, respectively; among these was a detention centre for juveniles in Senegal that the ICRC visited for the first time. People held on charges of “terrorism” or in connection with the conflict in Casamance, and other security detainees were monitored individually. Findings and recommendations based on its visits were discussed confidentially with the authorities, to help them ensure that detainees' treatment and living conditions – including respect for their judicial guarantees – met internationally recognized standards. Ill detainees in Guinea-Bissau received appropriate health care after these discussions; the ICRC provided emergency medical assistance for one detainee. In Senegal, some detainees were acquitted or handed their sentences, ending their prolonged pre-trial detention. The ICRC met with Senegalese detaining authorities and justice ministry staff to discuss and follow up on other efforts to reduce overcrowding in prisons.

In January, at the request of the parties concerned, the ICRC served as a neutral intermediary when the Senegalese authorities released two members of an MFDC faction, who were subsequently transferred to an area not under government control.

Detainees used the ICRC's family-links services to inform their families – or, in the case of foreigners, their consular representatives – of their situation. The ICRC, with permission from the judicial authorities, arranged family visits for some detainees in Casamance.

As there were no detainees within its purview in Gambia, the ICRC continued to focus on providing support for prison management: for instance, it sponsored two senior prison officials to attend a course – held outside Gambia – on tackling problems with prison infrastructure.

WOUNDED AND SICK

Roughly 3,460 people² obtained rehabilitative services at the CRM – Guinea-Bissau's only physical rehabilitation centre, which received comprehensive ICRC support. ICRC assistance helped 310 of them to cover costs for assistive devices, and 126 children with clubfoot to be treated by ICRC-trained personnel from the CRM and Hospital Simão Mendes. Four of these children underwent surgery; the ICRC covered their treatment and transportation costs. The CRM's patients included 34 Senegalese victims of mines or ERW, who were referred to the centre as per an agreement between the Senegalese mine-action authorities and the ICRC.

To help ensure the quality and sustainability of the CRM's services, the ICRC organized or supported technical and refresher training for doctors, nurses, and other members of the staff. The ICRC sponsored a senior manager at the CRM to attend a project management course held outside Guinea-Bissau. With help from the ICRC, the centre strove for self-sufficiency in the provision of services: it began a partnership with an agency that provided it with orthopaedic equipment and offered internships for its staff. Other efforts by the ICRC to bolster the centre's services, such as creating a patient-information database, were delayed by technical constraints.

People were referred to the CRM through outreach activities coordinated among the Bissau-Guinean Red Cross, the CRM and the ICRC. The ICRC and the CRM organized events – to mark World Clubfoot Day, for example – that helped raise awareness of the CRM and its services. The ICRC worked with a local organization to promote the social inclusion of people with physical disabilities; it enabled 41 wheelchair basketball players to participate in a tournament in Senegal. It also helped construct a ramp at one school, for a disabled student's benefit.

ACTORS OF INFLUENCE

In addition to its dialogue with weapon bearers and beneficiary communities in Casamance (see *Civilians*), the ICRC also engaged the media in discussions in order to raise awareness among the general public of the Movement and its activities. Journalists drew on ICRC materials – news releases, for instance – to report on humanitarian issues, such as displacement caused by armed conflict and other situations of violence. ICRC support helped National Societies in the region to strengthen their capacities in public communication – to promote family-links services, for example.

The Senegalese military prepares an IHL training manual

Through ICRC briefings and workshops, 40 military officers from Gambia and Guinea-Bissau – including peacekeepers – learnt more about IHL and its application. In Senegal, ICRC staff or ICRC-trained army instructors conducted information sessions on IHL for roughly 1,000 soldiers. Senegalese military officers drew on the ICRC's expertise to draft an IHL training manual for the armed forces. A senior military official from Senegal attended an advanced IHL course abroad, with ICRC financial support.

2. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

Government officials and representatives of international organizations strengthen their grasp of IHL

At events attended or organized by the ICRC, authorities and representatives of international organizations in the region learnt more about IHL, and about the ICRC and its work in Casamance and elsewhere in West Africa. Francophone humanitarian professionals working in Africa learnt more about such matters at an ICRC course in Senegal, in October.

The ICRC sponsored academics from Cabo Verde and Senegal to attend conferences on IHL in other countries. More than 100 law students in Guinea-Bissau learnt about IHL at an ICRC information session. Senegalese academics attended an ICRC workshop on incorporating IHL in academic curricula. A Gambian university continued to teach IHL with ICRC support.

Authorities in the region take steps to ratify key treaties

Discussions with the ICRC, and locally held workshops and regional events by the ICRC (see *Nigeria*, for example) helped authorities from all four countries to learn more about the importance of implementing IHL and related treaties. Senegalese authorities took steps to implement IHL treaties, with ICRC technical assistance. Gambia and Guinea-Bissau ratified key arms treaties (see *International law and policy*); Gambia also ratified the Convention on Enforced Disappearance.

Gambian commissioners leading the transitional-justice process drew on ICRC input on the issue of missing persons. In Senegal, judicial authorities and the ICRC organized a train-the-trainer workshop on IHL for judges.

RED CROSS AND RED CRESCENT MOVEMENT

All four National Societies bolstered their operational capacities – in family-links services, for instance – with ICRC support (see *Civilians*). At a round-table organized by the ICRC in Cabo Verde, the National Societies exchanged best practices, and obstacles encountered, in applying the Safer Access Framework. The ICRC helped the Bissau-Guinean and Senegalese National Societies to prepare for the possibility of violence – linked to elections set for 2019 – by giving them technical and material support, and refresher training in first aid for their personnel.

The Gambian and Senegalese National Societies, with ICRC support, promoted IHL and the Movement's work through radio programmes or briefings during first-aid training sessions. In Senegal, local authorities and National Society volunteers learnt about the red cross emblem and the respect due to it during an awareness-raising campaign by the National Society and the ICRC. The Gambian Red Cross strengthened its legal bases and worked on revising laws protecting the red cross emblem; the ICRC provided technical support.

The National Societies of Gambia, Guinea-Bissau and Senegal received support from the International Federation and the ICRC for reviewing their financial practices and for improving their capacities in financial management.

The Movement components present in Dakar met regularly to coordinate their activities, including provision of support for National Societies in the region, and to discuss various matters, such as needs related to migration and food security.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		47			
RCMs distributed		65			
Phone calls facilitated between family members		429			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		42	6	3	2
Tracing cases closed positively (subject located or fate established)		59			
Tracing cases still being handled at the end of the reporting period (people)		531	17	2	33
Documents					
People to whom official documents were delivered across borders/front lines		1			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		14			
Detainees in places of detention visited		4,560	22	89	
Visits carried out		30			
			Women	Girls	Boys
Detainees visited and monitored individually		74			
	<i>of whom newly registered</i>	42			
RCMs and other means of family contact					
RCMs collected		49			
RCMs distributed		20			
Phone calls made to families to inform them of the whereabouts of a detained relative		18			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security ³				
Food production	Beneficiaries	4,649	1,560	1,742
Income support	Beneficiaries	2,539	1,245	748
	<i>of whom IDPs</i>	655	198	316
Living conditions	Beneficiaries	26	6	14
	<i>of whom IDPs</i>	26	6	14
Capacity-building	Beneficiaries	38		
Water and habitat				
Water and habitat activities	Beneficiaries	8,106	4,089	2,455
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported	Projects	1		
People benefiting from ICRC-supported projects	Aggregated monthly data	3,504	1,068	1,122
	<i>of whom beneficiaries of physical rehabilitation services</i>	3,462	1,051	1,117
	<i>of whom beneficiaries of educational programmes</i>	1		1
	<i>of whom beneficiaries of sporting activities</i>	41	17	4
New patients fitted with prostheses	Patients	36	7	3
Prostheses delivered	Units	52	9	10
	<i>of which for victims of mines or explosive remnants of war</i>	15		1
New patients fitted with orthoses	Patients	61	14	36
Orthoses delivered	Units	89	16	59
Patients receiving physiotherapy	Patients	2,943	975	807
Walking aids delivered	Units	92	27	5
Wheelchairs or tricycles delivered	Units	36	14	6

3. 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.

ERITREA

The ICRC opened a delegation in Eritrea in 1998 in the context of the 1998–2000 international armed conflict between Eritrea and Ethiopia, and continues to respond to the needs remaining from that two-year war. Its priorities are to help improve the resilience of the population concerned and to ensure compliance with IHL with regard to any persons protected by the Third and Fourth Geneva Conventions. The ICRC supports the “Red Cross Society of Eritrea”.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

LOW

KEY RESULTS/CONSTRAINTS IN 2018

- After the border with Ethiopia reopened, people separated by the past conflict who lacked the means to reconnect did so with the ICRC's help; Ethiopians staying in Eritrea renewed their residence permits with ICRC assistance.
- Rural communities improved their livelihoods with ICRC support for farming, or for the authorities to treat livestock. Some projects, such as the construction of livestock ponds, were delayed by administrative or logistical constraints.
- Beneficiaries and young people learnt more about the ICRC's activities, for example, through publications distributed at a festival attended by the ICRC; law students strengthened their grasp of IHL at an ICRC training session.
- The ICRC's activities for vulnerable people, including detainees, remained limited by government restrictions. Little progress was made in fostering acceptance for its work, and for IHL, among the authorities, despite its best efforts.
- The “Red Cross Society of Eritrea” remained inactive during the year; the ICRC stood ready to assist it in resuming its operations, and in strengthening its capacities.

EXPENDITURE IN KCHF

Protection	489
Assistance	2,367
Prevention	244
Cooperation with National Societies	9
General	81
Total	3,189
<i>Of which: Overheads</i>	<i>195</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	72%
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PERSONNEL

Mobile staff	2
Resident staff (daily workers not included)	35



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.

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	290
RCMs distributed	733
Tracing cases closed positively (subject located or fate established)	54
People reunited with their families	1

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food production	Beneficiaries	8,800	4,475
Income support	Beneficiaries	470,000	183,070
Living conditions	Beneficiaries		2,088
Capacity-building ¹	Beneficiaries	15	
Water and habitat			
Water and habitat activities	Beneficiaries	85,000	185,132

- 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 governments of Eritrea and Ethiopia signed a joint declaration in July, with a view to easing tensions over their shared border and improving relations with each other and with the wider region; lines of communication between them were restored and, in September, border crossings reopened.

Eritrea and Djibouti announced their intention to normalize relations that had been strained by the hostilities in June 2008; however, no progress was reported in the demarcation of the Djibouti–Eritrea border.

Following these diplomatic developments, the UN Security Council decided in November to lift the sanctions it had imposed on Eritrea in 2009.

Households affected by past violence – in border regions, for instance – struggled to recover their livelihoods; scarcity of resources and the limited availability of veterinary services were mainly responsible for this. Clean water was largely unavailable to people in rural areas. Some people of Ethiopian origin living in Eritrea were not able to afford the expense of renewing their residence permits; lack of these documents limited their employment opportunities and access to government benefits.

Limitations on the scope of humanitarian assistance persisted: movement and access remained restricted for ICRC mobile staff, and in 2011, the government requested international humanitarian agencies to curtail or terminate their activities. In 2013, the government signed agreements to resume cooperation with the UN and the European Union, but implementation of these agreements has been sluggish. The “Red Cross Society of Eritrea” had not yet resumed its operations, which it suspended in September 2017 on instructions from the government.

ICRC ACTION AND RESULTS

The ICRC continued to cultivate its dialogue with the authorities, with a view to fostering acceptance for its work – especially its activities for detainees and missing people’s families – and gaining more access to violence-affected communities. Despite the restrictions on its movements and activities (see *Context*), it worked to restore contact between members of families separated by the past conflict and help vulnerable people strengthen their resilience to the effects of violence.

Given the improving relations between Eritrea and Ethiopia, the ICRC offered to serve as a neutral intermediary to help them address humanitarian issues linked to the past conflict. After the Eritrea–Ethiopia border reopened in September, the ICRC scaled up its activities to trace and reconnect people separated by the past conflict, as many of them lacked the means and/or the information necessary to restore contact with their relatives. Ethiopians who had chosen to stay in Eritrea renewed their residence permits with assistance from the ICRC.

In areas to which it had access, the ICRC continued to help members of families dispersed by migration, detention or other circumstances to restore or maintain contact with their relatives through RCMs; it also enabled the 19 Eritrean POWs held in Djibouti and their families to get in touch via phone calls.

The ICRC continued to pursue dialogue with the authorities on resolving missing-persons cases linked to the 1998–2000 conflict between Eritrea and Ethiopia, and to seek information from them on the 13 Djiboutian soldiers reported missing by their government after the conclusion of hostilities between Djibouti and Eritrea in 2008; however, this yielded no concrete results.

A number of communities in rural areas or in border regions remained without adequate access to resources or livelihood-support services; the ICRC gave them material support to rebuild their livelihoods. Vaccination and treatment campaigns carried out with the agriculture ministry helped herding households to maintain the health and productivity of their livestock; fewer people than planned benefited from such activities, as the construction of two water ponds was delayed by administrative constraints, and were still ongoing at the end of the year. Farming households – many of them headed by women – grew more food with seed and tools provided by the ICRC; a planned activity to distribute solar-powered grain mills to female heads of households, and train them on their use, was postponed owing to logistical constraints. Access to clean water for household use became more sustainable after the authorities and the communities concerned repaired or constructed solar-powered water-supply systems, with technical and material assistance from the ICRC.

The ICRC continued to pursue dialogue with the local and national authorities, and with the military, to foster their acceptance and support for IHL; it sought, through this means, to move them towards incorporating key IHL provisions in domestic legislation and in military training and operations. The ICRC also attended a festival for young Eritreans that was held at a military training centre; this was helpful in engaging the military in dialogue on the possibility of conducting dissemination sessions for military instructors on IHL and the ICRC’s activities.

The ICRC remained ready to help the “Red Cross Society of Eritrea” resume its operations, and strengthen its capacities; however, it remained inactive during the year.

CIVILIANS

The ICRC continued to provide assistance and family-links services to people affected by past violence, operating within the limits set by the government (see *Context*). It maintained its efforts to cultivate dialogue with the Eritrean authorities in order to foster acceptance among them for its neutral, impartial and independent approach to humanitarian action, and to get their permission to broaden the scope of its activities in the country.

Following the joint declaration signed by Eritrea and Ethiopia in July, the ICRC offered to serve as a neutral intermediary to assist the two countries in addressing residual humanitarian issues such as: resolving missing-persons cases related to the 1998–2000 conflict; reuniting unaccompanied minors with their families; and facilitating the release and repatriation of any remaining POWs. However, at the time of reporting, the ICRC had received no response to this offer.

Members of families on both sides of the Eritrea–Ethiopia border reconnect

The reopening of the Eritrea–Ethiopia border in September made it relatively easier for people to maintain contact with their families on the other side. Some people, however, still needed help to locate and get in touch with their relatives. The ICRC therefore scaled up its activities to help those seeking to reconnect with their families, but without the means and/or information to do so. Some people decided to return to Ethiopia; of those who chose to stay in Eritrea, 2,088 particularly vulnerable Ethiopians – including women, minors and the elderly – received financial assistance from the ICRC to renew their residence permits; this helped them access government benefits, which enabled them to obtain subsidies for food and other items to improve their living conditions. As no Eritreans were repatriated from Ethiopia during the year, the ICRC's planned activities to assist them upon their return were not carried out.

The ICRC continued to provide family-links services – mainly RCMs – to members of families dispersed by other circumstances, such as migration or detention. It also enabled the 19 Eritrean POWs held in Djibouti and their families to get in touch via phone calls (see *Nairobi*).

People lodged requests with the ICRC to trace relatives reported missing in connection with past conflict or migration; 246 new tracing requests were collected, most of them from people looking to reconnect with their relatives after the border with Ethiopia reopened. In order to prevent disappearances and to help clarify missing people's fates, the ICRC sought to engage the authorities in dialogue on the proper management and identification of human remains; it also continued to offer expert assistance for them to develop their capacities in this area. It followed up, with the pertinent authorities, requests for information from the families of people reported missing in connection with the 1998–2000 conflict between Eritrea and Ethiopia; but received no response.

The ICRC continued to facilitate the transfer of documents, such as academic transcripts, across the Eritrea–Ethiopia border, which helped 13 people pursue employment opportunities or further studies; it also issued attestations of detention to ex-detainees to help them fulfil legal requirements. The ICRC did not issue travel documents to Somali refugees in 2018, as none were requested by the UNHCR.

Households affected by past violence grow more food and earn more money

Vulnerable households – such as those headed by women, or in areas near the border with Ethiopia – used ICRC support to restore and/or improve their livelihoods, which helped them strengthen their resilience to the effects of past violence.

A total of 37,214 herding households (183,070 people) in Debub, Gash Barka and Northern Red Sea maintained the health – and thus the productivity and market value – of their livestock through vaccination and treatment services provided by the agriculture ministry and the ICRC. A livestock pond was constructed through a cash-for-work programme in Anseba, which benefited 1,500 households (7,500 people) among those mentioned above. Fewer people than planned benefited as the construction of two other ponds was delayed by administrative constraints, and were still underway at the end of the year.

Some 890 farming households (4,450 people) – many of them headed by women – in rural areas of Anseba, Debub and Northern Red Sea were able to grow more food with seed, tools and foot pumps or portable solar pumps distributed by the ICRC. Female heads of households strengthened their business skills, and 20 personnel from the agriculture ministry developed their ability to plan and implement livelihood-support projects, through ICRC training. Plans to distribute solar-powered grain mills to female heads of households, and train them on their use, did not push through because of logistical constraints; this is planned to be carried out in 2019.

Rural communities have more reliable access to clean water

Some 185,050 people living in rural border areas or semi-urban areas had a more reliable supply of water after the Water Resources Department – in some cases with the communities concerned – repaired or constructed 18 solar-powered systems; the ICRC provided material and technical assistance. This helped lower the incidence of cholera and other water-borne diseases in these communities, and decreased their dependence on fuel, which is scarce in Eritrea. Supplies – such as solar-powered pumps and hand pumps – given to the authorities for implementing their projects greatly increased the number of people benefiting from ICRC support.

The ICRC trained 36 members from local water committees to install, maintain and operate the solar-powered water-supply systems. It also provided such training – over five days – for 40 technicians and engineers from the Water Resources Department.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC continued to discuss with the authorities the possibility of visiting detainees in Eritrea – including any POWs, detained Ethiopian civilians and other detainees of concern to the ICRC.

Requests to the Eritrean government for information on the whereabouts of the 13 Djiboutian soldiers reported missing by their government after the 2008 Djibouti–Eritrea conflict remained unanswered.

ACTORS OF INFLUENCE

Given the restrictions on international humanitarian organizations' activities (see *Context*), the ICRC's dialogue with the authorities continued to focus on fostering acceptance and support among them for IHL, particularly the 1949 Geneva Conventions, and for the ICRC's neutral, impartial and independent humanitarian work.

The ICRC organized meetings with government and military officials, and members of the diplomatic community; and conducted dissemination sessions for regional authorities on IHL and on its activities. It also distributed informational materials to all these stakeholders on these topics, particularly the work it did to restore family links. The ICRC continued to cultivate dialogue with them on humanitarian issues and on the possibility of broadening its access to people affected by violence (see *Civilians* and *People deprived of their freedom*). It submitted a document to the pertinent authorities containing an offer to help them resolve missing-persons cases related to the 2008 conflict between Eritrea and Djibouti – for the purely humanitarian purpose of providing answers to the families concerned; however, it received no reply.

Law students strengthened their grasp of IHL through an ICRC training session. Young people learnt more about the ICRC's activities through printed materials distributed at a festival organized by a military training centre and the National Union of Eritrean Youth and Students. Afterwards, an official from the training centre requested the ICRC to conduct dissemination sessions for military instructors on its work and on IHL; preparatory discussions in this connection took place during the year. Communities familiarized themselves with the ICRC's services through informational materials handed out during distributions of seed and tools, and alongside livestock vaccinations.

RED CROSS AND RED CRESCENT MOVEMENT

In September 2017, the "Red Cross Society of Eritrea" suspended its activities on the instructions of the government. Its main office and branches remained closed throughout the year.

The ICRC held meetings with the "Red Cross Society of Eritrea" to stay abreast of the situation; and remained ready to help it – with technical and other assistance – to resume its operations, and strengthen its capacities, particularly in providing family-links services, if it had been allowed to recommence its activities.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	290			
RCMs distributed	733			
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	246	50	69	8
<i>including people for whom tracing requests were registered by another delegation</i>	192			
Tracing cases closed positively (subject located or fate established)	54			
<i>including people for whom tracing requests were registered by another delegation</i>	32			
Tracing cases still being handled at the end of the reporting period (people)	537	59	69	20
<i>including people for whom tracing requests were registered by another delegation</i>	401			
Documents				
People to whom official documents were delivered across borders/front lines	13			
PEOPLE DEPRIVED OF THEIR FREEDOM				
RCMs and other means of family contact				
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	Beneficiaries	4,475	3,345	
Income support	Beneficiaries	183,070	136,177	
Living conditions	Beneficiaries	2,088	1,175	213
Capacity-building ²	Beneficiaries			
Water and habitat				
Water and habitat activities	Beneficiaries	185,132	101,823	37,026

2. 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.

ETHIOPIA

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 preserve the livelihoods of violence-affected communities, which also often grapple with natural disaster, and supports physical rehabilitation services. It visits detainees, restores family links and works to ensure compliance with IHL with regard to any person 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

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- Dialogue with the pertinent parties helped the ICRC to regain access to people in the Somali Regional State (SRS), and to more detainees than last year; it also reminded them of their obligation to protect people and health facilities.
- IDPs benefited from ICRC relief assistance, such as household items, temporary water facilities, and supplies donated to medical centres. These activities were expanded during the year, as more people became displaced.
- Violence-affected communities strengthened their resilience with ICRC support, such as: seed and tools for growing food, or training for local workers to vaccinate livestock; and repairs to wells that helped them safely access water.
- The ICRC gave prison authorities expert advice for renovating or constructing prison facilities, and improving detainees' living conditions; ICRC support was extended to more prisons than planned.
- Disabled people from remote areas or the SRS, and detainees, had better access to physical rehabilitation after the ICRC established referral mechanisms, and/or set up temporary dormitories for them.
- Refugees contacted their families, and after the border with Eritrea reopened, people located and reconnected with relatives separated from them by the past conflict through the Movement's family-links services.

EXPENDITURE IN KCHF

Protection	4,627
Assistance	10,613
Prevention	2,904
Cooperation with National Societies	840
General	139
Total	19,123
<i>Of which: Overheads</i>	<i>1,167</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	105%
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PERSONNEL

Mobile staff	35
Resident staff (daily workers not included)	142



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

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PROTECTION

Total

CIVILIANS

Restoring family links

RCMs collected	2,389
RCMs distributed	1,536
Phone calls facilitated between family members	92,503
Tracing cases closed positively (subject located or fate established)	388
People reunited with their families	1
<i>of whom unaccompanied minors/separated children</i>	<i>1</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	56
Detainees in places of detention visited	50,010
<i>of whom visited and monitored individually</i>	<i>154</i>
Visits carried out	90

Restoring family links

RCMs collected	148
RCMs distributed	105
Phone calls made to families to inform them of the whereabouts of a detained relative	519

ASSISTANCE

2018 Targets (up to)

Achieved

CIVILIANS

Economic security

Food production	Beneficiaries	84,000	98,598
Income support	Beneficiaries	1,200	1,043
Living conditions	Beneficiaries	60,700	165,418
Capacity-building	Beneficiaries	25	11

Water and habitat

Water and habitat activities	Beneficiaries	17,000	137,626
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Health

Health centres supported	Structures		21
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures		3
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Physical rehabilitation

Projects supported	Projects	17	17
People benefiting from ICRC-supported projects	Aggregated monthly data	5,100	8,130

CONTEXT

In July, the governments of Ethiopia and Eritrea signed a joint declaration with a view to normalizing relations strained by prolonged tensions over their shared border; lines of communication between them were restored and, in September, border crossings reopened.

Communal and political tensions persisted in certain regions, and remained the source of violent clashes between ethnic groups and among armed groups, particularly along Oromia's border with the Somali Regional State (SRS); violence was also reported at its border with Benishangul-Gumuz. In June, fighting erupted between ethnic groups at the border between Oromia and the Southern Nations, Nationalities and Peoples' Regional State (SNNPRS). Federal and regional police forces, and sometimes the military, responded to these incidents. A state of emergency declared by the government was in effect from February to June.

Hundreds of thousands of people were displaced by fighting during the year; while some returned home by mid-year, renewed violence has meant around 2.5 million people reportedly remained displaced in Ethiopia at the end of 2018. Given the scarcity of resources, IDPs and their host communities often struggled to obtain water and health-care services. The state of emergency and the ongoing violence resulted in a large number of arrests, which exacerbated overcrowding in places of detention.

Ethiopia reportedly hosted some 920,000 refugees who had fled instability and violence in neighbouring countries – particularly Eritrea, Somalia, South Sudan and Sudan. Most of them were in camps in border areas.

Ethiopian military troops served in UN and African Union peacekeeping contingents in Somalia and Abyei, an area disputed by South Sudan and Sudan.

ICRC ACTION AND RESULTS

The ICRC and the Ethiopian Red Cross Society expanded emergency aid for displaced people, in response to their growing numbers, and continued to help others strengthen their resilience to the effects of violence.

The protection concerns of people, particularly IDPs, were documented and raised with the pertinent parties. The ICRC reminded them of their obligation under IHL and other pertinent norms to protect people and facilitate their access to health care. Military and police forces learnt about the norms and standards applicable to their duties, particularly international standards governing the use of force. The ICRC also sought to strengthen acceptance for its work among parties concerned, in order to broaden its access to violence-affected communities.

As of October 2018, following discussions with the newly appointed regional and federal authorities, the ICRC was allowed to resume activities in the SRS. It opened a sub-delegation

in Jijiga so that it could respond more quickly to the needs of violence-affected people in the region. It established mechanisms for referring disabled people to a physical rehabilitation centre nearby, and covered their transportation and food costs; it also conducted refresher training for staff from a physical rehabilitation centre in the region. It visited a prison, and initiated discussions with the National Society on supporting their family-links services.

IDPs in Oromia and the surrounding regions received household items, or cash to buy them, and benefited from ICRC projects to improve their water supply and sanitation. Health facilities in violence-affected areas were given medical supplies. IDPs who returned home received ICRC material support for growing food.

People in Tigray affected by the past conflict with Eritrea started or resumed economically productive activities with cash grants from the ICRC. Technical support from the ICRC helped the regional water authorities develop their ability to plan effective water projects. Some plans to enhance water supply for communities near the Oromia–SRS border could not be implemented because of security constraints.

The Eritrea–Ethiopia border having reopened, the ICRC supported the National Society in helping people separated by the past conflict – particularly unaccompanied minors and their families – find and restore contact with each other. It continued to help refugees from neighbouring countries, and IDPs, communicate with their families.

The ICRC visited detainees – including people in newly accessible police detention centres, and people held in relation to the state of emergency – in accordance with its standard procedures, to monitor their well-being. Prison authorities designed, constructed or renovated prisons with support from the ICRC; this helped reduce overcrowding, and improved living conditions for more detainees than envisaged, as ICRC support was extended to more prisons than planned. Detainees had better access to health care, including physical rehabilitation, as a result of the material and technical assistance that the ICRC gave prison clinics.

People from remote areas were able to obtain physical rehabilitation services after the ICRC provided support for them to travel to and stay at the centres, and encouraged medical professionals to refer people for such services. Technical support from the ICRC enabled the authorities and professional organizations to provide better services and strengthen the sustainability of the physical rehabilitation sector.

The National Society continued to develop its operational and managerial capacities with comprehensive ICRC assistance, particularly for providing livelihood support and family-links services. Movement components in the country continued to coordinate their activities.

CIVILIANS

Weapon bearers learn about international norms pertinent to their duties

In light of the protracted violence in the country, the ICRC sought to strengthen acceptance for its work among the authorities and weapon bearers, through dissemination sessions, in order to broaden its access to people in need. Dialogue developed with the newly appointed regional and federal authorities allowed the ICRC to resume working in the SRS.

The ICRC monitored the situation of violence-affected people, particularly IDPs. Their concerns were raised with the pertinent parties, who were urged to prevent unlawful conduct. The authorities and weapon bearers were reminded of their obligation under IHL and other relevant norms to protect people – such as those seeking or providing health care; the ICRC also stressed to local health authorities the necessity of providing services impartially.

ICRC training helped military troops, and police officers and their instructors, to strengthen their grasp of IHL and international human rights law – particularly in connection with sexual violence – respectively. During the state of emergency, ICRC training emphasized international standards for arrest, detention and the use of force.

The ICRC donated hand pumps to a community in Tigray, and repaired wells and established a veterinary pharmacy for communities near the Oromia–SRS border; this minimized the need for people to travel through violence-affected areas to obtain water or veterinary services. Risk-reduction activities for certain communities had to be cancelled because of security constraints; resources were reallocated to carry out similar activities in accessible areas.

IDPs improve their living conditions with the ICRC's help

The National Society and the ICRC expanded their activities to assist the large number of people displaced by violence during the year.

Some 26,680 households (155,600 people) – mainly from areas near the Oromia–SNNPRS border – were given blankets, kitchen items and shelter materials; 1,630 households (9,780 people) displaced to Moyale town at the Ethiopia–Kenya border received support through cash instead.

Around 133,600 IDPs had access to water, and more sanitary surroundings, after the ICRC installed water storage tanks, built latrines, and distributed hygiene kits in the camps.

The ICRC donated wound-dressing kits and other supplies to 21 health facilities in violence-affected areas, which helped them treat those injured by clashes.

The ICRC did not need to assist repatriates from Eritrea during the year, as the reopening of the Eritrea–Ethiopia border allowed people to move more freely.

Households strengthen their resilience to the effects of violence

Some of those given household items during their displacement (see above) were able to return home by the end of June. The ICRC provided them with seed and tools, which helped 8,433 households (50,598 people) resume farming. ICRC-trained local government staff trained 11 community animal-health workers in vaccinating livestock; the ICRC gave them drugs and equipment, which they used to serve a community of 8,000 households (48,000 people).

In Tigray, the National Society and the ICRC provided training and cash assistance for 180 heads of vulnerable households (supporting 1,043 people) – including repatriates from Eritrea – to start or resume small businesses.

The regional water authorities and the ICRC constructed a water-supply system for a town of 4,000 people in Tigray; similar projects in the East Hararge zone of Oromia could not be implemented, owing to security constraints. The authorities were also given expert advice for updating their database of water sources, and using it in planning the construction of new water points.

Relatives separated by past conflict reconnect

Members of families separated by violence located or contacted each other through family-links services provided by the National Society with ICRC support. Refugees, IDPs and returnees from Saudi Arabia restored and/or maintained contact with relatives through phone calls and RCMs. South Sudanese refugees seeking their families had their photos published in booklets shown to South Sudanese communities, and on the ICRC's family-links website (familylinks.icrc.org). Somali refugees had their missing relatives' names read out on the BBC's Somali service. An unaccompanied minor was reunited with his father in the SRS by the National Society; the ICRC discussed with them the possibility of supporting their family-links services in the SRS.

Following Eritrea and Ethiopia's joint declaration (see *Context*), the ICRC offered to assist their governments in addressing residual humanitarian issues from the 1998–2000 conflict, such as missing-persons cases and the release and repatriation of any remaining POWs. At the time of reporting, the ICRC had not yet received any reply. After the border reopened, the ICRC coordinated with the delegation in Eritrea to help people separated by the past conflict – particularly unaccompanied minors and their families – to find each other and restore contact; it also helped the National Society to tackle the needs of newly arrived refugees.

The National Society and the ICRC continued to deliver official documents, mainly certificates of education, across the Eritrea–Ethiopia border; this helped 24 people pursue further studies or fulfil various legal requirements.

PEOPLE DEPRIVED OF THEIR FREEDOM

Vulnerable detainees receive visits from the ICRC

Discussions with the newly appointed authorities resulted in the ICRC gaining access to and visiting people held in relation to the state of emergency, detainees at one prison in the SRS, and more police detention centres than last year. In total, 56 places of detention were visited by the ICRC, in accordance with its standard procedures, to check on the detainees' well-being. Particular attention was paid to women, minors, detainees of Eritrean origin and other vulnerable groups. Findings and recommendations from these visits were communicated confidentially to the prison authorities. They took steps to bring detainees' treatment and living conditions in line with internationally recognized standards with ICRC support, such as training in managing prisons.

Detainees – particularly the elderly and people whose families were searching for them – contacted their relatives through RCMs and short oral messages relayed by ICRC delegates; foreigners notified their embassies of their detention through the ICRC. Some 30 newly released detainees received cash from the ICRC to cover the expenses of their journey home.

Prison authorities take steps to improve detainees' living conditions

ICRC support helped prison authorities renovate or construct infrastructure, with a view to easing overcrowding in prisons and improving detainees' living conditions; 37,500 detainees benefited.

The authorities in Oromia and the SNNPRS designed and constructed new prisons with ICRC technical support. Prison authorities from Ethiopia and five other African countries shared experiences, challenges and best practices in prison design and infrastructure management at an ICRC-organized seminar.

The ICRC provided material and technical support to the authorities for renovating or constructing kitchens, and water and sanitation systems, at prisons in Amhara, Oromia, and the SNNPRS. Prison staff were trained and equipped to operate and maintain the facilities, such as fuel-efficient stoves, which are planned to be installed at several prisons in 2019. ICRC support was extended to more places of detention than planned.

Some 8,930 detainees, many of whom were held in connection with the state of emergency, received hygiene items from the ICRC. Around 27,850 detainees benefited from recreational and other household items given to prisons, and/or from bedding and clothes donated following fires or riots at the prisons.

Specialized care is more readily available to detainees

The ICRC provided regular donations of medical supplies and on-the-job training to staff at one prison clinic, which helped them cope with referrals from other prisons; as per the ICRC's recommendation, the authorities assigned additional health staff to this clinic. It also provided ad hoc medical support during emergencies to other places of detention.

The ICRC continued to give prison authorities technical support for treating mentally ill detainees, as the authorities gradually assumed responsibility for providing such services. An information session for prison authorities on mental-health support was not held, as emergency aid for violence-affected people was prioritized.

WOUNDED AND SICK

The ICRC provided medical supplies for three hospitals in violence-affected areas to treat people wounded during clashes.

Disabled people have broader access to physical rehabilitation

Around 8,040 disabled people¹ obtained physical rehabilitation services at nine centres that received raw materials, equipment and technical support from the ICRC. In Dire Dawa, the ICRC set up temporary structures so that people from remote areas, and notably those from the SRS, could stay at the centre there; fewer people benefited than planned, as security constraints made travelling difficult.

Medical professionals, including personnel from prison clinics, and health authorities attended ICRC information sessions on rehabilitative services aimed at encouraging referrals to physical rehabilitation centres. Disabled people from the SRS – who received financial assistance for their transportation and food costs, benefiting 134 people – and detainees had broadened access to physical rehabilitation services through referral mechanisms established by the ICRC.

The authorities, the Ethiopian Basketball Federation and the ICRC worked to promote the social inclusion of disabled people through wheelchair basketball. On the International Day of Persons with Disabilities, they organized training sessions and a tournament, which were attended by players, coaches and referees from several African countries.

The authorities take steps to ensure the sustainability of the physical rehabilitation sector

Staff at the centres developed their capacities in prosthetics/orthotics and physiotherapy through training conducted by professional organizations with ICRC technical support; the ICRC also provided refresher training to staff from a centre in the SRS.

Findings and recommendations on the physical rehabilitation services – based on patients' responses and technical assessments – were communicated to the authorities, to help them improve these services, as they increasingly took over responsibility for their provision. Aided by the ICRC, the authorities developed operating procedures, with a view to standardizing the quality of services delivered in the country; the authorities and the ICRC planned to implement the procedures in 2019.

1. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

ACTORS OF INFLUENCE

Weapon bearers strengthened their grasp of IHL, and took steps to incorporate it in their training and operations with support from the ICRC (see also *Civilians*). Peacekeeping troops bound for missions abroad, and their instructors, learnt more about IHL and the Movement's work through ICRC training organized by the Federal Democratic Republic of Ethiopia Peace Support Training Centre. A training session for military personnel on mine contamination was put on hold, as the military division in question was being reorganized.

The authorities draw on the ICRC's expertise in IHL

The ICRC provided support for furthering the authorities' understanding of IHL, and for incorporating key IHL provisions in domestic legislation. It helped government officials draft a handbook on IHL for parliamentarians, and conducted dissemination sessions for public prosecutors on implementing IHL domestically. It sought to discuss, with the newly appointed director-general of the foreign affairs ministry, the establishment of a national IHL committee; efforts to arrange a meeting were in progress at year's end. The ICRC also urged the authorities to ratify IHL-related treaties, particularly the African Union Convention on IDPs; the ICRC's president discussed this subject with the authorities when he visited Ethiopia in December. It organized a seminar on the Arms Trade Treaty, which was attended by government officials and police officers.

Academics attended various events – including the seminar mentioned above – to strengthen their grasp of IHL and promote its implementation. Law professors attended an ICRC round-table, where they exchanged best practices with their counterparts from other eastern African countries, and bolstered their capacity to teach IHL. Some university teachers previously trained by the ICRC included more lectures on IHL in their syllabus. Students participated in a national moot court competition organized by an Ethiopian university with ICRC support.

Members of civil society familiarize themselves with the Movement

The National Society and the ICRC continued to foster support for the Movement's work among journalists, and community leaders from violence-affected areas, through dissemination sessions and informational materials, some of which were translated into local languages. ICRC briefings helped journalists provide better coverage of humanitarian issues. Radio spots broadened public awareness of the ICRC's activities, the Fundamental Principles, and the respect due to the emblems protected under IHL.

RED CROSS AND RED CRESCENT MOVEMENT

The Ethiopian Red Cross Society assisted communities affected by violence, provided family-links services and broadened awareness of the Fundamental Principles and the respect due to the emblems protected under IHL; the ICRC provided technical support to this end. ICRC training in implementing cash-transfer programmes helped the National Society to provide cash assistance to households displaced near the Ethiopia–Kenya border (see *Civilians*). The National Society strengthened its capacity to respond to emergencies through ICRC refresher training in first aid for disaster response teams, and with ambulances donated or repaired by the ICRC.

The ICRC provided support for the National Society's organizational development – for instance, by training staff to manage financial and human resources. It also trained staff in the Safer Access Framework, guided the National Society's revision of its safety guidelines, and shared security-related information. It covered some of the National Society's running costs, such as staff salaries and rent for offices.

The ICRC and the National Society signed a three-year partnership framework agreement, delineating areas of cooperation for the coming years. Movement components continued to coordinate their activities in order to maximize the impact of their collective response to the needs of violence-affected people in the country.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	2,389			
RCMs distributed	1,536			
Phone calls facilitated between family members	92,503			
Names published in the media	934			
Names published on the ICRC family-links website	903			
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	2,438	489	606	455
<i>including people for whom tracing requests were registered by another delegation</i>	107			
Tracing cases closed positively (subject located or fate established)	388			
<i>including people for whom tracing requests were registered by another delegation</i>	30			
Tracing cases still being handled at the end of the reporting period (people)	3,088	641	764	589
<i>including people for whom tracing requests were registered by another delegation</i>	151			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	652	91		
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	186	35		
Documents				
People to whom travel documents were issued	11			
People to whom official documents were delivered across borders/front lines	24			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	56			
Detainees in places of detention visited	50,010	1,923	2,830	
Visits carried out	90			
		Women	Girls	Boys
Detainees visited and monitored individually	154	3	1	2
<i>of whom newly registered</i>	52	1		1
RCMs and other means of family contact				
RCMs collected	148			
RCMs distributed	105			
Phone calls made to families to inform them of the whereabouts of a detained relative	519			
People to whom a detention attestation was issued	79			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	Beneficiaries	98,598	54,669	12,829
	<i>of whom IDPs</i>	14,400	6,480	
Income support	Beneficiaries	1,043	621	120
Living conditions	Beneficiaries	165,418	98,622	12,690
	<i>of whom IDPs</i>	165,414	98,622	12,690
Capacity-building	Beneficiaries	11		
Water and habitat				
Water and habitat activities	Beneficiaries	137,626	68,813	13,763
Health				
Health centres supported	Structures	21		
Average catchment population		2,071,883		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	36,823	2,511	492
Water and habitat				
Water and habitat activities	Beneficiaries	37,500	1,125	375
Health				
Places of detention visited by health staff	Structures	28		
Health facilities supported in places of detention visited by health staff	Structures	11		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	3		
Services at hospitals not monitored directly by ICRC staff				
Weapon-wound admissions (surgical and non-surgical admissions)		12		
Physical rehabilitation				
Projects supported	Projects	17		
People benefiting from ICRC-supported projects	Aggregated monthly data	8,130	1,847	1,710
	<i>of whom beneficiaries of physical rehabilitation services</i>	8,047	1,821	1,698
	<i>of whom beneficiaries referred to economic programmes</i>	33	9	2
	<i>of whom beneficiaries of educational programmes</i>	27	6	8
	<i>of whom beneficiaries of sporting activities</i>	12	5	2
	<i>of whom beneficiaries of vocational training</i>	11	6	
New patients fitted with prostheses	Patients	707	128	95
Prostheses delivered	Units	1,466	253	163
	<i>of which for victims of mines or explosive remnants of war</i>	127	3	
New patients fitted with orthoses	Patients	654	179	238
Orthoses delivered	Units	1,940	411	1,005
	<i>of which for victims of mines or explosive remnants of war</i>	1		
Patients receiving physiotherapy	Patients	2,723	637	540
Walking aids delivered	Units	5,377	1,083	559
Wheelchairs or tricycles delivered	Units	690	128	215

LIBYA

The ICRC opened a delegation in Libya in 2011 after social unrest escalated into armed conflict. It works to respond to the 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

KEY RESULTS/CONSTRAINTS IN 2018

- Administrative, logistical and security issues – arising from the political situation and from the ongoing violence – made it difficult for the authorities and most local and international organizations to deliver humanitarian aid.
- Hundreds of thousands of returnees, residents and IDPs met their urgent needs, partly with food and household essentials distributed by the ICRC, sometimes in conjunction with the Libyan Red Crescent.
- People injured in clashes, such as in Tripoli, were treated at health facilities with medical supplies from the ICRC. Disabled people benefited from the services of ICRC-backed physical rehabilitation centres.
- Weapon bearers, National Society staff and other emergency responders expanded their capacities in first aid through ICRC training sessions, at which weapon bearers sometimes also learnt about IHL and other pertinent norms.
- Migrants held in places of detention restored or maintained contact with relatives, through the Movement's family-links services. Some of them also received hygiene kits and other essentials.
- The ICRC maintained contact with government officials and armed groups, thereby fostering acceptance for its work and helping enable its emergency response. However, dialogue on protection-related matters remained limited.

EXPENDITURE IN KCHF

Protection	3,721
Assistance	31,693
Prevention	4,872
Cooperation with National Societies	3,358
General	255
Total	43,899
<i>Of which: Overheads</i>	<i>2,678</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	76%
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PERSONNEL

Mobile staff	39
Resident staff (daily workers not included)	192



ICRC delegation ICRC sub-delegation ICRC office
*Map shows structures supporting ICRC operations in Libya

PROTECTION

CIVILIANS

Restoring family links	
RCMs collected	37
RCMs distributed	38
Phone calls facilitated between family members	597
Tracing cases closed positively (subject located or fate established)	23
People reunited with their families	12
<i>of whom unaccompanied minors/separated children</i>	<i>12</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits	
Places of detention visited	2
Detainees in places of detention visited	694
<i>of whom visited and monitored individually¹</i>	<i>28</i>
Visits carried out	13

Restoring family links	
RCMs collected	208
RCMs distributed	96

ASSISTANCE

CIVILIANS

Economic security			
Food consumption	Beneficiaries	618,000	296,646
Income support	Beneficiaries	22,200	24,013
Living conditions	Beneficiaries	330,000	231,654

Water and habitat			
Water and habitat activities	Beneficiaries	411,500	151,205

Health			
Health centres supported	Structures	20	24

WOUNDED AND SICK

Medical care			
Hospitals supported	Structures	6	39

Physical rehabilitation			
Projects supported	Projects	3	2

People benefiting from ICRC-supported projects	Aggregated monthly data	1,300	921
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Water and habitat			
Water and habitat activities	Beds	1,500	250

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

Intense clashes and other situations of violence involving armed groups continued to take place in Libya. Fighting in the cities of Derna, Sabha and Tripoli escalated; people living in these densely populated urban areas were particularly affected by the violence, which often involved the use of heavy weapons, such as artillery shells and other incendiary devices. Communal tensions remained high in southern Libya, and sometimes erupted into violence. Attacks against civilians, and vital infrastructure, were reported. Criminality was widespread. The Islamic State group was reportedly active in various parts of Libya.

All this led to hundreds of people being injured or killed; mass displacement caused by the intensified violence added to the hundreds of thousands of IDPs from previous years. Returnees – in Benghazi, for instance – struggled to rebuild their livelihoods and were at risk from mines and explosive remnants of war (ERW). The violence and deteriorating economic conditions made it even more difficult to obtain basic goods and services.

Negotiations aimed at reconciling several governments competing for power and legitimacy – each with armed supporters – continued, but made little or no progress. The political stalemate exacerbated people's needs, and complicated officials' efforts to make a concerted response to them.

Migrants from other parts of Africa and from the Middle East, including refugees and asylum seekers, continued to pass through Libya before traveling by sea to Europe. During their journey, they were at risk of losing touch with their families. There were reports of migrants being arrested or at risk of certain kinds of abuse; some migrants died in maritime accidents.

ICRC ACTION AND RESULTS

Given the growing number of people displaced or wounded as a result of the escalating violence in Libya, the ICRC sought to scale up its activities to respond to emergency humanitarian needs; it launched a budget extension appeal² in September to this end. In February, staff from the support unit in Tunisia were able to start providing on-site guidance to the staff in Libya; nonetheless, the ICRC continued to work through four offices in Libya, and the support unit, throughout the year. Owing to the escalating violence and increasing needs in Sabha, it upgraded its office there to a sub-delegation.

However, various administrative, logistical and security obstacles often hindered the ICRC from expanding its presence in the country and carrying out all its humanitarian activities.

Hundreds of thousands of IDPs, returnees and residents – from places such as Benghazi, Derna and Sirte – met their basic needs with food rations and household essentials distributed by the ICRC, sometimes with the Libyan Red Crescent. However, fewer people than planned received food parcels because of delays in importing supplies, among other reasons. The ICRC made electronic cash transfers to returnee households, which helped enable them to cover various expenses. It also launched a programme to help exceptionally vulnerable households, including those with disabled breadwinners, become more self-sufficient. The pertinent local authorities were given material assistance for repairing or upgrading water infrastructure and maintaining water quality; the ICRC also worked with them on these projects. Violence-affected people obtained appropriate care at primary-health-care centres that had received medical supplies and financial assistance from the ICRC, which also renovated infrastructure at some of these centres.

People wounded during clashes obtained adequate and timely treatment from health-care providers supported by the ICRC. The ICRC trained emergency responders in first aid, and organized courses to help doctors hone their skills in emergency-room trauma care. Patients at 18 hospitals benefited from medical supplies donated by the ICRC on a regular basis, and 21 hospitals also received ad hoc assistance. Disabled people benefited from the services of ICRC-supported physical rehabilitation centres.

Owing to the prevailing situation and the limitations of its current set-up, the ICRC did not resume its standard activities for people detained in relation to past and ongoing violence. It did, however, help people, including migrants, held at two places of detention to contact their family members or consular representatives. The Movement's family-links services also enabled others to reconnect or stay in touch with their relatives separated from them.

Particularly because it was seeking to operate in a challenging working environment – created by a complex political situation – the ICRC continued efforts to foster acceptance for neutral, impartial and independent humanitarian action, and thereby facilitate its activities in Libya. Direct dialogue with some parties to conflict – on IHL and other protection-related matters – developed, but remained limited. Government officials and members of armed groups attended IHL courses in Libya and elsewhere. Weapon bearers learnt more about basic IHL provisions and humanitarian principles at dissemination sessions during first-aid training. The ICRC launched public-communication campaigns to explain its work and draw attention to various issues of humanitarian concern.

CIVILIANS

The ICRC continued to monitor the situation in violence-affected areas. It focused on violations of norms protecting people who were not or were no longer involved in the fighting, attacks against those seeking or providing medical care and abuses against migrants. During intensified bouts of fighting, the parties involved were reminded, through ICRC social media platforms, to protect medical services (see *Actors of influence*).

2. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/94DoF831FE324A66C125830D0017A9BF/\\$File/BEA_Libya_REM2018_522_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/94DoF831FE324A66C125830D0017A9BF/$File/BEA_Libya_REM2018_522_Final.pdf)

Together with the Libyan Red Crescent, the ICRC responded to the abrupt displacement of large numbers of people (see *Context*), by working to help meet their urgent needs, especially of those who were most vulnerable. However, various administrative, logistical and security constraints sometimes limited the ICRC's access to them and hindered its activities; for this reason, fewer beneficiaries than intended were reached.

Newly displaced people and returnees receive relief assistance

Roughly 296,640 IDPs, returnees and residents (49,441 households) benefited from ICRC food parcels, which were sufficient for two meals a day for a month; 84,000 people among them obtained food parcels donated by the ICRC to the National Society for it to distribute. However, the provision of food parcels was sometimes delayed, owing to logistical constraints. Around 231,650 people (39,359 households) were supplied with materials to set up temporary shelters or with essential household items to help improve their living conditions; 48,000 of them received these household essentials through the National Society.

Around 23,720 IDPs, returnees and other vulnerable people (3,954 households) received cash from the ICRC, sometimes through electronic transfers, which helped them meet their basic expenses; some of them were also given additional cash in December to buy supplies for the winter. With the use of ICRC cash grants, another 52 disabled breadwinners (supporting 289 people overall) established small businesses and thereby augmented their incomes.

Owing to developments in the security situation, the ICRC was not able to implement some of its livelihood-support activities or to conduct vocational or skills training for members of local cooperatives, such as fishermen and entrepreneurs.

Communities have better access to clean water and sanitary surroundings

By contributing to the restoration or maintenance of water-supply, waste and sanitation systems in areas hosting IDPs, the ICRC helped to improve their access to water or more sanitary surroundings and to maintain water quality. Clean water was made available to some 130,560 people in Benghazi and Derna after the ICRC donated equipment, and coordinated with the local authorities, to rehabilitate water networks. Almost 600 IDPs – who had fled Derna and sought refuge in schools in Martouba and Shahat – received bottled water and benefited from ICRC-restored sanitation facilities. In Sabha, 20,000 people had more sanitary surroundings after the local authorities repaired sewers with ICRC material assistance. ICRC training helped strengthen capacities among local water authorities and technicians to monitor water quality, operate equipment and maintain infrastructure.

Owing to human resource and managerial constraints, some planned repairs or renovations were not fully implemented, and others – such as the restoration of electrical infrastructure – were rescheduled for completion next year.

IDPs and other vulnerable people obtain health care at ICRC-supported clinics

People in Benghazi, Sabha, Tripoli and other violence-affected areas, obtained preventive and curative care at ICRC-supported health facilities. Twenty-four primary-health-care centres, including specialized treatment centres for diabetics, were provided with medical equipment, essential drugs and financial assistance by the ICRC. Material support given to the local authorities enabled them to upgrade water and electrical infrastructure at three primary-health-care centres.

The deployment of mobile health units, operated by the National Society with ICRC support, was not implemented in 2018 because of various constraints.

Members of separated families reconnect through the Movement's family-links services

Members of families dispersed by violence and other circumstances – including detained migrants (see *People deprived of their freedom*) – kept in touch through the Movement's family-links services, such as RCMs and phone calls. These people – including those with family members held abroad (at the US detention facility at Guantanamo Bay Naval Station in Cuba, for instance) – made 597 phone calls to their relatives separated from them. Twenty-three tracing cases were resolved, and the families concerned were able to obtain news of their missing relatives; some of these cases were shared with the UNHCR. The ICRC issued travel documents to 860 people wishing to leave Libya; however, following an agreement between the UNHCR and the Libyan and Nigerien authorities, the UNHCR began to work towards mostly covering this need instead (see *Niger*).

The ICRC visited 24 unaccompanied minors at a National Society shelter and enabled them to phone their relatives; their living conditions improved after the ICRC renovated the shelter. In December, the ICRC – together with the Libyan Red Crescent and the Egyptian Red Crescent, and in coordination with the pertinent authorities – helped repatriate 12 Egyptian minors at the shelter and reunite them with their families (see *Egypt*).

Forensic professionals learn best practices in managing human remains

The ICRC continued to back efforts of forensic professionals to manage human remains properly, with a view to increasing the likelihood for future identification.

During meetings, training and workshops organized by the ICRC, issues – such as the proper documentation/management of forensic data – and the means to address them effectively were discussed by first responders, the authorities, weapon bearers and other key stakeholders.

Some of them were sponsored by the ICRC to attend events held abroad, on subjects such as forensic medicine and mass-casualty incidents. At an ICRC-organized round-table in Tunis, Tunisia, judicial authorities exchanged best practices for managing human remains in line with international standards; they also developed standard operating procedures for autopsies, and drafted an action plan to ensure closer coordination among forensic actors.

The ICRC provided authorities, first responders – including the National Society – and hospitals with body bags and other supplies, to help ensure the proper identification and management of human remains, particularly with regard to people who perished in maritime accidents (see *Context*).

PEOPLE DEPRIVED OF THEIR FREEDOM

Owing to constraints posed by the political and security situation in Libya, and the limitations of its current set-up, the ICRC was unable to resume its standard activities for people detained in relation to past and ongoing violence. However, it reinforced its dialogue with the pertinent authorities on securing access to detainees and on the possibility of carrying out its detention-related activities in the future; it also communicated the protection-related concerns of detained migrants to the authorities and to other humanitarian organizations.

Vulnerable migrants

restore and maintain contact with relatives

People, including migrants, held at two places of detention in Misrata were able to keep in touch with their relatives through the Movement's family-links services, such as RCMs, phone calls, oral messages relayed by the ICRC and ICRC-arranged family visits; 798 detained migrants were provided with hygiene kits and other essential items by the ICRC, to help improve their living conditions. At their request, the ICRC helped some detained migrants to notify their consular representatives – or the UNHCR and other UN agencies – of their situation.

WOUNDED AND SICK

First responders learn how to provide life-saving care

The ICRC maintained its support for the Libyan Red Crescent in providing first aid, as there were few other emergency responders in Libya because of the violence committed against medical personnel and facilities (see *Red Cross and Red Crescent Movement*).

People likely to be at the scene of clashes and other emergencies attended ICRC courses in first aid (see below); and learnt about the necessity of respecting medical personnel and facilities. Weapon bearers learnt how to administer first aid through ICRC sessions (see *Actors of influence*).

People injured during clashes

are treated at ICRC-supported facilities

Following clashes in Tripoli and other violence, wounded people received treatment at 18 hospitals regularly supported by the ICRC with medicines, wound-dressing kits and surgical equipment, and at 21 other hospitals that received supplies on an ad hoc basis. Regular support was extended to more than twice as many facilities than originally intended, in response to the growing number of casualties.

At an ICRC course in Tunis, 16 Libyan doctors enhanced their capacities in emergency-room trauma management. ICRC seminars on emergency-room trauma management and war surgery, in Tripoli, did not take place owing to outbreaks of violence.

Patients at one hospital (250 beds) in Sirte benefited from infrastructural repairs or upgrades made possible by the ICRC. Because of administrative constraints, renovations at other health facilities had to be postponed to next year. Material assistance from the ICRC helped expand the storage capacity of a hospital morgue in Sabha.

Disabled people benefit from rehabilitative care

Disabled people obtained physical rehabilitation services at a centre in Benghazi and a prosthetics and orthotics workshop in Misrata, both recipients of material, technical and financial support from the ICRC throughout the year. A third centre in Tripoli began to receive such support in December.

In all, 298 people³ from Misrata and 623 people from Benghazi used the services at these facilities; and 269 people underwent physiotherapy. The ICRC also enabled six disabled people from Sabha to use the services of the workshop in Misrata, by covering their transportation costs; it intended to cover transportation costs for more people but logistical constraints prevented it from doing so.

Technical support from the ICRC helped 53 personnel from the facilities mentioned above to develop their capacity to provide rehabilitative care. Two specialists received financial incentives from the ICRC to run the workshop in Misrata. Students from Benghazi, Misrata and Tripoli studied prosthetics and orthotics on ICRC scholarships.

ACTORS OF INFLUENCE

Particularly because it was seeking to operate in a challenging working environment – created by a complex political and security situation – the ICRC strove to broaden acceptance and secure support for its neutral, impartial and independent humanitarian action, and thereby facilitate its activities to protect and assist vulnerable people. It maintained contact with representatives of various government bodies and members of certain armed groups; it also sought to expand its network of contacts among people who could influence these bodies and armed groups, including members of civil society. However, concrete dialogue with some actors – on IHL and other issues related to the protection of civilians – remained limited.

Government representatives and other key actors, including high-ranking local authorities, advanced their understanding of IHL at meetings and other events organized by the ICRC in the region and elsewhere (see also *Egypt, Kuwait, Tunis, and International law and policy*). In February, the ICRC's president discussed the organization's mandate and approach with senior government representatives and other influential parties.

Weapon bearers learn more about IHL

Weapon bearers strengthened their grasp of IHL and humanitarian principles through ICRC dissemination sessions, which were sometimes combined with first-aid training. These sessions were held for members of certain armed groups, including three sessions conducted in Tunis and three in Cairo

3. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

(see *Egypt*) for commanders. These helped to improve the ICRC's engagement with weapon bearers, and to advance the incorporation of IHL in their decision-making.

Key members of civil society broaden their awareness of IHL and specific humanitarian issues

The ICRC launched public-communication initiatives to broaden public awareness of the humanitarian needs in Libya, and of the ICRC and the Libyan Red Crescent's efforts to address them. These initiatives drew attention to the basic provisions of IHL, the dangers posed by ERW and the necessity of protecting those seeking or providing medical care; they also sought to promote respect for the red cross and red crescent emblems. When the fighting intensified, the ICRC used such means as social media to call on the parties involved, to ensure the protection of medical personnel and facilities.

The ICRC sponsored two professors to attend courses abroad on IHL, including how to teach it (see, for example, *Morocco*); influential Islamic scholars also attended similar courses. Several law students – potential government officials or actors capable of influencing such officials – learnt more about IHL at ICRC dissemination sessions.

RED CROSS AND RED CRESCENT MOVEMENT

The Libyan Red Crescent Society – with branches and volunteers in areas regularly affected by violence such as Derna, Sabha and Tripoli – remained the ICRC's main partner in Libya. The two organizations worked together closely and adapted their response to the urgent needs of violence-affected people, which were growing. They also signed a two-year partnership framework agreement in December.

Material, technical and financial support from the ICRC helped National Society staff to strengthen their operational capacities to distribute aid, ensure access to water, provide family-links services and manage human remains properly (see *Civilians* and *People deprived of their freedom*). The ICRC sponsored some National Society personnel to attend courses abroad in implementing economic-security initiatives.

Courses and events organized by the ICRC helped National Society staff and volunteers to tend to wounded people. They strengthened their capacities in first aid; developed their ability to provide pre-hospital care, which enabled them to work in emergency response teams; and learnt how to provide mental health and psychosocial support to violence-affected people and to their own colleagues.

Together with the ICRC, the National Society carried out public-communication initiatives (see *Actors of influence*) to broaden public awareness of the hazardousness of mines and ERW, and to foster respect for the red cross and red crescent emblems; National Society staff bolstered their capacities in public communication through ICRC training.

Through ICRC-organized training sessions on the Safer Access Framework, National Society personnel learnt more about ways to mitigate security risks while carrying out their activities.

Having signed a Movement Coordination Agreement with the National Society and the International Federation, the ICRC worked to improve coordination with and among these actors in Libya. ICRC sponsorship enabled National Society staff to attend Movement meetings and events within the region and elsewhere.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	37			
RCMs distributed	38			
Phone calls facilitated between family members	597			
Reunifications, transfers and repatriations				
People reunited with their families	12			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	177	29	22	45
<i>including people for whom tracing requests were registered by another delegation</i>	61			
Tracing cases closed positively (subject located or fate established)	23			
<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)	1,675	118	94	103
<i>including people for whom tracing requests were registered by another delegation</i>	202			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC reunited with their families by the ICRC/National Society	12	7		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	18	6		
Documents				
People to whom travel documents were issued	860			
People to whom official documents were delivered across borders/front lines	3			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	2			
Detainees in places of detention visited	694	141	104	
Visits carried out	13			
		Women	Girls	Boys
Detainees visited and monitored individually ⁴	28	28		
<i>of whom newly registered</i>	18	18		
RCMs and other means of family contact				
RCMs collected	208			
RCMs distributed	96			
Detainees visited by their relatives with ICRC/National Society support	7			

4. 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

CIVILIANS			Total	Women	Children
Economic security					
Food consumption	Beneficiaries		296,646	89,507	117,563
	<i>of whom IDPs</i>		209,871	63,244	83,521
Income support	Beneficiaries		24,013	7,526	9,262
	<i>of whom IDPs</i>		6,286	1,889	2,508
Living conditions	Beneficiaries		231,654	72,861	88,311
	<i>of whom IDPs</i>		168,375	53,646	63,669
Water and habitat					
Water and habitat activities	Beneficiaries		151,205	45,361	45,366
	<i>of whom IDPs</i>		45,413	13,624	13,624
Health					
Health centres supported	Structures		24		
Average catchment population			958,458		
Consultations			323,026		
	<i>of which curative</i>		304,814	52,079	61,134
	<i>of which antenatal</i>		18,212		
Immunizations	Patients		84,400		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>		25,493		
Referrals to a second level of care	Patients		1,624		
	<i>of whom gynaecological/obstetric cases</i>		1,023		
PEOPLE DEPRIVED OF THEIR FREEDOM					
Economic security					
Living conditions	Beneficiaries		798	104	12
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures		39		
Services at hospitals not monitored directly by ICRC staff					
Surgical admissions (weapon-wound and non-weapon-wound admissions)			10,251		
Weapon-wound admissions (surgical and non-surgical admissions)			995	26	27
Weapon-wound surgeries performed			2,929		
First aid					
First-aid training					
	Sessions		48		
	Participants (aggregated monthly data)		815		
Water and habitat					
Water and habitat activities	Beds		250		
Physical rehabilitation					
Projects supported	Projects		2		
People benefiting from ICRC-supported projects	Aggregated monthly data		921	150	275
	<i>of whom beneficiaries of physical rehabilitation services</i>		921	150	275
New patients fitted with prostheses	Patients		278	45	22
Prostheses delivered	Units		226	32	20
	<i>of which for victims of mines or explosive remnants of war</i>		38		
New patients fitted with orthoses	Patients		412	75	217
Orthoses delivered	Units		445	78	239
Patients receiving physiotherapy	Patients		269	32	54
Walking aids delivered	Units		142	22	12

MALI

Continually working in the country since 1982, the ICRC opened a delegation in Mali in 2013 in response to the consequences of fighting between government forces and armed groups, and of other situations of violence. It seeks to protect and assist violence-affected people, who 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 the authorities to ensure its implementation. 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

KEY RESULTS/CONSTRAINTS IN 2018

- Security-related concerns hindered some activities, such as distributions of essential items. The ICRC urged local authorities and weapon bearers to respect IHL and other pertinent norms, and to facilitate safe humanitarian access.
- With the Mali Red Cross's help, the ICRC was still able to fulfil most of its assistance-related objectives. Violence-stricken people severely affected by the drought benefited from increased distributions of food and livestock fodder.
- Wounded and disabled people, children, pregnant women, and survivors/victims of sexual violence obtained good-quality care at ICRC-supported health facilities; in 2018, two more facilities, in central Mali, were given support.
- People gained access to water for personal consumption and for farming or herding after the ICRC and local authorities upgraded or built water infrastructure; however, access constraints delayed some projects.
- Detainees, including people held in relation to the conflict, received ICRC visits. Some of them benefited from efforts by the authorities and the ICRC to improve their food supply, living spaces and access to health care.
- Members of separated families, including migrants and unaccompanied minors, reconnected via the Movement's family-links services. Children formerly associated with armed groups were reunited with their families.

EXPENDITURE IN KCHF

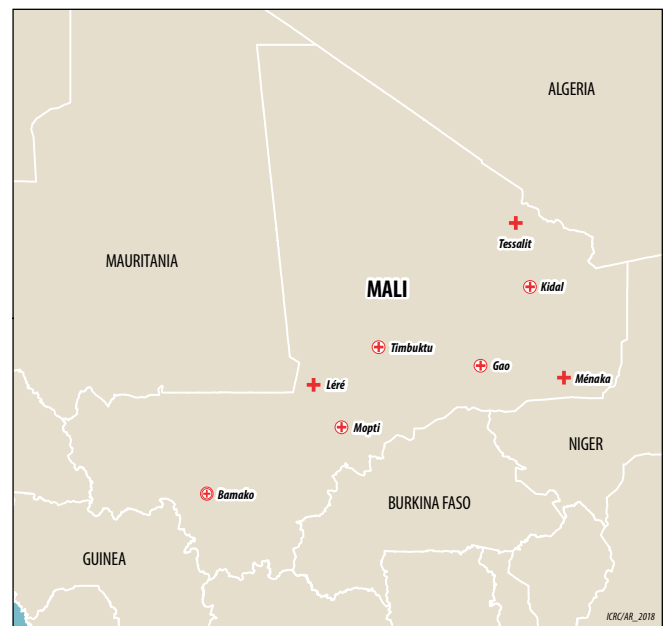
Protection	5,957
Assistance	33,367
Prevention	3,004
Cooperation with National Societies	1,972
General	321
Total	44,622
<i>Of which: Overheads</i>	<i>2,723</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	74
Resident staff (daily workers not included)	401



PROTECTION

Total

CIVILIANS

Restoring family links

RCMs collected	225
RCMs distributed	120
Phone calls facilitated between family members	1,918
Tracing cases closed positively (subject located or fate established)	60
People reunited with their families	17
<i>of whom unaccompanied minors/separated children</i>	<i>17</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	20
Detainees in places of detention visited	3,326
<i>of whom visited and monitored individually</i>	<i>974</i>
Visits carried out	194

Restoring family links

RCMs collected	112
RCMs distributed	20
Phone calls made to families to inform them of the whereabouts of a detained relative	474

ASSISTANCE

2018 Targets (up to)

Achieved

CIVILIANS

Economic security

Food consumption	Beneficiaries	66,000	127,992
Food production	Beneficiaries	699,000	747,775
Income support	Beneficiaries	33,300	43,704
Living conditions	Beneficiaries	39,000	28,584
Capacity-building	Beneficiaries	592	233

Water and habitat

Water and habitat activities	Beneficiaries	164,490	173,018
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Health

Health centres supported	Structures	15	13
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures	2	2
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Physical rehabilitation

Projects supported	Projects	4	4
People benefiting from ICRC-supported projects	Aggregated monthly data	12,000	11,037

Water and habitat

Water and habitat activities	Beds	190	185
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CONTEXT

The conflict in Mali continued, despite the efforts of the government and some armed groups to implement a 2015 peace agreement. Violent confrontations between armed groups and Malian and international forces – the UN Multidimensional Integrated Stabilization Mission in Mali (MINUSMA) and the French armed forces – continued to take place, mainly in northern and central Mali, including areas bordering Burkina Faso and Niger. The G5 Sahel Force also fought armed groups in the region. Malian and international forces arrested people in connection with the conflict; armed groups were holding some people.

Communal violence – exacerbated by recurrent drought and competition over limited resources – increased significantly in 2018. In some areas, the political void and chronic insecurity caused a surge in crime; this affected residents and humanitarian organizations, including the ICRC. Elections took place – amidst violence – in mid-year.

These circumstances hindered the resumption of State services in certain areas and disrupted people's livelihoods and access to basic services. Thousands of people were forced to flee their homes in search of safety or better prospects within Mali or elsewhere; Malian refugees in neighbouring countries remained unable to return. Migrants passing through Mali on their way to Europe were at risk of physical assault or other unlawful conduct.

ICRC ACTION AND RESULTS

The ICRC continued to address the humanitarian needs engendered by protracted conflict and other violence in Mali, particularly in the northern and central regions. It strengthened its presence in Ménaka, in response to the deteriorating situation in central Mali. A series of security incidents forced the ICRC to temporarily suspend or scale down its activities, and limit its movements in certain areas. However, with the help of the Mali Red Cross and other local partners, it still reached people accessible to few or no other humanitarian organizations.

Discussions with local authorities and weapon bearers enabled the ICRC to obtain or renew security guarantees in some areas. It reiterated to influential parties the necessity of respecting IHL and humanitarian principles – particularly the necessity of facilitating safe access for those seeking or providing medical services and/or humanitarian aid. It reinforced this message through IHL training for military and security forces.

The ICRC responded to the drought in the first half of the year by expanding distributions of food and livestock fodder; this was particularly beneficial for those who were most vulnerable. Other emergency relief for people affected by drought and/or violence continued, but poor security conditions hindered cash transfers and donations of household essentials. Where possible, the ICRC and its partners continued to provide livelihood support for vulnerable households: livestock vaccination campaigns; seed and tools for farmers; cash-for-work projects; and grants to start or maintain small businesses.

The ICRC repaired or built wells and irrigation facilities in violent and/or drought-stricken areas; as a result, water for personal consumption, and for farming and herding, became more readily available. It reached more people than planned, but it must be kept in mind that these figures include beneficiaries of projects begun in 2017 and completed in 2018. Some projects meant to be completed in 2018 could not be implemented because of access constraints.

People in northern Mali obtained primary-health-care services – including curative and antenatal consultations, vaccinations and referrals for further care – at health centres supported by the ICRC, which began assisting two more facilities in central Mali. Survivors/victims of sexual violence and other trauma received psychosocial support and other specialized treatment from ICRC-trained personnel. Wounded people and others needing hospital care obtained timely treatment at two facilities that received comprehensive support; there was an ICRC surgical team at each facility. Disabled people received good-quality services at ICRC-supported physical rehabilitation centres.

Detainees received visits conducted in accordance with standard ICRC procedures. The ICRC checked on their treatment and living conditions, paying particular attention to people held in connection with the conflict. It gave the detaining authorities expert advice for carrying out systemic reforms, for example, with regard to prison budgets and judicial guarantees. It worked with them to implement a standardized menu at more detention facilities. It also maintained its support for two prison farms, to help ensure that detainees had adequate nutrition. It renovated water and sanitation infrastructure and gave detainees hygiene items and other essentials; these efforts improved detainees' living conditions.

Members of families dispersed by violence, migration or other circumstances – including unaccompanied minors and children formerly associated with armed groups – reconnected through the Movement's family-links services. However, despite the ICRC's efforts, minimal progress was made in clarifying the fate of Malian migrants who had gone missing in 2015, as the authorities had other priorities.

The National Society reinforced its operational capacities with ICRC support – replenishment of emergency stocks, renovations at branch offices, training in the Safer Access Framework – and through joint activities with the ICRC.

CIVILIANS

The security situation hindered the implementation of several activities – such as cash transfers and distributions of household items – and sometimes forced the ICRC to suspend field visits. Discussions with authorities and weapon bearers enabled the ICRC to obtain security guarantees in some areas, but others remained inaccessible. The ICRC was nevertheless able to fulfil most of its assistance-related objectives. With the help of the Mali Red Cross, local authorities and community leaders, it reached violence-affected communities – particularly in northern and central Mali – accessible to few or no other humanitarian organizations. Close coordination was maintained with UN agencies and other parties, for assistance activities and family-links services.

Parties to armed conflict and other situations of violence are urged to respect IHL and other norms

Whenever possible, the ICRC reminded parties to conflict or other violence of their obligations under IHL and other applicable norms; it urged them to safeguard access to health care and education, and prevent sexual violence and the recruitment of minors. It met with commanders and legal advisers from the military and with leaders of some armed groups – a few requested IHL training – but was unable to reach all parties. Where possible, documented allegations of unlawful conduct were shared confidentially with these parties, who were urged to prevent such misconduct. The ICRC conducted numerous dissemination sessions and public-communication activities (see *Actors of influence*) to complement these efforts. It also discussed law enforcement operations regularly with the police and the *gendarmerie*, particularly during the elections.

As migrants were expelled from Algeria to Mali in the first half of the year, the ICRC reminded key parties of these people's rights; it also assisted 348 of them, for instance, by evacuating them to safer areas and providing them with family-links services, food, water, and money for transport, and referring them to other humanitarian organizations. Posters and leaflets were distributed in key areas, to help migrants protect themselves by giving them more information on the risks that they faced.

Members of separated families reconnect

Members of families separated by violence, migration and other circumstances contacted each other through phone calls, RCMs, tracing services, and other family-links services provided by the Movement in Mali and in countries hosting Malian asylum seekers and refugees. A total of 17 unaccompanied minors, including children formerly associated with weapon bearers, were reunited with their families; the ICRC also continued to monitor the welfare of some previously resettled minors.

To facilitate the identification of the dead and subsequent notification of their families, National Society volunteers, *gendarmes*, health personnel and other parties were trained in human remains management. With ICRC support, the National Society identified the remains of seven people who had died in an attack on an airport in April; this helped their families learn of their fate.

Despite the ICRC's efforts, minimal progress was made in clarifying the fate of Malian migrants who had gone missing off the coast of Libya in 2015, as the authorities had other priorities.

Communities strengthen their resilience to the effects of violence

Emergency assistance from the ICRC gave some relief to displaced people, and to others affected by the conflict, surges in communal violence, fires, floods and/or recurrent drought. In April, the ICRC responded to the destructive effects of drought on pastures by expanding distributions of food and livestock fodder among communities affected most. It provided food for 127,992 people (21,332 households) – IDPs, residents and returnees; and gave 28,584 people (4,764 households)

cooking utensils, hygiene items, tarpaulins for setting up temporary shelters, and other essentials. It had planned to give beneficiaries cash for buying these items, but shifted to in-kind distributions in most areas because of the security situation and inadequate logistical infrastructure.

Where it could, the ICRC continued to help vulnerable households to improve their food production. The ICRC gave vulnerable herders livestock fodder or cash for it, helped treat and vaccinate livestock, and supplied and equipped community animal-health workers; 107,845 herding households (647,067 people) benefited. It also provided seed and tools, or cash to buy them, for 16,767 farming households (100,708 people), including people cultivating market gardens. Some of these households also benefited from the renovation of key infrastructure (see below). In all, roughly 124,600 farming and herding households (747,775 people) restored, preserved or expanded their livelihoods thanks to the ICRC's support.

Another 6,438 households (43,704 people) earned money through small businesses started with ICRC grants, or cash-for-work projects – rehabilitating ponds for agricultural use, for instance – that provided a provisional income.

The ICRC also trained 233 people to preserve food, operate small businesses, or provide animal-health services. Because of various administrative impediments, it was unable to reach as many people as planned.

Violence-affected communities gain access to water

The ICRC repaired or built wells and installed solar-powered pumps, and provided fuel for the water-supply system in Kidal; it also trained and provided supplies for 13 technicians from water management committees. As a result, roughly 114,000 people had better access to water for household consumption and/or agricultural use. Another 50,200 people benefited from the construction of infrastructure, such as livestock vaccination pens and wells for market gardeners and herders. During emergencies, the ICRC helped 8,700 people: for instance, it trucked in water for the hospital in Kidal during the drought, and supported the National Society's clean-up operations after a flood in Timbuktu.

In all, the ICRC reached roughly 173,000 people; though this total exceeds the initial target of 164,490, it includes beneficiaries of projects that started in 2017, but were only completed in 2018 because of delays caused by the security situation. Moreover, some projects meant to be completed in 2018 could not be implemented because of access constraints, especially in the Gao region.

People coping with violence-related trauma receive psychosocial support

The ICRC, in cooperation with local health authorities, provided 13 primary-health-care centres in northern Mali with comprehensive support: supplies, equipment, training and supervision of personnel and, where needed, infrastructural repairs. Support for two of the centres, located in central Mali, began this year as needs there had increased; support for two more centres there awaited the results of assessments.

The centres served large numbers of people. Of note, 70,138 curative and antenatal consultations were provided, most of them for women and children, and 109,231 people were vaccinated. The ICRC covered transportation expenses for 283 patients referred for further care, including pregnant women.

ICRC-trained personnel also provided psychosocial support and other specialized help for people suffering from violence-related trauma. Some 570 people availed themselves of such assistance, including 77 survivors/victims of sexual violence, some of whom had received post-exposure prophylactic treatment within 72 hours. About 62,500 people learnt about the availability of such services through National Society and ICRC information sessions.

PEOPLE DEPRIVED OF THEIR FREEDOM

Conflict-related detainees receive visits from the ICRC

The ICRC visited 20 places of detention in accordance with its standard procedures. It checked on detainees' treatment and living conditions and monitored 974 of them individually. Detainees receiving such close attention included security detainees, particularly those held in connection with the conflict; minors and women; and people serving sentences handed down by the UN Mechanism for International Criminal Tribunals (MICT) and/or its predecessors. The ICRC also discussed, with the authorities concerned, the possibility of gaining access to detainees not yet visited.

Inmates stayed in touch with their relatives through RCMs and other family-links services. The ICRC helped foreign detainees to notify their consular representatives of their situation, and financed some released detainees' return home.

The authorities continue to work on penitentiary reforms

Detaining authorities continued to work on systemic reforms, drawing on various forms of ICRC support, such as the findings and recommendations communicated confidentially to them after ICRC prison visits. For instance, 300 detainees were transferred to less crowded facilities at the ICRC's urging; at an ICRC workshop, the authorities concerned discussed alternatives to detention, and other ways to reduce overcrowding in prisons.

The authorities managed one prison farm with supervisory support and seed, fertilizer and tools from the ICRC; this helped detainees to supplement their diet with fresh produce. The ICRC also organized a round-table on the prison farm project, at which recommendations for similar projects were discussed. However, other initiatives were hindered by administrative and budgetary constraints: the standard menu for prisons had still not been formally adopted; and focal points for nutrition were appointed, but lacked the means to carry out their duties effectively. At six prisons, malnourished inmates received supplementary food rations and/or therapeutic food, and follow-up care, from prison health workers trained and/or supported by the ICRC. In all, roughly 3,700 detainees benefited from the ICRC's efforts to help the authorities manage malnutrition.

The ICRC regularly monitored the health of detainees at seven places of detention; it did so at two others as well, but on an ad hoc basis. With the ICRC's help, medical screening systems were established at four places of detention. The ICRC trained prison health workers in managing common diseases, and held a workshop for the pertinent authorities on allocating more resources for detainees' health care.

Some 3,000 detainees benefited from ICRC projects to renovate their living areas and broaden their access to water. The ICRC made regular distributions of hygiene items, conducted an anti-scabies and an anti-vector campaign, and renovated the yard and the infirmary at the central prison. Prison authorities began to construct a new prison, for which the ICRC made some technical recommendations. A workshop on improving detention facilities was postponed for administrative reasons.

WOUNDED AND SICK

Wounded and sick people in violence-affected areas received timely medical treatment of good quality at two ICRC-supported facilities: the Gao regional hospital and the Kidal referral centre, which was the only facility providing hospital services in its region. The ICRC gave them both comprehensive support: supplies, equipment, training and financial incentives for staff, assistance for maintaining and upgrading infrastructure, and on-site supervision from two ICRC surgical teams. About 1,600 operations were performed at the hospitals; the patients

PEOPLE DEPRIVED OF THEIR FREEDOM	Mali authorities	French forces	MINUSMA	MICT
ICRC visits				
Places of detention visited	15	2	2	1
Detainees in places of detention visited	3,187	120	7	12
<i>of whom women</i>	13			
<i>of whom minors</i>	149	14		
Visits carried out	113	75	4	2
Detainees visited and monitored individually	840	122		12
<i>of whom boys</i>	43	16		
Detainees newly registered	620	122	4	
<i>of whom boys</i>	37	16		
RCMs and other means of family contact				
RCMs collected	112			
RCMs distributed	20			
Phone calls made to families to inform them of the whereabouts of a detained relative	474			

included people who had been wounded. The ICRC also conducted first-aid training for about 180 people (including community volunteers and police officers), and seminars on emergency gynaecology and emergency-room trauma care for 24 and 25 people respectively.

Roughly 11,000 disabled people¹ obtained physical rehabilitation services at four centres supported by the ICRC with supplies, equipment, training and on-site coaching/guidance from ICRC prosthetists/orthotists. Some vulnerable patients, many of whom had traveled hundreds of kilometres for treatment, were given financial assistance for food and/or travel expenses.

Four students, sponsored by the ICRC, continued their three-year training programme in Lomé, Togo. The construction of a new physical rehabilitation centre in Mopti, under the ICRC's Programme for Humanitarian Impact Investment, began near the end of the year.

A local NGO was given support for organizing events to promote the rights and the social inclusion of disabled people.

ACTORS OF INFLUENCE

Dialogue with parties to the conflict emphasizes safe access to people in need

The ICRC pursued – to the extent permitted by the various logistical and security constraints – dialogue with a broad range of people and groups capable of facilitating timely delivery of humanitarian aid, and of ensuring the safety of medical and humanitarian workers. It intensified its efforts to obtain security guarantees (see above).

ICRC briefings and training courses – some of these were organized with the European Union Training Mission in Mali and the Bamako Peacekeeping School – reminded Malian military and security forces personnel of their obligations under IHL. The ICRC sponsored a Malian military officer to attend an advanced IHL course in San Remo, Italy; the army drew on ICRC expertise to revise its IHL training manual.

The ICRC urged members of armed groups – through information sessions and bilateral discussions – to respect IHL principles, especially the necessity of facilitating access to health care and other basic services. It also explained its mandate to them in order to secure acceptance for its activities and safe passage for its staff.

The general public learns more about humanitarian issues

Regular interaction with influential figures in civil society – both lay and religious – helped broaden understanding of and acceptance for the ICRC among various communities. Meetings and information sessions helped local leaders learn about humanitarian principles and the ICRC's activities in Mali; they also discussed public perceptions of the ICRC and the Mali Red Cross, and IHL and its points of correspondence with Islamic jurisprudence. Representatives of youth associations,

women's groups and NGOs familiarized themselves with the Movement and its neutral, impartial and independent approach, through information sessions conducted by the National Society and the ICRC.

Members of the media and the general public stayed abreast of the Movement's activities in Mali through press releases, newsletters and other materials produced by the ICRC or with its support; the ICRC organized field trips for some journalists. The delegation's social-media accounts enabled people to interact directly with the ICRC.

At the ICRC's urging, the national institute for magistrates incorporated an IHL course in its curriculum. The ICRC sponsored one teacher to attend an IHL round-table abroad (see *Paris*).

The authorities drew on ICRC expertise to revise important pieces of legislation, such as the new penal code, the new code of penal procedure, and the military justice code. One parliamentarian attended the annual review meeting on IHL implementation in West Africa, organized by the ICRC and the Economic Community of West African States in Abuja, Nigeria (see *Nigeria*).

RED CROSS AND RED CRESCENT MOVEMENT

The Mali Red Cross – with financial, material and technical support from the ICRC – continued to strengthen its ability to help people affected by armed conflict and other violence. It implemented projects with the ICRC (see *Civilians*), and its personnel received ICRC training in such areas as restoring family links, first aid, economic security, and water and sanitation.

The ICRC sought to strengthen the National Society's emergency response capacities; to that end, it helped to renovate or construct three National Society offices in violence-prone areas. Training sessions on the Safer Access Framework were held at various branches. The ICRC aided the efforts of the National Society's communications department to foster acceptance for the Movement.

As per a tripartite agreement, the National Society, the International Federation, and the ICRC reinforced their security measures and coordinated their activities to maximize impact and prevent duplication of effort. National Society personnel attended Movement-wide coordination meetings (see, for example, *Dakar*) with the ICRC's support.

1. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	225	16		
RCMs distributed	120	5		
Phone calls facilitated between family members	1,918			
Reunifications, transfers and repatriations				
People reunited with their families	17			
People transferred or repatriated	4			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	147	12	9	6
<i>including people for whom tracing requests were registered by another delegation</i>	23			
Tracing cases closed positively (subject located or fate established)	60			
<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)	358	21	15	31
<i>including people for whom tracing requests were registered by another delegation</i>	41			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	21			16
UAMs/SC reunited with their families by the ICRC/National Society	17			14
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	12	2		10
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	20			
Detainees in places of detention visited	3,326	13	163	
Visits carried out	194			
		Women	Girls	Boys
Detainees visited and monitored individually	974			59
<i>of whom newly registered</i>	746			53
RCMs and other means of family contact				
RCMs collected	112			
RCMs distributed	20			
Phone calls made to families to inform them of the whereabouts of a detained relative	474			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS			Total	Women	Children
Economic security					
Food consumption	Beneficiaries		127,992	43,063	38,644
	<i>of whom IDPs</i>		26,598	9,482	9,668
Food production	Beneficiaries		747,775	237,621	209,262
	<i>of whom IDPs</i>		8,400	3,360	2,100
Income support	Beneficiaries		43,704	12,846	12,336
	<i>of whom IDPs</i>		380	156	128
Living conditions	Beneficiaries		28,584	8,737	11,718
	<i>of whom IDPs</i>		21,564	6,487	9,258
Capacity-building	Beneficiaries		233	93	58
Water and habitat					
Water and habitat activities	Beneficiaries		173,018		
Health					
Health centres supported	Structures		13		
Average catchment population			111,901		
Consultations			70,138		
	<i>of which curative</i>		57,453	17,787	26,144
	<i>of which antenatal</i>		12,685		
Immunizations	Patients		109,231		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>		67,762		
Referrals to a second level of care	Patients		283		
	<i>of whom gynaecological/obstetric cases</i>		73		
PEOPLE DEPRIVED OF THEIR FREEDOM					
Economic security					
Capacity-building	Beneficiaries		3,740		20
Water and habitat					
Water and habitat activities	Beneficiaries		3,035		
Health					
Places of detention visited by health staff	Structures		9		
Health facilities supported in places of detention visited by health staff	Structures		7		
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures		2		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>		2		
Services at hospitals reinforced with or monitored by ICRC staff					
Surgical admissions					
	Weapon-wound admissions		209	10	35
	(including those related to mines or explosive remnants of war)		9	1	2
	Non-weapon-wound admissions		680		
	Operations performed		1,642		
Medical (non-surgical) admissions			793	189	326
Gynaecological/obstetric admissions			1,034	1,033	1
Consultations			30,432		
First aid					
First-aid training					
	Sessions		7		
	Participants (aggregated monthly data)		180		
Water and habitat					
Water and habitat activities	Beds		185		
Physical rehabilitation					
Projects supported	Projects		4		
People benefiting from ICRC-supported projects	Aggregated monthly data		11,037	2,388	5,760
	<i>of whom beneficiaries of physical rehabilitation services</i>		11,037	2,388	5,760
New patients fitted with prostheses	Patients		89	15	13
Prostheses delivered	Units		319	70	37
	<i>of which for victims of mines or explosive remnants of war</i>		11	2	3
New patients fitted with orthoses	Patients		71	10	39
Orthoses delivered	Units		467	105	265
	<i>of which for victims of mines or explosive remnants of war</i>		1	1	
Patients receiving physiotherapy	Patients		9,861	2,172	5,219
Walking aids delivered	Units		325	113	18
Wheelchairs or tricycles delivered	Units		49	18	5

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

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- Findings from the ICRC's prison visits helped the authorities improve the treatment and living conditions of detainees. Minors were transferred from prisons to a detention facility for juveniles.
- The ICRC helped penitentiary authorities to standardize prison policies. Prison staff were given manuals on food-stock management and leaflets on domestic laws and internationally recognized standards for detention.
- People separated by detention, migration or armed conflict – including refugees living in the Bassiknou region – stayed in touch through the Movement's family-links services. The demand for these services continued to decline.
- Military personnel, such as those stationed near the Mali–Mauritania border in Bassiknou and those bound for overseas missions, learnt about IHL at ICRC briefings.

EXPENDITURE IN KCHF

Protection	871
Assistance	2,483
Prevention	517
Cooperation with National Societies	290
General	102
Total	4,262
<i>Of which: Overheads</i>	<i>260</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	7
Resident staff (daily workers not included)	38



PROTECTION

CIVILIANS

Restoring family links

RCMs collected	9
RCMs distributed	29
Phone calls facilitated between family members	182

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	7
Detainees in places of detention visited	2,013
<i>of whom visited and monitored individually</i>	40
Visits carried out	10

Restoring family links

RCMs collected	4
Phone calls made to families to inform them of the whereabouts of a detained relative	5

ASSISTANCE

CIVILIANS

Economic security

Income support	Beneficiaries	72,000	49,878
Capacity-building ¹	Beneficiaries	10	

Water and habitat

Water and habitat activities	Beneficiaries	21,000	23,860
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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

Because of the situation in Mali (see *Mali*), roughly 57,000 Malian refugees were still living in the Bassiknou region of Mauritania – either in the UNHCR camp in M’bera or among host communities. The border town of Fassala, a main point of entry into Mauritania, hosted Malian refugees, including new arrivals. Fewer people displaced by violence in Mali crossed into Mauritania than in past years. Humanitarian actors assisted refugees and host communities, but funding constraints limited their activities. Irregular rainfall caused floods, with damaging consequences for agriculture.

Military and security forces conducted operations against armed elements near the border with Mali. Mauritania contributed troops to the G5 Sahel joint military force and to UN peacekeeping operations. The G5 Sahel Defence College was established in Nouakchott; the first batch of troops from G5 Member States arrived for training.

Widespread food insecurity and a deteriorating economy inflamed social and political tensions, which led to protests, particularly during elections.

Migrants continued to pass through Mauritania on their way to northern Africa and Europe. Some perished at sea.

ICRC ACTION AND RESULTS

The ICRC maintained its longstanding support for the authorities to improve the treatment and living conditions of detainees. It visited detainees at seven places of detention, paying particular attention to security detainees, minors, women and foreigners. It discussed its findings confidentially with the authorities. Separate quarters for minors was one of the subjects it raised. The authorities transferred minors from prisons to a detention facility for juveniles. The ICRC helped monitor this process, making follow-up visits to the minors. It aided the authorities’ efforts to reform the justice sector, primarily by helping prison officials and national guardsmen – who serve as prison guards in Mauritania – to manage prisons, cope with budgetary and other resource constraints, and standardize prison policies. Prison staff were given manuals on food-stock management and leaflets on domestic laws and internationally recognized standards for detention; these were produced with the ICRC’s assistance. Staff at four prisons received support directly from the ICRC: training for food-supply managers and health staff, and stocks of food supplements and medical supplies. Health staff in two prisons carried out body-mass index checks, and treated malnourished detainees, with such support.

Members of families separated by armed conflict, detention, migration or other circumstances stayed in touch through family-links services provided by the Mauritanian Red Crescent and the ICRC. Refugees and flood-affected people in Bassiknou were among those who benefited. The ICRC also collected DNA samples and ante-mortem data from families of missing migrants, with a view to identifying human remains associated with maritime accidents.

In Bassiknou, the ICRC assisted refugees living outside the M’bera camp, and vulnerable residents, to maintain the health – and thus the market value – of their livestock. With the ICRC’s help, local veterinary service-providers vaccinated and/or dewormed thousands of livestock free of charge. The ICRC continued to support the authorities’ efforts to increase the supply of clean water: three generators were installed at pumping stations in rural areas, and water points repaired in Fassala. Local technicians were given tools and equipment to maintain water infrastructure.

The ICRC and other Movement components provided support for the National Society to strengthen its emergency response and its ability to restore family links, administer first aid, and ensure the safety of its volunteers. Movement components in the region met regularly to coordinate their activities – particularly in connection with security management.

CIVILIANS

Refugees and other displaced people reconnect with their relatives

The ICRC continued to monitor the protection and assistance needs of vulnerable people in Mauritania. Where appropriate, these were relayed to the parties concerned, to encourage alleviative efforts in this regard.

Members of families separated by armed conflict, detention, migration or other circumstances stayed in touch through the Movement’s family-links services. The Mauritanian Red Crescent maintained a presence in the M’bera refugee camp; this made sending RCMs and making ICRC-supported phone calls much easier for people who needed these services. People displaced by floods in Bassiknou were also helped to contact their relatives. As in past years, the general demand for family-links services continued to decline.

The ICRC collected DNA samples and ante-mortem data from families of missing migrants, with a view to identifying human remains associated with maritime accidents. The DNA samples were still being analysed at year’s end.

ICRC workshops enabled 20 National Society volunteers to strengthen their family-links capacities. The National Society drew on ICRC expertise to create a family-links training module and incorporate it in first-aid training.

Vulnerable people in Bassiknou obtain essential services

The ICRC helped 8,313 herding households (49,878 people) in Bassiknou – refugees living outside the M’bera camp and residents – to improve the health of their livestock, and therefore their market value, through various means; there were fewer beneficiaries than planned, owing to logistical constraints. With the ICRC’s help, local veterinary service-providers vaccinated and/or dewormed approximately 100,000 livestock free of charge – in some cases, in ICRC-built vaccination pens. The livestock authorities were given cold-storage equipment; and 10 animal-health workers received basic training. Some 2,000 households also received fodder. The ICRC installed watering troughs for livestock along routes and at gathering places frequented by herders.

The ICRC enabled refugees living outside the M'bera camp, and vulnerable residents, to obtain clean water for personal or other purposes. It helped the authorities conduct a diagnostic study of Bassiknou's water-supply system; the water network could not be extended as planned until the findings of the study became available. Meanwhile, three generators were installed at pumping stations in rural areas, which helped ensure an uninterrupted supply of water for about 14,000 people. Information sessions broadened awareness of water-borne illness and diseases; they also explained how people could protect themselves; 2,860 people benefited. The ICRC repaired water points in Fassala, benefiting about 7,000 refugees and residents. Local technicians were given tools and equipment to maintain water infrastructure. At the request of the authorities, the ICRC trucked in water for 1,675 people who were cut off from the water network after a flood.

PEOPLE DEPRIVED OF THEIR FREEDOM

Minors are transferred from prisons to a detention facility for juveniles

The ICRC visited people held in seven places of detention, in accordance with its standard procedures. It paid particular attention to security detainees, minors, women and foreigners. It discussed its findings confidentially with the authorities, to help them improve the treatment and living conditions of detainees. Separate quarters for minors was one of the subjects it raised; another was hiring female prison guards for the women's prison in Nouakchott, opened in 2017 with the ICRC's help. In November, the authorities began transferring minors from prisons to a detention facility for juveniles. By year's end, there were no longer any minors in the places of detention visited by the ICRC. The ICRC helped monitor the transfer of minors – for example, by making follow-up visits to them. It continued to discuss with the authorities the possibility of visiting detainees held by security forces.

A few detainees sent RCMs and brief oral messages to their families; and some foreign detainees contacted their consular representatives with the ICRC's help. The ICRC arranged family visits for two people formerly held at the US detention facility at the Guantanamo Bay Naval Station in Cuba who had resettled in Mauritania. The ICRC also helped them obtain consular and medical services, and cover some of their living expenses.

The authorities set penitentiary standards with the ICRC's help

The ICRC aided the authorities' efforts to reform the justice sector, primarily by helping prison officials and national guardsmen – who serve as prison guards in Mauritania – to manage prisons, cope with budgetary and other resource constraints, and standardize prison policies.

The ICRC printed some 2,500 copies of a leaflet summarizing domestic laws and internationally recognized standards for detention. The leaflet was produced by the penitentiary authorities and the ICRC in 2017. Copies were given to the authorities or distributed directly to prison personnel; brief presentations by ICRC staff supplemented the distributions sometimes. The

leaflets helped make up for the lack of standardized guidelines. The ICRC provided financial and technical support for the penitentiary authorities to draft a budget for the prison food-supply chain, a standardized menu, and a manual on managing food stocks; the manual was already in use at some places of detention. The ICRC also gave the authorities expert advice for designing a training module on basic prison management for national guardsmen. Prison staff and national guardsmen exchanged best practices in infrastructure maintenance at an ICRC round-table.

The ICRC provided varying amounts of support directly to prison staff at four prisons: the central prison and a women's prison in Nouakchott, one prison in Dar Naïm, and another in Aleg. Staff at all four prisons received training: food-supply managers, in inventory management; and health staff, in treating – especially, malnourished – detainees. Prison clinics, and referral hospitals working in partnership with prisons, were given medical supplies. In Aleg and Dar Naïm, health staff carried out body-mass index checks, and provided food supplements for 2,433 malnourished detainees. Roughly 300 detainees discovered to be severely malnourished were enrolled in therapeutic feeding programmes. At the ICRC's recommendation, the authorities assigned an additional nurse to the Aleg prison, and a doctor to monitor detainees with TB.

Staff at the four prisons mentioned above carried out cleaning and fumigation campaigns with supplies from the ICRC. They were also given equipment for maintaining infrastructure, and advice for drafting maintenance schedules.

ACTORS OF INFLUENCE

The armed forces take steps to improve IHL instruction

Military and security forces drew on ICRC expertise to incorporate IHL and other applicable norms more fully in their decision-making, training and doctrine.

The Mauritanian armed forces and the G5 Sahel force endeavoured to improve IHL instruction. Fourteen instructors from the G5 Sahel Defence College attended courses on teaching IHL held by the ICRC. The ICRC evaluated IHL instruction at two military schools. A draft IHL training manual, representing several years of work by the military and the ICRC, was under review by the military's leadership.

The ICRC briefed about 400 officers – including military personnel stationed in southern Mauritania and in Bassiknou, and members of the *gendarmerie* bound for the Central African Republic – and some 500 cadet officers on IHL and/or international human rights law, and the Movement. Two officers attended advanced IHL courses in San Remo, Italy.

The ICRC continued to counsel government officials on advancing the implementation of IHL-related treaties, but, because of the elections, little or no progress was made.

Gathering support for humanitarian activities in Bassiknou

The ICRC and the Mauritanian Red Crescent undertook communication initiatives to broaden awareness of the Movement and gather support for it among influential members of civil society. Audiovisual materials produced by the ICRC and distributed through social and print media reached a wide audience; aided by the ICRC, the National Society issued bulletins on its activities regularly. The ICRC briefed beneficiaries – on subjects such as the Movement and the National Society's work – during its assistance activities in Bassiknou.

The ICRC continued to stimulate discussions in religious circles on the common ground between IHL and Islamic jurisprudence. It briefed 44 imams in Bassiknou, including 22 in the M'bera camp, and some 60 religious scholars on this subject. Two teachers from Islamic universities attended advanced IHL courses abroad (see *Lebanon* and *Tunis*), in order to provide more effective instruction for their students.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC and other Movement components provided support for the Mauritanian Red Crescent to strengthen its capacities. At regional Movement meetings in Burkina Faso and Cabo Verde (see *Abidjan* and *Dakar*), National Society personnel exchanged best practices in first aid and in implementing the Safer Access Framework, respectively, with their peers. Aided by the Senegalese Red Cross Society, the National Society organized a training camp on teaching first aid, preventing hygiene-related illnesses and managing volunteers; it was attended by 60 volunteers, 5 managers, and 5 first-aid instructors. Eighteen National Society volunteers attended train-the-trainer sessions, and learnt how to instruct others in implementing economic-security activities. All these initiatives also strengthened the National Society's emergency-response capacities.

The ICRC contributed to the institutional development of the National Society, notably by assisting in updating its code of conduct for volunteers. An assessment of the National Society's financial capacities was postponed to 2019.

Movement components in the region met regularly to coordinate their activities – particularly in connection with security management.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	9			
RCMs distributed	29			
Phone calls facilitated between family members	182			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	24			6
<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)	91	7	2	14
<i>including people for whom tracing requests were registered by another delegation</i>	21			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1	1		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	7			
Detainees in places of detention visited	2,013	32	54	
Visits carried out	10			
		Women	Girls	Boys
Detainees visited and monitored individually	40			
<i>of whom newly registered</i>	7			
RCMs and other means of family contact				
RCMs collected	4			
Phone calls made to families to inform them of the whereabouts of a detained relative	5			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	Beneficiaries	49,878	14,467	21,945
Capacity-building ²	Beneficiaries			
Water and habitat				
Water and habitat activities	Beneficiaries	23,860	12,169	10,498
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	2,433	50	
Water and habitat				
Water and habitat activities	Beneficiaries	1,500	30	
Health				
Places of detention visited by health staff	Structures	5		
Health facilities supported in places of detention visited by health staff	Structures	4		

2. 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.

MOROCCO

The ICRC's work in Morocco dates back to 1975 during the Western Sahara conflict. Opened in 2015, the delegation in Morocco aims to pursue cooperation with the Moroccan authorities in promoting IHL and facilitating its 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.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

LOW

KEY RESULTS/CONSTRAINTS IN 2018

- Migrants contacted their families using Movement services; the Moroccan Red Crescent set up four phone stations for their use. Migrants' associations and the ICRC established referral mechanisms for addressing migrants' needs.
- Some 14,100 children and 6,400 adults in weapon-contaminated areas learnt how to protect themselves more effectively from mines and explosive remnants of war.
- At meetings and events, the authorities and others learnt more about the ICRC's activities, including for people deprived of their freedom. However, no answer was received from the authorities on the ICRC's offer to visit detainees.
- The ICRC continued to cultivate relationships with the authorities and others of consequence to humanitarian work. It was, however, unable to secure the armed forces and security forces' involvement in IHL-related activities.

EXPENDITURE IN KCHF

Protection	930
Assistance	210
Prevention	625
Cooperation with National Societies	234
General	39
Total	2,038
<i>Of which: Overheads</i>	<i>124</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	6
Resident staff (daily workers not included)	15



PROTECTION

CIVILIANS

Restoring family links

	Total
RCMs collected	33
RCMs distributed	89
Phone calls facilitated between family members	47
Tracing cases closed positively (subject located or fate established)	5

CONTEXT

The situation in Morocco was mainly calm, but protests took place occasionally – mainly in connection with economic and social issues. The security forces continued their operations against individuals or groups being pursued under anti-terrorism legislation.

Because of its geographical situation, thousands of migrants headed to Europe – including asylum seekers and refugees – continued to arrive in or pass through Morocco. While in the country, because of their irregular status, basic services were largely inaccessible to them; they were also at risk of arrest and/or deportation. The western Mediterranean migration route reportedly having become the most frequently used, more sets of migrants' remains were found on the Moroccan coast and numerous people reported missing. Morocco continued to update its migration policies and to lead or contribute to various international forums on migration. In December, it hosted the Intergovernmental Conference to Adopt the Global Compact for Safe, Orderly and Regular Migration.

The status of Western Sahara remained a point of contention. The mandate of the UN Mission for the Referendum in Western Sahara (MINURSO) was extended again, to April 2019. Families living in certain areas of Western Sahara under Moroccan control continued to be at risk of injury or death from mines and explosive remnants of war (ERW) dating from the 1975–1991 Western Sahara conflict; hundreds of these people were also waiting for news of relatives who went missing during or after the conflict.

ICRC ACTION AND RESULTS

The ICRC's delegation in Morocco continued to focus on advancing understanding of IHL and consolidating relations with actors capable of influencing humanitarian action in Morocco, with a view to securing their support for its activities. However, it did not receive a formal answer from the authorities on its offer to visit people deprived of their freedom.

The ICRC briefed the authorities, academics and pertinent organizations on IHL and its work. It also expressed its views on detention, migration and other regional issues of humanitarian concern at various events – for instance, at an international judicial conference, hosted by Morocco. The national IHL committee and the ICRC strove to broaden awareness of humanitarian issues and IHL among government officials, media representatives and academics; the committee also organized a seminar to assess IHL implementation in Morocco. With ICRC assistance, government officials and university lecturers attended IHL-related training and events held abroad. The armed forces and security forces did not respond to the ICRC's invitations to participate in training courses and other IHL-related initiatives.

The ICRC continued to help the Moroccan Red Crescent improve its activities for vulnerable people. It assisted the National Society in providing family-links training for volunteers and setting up phone stations for migrants. The ICRC continued to

monitor humanitarian needs among migrants, through direct interaction – for instance, during first-aid training sessions – and through meetings with migrants' associations and other organizations assisting migrants. The ICRC made arrangements with these organizations for referring migrants to the National Society or the ICRC – if they needed family-links services, for instance – and to other pertinent organizations when necessary.

The ICRC sought to gain a fuller understanding of existing practices for managing human remains in Morocco, with a view to identifying ways in which the ICRC can help strengthen national capacities in this area. It enabled government officials and forensic personnel to attend seminars abroad. The ICRC's aim throughout was to help expand national capacities in resolving missing-persons cases and preventing disappearances. The ICRC continued to monitor developments in missing-persons cases related to the 1975–1991 Western Sahara conflict.

At information sessions conducted by the Moroccan Red Crescent, people in weapon-contaminated areas of the Moroccan-administered parts of Western Sahara learnt more about protecting themselves against mines/ERW.

CIVILIANS

People reconnect with their relatives through the Movement's family-links services

The families of detainees held abroad – for instance in Iraq or the Syrian Arab Republic, or at the US detention facility at the Guantanamo Bay Naval Station in Cuba – restored or maintained contact with their relatives through video calls, RCMs or brief oral messages relayed by ICRC delegates. Some families turned to Movement services to locate missing relatives, including migrants.

With ICRC support, the Moroccan Red Crescent restored services at two phone stations at key points on migration routes; it also opened two additional stations. The phone stations enabled migrants to contact their families abroad; about 170 calls were made at the stations. These and other Movement family-links services were promoted at first-aid training sessions for migrants and during meetings with them (see below); National Society/ICRC briefings for private organizations and government departments concerned with migration; ad hoc meetings in multilateral forums; and through posters printed for the purpose. The ICRC provided the National Society with printed materials on preventing loss of family contact, for distribution along migration routes.

The National Society continued to reinforce its family-links services. The National Society's family-links focal point and ICRC staff conducted three refresher courses and visited more National Society branches than in the past: on these occasions, volunteers were given pointers for ensuring timely and effective delivery of services and reminded of the importance of following up with beneficiaries. The focal point learnt more about restoring family links – in connection with migrants and during emergencies – at a regional Movement workshop.

The ICRC continued to monitor developments in missing-persons cases related to the 1975–1991 Western Sahara conflict; the authorities concerned took no steps in 2018 to resolve the pending cases.

Migrants' associations and the ICRC make arrangements for addressing migrants' needs

Some 200 migrants in eight locations were given first-aid training and kits by the National Society and the ICRC. Twenty individuals nominated by migrants' associations began a one-year ICRC-sponsored course in health-care provision.

The ICRC continued to monitor and address, as appropriate, the humanitarian needs of migrants, especially unaccompanied minors, women and victims of human trafficking. It developed a fuller understanding of the plight of migrants through direct interaction with them – for instance, during first-aid training sessions and information sessions on Movement family-links services – and through meetings with migrants' associations and other organizations and humanitarian actors assisting migrants. Arrangements were made with these organizations for referring migrants with family-links needs to the National Society and the ICRC; similar arrangements were made for the ICRC to refer migrants with other specific needs to the pertinent government agencies and organizations.

Forensic agencies discuss how to improve the management of human remains

In order to acquire a fuller understanding of their current protocols and practices, the ICRC met with national authorities, the forensic units of the navy, police and *gendarmérie*, the national forensic doctors' association and others concerned with the management of human remains, especially those found along migration routes. It also discussed with them possibilities for supporting them in the strengthening of national capacities in this area. With the ICRC's support, two forensic doctors attended workshops abroad. A training seminar for the authorities and the National Society was postponed, owing to the unavailability of those involved.

Children at risk from mines/ERW learn more about safe practices

At information sessions conducted by National Society volunteers, some 14,100 children and 6,400 adults in weapon-contaminated areas of the Moroccan-administered parts of Western Sahara learnt more about protecting themselves against mines/ERW. Six National Society branches were assisted to improve their activities related to mine-risk education; for instance, they received technical support to draft and print guidelines for conducting information sessions.

The National Society and the ICRC continued to engage the authorities and pertinent organizations in dialogue on addressing the effects of weapon contamination; they also emphasized the necessity of adopting an integrated approach to mine action. The ICRC's discussions with the armed forces and regional and provincial authorities – particularly during events marking the International Day for Mine Awareness and Assistance in Mine Action in April – focused on limiting the number of mine-related accidents and on ensuring that victims are given sufficient support, such as free hospital treatment.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC continued to brief government officials, and others involved in the area of detention, on its activities for people deprived of their freedom. No formal answer was received from the authorities, however, on the ICRC's offer to visit detainees.

The ICRC and a task force created by the national human rights committee made preparations for drafting a manual on handling hunger strikes in places of detention.

Two prison doctors attended an ICRC-organized regional seminar on health-care provision in places of detention (see *Jordan*). To foster cooperation with prison authorities, the ICRC kept in touch with prison doctors and engineers who had attended ICRC-sponsored training in the past, and kept them informed of developments in their fields, for instance, by providing them published material on subjects of common interest.

ACTORS OF INFLUENCE

The ICRC continued – through meetings and other means – to make its mandate and work better known and understood among actors capable of influencing humanitarian action in Morocco, and to cultivate its relationships with them, in order to gain their support for its activities. It expressed its views on migration and other regional issues of humanitarian concern at various events. For example, at the invitation of the Moroccan government, ICRC representatives attended an international conference on judicial independence.

The national IHL committee and the ICRC jointly organized activities and events to raise awareness of humanitarian issues and IHL among the authorities, the media and academics. Magistrates, lawyers and journalists attended training seminars arranged by the committee and the ICRC. The committee also organized a seminar to assess IHL implementation in Morocco. Law students tested their grasp of IHL at a moot court competition.

Government officials and academics attended ICRC conferences and courses abroad (see *Egypt*, *Lebanon* and *Tunis*), where they took part in discussions on IHL, its compatibility with Islamic law, and domestic implementation of IHL in other countries. Representatives from national IHL committees, government ministries, Islamic organizations, academic institutions, and National Societies from Morocco and 12 other countries attended a regional course – held in Morocco – on teaching IHL, organized by the League of Arab States and the ICRC.

The ICRC submitted a proposal to the armed forces, through the national IHL committee, for a programme to help them improve their personnel's training in IHL; the proposal was still under review at the end of the year. The armed forces and the security forces did not respond to the ICRC's invitations to participate in training courses and other activities; thus, those activities were cancelled or postponed.

The National Society's focal point for IHL, who was also a member of the national IHL committee, exchanged experiences with counterparts from other countries at the annual

meeting of National Society legal advisers. Plans to help the National Society improve its public communication were suspended, because the National Society had not yet staffed its communication department.

RED CROSS AND RED CRESCENT MOVEMENT

The Moroccan Red Crescent continued to receive ICRC support for strengthening its emergency response and its capacities in restoring family links and conducting mine-risk education (see *Civilians*). With ICRC technical support, the National Society continued to work on incorporating the Safer Access Framework in its operations.

The National Society and the ICRC signed a new partnership agreement, which expanded their cooperation to include undertaking migration-related activities and bolstering the National Society's public communication, IHL promotion, and organizational development. Another agreement was also signed: to incorporate IHL-related modules in the curriculum of a National Society-run training centre for health-care professionals.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	33	1		
RCMs distributed	89			
Phone calls facilitated between family members	47			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	55	4	5	
Tracing cases closed positively (subject located or fate established)	5			
Tracing cases still being handled at the end of the reporting period (people)	89	11	8	1
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	3	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	2	1		

NAIROBI (regional)

COVERING: Djibouti, Kenya, United Republic of Tanzania

The ICRC's regional delegation in Nairobi was set up in 1974. It 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

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2018

- Migrants, including refugees and asylum seekers, from Burundi, the Democratic Republic of the Congo, Ethiopia, Somalia, South Sudan and Yemen, contacted their relatives through the Movement's family-links services.
- Violence-affected people in Kenya met their basic needs, with help from the Kenya Red Cross Society and the ICRC. In some cases, aid reached fewer people than planned, owing to weather conditions and other constraints.
- Victims/survivors of sexual violence in Nairobi had better access to psychosocial and other support during the final phase of an ICRC project carried out with the health authorities and the Kenyan Red Cross.
- The ICRC visited detainees in Djibouti and the United Republic of Tanzania, including 19 former POWs from Eritrea, and monitored their treatment and living conditions. The former POWs received medicines and other material aid.
- National authorities in the region discussed the incorporation of key IHL provisions in domestic law. Djibouti became party to the Hague Convention on Cultural Property and its First and Second Protocols.
- National Societies in the countries covered strengthened their operational capacities and pursued organizational development, with support from the ICRC and other Movement partners.

EXPENDITURE IN KCHF

Protection	4,053
Assistance	3,471
Prevention	2,959
Cooperation with National Societies	718
General	588
Total	11,790
<i>Of which: Overheads</i>	<i>720</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	102%
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PERSONNEL

Mobile staff	64
Resident staff (daily workers not included)	410



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.

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	23,469
RCMs distributed	24,993
Phone calls facilitated between family members	212,610
Tracing cases closed positively (subject located or fate established)	115
People reunited with their families	222
<i>of whom unaccompanied minors/separated children</i>	165
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	4
Detainees in places of detention visited	1,035
<i>of whom visited and monitored individually</i>	24
Visits carried out	10
Restoring family links	
RCMs collected	452
RCMs distributed	299
Phone calls made to families to inform them of the whereabouts of a detained relative	1,257

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	2,814	3,072
Food production	Beneficiaries	9,600	3,972
Income support	Beneficiaries	7,200	13,380
Living conditions	Beneficiaries		3,600
Capacity-building	Beneficiaries	26,700	8,070
Water and habitat			
Water and habitat activities	Beneficiaries	25,000	14,324

CONTEXT

Djibouti, Kenya and the United Republic of Tanzania (hereafter Tanzania) continued to host migrants – including refugees and asylum seekers – from the wider region: people who had fled Eritrea, Ethiopia, Somalia or Yemen for Djibouti; Ethiopia, Somalia or South Sudan for Kenya; and Burundi or the Democratic Republic of the Congo for Tanzania.

In Kenya, security forces carried out operations along the coast and in north-eastern areas bordering Somalia, in response to attacks by groups reportedly affiliated with the Harakat al-Shabaab al-Mujahideen (better known as al-Shabaab); this had an impact on the daily life of communities. Security forces were also called on to deal with communal violence in various parts of the country. Natural disasters, such as floods, added to people's difficulties.

Djibouti and Kenya participated in military operations conducted by the African Union Mission in Somalia (AMISOM) against al-Shabaab.

In the countries covered, members of families separated by migration, detention and other circumstances had difficulty staying in touch. Some migrants were detained.

Prisons in the countries covered were often overcrowded; detainees' living conditions suffered as a result.

ICRC ACTION AND RESULTS

The regional delegation in Nairobi continued to serve as a hub in central and eastern Africa for the ICRC's response to the humanitarian consequences of armed conflict and other situations of violence, particularly in countries neighbouring Djibouti, Kenya and Tanzania. The ICRC paid specific attention to the needs of migrants, including refugees and asylum seekers, and of people living in areas of Kenya where security operations were being carried out. As in past years, it provided comprehensive assistance to the Djiboutian, Kenyan and Tanzanian National Societies – its main partners in the field – for delivering humanitarian services.

The ICRC discussed migrants' humanitarian concerns with local and national authorities in the countries covered. It continued to help the National Societies to improve their family-links services. Migrants communicated with their relatives through RCMs and phone calls, and used various services, including photo RCMs, to locate family members.

The Kenya Red Cross Society and the ICRC continued to assist violence-affected people in Kenya. Aid sometimes reached fewer people than planned, because of weather or security conditions or logistical impediments, and because Kenyan Red Cross personnel had to prioritize people affected by floods during the rainy season. Nevertheless, the National Society and the ICRC helped thousands of people to obtain or produce food, learn how to prevent malnutrition, and become more capable of earning an income; they also broadened access to water.

By mid-year, the ICRC had completed a project – carried out with the local health authorities and the Kenyan Red Cross – to assist victims/survivors of sexual violence living in informal settlements in Nairobi. Through the project, the ICRC guided the work of two officials supervising community health workers, who referred victims/survivors for psychosocial and other support.

As in past years, the ICRC gave forensic specialists in all three countries technical, material and training support for developing their ability to manage human remains during emergencies.

The ICRC visited detainees at several facilities in Djibouti and Tanzania to monitor their treatment and living conditions; findings and recommendations were discussed confidentially with the authorities concerned. Detainees visited in Djibouti included 19 former POWs from Eritrea, who were given medicines and other material aid. The ICRC continued to support efforts to resettle the former POWs in a third country.

People detained in Djibouti and Tanzania stayed in touch with their relatives through ICRC family-links services.

Plans to support health-care provision at Djibouti's main prison were cancelled, as the health and justice ministries were unable to agree on health services for detainees.

The ICRC conducted a study to evaluate the impact of its training activities for doctors in Kenya and Tanzania since 2008. It made plans to develop training programmes with local hospitals.

ICRC forums and events, National Societies' public-communication initiatives, and media coverage of the Movement's activities enabled influential parties and the general public to learn more about issues of humanitarian concern.

National authorities in the region discussed IHL implementation at ICRC events. Djibouti became party to the Hague Convention on Cultural Property and its First and Second Protocols; the authorities set up a working group to study the creation of a national IHL committee. The Kenyan national IHL committee resumed its meetings.

The ICRC continued to train the region's police forces in pertinent international norms and standards, and to promote the incorporation of IHL in military decision-making.

ICRC delegations in central and eastern Africa continued to obtain supplies through the logistics centre in Nairobi, and assistance from the regional delegation's training unit and other support services. Staff at the Djibouti mission continued to provide administrative and logistical support for the ICRC's operations in Yemen.

CIVILIANS

Members of separated families find each other through photo RCMs and other services

The ICRC discussed migrants' humanitarian concerns – particularly restoring or maintaining contact with their families – with local and national authorities in the countries covered. It coordinated its activities with those of other organizations assisting migrants, such as the IOM and the UNHCR, and took part in regional meetings on migration-related issues. In Djibouti, the ICRC made preparations to publish a leaflet containing key messages on safety for migrants; it first surveyed migrants to establish what they would most want to know.

Migrants, including refugees and asylum seekers, got in touch with their relatives through family-links services run by the Djiboutian, Kenyan and Tanzanian National Societies in partnership with the ICRC. The ICRC provided the National Societies with training, funds and guidance for improving these services.

People in the countries covered sent and received 23,469 and 24,993 RCMs respectively, and made 212,610 phone calls.

A total of 115 people being sought by their families were located or had their fates clarified. Various means were employed to help people search for their missing relatives. The names of people being looked for were read out on an ICRC-sponsored radio programme on the BBC Somali Service (see *Somalia*). Somali and South Sudanese refugees allowed their photographs to be circulated in places where their families might have sought refuge. Families uploaded photographs of their missing relatives to a Movement webpage. The ICRC also introduced a new type of RCM – the photo RCM – to help people identify themselves to their relatives and reunite with them more quickly.

The Tanzania Red Cross Society and the ICRC reunited unaccompanied minors with their families in Burundi or in refugee camps in Tanzania, in line with Movement guidelines; 159 families were reunited.

CIVILIANS	Djibouti	Kenya	Tanzania
RCMs and other means of family contact			
RCMs collected	34	4,381	19,054
<i>including from unaccompanied minors (UAMs)/separated children (SC)</i>			636
RCMs distributed	56	5,763	19,174
<i>including from UAMs/SC</i>			302
Phone calls facilitated between family members	28,250	92,649	91,711
Reunifications, transfers and repatriations			
People reunited with their families		6	216
<i>including people registered by another delegation</i>		6	
Tracing requests, including cases of missing persons			
People for whom a tracing request was newly registered	1	202	52
<i>of whom women</i>		36	10
<i>of whom minors at the time of disappearance - girls</i>		47	13
<i>of whom minors at the time of disappearance - boys</i>		40	9
<i>including people for whom tracing requests were registered by another delegation</i>		59	
Tracing cases closed positively (subject located or fate established)		73	42
<i>including people for whom tracing requests were registered by another delegation</i>		16	
Tracing cases still being handled at the end of the reporting period (people)	33	930	275
<i>of whom women</i>	5	199	49
<i>of whom minors at the time of disappearance - girls</i>	5	244	91
<i>of whom minors at the time of disappearance - boys</i>	1	86	45
<i>including people for whom tracing requests were registered by another delegation</i>		241	
UAMs/SC, including demobilized child soldiers			
UAMs/SC newly registered by the ICRC/National Society		17	219
<i>of whom girls</i>		5	71
UAMs/SC reunited with their families by the ICRC/National Society		6	159
<i>of whom girls</i>		2	41
<i>including UAMs/SC registered by another delegation</i>		6	
UAM/SC cases still being handled at the end of the reporting period		41	708
<i>of whom girls</i>		14	287
Documents			
People to whom travel documents were issued	1		5
People to whom official documents were delivered across borders/front lines		1	

People in Kenya build their resilience to the effects of violence

The security situation in coastal areas of Kenya, particularly in the counties of Lamu and Garissa, remained volatile (see *Context*). The Kenyan Red Cross and the ICRC gave people in the two counties various forms of support to meet their basic needs and become more resilient to the effects of violence. Agricultural supplies, training and water projects reached fewer people than planned, because of weather or security conditions or logistical impediments, and because Kenyan Red Cross personnel had to prioritize people affected by floods during the rainy season. However, there were significantly more beneficiaries of income support than planned: the Kenyan Red Cross and the ICRC had planned to provide livelihood support mainly to people in Lamu, but they were able to reach people in Garissa as well.

Violence-affected households in Lamu without much access to markets (3,072 people; 512 households) were given food rations in April and November, enabling them to have three meals a day. Provision of agricultural supplies – including seed and cuttings – helped 662 households (3,972 people) in Lamu to grow enough cassava, corn, cowpeas and watermelon to cover their needs from August to December.

Income support benefited 13,380 people: 9,540 people (1,590 households) in Lamu and Garissa, who were given cash grants for setting up small businesses; and 3,840 people (640 households) in Lamu, who received equipment for fishing – such as engines for their boats, and coolers to store their catch.

Besides material and other support, 8,070 people also benefited from training of one or more kinds. Members of 1,295 households (7,770 people) – who had also received food and agricultural supplies, or other aid – learnt about preventing malnutrition through educational sessions and booklets in local languages. Recipients of cash grants were trained in basic business skills (467 households; 2,802 people). Members of 316 households (1,896 people), who had received cash grants in 2017, were trained to set up informal credit facilities among themselves. Agricultural training was provided for 50 farmers (supporting 300 people).

ICRC training also helped Kenyan Red Cross staff to develop their ability to conduct economic-assistance activities. The National Society assisted 600 flood-affected households (3,600 people) with household items donated by the ICRC.

The Kenyan Red Cross – supported by the ICRC – constructed water infrastructure, including traditional rainwater-collection systems; 14,324 people benefited. The ICRC gave five Kenyan Red Cross personnel on-the-job mentoring; two Kenyan Red Cross engineers attended an ICRC course in ensuring access to water during emergencies.

The Kenyan Red Cross and the ICRC made preparations to carry out joint activities to help communities develop measures to protect themselves when security conditions deteriorate.

Victims/survivors of sexual violence have better access to support

In June, the ICRC completed a project to assist victims/survivors of sexual violence living in informal settlements in Nairobi. Through the project, five community health workers, and 40 volunteers reporting to them, referred victims/survivors to the appropriate services for psychosocial and other support. Two officials – one from the Nairobi County health department and another from the Kenyan Red Cross – trained all five community health workers and 15 others, and all 40 volunteers, to make these referrals and teach community members about the issue of sexual violence and the assistance available to victims/survivors. The ICRC provided expert guidance to both officials.

The volunteers conducted three dissemination sessions for community members – two for young parents, and one for children between the ages of 7 and 15.

Local forensics agencies prepare for emergencies

In Kenya, emergency responders – including military, security forces, police, and National Society personnel – attended an ICRC forensics course in generally accepted best practices. The British High Commission organized meetings at which officials from various ministries discussed how to deal with mass-casualty situations; the ICRC took part in these meetings.

Sponsored by the ICRC, representatives from all three countries attended a conference of the African Society of Forensic Medicine (see *Dakar*), and officials from Kenya and Tanzania, a course in managing human remains during disasters (see *Pretoria*).

The ICRC provided technical assistance for Djibouti's only forensic pathologist, particularly during an outbreak of diarrhoeal disease that killed numerous migrants. In Tanzania, after roughly 200 people drowned when a ferry capsized on Lake Victoria, the ICRC donated body bags to the authorities for managing victims' remains appropriately.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees at several facilities in Djibouti and Tanzania, in accordance with its standard procedures, to ensure that their treatment and living conditions complied with IHL or met internationally recognized standards. It communicated its findings and recommendations confidentially to the detaining authorities. The ICRC continued – through dialogue with the authorities concerned – to seek access to detainees in Kenya, and to those in Tanzania that it was not yet able to visit.

Detainees get in touch with their relatives through ICRC family-links services

People at the central prison in Gabode, and 19 former POWs from Eritrea, were among the detainees the ICRC visited in Djibouti. The former POWs received medicines and other material aid, and used ICRC family-links services. The ICRC continued to support efforts to resettle them in a third country.

Detainees visited in Tanzania included people being held at two prisons in Zanzibar.

People at detention facilities in mainland Tanzania, whom the ICRC could not visit, had access to ICRC family-links services. They included 35 detainees affiliated with an opposition group in Zanzibar; the ICRC sponsored monthly family visits for them.

The ICRC monitored the functioning of previously upgraded water infrastructure at two prisons in Zanzibar, and provided material support for kitchen repairs at one prison, benefiting around 350 detainees.

Detainees at the Gabode prison in Djibouti were provided with hygiene items every two months. The Djiboutian health and justice ministries were unable to agree about health-care provision at the prison; consequently, the ICRC could not make improvements to medical infrastructure there. Nevertheless, some 350 detainees benefited from roof repairs conducted by the ICRC.

WOUNDED AND SICK

Training activities in Kenya and Tanzania are evaluated

The ICRC had been conducting courses in trauma management in Kenya and Tanzania since 2008, and seminars on war surgery in Kenya since 2013. In 2018, it carried out a study to evaluate the impact of these training activities; based on the findings, it made plans to develop training programmes with three hospitals in Kenya and one in Tanzania. It also conducted a trauma-management course for 25 doctors in Tanzania.

In Djibouti and Tanzania, religious leaders attended first-aid training that the ICRC conducted during IHL-related events (see *Actors of influence*).

ACTORS OF INFLUENCE

Influential parties learn more about humanitarian issues

National authorities, regional bodies, members of civil society, university students and the general public learnt more about the Movement's role and activities, and about issues of humanitarian concern – including sexual violence, the plight of migrants, and respect for the emblems protected under IHL – through various forums and events organized by the National Societies and the ICRC.

The National Societies' public-communication initiatives, and ICRC events for journalists – including workshops for Kenyan journalists on reporting about armed conflict – encouraged media coverage of the Movement's activities. Through ICRC training, the National Societies continued to develop their ability to promote humanitarian principles.

Islamic leaders from all three countries attended briefings about the ICRC's work, and about the common ground between IHL and Islamic jurisprudence. Sponsored by the ICRC, one Islamic leader from Djibouti and one professor of Islamic law from a Kenyan university attended an IHL course in Tunisia. Reference works on IHL were donated to several universities.

Regional authorities discuss IHL implementation

The ICRC urged governments in the region to incorporate IHL provisions in domestic law. It held a regional meeting in Kenya on IHL implementation; representatives from seven countries – including all three countries covered – and from the African Union and the Intergovernmental Authority on Development (IGAD) took part. It also helped the East African Legislative Assembly organize a meeting at which its members could discuss the Arms Trade Treaty. The IGAD and the ICRC made preparations to host a regional conference on the African Union Convention on IDPs.

Djibouti became party to the Hague Convention on Cultural Property and its First and Second Protocols. In both Djibouti and Tanzania, the ICRC held seminars for officials on establishing a national IHL committee; the Djiboutian authorities set up a working group, made up of representatives from various ministries, to study the matter further.

In Kenya, the national IHL committee resumed its meetings, and shared its plans for IHL implementation with the ICRC. Committee members took part in an ICRC training session on the Arms Trade Treaty.

PEOPLE DEPRIVED OF THEIR FREEDOM	Djibouti	Kenya	Tanzania
ICRC visits			
Places of detention visited	2		2
Detainees in places of detention visited	622		413
<i>of whom women</i>	33		10
<i>of whom minors</i>	16		11
Visits carried out	6		4
Detainees visited and monitored individually	24		
<i>of whom women</i>	1		
RCMs and other means of family contact			
RCMs collected	18		434
RCMs distributed	5		294
Phone calls made to families to inform them of the whereabouts of a detained relative	292	743	222
Detainees visited by their relatives with ICRC/National Society support			35

Police and military officers learn about international norms and standards pertinent to their duties

In all three countries covered, discussions with the police emphasized international norms and standards for law enforcement, and the ICRC's role in situations of violence. The ICRC conducted training sessions on these norms and standards for police officers, including senior commanders in Kenya and Tanzania; at a train-the-trainer workshop in Kenya, 23 officers learnt how to conduct such training themselves. The Djiboutian police were given expert assistance for drafting a manual on these norms and standards. The ICRC helped the Tanzanian police to evaluate their efforts to improve training for its personnel in these norms, and to assess the progress made by officers who had attended an ICRC train-the-trainer workshop in 2017.

The ICRC continued to promote the incorporation of IHL in military decision-making. It conducted an IHL workshop for senior Kenyan military officers; sponsored representatives from all three countries to attend a workshop in the United Arab Emirates (see *International law and cooperation*); and held meetings with American and Japanese defense ministry personnel based in the region. Djiboutian and Kenyan peace-support troops bound for missions in Somalia attended ICRC briefings on IHL. The ICRC continued to pursue dialogue with the Eastern Africa Standby Force.

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies in Djibouti, Kenya and Tanzania drew on financial, material and technical assistance from the ICRC to reinforce their operational capacities and pursue organizational development. The ICRC continued to cover some of their running costs, including the salaries of key personnel.

The ICRC's support enabled the National Societies to strengthen their readiness for emergencies and incorporate the Safer Access Framework in their working procedures. The ICRC produced a training video on the framework, for use in training Kenya Red Cross personnel.

The Kenyan Red Cross and the ICRC continued to run a project involving the collection and recycling of waste from the Dadaab refugee camp. The ICRC's plans to hand over the project to the National Society by year's end were adjusted, as further assistance was found to be necessary; it was decided that the ICRC would continue to support the project until the end of 2019.

Guided by the ICRC, the Djiboutian and the Tanzanian National Societies strengthened their measures for ensuring financial transparency and accountability. The Tanzania Red Cross Society hired an internal auditor, as per the recommendations of a 2017 audit funded by the ICRC.

The National Societies coordinated their activities with the ICRC, and other Movement partners in the region, through regularly held meetings. The Djiboutian and Tanzanian National Societies signed partnership agreements with the ICRC.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	23,469	636		
RCMs distributed	24,993	302		
Phone calls facilitated between family members	212,610			
Reunifications, transfers and repatriations				
People reunited with their families	222			
<i>including people registered by another delegation</i>	6			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	255	46	60	49
<i>including people for whom tracing requests were registered by another delegation</i>	59			
Tracing cases closed positively (subject located or fate established)	115			
<i>including people for whom tracing requests were registered by another delegation</i>	16			
Tracing cases still being handled at the end of the reporting period (people)	1,238	253	340	132
<i>including people for whom tracing requests were registered by another delegation</i>	241			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	236	76		
UAMs/SC reunited with their families by the ICRC/National Society	165	43		
<i>including UAMs/SC registered by another delegation</i>	6			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	749	301		
Documents				
People to whom travel documents were issued	6			
People to whom official documents were delivered across borders/front lines	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	4			
Detainees in places of detention visited	1,035	43	27	
Visits carried out	10			
		Women	Girls	Boys
Detainees visited and monitored individually	24	1		
RCMs and other means of family contact				
RCMs collected	452			
RCMs distributed	299			
Phone calls made to families to inform them of the whereabouts of a detained relative	1,257			
Detainees visited by their relatives with ICRC/National Society support	35			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	3,072	1,482	
Food production	Beneficiaries	3,972	1,602	360
Income support	Beneficiaries	13,380	1,909	5,722
Living conditions	Beneficiaries	3,600	2,160	
<i>of whom IDPs</i>		3,600	2,160	
Capacity-building	Beneficiaries	8,070	2,436	1,680
Water and habitat				
Water and habitat activities	Beneficiaries	14,324	4,305	5,740
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	Beneficiaries	700		

NIGER

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, those affected by communal violence, and vulnerable migrants. 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

KEY RESULTS/CONSTRAINTS IN 2018

- Tens of thousands of conflict-affected people in the Diffa region had a stable supply of food and clean water, after the ICRC and the Red Cross Society of Niger distributed rations and the ICRC restored water points.
- In Diffa, wounded people were treated by an ICRC medical team at the regional hospital. ICRC support enabled two other hospitals to treat people wounded in clashes along the Mali–Niger border.
- Vulnerable people were supported by the National Society and the ICRC to produce food and income – ICRC-backed cooperatives sold grain and animal feed to farmers and herders – amid security and logistical constraints.
- The authorities, aided by the ICRC, took steps to improve detainees' treatment and living conditions. The average rate of malnutrition fell at four prisons.
- Members of families separated by migration or armed conflict, particularly in the Lake Chad region, reconnected via Movement family-links services. The ICRC reunited 45 minors, including demobilized children, with their families.
- Niger adopted a law formalizing assistance and protection for IDPs, and officially inaugurated the national IHL committee.

EXPENDITURE IN KCHF

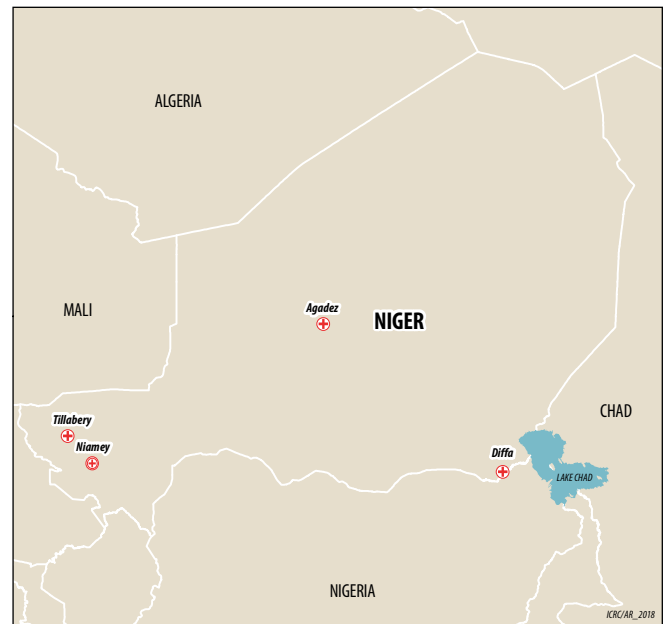
Protection	3,982
Assistance	25,999
Prevention	1,858
Cooperation with National Societies	1,165
General	215
Total	33,219
<i>Of which: Overheads</i>	<i>2,012</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	37
Resident staff (daily workers not included)	200



PROTECTION

Total

CIVILIANS

Restoring family links

RCMs collected	220
RCMs distributed	189
Phone calls facilitated between family members	14,275
Tracing cases closed positively (subject located or fate established)	109
People reunited with their families	46
<i>of whom unaccompanied minors/separated children</i>	<i>45</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	13
Detainees in places of detention visited	4,533
<i>of whom visited and monitored individually</i>	<i>1,592</i>
Visits carried out	96

Restoring family links

RCMs collected	143
RCMs distributed	69
Phone calls made to families to inform them of the whereabouts of a detained relative	215

ASSISTANCE

2018 Targets (up to)

Achieved

CIVILIANS

Economic security

Food consumption	Beneficiaries	115,200	119,536
Food production	Beneficiaries	540,000	213,805
Income support	Beneficiaries	19,200	3,462
Living conditions	Beneficiaries	30,000	23,108
Capacity-building	Beneficiaries	582	1,365

Water and habitat

Water and habitat activities	Beneficiaries	194,550	186,421
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Health

Health centres supported	Structures	12	6
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures	1	3
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Physical rehabilitation

Projects supported	Projects	2	3
People benefiting from ICRC-supported projects	Aggregated monthly data	1,000	843

Water and habitat

Water and habitat activities	Beds	200	200
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CONTEXT

The ongoing conflict between various State forces in the Lake Chad region (see *Chad, Nigeria and Yaoundé*) and factions of the armed group known as “the Islamic State’s West Africa Province” (and/or Jama’atu Ahlis Sunna Lidda’awati wal-Jihad) continued to affect Niger. People in the Diffa region were particularly hard-hit, by this and other violence: in June, three bombings caused dozens of casualties and ten deaths.

In Tillabery, near the Mali–Niger border, communal tensions and violent encounters between military forces and armed groups caused casualties and displacement. Niger undertook military and security operations by itself or in coalition with countries bordering Lake Chad or with G5 Sahel countries; some operations led to arrests.

The prevailing situation continued to drive people from their homes and/or prevent them from returning. Thousands of displaced people remained in camps and host communities in Diffa; many had been there for years. Livelihoods – particularly farming and herding – were disrupted, worsening food shortages caused by disasters and adverse weather conditions. Scarcity of resources exacerbated communal tensions.

Migrants passed through the Agadez desert on their way north and/or after being deported from Algeria or Libya.

ICRC ACTION AND RESULTS

As in the past, the ICRC worked to foster support for IHL and other international norms among weapon bearers and members of civil society, through dialogue and other means. It relayed allegations of unlawful conduct to the parties concerned, and urged them to prevent such misconduct. These activities also aided the authorities’ own efforts to promote IHL and facilitate the ICRC’s work for vulnerable people.

In Diffa, displaced people and vulnerable residents were given emergency aid by the Red Cross Society of Niger and the ICRC. Displaced people were regularly provided with rations – double rations were given out during the rainy season – and water points near their camps were restored.

In Diffa and elsewhere, the ICRC helped vulnerable residents, and some displaced people, to improve their economic prospects, and thereby also become more self-sufficient and resilient to the consequences of violence and disasters. Farmers and herders bought grain and animal feed at affordable prices from ICRC-backed cooperatives or received them directly; infrastructure renovated by the ICRC made water available to them, for farming or raising livestock. An ICRC-supported campaign provided free livestock vaccination services, which helped herders to maintain the health and the market value of their animals; fewer herders were reached than planned, owing to logistical constraints. Particularly in Diffa, security constraints hampered economic activities; thus, the ICRC could not carry out all of its planned income-support projects. Nevertheless, some breadwinners received supplies for conducting businesses, or participated in cash-for-work initiatives.

Wounded and sick people benefited from the ICRC’s efforts to support health-care services in Niger. In Diffa, wounded people were treated by an ICRC medical team at the regional hospital. Following clashes along the Mali–Niger border, the ICRC began to provide supplies to two more hospitals, for treating casualties of this violence. Disabled people obtained physical rehabilitation services at two centres supported by the ICRC – in Zinder and Niamey – and assistive devices from a workshop in Agadez. Primary-health-care centres serving people in Agadez, Diffa and Tillabery – and the French Red Cross, which was helping migrants in Agadez – continued to receive supplies from the ICRC.

Members of families separated by armed conflict or other situations of violence, detention or migration stayed in touch through Movement family-links services. The ICRC reunited 45 unaccompanied minors, including demobilized children, with their families.

The ICRC visited people held in 13 places of detention, in accordance with its standard procedures. Particular attention was paid to security detainees, minors and inmates with illnesses. The security detainees were held in Diffa and Niamey by Niger’s counter-terrorism unit; the ICRC also visited people held by French forces. Findings from these visits were communicated confidentially to the authorities; they helped to improve detainees’ living conditions and treatment, and penitentiary services in general. For example, the justice ministry passed a decree establishing standards for prison infrastructure in the country, and the authorities assigned more health staff to certain places of detention. Detainees at five prisons had broader access to health care and better living conditions owing to initiatives undertaken by the detaining authorities with ICRC support. For instance, the rate of malnutrition fell at four prisons in 2018, following joint efforts by the authorities and the ICRC to treat malnourished detainees and improve the quality of food.

Regular coordination meetings between Movement components in Niger and those working in the Lake Chad region helped to prevent duplication of effort and identify unmet needs.

CIVILIANS

Parties concerned are urged to prevent abuse

The ICRC documented allegations of abuse reported by violence-affected people in Diffa and Tillabery, migrants in Agadez and other vulnerable people, and shared them with the parties concerned, to halt such misconduct. The Nigerien authorities investigated several of these cases.

The ICRC discussed the conduct of their operations – for example, in Tillabery – and the applicable international norms with Nigerien military and security forces (see *Actors of influence*). The ICRC briefed about 900 patients on their rights, and 20 health workers on their rights and duties.

Vulnerable communities in Diffa were advised to develop and/or strengthen measures to mitigate the risks to their safety.

Members of dispersed families reconnect

Members of families separated by armed conflict or other violence – particularly in the Lake Chad region – or by other circumstances, reconnected via Movement family-links services. The ICRC reunited 45 minors, including demobilized children, and 1 vulnerable adult with their families. People were able to phone their families; among the beneficiaries were migrants in Agadez, displaced people in Diffa, and migrants in Niamey evacuated from Libya by the UN (see *Libya*). National Society volunteers, with the ICRC's support, trained to provide family-links services, and promoted these services among potential beneficiaries.

The ICRC gave State agencies expert assistance for improving the management of human remains and the handling of relevant data. People conducting forensics-related activities received support: in Agadez and Tillabery, 58 first responders and 50 health workers were trained to manage human remains; and Niger's only medico-legal expert was sponsored to attend a conference on forensics held abroad. International forces stationed in Diffa received 50 body bags.

Displaced people, returnees and others obtain emergency relief

Roughly 119,500 people received food from the ICRC or bought it from ICRC-supported services. In Diffa, about 80,450 people (13,400 households), mainly displaced people and returnees, were given monthly rations, and some received double rations during the rainy season. In Agadez, Diffa and Tillabery, around 6,400 households (38,400 people) bought millet at affordable prices from 26 cereal banks supported by the ICRC. Some 2,800 households (16,860 people) in Diffa, mostly displaced people and returnees, and 265 households in Tillabery (1,600 people) displaced by clashes were provided with household essentials, for instance, cooking pots and soap, which helped to improve their living conditions.

About 186,000 people had better access to clean water for personal consumption and/or for farming or herding. In Diffa, the ICRC helped local water authorities to re-design a water network, and to repair or install pumps in several places, notably in areas with displaced people. Some 8,000 displaced people at three camps used ICRC-built water points. Wells built by the ICRC in remote areas of Agadez, Diffa and Tillabery benefited 104,000 herders and destitute migrants. Tens of thousands of people, including some of the above-mentioned, learnt how to avoid waterborne illnesses and diseases.

In Agadez, Niamey and Tillabery, 696 flood-affected households (4,372 people) received household essentials, and 690 people (115 households) received food rations from the National Society and the ICRC.

Farming households grow more food and increase their income

In Agadez, Diffa, Tahua and Tillabery, herders maintained the health of their livestock with ICRC support. Some 5,680 households (34,080 people) bought animal feed at 27 fodder banks supplied by the ICRC with wheat and salt licks. Hundreds of thousands of livestock belonging to

some 27,737 households (166,378 people) were vaccinated and/or dewormed. Ten animal health workers in Diffa were given training and supplies. Fewer herders were reached than planned, owing to logistical constraints.

In Agadez, Diffa, Tahua and Tillabery, 2,100 farming households (13,347 people) received seed, fertilizer and farming tools, helping them increase their yield of wheat or vegetables.

Particularly in Diffa, security constraints hampered economic activities; thus, the ICRC could not carry out all of its planned income-support projects. Nevertheless, women's cooperatives in Diffa were provided with sewing machines, benefitting their 152 members (supporting 912 people), and 15 breadwinners (supporting 90 people) were given carpentry or sewing supplies. ICRC cash-for-work enabled 410 breadwinners to earn money for their families (2,460 people), for example, by planting windbreaks and cleaning a 7-kilometre irrigation canal. A total of 1,365 people developed employable skills through training provided alongside the activities mentioned above: for example, five people enrolled in veterinary courses.

People affected by conflict and other violence obtain health care

People in violence-affected and/or remote areas were able to obtain primary health care at six ICRC-supported centres – two in Agadez, three in Tillabery, and one in Bosso that also served people in Diffa. The Bosso centre began to receive supplies from the ICRC in January, and the other five centres, in May; planned support for other centres was postponed to 2019. Infrastructural upgrades by the ICRC helped improve the services at these centres, and make them more sustainable; a solar-power supply system was installed at a centre in Tillabery.

Displaced people along the Mali–Niger border had access to care at the ICRC-supported facilities in Tillabery; 393 people – some of them wounded in clashes or experienced child-bearing complications – were referred to hospital. Pregnant women received ante/post-natal care at five of the centres mentioned above. One survivor of sexual violence obtained the necessary treatment within 72 hours. Vaccination campaigns reached children in remote and isolated communities.

Vulnerable migrants in Agadez received basic health care and psychosocial support at a mobile clinic operated by the National Society with support from the French Red Cross and the ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM

The authorities monitor the treatment of detainees with the ICRC's assistance

The ICRC visited people held in 13 places of detention, in accordance with its standard procedures. Security detainees – including those held in Diffa and Niamey by Niger's counter-terrorism unit – minors and inmates with illnesses were given close attention. The ICRC also visited people held by French forces. A proposal for formalizing the ICRC's access to detainees was under consideration by the authorities.

Findings from these visits were communicated confidentially to the authorities; they helped to improve detainees' living conditions and treatment, including respect for judicial guarantees and access to health care. Prison guards and health staff were briefed on internationally recognized standards for detention, and on medical ethics applicable to health care in prisons. Judicial officials were helped to compile lists of detained minors and people who were mentally ill, to make sure that these detainees could access family-links services and mental-health care.

Inmates exchanged news with their relatives in Niger or elsewhere through the Movement's family-links services. Minors phoned their families regularly. About 600 former detainees received money to travel home.

Detainees' living conditions improve

The ICRC supported the pertinent ministries' coordinated efforts to improve penitentiary services – particularly food-supply management, health care and infrastructure maintenance – and to overcome budgetary constraints. The justice ministry passed a decree that established standards for prison infrastructure in the country; the decree was drafted with the help of people who had attended an ICRC workshop on prison infrastructure. At the ICRC's urging, the authorities assigned two additional doctors to the Diffa and Niamey prisons, and sent a nurse to monitor the health of security detainees held by the counter-terrorism unit.

Detainees at five prisons – in Agadez, Diffa, Kollo, Koutakalé and Niamey – had better living conditions owing to initiatives undertaken by the detaining authorities and the ICRC.

Health staff in the Diffa, Kollo, Koutakalé and Niamey prisons were given refresher training in preventing and treating contagious diseases, and a checklist – prepared by the ICRC – for screening new detainees for malnutrition and illness or disease. Their infirmaries were refurbished and restocked with supplies. Some particularly vulnerable detainees were given eyeglasses and crutches.

At the Diffa, Kollo, Koutakalé and Niamey prisons, the average malnutrition rate fell. ICRC-supported body mass index checks were a contributory factor, along with ICRC-provided food for malnourished detainees, and ICRC-supported therapeutic feeding programmes for some severely malnourished detainees. Cooks and food-supply managers were trained in hygiene and stock management. Security detainees held by a counter-terrorism unit in Niamey began receiving food supplements in May. In some prisons, the ICRC scaled back its provision of food, as the detaining authorities were able to take over more responsibility. Implements for cooking and eating were distributed in two prisons, benefitting 1,767 people.

Infrastructural upgrades improved living conditions for 3,557 detainees at five prisons. These included: in Kollo, installation of ventilation fans to mitigate the risk of heat stroke; in Diffa, renovation of women's lavatories; and, in Koutakalé, electrical repairs to keep the water-supply system running. Energy-saving ovens and water-heating systems were

installed in kitchens at three prisons. Cleaning/fumigation campaigns were undertaken at all five prisons: Agadez, Diffa, Kollo, Koutakalé and Niamey; the ICRC provided supplies and training for staff/detainees. The ICRC helped the authorities at three prisons evaluate their contingency plans for natural disasters.

WOUNDED AND SICK

The ICRC and the National Society briefed patients on their rights, and health workers and weapon bearers, on their rights and duties regarding health care.

Casualties of violence in remote border areas receive care

An ICRC surgical team at the Diffa regional hospital (192 beds) continued to treat and provide post-operative care for wounded people, including casualties of the attacks in June. The authorities and the ICRC renovated facilities at the hospital, including the post-operative ward, and provided new equipment; this improved working conditions for the staff, and ensured patients' access to blood-bank, laboratory, and radiology services. The ICRC partly covered the costs of cleaning supplies and services.

Casualties of violence along the Mali-Niger border were sometimes referred to the National Hospital in Niamey; the ICRC gave the hospital the supplies necessary to treat these patients. In July, the ICRC began providing supplies to the Tillabery hospital – closer to the sites of violence – so that patients could receive life-saving care more quickly, and not wait to be referred to Niamey.

In all, 262 weapon-wound patients received treatment.

Physically disabled people in Agadez and Diffa regain some mobility

Over 800 disabled people¹ obtained free services at two physical rehabilitation centres: one at the National Hospital in Niamey and the other at the Zinder hospital. Both received material and other support from the ICRC. The Zinder centre (8 beds) was remodelled to accommodate more patients; at the ICRC's urging, the authorities assigned an additional physiotherapist to it. The ICRC funded and supplied a workshop in Agadez to produce assistive devices. In total, 214 people were fitted with prostheses.

Physical rehabilitation professionals, including some at the above-mentioned facilities, attended ICRC refresher courses; four technicians sponsored by the ICRC continued their studies abroad. All these efforts were aimed at making physical rehabilitation services in Niger more widely available, and sustainable.

The ICRC encouraged efforts by NGOs and government agencies to foster the social inclusion of disabled people.

1. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

ACTORS OF INFLUENCE

Weapon bearers learn more about IHL and other applicable norms

The ICRC gave briefings on IHL and international human rights law to about 3,700 troops in Agadez, Diffa, Tahua and Tillabery and 700 cadet officers; 20 troops from the G5 Sahel force were briefed on the conduct of hostilities. Another 830 troops bound for a UN peacekeeping mission in Mali learnt about pertinent provisions of IHL through ICRC information sessions.

The ICRC sought progress in incorporating IHL and other applicable norms in military doctrine, training and decision-making. To that end, it conducted advanced courses for trainers and unit commanders – which enabled around 40 instructors from the security forces to develop their ability to teach IHL. It sponsored senior officers to attend IHL courses abroad: two went to San Remo, Italy, and a third, to the United Arab Emirates (see *International Law and Policy*).

All these activities, and regular interaction with them, helped the ICRC gain support for its activities among the authorities and State weapon bearers; they also facilitated access to violence-affected areas in Tahua and Tillabery.

The authorities establish a national IHL committee

The national assembly enacted a law formalizing assistance and protection for IDPs. The ICRC lent its expertise for the drafting of the law, which is based on an African Union treaty. The authorities officially inaugurated the national IHL committee, which began to work on domestic implementation of IHL. Three parliamentarians sponsored by the ICRC attended a regional meeting at which they discussed best practices in promoting IHL (see *Nigeria*).

The Red Cross Society of Niger was able, with the ICRC's support, to send a representative to an annual meeting of National Society legal advisers in Switzerland.

The ICRC helped academics strengthen their grasp of IHL. It organized moot court competitions with various law faculties, and held a workshop for student magistrates on sanctions for IHL violations. Around 1,000 religious scholars discussed the similarities between Islamic jurisprudence and IHL at an ICRC-organized conference. Two researchers and two religious scholars were sponsored to attend advanced IHL courses abroad (see *Paris* and *Tunisia*, respectively).

The ICRC and the National Society broaden awareness of the Movement

Civil society and the wider public learnt about IHL and the Movement through the National Society and the ICRC's efforts. The ICRC produced audiovisual materials on the Movement and its neutral, impartial and independent humanitarian action, and made them available via social and traditional media. Radio broadcasts from Diffa and Tillabery communicated humanitarian messages to communities in remote areas. Information sessions and other events helped journalists and journalism students learn how IHL protects them during armed conflict, and also how important it is to cover humanitarian issues accurately. A few humanitarian workers were sponsored to attend an IHL seminar in Senegal (see *Dakar*).

Whenever possible, the ICRC engaged vulnerable communities in discussions about their needs and concerns, and told them about the availability of aid from the Movement. It also produced posters promoting family-links services and its own assistance activities.

RED CROSS AND RED CRESCENT MOVEMENT

The Red Cross Society of Niger assisted people affected by armed conflict or disasters. As its main partner in the country, the ICRC carried out various activities with it (see *Civilians*) and supported its development. The ICRC focused on helping the National Society ensure the safety of volunteers responding to emergencies, particularly in violence-prone areas. Financial and technical assistance from the ICRC enabled the National Society to organize workshops on the Safer Access Framework and provide insurance coverage for some 1,000 volunteers. The ICRC also kept the National Society and other Movement partners in the country informed of developments in the security situation. Seven National Society emergency-response teams in Tahua and Tillabery – near the site of violent clashes – were given first-aid training and tabards displaying the red cross symbol, which identified them as humanitarian workers.

The National Society drew on the International Federation and the ICRC's support – financial and technical – to strengthen its organizational structure and financial management. The ICRC, in particular, helped it to organize meetings between headquarters and branch units; this ensured, for instance, that volunteers in far-flung branches were aware that the National Society's statutes and internal regulations had been revised in 2017.

Partly through the ICRC's efforts, coordination meetings between Movement components in Niger, and those working in the Lake Chad region, took place regularly. This helped to prevent duplication of effort and identify unmet needs.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	220	68		
RCMs distributed	189	54		
Phone calls facilitated between family members	14,275			
Reunifications, transfers and repatriations				
People reunited with their families	46			
<i>including people registered by another delegation</i>	5			
People transferred or repatriated	18			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	96	4	4	13
<i>including people for whom tracing requests were registered by another delegation</i>	11			
Tracing cases closed positively (subject located or fate established)	109			
<i>including people for whom tracing requests were registered by another delegation</i>	4			
Tracing cases still being handled at the end of the reporting period (people)	228	21	38	67
<i>including people for whom tracing requests were registered by another delegation</i>	63			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	55	8		37
UAMs/SC reunited with their families by the ICRC/National Society	45	1		36
<i>including UAMs/SC registered by another delegation</i>	5			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	45	13		13
Documents				
People to whom travel documents were issued	72			
People to whom official documents were delivered across borders/front lines	6			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	13			
Detainees in places of detention visited	4,533	147	206	
Visits carried out	96			
		Women	Girls	Boys
Detainees visited and monitored individually	1,592	29	3	57
<i>of whom newly registered</i>	562	23	1	47
RCMs and other means of family contact				
RCMs collected	143			
RCMs distributed	69			
Phone calls made to families to inform them of the whereabouts of a detained relative	215			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS			Total	Women	Children
Economic security					
Food consumption	Beneficiaries		119,536	33,045	56,596
	<i>of whom IDPs</i>		69,534	17,385	34,764
Food production	Beneficiaries		213,805	66,364	91,197
	<i>of whom IDPs</i>		900	225	450
Income support	Beneficiaries		3,462	1,587	1,230
	<i>of whom IDPs</i>		1,845	461	923
Living conditions	Beneficiaries		23,108	6,536	10,783
	<i>of whom IDPs</i>		16,014	4,005	8,004
Capacity-building	Beneficiaries		1,365	431	26
Water and habitat					
Water and habitat activities	Beneficiaries		186,421	93,211	55,926
	<i>of whom IDPs</i>		46,606	23,303	13,982
Health					
Health centres supported	Structures		6		
Average catchment population			91,506		
Consultations			53,020		
	<i>of which curative</i>		43,540	9,052	28,170
	<i>of which antenatal</i>		9,480		
Immunizations	Patients		21,706		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>		11,566		
Referrals to a second level of care	Patients		393		
	<i>of whom gynaecological/obstetric cases</i>		103		
PEOPLE DEPRIVED OF THEIR FREEDOM					
Economic security					
Food consumption	Beneficiaries		3,900	65	47
Living conditions	Beneficiaries		2,369	7	
Capacity-building	Beneficiaries		29	3	
Water and habitat					
Water and habitat activities	Beneficiaries		3,557	107	71
Health					
Places of detention visited by health staff	Structures		7		
Health facilities supported in places of detention visited by health staff	Structures		7		
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures		3		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>		3		
Services at hospitals reinforced with or monitored by ICRC staff					
Surgical admissions					
	Weapon-wound admissions		262	8	45
	Non-weapon-wound admissions		354		
	Operations performed		799		
Consultations			1,866		
Services at hospitals not monitored directly by ICRC staff					
Patients whose hospital treatment was paid for by the ICRC			591		
Water and habitat					
Water and habitat activities	Beds		200		
Physical rehabilitation					
Projects supported	Projects		3		
People benefiting from ICRC-supported projects	Aggregated monthly data		843	188	268
	<i>of whom beneficiaries of physical rehabilitation services</i>		843	188	268
New patients fitted with prostheses	Patients		214	48	14
Prostheses delivered	Units		162	29	18
	<i>of which for victims of mines or explosive remnants of war</i>		82	8	6
New patients fitted with orthoses	Patients		388	97	171
Orthoses delivered	Units		268	61	144
Patients receiving physiotherapy	Patients		143	27	16
Walking aids delivered	Units		169	33	13
Wheelchairs or tricycles delivered	Units		61	16	9

NIGERIA

Active in Nigeria during the Biafran war (1966–1970), the ICRC established a delegation in the country in 1988. It seeks to respond to the needs of people affected by armed conflict and other violence throughout the country, focusing on the conflict in the north-east; it also visits detainees. It works closely with the Nigerian Red Cross Society and supports its capacity-building efforts in emergency preparedness and restoring family links. Working with the authorities, the armed forces and 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

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2018

- The volatile situation in the north-east, and attacks on its staff, forced the ICRC to scale back its long-term activities. It provided relief assistance where it could, similarly responding to increased needs in the Middle Belt and the south.
- The ICRC sought to strengthen acceptance for its work – among parties to the conflict – primarily to gain safe access to communities; it reminded these parties of their obligations under IHL, particularly the need to protect civilians.
- IDPs received food assistance and had improved access to water, sanitation and shelter facilities through the ICRC's efforts. Where feasible, the ICRC helped returnees produce more food, or start or resume livelihood activities.
- People in violence-affected areas obtained health care at ICRC-supported facilities, which included surgical treatment for wounded people, and specialized care for malnourished children and victims/survivors of sexual violence.
- The ICRC visited detainees, including people held in relation to the conflict, to check on their well-being. Where necessary, it helped the authorities address detainees' needs, for example, by helping treat cases of malnutrition.
- The National Society and the ICRC worked closely to implement activities in areas the ICRC had difficulty reaching. Movement components in the Lake Chad region coordinated their efforts to assist conflict-affected people.

EXPENDITURE IN KCHF

Protection	11,268
Assistance	63,569
Prevention	5,897
Cooperation with National Societies	7,647
General	484
Total	88,864
<i>Of which: Overheads</i>	<i>5,302</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	84%
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PERSONNEL

Mobile staff	137
Resident staff (daily workers not included)	559



⊕ ICRC delegation ⊕ ICRC sub-delegation ⊕ ICRC office/presence

PROTECTION

Total

CIVILIANS

Restoring family links

RCMs collected	263
RCMs distributed	112
Phone calls facilitated between family members	2,281
Tracing cases closed positively (subject located or fate established)	450
People reunited with their families	22
<i>of whom unaccompanied minors/separated children</i>	<i>19</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	29
Detainees in places of detention visited	23,927
<i>of whom visited and monitored individually</i>	<i>7,640</i>
Visits carried out	110

Restoring family links

RCMs collected	1,015
RCMs distributed	78
Phone calls made to families to inform them of the whereabouts of a detained relative	32

ASSISTANCE

2018 Targets (up to)

Achieved

CIVILIANS

Economic security

Food consumption	Beneficiaries	330,000	1,014,962
Food production	Beneficiaries	558,000	546,568
Income support	Beneficiaries	74,400	20,875
Living conditions	Beneficiaries	60,000	145,968
Capacity-building	Beneficiaries	60,040	5,452

Water and habitat

Water and habitat activities	Beneficiaries	1,665,000	657,972
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Health

Health centres supported	Structures	20	27
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures	1	9
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Physical rehabilitation

Projects supported	Projects	1	1
People benefiting from ICRC-supported projects	Aggregated monthly data	250	255

Water and habitat

Water and habitat activities	Beds	1,250	587
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CONTEXT

The conflict between State forces, including members of the Multinational Joint Task Force, and the armed groups known as “the Islamic State’s West Africa Province” and Jama’atu Ahlis Sunna Lidda’awati wal-Jihad continued. Skirmishes and bombings occurred in Nigeria’s north-eastern states and in neighbouring countries (see *Chad, Niger and Yaoundé*). Military forces often participated in law enforcement operations alongside the police.

Civilians caught in the conflict were abducted, wounded or killed. Livelihoods continued to be disrupted, which caused food insecurity. Many people remained displaced within Nigeria or in neighbouring countries; those who returned home found their property looted or destroyed. Security remained a concern in some areas, which limited humanitarian access; attacks on medical workers persisted. Arrests made in connection with the prevailing situation exacerbated overcrowding in detention centres.

Communal violence increased in and around Nigeria’s Middle Belt; more people were displaced and killed than in previous years. The conflict and desertification in the north drove herders southwards, spurring tensions. In southern Nigeria, violence related to criminality, and resurgent militancy and secessionism, persisted; there were also a large number of people fleeing violence in Cameroon.

Economic and other domestic challenges notwithstanding, Nigeria continued to play a key role in addressing regional peace and security issues, particularly through the Economic Community of West African States (ECOWAS).

ICRC ACTION AND RESULTS

In March, two health workers were abducted from an ICRC-supported clinic in Rann. The ICRC strove to secure their safe release, but both of them were killed later in the year. Their abduction forced the ICRC to scale back its activities in the north-east, and after their deaths, to temporarily suspend its operations there. After assessing the security situation, it resumed assisting people in major towns with help from the Nigerian Red Cross Society and other local partners.

The ICRC opened two offices in the north-east so that it could respond more quickly to the needs of conflict-affected people in Monguno and Bama. Its office in Damaturu was upgraded to a sub-delegation earlier in the year, but the ICRC’s activities there and in Biu were later hindered by increased attacks in those areas.

Given the security situation, the ICRC sought to strengthen acceptance for its work – among parties to the conflict and the general public – in order to have safe access to conflict-affected communities. It continued to document allegations of abuses, and raised them with the pertinent parties, to urge them to prevent their recurrence. It reminded them of their obligations under IHL – such as those regarding the conduct of hostilities – and the necessity of protecting civilians and facilitating access to basic services, especially health care.

Conflict-affected people received food and other emergency aid from the National Society and the ICRC. The ICRC handed over most food distributions in the north-east to other organizations by mid-year, to focus on providing longer-term support in the area; but it continued to assist IDPs and people in hard-to-reach areas of Borno. It stepped up emergency assistance in the Middle Belt and the south, given the increased needs of violence-affected people there; more people than planned benefited.

Where feasible, the ICRC helped returnees strengthen their resilience to the effects of violence. It gave them material and financial assistance to grow food; widows and other vulnerable breadwinners received cash grants to start or resume economically productive activities.

ICRC projects improved access to water, sanitation and shelter facilities for violence-affected people; for example, the ICRC constructed water points and temporary shelters for IDPs, and gave returnees materials to rebuild their homes.

The ICRC provided material and technical support to primary-health-care centres and to the State Specialist Hospital in Maiduguri; this made health services more readily available to people in violence-affected areas. Victims/survivors of sexual violence and malnourished children were given specialized treatment; wounded people received surgical care; and victims of trauma obtained psychosocial support from the ICRC or trained volunteers.

People separated by violence in Nigeria and in neighbouring countries reconnected through Movement family-links services; the ICRC stepped up its response to the needs of Cameroonian refugees. With ICRC support, the authorities took steps to resolve missing-persons cases and prevent disappearances – in particular, by establishing a committee to develop a permanent mechanism for clarifying the fate of missing people and assisting their families.

The ICRC visited detainees, in accordance with its standard procedures, and monitored their well-being, paying particular attention to people held in relation to the conflict. As per the ICRC’s recommendations, and with its support, prison authorities took steps to improve detainees’ treatment and living conditions, for example, by renovating prison infrastructure; the ICRC also supplied them with food for malnourished detainees.

Nigerian officials, ECOWAS and the ICRC endeavoured to advance IHL implementation in Nigeria and throughout the region. Weapon bearers learnt more about IHL and other applicable norms through ICRC training.

The National Society strengthened its operational and organizational capacities with material and technical support from the ICRC.

CIVILIANS

The ICRC could not fully implement several activities in north-eastern Nigeria – such as livelihood support and projects to broaden access to water, shelter and health care – because of difficulties in reaching certain areas or because it had to prioritize emergency response (see below). To a lesser extent, administrative impediments affected project implementation in the Middle Belt.

Given the difficulties it faced in reaching communities, the ICRC worked closely with the National Society and other local partners to deliver aid. It explained its neutral, impartial and independent approach to parties to the conflict, in order to secure safe humanitarian access; however, ongoing reorganization within the armed groups made it difficult to engage with their representatives.

Parties to the conflict are urged to respect IHL

The ICRC documented protection-related issues reported by civilians, and attacks on health-care personnel and facilities; it discussed these confidentially with the pertinent parties, and urged them to prevent the occurrence of such misconduct.

The ICRC reminded the parties concerned of their obligations under IHL – particularly with regard to the conduct of hostilities – and related treaties, such as the African Union Convention on IDPs. It emphasized the necessity of protecting civilians, especially women and children, and facilitating their access to basic services. It organized a round-table for government officials and health-care professionals, where the officials were urged to protect health-care services and the medical personnel familiarized themselves with self-protection measures. The ICRC also trained military and police personnel, and members of civilian self-defence groups, in international law enforcement standards for the use of force.

Projects developed based on dialogue with communities helped mitigate their safety risks; widows and victims/survivors of sexual violence were included in assistance programmes (see below). People learnt about family-links services and other ICRC activities through dissemination sessions, informational materials and radio spots.

Violence-affected people cover their immediate needs

Some 1,014,900 people (168,900 households) received food rations, including fortified cereal to prevent malnutrition, from the National Society and the ICRC. People in areas with functioning markets – Cameroonian refugees, for example – were given cash instead of in-kind assistance, or in addition to it; this gave people flexibility of choice and stimulated local commerce.

The ICRC handed over most food distributions in north-eastern Nigeria to other organizations by mid-year, to focus on longer-term support; but whenever necessary, it delivered aid for IDPs, and conflict-affected people in hard-to-reach areas. In the Middle Belt and the south, the ICRC stepped up its activities in response to the large number of violence-affected people.

Essential items – blankets, kitchen sets and hygiene products – were given to 24,679 abruptly displaced households (145,968 people), mostly in the Middle Belt.

People in urban areas strengthen their resilience to the effects of violence

Returnees received support for food production from the ICRC; it provided seed and tools – or cash and/or vouchers for these – which enabled 86,848 households (545,488 people) to resume farming. Cash for buying fishing equipment was given to 170 households (1,020 people). The ICRC, together with the agriculture ministry and local partners, conducted refresher training for animal-health workers, who vaccinated the livestock of 10 households (60 people); newly trained workers received veterinary kits.

The ICRC provided training and/or cash grants – for income-generating activities such as operating small businesses – to 20,875 returnees, residents, and IDPs resettling elsewhere (3,481 households). These beneficiaries included: 342 households (2,052 people) with female breadwinners, or victims/survivors of sexual violence; and 188 young entrepreneurs (supporting 1,128 people) from the north-east and the south, who were supported in cooperation with a Lagos-based foundation.

Some 5,450 people strengthened their capacities in livelihood support through ICRC training. They included the animal-health workers mentioned above; personnel from the National Emergency Management Agency; and members of agricultural cooperatives in Adamawa – serving 5,136 people – who were trained by a partner from the private sector.

Water and sanitation facilities are made available to communities

Around 460,150 people had better access to water after the ICRC restored water-treatment plants in Maiduguri and Yola, and renovated or constructed water-supply systems in IDP camps and violence-affected areas; communities with IDPs received trucked-in water until such systems were functional. Volunteers were trained to operate and maintain the systems.

The ICRC built temporary shelters for newly displaced people, and provided tools and materials, such as stabilized-soil bricks, for returnees to rebuild their homes; 35,920 people benefited. As risk-reduction measures, it installed solar-powered street lights and restored key pedestrian passageways for a community in Rivers. In IDP camps, the ICRC built or maintained latrines, and conducted hygiene-promotion sessions with National Society and community volunteers; 161,899 people benefited.

At nine primary-health-care centres, the ICRC rebuilt infrastructure or renovated facilities, such as water- and energy-supply systems and latrines. It also put up medical tents during mass-casualty situations.

Trauma victims receive specialized care

People obtained health services – including psychosocial support and specialized care for victims/survivors of sexual violence – at 27 primary-health-care centres and mobile units supported by the ICRC; it handed over responsibility for supporting three centres in Borno to the health ministry by mid-year. ICRC support included supplies; infrastructural improvements; training; and the assignment of additional staff. Pregnant women unable to reach the centres, because of safety considerations, were cared for by traditional birth attendants trained and equipped by the ICRC. Psychosocial support was provided to people in IDP camps and violence-affected communities by ICRC-trained volunteers.

The ICRC facilitated referrals to further care for 1,581 people, and established such mechanisms at several supported centres. With the authorities and the Swiss Tropical and Public Health Institute, it provided equipment and training in the use of the ALMANACH (Algorithm for the Management of Childhood Illnesses) application for staff at more centres in Adamawa than last year, to enhance care for children under the age of five.

Malnourished children received treatment at several ICRC-supported primary-health-care centres, and at the stabilization centre in Biu; their mothers received therapeutic food for them.

The ICRC guided local health committees in promoting public-health messages; in Benue, it established and supported new committees.

Nigerian authorities take steps to resolve missing-persons cases

The National Society, with ICRC support, continued to provide family-links services; in particular, it was given financial assistance and additional staff to help Cameroonian refugees. The ICRC coordinated with other Movement components in the Lake Chad region to facilitate cross-border communication. Nineteen children were reunited with their families.

In August, the authorities established a committee to develop a permanent mechanism for clarifying the fate of people missing in connection with the conflict and assisting their families; the ICRC gave them financial and technical support, including advice for drafting the committee's procedures for coordinating with other actors. It met with various parties to help mobilize funds for the national committee supervising the database of missing people. The ICRC assessed the needs of missing people's families, with a view to sharing its recommendations with the authorities so that they could address the families' needs.

With a view to preventing disappearances, the ICRC guided the authorities in reforming regional forensic legislation and developing guidelines for managing human remains during mass-casualty incidents; to this end, it also sponsored forensic professionals and government officials to attend training sessions or conferences held abroad. First responders bolstered their emergency preparedness with training and supplies, such as body bags, from the ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, people held by the military, the police and the Nigerian Prisons Service (NPS); 7,640 vulnerable detainees, such as those held in relation to the conflict, were monitored individually. Findings and recommendations from these visits were communicated confidentially to the authorities, along with requests for access to more detainees. Subsequently, the authorities endeavoured to improve detainees' treatment and living conditions with ICRC support: for example, at two facilities, detainees' case files were entered into a computer database to expedite judicial procedures and reduce overcrowding. Detainees and their families contacted each other through ICRC family-links services.

Prison authorities receive support for meeting detainees' basic needs

At prisons in the north-east, 6,013 detainees benefited from food supplies, including fortified cereal, given by the ICRC; in August, it handed over this activity to the authorities, but continued to support prisons with large numbers of new arrivals. It advised the authorities on implementing a standardized menu at military-run places of detention. The ICRC also trained prison health staff to manage malnutrition cases, and provided guidance and equipment for kitchen staff. Roughly 6,560 detainees were given bedding, clothes and other items to improve their living conditions.

Detainees have access to health care in line with national standards

Around 18,510 detainees benefited from the renovation of water, sewage and electrical systems, kitchens and dormitories, and/or from hygiene items distributed by the ICRC. Some renovation projects were delayed by administrative impediments.

As per ICRC recommendations, and with its material and technical support, prison authorities took steps to improve detainees' health. To that end, they conducted medical screenings for newly arrived detainees; provided psychosocial support, and treatment for detainees suffering from malnutrition, TB or HIV; and drafted contingency plans for emergencies.

NPS staff were trained in maintaining prison facilities, and officials strengthened their skills in prison management – particularly in connection with health care – through ICRC courses and sponsorship to a seminar abroad (see *Ethiopia*). The ICRC met with the NPS to plan a round-table for government officials and health professionals to foster coordination in improving health care in prisons.

Because of security constraints, the ICRC was unable to improve sanitation and access to health care in some places of detention.

WOUNDED AND SICK

Wounded people are treated by ICRC surgical teams

The ICRC maintained its support for the State Specialist Hospital in Maiduguri (SSH-M), so that wounded people referred there could continue to receive treatment. This support included donations of surgical and other medical supplies, training from two ICRC surgical teams – who also performed operations – and upgrades to infrastructure. Projects at two other hospitals in the north-east – and first-aid training for some communities (see below) – were cancelled owing to security constraints, but the ICRC maintained and repaired facilities at a hospital in Biu. Seven other hospitals were given supplies during mass-casualty emergencies. The ICRC also provided psychosocial support to wounded patients and their families, and trained volunteers to do so.

At the ICRC's recommendation, the health ministry increased the number of staff at the SSH-M; the ICRC helped cover their salaries. It gave SSH-M staff expert advice for dealing with mass-casualty emergencies, and training in emergency-room trauma care; these personnel also learnt about the protection due to them under IHL.

Roughly 3,670 community members, weapon bearers and National Society personnel trained in first aid at ICRC-organized courses, which helped them respond to emergencies.

Disabled people obtain assistive devices free of charge

The ICRC provided material and technical support for the National Orthopaedic Hospital in Kano, which enabled 255 patients¹ to receive physical rehabilitation services; it also covered their transport and accommodation expenses.

As part of the Programme for Humanitarian Impact Investment, an ICRC initiative being carried out in partnership with the private sector, the physical rehabilitation centre at the University of Maiduguri Teaching Hospital was at the final stage of design at year's end. Nine students sponsored by the same programme pursued studies in prosthetics/orthotics.

ACTORS OF INFLUENCE

In light of the security situation, the ICRC took steps to facilitate its work. It explained its neutral, impartial and independent humanitarian action to key members of civil society; organized information sessions for community leaders – working with the National Society to reach remote areas; and produced content for traditional and social media. Journalists used communication materials from the ICRC to this end.

Military forces, aided by the ICRC, took steps to incorporate IHL in their operations, training and sanctions system. ICRC training enabled troops and military instructors to strengthen their grasp of IHL and, with police personnel, of international standards for the use of force in law enforcement or security operations. The ICRC sponsored military officers to attend an ICRC conference abroad on the applicability of IHL to operations in urban areas (see *Ukraine*). Dialogue with military forces was limited, owing to their ongoing operations in the north-east.

The authorities take steps to incorporate key IHL provisions in domestic legislation

Following discussions with the ICRC, the authorities finalized a draft bill incorporating key provisions of the 1949 Geneva Conventions and their Additional Protocols, and submitted it to the National Assembly. The ICRC drew their attention to other relevant norms: for example, it organized an event to mark the twentieth anniversary of the UN Guiding Principles on Internal Displacement, in order to initiate dialogue on implementing the African Union Convention on IDPs. The ICRC also discussed the ratification of key treaties, such as the Convention on Cluster Munitions, with pertinent government ministries and the national IHL committee.

ECOWAS promoted IHL implementation among its Member States with technical support from the ICRC; during the annual review meeting, the States approved a plan of action drafted by the ICRC to this end. ECOWAS and the ICRC produced a report on States' progress in treaty implementation, based on an annual review meeting in 2017.

The ICRC discussed the points of correspondence between IHL and Islamic jurisprudence at workshops for Islamic scholars and for weapon bearers. Workshops for lecturers, moot court competitions for students, and reference materials donated by the ICRC to university libraries enabled academics to strengthen their grasp of IHL.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society strengthened its operational capacities with ICRC support. This included training and on-the-job mentoring for personnel in: restoring family links; cash-transfer programmes; hygiene promotion; responding to emergencies; and disseminating messages on the Fundamental Principles, the protection due to health workers, and measures for preventing loss of family contact during displacement. The ICRC also provided material support for the National Society's operations, and constructed or renovated five offices; for example, it donated household items – which the National Society distributed to flood victims – and five vehicles. Some projects to renovate offices were still in progress at year's end.

The ICRC also supported the National Society's organizational development. It trained National Society staff in: first aid; financial management; the Safer Access Framework; and running public-communication campaigns, for which it provided computers and other supplies. It also sponsored staff to attend training abroad. The ICRC covered some of the National Society's running costs, including some salaries, and provided insurance coverage for volunteers working in high-risk areas. Some joint activities were delayed, as the National Society had to mount an emergency response to floods.

Coordination among Movement components in the Lake Chad region aimed at improving communication, security and cooperation. National Society representatives attended conferences and meetings abroad with the ICRC's financial assistance. The ICRC also gave the International Federation financial support for its activities in the north-east.

1. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	263	34		
RCMs distributed	112	22		
Phone calls facilitated between family members	2,281			
Names published in the media	3			
Names published on the ICRC family-links website	1			
Reunifications, transfers and repatriations				
People reunited with their families	22			
<i>including people registered by another delegation</i>	8			
People transferred or repatriated	18			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	5,417	948	1,223	1,485
<i>including people for whom tracing requests were registered by another delegation</i>	9			
Tracing cases closed positively (subject located or fate established)	450			
<i>including people for whom tracing requests were registered by another delegation</i>	4			
Tracing cases still being handled at the end of the reporting period (people)	21,745	3,112	6,066	7,103
<i>including people for whom tracing requests were registered by another delegation</i>	115			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	246	114		1
UAMs/SC reunited with their families by the ICRC/National Society	19	9		
<i>including UAMs/SC registered by another delegation</i>	6			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	667	287		25
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	29			
Detainees in places of detention visited	23,927	933	1,293	
Visits carried out	110			
		Women	Girls	Boys
Detainees visited and monitored individually	7,640	67	27	330
<i>of whom newly registered</i>	1,406	17	5	160
RCMs and other means of family contact				
RCMs collected	1,015			
RCMs distributed	78			
Phone calls made to families to inform them of the whereabouts of a detained relative	32			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	1,014,962	344,901	455,698
	<i>of whom IDPs</i>	514,114	171,027	238,845
Food production	Beneficiaries	546,568	178,097	175,764
	<i>of whom IDPs</i>	75,216	26,153	27,737
Income support	Beneficiaries	20,875	9,948	3,773
	<i>of whom IDPs</i>	4,340	3,030	474
Living conditions	Beneficiaries	145,968	44,119	72,605
	<i>of whom IDPs</i>	126,250	38,600	62,133
Capacity-building	Beneficiaries	5,452	1,617	1,156
	<i>of whom IDPs</i>	1,348	539	135
Water and habitat				
Water and habitat activities	Beneficiaries	657,972	342,123	118,373
	<i>of whom IDPs</i>	429,196	223,182	77,255
Health				
Health centres supported	Structures	27		
Average catchment population		718,785		
Consultations		649,951		
	<i>of which curative</i>	547,268	155,460	293,934
	<i>of which antenatal</i>	102,683		
Immunizations	Patients	913,731		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	741,489		
Referrals to a second level of care	Patients	1,581		
	<i>of whom gynaecological/obstetric cases</i>	590		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	6,013	91	184
Living conditions	Beneficiaries	6,564	91	184
Water and habitat				
Water and habitat activities	Beneficiaries	18,515	370	370
Health				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	9		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	2		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	508	66	88
	Non-weapon-wound admissions	71		
	Operations performed	4,320		
Gynaecological/obstetric admissions		2,143	2,107	36
Consultations		2,356		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		460		
Weapon-wound admissions (surgical and non-surgical admissions)		296	40	1
Weapon-wound surgeries performed		232		
Patients whose hospital treatment was paid for by the ICRC		1,073		
First aid				
First-aid training				
	Sessions	148		
	Participants (aggregated monthly data)	3,677		
Water and habitat				
Water and habitat activities	Beds	587		
Physical rehabilitation				
Projects supported	Projects	1		
People benefiting from ICRC-supported projects	Aggregated monthly data	255	41	18
	<i>of whom beneficiaries of physical rehabilitation services</i>	255	41	18
New patients fitted with prostheses	Patients	208	35	13
Prostheses delivered	Units	227	37	19
New patients fitted with orthoses	Patients	3	1	
Orthoses delivered	Units	3	1	
Walking aids delivered	Units	239	43	19

PRETORIA (regional)

COVERING: Angola, Botswana, eSwatini (formerly Swaziland), Lesotho, Malawi, Mozambique, Namibia, South Africa, Zambia, Zimbabwe

The ICRC opened a regional delegation in Pretoria in 1978, but has been present in parts of the region as early as the Second World War. It visits migrants at an immigration detention centre in South Africa, and other detainees within its purview in several of the countries covered, to monitor their treatment and living conditions. The ICRC also helps vulnerable migrants restore contact with relatives, and facilitates efforts to clarify the fate of missing migrants. It promotes IHL and supports the incorporation of the law into military training and university curricula. The ICRC supports the region's National Societies in building their capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- People, including IDPs and returnees, in central Mozambique received material aid and livelihood support from the ICRC. They also had broadened access to potable water and health-care services through ICRC projects.
- Zimbabwean families were put back in touch with relatives who had gone missing in South Africa, under a pilot project carried out by the ICRC with South African and Zimbabwean authorities.
- Members of families dispersed by violence, migration and detention reconnected through the Movement's family-links services; they included migrants from Burundi and the Democratic Republic of the Congo.
- Detaining authorities in Zimbabwe maintained detainees' food supply by, among other means, running prison farms with the ICRC's technical and material support; this support was concluded, as planned, at year's end.
- Authorities in the region discussed the implementation of IHL and IHL-related treaties at ICRC events. With the ICRC's technical advice, Mozambique and Namibia ratified key weapons treaties.
- At ICRC information sessions, military and security forces personnel – including troops bound for peace-support missions – learnt more about norms applicable to their duties.

EXPENDITURE IN KCHF

Protection	4,665
Assistance	4,348
Prevention	3,173
Cooperation with National Societies	1,426
General	178
Total	13,789
<i>Of which: Overheads</i>	<i>842</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Mobile staff	30
Resident staff (daily workers not included)	101



ICRC regional delegation ICRC sub-delegation ICRC mission

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	855
RCMs distributed	351
Phone calls facilitated between family members	22,278
Tracing cases closed positively (subject located or fate established)	82
People reunited with their families	16
<i>of whom unaccompanied minors/separated children</i>	<i>14</i>
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	24
Detainees in places of detention visited	14,386
<i>of whom visited and monitored individually</i>	<i>172</i>
Visits carried out	58
Restoring family links	
RCMs collected	12
RCMs distributed	1
Phone calls made to families to inform them of the whereabouts of a detained relative	40

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food production¹	Beneficiaries	65,000	48,140
Income support¹	Beneficiaries	4,625	13,197
Living conditions	Beneficiaries	35,000	44,305
Capacity-building	Beneficiaries	2,400²	1,272
Water and habitat			
Water and habitat activities	Beneficiaries	59,000	61,275
Health			
Health centres supported	Structures	9	11
WOUNDED AND SICK			
Water and habitat			
Water and habitat activities	Beds		28

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.
2. Owing to a technical error, the initial target published in the 2018 Appeal was 24,000.

CONTEXT

Peace talks between the government of Mozambique and the Mozambican National Resistance (RENAMO), which began in late 2016, continued. The leader of RENAMO died in May 2018. A unilateral ceasefire declared by RENAMO in 2016 stayed in effect in central Mozambique. Many IDPs began returning to their places of origin. Clashes between security forces and an armed group occurred in Cabo Delgado Province in northern Mozambique; civilians were also reportedly attacked or killed by weapon bearers. Numerous people were detained in relation to the violence there.

People affected by armed conflict or other situations of violence in neighbouring countries – such as Burundi and the Democratic Republic of the Congo (hereafter DRC) – fled to or remained in the countries covered by the ICRC's regional delegation based in Pretoria, South Africa. Migrants often lost contact with their families, and some faced deportation. In October 2018, numerous Congolese migrants in Angola returned home willingly or were deported (see *Congo, Democratic Republic of the*).

Angola and Zimbabwe were in political transition. The South African parliament elected a new president in February.

South Africa participated in diplomatic initiatives regularly and contributed troops to peace-support operations abroad. It continued to host the Pan-African Parliament and other regional organizations; a large diplomatic community; regional offices of the UN; humanitarian agencies; think-tanks; and major media organizations.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Pretoria became the organization's hub in southern Africa, after merging with its regional delegation in Harare – which covered Malawi, Namibia, Zambia and Zimbabwe. The Harare delegation became a mission; the office in Bulawayo was closed. The ICRC upgraded its presence in Pemba, Mozambique, to a sub-delegation, to help people affected by armed violence in Cabo Delgado.

The ICRC gave returnees in central Mozambique household essentials for easing their living conditions. It helped boost people's income-generating activities: members of women's groups were given materials for livelihood projects; others took part in ICRC cash-for-work projects. Students were given school kits, freeing their households to allocate income for other expenses. Households received seed and farming tools for food production. ICRC training enabled some people to strengthen their skills in farming. The ICRC implemented projects that broadened access to potable water and health care.

Mozambican authorities reopened a health centre in an area controlled by RENAMO; the ICRC renovated the centre and provided medical equipment. In central Mozambique, the ICRC gave health centres vehicles for outreach activities in remote areas, and for transporting people to hospitals for further care. The health ministry conducted vaccination campaigns for children, for which the ICRC provided logistical and material support.

Members of families dispersed by violence, migration and detention – including migrants from Burundi and the DRC – reconnected through the Movement's family-links services; these services were scaled up in 2018. Zimbabwean families restored contact with relatives who had gone missing in South Africa, under a pilot project carried out by the ICRC with the South African and Zimbabwean authorities. The ICRC gave forensic authorities and professionals in South Africa technical support to develop their capacities in managing and identifying human remains.

The ICRC visited an immigration detention facility in South Africa, and places of detention to which it had access in Angola, Lesotho, Mozambique and Zimbabwe. In Angola, Mozambique and Zimbabwe, it monitored security detainees and other particularly vulnerable detainees individually. Findings were discussed with the pertinent authorities. The ICRC provided life-saving assistance to detainees in Mozambique. In Lesotho and Zimbabwe, it drew the attention of prison authorities and staff to the rights and the specific needs of mentally ill detainees. Zimbabwean detaining authorities were given material and technical support for meeting detainees' nutritional needs; they managed prison farms and provided therapeutic food to treat malnutrition. As planned, the ICRC concluded its support for the detaining authorities in Zimbabwe at year's end.

The ICRC made its expertise available to national IHL committees. It enabled government officials to attend various events aimed at promoting the implementation of IHL and related treaties; Mozambique and Namibia ratified key weapons treaties. National Societies and the ICRC sought – throughout the region – to broaden support for humanitarian principles and the Movement among multilateral organizations, academics, think-tanks, the media, and the general public. South African authorities and the ICRC discussed humanitarian concerns associated with peace-support operations, for the authorities' military simulation exercise to prepare troops for deployment.

At ICRC dissemination sessions and other events, military and security forces personnel – including those bound for peace-support operations – expanded their knowledge of IHL, international human rights law, and other norms applicable to their duties. Dialogue with military and security forces, and with RENAMO representatives, helped secure humanitarian access for the ICRC to vulnerable people in Mozambique.

National Societies in the region strengthened their organizational development and bolstered their emergency response capacities, particularly in restoring family links, with comprehensive ICRC support.

CIVILIANS

The ICRC sought to strengthen its dialogue with authorities and weapon bearers throughout southern Africa. It aimed to remind them of their responsibility under applicable norms to: protect civilians against unlawful conduct; ensure unimpeded access to essential goods and services, including education and health care; and respect the principle of *non-refoulement*. In

Mozambique, dialogue with military and security forces, and with RENAMO representatives, helped secure the ICRC's access to people in need (see below).

Conflict-affected people in central Mozambique build their resilience

ICRC information sessions enabled community leaders, health workers, and police personnel to familiarize themselves with the objectives of the Health Care in Danger initiative, particularly in connection with the protection due to people seeking or providing health care. Some 98,800 people in central Mozambique learnt about the ICRC's mandate and its activities from radio broadcasts.

As more people were returning to their homes in central Mozambique, more people than planned received ICRC assistance for boosting their income-generating activities and easing their living conditions. The ICRC provided school kits for around 4,900 students, enabling their families to allocate income for other expenses. In addition, some 1,600 households (8,300 people) supplemented their income with the ICRC's help: members of women's groups were given farming tools and supplies for farming, and others earned money from cash-for-work projects, to renovate schools, for instance (see below). The Mozambique Red Cross Society and the ICRC provided household essentials for around 44,300 returnees (8,900 households), which helped ease their living conditions.

Roughly 9,600 households (48,100 people) received seed and farming tools from the ICRC for their food production. About 1,200 people bolstered their skills in farming through ICRC training. Owing to logistical and administrative constraints, fewer people than planned benefited from these activities.

With ICRC training, Mozambican Red Cross volunteers developed their ability to plan and implement livelihood-support activities.

Some 61,300 IDPs had better access to potable water after the ICRC repaired hand pumps and drilled boreholes; the ICRC also trained community members to maintain these pumps and boreholes. Repairs were made at some health centres and schools damaged because of clashes.

At the ICRC's recommendation, Mozambican authorities hired the necessary staff and reopened one health centre in an area controlled by RENAMO; the ICRC helped renovate the centre, and provided staff training and medical equipment. It also provided eight other centres in the provinces of Manica and Sofala with motorbikes for conducting outreach activities in remote areas. Patients received ante/post-natal care and other preventive and/or curative services; some patients needing further treatment were transported to hospitals using an ICRC-donated ambulance. Around 29,300 children were vaccinated – during campaigns conducted by the health ministry – at two ICRC-supported mobile health clinics.

Members of dispersed families reconnect

In all the countries covered, members of families dispersed by conflict or other violence reconnected through the Movement's family-links services; when necessary, they were referred to State agencies or the UNHCR. National Society volunteers were trained in restoring family links during emergencies.

National Societies in the region, with comprehensive ICRC support, enabled people – mainly in refugee camps, and including migrants from Burundi and the DRC (see *Context*) – to contact their relatives. For instance, 16 people in Angola and Zimbabwe were reunited with their families. At the UNHCR's request, the ICRC issued travel documents for 40 migrants in South Africa bound for Canada and the United States of America.

Roughly 22,300 calls – related to the restoration of family links – were made in 2018, a significant increase over the previous year, particularly in calls from Angola, eSwatini, Zambia and Zimbabwe. This was largely because of the National Societies and the ICRC's efforts to expand these services for migrants. For example, because of ICRC dissemination sessions and outreach activities, people in Zimbabwe became more aware of family-links services; this led to more people availing themselves of free phone calls and using the internet to reconnect with relatives.

South African and Zimbabwean authorities work to ascertain the fate of missing migrants

The ICRC, in coordination with South African and Zimbabwean authorities, implemented a pilot project to clarify the fate and whereabouts of Zimbabwean migrants who went missing in South Africa. South African authorities compared ante-mortem data collected from families in Zimbabwe with post-mortem data collected by forensic professionals in South Africa. Out of 61 tracing requests lodged by Zimbabwean families with the ICRC for the pilot project, 15 migrants were located and put in touch with their families through the Movement's family-links network.

South African forensic authorities, with material and technical support from the police and the ICRC, implemented standardized procedures for collecting post-mortem data. Personnel from the Forensic Pathology Services in Johannesburg were trained to identify human remains. As a result of these efforts, 38 sets of remains, out of some 100, were identified. These cases were not directly linked to the tracing requests made by Zimbabwean families, but they enabled the ICRC to help strengthen forensic services in South Africa, making it more likely that more sets of human remains will be identified in the future, and more families relieved of their uncertainty. In all, 82 tracing cases – mainly in South Africa and Zimbabwe – were resolved in 2018.

Emergency responders throughout Africa attended courses in disaster response held by the ICRC, with the University of Pretoria and/or NGOs, and strengthened their capacity to manage human remains. The ICRC provided technical support for organizing the African Society of Forensic Medicine's annual conference, which was held in Senegal (see *Dakar*).

ICRC dissemination sessions enabled authorities and provincial police forces in South Africa to learn more about the plight of migrants and missing migrants' families. The ICRC conducted awareness-raising campaigns on traditional and social media on this subject and on the importance of managing human remains; it organized a photo exhibit to mark the International Day of the Disappeared.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC sought or maintained dialogue with detaining authorities in the countries covered. It visited – in accordance with its standard procedures – an immigration detention facility in South Africa, and places of detention it had access to in Angola, Lesotho and Zimbabwe. It gained access to visit prisons in Cabo Delgado in Mozambique (see *Context*), where it provided life-saving assistance through emergency donations of nutritional supplements and food rations; it also gave hygiene items, which benefited nearly 700 detainees.

The ICRC monitored 172 particularly vulnerable people, such as security detainees and women, individually – most of them in Mozambique, but some in Angola and Zimbabwe as well. It discussed its findings confidentially with the authorities concerned, and also covered topics such as the necessity of respecting the principle of *non-refoulement*; facilitating access to health care and other essential services; and understanding the specific vulnerabilities of children and migrants. Prison managers in Zimbabwe implemented some of the ICRC's recommendations: for instance, they made sure that migrants could inform their families of their detention. ICRC dissemination sessions helped prison authorities and staff in Lesotho and Zimbabwe familiarize themselves with internationally recognized standards for detention and the needs of mentally ill detainees (see below).

In August, the ICRC informed all parties concerned in Angola that it would no longer be making detention visits because most security detainees within its purview had been released in 2017. The ICRC did not visit people in places of temporary detention in Angola, as other organizations were covering their needs – for instance, by monitoring respect for their judicial guarantees.

Detainees throughout the region contacted their relatives through their embassies or the Movement's family-links services. Migrants held at the only immigration detention centre in Botswana did so through the Botswana Red Cross Society; the ICRC provided technical support for this, which it later discontinued as these services were not provided regularly.

Zimbabwean authorities work to ensure detainees' well-being

The Zimbabwe Prisons and Correctional Services (ZPCS) continued to monitor detainees' conditions, including their nutritional needs, and managed the food supply in prisons – with less ICRC assistance than in the past. It treated malnourished detainees with therapeutic food from the health ministry, after the ICRC stopped providing nutritional supplements. Around 11,400 detainees were given groundnuts from the ICRC for them to eat, to help stave off a vitamin-deficiency

disease. Some of them supplemented their diet during the lean season with produce from prison farms managed by the ZPCS; the ICRC provided material and technical support, and helped to preserve some of the 2017 harvest for use in 2018. Because the ZPCS became more self-sufficient, the ICRC concluded its support at year's end, as planned.

Mentally ill detainees were treated at a mental-health institution run by ZPCS. To reduce overcrowding at the institution, the ZPCS – with ICRC technical and financial support – sought to ensure that patients who had received treatment were discharged expeditiously; staff standardized reporting on patients' cases and were trained to collect the affidavits from relatives that were necessary for discharging patients. The ZPCS and the ICRC urged the government to process these cases; as a result, 24 patients were discharged.

Some detainees – most of them in Zimbabwe, but a few in Lesotho as well – were given blankets, food containers and other items to ease their living conditions.

ACTORS OF INFLUENCE

Military and security forces personnel learn more about IHL and other norms

The ICRC continued to expand its contact with military and security forces in the region, with a view to advancing their understanding of IHL, international human rights law and other norms applicable to their duties – particularly with regard to protecting civilians, ensuring access to health care, and preventing sexual violence. Security forces personnel in Angola and Mozambique, including senior officers, strengthened their grasp of international policing standards through ICRC training. At information sessions and other events organized by or with the ICRC, military personnel from throughout the region – including Malawian and Zambian troops bound for peace-support operations – learnt more about the application of IHL and other pertinent norms; some of them were also briefed on the Movement and its activities. Senior military officers from some of these countries attended advanced IHL courses abroad, with ICRC sponsorship. The Mozambican defence ministry and the ICRC signed a memorandum of understanding for enhancing the IHL training programmes in military academies – for instance, by updating their syllabi.

The South African Development Community (SADC) and the ICRC discussed humanitarian concerns associated with peace-support operations – such as protecting civilians and respecting detainees' rights – for the SADC's military simulation exercise to prepare troops for deployment. The SADC also drew on ICRC input to draft provisions on missing migrants for inclusion in a policy document on migration. The ICRC sponsored SADC officials to attend round-tables and seminars, held abroad, on IHL.

Mozambique and Namibia ratify IHL-related treaties

The ICRC and authorities throughout the region continued to discuss issues of common concern, such as the displacement caused by regional conflict and other violence. During meetings with the authorities and the national IHL committees, the ICRC gave advice on incorporating IHL in domestic law and ratifying

IHL treaties, such as the African Union Convention on IDPs. With the ICRC's technical support, Mozambique and Namibia ratified key arms treaties, such as the Arms Trade Treaty (see *International law and policy*).

With the ICRC's financial support, government officials attended various events in the region or elsewhere, at which they learnt more about the necessity of ratifying and implementing key IHL and IHL-related treaties, and about their role in the process. The 18th Annual Regional Seminar on IHL, held in Pretoria in September, was one such event. It was organized by the South African government's Department of International Relations and Cooperation and the ICRC; participants included representatives from 15 African countries, the SADC, the Pan-African Parliament and the African Union.

Academics strengthen their grasp of IHL

The ICRC and National Societies in the region strove to broaden support for humanitarian principles, the Movement and IHL. They maintained contact with members of civil society and others capable of influencing government policy-making: think-tanks, academics, and multilateral organizations such as the SADC (see above).

Media organizations were kept abreast of humanitarian issues and Movement activities, enabling them to report more accurately on these matters. With the ICRC's material and technical support, the National Societies used various modes of public communication to broaden awareness of their services, especially during emergencies, and of the Movement's work; the ICRC also made these services and the Movement's activities known through traditional and social media (see *Civilians*).

South African and Zimbabwean university students tested their grasp of IHL at ICRC moot court competitions held locally or abroad (see, for example, *Nairobi*). ICRC presentations at universities in Botswana, South Africa, and Zimbabwe acquainted students with IHL and the humanitarian consequences of armed conflict; academics across the region received books and reference materials on IHL, whose contents they incorporated in their curricula. These efforts helped to stimulate academic interest in IHL.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the countries covered strove to expand their operational and organizational capacities, with comprehensive support from the ICRC. They responded to people's needs, reconnected families, and broadened awareness of the Movement (see above). The Zimbabwe Red Cross Society, with material and technical support from Movement partners, administered first aid during protests and responded to outbreaks of cholera. The National Societies of Botswana, eSwatini and Lesotho organized events to mark the World Red Cross and Red Crescent Day (8 May). The ICRC provided technical support, and training in first aid and/or restoring family links, for the National Societies in Malawi, Mozambique, South Africa, and Zimbabwe, which helped them prepare for the possibility of election-related violence. It briefed volunteers from National Societies in the region on the Safer Access Framework.

National Societies worked to reinforce their legal bases and organizational structure, with the ICRC's technical support. For instance, the Mozambican Red Cross drafted a law on the emblem and submitted it to the justice ministry. The ICRC helped the Zimbabwean Red Cross to revise its statutes.

Movement partners, and other humanitarian actors, continued to coordinate their activities and to discuss issues of common concern.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	855	89		
RCMs distributed	351	15		
Phone calls facilitated between family members	22,278			
Reunifications, transfers and repatriations				
People reunited with their families	16			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	250	35	38	30
<i>including people for whom tracing requests were registered by another delegation</i>	26			
Tracing cases closed positively (subject located or fate established)	82			
<i>including people for whom tracing requests were registered by another delegation</i>	22			
Tracing cases still being handled at the end of the reporting period (people)	586	111	100	93
<i>including people for whom tracing requests were registered by another delegation</i>	78			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	89	34		
UAMs/SC reunited with their families by the ICRC/National Society	14	9		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	206	86		
Documents				
People to whom travel documents were issued	40			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	24			
Detainees in places of detention visited	14,386	354	89	
Visits carried out	58			
		Women	Girls	Boys
Detainees visited and monitored individually	172	44		5
<i>of whom newly registered</i>	150	42		5
RCMs and other means of family contact				
RCMs collected	12			
RCMs distributed	1			
Phone calls made to families to inform them of the whereabouts of a detained relative	40			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production ³	Beneficiaries	48,140	14,785	21,030
Income support ³	Beneficiaries	13,197	2,482	8,635
Living conditions	Beneficiaries	44,305	13,356	19,807
Capacity-building	Beneficiaries	1,272	411	475
Water and habitat				
Water and habitat activities	Beneficiaries	61,275	15,491	30,982
<i>of whom IDPs</i>		61,275	15,491	30,982
Health				
Health centres supported	Structures	11		
Average catchment population		2,862,071		
Immunizations	Patients	29,282		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	11,437	196	
Living conditions	Beneficiaries	10,180	205	
Water and habitat				
Water and habitat activities	Beneficiaries	689	48	34
Health				
Places of detention visited by health staff	Structures	3		
WOUNDED AND SICK				
Water and habitat				
Water and habitat activities	Beds	28		

3. 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 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

MEDIUM



KEY RESULTS/CONSTRAINTS IN 2018

- People who had fled Burundi, including minors, and others separated from their families contacted or rejoined their relatives through the Movement's family-links services.
- Aided by the ICRC, detaining authorities took measures to improve health services in prisons, such as compulsory medical screening for new detainees. A pilot project to improve health care in two prisons was completed.
- Detainees at the central prisons benefited from ICRC-supported projects to renovate or build/install infrastructure.
- Government officials and others learnt more about IHL and humanitarian issues in the region, at ICRC events; information sessions on IHL for military personnel and peacekeeping troops were held on an ad hoc basis.

EXPENDITURE IN KCHF

Protection	3,155
Assistance	1,314
Prevention	743
Cooperation with National Societies	455
General	103
Total	5,772
<i>Of which: Overheads</i>	<i>352</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	103%
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PERSONNEL

Mobile staff	15
Resident staff (daily workers not included)	71

PROTECTION

CIVILIANS

Restoring family links

RCMs collected	3,772
RCMs distributed	4,553
Phone calls facilitated between family members	30,162
Tracing cases closed positively (subject located or fate established)	229
People reunited with their families	25
<i>of whom unaccompanied minors/separated children</i>	<i>23</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	14
Detainees in places of detention visited	74,148
<i>of whom visited and monitored individually</i>	<i>187</i>
Visits carried out	53

Restoring family links

RCMs collected	1,947
RCMs distributed	1,418
Phone calls made to families to inform them of the whereabouts of a detained relative	111

ASSISTANCE

CIVILIANS

Economic security

Living conditions	Beneficiaries		105
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CONTEXT

Rwanda continued to host people who had fled neighbouring countries. Reportedly, some 23,000 people from Burundi had returned to their country by mid-2018, but about 68,000 remained in Rwanda. Some 75,000 refugees from the Democratic Republic of the Congo (hereafter DRC) were also said to be in Rwanda. Most of those from Burundi stayed at four transit centres and at the Mahama refugee camp, the city of Kigali, or Huye District. Many of them needed help to locate or contact relatives.

The DRC continued to repatriate former weapon bearers of Rwandan origin, including children; this was part of a demobilization process. Former weapon bearers from a different group – people who had been living in camps in the DRC since the 1994 genocide – were also sent back to Rwanda; the last batches arrived in Rwanda in late November.

Some Rwandans were still searching for relatives who went missing during the period of armed conflict and genocide, and were still unaccounted for. Local capacities in managing and identifying human remains according to generally accepted forensic standards, particularly after mass-casualty incidents, remained insufficient.

Inadequate infrastructure and poor access to health care remained pressing issues in prisons.

Rwanda continued to contribute troops to peace-support missions in the Central African Republic, Haiti, Mali, South Sudan and Sudan.

ICRC ACTION AND RESULTS

The ICRC's delegation in Rwanda continued to focus on: visiting detainees and working with the authorities to improve their treatment and living conditions; and restoring family links, jointly with the Rwandan Red Cross, which was also helped to strengthen its operational capacities.

The ICRC visited – in accordance with its standard procedures – detainees in prisons run by the Rwanda Correctional Service (RCS), and former weapon bearers held in one camp, to monitor their treatment and living conditions. Detaining authorities were given technical support and training to ensure that inmates' treatment and living conditions met internationally recognized standards. The RCS and the ICRC continued to implement a joint plan of action to improve conditions in RCS-run prisons and build RCS staff's capacities.

With ICRC support, the national authorities, and the RCS in particular, took measures to improve health monitoring in prisons and detainees' access to health care: for instance, the justice ministry ordered compulsory medical screening for all new detainees. The RCS and the ICRC concluded a joint pilot project to tackle issues related to disease control, nutrition and hygiene at two prisons; the RCS collected best practices and lessons learnt from the project for replication at other prisons. RCS staff, guided by the ICRC, tackled disease outbreaks.

Detainees benefited from ICRC-supported projects to improve facilities at the central prisons.

Detainees contacted their families – and foreign detainees, their consular representatives – through the Movement's family-links services.

Members of families separated by past or ongoing conflicts, or other situations of violence, in the region – including people who had fled Burundi – also contacted their relatives through the Movement's family-links services. The ICRC monitored the welfare of unaccompanied minors – including those previously associated with fighting forces – while their families were being traced; where possible and appropriate, it reunited them with their relatives. ICRC support enabled some people who were wounded while fleeing Burundi to receive medical attention.

The ICRC sought to expand its interaction with military and police officials, with a view to raising support for IHL and other pertinent norms and standards; and contributing more substantially to training for government troops in applying these norms and standards. On an ad hoc basis, the ICRC gave presentations on IHL and its mandate at military training institutes, such as places training military officers bound for peace-support missions. No presentations were made for police units.

Government bodies and the Rwandan Red Cross received ICRC advice while taking steps towards implementing IHL, such as: documenting gaps in the domestic implementation of IHL-related treaties; establishing a national IHL committee; and enacting a law on the proper use of the emblems protected under IHL, which also formally recognized the National Society as an auxiliary to the government. Various ICRC events – such as a forum in Kigali on the protection of civilians during armed conflict – helped the authorities to add to their knowledge of IHL, humanitarian issues in the region, and the Movement's work.

Students, teachers and the general public learnt about issues of humanitarian concern, and the Movement's Fundamental Principles and activities, through various means: information sessions; competitions and other events; and audiovisual materials, including those produced by the National Society with ICRC support.

CIVILIANS

People separated from their families by events in Burundi and the DRC, migration or other circumstances, as well as members of families dispersed by the 1994 genocide in Rwanda, restored or maintained contact with relatives using family-links services provided by the Rwandan Red Cross and the ICRC. In particular, Burundians in transit centres and ex-combatants in demobilization centres made use of the phone services (calls and battery charging) and free SIM cards offered by the National Society and the ICRC. However, the National Society and the ICRC facilitated only half as many phone calls as in 2017, as they focused on serving more vulnerable populations,

such as unaccompanied minors and people seeking missing relatives. The ICRC's family-links website (familylinks.icrc.org) remained available to those searching for missing relatives.

Children rejoin their families

Twenty-five people, including 20 unaccompanied Burundian minors and one member of a family dispersed during the genocide, were reunited with their families. They were given food and transportation assistance – and free lodgings on the way – for their journey home, and household items to ease their return to family life. The ICRC made follow-up visits to monitor their reintegration.

The ICRC continued to follow the cases of 875 unaccompanied minors in Rwanda; special attention was paid to 26 children formerly associated with weapon bearers. Some of the children's families were located through the Movement's tracing services. The National Society and the ICRC coordinated closely with government and humanitarian agencies involved in child protection, to ensure that unaccompanied children received proper attention and that their particular needs were met.

Movement components in the DRC and Rwanda discussed the requirements and other details of a pilot project to deliver RCMs electronically, as part of efforts to improve family-links services. The ICRC continued to give the National Society material and financial support for improving its family-links services; and on-the-job mentoring for National Society personnel, particularly during joint visits to refugee camps and transit centres. The ICRC also sponsored National Society staff to attend a regional Movement conference on family-links services, at which management of human remains was discussed. Plans to update regional contingency plans for restoring family links during emergencies and to incorporate data protection in National Society policies were not fulfilled owing to various constraints.

Officials from the Ministry of Disaster Management and Refugee Affairs (MIDIMAR) and the health ministry attended ICRC workshops on managing human remains. Because of administrative impediments, little progress was made in other efforts to help forensics professionals and agencies strengthen their ability to manage human remains.

Wounded Burundians obtain medical care

The ICRC covered the costs of post-surgical care for four people who were wounded while fleeing Burundi. Several others were referred to UNHCR or other organizations for suitable assistance. MIDIMAR, the ICRC, and other humanitarian actors continued to coordinate referrals for wounded Burundians.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC continued to visit detainees – in 13 facilities run by the RCS – to monitor their treatment and living conditions, in accordance with its standard procedures. ICRC delegates also visited one camp where former weapon bearers were being held: these people had been living in the DRC since the genocide and were repatriated in November; the ICRC also checked on

the welfare of their families, who were at two other camps. During its visits, the ICRC paid particular attention to security detainees and detainees with special needs, such as foreigners and vulnerable women. It sought access to all detainees within its purview, in its dialogue with the authorities.

Detainees contacted their families through RCMs, phone calls facilitated by the ICRC or, in ten prisons, through phone services established by the authorities at the ICRC's recommendation.

The ICRC issued attestations of detention on an ad hoc basis, and as part of an initiative with the RCS and the National Public Prosecution Authority, to enable inmates to have their detention status reviewed by the authorities. Aided by the ICRC, the RCS prepared the judicial files of 219 people linked to the genocide, to facilitate review of their detention status.

Authorities act to improve detainees' living conditions and treatment

ICRC delegates communicated findings from their detention visits, and recommendations, confidentially to detaining authorities, to support their efforts to bring detention conditions and detainees' treatment in line with internationally recognized standards. Measures to prevent ill-treatment were discussed.

The RCS and the ICRC continued to implement a joint plan of action to improve conditions in RCS-run prisons and build RCS staff's capacities; the RCS reassessed the training curricula for its staff. The ICRC continued to follow up with the RCS on developing a national penitentiary policy for addressing overcrowding, though no progress was achieved on the matter.

Detainees in RCS-run facilities have better access to health care

The national authorities took measures to improve health monitoring in prisons throughout Rwanda; the ICRC provided technical support. The justice ministry mandated the medical screening of newly arrived detainees and the issuance of health clearances as a necessary step in the case-management system implemented in prisons. At their request, the ICRC gave national health authorities and the RCS expert advice in certain areas: reforming prison health services; making more effective use of health information systems; and improving the quality of data collected. The ICRC sponsored officials from the health ministry and the penitentiary authority to attend training sessions in managing non-communicable diseases, and other subjects.

RCS health staff managed measles outbreaks at two facilities, with technical support from the ICRC. The ICRC also provided the RCS and the health ministry expert advice for monitoring and preventing epidemics in detention facilities – particularly pertinent in light of the Ebola outbreak in the DRC.

Detainees at two pilot prisons (the Huye and Ngoma central prisons; the latter held only women, some of whom had their children with them) had better access to health care under a joint RCS-ICRC project to tackle issues related to disease control, nutrition and hygiene. Nutritional support

was provided; HIV-infected detainees were among those who benefited. Training and expert guidance from the ICRC enabled RCS staff to develop their ability to deal with nutrition-related and other health-care issues. The RCS and the ICRC completed their pilot project; the RCS collected best practices and lessons learnt for replication at other prisons.

Twenty surgeons, anaesthesiologists, and nurses from three hospitals, including one situated near the DRC border, enhanced their knowledge of treating weapon wounds at an ICRC-organized seminar.

Penitentiary staff improve prison infrastructure

The RCS, with ICRC support, ran various projects to improve living conditions for 61,500 detainees. These included fumigation campaigns and improvements to sleeping spaces – particularly for female detainees – ventilation, biogas systems and kitchen facilities. With the ICRC's assistance, RCS staff restored or installed incinerators for medical waste at three prisons; they made preparations for doing this at other facilities. An ICRC-trained RCS team began to collect data on prison infrastructure (e.g. surface area of sleeping spaces), to aid decision-making on maintenance and improvements.

Two RCS prison managers attended an ICRC seminar (see *Ethiopia*), where they learnt best practices for maintaining prison infrastructure and designing prisons in accordance with internationally recognized standards.

ACTORS OF INFLUENCE

Military and peacekeeping units learn more about IHL

The ICRC sought to expand its interaction with military and police officials, with a view to raising support for IHL and other pertinent norms and standards; and contributing more substantially to training for government troops in applying these norms and standards.

At the Rwanda Defence Force's invitation, the ICRC made ad hoc presentations on IHL and its mandate at military training institutes, such as the Rwanda Peace Academy, which trained military officers bound for peace-support missions. The ICRC also made presentations and provided guidance on IHL-related subjects at a 10-day exercise, in Rwanda, for East African military forces. At a workshop for senior officials (see *International law and policy*), the chief instructor at one command training centre learnt how to incorporate IHL considerations in military planning.

The training unit of the newly established investigation bureau was given training manuals on international human rights law by the ICRC; the bureau and the ICRC discussed possibilities for cooperation, in such areas as reinforcing respect for judicial guarantees during arrests and detention. No training sessions were held for police personnel; the inspector-general of police and the ICRC discussed possible areas of cooperation for the future.

Government bodies and the National Society pursue initiatives to implement IHL

Various government bodies and the Rwandan Red Cross received the ICRC's counsel on steps towards implementing IHL. The Rwanda Law Reform Commission and the ICRC pursued a joint project to identify gaps in the domestic implementation of IHL-related treaties; a report was being finalized at year's end. The authorities created a task force for establishing a national IHL committee, but took no further steps. The National Society continued to work with the authorities on enacting a law – which it drafted with the ICRC's support – on the proper use of the emblems protected under IHL, which also formally recognized it as an auxiliary to the government.

The authorities learnt more about IHL and related matters at ICRC events. A training session on IHL was attended by 30 judicial officials, including people working on cases related to the genocide. Rwandan government officials discussed the Arms Trade Treaty with their East African counterparts at a workshop in Tanzania. East African authorities and experts also gathered at an ICRC forum in Kigali on the Kigali Principles – a set of recommendations for peacekeepers on protecting civilians during conflict.

In various meetings, the ICRC kept officials from the foreign and defence ministries and other Rwandan authorities informed of its activities, and of humanitarian issues in Rwanda and throughout Africa, with a view to securing their support.

The ICRC sponsored lecturers from two universities to attend a regional round-table, in Ethiopia, on IHL. Other teachers, students and the general public learnt about issues of humanitarian concern and the Movement through various means: events, such as those held to mark World Red Cross and Red Crescent Day (8 May); information sessions; and audiovisual materials, including those produced by the National Society. Students tested their grasp of IHL at moot court competitions in Rwanda and elsewhere.

The ICRC continued to give the National Society support for strengthening its public communication. Communications teams from the Rwandan Red Cross and other African National Societies attended an ICRC workshop on producing digital and printed informational materials; participants developed and implemented a short-term social media plan to promote IHL as their output from the workshop.

The delegation set up a hotline for beneficiaries to provide information on their needs and comment on the Movement's activities for them.

RED CROSS AND RED CRESCENT MOVEMENT

The Rwandan Red Cross continued to develop its ability to respond to emergencies, raise support for the Movement, and enhance its organizational structure – with financial, technical and material assistance from the ICRC. It took over from the ICRC the provision of phone-charging services in camps for Burundian refugees. It expanded its disaster response capacities by training over 600 volunteers, particularly in first aid, and setting up 30 emergency response teams.

It sought to strengthen its financial management; to that end, it restructured the way it administered funds for projects. It also began to update its policies for managing volunteers. The National Society and the ICRC reviewed their partnership framework and worked on redefining priority areas of cooperation.

Movement partners in Rwanda held meetings to harmonize their activities and exchange information, for instance, on humanitarian needs arising from natural disasters. However, no progress was made in updating a Movement-wide contingency plan for crises.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	3,772	353		
RCMs distributed	4,553	311		
Phone calls facilitated between family members	30,162			
Names published in the media	216			
Reunifications, transfers and repatriations				
People reunited with their families	25			
<i>including people registered by another delegation</i>	2			
People transferred or repatriated	10			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	242	58	75	22
<i>including people for whom tracing requests were registered by another delegation</i>	30			
Tracing cases closed positively (subject located or fate established)	229			
<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)	248	34	71	69
<i>including people for whom tracing requests were registered by another delegation</i>	94			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	98	35		1
UAMs/SC reunited with their families by the ICRC/National Society	23	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	875	217		26
Documents				
People to whom official documents were delivered across borders/front lines	4			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	14			
Detainees in places of detention visited	74,148	5,302	200	
Visits carried out	53			
		Women	Girls	Boys
Detainees visited and monitored individually	187	14		2
<i>of whom newly registered</i>	81	5		2
RCMs and other means of family contact				
RCMs collected	1,947			
RCMs distributed	1,418			
Phone calls made to families to inform them of the whereabouts of a detained relative	111			
People to whom a detention attestation was issued	219			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS	Total	Women	Children
Economic security			
Living conditions	Beneficiaries	105	105
PEOPLE DEPRIVED OF THEIR FREEDOM			
Water and habitat			
Water and habitat activities	Beneficiaries	61,500	9,840
Health			
Places of detention visited by health staff	Structures	13	
Health facilities supported in places of detention visited by health staff	Structures	2	

SOMALIA

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 and plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2018

- People, including in places accessible to only a few other humanitarian organizations, received ICRC assistance. Security risks led to a reduction of activities in emergency and livelihood support, detention and infrastructural works.
- People coped with the immediate effects of conflict and/or natural disasters with water provided by the ICRC, and food, cash, and other essentials distributed by the National Society with the ICRC's guidance.
- Communities affected by conflict or natural disasters worked towards gaining some degree of self-sufficiency, with ICRC support for such productive activities as farming, fishing, raising livestock and starting small businesses.
- Detainees benefited from the penitentiary authorities' efforts, which were supported by the ICRC, to improve living conditions and diet in prisons, and to renovate prison facilities.
- Malnourished people, including children, underwent therapeutic nutrition programmes at ICRC-supported centres; pregnant women obtained basic emergency obstetric and newborn-care services at National Society-run clinics.
- Weapon bearers learnt about IHL and the ICRC's work; they were reminded of their duty – under IHL and other applicable law – to protect civilians and ensure their access to humanitarian aid.

EXPENDITURE IN KCHF

Protection	4,373
Assistance	56,258
Prevention	3,832
Cooperation with National Societies	3,199
General	412
Total	68,073
<i>Of which: Overheads</i>	<i>4,155</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	83%
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PERSONNEL

Mobile staff	47
Resident staff (daily workers not included)	218



⊕ ICRC Somalia delegation is in Nairobi, Kenya ⊕ ICRC sub-delegation ⊕ ICRC office/presence

PROTECTION

Total

CIVILIANS

Restoring family links

RCMs collected	45,237
RCMs distributed	38,569
Phone calls facilitated between family members	63,785
Tracing cases closed positively (subject located or fate established)	409

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	13
Detainees in places of detention visited	3,736
<i>of whom visited and monitored individually</i>	82
Visits carried out	19

Restoring family links

RCMs collected	2
Phone calls made to families to inform them of the whereabouts of a detained relative	20

ASSISTANCE

2018 Targets (up to)

Achieved

CIVILIANS

Economic security

Food consumption	Beneficiaries	252,000	427,795
Food production	Beneficiaries	250,000	275,088
Income support	Beneficiaries	25,200	6,474
Living conditions	Beneficiaries	90,000	163,187
Capacity-building	Beneficiaries	1,860	674

Water and habitat

Water and habitat activities	Beneficiaries	502,000	600,663
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Health

Health centres supported	Structures	32	31
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures	4	9
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Water and habitat

Water and habitat activities	Beds	830	578
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CONTEXT

Somali forces – supported by the African Union Mission in Somalia (AMISOM) and armed forces from other countries – continued to clash with armed groups, particularly the Harakat al-Shabaab al-Mujahideen (better known as al-Shabaab). Fighting among clans persisted in parts of southern and central Somalia. Longstanding tensions escalated into armed conflict in the Sool region, between the semi-autonomous region of Puntland and the self-declared Republic of Somaliland.

Owing to the prevailing situation, hundreds of arrests continued to be made, further straining judicial and penitentiary resources.

Rates of food insecurity rose, the result of two consecutive years of drought. Access to basic services, notably health care, remained precarious. Water shortages affected livelihoods and led to outbreaks of disease, particularly cholera. Torrential rains in April ended the drought, but caused floods and displaced thousands of people.

Somalis returning from the Dadaab refugee camp in Kenya, and people fleeing the conflict in Yemen, added to the growing IDP population in Somalia. Ethiopians fleeing the violence in their country continued to pass through Somalia.

Widespread insecurity and blurring of front lines hindered the delivery of international humanitarian aid, particularly in areas controlled by armed groups. An ICRC staff member was killed in March; the abduction of another colleague in May remained unresolved.

ICRC ACTION AND RESULTS

The ICRC, in cooperation with the Somali Red Crescent Society, continued to help address the needs of people affected by armed conflict and other situations of violence, which were often compounded by climatic emergencies. However, owing to security incidents and other constraints (see *Context*), some activities – related to emergency response, livelihood support, detention, and infrastructural repairs or construction – had to be reduced.

Although it scaled back its activities, the ICRC provided – mainly through the National Society – food and essential household items to hundreds of thousands of people, enabling them to meet their immediate needs. Emergency supplies of water were trucked in for thousands of IDPs.

Until July, the ICRC also helped communities work towards self-sufficiency. Vulnerable households benefited from initiatives to: increase food production; improve water supply; strengthen veterinary services; and fund small businesses, particularly those run by female heads of households.

Throughout the year, the ICRC continued to support first-aid training programmes, National Society-run primary-health-care clinics, and facilities offering specialized treatment for malnutrition and cholera. It constructed three new clinics and renovated another to expand the National Society's

primary-health-care services. Victims/survivors of sexual violence had access to suitable care from ICRC-trained health staff. The ICRC provided support to four hospitals regularly, for upgrading facilities and managing financial and human resources. Because of the curtailment of ICRC activities, training for medical personnel was put on hold.

From January to July, people held in detention facilities throughout Somalia, including Puntland and Somaliland, were visited in accordance with standard ICRC procedures. Afterwards, the ICRC communicated its findings – and where necessary, its recommendations for improving detention conditions – confidentially to the authorities. Detainees made use of the Movement's family-links services to contact their families.

Cases of malnutrition in prisons were monitored by the ICRC; it also helped penitentiary authorities to strengthen their ability to manage the food supply and improve detainees' diet. Infrastructural projects and distributions of essential items helped improve living conditions in prisons; several thousand detainees received material assistance during Ramadan.

The ICRC pursued discussions with the authorities, weapon bearers, and community leaders, with a view to helping them understand more fully – and securing their acceptance of – the ICRC's mandate and work. These discussions also enabled the ICRC, together with the National Society, to assist communities accessible to virtually no other organization.

Families separated by conflict and other violence benefited from the Movement's family-links services. Members of civil society and the general public learnt about the ICRC and the Movement through web-based and other media.

As the ICRC's main partner, the National Society received comprehensive support for strengthening its capacity to assist vulnerable communities. The ICRC continued to facilitate the coordination of Movement activities in Somalia.

CIVILIANS

The National Society and the ICRC worked together to aid people affected by conflict and natural disasters. Starting in late July, some activities – particularly in connection with livelihood support, emergency response, detention (see *People deprived of their freedom*), and infrastructure rehabilitation or construction – had to be reduced, owing to security considerations.

Relevant parties increase their understanding of IHL and protection of civilians

Military personnel, and police officials in Kismayo, were reminded by the ICRC of their duty to respect medical services and facilitate access to humanitarian aid. Members of armed groups learnt about IHL and other applicable norms, and the ICRC's work and mission at dissemination sessions. In July, the ICRC met with the Puntland and Somaliland authorities to explain how it classified the armed conflict between the two parties, and to remind them of the IHL provisions that applied.

AMISOM's deputy legal adviser participated in a round-table organized by the ICRC and the African Union, at which protection for civilians during the conduct of hostilities and the principle of *non-refoulement* were discussed.

The ICRC visited IDPs and residents in Galmudug, Kismayo, Mogadishu and Sool, and documented their protection concerns; people whose protection cases had been documented were given cash or material assistance, whenever necessary. Information on children at risk of recruitment by weapon bearers was followed up or re-evaluated in order to understand the children's needs and provide them with assistance.

The authorities, National Society staff, hospital personnel and first responders boosted their knowledge of best practices for managing human remains, through ICRC training. The relevant actors were reminded of the importance of coordinating their response and developing a plan to respond to mass casualties.

Vulnerable people receive life-saving health care

People obtained preventive and curative care at 31 National Society-run clinics, including three clinics the ICRC constructed in Baidoa, Bardhere and Xudur, and the Dhussamarreeb clinic where the ICRC built a maternity ward. These efforts were made in order to help the National Society widen its reach. On average, a catchment population of over 700,000 vulnerable people, including pregnant women and young children, had access to consultations, ante/post-natal care and other health services at these clinics every month. Basic emergency obstetric and newborn-care services were provided by several of the clinics, which contributed to an increased number of safe deliveries; twelve midwives learnt more about the delivery of these services at an ICRC-supported training course in Nairobi, Kenya. Thousands of children received vaccines against measles and other common infectious diseases at these clinics.

The ICRC-supported malnutrition-treatment centres in Baidoa and Kismayo enabled 9,591 malnourished children and 4,140 pregnant or lactating women to recover their health through therapeutic nutrition programmes. The ICRC trained National Society staff in community-based management of acute malnutrition.

A total of ten victims/survivors of sexual violence obtained medical care, including post-exposure prophylaxis, within 72 hours of the incident. Thirty midwives from National Society-run clinics learnt to identify fistula cases through ICRC training (see *Wounded and sick*).

The ICRC worked with primary-health-care centres to promote key health messages to the general public.

People affected by violence or disasters meet their most urgent needs

IDPs and people hosting them, households with malnourished children, people from flood-affected communities, caregivers at ICRC-supported malnutrition centres, people whose homes were destroyed, and people with relatives who were wounded in the conflict (over 427,700 people in all) bought their own food with cash or vouchers and/or received supplementary food

rations. A total of 163,187 people among them also received hygiene kits and household essentials. These emergency response activities were carried out by the National Society, with support and guidance from the ICRC.

The ICRC trucked in water – for eight weeks – to some 75,000 people displaced by floods; and then for six weeks to about 18,500 people displaced by violence in Sool. Roughly 72,500 civilians had better access to water, for household use or for crops and livestock, after the ICRC completed a number of water projects. The ICRC repaired existing water systems and donated equipment: some 73,600 people benefited. About 361,000 people – in areas where cholera and diarrhoea were a threat – learnt about good hygiene practices, and received soap, jerrycans and chlorine tablets, at ICRC information sessions.

Communities recover their livelihoods and grow more food

Farming and fishing households strengthened their capacities to pursue their livelihoods, with ICRC support. Sandbags were distributed to enable 29,654 households (177,924 people) in riverine communities to protect their crops from floods. Irrigation pumps helped 150 households (900 people) improve their crop yield. In drought-affected rural communities, around 4,400 households (over 26,900 people) received cash to help them restart farming activities; 194 community workers participated in a cash-for-work project. Flytraps and vaccines enabled over 11,500 households (some 69,000 people) to improve the health of their livestock. Roughly 130 people received cash and tools from the ICRC for restoring or making repairs to rainwater-harvesting systems.

ICRC cash grants and skills training enabled 833 households (4,998 people) headed by women to launch small businesses. Vocational training – for example, in carpentry and welding – was provided for 246 young people to help them find employment, to the benefit of 1,476 people in all.

The ICRC provided training, and veterinary and farming supplies, for 674 people to improve their services for farmers and livestock growers in their communities. These service providers consisted of 148 animal-health workers, 185 members of agricultural cooperatives and 30 owners of veterinary pharmacies; 311 farmers were trained in methods to increase their supply of seed and fodder.

Members of families separated by conflict stay in touch

Members of families separated by conflict or natural disasters established contact – through the Movement's family-links services – with their relatives in Somalia and elsewhere. Phone services (63,785 calls facilitated) and RCMs were used by IDPs in settlement camps in Baidoa and Mogadishu; people affected by the clashes in Puntland and Somaliland; people fleeing the conflict in Yemen; and Ethiopians passing through Somalia. Families had the names of their missing relatives (6,122) read out on an ICRC-sponsored radio programme on the BBC's Somali service. The ICRC searched for people unaccounted for, including detainees; the whereabouts of 409 people were ascertained and their families informed.

The ICRC helped to equip and train National Society staff, in order to ensure more efficient or reliable exchange of tracing data and to collect electronic RCMs. Tracing officers received financial support from the ICRC to sponsor their field trips, and to cover transportation costs and monthly allowances.

Leaflets were distributed by the National Society to the settlements, with help from the ICRC, in order to broaden awareness of family-links services among IDPs.

PEOPLE DEPRIVED OF THEIR FREEDOM

From January to July, people held in detention facilities throughout Somalia were visited by the ICRC. Owing to security constraints, the ICRC halted these visits and all its activities in detention facilities at the end of July.

Detainees receive ICRC visits and contact their families

A total of 82 detainees held in 13 places of detention – including those held in connection with the armed conflict between Puntland and Somaliland – were visited by the ICRC in accordance with its standard procedures. Findings from these visits, and recommendations, were communicated confidentially to the authorities, to help them ensure that detainees' treatment and living conditions met internationally recognized standards.

Detainees contacted their relatives via RCMs and brief oral messages relayed by ICRC delegates; a detainee held abroad kept in touch with his family in Somalia through video calls. Through the ICRC, seven foreign detainees notified their embassies of their imprisonment.

Detainees see some improvements in their living conditions

The ICRC distributed sleeping bags, kitchen utensils, and mosquito nets to some 4,500 detainees in 18 places of detention. Two particularly vulnerable detainees – a foreign woman and a Somali teenager – received ad hoc ICRC assistance (clothes and other essentials). During Ramadan, 4,398 detainees in 23 places of detention supplemented their diet with food distributed by the ICRC. The ICRC also conducted vocational training: some 130 detainees learnt new skills – for example, welding, carpentry, and tailoring – that they could use to find employment upon their release.

The ICRC arranged medical consultations for detainees at five places of detention: detainees were given medical screenings and, when necessary, efforts were made to prevent or monitor acute malnutrition. The ICRC trained prison authorities in nutrition monitoring and food preparation; eleven staff members at two prisons were trained in food-supply management. At the ICRC's recommendation, vegetables grown in one prison garden were used to supplement detainees' diet.

A total of 3,115 detainees at seven places of detention attended hygiene-promotion sessions and received hygiene items from the ICRC. Some 1,800 detainees among them also benefited from improvements the ICRC made to prison facilities. Energy-saving stoves were installed and the kitchen was renovated at one prison. Water was trucked in to two prisons when their water-supply systems broke down. At another prison, detainees had better access to water after the water-supply system was repaired and a new pump installed.

Some 1,300 detainees who had gone through ICRC vocational training used their basic knowledge of plumbing and electrical works to make minor repairs to prison facilities.

Large-scale infrastructural projects and long-term health and nutrition programmes were reduced.

WOUNDED AND SICK

Wounded people and others receive medical care

Thousands of people obtained medical and surgical treatment at nine ICRC-supported hospitals – including four that were supported and monitored regularly – in Baidoa, Keysaney, Kismayo and Medina. Ad hoc donations of medical supplies helped four hospitals in Galgaduug treat wounded patients. The ICRC provided technical support for a fistula treatment programme in Keysaney; thirty midwives learnt how to identify fistula cases and refer patients to the programme. The management team at the four hospitals were given expert advice for managing human and financial resources.

Renovations carried out with ICRC support helped improve services at three hospitals. This support included installation of incinerators for proper disposal of waste at the Kismayo hospital (450 beds); repairs to the roof of the Keysaney hospital (110 beds); and raising the perimeter wall at the Dhobley hospital (18 beds). A new cholera treatment unit was built at the Kismayo hospital.

The ICRC gave the National Society financial, technical and material support for ensuring that its first-aid capacities were adequate for dealing with mass casualties and other emergencies; community-based first responders, National Society volunteers, and hospital- and primary-health-care staff were given first-aid training. The ICRC gave first responders body bags and tools to help ensure that human remains were handled properly.

The ICRC met with other organizations – Médecins San Frontières, for example – to discuss and obtain support for the improvement of maternity services in hospitals.

The ICRC suspended training for medical staff in emergency-room trauma care, war surgery, and the management of human remains.

ACTORS OF INFLUENCE

The ICRC fosters acceptance for its work

The ICRC pursued dialogue with authorities, weapon bearers, and members of civil society to explain its mission and work, re-evaluate its acceptance in Somalia, and reconfirm support for its activities. Through meetings and dissemination sessions, over 1,000 of these people – including members of the Somali national army – learnt more about the National Society and the ICRC's work.

The National Society, with ICRC support, continued to develop its capacities in public communication, in order to help the general public reach a fuller understanding of the Movement's activities in Somalia. It was possible for a broad range of people, including Somalis living abroad and various weapon bearers, to learn about the Movement from ICRC-produced materials

available via traditional or web-based channels, including social media. With ICRC financial support, National Society personnel were given training in photography, and additional National Society communication staff were recruited.

Various groups of people familiarize themselves with IHL

The authorities and weapon bearers learnt more about IHL and other applicable norms at ICRC-conducted dissemination sessions, wherever necessary. Respect for health-care delivery and prevention of sexual violence were also discussed, whenever possible. AMISOM troops added to their knowledge of international rules governing the use of force, at ICRC workshops held in Nairobi (see *Nairobi*). The ICRC met with national authorities to discuss the importance of ratifying IHL treaties.

Students tested their grasp of IHL at a debate organized by the ICRC at a university in Somalia.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society remained the ICRC's primary partner in addressing the immediate and the chronic needs of vulnerable people in Somalia. It continued to receive ICRC support for strengthening its ability to respond to such needs in line with the Safer Access Framework. The ICRC organized training for National Society staff and volunteers (see *Civilians*), particularly in areas other than those covered by its traditionally health-focused programmes. It also gave the National Society material and technical support for expanding its capacities in logistics and project management: for instance, the ICRC purchased nine vehicles for mobile health clinics. Support was also given for renovating or constructing facilities; for instance, architectural plans were drafted for a new headquarters building for the National Society, to replace the one destroyed by a bomb in 2017.

The National Society and the ICRC continued to coordinate with other Movement partners to ensure a coherent response to emergencies and to develop operational partnerships. The ICRC continued to provide logistical and security support for the Norwegian Red Cross' programmes in Somalia; the two organizations signed a cooperation agreement.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	45,237			
RCMs distributed	38,569			
Phone calls facilitated between family members	63,785			
Names published in the media	6,122			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	754	147	243	167
<i>including people for whom tracing requests were registered by another delegation</i>	158			
Tracing cases closed positively (subject located or fate established)	409			
<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)	2,617	507	820	628
<i>including people for whom tracing requests were registered by another delegation</i>	451			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	4	4		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	2	2		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	13			
Detainees in places of detention visited	3,736	68	70	
Visits carried out	19			
		Women	Girls	Boys
Detainees visited and monitored individually	82	2	1	4
<i>of whom newly registered</i>	16			1
RCMs and other means of family contact				
RCMs collected	2			
Phone calls made to families to inform them of the whereabouts of a detained relative	20			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	427,795	72,321	283,153
	<i>of whom IDPs</i>	172,420	29,243	113,934
Food production	Beneficiaries	275,088	46,764	181,560
Income support	Beneficiaries	6,474	1,101	4,272
Living conditions	Beneficiaries	163,187	27,852	107,633
	<i>of whom IDPs</i>	123,262	20,940	81,382
Capacity-building	Beneficiaries	674	113	448
Water and habitat				
Water and habitat activities	Beneficiaries	600,663	162,179	276,305
	<i>of whom IDPs</i>	300,333	81,090	138,153
Health				
Health centres supported	Structures	31		
Average catchment population		740,289		
Consultations		612,997		
	<i>of which curative</i>	530,515		
	<i>of which antenatal</i>	82,482		
Immunizations	Patients	234,367		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	56,692		
Referrals to a second level of care	Patients	12,961		
	<i>of whom gynaecological/obstetric cases</i>	609		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	4,398	78	
Living conditions	Beneficiaries	4,503	65	
Capacity-building	Beneficiaries	131		
Water and habitat				
Water and habitat activities	Beneficiaries	3,115	62	249
Health				
Places of detention visited by health staff	Structures	5		
Health facilities supported in places of detention visited by health staff	Structures	3		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	9		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	4		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	2,779	617	200
	(including those related to mines or explosive remnants of war)	54	3	1
	Non-weapon-wound admissions	4,221		
	Operations performed	13,377		
Medical (non-surgical) admissions		658	36	590
Consultations		31,455		
Services at hospitals not monitored directly by ICRC staff				
Weapon-wound admissions (surgical and non-surgical admissions)		251		
Weapon-wound surgeries performed		14		
First aid				
First-aid training				
	Sessions	167		
	Participants (aggregated monthly data)	3,720		
Water and habitat				
Water and habitat activities	Beds	578		

SOUTH SUDAN

Present in Juba since 1980, the ICRC opened a delegation in newly independent South Sudan in mid-2011. It works to ensure that people affected by non-international and international armed conflicts are protected in accordance with IHL, have access to medical care, physical rehabilitation and safe water, receive emergency relief and livelihood support, and can restore contact with relatives. It visits detainees and seeks to increase knowledge of IHL among the authorities, armed forces and other weapon bearers. It works with and supports the South Sudan Red Cross.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- IDPs, residents and returnees were given emergency aid by the South Sudan Red Cross and the ICRC; food supplies were airdropped by the ICRC, and distributed to people in isolated communities.
- ICRC-trained counsellors and volunteers provided psychosocial support to victims/survivors of sexual violence. Some of them reported that the counselling sessions helped ease their psychological distress.
- People wounded in clashes were given first aid by emergency responders trained by the ICRC; those needing higher-level care were airlifted by the ICRC to hospitals with ICRC surgical teams.
- At the request of the parties concerned, the ICRC served as a neutral intermediary in the release and handover of 130 people formerly held by the government or armed groups.
- Detainees benefited from donations of food and infrastructural upgrades made by the authorities and the ICRC; some of them were able to supplement their diet with vegetables from ICRC-supported prison farms.
- The ICRC and the National Society collected and buried the remains of 49 weapon bearers, at the request of the parties concerned. Aided by the ICRC, first responders enhanced their ability to manage human remains.

EXPENDITURE IN KCHF

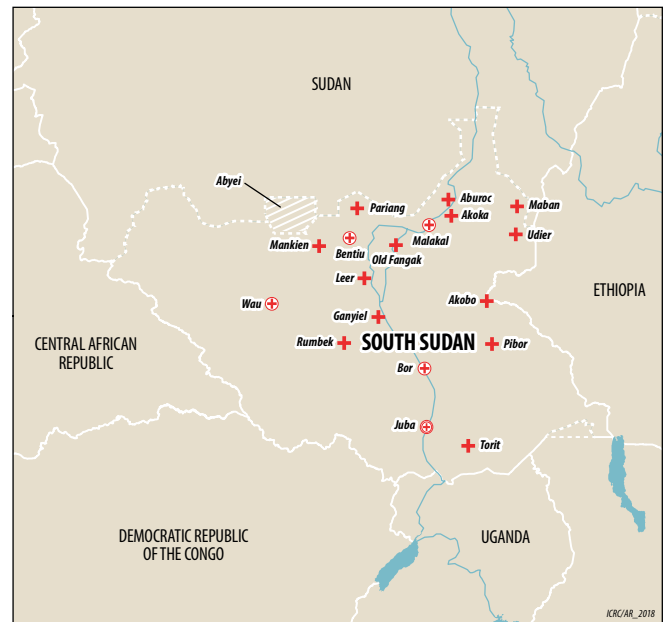
Protection	11,128
Assistance	99,904
Prevention	7,226
Cooperation with National Societies	8,290
General	643
Total	127,192
<i>Of which: Overheads</i>	<i>7,726</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Mobile staff	181
Resident staff (daily workers not included)	742



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.

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	3,066
RCMs distributed	1,958
Phone calls facilitated between family members	44,195
Tracing cases closed positively (subject located or fate established)	334
People reunited with their families	68
<i>of whom unaccompanied minors/separated children</i>	16
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	41
Detainees in places of detention visited	4,065
<i>of whom visited and monitored individually</i>	256
Visits carried out	130
Restoring family links	
RCMs collected	329
RCMs distributed	77
Phone calls made to families to inform them of the whereabouts of a detained relative	22

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	486,000	430,856
Food production	Beneficiaries	765,000	802,063
Living conditions	Beneficiaries	216,000	338,219
Capacity-building	Beneficiaries	220	248
Water and habitat			
Water and habitat activities	Beneficiaries	235,000	447,000
Health			
Health centres supported	Structures	15	21
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	3	5
Physical rehabilitation			
Projects supported	Projects	3	3
People benefiting from ICRC-supported projects	Aggregated monthly data	3,400	3,294
Water and habitat			
Water and habitat activities	Beds	240	866

CONTEXT

The South Sudanese government and the opposition signed a peace agreement in September, as part of efforts to revitalize the 2015 agreement between parties to the non-international conflict that began in 2013. After this, armed confrontations between government troops and opposition forces became less frequent; however, tensions related to the political and security situation persisted. Violence related to competition over scarce resources, and ethnic and communal tensions, continued throughout the country. Indiscriminate attacks, destruction of civilian infrastructure, sexual violence and other unlawful acts by weapon bearers were reported.

Reportedly, some 4.6 million people were displaced by the protracted violence: nearly 2.3 million of them were seeking refuge in neighbouring countries and roughly 200,000 IDPs were at “protection-of-civilians” sites run by the UN Mission in South Sudan (UNMISS). People across the country, especially those in hard-to-reach areas, suffered from the combined effects of intense violence; critical shortages of basic commodities; deteriorating roads, water facilities and other infrastructure; unavailability of essential services, including health care; and extreme weather conditions. Numerous people were at risk of malnutrition and disease.

Attacks against humanitarian workers continued.

Tensions persisted between South Sudan and Sudan, particularly in connection with the unresolved border dispute regarding Abyei.

ICRC ACTION AND RESULTS

The ICRC sustained its multidisciplinary response to the humanitarian needs of people in South Sudan. It worked with the South Sudan Red Cross – and other Movement components, when possible – to provide conflict-affected people with emergency aid and help ensure their access to essential services; the National Society strengthened its administrative and operational capacities with the ICRC’s support.

Through confidential dialogue, the ICRC urged authorities and weapon bearers on all sides to: protect people who were not or were no longer participating in hostilities; facilitate their safe access to humanitarian aid and essential services, including health care; and address and prevent sexual violence and other abuses against them. Dialogue with these parties, and with communities, helped broaden acceptance and support for the ICRC, enabling it to assist people in hard-to-reach areas.

ICRC aircraft delivered essential items and food supplies to isolated communities; airdropped supplies were collected by National Society and ICRC teams at designated sites, and then distributed. Items were delivered over land when possible.

ICRC distributions enabled IDPs, residents and returnees to have food to eat and household essentials to help ease their living conditions. Material aid also improved the learning environment at one school. The ICRC repaired or renovated water facilities, and maintained people’s access to clean water; these efforts, together with hygiene-promotion sessions, lessened their risk of disease.

Communities grew more food, which helped them strengthen their resilience to the effects of armed conflict and other situations of violence. Vulnerable households cultivated crops or caught fish with ICRC-donated tools; some received support to build canoes for fishermen. Herders benefited from campaigns, organized by the authorities and the ICRC, to vaccinate and treat livestock; ICRC refresher training helped animal-health workers to maintain their skills.

The ICRC broadened public awareness of the goals of the Health Care in Danger initiative. People wounded in clashes were given first aid by ICRC-trained emergency responders; the ICRC airlifted those needing higher-level care to facilities it supported. Some hospitals received comprehensive support: on-site assistance and supervision from an ICRC surgical team, medical supplies, and infrastructural upgrades. Mobile surgical teams were sent to other facilities in need of support. The ICRC provided supplies and technical assistance for primary-health-care centres that delivered ante/post-natal and paediatric services, and treated victims/survivors of sexual violence. ICRC-trained counsellors and community volunteers provided psychosocial care to victims of violence, including sexual violence; some victims/survivors reported that the counselling sessions helped ease their psychological distress. Disabled people received treatment at ICRC-supported physical rehabilitation centres, and pursued wheelchair basketball with various ICRC support.

The ICRC visited people held by the government, armed groups and UNMISS, in accordance with its standard procedures. It discussed its findings confidentially with the relevant authorities, to help them bring people’s treatment and living conditions in line with IHL and/or internationally recognized standards. Detainees benefited from food donations and infrastructural upgrades by the authorities and the ICRC; some detainees supplemented their diet with vegetables from ICRC-supported prison farms. Prison clinics were given medical supplies for treating malnourished and sick detainees. At the request of the parties concerned, the ICRC served as a neutral intermediary in the release and handover of people formerly held by the government or armed groups.

Members of families separated by violence, detention or other circumstances reconnected through the Movement’s family-links services. The ICRC raised awareness among authorities on the importance of human-remains management in ascertaining the fate of missing people. At the request of all parties concerned, the ICRC and the National Society collected and buried the remains of 49 weapon bearers. First responders received ICRC training on human remains management.

CIVILIANS

The ICRC kept up confidential bilateral dialogue with parties to conflict, with a view to promoting protection for civilians, including those seeking to return home. It made oral and written representations to all parties concerned, urging them to meet their obligations under IHL and other applicable norms, particularly to: protect people who were not or were no longer participating in hostilities, including those seeking or providing health care; address and prevent sexual violence and other abuses; and facilitate access to essential services and humanitarian assistance.

Weapon bearers involved in conflict or other violence learnt more about IHL and other applicable norms at ICRC briefings (see *Actors of influence*).

Isolated communities receive essential supplies

Because of persistent insecurity and logistical constraints, the ICRC used its aircraft to reach people in isolated communities. Food supplies were airdropped by the ICRC at designated sites, collected by National Society and ICRC teams, and then distributed to people in hard-to-reach communities. Shelter materials and household essentials that could not be airdropped were transported by small aircraft capable of landing in difficult terrain. Supplies were delivered over land when the roads were passable.

Around 430,900 IDPs, residents and returnees (71,800 households) – including the newly displaced and people in hard-to-reach areas – had food to eat during times of scarcity because of ICRC distributions. These enabled farming households to avoid having to consume the seed given to them for planting (see below). In response to further and continued displacement, the National Society and the ICRC provided tarpaulins, mosquito nets and/or household essentials to more people than planned (some 338,200 people; 58,900 households); this helped ease their living conditions. One school received tarpaulins and tools for improving the learning environment for children.

Communities boost their food production

Around 134,100 households (802,100 people in all) produced more food, with multiple kinds of ICRC assistance, which helped them strengthen their resilience to the effects of conflict and other violence. Some 52,200 households (313,400 people) used seed and farming tools from the ICRC to cultivate crops. Over 23,200 households (139,400 people) received fishing kits that they could easily carry with them if they had to flee. Campaigns to vaccinate and treat livestock, organized by the livestock and fisheries ministry and the ICRC, benefited around 55,500 agro-pastoralist households (333,200 people). Communities received financial and material assistance to implement livelihood-support projects – building canoes for fishermen or providing goats for pastoralists, for example – which helped roughly 3,100 households (16,600 people).

Nearly 250 community-based animal-health workers received veterinary kits and bolstered or refreshed their skills during ICRC technical courses and livestock vaccination campaigns.

IDPs and residents are less at risk of cholera

Some 216,200 and 106,700 people from urban and rural areas, respectively, were able to maintain their access to water because the ICRC repaired their water systems. More people were assisted than planned since they included beneficiaries of projects that were meant to be completed in 2017. Around 250 of them also benefited from repairs to community infrastructure, including a school; logistical constraints hampered the progress of other similar projects.

The ICRC responded to water/sanitation-related emergencies in conflict-affected areas; roughly 123,800 people benefited. Water-supply systems and water-treatment plants maintained by the ICRC in Aburoc and Juba helped ensure people's access

to clean water and minimize their risk of cholera. People in those places and in other cholera-prone areas learnt good hygiene practices at information sessions conducted by the National Society and the ICRC.

Conflict-affected people, including victims/survivors of sexual violence, receive health care

People in conflict-affected areas obtained health care at 20 clinics that received ICRC support: medical supplies, equipment, training, and supervision of staff. Another clinic sustained its services with ICRC-donated emergency supplies. Infrastructural repairs by the ICRC improved conditions for patients and health personnel at two of the clinics; security-related issues delayed repairs at other clinics. Staff at ICRC-supported centres facilitated childbirths, and provided vaccinations and delivered ante/post-natal and paediatric care.

ICRC-trained counsellors and community volunteers provided psychosocial support to over 400 victims of violence, including sexual violence; some of them reported that the counselling sessions helped ease their psychological distress. Counsellors also referred victims/survivors of sexual violence to ICRC-supported health facilities, where they obtained specialized services such as prophylactic treatment within 72 hours of the incident. At information sessions organized by the National Society and the ICRC, roughly 3,300 people learnt more about the consequences of sexual violence and the services available to victims/survivors.

Members of families separated by conflict reconnect

People who were newly displaced and/or living in isolated communities, informal settlements and at UNMISS “protection-of-civilians” sites restored contact with relatives through the Movement’s family-links services. Under the ICRC’s auspices, 68 people – including unaccompanied/separated children – were reunited with their families. Some 430 people reconnected with their relatives with the help of ICRC-produced booklets containing pictures of them that were published with their consent and were shown during ICRC field trips.

Based on the ICRC’s assessment of needs related to cases of missing persons, and overall, of needs among families separated by conflict and other violence in the country, the ICRC and the National Society reviewed their guidelines and updated their tools for restoring family links and ascertaining the fate of missing people; the aim was to provide these services more effectively. The National Society received refresher training, supplies and logistical support for this.

With the National Society, the ICRC sought to broaden public awareness of the importance of clarifying the fate of missing people and the role of human-remains management in this process. It made various efforts to that end, such as organizing an event to mark the International Day of the Disappeared. The topic was brought up during bilateral dialogue with parties to conflict, and during a round-table with senior government officials.

At the request of all parties concerned, the ICRC and the National Society collected and buried the remains of 49 weapon bearers. First responders, including health ministry staff and

military personnel, enhanced their ability to manage human remains; the ICRC gave them training, and material and/or technical support. The ICRC sponsored four officials to attend a course, held abroad, in human-remains management (see *Pretoria*). A government committee drew on ICRC input to draft a plan of action for responding to mass-casualty incidents; the plan included human-remains management.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC discussed with the authorities and weapon bearers its humanitarian activities for people deprived of their freedom, and followed up allegations of arrest, with a view to gaining access to people held in connection with the conflict. It visited – in accordance with its standard procedures – people held by the government, armed groups and UNMISS. It monitored the situation of 256 people, including women and children, individually. It communicated its findings confidentially to the relevant authorities, to help them ensure that treatment and living conditions were in line with internationally recognized standards and, where applicable, complied with IHL – by respecting the principle of *non-refoulement*, for instance. Following these discussions, three mentally ill people held by an armed group were released and returned to their families.

Detainees contacted their relatives through ICRC family-links services, which included phone calls arranged by the ICRC with the authorities' consent. At the request of the parties concerned, and as per an agreement signed by the parties to conflict, the ICRC served as a neutral intermediary in the release and handover of 130 people formerly held by the government or armed groups.

Malnourished and ill detainees receive treatment

The detaining authorities, the interior and health ministries, and the ICRC discussed strengthening health services for detainees, and the possibility of implementing a pilot project to this end. Prison staff, including from the National Prison Service, learnt more about detainees' rights; they received training, advice and material support for managing data, which helped ensure detainees' files were available for administrative or legal follow-up.

Detainees obtained health care at eight prison clinics receiving ICRC support: staff training for medical screenings, technical support and medical supplies. ICRC training and technical support helped prison health staff to detect and respond to an outbreak of a vitamin-deficiency illness at one prison. Roughly 7,500 detainees – at this prison and in prisons with high rates of malnutrition – were given food rations and/or nutritional supplements by the ICRC. Some detainees augmented their diet with vegetables from prison farms, supported by the ICRC as part of the penitentiary authorities' efforts to diversify food supply. Detainees were trained in agricultural techniques, and staff in food-supply management. Roughly 5,300 detainees received hygiene items and other essentials, which helped ease their living conditions; these included particularly vulnerable people, such as children and mentally ill people, who received one-off donations of recreational items and other supplies.

The authorities and the ICRC renovated water and sanitation systems in prisons, benefiting some 3,100 detainees; the ICRC provided material and technical assistance for maintaining these systems. Some of these detainees attended ICRC-organized health- and hygiene-promotion sessions.

WOUNDED AND SICK

The ICRC reminded parties to conflict of the protection afforded by IHL to patients, medical personnel and health facilities (see *Civilians*). Communities learnt about the goals of the Health Care in Danger initiative through ICRC dissemination sessions. Local authorities enforced a "no-weapons" rule at four ICRC-supported hospitals.

Wounded people are treated by ICRC surgical teams

Wounded civilians and fighters received life-saving care from first responders, including weapon bearers who received first-aid training and kits from the National Society and/or the ICRC. The ICRC airlifted some 320 wounded people to ICRC-supported hospitals for higher-level care. With the ICRC's financial and technical support, 13 National Society branches strengthened their capacity to teach and provide first aid.

ICRC surgical teams at hospitals in Juba, Ganyiel and Wau reinforced local capacities in providing treatment; they performed over 3,000 operations. Mobile surgical teams were sent where support was needed: one to Akobo for a month, and another to a field hospital in Udier that the ICRC ran for roughly eight months.

The hospitals mentioned above sustained their medical services with supplies, staff incentives, technical advice, and training and on-site assistance, from the ICRC. Hospital managers met regularly with the ICRC to discuss administrative concerns; staff were trained in waste management and other infection-control measures. Because the Wau hospital had few admissions of weapon-wounded people, the ICRC concluded its support for the hospital at year's end.

Patients and staff at ICRC-supported hospitals and physical rehabilitation centres benefited from infrastructural projects (866 beds in all); these included temporary facilities (135 beds) for mobile surgical teams, and projects that began in 2017. Staff were trained and equipped in maintaining some of these facilities.

Physically disabled people regain some mobility

Some 3,200 disabled people¹ received physical rehabilitation services at ICRC-supported centres in Juba, Rumbek and Wau: the ICRC covered transportation costs for about 530 of them, and food and accommodation costs for roughly 860. ICRC aircraft transported around 310 people to the centres.

The three centres sustained their operations with training, and technical, financial and material support, from the ICRC. Following discussions with the ICRC, the authorities hired new staff, with a view to ensuring the sustainability of services at

1. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

two of the centres. Three staff members on ICRC scholarships studied physical rehabilitation at a local university. During meetings with the ICRC, the authorities were encouraged to establish a national oversight board for physical rehabilitation professionals.

With ICRC material and financial support, local NGOs fostered the socio-economic inclusion of disabled people: 68 people participated in wheelchair races or weekly basketball training. One person was referred to the ICRC's livelihood support project, and another was given financial assistance to attend school.

ACTORS OF INFLUENCE

Dialogue with all sides

facilitates delivery of humanitarian aid

The ICRC – sometimes together with the National Society – sought to raise awareness of IHL, and foster support for the Movement's humanitarian activities, among the authorities, weapon bearers, community leaders and members of civil society. The National Society was given training, and promotional materials and tools, to enhance its capacities in public communication and expand its engagement with communities.

During its assistance activities, the ICRC helped some 7,800 community members and their leaders to learn more about their rights and the humanitarian services available to them.

The media drew on ICRC input to produce news releases and other online content that broadened public awareness of the humanitarian situation in South Sudan and the Movement's response. Students from two universities learnt more about IHL at ICRC briefings. An ICRC workshop helped university lecturers to incorporate IHL in their curricula; two lecturers sponsored by the ICRC attended a round-table abroad on teaching IHL (see *Ethiopia*).

All these efforts helped to broaden acceptance for the National Society and the ICRC, and facilitated their access to people in conflict-affected areas.

Weapon bearers learn more about IHL

Around 5,100 military and police personnel, and peacekeepers stationed in Abyei, reinforced their grasp of IHL, international human rights law and other applicable norms at ICRC training sessions. Some 800 other weapon bearers learnt about the basic principles of IHL at dissemination sessions that were often combined with first-aid training (see *Wounded and sick*). These sessions focused on provisions of IHL on protecting civilians and facilitating safe access to medical care. The ICRC sponsored the participation of a military officer in an advanced IHL course abroad.

South Sudan acceded to the Optional Protocol to the Convention on the Rights of the Child, and government officials worked to ratify the African Union Convention on IDPs, with ICRC technical assistance. Legal professionals, including officials from the justice and defence ministries, attended an ICRC workshop on domestic implementation of IHL.

RED CROSS AND RED CRESCENT MOVEMENT

The South Sudan Red Cross remained the ICRC's main partner in assisting vulnerable communities (see above). It strengthened its operational and administrative capacities with the help of the ICRC and other Movement partners.

The National Society bolstered the capacities of its emergency response teams, including in restoring family links (see *Civilians*). With the ICRC's technical, material and financial support, the National Society maintained its administrative capacities and worked to incorporate safety measures in its operations. For instance, National Society branches enhanced their knowledge of the Safer Access Framework through ICRC briefings; at regional round-tables, National Society staff discussed best practices in applying the framework. The National Society, aided by Movement partners, also drafted a training manual on financial management.

Movement components met regularly to coordinate their activities, such as preparing for possible outbreaks of Ebola. The ICRC provided financial and logistical support, and training for National Society staff, for the International Federation and the National Society's activities to help people in the Equatoria region; they distributed household essentials, constructed boreholes and organized hygiene-promotion sessions.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		3,066	10		
RCMs distributed		1,958	13		
Phone calls facilitated between family members		44,195			
Reunifications, transfers and repatriations					
People reunited with their families		68			
	<i>including people registered by another delegation</i>	2			
Human remains transferred or repatriated		49			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		584	113	129	37
	<i>including people for whom tracing requests were registered by another delegation</i>	314			
Tracing cases closed positively (subject located or fate established)		334			
	<i>including people for whom tracing requests were registered by another delegation</i>	160			
Tracing cases still being handled at the end of the reporting period (people)		2,131	394	499	47
	<i>including people for whom tracing requests were registered by another delegation</i>	1,180			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		50	15		1
UAMs/SC reunited with their families by the ICRC/National Society		16	3		1
	<i>including UAMs/SC registered by another delegation</i>	2			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		72	39		1
Documents					
People to whom official documents were delivered across borders/front lines		4			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		41			
Detainees in places of detention visited		4,065	227	183	
Visits carried out		130			
			Women	Girls	Boys
Detainees visited and monitored individually		256	30	8	16
	<i>of whom newly registered</i>	210	30	8	16
RCMs and other means of family contact					
RCMs collected		329			
RCMs distributed		77			
Phone calls made to families to inform them of the whereabouts of a detained relative		22			
Detainees released and transferred/repatriated by/via the ICRC		130			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS			Total	Women	Children
Economic security					
Food consumption	Beneficiaries		430,856	139,004	220,072
	<i>of whom IDPs</i>		387,124	121,652	200,741
Food production	Beneficiaries		802,063	258,492	292,677
	<i>of whom IDPs</i>		586,822	185,743	221,452
Living conditions	Beneficiaries		338,219	107,522	171,982
	<i>of whom IDPs</i>		283,026	88,583	148,076
Capacity-building	Beneficiaries		248	52	48
	<i>of whom IDPs</i>		186	39	38
Water and habitat					
Water and habitat activities	Beneficiaries		447,000	134,100	178,800
	<i>of whom IDPs</i>		201,190	60,357	80,476
Health					
Health centres supported	Structures		21		
Average catchment population			265,820		
Consultations			213,756		
	<i>of which curative</i>		196,288	61,044	91,431
	<i>of which antenatal</i>		17,468		
Immunizations	Patients		66,846		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>		18,017		
Referrals to a second level of care	Patients		3,902		
	<i>of whom gynaecological/obstetric cases</i>		613		
PEOPLE DEPRIVED OF THEIR FREEDOM					
Economic security					
Food consumption	Beneficiaries		7,501	975	1,416
Living conditions	Beneficiaries		5,265	687	930
Water and habitat					
Water and habitat activities	Beneficiaries		3,116		
Health					
Places of detention visited by health staff	Structures		10		
Health facilities supported in places of detention visited by health staff	Structures		8		
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures		5		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>		5		
Services at hospitals reinforced with or monitored by ICRC staff					
Surgical admissions					
	Weapon-wound admissions		903	76	111
	(including those related to mines or explosive remnants of war)		5		5
	Non-weapon-wound admissions		153		
	Operations performed		3,045		
Medical (non-surgical) admissions			3	1	1
Patients whose hospital treatment was paid for by the ICRC			4		
First aid					
First-aid training					
	Sessions		189		
	Participants (aggregated monthly data)		4,568		
Water and habitat					
Water and habitat activities	Beds		866		
Physical rehabilitation					
Projects supported	Projects		3		
People benefiting from ICRC-supported projects	Aggregated monthly data		3,294	675	260
	<i>of whom beneficiaries of physical rehabilitation services</i>		3,224	668	259
	<i>of whom beneficiaries referred to economic programmes</i>		1		
	<i>of whom beneficiaries of educational programmes</i>		1		1
	<i>of whom beneficiaries of sporting activities</i>		68	7	
New patients fitted with prostheses	Patients		188	25	24
Prostheses delivered	Units		580	116	35
	<i>of which for victims of mines or explosive remnants of war</i>		34	8	9
New patients fitted with orthoses	Patients		189	24	53
Orthoses delivered	Units		342	51	110
Patients receiving physiotherapy	Patients		1,333	290	154
Walking aids delivered	Units		2,139	352	63
Wheelchairs or tricycles delivered	Units		337	95	43

SUDAN

The ICRC has been present in Sudan since 1978 to address the consequences of non-international and international armed conflicts. While pursuing dialogue with the authorities on increasing its direct access to conflict-affected people, it focuses on activities 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. The ICRC works with and supports the Sudanese Red Crescent Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- People in the Darfur region, and in the states of Blue Nile and South Kordofan, benefited from livelihood support – to grow food or earn money – and/or repairs to water systems, provided by the Sudanese Red Crescent and the ICRC.
- Some activities related to economic security and health were not carried out, as the authorities and the ICRC were still discussing the necessary agreements. The ICRC provided people with other types of assistance, when possible.
- In response to suspected cases of cholera in Darfur, the National Society, local authorities and the ICRC organized hygiene-promotion sessions and chlorinated water-supply systems to help minimize people's risk of disease.
- Disabled people received assistive devices and physiotherapy at ICRC-supported physical rehabilitation centres. Local authorities and the ICRC implemented measures to end sexual harassment and other misconduct at these centres.
- Police officials worked to incorporate international human rights law and other norms more fully in training manuals for police forces; the ICRC provided them with technical assistance.

EXPENDITURE IN KCHF

Protection	1,327
Assistance	8,053
Prevention	1,614
Cooperation with National Societies	2,068
General	118
Total	13,180
<i>Of which: Overheads</i>	<i>804</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

Mobile staff	18
Resident staff (daily workers not included)	191



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.

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	726
RCMs distributed	406
Phone calls facilitated between family members	9,840
Tracing cases closed positively (subject located or fate established)	166
PEOPLE DEPRIVED OF THEIR FREEDOM	
Restoring family links	
RCMs collected	1
RCMs distributed	1

ASSISTANCE	2018 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Food consumption	Beneficiaries	18,000
Food production	Beneficiaries	204,000
Income support	Beneficiaries	2,980
Living conditions	Beneficiaries	5,460
Capacity-building	Beneficiaries	150
Water and habitat		
Water and habitat activities	Beneficiaries	100,000
Health		
Health centres supported	Structures	2
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported	Projects	10
People benefiting from ICRC-supported projects	Aggregated monthly data	6,600
		9,395

CONTEXT

Sporadic clashes between Sudanese government forces and armed groups in Darfur – and among armed groups in Blue Nile and South Kordofan – continued. Peace talks mediated by the African Union, between the Sudanese government and armed groups in Darfur, had yet to produce results. Communal violence over natural resources occurred frequently in Darfur and elsewhere. In December, protests related to economic and political issues took place in Khartoum and other states.

People continued to struggle with rising food prices and inadequate infrastructure. They also had limited access to water facilities and health services – including physical rehabilitation; suspected cases of cholera were reported in Darfur.

Tensions persisted between South Sudan and Sudan, particularly in connection with the disputed area of Abyei and the demarcation of the border. Sudan hosted refugees from South Sudan and other neighbouring countries.

Directives issued by the Sudanese government in 2015, and revised in 2016, required international organizations to sign agreements with the Humanitarian Aid Commission and pertinent government ministries before undertaking humanitarian activities.

ICRC ACTION AND RESULTS

The ICRC aimed to expand its dialogue with the authorities, in order to secure the arrangements, particularly framework agreements, necessary to implement more assistance activities for people in need. It provided aid in areas affected by clashes – in Darfur, Blue Nile and South Kordofan – to which it had been granted access by the authorities. The ICRC carried out activities jointly with the Sudanese Red Crescent, in line with an agreement between them signed in March. The National Society also bolstered its operational and organizational capacities with ICRC support.

Some activities planned for the year – such as supporting clinics and conducting livestock vaccination campaigns – were not carried out because framework agreements for these were still under discussion with the authorities. While these agreements were pending, the ICRC provided other types of assistance when possible: solar panels, chairs and tables for schools to strengthen their capacities; household essentials for IDPs and returnees to improve their living conditions; and cash-for-work programmes for community members to boost their income.

ICRC-distributed seed and farming tools enabled vulnerable households – who also received food rations – to cultivate crops. More people than planned had better access to water after hand pumps and other water systems were repaired by the ICRC. In response to suspected cases of cholera in Darfur, particularly Zalingei and surrounding villages, the ICRC worked with the health ministry and the National Society to conduct hygiene-promotion sessions and to chlorinate water-supply systems; these helped minimize people's risk of disease.

In addition to its bilateral talks with the authorities, the ICRC held dissemination sessions and other events for local authorities, community leaders and weapon bearers. It advised police officials in incorporating international human rights law and other norms more fully in their training manuals, and helped law faculties make IHL part of their curricula. It sought by these means to broaden awareness of its mandate and work, and promote respect for IHL.

The ICRC provided the National Authority for Prosthetics and Orthotics (NAPO), the Khartoum Cheshire Home (KCH), and a workshop for repairing prostheses/orthoses with materials, expert guidance, training and other forms of assistance for maintaining their operations; as a result, physically disabled people could obtain assistive devices and physiotherapy. NAPO drew on ICRC support for training its staff and implementing new measures – for instance, to eliminate sexual harassment and other misconduct at physical rehabilitation centres – to improve rehabilitative services in Sudan. The ICRC continued to promote the socio-economic inclusion of disabled people: it gave them cash grants to start small businesses and supported wheelchair basketball programmes.

The ICRC maintained dialogue with the Sudanese authorities and armed groups, with a view to gaining access to people deprived of their freedom and monitoring their treatment and living conditions.

Members of dispersed families reconnected through the Movement's family-links services; among them were people whose relatives had been detained abroad in relation to armed conflict or other situations of violence.

CIVILIANS

The ICRC sustained its efforts to broaden acceptance for its neutral, impartial and independent humanitarian action in behalf of people affected by clashes in Sudan. It held dissemination sessions for authorities and weapon bearers, at which it raised awareness of its humanitarian mission and activities, and of the specific concerns of vulnerable people (see *Actors of influence*). The ICRC aimed to expand its dialogue with the authorities, in order to secure the arrangements – particularly framework agreements – necessary to step up assistance activities for people in Darfur, Blue Nile and South Kordofan; in 2017, the authorities permitted the ICRC to begin extending its activities to two of these areas. Because the pertinent framework agreements were still under discussion, the ICRC was not able to implement its plans to support clinics, carry out livestock vaccination campaigns and train veterinary technicians.

Vulnerable people meet their needs

In Darfur, 18,000 households (nearly 108,000 people) received seed to grow crops, and food rations to help them get through the lean season; these items were distributed by community leaders, the Sudanese Red Crescent and the ICRC. Some of these households also received farming tools. Nearly all of them reported being satisfied with the distributions, and at least 52% were able to cover most of their nutritional needs with their harvest.

While discussions about the framework agreements were still in progress, the ICRC provided people in need with other types of assistance. For instance, it donated chairs, tables, solar panels and school kits to 15 schools in Darfur and South Kordofan, strengthening their capacity to deliver education services and benefiting 4,300 schoolchildren. Around 5,500 people (910 households) – including people in remote villages and returnees – improved their living conditions with ICRC-donated household essentials. Newly displaced and other vulnerable people – 18,000 people (3,000 households) in all – benefited from ICRC-donated emergency food rations.

With ICRC cash grants, 100 disabled people in Darfur started small businesses – such as selling vegetables – to support themselves. These people were patients at ICRC-supported physical rehabilitation centres (see *Wounded and sick*). In Darfur and South Kordofan, 480 community members (supporting 2,880 people in all) repaired water points through ICRC cash-for-work programmes, supplementing their household income while also helping to improve access to water.

People in Zalingei and surrounding villages lessen their risk of disease

Roughly 381,000 IDPs, returnees and residents in Darfur, Blue Nile and South Kordofan – more people than planned – had better access to clean water after ICRC staff repaired or constructed hand pumps, wells and other water infrastructure; National Society volunteers were trained to maintain these facilities.

The National Society and health and water authorities addressed suspected cases of cholera in Darfur, particularly in Zalingei and surrounding villages. At their request, the ICRC – together with health ministry personnel and National Society volunteers – conducted hygiene-promotion sessions and chlorinated water-supply systems in the area. Thus, some 145,000 of the people mentioned above learnt good hygiene practices and had better access to potable water, which helped protect them against cholera.

The National Society and the ICRC helped communities prepare for emergencies by providing first-aid training for 20 volunteers from villages in Blue Nile. The two organizations began drafting plans of action for raising awareness of goals of the Health Care in Danger initiative, in view of possible violence during protests (see *Context*).

Four weapon-wounded refugees had their surgical expenses covered by the ICRC.

People restore contact with their families

Members of families separated by violence, detention or migration benefited from the Movement's family-links services: for instance, information about the fate and whereabouts of 166 people was collected and relayed to their relatives, and one person was repatriated to Eritrea. Refugees, unaccompanied minors and other vulnerable people throughout Sudan restored contact with their families through phone calls, RCMs and other services provided by the ICRC and/or the National Society. Among them were people getting back in touch with relatives detained in other countries in connection with armed

conflict or other violence. Because the ICRC and the National Society provided services more regularly in areas such as West and South Kordofan, over 9,800 calls were facilitated between family members – a significant increase over the previous year.

The National Society, with the ICRC's support, continued to strengthen its family-links services, so that it could provide a more effective and timely response. National Society staff in Khartoum and other states attended ICRC workshops to refresh their skills in restoring family links.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC pursued dialogue with Sudanese authorities – particularly the justice ministry and the national IHL committee – and armed groups, with a view to gaining access to detainees within its purview. However, the scope of these discussions remained limited. The ICRC submitted and followed up requests for information about people allegedly captured or detained in relation to armed conflict or other violence; these requests were based on reports from families who had sought the ICRC's help to locate their relatives.

During discussions with military officials and members of armed groups, the ICRC emphasized its readiness to serve as a neutral intermediary in the handover of people in their custody.

WOUNDED AND SICK

Physically disabled people receive rehabilitative services

Around 9,270 people¹ received physical rehabilitation services at 11 facilities in all. Materials, equipment and/or technical assistance from the ICRC helped to keep these facilities running: eight centres and one mobile workshop run by NAPO, one workshop in al-Fashir run by a disabled people's association, and the KCH. The NAPO-run centre in Nyala provided services for nearly 190 destitute people from Darfur and West Kordofan; the ICRC covered their expenses for transportation, food and/or accommodation. The ICRC-supported KCH provided various services for some 820 children with disabilities such as clubfoot. Parents of these children were shown informational videos – produced with ICRC support – about the services available at the centre, including the treatment for clubfoot.

A number of organizations worked with the ICRC to facilitate people's access to these facilities.

NAPO strengthens its ability to provide good-quality physical rehabilitation services

NAPO – with financial support and technical guidance from the ICRC – continued to strengthen its ability to provide good-quality physical rehabilitation services at its centres. Patients interviewed by NAPO and/or ICRC staff reported high levels of satisfaction with the services at NAPO-run centres. NAPO and ICRC staff implemented guidelines for reducing waste and preventing misuse of raw materials for assistive devices, and regularly followed up measures taken to eliminate misconduct, such as sexual harassment, in the centres. Some

1. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

physiotherapists and their assistants, and technicians, from NAPO and the KCH bolstered or advanced their skills at ICRC training sessions.

To help ensure the sustainability of services at NAPO, the ICRC covered tuition costs and other expenses for six staff members studying physiotherapy at a local university or taking courses in prosthetics and/or orthotics abroad. Fourteen students completed a diploma course established by NAPO, a local university and the ICRC; two others also completed courses abroad through ICRC sponsorship, and returned to work for NAPO.

The ICRC worked with various NGOs to promote the social inclusion of disabled people. It supported the KCH and the Disability Challengers Organization in maintaining sports wheelchairs and/or organizing training and other events, which helped 24 people to play wheelchair basketball. The ICRC also referred 100 disabled people in al-Fashir and Nyala to its livelihood-support programme (see *Civilians*).

ACTORS OF INFLUENCE

The ICRC continued to build acceptance for its neutral, impartial and independent approach to humanitarian action. Government representatives – including from the foreign affairs and justice ministries – and local officials deepened their understanding of the ICRC's humanitarian approach, and of IHL and other applicable norms, at ICRC information sessions, which facilitated dialogue on expanding ICRC activities for people in need (see *Civilians*).

During ICRC dissemination sessions, community members and their leaders, youth associations and people in IDP camps learnt more about the ICRC's mandate and activities. These sessions were an opportunity for them to tell the ICRC about concerns regarding their security and to give feedback on the aid they received – for example, how it helped them to meet some of their needs.

Informational materials produced by the National Society with ICRC training, and financial and material support – to mark World Red Cross and Red Crescent Day (8 May), for instance – broadened public awareness of the Movement and its activities.

Authorities and police officers learn more about IHL and other norms

The ICRC sought to foster respect for IHL and other pertinent norms among the authorities, through bilateral talks and through dissemination sessions and other IHL-related events. It provided justice ministry officials with the materials necessary to refresh their knowledge of pertinent IHL treaties. ICRC financial support enabled government officials and Islamic scholars to attend IHL courses abroad (see *Tunis*, for example).

In line with a memorandum of understanding signed with the interior ministry in 2017, the ICRC organized information sessions for police officers on international human rights law, IHL and other norms applicable to their duties, and sought to organize similar sessions for military personnel. Police officials worked, with ICRC technical assistance, on revising their training manuals to incorporate these norms more fully.

Newly appointed members of the national IHL committee learnt more about the ICRC's work at information sessions and during the regular dialogue conducted as part of their joint effort to encourage domestic implementation of IHL. Together with the ICRC, the committee disseminated information about IHL and related treaties to members of parliament.

Academic institutions strengthen their capacities to teach IHL

The law faculties of ten universities incorporated IHL in their curricula, with ICRC technical support and training; other faculties sought to do the same. The ICRC also donated IHL-related materials to these universities' libraries, and organized a round-table discussion for lecturers on improving the teaching of IHL in Sudan. Students tested their grasp of IHL at national moot court competitions organized by Sudanese universities and the ICRC.

A journalist was sponsored to attend an IHL course abroad. Dissemination sessions for journalists on IHL and the Movement did not push through, owing to administrative constraints in carrying these out with a local organization.

RED CROSS AND RED CRESCENT MOVEMENT

The Sudanese Red Crescent continued to provide first aid and household essentials for vulnerable people, with technical, financial and logistical backing, and training, from the ICRC. The National Society – with the ICRC's materials and/or financial support – constructed new offices and warehouses in Darfur, South Kordofan and Blue Nile, which expanded its logistical capacities and extended its operational reach.

The National Society and the ICRC signed a partnership framework agreement in March, following the agreement in 2017 that reaffirmed their commitment to working together. In line with this, they carried out activities for supporting people's livelihoods, improving access to water and restoring family links (see *Civilians*). The ICRC held workshops and provided technical support for National Society staff and volunteers, which helped them enhance their ability to work in accordance with the Safer Access Framework. The National Society, with the ICRC's technical assistance, worked on drafting a law on the emblems protected under IHL and discussed this with the national IHL committee.

The ICRC, the International Federation and other Movement components in Sudan met and discussed their activities – including those in response to emergencies such as protests – and sought a new Movement coordination agreement.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	726	6		
RCMs distributed	406	1		
Phone calls facilitated between family members	9,840			
Reunifications, transfers and repatriations				
People transferred or repatriated	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	498	125	97	56
<i>including people for whom tracing requests were registered by another delegation</i>	119			
Tracing cases closed positively (subject located or fate established)	166			
<i>including people for whom tracing requests were registered by another delegation</i>	46			
Tracing cases still being handled at the end of the reporting period (people)	831	142	115	64
<i>including people for whom tracing requests were registered by another delegation</i>	109			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	52	23		3
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	74	37		1
Documents				
People to whom official documents were delivered across borders/front lines	2			
PEOPLE DEPRIVED OF THEIR FREEDOM				
RCMs and other means of family contact				
RCMs collected	1			
RCMs distributed	1			
People to whom a detention attestation was issued	3			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	18,000	3,780	10,801
	<i>of whom IDPs</i>	10,044	2,109	6,027
Food production	Beneficiaries	107,996	22,679	64,797
	<i>of whom IDPs</i>	3,094	650	1,856
Income support	Beneficiaries	2,980	613	
	<i>of whom IDPs</i>	1,768	361	
Living conditions	Beneficiaries	5,460	1,732	2,690
	<i>of whom IDPs</i>	2,292	1,067	789
Capacity-building	Beneficiaries	4,300		4,300
	<i>of whom IDPs</i>	3,100		3,100
Water and habitat				
Water and habitat activities	Beneficiaries	380,800	114,200	152,374
	<i>of whom IDPs</i>	76,187	22,856	30,475
WOUNDED AND SICK				
First aid				
First-aid training				
	Sessions	1		
	Participants (aggregated monthly data)	20		
Physical rehabilitation				
Projects supported	Projects	11		
People benefiting from ICRC-supported projects	Aggregated monthly data	9,395	1,273	4,966
	<i>of whom beneficiaries of physical rehabilitation services</i>	9,271	1,222	4,966
	<i>of whom beneficiaries referred to economic programmes</i>	100	39	
	<i>of whom beneficiaries of sporting activities</i>	24	12	
New patients fitted with prostheses	Patients	836	192	30
Prostheses delivered	Units	1,549	375	55
	<i>of which for victims of mines or explosive remnants of war</i>	24	2	
New patients fitted with orthoses	Patients	794	57	664
Orthoses delivered	Units	1,871	173	1,539
Patients receiving physiotherapy	Patients	6,533	664	4,311
Walking aids delivered	Units	1,561	241	27
Wheelchairs or tricycles delivered	Units	104	26	32

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

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- In Tunisia, penitentiary authorities and the justice and health ministries took the ICRC's views into account to improve treatment and health services for detainees.
- Members of families separated by armed conflict, detention or migration kept in touch through Movement family-links services. Tunisian authorities received ICRC support for managing/identifying the remains of dead migrants.
- An ICRC-supported physical rehabilitation centre served fewer disabled Sahrawis than planned. The ICRC assisted the centre's staff in resolving the issues behind this and in integrating the centre with the public health system.
- The authorities and military and security forces, and others capable of influencing humanitarian action, learnt more about IHL at ICRC events, such as Arabic-language IHL courses held in Tunisia.

EXPENDITURE IN KCHF

Protection	2,203
Assistance	1,858
Prevention	968
Cooperation with National Societies	251
General	113
Total	5,394
<i>Of which: Overheads</i>	<i>329</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	85%
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PERSONNEL

Mobile staff	24
Resident staff (daily workers not included)	41



ICRC regional delegation + ICRC presence

PROTECTION

CIVILIANS

Restoring family links	Total
RCMs collected	142
RCMs distributed	223
Phone calls facilitated between family members	143
Tracing cases closed positively (subject located or fate established)	22

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits	Total
Places of detention visited	20
Detainees in places of detention visited	17,499
<i>of whom visited and monitored individually</i>	<i>458</i>
Visits carried out	35

Restoring family links

RCMs collected	120
RCMs distributed	26
Phone calls made to families to inform them of the whereabouts of a detained relative	1

ASSISTANCE

WOUNDED AND SICK

Physical rehabilitation	2018 Targets (up to)	Achieved
Projects supported	Projects	1
People benefiting from ICRC-supported projects	Aggregated monthly data	496

CONTEXT

A political crisis affected government functioning in Tunisia, and impeded government efforts to tackle economic issues. Protests linked to socio-economic issues took place occasionally and sometimes led to tensions between protesters and the police. Government forces continued their campaign against armed groups reportedly operating in the region and within Tunisia – particularly along the borders with Algeria and Libya. Many arrests were made, specifically under anti-terrorism legislation.

Thousands of people fleeing armed conflict or instability in the region continued to seek refuge in Tunisia or pass through it on their way to Europe, their countries of origin or elsewhere. At least 100 people were said to have drowned when a boat carrying migrants capsized off the eastern coast of Tunisia, near the city of Sfax, in June.

The status of Western Sahara remained a point of contention. The mandate of the UN Mission for the Referendum in Western Sahara (MINURSO) was extended once again, to April 2019. In Western Sahara, mines and explosive remnants of war (ERW) dating from the 1975–1991 Western Sahara conflict continued to be a threat to entire communities; hundreds of people in these communities were still without news of relatives who went missing during or after the conflict. Tens of thousands of Sahrawis were in refugee camps near Tindouf, Algeria.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Tunis focused on meeting the needs of people deprived of their freedom in Tunisia, and of vulnerable people separated from their families, in cooperation with government bodies and Movement partners in the region.

In Tunisia, the ICRC visited – in accordance with its standard procedures – places of detention holding thousands of detainees. Special attention was paid to people held on security-related charges. Discussions with the ICRC on improving detainees' living conditions and treatment led detaining authorities to, for instance, amend conditions for some detainees in solitary confinement and ease certain restrictions on family visits for security detainees. The justice ministry finalized a proposal to revise the penal code to tackle overcrowding in prisons; the ICRC had previously given the ministry recommendations on the matter. The justice and health ministries held a meeting with the ICRC to discuss how to address health issues in detention; together with penitentiary authorities, they took part in study visits and training courses – organized by the ICRC – which sought to help develop their ability to address health and other issues in prisons. Detainees at several facilities had better living conditions after ventilation and electrical systems were repaired with the ICRC's support.

Members of families dispersed by armed conflict, detention or migration restored or maintained contact through Movement family-links services. The ICRC provided government agencies and forensic institutions with technical support for managing human remains – for instance, when a ship carrying migrants

capsized off the eastern coast of Tunisia. It made recommendations for improving forensic practices at meetings with pertinent authorities, or via reports sent to them. It also facilitated training for forensic professionals.

To help ensure adequate treatment for wounded people, the ICRC organized courses in war surgery for Tunisian military and civilian doctors; a number of them were also trained to be instructors, so that they could eventually conduct such courses unassisted. The Tunisian Red Crescent and the "Sahrawi Red Crescent" developed their capacities in first aid with material and technical support from the ICRC.

Disabled Sahrawis living near Tindouf, including mine victims, regained some mobility through treatment, including physiotherapy, and prostheses/orthoses from an ICRC-supported physical rehabilitation centre at the Rabouni hospital, or via the centre's outreach activities. However, there were fewer beneficiaries than planned. The ICRC worked with the centre's administrators and others to resolve the issues behind this. It also gave local health authorities technical support to integrate the rehabilitation centre with the public health system, as required by a ministerial decree in August.

Mine-risk education activities in Western Sahara were cancelled, after the ICRC realigned its activities to avoid duplication of effort; it focused instead on fostering cooperation among other actors engaged in mine-action in order to improve assistance for victims.

Sahrawi and Tunisian authorities, weapon bearers, academics, media professionals, and others capable of advancing the humanitarian agenda learnt more about IHL and about the ICRC's work through information sessions and courses held locally or abroad. The ICRC continued to run IHL courses for Tunisian military personnel; this was part of a joint effort with the defence ministry to improve IHL instruction.

The Tunisian Red Crescent was given material and technical assistance to strengthen its family-links and other services. It embarked on major reforms; the ICRC provided expert advice and adjusted the assistance planned for it in 2018, in order to support this process.

CIVILIANS

Migrants and others use Movement services to reconnect with their families

With ICRC support, the Tunisian Red Crescent enabled migrants – including asylum seekers and refugees – rescued at sea or intercepted by Tunisian authorities at the Libyan border to phone their families; many of them were housed at the National Society-run migrants' centre in Medenine, a key point on the migration route. ICRC-trained National Society volunteers maintained the phone service at the centre.

Families in Tunisia also used Movement family-links services to restore or maintain contact with relatives detained or interned within the country or elsewhere. Some families visited relatives detained abroad or sent them parcels.

The ICRC continued to monitor the welfare of unaccompanied minors and to discuss – with the parties concerned – their reunification with their families. With the Tunisian police's help, it located the families of six unaccompanied minors in the care of the Libyan Red Crescent.

Families used the ICRC's tracing services to find relatives allegedly involved in conflicts abroad, or who had migrated by boat. The ICRC continued to stress to the authorities the necessity of managing human remains properly (see below), as it was vital for upholding the right of families to know the fate of missing relatives.

Migrants and other vulnerable people, and organizations working in their behalf, learnt more about the Movement's family-links services through the ICRC's visits to refugee centres and at meetings arranged for that purpose.

The ICRC sought to help improve the National Society's family-links services. To that end, it trained National Society volunteers, including those running the Medenine phone service, and identified areas requiring attention, by assessing services at a majority of National Society branches.

Authorities are assisted in managing migrants' remains

Government agencies and forensic institutions continued to receive technical support for managing human remains – for instance, from the shipwreck near Sfax (see *Context*). The ICRC communicated its feedback on current forensic practices in Tunisia to the authorities – orally, at meetings; and in writing, for instance, through a report requested by the justice ministry. It also made recommendations for improvements, such as establishing standard procedures and coordinating activities. At the time of reporting, it was waiting for the authorities to respond to a proposal to renovate morgues and cemeteries to facilitate proper management of human remains.

Forensic professionals – including National Society staff, and police and coast guard units in or near Sfax – refreshed their knowledge at ICRC training courses.

Mine-action authorities in Western Sahara are given advice for improving assistance to victims

Activities related to mine-risk education in Western Sahara were cancelled, after the ICRC realigned its activities to avoid duplicating the efforts of other actors engaged in mine-action. The ICRC focused, instead, on fostering cooperation among these actors in order to improve assistance for victims; it also shared its views on this matter with them, at various forums.

The ICRC continued to monitor developments in missing-persons cases related to the 1975–1991 Western Sahara conflict; the authorities concerned took no steps in 2018 to resolve these cases.

PEOPLE DEPRIVED OF THEIR FREEDOM

Tunisian authorities draw on ICRC support to improve detainees' treatment and living conditions

In Tunisia, the ICRC visited – in accordance with its standard procedures – 20 places of detention, including facilities run by the justice and interior ministries, and migrant retention

centres. The facilities collectively held some 17,500 people. Particular attention was paid to vulnerable women, minors and people held on security-related charges; 458 detainees were followed up individually. Certain cases involving migrants and other foreign detainees were referred to UNHCR, the IOM or other organizations for specific assistance.

Discussions between detaining authorities and the ICRC – on ensuring that detainees' treatment and living conditions met internationally recognized standards – continued. Various subjects were discussed: the ICRC's findings and recommendations from its visits; disciplinary measures; overcrowding (see below); and the adverse consequences of prolonged solitary confinement. This resulted in the authorities amending conditions for some detainees in isolation.

Some 150 prison guards attended information sessions, organized by the authorities and the ICRC, to strengthen their understanding of and compliance with internationally recognized standards, or national guidelines, for detention.

The justice ministry finalized a proposal to revise the penal code to tackle overcrowding in prisons; the ICRC had given recommendations – to the ministry and to a multi-sectoral working group on addressing overcrowding – for revising the code and expediting judicial proceedings. The ministry cancelled or postponed other activities with the ICRC related to overcrowding until after the presentation of the proposal to parliament.

The ICRC continued to remind the authorities of the importance of notifying families when their relatives are arrested, and enabling detainees to contact their families or consular representatives. When the authorities were unable to facilitate such contact, detainees used the Movement's family-links services. On the ICRC's recommendation, prison authorities eased certain restrictions on family visits for security detainees.

The justice and health ministries take steps to improve health care in prisons

During follow-up visits, ICRC delegates monitored the medical condition of detainees in places of temporary and of permanent detention, and that of people being held at a migrant retention centre.

ICRC delegates discussed individual medical cases and/or public-health concerns – and how to monitor and address them – with penitentiary and health authorities; these discussions took place after ICRC visits or at larger forums, such as a meeting with the justice and health ministries. The ICRC also helped the authorities gain more insight on addressing health issues in prisons; to that end, it arranged a study visit for officials from the justice and health ministries – to a Swiss prison – and sponsored other ministry officials to attend regional seminars on the subject (see *Jordan*).

Prison health staff learnt more about managing hunger strikes and documenting ill-treatment, and strengthened their grasp of medical ethics, at an ICRC workshop. Infirmarys at certain prisons were given medical equipment.

Owing to administrative impediments, a feasibility study on digitizing medical data was postponed.

Detainees have better living conditions after prison infrastructure is upgraded

In Tunisia, some 3,865 detainees benefited from ICRC-funded repairs or upgrades to their facilities, for instance: the ventilation system in certain blocks of the Mornaguia prison, boilers in the Borj El Amri prison and laundry facilities at two prisons. In addition to the infrastructural upgrades, the ICRC donated mattresses and sports and recreational materials to help ease detainees' living conditions.

A generator supplied by the ICRC helped to address electrical-power needs and cool the central prison (65 people) at the Rabouni refugee camp in Tindouf. Prison staff were trained to maintain the generator.

WOUNDED AND SICK

Medical professionals strengthen their capacities

In Tunisia, roughly 70 doctors from military and civilian hospitals attended courses in war surgery and emergency trauma care; 11 of them were also trained to be instructors, so that they could eventually conduct such courses unassisted. The ICRC sponsored one doctor to attend a seminar on war surgery in Lebanon, and two others, a course in medical ethics in Switzerland.

The ICRC gave the "Sahrawi Red Crescent" technical and material support – including an ambulance and training for 20 volunteers from refugee camps – for improving its first-aid services.

The necessity of protecting medical services was emphasized at all the training courses mentioned above, and at events attended or supported by the ICRC, such as a regional conference on military medicine.

Disabled Sahrawis obtain physical rehabilitation services at an ICRC-supported centre

Disabled people living near Tindouf, including mine victims, regained some mobility through treatment, including physiotherapy, and prostheses/orthoses from an ICRC-supported physical rehabilitation centre in the Rabouni hospital. Wheelchairs and walking aids enabled disabled people to participate in social activities. The ICRC manufactured a total of 109 prostheses and orthoses.

Fewer people benefited from physical rehabilitation services than planned: 496 patients¹ were treated at the centre (target: 1,000), and only two camps (target: five camps) were visited during outreach activities. The ICRC worked with the centre's administrators and others concerned to seek resolutions to the issues behind this – for instance, inadequate staffing and poor coordination.

A ministerial decree in August required physical rehabilitation facilities in refugee camps to be integrated with the public health system – which meant making the ICRC-supported centre part of the administrative structure of the Rabouni hospital. The ICRC realigned its priorities to support local health authorities during the transition; it was also guided by a new strategy for transferring – to local administrators – all responsibility for running the centre. The health authorities were given expert assistance in a number of areas: merging data; establishing and/or installing management tools, and training staff in their use; and drafting an operations manual. The centre's staff continued to maintain or improve the quality of their services, by developing their capacities in prosthetics and orthotics and physiotherapy through on-site supervision and training from ICRC staff. The ICRC also provided financial support for infrastructural improvements.

The Sahrawi authorities and the ICRC organized promotional campaigns, and sports and other activities, to advance the social inclusion of disabled people, particularly to mark the centre's tenth anniversary and the International Day of Persons with Disabilities. Other public events and media campaigns helped broaden awareness of the services available at the centre.

ACTORS OF INFLUENCE

Authorities, military and security forces in the region, and others capable of facilitating humanitarian activities for vulnerable people and detainees, or of persuading others to do so, furthered their understanding of IHL and Movement action. They were enabled to do so through ICRC publications, information sessions and meetings with delegates – all of which emphasized the ICRC's activities, particularly in the areas of: protection of people deprived of their freedom; restoration of family links; migration; and management of human remains.

At an Arabic-language IHL course organized by the League of Arab States and the ICRC in Tunisia, around 80 participants – from national IHL committees, parliaments, government ministries, academic institutions, Islamic organizations and National Societies in the region – learnt more about IHL and its links to Islamic jurisprudence, and about international human rights law. Tunisian diplomats, government officials – from the defence ministry's newly established IHL unit, for example – judges, law professors and others of influence attended this course and others held locally or abroad, such as another Arabic-language IHL course (see *Lebanon*), a train-the-trainer workshop (see *Morocco*), and an inaugural IHL round-table for francophone academics (see *Paris*).

The ICRC continued to follow up the matter with the pertinent Tunisian authorities, but no action was taken to reactivate the national IHL committee or draft a law on the emblem.

University students and teachers attended ICRC presentations and competed in moot court competitions, including regional contests, which strengthened their grasp of IHL; a growing number of them drew on the ICRC's guidance for their research or theses on IHL. The ICRC continued to work with

1. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

certain universities in Tunisia to develop more IHL-related courses. The ICRC donated reference materials on IHL to various institutions.

Some 20 journalists learnt more about humanitarian issues, IHL and the ICRC's activities through an information session.

The ICRC made no progress in helping the Tunisian Red Crescent expand its capacities in public communication, owing to administrative constraints (see below).

Information sessions and other ICRC events enabled officials from the Polisario Front, the Sahrawi armed forces and other Sahrawi organizations to reach a fuller understanding of IHL, humanitarian principles, and the ICRC's mandate and neutral, impartial and independent humanitarian activities.

Tunisian military and security forces learn more about IHL and international policing standards

Tunisian military personnel strengthened their grasp of IHL, and the ICRC's neutral, impartial and independent humanitarian action, by attending ICRC presentations. The defence ministry and the ICRC kept up their joint efforts to improve IHL instruction for military personnel. The ICRC organized IHL courses, in tandem with Tunisian Red Crescent first-aid training sessions, for some 170 troops; 27 of these troops trained to become IHL or first-aid instructors.

A senior military officer learnt more about how to work IHL principles into operational decision-making at an international workshop (see *International law and policy*); a navy officer studied the same at a course in San Remo.

At ICRC training sessions, police officers and national guardsmen deepened their understanding of international policing standards, particularly in connection with use of force, arrests, detention and interrogation. The interior ministry and the ICRC organized one such session, at the security forces' training school, for 35 participants.

RED CROSS AND RED CRESCENT MOVEMENT

The Tunisian Red Crescent undertook major reforms, from February on, to address issues of governance and other concerns. The ICRC provided expert advice and adjusted the assistance planned for the National Society in 2018, in order to support this process.

Even as the internal reorganization was in progress, the National Society continued – with ICRC support – to assist vulnerable people (see *Civilians*), and also strove to develop its capacities in providing such assistance. National Society officials had meetings – facilitated by the ICRC – with the Algerian Red Crescent to discuss how to strengthen the response to humanitarian needs along the Tunisia-Algeria border. ICRC-funded train-the-trainer sessions helped 20 first-aid instructors from six regions to expand their capacities. The National Society was given materials and equipment to conduct first-aid training for members of the general public; uniforms for volunteers; and a vehicle to facilitate its work.

Tunisian Red Crescent officers and staff enhanced their understanding of the Fundamental Principles and the Movement's activities at ICRC information sessions and courses in Tunisia and elsewhere. The ICRC sponsored the National Society's legal counsel to attend the annual meeting of National Society legal advisers in Switzerland.

The National Society's reorganization and other factors limited coordination between Movement components in the region.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total		
RCMs and other means of family contact			UAMs/SC	
RCMs collected		142		
RCMs distributed		223		
Phone calls facilitated between family members		143		
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered		143	26	24
<i>including people for whom tracing requests were registered by another delegation</i>		56		
Tracing cases closed positively (subject located or fate established)		22		
<i>including people for whom tracing requests were registered by another delegation</i>		6		
Tracing cases still being handled at the end of the reporting period (people)		323	46	37
<i>including people for whom tracing requests were registered by another delegation</i>		115		
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls	Demobilized children
UAMs/SC newly registered by the ICRC/National Society		2		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits			Women	Minors
Places of detention visited		20		
Detainees in places of detention visited		17,499	589	335
Visits carried out		35		
			Women	Girls
Detainees visited and monitored individually		458	25	1
<i>of whom newly registered</i>		231	7	1
RCMs and other means of family contact				
RCMs collected		120		
RCMs distributed		26		
Phone calls made to families to inform them of the whereabouts of a detained relative		1		

MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM		Total	Women	Children
Water and habitat				
Water and habitat activities	Beneficiaries	3,865		
Health				
Places of detention visited by health staff	Structures	14		
WOUNDED AND SICK				
First aid				
First-aid training				
	Sessions	2		
	Participants (aggregated monthly data)	37		
Physical rehabilitation				
Projects supported	Projects	1		
People benefiting from ICRC-supported projects	Aggregated monthly data	496	137	78
<i>of whom beneficiaries of physical rehabilitation services</i>		496	137	78
New patients fitted with prostheses	Patients	4	1	
Prostheses delivered	Units	25	4	3
<i>of which for victims of mines or explosive remnants of war</i>		17		
New patients fitted with orthoses	Patients	13	4	1
Orthoses delivered	Units	84	24	18
<i>of which for victims of mines or explosive remnants of war</i>		5		
Patients receiving physiotherapy	Patients	165	55	43
Walking aids delivered	Units	155	40	4
Wheelchairs or tricycles delivered	Units	5		4

UGANDA

The ICRC has been present in Uganda since 1979. It helps reunite children and their families who were separated in relation to the non-international armed conflict in northern Uganda (1986–2006), or to violence in neighbouring countries, such as South Sudan or the Democratic Republic of the Congo. The ICRC monitors the treatment of detainees and strives to raise awareness of IHL and humanitarian principles among the armed and police forces. Whenever possible, the ICRC supports the Uganda Red Cross Society in its efforts to improve its capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- Refugees restored contact with relatives through the Movement's family-links services. The ICRC and the Uganda Red Cross Society increased their presence and activities in the West Nile region, in response to the influx of refugees.
- Families of missing people received psychosocial support and addressed some of their socio-economic needs through ICRC-backed initiatives.
- Troops bound for the African Union Mission in Somalia, and several Uganda Police Force officers learnt more about IHL and international human rights law at ICRC presentations.
- The Ugandan Red Cross, with ICRC support, strengthened its ability to deliver family-links services in accordance with the Fundamental Principles and the Safer Access Framework.

EXPENDITURE IN KCHF

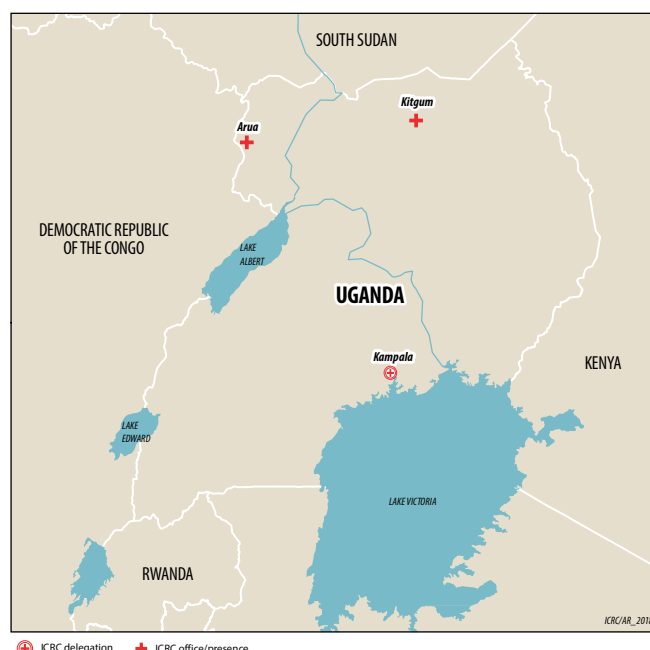
Protection	3,354
Assistance	39
Prevention	573
Cooperation with National Societies	594
General	98
Total	4,657
<i>Of which: Overheads</i>	<i>284</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	10
Resident staff (daily workers not included)	44



PROTECTION

CIVILIANS

Restoring family links

RCMs collected	3,326
RCMs distributed	2,312
Phone calls facilitated between family members	93,512
Tracing cases closed positively (subject located or fate established)	222
People reunited with their families	124
<i>of whom unaccompanied minors/separated children</i>	114

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	22
Detainees in places of detention visited	15,825
<i>of whom visited and monitored individually</i>	244
Visits carried out	54

Restoring family links

RCMs collected	530
RCMs distributed	377
Phone calls made to families to inform them of the whereabouts of a detained relative	643

ASSISTANCE

	2018 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Income support	Beneficiaries	9,447
Water and habitat		
Water and habitat activities	Beneficiaries	35,000

CONTEXT

Uganda continued to host people fleeing armed conflict or other situations of violence in neighbouring countries – mainly Burundi, the Democratic Republic of the Congo (hereafter DRC) and South Sudan. Fighting in the DRC drove more people into Uganda in 2018; and people from South Sudan continued to arrive in north-western Uganda, specifically, the West Nile region. The continued influx worsened conditions in refugee settlements that were already overcrowded. Riots and clashes were reported in some camps: communal tensions and disputes over limited resources were said to be the cause.

Episodic violence linked to political tensions, attacks by armed groups based in neighbouring countries, and land disputes caused casualties, displacement and damage to public property. Security operations were expanded in response and more people were arrested.

Thousands of families remained without news of the whereabouts of relatives missing in connection with the 1986–2006 non-international armed conflict in northern Uganda. They struggled to cope with this uncertainty, and with the financial and other difficulties created by their relatives' disappearance. The Uganda People's Defence Force (UPDF) contributed troops to the African Union Mission in Somalia (AMISOM).

ICRC ACTION AND RESULTS

The ICRC monitored the situation of vulnerable people in Uganda – particularly refugees, missing people's families and detainees – and responded to some of their needs.

As refugees continued to enter Uganda, the ICRC – together with the Uganda Red Cross Society – expanded family-links services in the country. In settlements in the West Nile, it put up or reinforced tents and a permanent structure, which the National Society used to provide these services. The ICRC also helped the National Society to recruit, train and equip additional personnel. These joint efforts enabled thousands of refugees to restore or maintain contact with their families – through phone calls and RCMs. The ICRC paid particular attention to unaccompanied minors, including those previously associated with armed groups; a number of them were reunited with their families.

Families of people missing in connection with the 1986–2006 non-international armed conflict in northern Uganda were given comprehensive assistance by the ICRC. They received psychosocial support from trained volunteers, under an ICRC-backed programme; some received various kinds of help to supplement their income and improve their socio-economic situation. The ICRC continued to broaden awareness of the issue of missing people and to remind the authorities of their duty to address the needs of the families concerned.

ICRC delegates visited places of detention to assess the treatment and living conditions of detainees. Afterwards, they shared their findings – and their recommendations, where necessary – confidentially to the authorities. Detainees used

the ICRC's family-links services to keep in touch with their relatives, including during family visits that the ICRC arranged for some of them. Detainees were given hygiene and recreational items, and benefited from activities to improve water and sanitation facilities in several prisons. A meeting with the new inspector-general of the Uganda Police Force (UPF) led to the resumption of ICRC training for some police officers, after a gap of four years.

The ICRC maintained its efforts to advance understanding of IHL and strengthen support for the Movement among government officials, military personnel and academics. UPDF officers, and troops bound for AMISOM, were briefed on IHL.

The ICRC continued to give the national authorities support for ratifying or acceding to IHL treaties – particularly the Arms Trade Treaty. It provided expert advice for drafting a bill to prevent the proliferation of small arms and light weapons, and sponsored government officials to attend courses abroad. University lecturers and students added to their knowledge of IHL at ICRC dissemination sessions and workshops.

Together with other Movement partners, the ICRC helped the National Society strengthen its ability to provide family-links services and first aid, in line with the Fundamental Principles and the Safer Access Framework.

CIVILIANS

The ICRC monitored the situation of violence-affected people in Uganda, including people who had fled armed conflict and other violence in neighbouring countries. It documented and sought to follow up their protection concerns, with a view to promoting respect and protection for them. The ICRC also reminded the authorities and weapon bearers of the necessity of complying with IHL and other relevant norms.

National Society and ICRC staff visited seven refugee settlements, mainly in West Nile, and monitored needs there. The information collected was passed on to the ICRC delegation in South Sudan, which enabled them to carry on a protection dialogue with parties concerned.

Members of separated families restore contact

The National Society and the ICRC worked together to provide family-links services to the increased number of people in refugee settlements. Financial and technical support from the ICRC enabled the National Society to meet some of its operational expenses, tackle staffing issues and carry out family-links activities more effectively. Additional National Society personnel were hired and some of them were given laptops, modems and other equipment. National Society staff and volunteers were trained in restoring family links, providing first aid and addressing the protection concerns of unaccompanied minors. The ICRC also reinforced tents and built a permanent structure in the West Nile for National Society staff and volunteers, which improved their working conditions and enabled them to address the needs of some 35,000 people in all.

ICRC assistance – phone calls (93,512), RCMs (3,326 collected; 2,312 distributed), and tracing – enabled people who had fled armed conflict and other violence in South Sudan (see *South Sudan*) and other countries to get back in touch with relatives. National Society volunteers, with ICRC support, reunited families: 124 people re-joined their relatives in the same settlement. The ICRC also helped repatriate seven individuals to South Sudan. A South Sudanese household (17 people) received ICRC support, which helped reinforce their income.

The ICRC paid particular attention to unaccompanied minors, some of whom had been associated with armed groups or had fled violence in Uganda or elsewhere; this led to 114 minors being reunited with their families. The ICRC later referred them to an NGO for help with school admissions. Around 30 unaccompanied minors repatriated from Rwanda to Uganda received ICRC assistance, enabling them to cover their financial needs.

ICRC dissemination sessions broadened awareness of the Movement's family-links services among refugees, other humanitarian organizations and pertinent stakeholders.

Missing persons' families receive psychosocial support

People whose relatives went missing in connection with the 1986–2006 non-international armed conflict in northern Uganda struggled to cope with this uncertainty and with the financial difficulties created by their relatives' disappearance. Under a programme initiated by the ICRC, 336 families received mental-health and psychosocial support at peer-support sessions led by volunteers recruited and trained by the ICRC. Some members of these families were referred to other organizations for assistance in meeting their specific needs, such as medical care.

Various ICRC support enabled missing people's families (1,166 households; 9,339 people) to meet some of their financial and other needs. They received cash, food supplies and household essentials; shelters were also built or renovated for their use. With ICRC supervision, they were able to run savings and loan associations and small-scale community projects. Additional community-based volunteers received ICRC training to conduct livelihood-support activities for these families. A number of people – former members of armed groups among them – were referred to pertinent organizations for skills training.

As the ICRC's support for missing persons' families was set to end in 2019, the ICRC briefed relevant stakeholders on this matter and continued to identify organizations that will be able to continue assisting these families. The ICRC also continued to remind local authorities of their roles and responsibilities in addressing the needs of missing people's families. It also continued working to broaden awareness of the necessity of clarifying the fate of missing people. For example, it shared a position paper setting out the humanitarian approach it took in this matter to members of parliament, who were urged to give missing people's families the necessary support.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited 22 places of detention in accordance with its standard procedures. These facilities held 15,825 people, including some minors, and women and their children. Findings from these visits – about detainees' treatment and living conditions – were submitted confidentially to the authorities.

Dialogue with the UPF, the UPDF and the Uganda Prisons Service continued. The ICRC discussed certain issues of particular concern: respecting the principle of *non-refoulement*, ensuring detainees' access to health services, and notifying families of the arrest of a relative, and the necessity of ensuring that detainees and their families can stay in touch. The ICRC continued to seek access to detainees within its purview; it also continued to pursue discussions with the authorities – regarding further prison visits and to follow up past recommendations. The ICRC met with the newly appointed inspector-general of the UPF and with various other senior Ugandan police officials. The ICRC organized training in IHL and other applicable norms, for some UPF officers – after a gap of four years (see *Actors of influence*).

Detainees receive visits from their relatives

Detainees contacted their relatives through ICRC family-links services. Some sent or received RCMs, or made use of oral messages. The ICRC distributed assistance and offered family-links services to several children. Through the ICRC's family-visit programme, around 60 people received cash, enabling them to visit their detained relatives; 57 detainees received family visits. The ICRC also helped foreign detainees to notify the UNHCR or their embassies of their situation. The ICRC reminded the authorities of the necessity of ensuring that detainees and their families can stay in touch.

Detention authorities take steps to improve detainees' living conditions

The ICRC provided hygiene supplies and recreational items to 12,726 detainees, including women and children, at 13 places of detention. Using spare parts donated by the ICRC, the authorities repaired the water and sewage systems in two prisons; in another prison, the ICRC installed equipment for producing chlorine and instructed prison staff and inmates in the use of chlorine to improve sanitation. These efforts enabled roughly 7,000 detainees to access clean water.

The ICRC encouraged detention and health authorities to broaden access to medical care for detainees.

ACTORS OF INFLUENCE

UPDF and UPF personnel learn more about IHL

At ICRC presentations and training sessions, UPDF personnel strengthened their grasp of: IHL, international policing standards, the Movement's activities for violence-affected people, the prevention of sexual violence during armed conflict, and the necessity of protecting health-care services. The participants included some 4,000 peacekeepers bound for AMISOM; 40 officers from the Uganda Senior Command and Staff College; 17 newly commissioned officers; 65 legal

advisers and commanders from the UPDF's legal training centre; and 115 cadets from a military police school. Several IHL modules, designed with the ICRC's technical assistance, remained on the syllabus at UPDF training centres.

Several ICRC training sessions for some branches of the UPF resumed, following a meeting with the newly appointed inspector-general (see *People deprived of their freedom*). Twenty senior police officers and 88 officers from the UPF training college broadened their knowledge of IHL, international human rights law, the ICRC's mandate and detention activities, and international policing standards.

The ICRC sponsored one military officer to attend a workshop, on international rules governing military operations, in Abu Dhabi, United Arab Emirates, and another officer to attend a workshop on IHL in Addis Ababa, Ethiopia.

National authorities receive support for implementing IHL

Government authorities and the ICRC discussed the incorporation of IHL provisions in domestic legislation, and issues related to ratifying, acceding to or implementing IHL treaties. The ICRC met with key government officials to learn about the progress Uganda had made in acceding to the Arms Trade Treaty. The ICRC provided expert advice for the drafting of a bill to establish a national commission for preventing the proliferation of small arms and light weapons. ICRC support enabled defence and justice ministry officials to discuss IHL implementation with their regional counterparts at a workshop in Kenya (see *Nairobi*).

The ICRC met with the national IHL committee to discuss how it could aid the committee's work.

Students and teachers enrich their understanding of IHL

Over 270 law students learnt more about IHL through ICRC presentations at five universities; they were also given informational materials about the ICRC. ICRC support enabled a number of university students to participate in the All-Africa IHL Moot Court Competition in Arusha, Tanzania; two university lecturers were sponsored to attend a workshop in Ethiopia.

At an ICRC workshop that was also attended by various government officials, academic scholars were encouraged to write about contemporary issues related to IHL.

The National Society continued to expand its capacities in broadening awareness of IHL and humanitarian issues of concern in Uganda and the wider region, and of the Movement's response to them. With ICRC technical support, it finished preparing a training manual on public communication for its staff.

RED CROSS AND RED CRESCENT MOVEMENT

The Uganda Red Cross Society and the ICRC worked together to address the family-links needs of refugees in the country (see *Civilians*).

The ICRC gave the National Society training to help it expand its operational capacities, financial support to cover staff salaries and other expenses, and technical assistance to address staffing problems; the main objective was to ensure that the National Society could operate in accordance with the Fundamental Principles and the Safer Access Framework. Structural and financial reforms at the National Society continued, with expert guidance from the ICRC.

National Society staff and volunteers working in refugee settlements attended workshops organized by the National Society and the ICRC, where they were trained to provide family-links services, and to address the protection concerns of unaccompanied minors. The National Society continued to coordinate its various activities for violence-affected people with Movement components and other actors. The National Society, with the support of the ICRC, carried out a programme to improve water and sanitation facilities at one refugee settlement.

The ICRC also sponsored a National Society legal adviser to attend the annual legal advisers meeting in Geneva, Switzerland.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	3,326	243		
RCMs distributed	2,312	14		
Phone calls facilitated between family members	93,512			
Reunifications, transfers and repatriations				
People reunited with their families	124			
People transferred or repatriated	7			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	603	148	145	101
<i>including people for whom tracing requests were registered by another delegation</i>	36			
Tracing cases closed positively (subject located or fate established)	222			
<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)	650	174	139	98
<i>including people for whom tracing requests were registered by another delegation</i>	50			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	293	86		
UAMs/SC reunited with their families by the ICRC/National Society	114	34		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	446	165		
Documents				
People to whom official documents were delivered across borders/front lines	22			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	22			
Detainees in places of detention visited	15,825	744	436	
Visits carried out	54			
		Women	Girls	Boys
Detainees visited and monitored individually	244	17	4	20
<i>of whom newly registered</i>	181	10	4	20
RCMs and other means of family contact				
RCMs collected	530			
RCMs distributed	377			
Phone calls made to families to inform them of the whereabouts of a detained relative	643			
Detainees visited by their relatives with ICRC/National Society support	57			
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS	Total	Women	Children
Economic security			
Income support	Beneficiaries	9,447	4,607
Water and habitat			
Water and habitat activities	Beneficiaries	35,000	10,500
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	Beneficiaries	12,726	707
Water and habitat			
Water and habitat activities	Beneficiaries	7,070	
Health			
Places of detention visited by health staff	Structures	1	

YAOUNDÉ (regional)

COVERING: Cameroon, Congo, Equatorial Guinea, Gabon, São Tomé and Príncipe

The ICRC set up its Yaoundé regional delegation in 1992 but has been working in the region since 1972. It monitors the domestic situation in the countries covered, visits security detainees, helps restore contact between separated family members, including migrants, and responds to the emergency 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

KEY RESULTS/CONSTRAINTS IN 2018

- People affected by the conflict in the Lake Chad region earned money or resumed their livelihoods with material, financial and other support from the ICRC. They also received food and household essentials, or money to buy them.
- In the Pool region of Congo, people received hygiene kits and household essentials from the ICRC instead of seed and tools for growing food, given the change in situation. People in Cameroon received similar support.
- Communities in northern Cameroon maintained access to health services at ICRC-supported health facilities, some of which were in cholera-affected areas. Some women in remote villages received training in midwifery.
- In Cameroon, temporary suspension of ICRC visits to detention facilities affected planned activities and limited dialogue with authorities. Where and when the ICRC had access to them, detainees received material and other support.
- People separated from their families by armed conflict, other instances of violence and/or detention reconnected with relatives through the Movement's family-links services; some separated children were reunited with their families.
- Authorities and military and security forces, especially in Cameroon, were reminded to protect civilians and facilitate access to health care. The authorities learnt more about the ICRC's work in detention facilities.

EXPENDITURE IN KCHF

Protection	4,326
Assistance	15,585
Prevention	3,114
Cooperation with National Societies	1,489
General	334
Total	24,848
<i>Of which: Overheads</i>	<i>1,516</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	42
Resident staff (daily workers not included)	203



ICRC delegation ICRC sub-delegation ICRC mission ICRC office

PROTECTION

CIVILIANS

Restoring family links		Total
RCMs collected		254
RCMs distributed		175
Phone calls facilitated between family members		57
Tracing cases closed positively (subject located or fate established)		275
People reunited with their families		12
<i>of whom unaccompanied minors/separated children</i>		9

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits		Total
Places of detention visited		17
Detainees in places of detention visited		13,286
<i>of whom visited and monitored individually</i>		750
Visits carried out		31
Restoring family links		Total
RCMs collected		89
RCMs distributed		20
Phone calls made to families to inform them of the whereabouts of a detained relative		120

ASSISTANCE

CIVILIANS

Economic security		2018 Targets (up to)	Achieved
Food consumption	Beneficiaries	90,000	82,790
Food production	Beneficiaries	144,000	686,362
Income support	Beneficiaries	18,000	34,808
Living conditions	Beneficiaries	30,000	26,916

Water and habitat

Water and habitat activities	Beneficiaries	85,000	136,244
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Health

Health centres supported	Structures	6	5
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WOUNDED AND SICK

Medical care			
Hospitals supported	Structures		1

Water and habitat			
Water and habitat activities	Beds		226

CONTEXT

In northern Cameroon, fighting between State forces and factions of the armed groups known as “Islamic State’s West Africa Province” and Jama’atu Ahlis Sunna Lidda’awati wal-Jihad continued. Along with its neighbours (see *Chad, Niger and Nigeria*), Cameroon contributed troops to the Multinational Joint Task Force. Nigerians without the necessary documents continued to be sent back to Nigeria. A cholera outbreak, which spread from central Cameroon late in the year, further burdened this conflict-affected region.

Tensions between State authorities and people in the north-western and south-western – anglophone – regions of Cameroon escalated, leading to clashes and numerous arrests. Tens of thousands of people were displaced; some of them sought refuge in Nigeria.

Relative calm returned to the Pool region of Congo. Many people were still displaced; however, some returned to their villages, which had been destroyed during the violence.

The situation in their country prevented refugees in eastern Cameroon and northern Congo from returning to the Central African Republic (CAR). Thousands of Rwandans, who had lost their refugee status in 2017, remained in Congo as irregular migrants.

Socio-economic frustrations and political concerns persisted in the countries covered. Presidential elections were held in Cameroon in October, and were won by the incumbent.

ICRC ACTION AND RESULTS

Security concerns and logistical challenges notwithstanding, the ICRC and the Cameroon Red Cross Society distributed food, or cash to buy it, and household essentials to IDPs, residents and others in northern Cameroon. Some IDPs in the anglophone regions were given material support. In northern Cameroon, people met their household expenses with the help of money they earned from ICRC cash-for-work projects or through productive activities they started using ICRC-provided cash grants. Distribution of seed and farming tools, and vaccination campaigns, expanded capacities in food production. The change in the situation in Congo’s Pool region (see *Context*) prompted the ICRC to adjust its plans: funds allocated for food production were redirected to provide material support for thousands of IDPs and returnees in need.

The ICRC continued to support five primary-health-care centres and one hospital in northern Cameroon, to ensure the availability of good-quality health services. It provided additional material support for two of the centres, to help contain the cholera outbreak (see *Context*). Women in some remote villages received training in midwifery. Administrative constraints and poor weather delayed the implementation of water projects in northern Cameroon. Nevertheless, the local water authorities and the ICRC upgraded water-supply systems and broadened access to clean water.

People separated from their families – by armed conflict, other instances of violence and/or detention – restored and maintained contact with relatives through the Movement’s family-links services. Some people filed requests to trace missing relatives. Vulnerable people, most of them children, were reunited with their relatives. The ICRC enabled some detainees’ families to visit their relatives for the first time since their arrest.

In Cameroon, ICRC visits to places of detention under the justice ministry were suspended for much of the year, limiting dialogue with the authorities concerned and delaying or halting certain activities. When and where it had access – in accordance with its standard procedures – the ICRC monitored the treatment and living conditions of detainees, and communicated its findings and recommendations confidentially to the authorities concerned. At some prisons in Cameroon, the ICRC upgraded infrastructure, enabled malnourished detainees to meet their nutritional requirements, and ensured detainees’ access to suitable health-care services. Some detaining authorities were given material, infrastructural and technical support for preventing the spread of cholera (see *Context*).

The ICRC continued to engage authorities and weapon bearers in the region – especially in the northern and anglophone regions of Cameroon – in dialogue on the protection due to civilians under IHL, international human rights law and/or other applicable norms. It also organized meetings with and events for detaining and judicial authorities, to help them reach a fuller understanding of its work in places of detention. It urged the authorities concerned to ensure respect for judicial guarantees and the principle of *non-refoulement*. Military and security forces personnel attended various events where they reinforced their understanding of the norms applicable to their duties. Regular contact with influential members of civil society, supplemented by public-communication activities, helped advance understanding of humanitarian principles, IHL and the Movement’s work, and broaden support for them.

The National Societies in the region, especially the Cameroon Red Cross Society, continued to receive various forms of support from the ICRC for strengthening their operational and administrative capacities. Administrative constraints and lack of coordination, however, hampered discussions and limited activities with some of the National Societies. Movement components, especially those working in the Lake Chad region, met regularly to coordinate their activities.

CIVILIANS

IDPs and refugees in Cameroon and Congo reconnect with their relatives

The ICRC maintained its dialogue with the authorities and various weapon bearers – especially in the northern and anglophone regions of Cameroon – on the protection due to civilians under IHL, international human rights law and/or other applicable norms (see also *Actors of influence*). It reminded them to protect people from abuse, including sexual violence, and to ensure access to health-care services, in line with the Health Care in Danger initiative. It also urged the authorities concerned to ensure respect for the principle of *non-refoulement*.

The ICRC gave the National Societies in the region, particularly the Cameroonian National Society, training and other support for improving their family-links services. People separated from their families by armed conflict, other instances of violence and/or detention reconnected with their relatives through RCMs and other family-links services (see also *People deprived of their freedom*). People sought the ICRC's help in ascertaining the fate and whereabouts of missing relatives; 275 tracing cases were resolved.

Unaccompanied or separated minors and vulnerable adults – 11 in Cameroon and one in Congo – were reunited with their families; seven of them were given financial assistance or household kits in advance of this reunion. Reuniting some children with their families in the CAR and Nigeria had to be postponed because of poor security conditions.

Violence-affected people are able to meet their needs

The ICRC, in conjunction with the Cameroonian National Society, provided aid for IDPs, refugees, returnees and residents in northern Cameroon, especially the departments of Logone-et-Chari and Mayo-Sava. Around 82,800 people (roughly 13,800 households) received food or cash for buying it. Some 9,100 IDPs (1,524 households) in Logone-et-Chari received kits containing household essentials and hygiene items. About 2,800 IDPs (460 households) in the anglophone regions received similar material support.

In northern Cameroon, some 5,700 breadwinners participated in an ICRC cash-for-work project to repair infrastructure (see below); this benefited roughly 34,000 people and their communities. A total of 139 households (some 830 people) used cash grants to finance productive activities, such as small-scale cash-crop farming. These activities helped them earn money to meet their household expenses.

Seed and other agricultural supplies helped over 11,100 households (about 81,500 people) resume farming; these supplies were provided either directly by the ICRC or through farming associations. The National Society and the ICRC helped vaccinate and deworm hundreds of thousands of animals. Personnel from the livestock ministry received supplies – including syringes and vitamins – and training for providing vaccination and other services independently. Veterinarians at eight animal-health clinics treated livestock with medicines and equipment from the ICRC. These activities benefited some 91,800 herding households (roughly 604,800 people) – more than planned. Two pastoral wells and two vaccination parks were under construction at the end of the reporting period.

Owing to changes in the situation in Congo's Pool region (see *Context*), plans to give food-production support for 2,000 households were cancelled. Funds allocated for this were redirected to providing people – more than foreseen – with material support for improving their living conditions: some 15,000 IDPs and returnees (roughly 3,000 households) received household essentials and hygiene kits, distributed with the help of the Congolese Red Cross.

Communities in northern Cameroon obtain suitable health care

Because of poor security conditions, only a few health facilities were functioning in northern Cameroon. The precarious security situation and a government-imposed curfew limited access to health services. The ICRC provided support – supplies, training, expert advice, funds and/or infrastructural repairs (see below) – to five primary-health-care centres. At these centres, people, including the malnourished and victims/survivors of sexual violence, obtained suitable curative, preventive and ante/post-natal care; children received comprehensive vaccinations.

People requiring higher-level care were referred to the hospital in Mada, which received regular ICRC support: drugs, surgical tools, wound-dressing kits, and training for medical personnel to ensure the cleanliness and sterility of surgical equipment. Wounded people were brought to this hospital, as it was the only facility in Logone-et-Chari providing surgical services. Women in some remote villages of Mayo-Sava were given delivery kits and training in midwifery.

The ICRC remained prepared for emergencies. In Logone-et-Chari, it provided financial assistance for the committee in charge of containing the cholera outbreak (see *Context*), and additional material aid for two of the primary-health-care centres it supported in the area.

People have access to potable water

Administrative constraints and poor weather delayed the implementation of water projects in northern Cameroon. Nevertheless, more people than anticipated – around 136,000 people – had improved access to potable water after the ICRC, in cooperation with local water authorities, repaired or constructed boreholes and water-supply systems. Several water projects were in progress at the end of the reporting period. Material support and training from the ICRC helped local technicians ensure the long-term functioning of water-supply systems, including those repaired or constructed by the ICRC.

To improve services at the six health facilities it supported, the ICRC upgraded infrastructure, including water and sanitation facilities. At four of the primary-health-care centres, solar panels were installed in the maternity wards, to ensure a reliable supply of electrical power.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detaining authorities are urged to improve detainees' treatment and living conditions

The ICRC pursued its dialogue with detaining authorities, especially in Cameroon (see also *Actors of influence*); its aim was to secure and/or broaden access to detainees, especially those held for security reasons, and ensure respect for judicial guarantees. Suspension of ICRC visits to places of detention under Cameroon's justice ministry between April and November, however, limited dialogue with the relevant authorities and led to the delay or cancellation of many planned activities.

Where and when it had access, the ICRC visited detention facilities in accordance with its standard procedures. It checked on detainees' treatment and living conditions, ensuring that they met internationally recognized standards. Particular attention was paid to people with specific needs, including women, minors and foreigners. Findings and recommendations were communicated confidentially to the authorities concerned.

Some detainees contacted their relatives through the Movement's family-links services. In Cameroon, 60 detainees were visited by their families for the first time since their arrest; the ICRC covered the families' travel expenses. The ICRC enabled 88 foreigners to notify their consular representatives of their detention. It provided financial assistance for 52 former detainees to return home after their release.

Detainees in Cameroon meet their needs and have access to health services

Despite the suspension of prison visits in Cameroon that was in effect for most of the year (see above), the ICRC worked to help the pertinent authorities address detainees' needs and improve their living conditions.

Over 6,700 detainees, and some prison staff, received supplementary rations, to help them meet their nutritional requirements. Nearly 3,700 malnourished detainees were given therapeutic food, to help them regain their health. Training sessions for senior prison officials and prison staff – on drawing up budgets and managing the food-supply system – did not take place as planned.

At four places of detention, detainees obtained health services at prison clinics supported by the ICRC with drugs and other medical supplies, and technical and infrastructural support (see below). Those in need of specialized care were taken to external health facilities; the ICRC covered their medical expenses. ICRC training enabled prison health staff to develop their ability to conduct medical screenings for new inmates upon their arrival, manage their stock of medical supplies and dispose of medical waste properly. Detainees learnt about common diseases and good hygiene practices at ICRC information sessions.

Over 4,100 detainees had better living conditions, and were less at risk of illness or disease, after the ICRC, in coordination with detaining authorities, completed various infrastructural projects at the four places of detention mentioned above. These projects focused on improving key elements of prison infrastructure – clinics, sanitation and water facilities, kitchens, and energy-supply and ventilation systems. Technical support for maintenance and repair teams – for ensuring the long-term functioning of facilities – was put on hold.

The ICRC helped the detaining authorities – at three of the prisons – to prevent the spread of cholera (see *Context*). It gave them technical support for drafting contingency plans, and installed additional sanitation facilities. It also gave them hygiene kits and/or food for distribution to detainees, to help them reduce their risk of contracting disease; some 26,500 people benefited.

ACTORS OF INFLUENCE

The ICRC met with various actors in the region, especially in the northern and anglophone regions of Cameroon, to broaden understanding and acceptance among them for its mandate, working methods, and neutral, impartial and independent humanitarian action; and for IHL, international human rights law and other relevant norms. It did so with a view to facilitating the delivery of aid to vulnerable people and contributing to their protection.

Military and security forces have a better grasp of IHL and other norms

Military personnel attended various events – such as dissemination sessions and workshops – where they reinforced their understanding of IHL, international human rights law, and other norms applicable to their duties. Police and other security forces also received training in international standards for law enforcement, especially provisions governing arrest procedures and the use of force. Congolese police units bound for peace-support operations in the CAR were briefed on IHL before their deployment.

Military senior officers were urged to incorporate IHL and other applicable norms in their doctrine, training and operations. The Cameroonian armed forces – whose troops often join police forces in maintaining public order – finished updating their manual on law enforcement operations, with technical support from the ICRC; military instructors were given printed copies of it. Senior military and security forces officers from Cameroon and Congo attended advanced seminars and workshops on IHL, with ICRC financial support (see, for example, *International law and policy*).

Detaining and judicial authorities learn about the ICRC's work in places of detention

In Cameroon, the ICRC sought to help detaining and judicial authorities understand more fully the nature of its detention-related activities. It organized dissemination sessions for detaining authorities and for students training to be prison guards or administrators. Participants in these sessions also learnt more about the norms and standards applicable to their duties (or future duties). The ICRC began discussions – on respect for judicial guarantees – with members of the country's bar association.

Members of civil society familiarize themselves with humanitarian action and the Movement's work

The National Societies in the region, especially the Cameroonian National Society, and the ICRC broadened their engagement with members of civil society, in order to foster awareness of humanitarian issues and of humanitarian principles and the Movement. Communities in northern Cameroon and Congo's Pool region learnt about the humanitarian services available to them from dissemination sessions and public-communication initiatives such as radio spots.

The ICRC organized field trips for members of the local and the international media, briefed them, and gave them press releases and reference materials. This helped them to gain a fuller understanding of humanitarian work during armed

conflict and other violence, and to report more accurately on the ICRC and the Movement's activities.

Religious leaders and scholars attended ICRC-organized round-tables and workshops, where they examined the points of correspondence between Islamic law and IHL and other related norms. To stimulate academic interest in IHL, the ICRC organized moot court competitions, round-tables and other events – including some abroad – for students and teachers.

Authorities discuss the implementation of IHL and other norms

During dialogue with legislators, the ICRC emphasized the necessity of ratifying IHL and IHL-related treaties and adopting related legislative measures. Government officials from Cameroon, Congo and Gabon received technical support for ratifying and/or implementing the Arms Trade Treaty, including at a regional seminar organized by the Cameroonian foreign ministry and the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC and other Movement components gave various forms of support to the National Societies in the region to strengthen their operational and administrative capacities. The Cameroonian Red Cross, in particular, responded to people's needs and broadened awareness of humanitarian principles and the Movement (see *Civilians* and *Actors of influence*). The ICRC trained volunteers in the Safer Access Framework, to help them carry out their activities in safety. Early in the year, it gave the Cameroonian National Society technical support in drafting a contingency plan in case of election-related violence. Discussions and planned joint activities – such as promoting the proper use of the red cross emblem – with the Congolese Red Cross, the Gabonese Red Cross Society and the Red Cross of Equatorial Guinea were hampered by lack of coordination and administrative difficulties.

Movement components, especially those working in the Lake Chad region, met regularly to coordinate their activities, in order to maximize impact and avoid duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	254	65		
RCMs distributed	175	24		
Phone calls facilitated between family members	57			
Reunifications, transfers and repatriations				
People reunited with their families	12			
<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	141	11	37	48
<i>including people for whom tracing requests were registered by another delegation</i>	25			
Tracing cases closed positively (subject located or fate established)	275			
<i>including people for whom tracing requests were registered by another delegation</i>	56			
Tracing cases still being handled at the end of the reporting period (people)	1,405	95	179	217
<i>including people for whom tracing requests were registered by another delegation</i>	142			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	52	17		
UAMs/SC reunited with their families by the ICRC/National Society	9	2		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	196	66		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	17			
Detainees in places of detention visited	13,286	391	426	
Visits carried out	31			
		Women	Girls	Boys
Detainees visited and monitored individually	750	31	3	28
<i>of whom newly registered</i>	403	11	2	9
RCMs and other means of family contact				
RCMs collected	89			
RCMs distributed	20			
Phone calls made to families to inform them of the whereabouts of a detained relative	120			
Detainees visited by their relatives with ICRC/National Society support	60			
People to whom a detention attestation was issued	2			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	82,790	21,049	44,279
	<i>of whom IDPs</i>	36,474	9,824	19,017
Food production	Beneficiaries	686,362	222,377	235,064
	<i>of whom IDPs</i>	114,499	39,759	42,622
Income support	Beneficiaries	34,808	11,049	13,840
	<i>of whom IDPs</i>	28,961	8,992	12,061
Living conditions	Beneficiaries	26,916	7,641	13,584
	<i>of whom IDPs</i>	14,265	3,989	7,156
Water and habitat				
Water and habitat activities	Beneficiaries	136,244	40,873	54,498
Health				
Health centres supported	Structures	5		
Average catchment population		122,913		
Consultations		55,335		
	<i>of which curative</i>	46,120	12,457	27,055
	<i>of which antenatal</i>	9,215		
Immunizations	Patients	137,036		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	114,524		
Referrals to a second level of care	Patients	654		
	<i>of whom gynaecological/obstetric cases</i>	128		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	6,723	74	563
Living conditions	Beneficiaries	26,470	591	763
Water and habitat				
Water and habitat activities	Beneficiaries	4,148	41	
Health				
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	1		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		712		
Weapon-wound admissions (surgical and non-surgical admissions)		7		
Weapon-wound surgeries performed		8		
Patients whose hospital treatment was paid for by the ICRC		237		
Water and habitat				
Water and habitat activities	Beds	226		

AMERICAS

KEY RESULTS/CONSTRAINTS IN 2018

- In Colombia, people displaced or otherwise affected by intensified conflicts and violence restored their livelihoods, and migrants from the Bolivarian Republic of Venezuela met their urgent needs, with various forms of ICRC support.
- Violence-affected people in the region received ICRC assistance, such as cash and livelihood support, for easing their plight. They learnt how to reduce their safety risks and deal with the effects of armed violence, with the ICRC's help.
- Vulnerable migrants reconnected with their relatives and obtained lodging and health services at ICRC-supported facilities along the migration route or in countries where they had passed through or settled in the region.
- State authorities worked to clarify the fate of missing people and to address their families' needs. The families coped with their distress, with the help of material assistance or psychosocial support from the ICRC or ICRC-trained staff.
- Wounded and sick people, physically disabled people and victims of armed violence obtained treatment from ICRC-backed centres. The ICRC reminded the authorities and weapon bearers to ensure the safe delivery of health care.
- With support from their national IHL committees and the ICRC, State authorities advanced IHL implementation: for instance, five countries in the region became party to the Treaty on the Prohibition of Nuclear Weapons.

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	93
RCMs distributed	102
Phone calls facilitated between family members	287,310
Tracing cases closed positively (subject located or fate established)	314
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	102
Detainees in places of detention visited	158,717
<i>of whom visited and monitored individually</i>	320
Visits carried out	231
Restoring family links	
RCMs collected	681
RCMs distributed	323
Phone calls made to families to inform them of the whereabouts of a detained relative	30

EXPENDITURE IN KCHF	
Protection	35,411
Assistance	24,346
Prevention	21,649
Cooperation with National Societies	6,501
General	1,607
Total	89,513
<i>Of which: Overheads</i>	<i>5,463</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	104%
PERSONNEL	
Mobile staff	156
Resident staff (daily workers not included)	681

ASSISTANCE		Total
CIVILIANS		
Economic security		
Food consumption	Beneficiaries	14,806
Income support	Beneficiaries	14,537
Living conditions	Beneficiaries	15,750
Capacity-building	Beneficiaries	1,050
Water and habitat		
Water and habitat activities	Beneficiaries	159,225
Health		
Health centres supported	Structures	10
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures	27
Physical rehabilitation		
Projects supported	Projects	23
People benefiting from ICRC-supported projects	Aggregated monthly data	1,298
Water and habitat		
Water and habitat activities	Beds	3

DELEGATIONS

Brasilia (regional)
Caracas (regional)
Colombia
Lima (regional)
Mexico City (regional)
New York
Washington (regional)



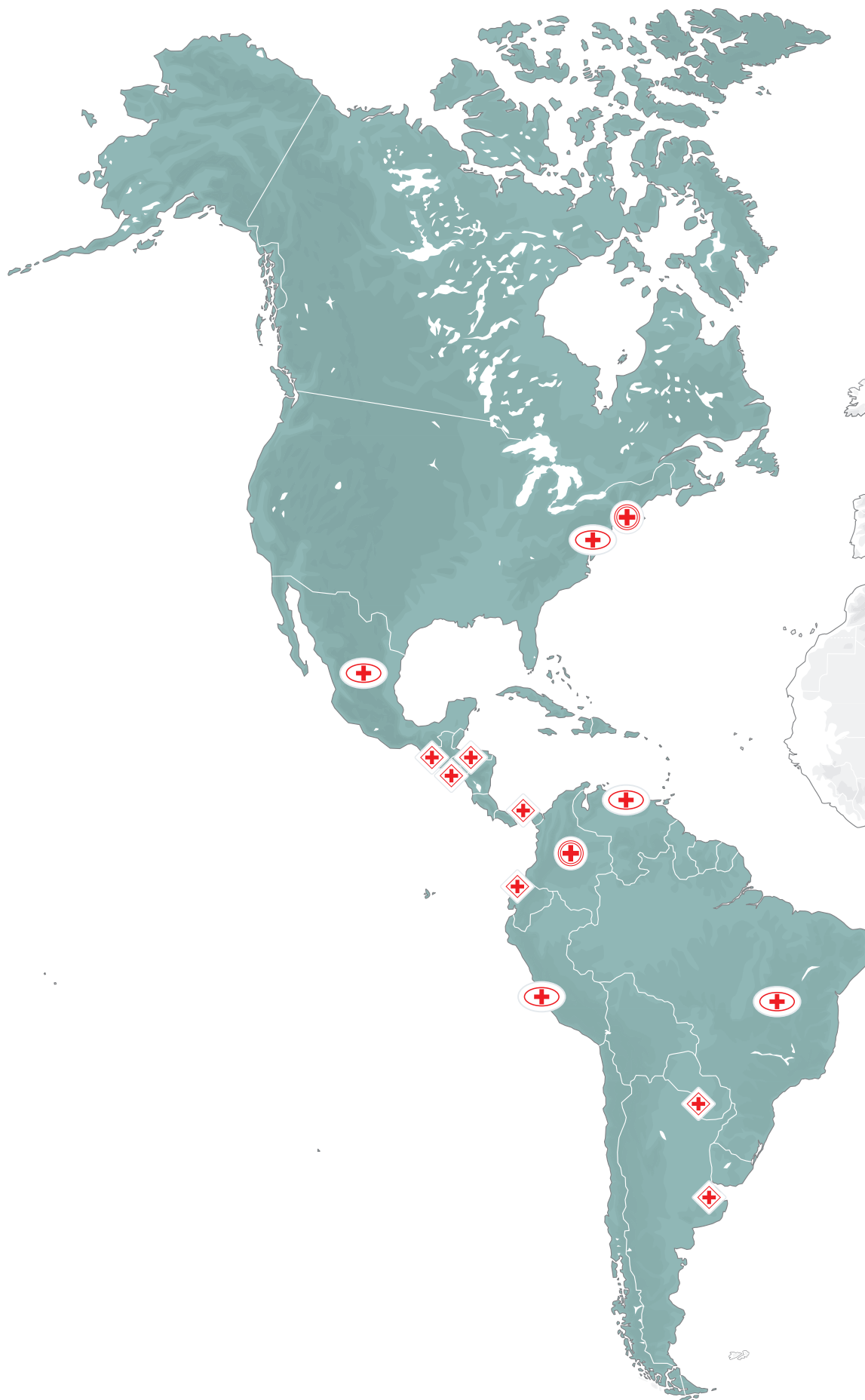
ICRC delegation



ICRC regional delegation



ICRC mission





Colombia, Medellín. An ICRC staff member speaks with a displaced woman living in a violence-affected neighborhood. She opened a small shop with assistance from the Colombian Red Cross.

HUMANITARIAN NEEDS AND RESPONSES

In 2018, the ICRC helped people cope with the consequences of past and ongoing armed conflicts and other situations of violence in the region. It stepped up its activities for vulnerable people on the move from the Bolivarian Republic of Venezuela (hereafter Venezuela), or those travelling – including in caravans organized in late 2018 – through El Salvador, Guatemala, Honduras and Mexico. It continued to assist families of missing people, detainees and others in need. In most cases, it worked with local partners, including the National Societies operating in the region. In the light of operational shifts, it expanded its presence in Brazil, El Salvador, Honduras and Nicaragua, and wound up most of its assistance activities in Chile and Paraguay.

Colombia remained the ICRC's largest operation in the Americas. Despite the implementation of the 2016 peace agreement between the Colombian government and the Fuerza Alternativa Revolucionaria del Común (Common Alternative Revolutionary Force, the political successor of the Revolutionary Armed Forces of Colombia – People's Army, or FARC-EP), violent confrontations between government forces and other armed groups – and clashes among those armed groups – intensified and became more frequent, especially in urban areas. The ICRC encouraged the parties concerned to protect and assist civilians, in compliance with IHL and other

applicable norms. As a neutral intermediary, it continued to back implementation of the peace agreement, particularly in connection with the search for missing people.

In Colombia, the ICRC scaled up its response to humanitarian needs arising from intensified armed conflicts and armed violence in urban settings, and the massive wave of migration from Venezuela; it was thus able to help more people than originally planned. It provided support to Colombia's victim assistance unit and other institutions, but also directly intervened – whenever necessary – to supplement strained State services. Distributions of food, household essentials and cash helped migrants and IDPs affected by armed violence meet their immediate needs; migrants were also able to contact their families (see below). Emergency distributions of bottled water and hygiene kits, and upgrades to water infrastructure and other facilities, helped ease the plight of over 130,000 migrants and IDPs. Displaced breadwinners became more self-sufficient, thanks to the provision of livelihood support. Communities in weapon-contaminated areas learnt how to protect themselves against mines or explosive remnants of war.

Elsewhere in the region, vulnerable people coped with the consequences of armed violence, through various ICRC measures. People in Peru's Apurímac-Ene and Mantaro Valley (VRAEM) and in northern Paraguay obtained potable water.

Those in parts of El Salvador, Guatemala and Honduras had access to shelter, schools and/or other community infrastructure renovated by the ICRC. IDPs and others also received livelihood support, supplies for growing food to sell or consume, or cash and other ad hoc assistance for enhancing their living conditions. Community members, health workers and/or National Society volunteers in Chile, Guatemala, Mexico and Paraguay were trained by the ICRC in dealing with psychological distress and/or providing psychosocial support to others. ICRC-trained partners gave such support to victims/survivors of sexual and armed violence – such as those in Guatemala. The ICRC worked with the National Societies and/or local partners to help police officers in Belize and young people – for instance, in Jamaica, Mexico and Venezuela – build their resilience to the effects of armed violence or reduce their propensity to be drawn into it, through, educational, conflict-management and other initiatives. With ICRC technical support, municipal authorities in Brazil implemented measures to reduce safety risks for people while providing or obtaining basic services. The Nicaraguan Red Cross, aided by ICRC training, was able to reach and evacuate people who were injured during protests.

Vulnerable people in the region reconnected with their relatives using family-links services. The National Societies and/or the ICRC expanded the provision of such services, through which migrants made phone calls, accessed the internet and charged their communication devices. Notably, people traveling from Venezuela did so along the migration route and at border points or urban areas in Brazil, Colombia, Ecuador and Peru, whether they were passing through or settling. In El Salvador, Guatemala, Honduras and Mexico, in-transit, deported and returning migrants also benefited from material support: for instance, lodging at NGO-run shelters upgraded with ICRC assistance and increased access to medical care at National Society-run health facilities backed by the ICRC. They learnt where to get assistance and how to stay safe, through radio spots and informational materials along the migration route. The ICRC discussed the consequences of certain migration policies with the authorities of Mexico and the United States of America (hereafter US).

The plight of families of people missing in connection with past conflicts or military rule, ongoing conflicts and other circumstances remained a major concern in the region. The ICRC continued to back the efforts of the authorities and/or local partners to reinforce their capacities to search for missing persons and address their families' needs. With ICRC technical assistance, representatives from the missing persons search unit in Colombia informed missing people's families and other stakeholders of the search process, and the Mexican authorities developed strategies for implementing a national law on missing people and addressing their families' needs. In Brazil and Peru, the authorities created working groups to improve search processes; for example, the working group in Peru included missing people's families and the ICRC. As mandated by the governments of Argentina and the United Kingdom of Great Britain and Northern Ireland, the ICRC submitted to these parties the final report on the exhumation and identification of Argentine soldiers who had perished during the 1982 conflict between them; a total of 106 sets of human remains had been identified since 2017.

Missing people's families in the region benefited from psychological and psychosocial support from the ICRC or ICRC-trained staff; they also received material aid. In Colombia, such families worked to resume livelihood activities with ICRC-provided cash, training and supplies. Financial or logistical assistance helped those in Guatemala to organize burials and commemorative events and to send their children to school, and those in Peru to, for example, comply with administrative requirements and attend restitution ceremonies. The ICRC's public-communication initiatives and events sought to raise awareness of these families' needs. With ICRC training and/or technical assistance, forensic experts and first responders in the region developed their ability to manage human remains and related data, to help prevent disappearances.

The ICRC helped ensure that wounded and sick people, persons with physical disabilities and victims of sexual violence across the region obtained good-quality health care. In support of the goals of the Health Care in Danger initiative, the ICRC reminded the authorities and weapon bearers of their obligations to respect and facilitate the work of health-care services. Health workers – for instance, military doctors from Ecuador – were briefed on ways to protect themselves in unsafe environments, with the ICRC's technical support. The Colombian Red Cross and the ICRC distributed various materials bearing the protective emblem of the country's medical services – for marking facilities and vehicles – to various health structures. In parallel, the ICRC helped boost local capacities in the region to provide medical care directly. It increased its training and material support to enable Venezuelan Red Cross personnel, medical professionals and other first responders in violence-prone areas to respond to emergencies. ICRC-provided medical supplies and staff training in surgical care helped hospitals cope with influxes of patients – for example, following clashes in Colombia and in response to shortages of supplies in Venezuela. As part of a two-year project, the ICRC continued to provide staff training, supplies and equipment to a hospital in Honduras, to help it improve its treatment for victims of violence. Disabled people – including patients wounded by mines or in fighting, detainees, migrants, returnees and victims of armed violence – obtained appropriate treatment from ICRC-backed physical rehabilitation centres in Colombia, Guatemala, Honduras and Mexico.

The ICRC visited – where possible, in accordance with its standard procedures – detention facilities housing nearly 160,000 people, including security detainees and migrants, across the region. It began visiting certain immigration detention centres in Curaçao, Trinidad and Tobago, and the US, and gained access to detainees in Nicaragua. After security measures were modified, it resumed visits to adult inmates in prisons in El Salvador. Following the visits, the ICRC communicated its findings confidentially to the pertinent authorities. For example, expert advice for the Paraguayan authorities, on ensuring respect for judicial guarantees, enabled a few detainees to secure free legal services. Despite being unable to visit inmates in Venezuela, the ICRC engaged the authorities in dialogue and organized workshops with them on internationally recognized detention standards.

Penitentiary authorities across the region drew on ICRC material and technical assistance to improve detainees' treatment and living conditions, including by enabling them to contact their families. Eighty representatives from across the region attended an ICRC workshop on prison management and infrastructure held in Mexico. The Colombian authorities continued to pursue criminal justice reform to address overcrowding and other systemic issues affecting the country's penitentiary system, and sought to strengthen health services in prisons. In Ecuador, ICRC-trained instructors began conducting prison-management courses for prison staff. ICRC upgrades to water, sanitation and/or other facilities – as in the Plurinational State of Bolivia, Honduras and Panama – helped enhance detainees' living conditions.

The ICRC again engaged in dialogue with State weapon bearers, urging them to respect IHL and/or international human rights norms, and the principle of *non-refoulement*. It informed them of documented allegations of abuse, with a view to preventing their recurrence. Dialogue and briefings with military leaders overseeing operations in areas affected by armed violence – for instance, certain cities of Brazil, Peru's VRAEM and along the Ecuador–Colombia border – focused on the proper use of force and/or ensuring people's safe access to goods and services. At seminars and workshops, military and police forces drew on ICRC technical expertise in pursuing efforts to incorporate provisions of IHL and/or pertinent internationally recognized standards in their operations and training. Military and police officers and instructors – for example, in Chile, Nicaragua, Panama, Paraguay and Venezuela – refined their skills in teaching IHL, international policing standards and/or other relevant norms to their peers. Senior security officials from the region discussed ways to mitigate the impact of armed violence, particularly in urban settings, at an international conference in Peru. Discussions with the Canadian and US authorities centred on the need to uphold IHL and other applicable norms in countries where their armed forces operated, and to persuade the weapon bearers their forces supported to do the same.

With help from their national IHL committees and the ICRC, State authorities advanced IHL implementation: Costa Rica, Cuba, Mexico, Nicaragua and Uruguay became party to the Treaty on the Prohibition of Nuclear Weapons, and Brazil and Chile, to the Arms Trade Treaty; Peru ratified Additional Protocol III. The Organization of American States adopted resolutions on migration and other topics that incorporated the ICRC's recommendations. In its regular interactions with the UN and regional bodies, their Member States and other pertinent organizations, the ICRC called attention to topics of humanitarian concern worldwide, such as the protection of civilians, sexual violence in armed conflicts, threats to safe health-care delivery, new weapons technologies and peace-keeping. The UN Member States adopted the Global Compact for Safe, Orderly and Regular Migration, which incorporated some of the ICRC's views and recommendations on the issue of missing migrants and other topics. The ICRC endeavoured to ensure that UN counter-terrorism policies complied with IHL and did not impede principled humanitarian action.

To raise public awareness of and support for humanitarian principles and the Movement's activities worldwide, the ICRC launched public-communication initiatives and conducted events for academics, journalists and other members of civil society.

Together with the International Federation, the ICRC helped National Societies working in the region build their capacities to respond to emergencies and to assist migrants and victims of armed conflict and violence in line with the Safer Access Framework. Regular coordination meetings between Movement components and with UN agencies and other humanitarian entities helped improve humanitarian action.

PROTECTION MAIN FIGURES AND INDICATORS

AMERICAS											
	CIVILIANS										
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	UAM/SC* cases still being handled by the ICRC/National Society at the end of the reporting period	People transferred/repatriated	Human remains transferred/repatriated	Tracing cases closed positively (subject located or fate established)	People to whom travel documents were issued	Places of detention visited	Detainees in places of detention visited	of whom women
Brasilia (regional)	13	12	65,068				4		14	13,745	773
Caracas (regional)	30	18	68				1	1	3	588	39
Colombia	36	24	6,202	96	6	49	107		21	55,436	6,936
Lima (regional)	4	33	52,748				201		20	42,720	2,741
Mexico City (regional)	10	13	162,952			5	1		36	40,476	4,621
Washington (regional)		2	272						8	5,752	1,149
TOTAL	93	102	287,310	96	6	54	314	1	102	158,717	16,259

* Unaccompanied minors/separated children

PEOPLE DEPRIVED OF THEIR FREEDOM

<i>of whom minors</i>	Visits carried out	Detainees visited and monitored individually	<i>of whom women</i>	Detainees newly registered	<i>of whom women</i>	RCMs collected	RCMs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	Detainees released and transferred/repatriated by/via the ICRC	People to whom a detention attestation was issued	
6	33	57	4	1					41		1	Brasilia (regional)
	3	6	1	6	1	40		3	7			Caracas (regional)
358	59	25	1	9					9	3	1	Colombia
	43	186	46	84	11	49	3	10	92			Lima (regional)
3,073	79	16	1	1	1	13	7	17				Mexico City (regional)
	14	30				579	313					Washington (regional)
3,437	231	320	53	101	13	681	323	30	149	3	2	TOTAL

ASSISTANCE MAIN FIGURES AND INDICATORS

AMERICAS

	CIVILIANS							PEOPLE DEPRIVED OF THEIR FREEDOM			
	ECONOMIC SECURITY				WATER AND HABITAT	HEALTH		ECONOMIC SECURITY		WATER AND HABITAT	HEALTH
	BENEFICIARIES							BENEFICIARIES			
	Food consumption	Income support	Living conditions	Capacity-building	Beneficiaries of water and habitat activities	Health centres supported	Consultations	Living conditions	Capacity-building	Water and habitat activities	Health facilities supported in places of detention visited by health staff
Brasilia (regional)	665			1,050	664			921	68	586	
Caracas (regional)											
Colombia	14,141	7,111	15,009		130,905					3,944	3
Lima (regional)			741		1,952			86,850		857	
Mexico City (regional)		7,426			25,704	10	29,183			14,956	2
TOTAL	14,806	14,537	15,750	1,050	159,225	10	29,183	87,771	68	20,343	5
of whom women	4,883	4,770	5,770	375	58,876			6,149	68	2,532	
of whom children	5,557	4,449	4,969	405	27,822					173	
of whom IDPs	6,083	3,171	6,843		24,059						

1. Based on monthly aggregated data.

WOUNDED AND SICK										
FIRST AID		HOSPITALS		PHYSICAL REHABILITATION						
		HOSPITALS SUPPORTED								
Training sessions	Participants of training sessions¹	Hospitals supported	including hospitals reinforced with or monitored by ICRC staff	Projects supported	People benefiting from ICRC-supported projects¹	New patients fitted with prostheses	Prostheses delivered	New patients fitted with orthoses	Orthoses delivered	
										Brasilia (regional)
20	374	14								Caracas (regional)
21	501	11		18	901	175	205	176	149	Colombia
										Lima (regional)
65	1,076	2	1	5	397	21	86	3	6	Mexico City (regional)
106	1,951	27	1	23	1,298	196	291	179	155	TOTAL
					177	25	38	22	22	of whom women
					126	6	32	28	49	of whom children

BRASILIA (regional)

COVERING: Argentina, Brazil, Chile, Paraguay, Uruguay

The ICRC has been present in the region since 1975. It visits security detainees and responds to the needs of people affected by violence in the region, and those of vulnerable migrants. It works with the region's National Societies, supporting them in developing their capacities. It helps authorities identify human remains so as to provide families with information on their missing relatives. The ICRC promotes the incorporation of IHL into national legislation and the doctrine, training and operations of armed forces, and works with police forces to integrate international human rights law applicable to the use of force into theirs.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2018

- At ICRC workshops in Brazil, and in Chile and Paraguay, people providing health care and other basic services learnt how to protect themselves or to cope with stress, and to assist others to do so.
- In the Brazilian state of Roraima, migrants from the Bolivarian Republic of Venezuela reconnected with their relatives through phone calls and other family-links services mainly provided by the ICRC.
- In Paraguay, the authorities – drawing on ICRC support – enabled a few detainees to secure free legal services. ICRC-trained female detainees at one prison there produced chlorine for cleaning, to help improve their living conditions.
- In Chile and Paraguay, some joint projects with the National Societies – for vulnerable people, including detainees – were not carried out, because of administrative constraints.
- The ICRC concluded its activities in rural areas in Chile and Paraguay, in line with its decision to focus its humanitarian work in more densely populated urban areas. Thus, some of these activities reached fewer people than planned.
- With ICRC technical support, Brazil and Chile became party to the Arms Trade Treaty, and Uruguay to the Treaty on the Prohibition of Nuclear Weapons.

EXPENDITURE IN KCHF

Protection	3,620
Assistance	2,011
Prevention	2,887
Cooperation with National Societies	744
General	111
Total	9,372
<i>Of which: Overheads</i>	<i>572</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	99%
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PERSONNEL

Mobile staff	11
Resident staff (daily workers not included)	74



PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	13
RCMs distributed	12
Phone calls facilitated between family members	65,068
Tracing cases closed positively (subject located or fate established)	4
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	14
Detainees in places of detention visited	13,745
<i>of whom visited and monitored individually</i>	57
Visits carried out	33

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	1,000	665
Capacity-building	Beneficiaries	150	1,050
Water and habitat			
Water and habitat activities	Beneficiaries	555	664

CONTEXT

In urban areas of Brazil – such as the cities of Fortaleza and Rio de Janeiro – armed groups fought one another or clashed with the security forces. The federal army was assigned to oversee public security in Rio de Janeiro State. Numerous migrants from the Bolivarian Republic of Venezuela (hereafter Venezuela; see *Caracas*) poured into Roraima State, where they remained, spurring tensions with residents because of the scarcity of the resources that had to be shared; some migrants were resettled in other areas of Brazil. Many others travelled on to Argentina, Chile and Uruguay.

In northern Paraguay, the military and the police carried out joint operations against armed opposition groups. In the Araucanía region and elsewhere in southern Chile, tensions over land ownership persisted between Mapuches and other communities; the *carabineros* – the national police force – conducted security operations there. Public protests in Brazil, Chile and Paraguay turned violent on occasion.

Families throughout the region awaited news of relatives missing in connection with past conflict or military rule or more recent events. Identification of Argentine soldiers buried in the Falkland Islands/Islands Malvinas¹ – as mandated by the governments of Argentina and the United Kingdom of Great Britain and Northern Ireland (hereafter UK) in 2016 – continued.

Violence – in urban settings, for instance – caused injuries and deaths, and led to numerous arrests. It traumatized people and sometimes limited their access to basic services. Like migration and natural disasters, it also dispersed families.

ICRC ACTION AND RESULTS

The regional delegation in Brasilia sought to address the protection and assistance needs of people throughout the region, including detainees, and to foster support for IHL, international human rights law and the Movement's activities. The ICRC conducted some of its humanitarian activities with the National Societies of the five countries covered, but administrative constraints limited the implementation of some joint efforts. Its decision to conclude its activities for vulnerable communities in northern Paraguay and southern Chile, and for detainees in Chile also limited the reach of some of its projects. This decision was in line with a shift in the ICRC's priorities for the region from 2019 onwards to focus its operations on densely populated urban areas, with a view to helping more people in need. In Brazil, in particular, the ICRC established a presence in Boa Vista, Roraima State, and opened an office in Fortaleza, Ceará State.

In Brazil, the ICRC continued to help the authorities reduce safety risks for people providing or obtaining basic services in four major municipalities. In northern Paraguay, it monitored the needs of vulnerable people, and where possible, documented allegations of abuse, to help the authorities prevent the recurrence of such misconduct; agricultural support and upgrades to water systems enabled some people there to become more self-sufficient. The ICRC helped health workers, teachers and community leaders – in Chile and Paraguay – to learn to cope with stress and to assist others to do so.

Expert assistance from the ICRC helped the Brazilian authorities to mount a more effective search for people who went missing during past military rule and more recent events, and to strengthen local capacities in managing human remains. Missing people's families participated in ICRC events to raise public awareness of their needs. As mandated by the Argentine and UK governments, the ICRC handed over to them the final report of the humanitarian forensic project in the Falklands/Malvinas; the process of identification, however, continues. The Argentine authorities informed the families concerned. Venezuelan migrants in Brazil – particularly in Roraima, and others separated from their families elsewhere in the region, restored contact with relatives through the Movement's family-links services. The ICRC arranged a family visit for an ex-detainee formerly held at the US detention facility at Guantanamo Bay Naval Station in Cuba and now resettled in Uruguay.

The ICRC visited detainees in Argentina, Chile and Paraguay in accordance with its standard procedures; its findings and recommendations were communicated confidentially to the detaining authorities, to help them improve detainees' treatment and living conditions. Conditions at the Buen Pastor women's prison in Paraguay improved: detainees learnt to make handicrafts, and had cleaner and safer surroundings. Expert advice for the Paraguayan authorities, on ensuring respect for judicial guarantees, enabled a few detainees to secure free legal services.

Military and police officials – particularly those conducting security operations in Brazil and Paraguay – drew on ICRC expertise to incorporate international policing standards more fully in their training and doctrine. Brazilian military and police officials learnt more about the rules governing the use of force to restore public order. The *carabineros* in Chile and the national police in Paraguay continued to train their personnel in applying these norms. In all five countries covered, the national IHL committees and the ICRC advised the authorities in implementing IHL; notably, Brazil, Chile and Uruguay acceded to certain IHL-related treaties. The ICRC sought to broaden support for its activities, and for Movement initiatives, among journalists, academics and other parties of influence.

Despite various constraints, National Societies in the region strove to improve their emergency response capacities, with support from the ICRC and the International Federation.

1. The designations employed in this document do not imply official endorsement or the expression of any opinion whatsoever on the part of the ICRC concerning the legal status of any territory, or concerning the delimitation of its frontiers or boundaries. Whenever a disputed territory is given different names by the parties concerned, the ICRC uses those names together, in alphabetical order.

CIVILIANS

The ICRC reminded authorities in the region to ensure protection for civilians and safe access to humanitarian aid, and to health care and other basic services. It discussed these matters with Brazilian and Paraguayan military leaders involved in operations to restore public order (see *Actors of influence*), and with Brazilian representatives of a regional health organization. Violence-affected people in northern Paraguay, and residents and Venezuelan migrants in the Brazilian state of Roraima, discussed their concerns with the ICRC. The ICRC monitored the situation in Paraguay, and where possible, documented allegations of abuse.

Health workers, teachers and community leaders build their resilience to the effects of violence

In Brazil, authorities in the municipalities of Duque de Caxias, Fortaleza, Porto Alegre and Rio de Janeiro drew on the ICRC for expert advice and other support to reduce safety risks for people providing or obtaining key public services. They maintained support groups for sharing strategies in managing crises and set up a system for recording data on incidents to help inform public policies. In Duque de Caxias and Rio de Janeiro, municipal and/or security authorities discussed the need to ensure the security of electronic communication between schools, health units and police officials (see also *Actors of influence*). In Rio de Janeiro, officials from the education secretariat drafted resolutions to ensure that schools were protected during outbreaks of violence; a law institutionalizing measures to promote safer access to basic services was passed in Duque de Caxias. At ICRC workshops, over 10,000 health staff, teachers and social workers learnt how to protect themselves. Officers from the youth and other secretariats of Fortaleza learnt how to provide basic psychological support. Local officials and others participated in ICRC-facilitated discussions on measures for ensuring their safety while working; some of them were trained to replicate these measures elsewhere.

Fourteen mental-health specialists in Chile completed an ICRC course, conducted with the National Society, in dealing with the psychological effects of violence. In Araucanía, the local mental-health office took over the task of assisting victims of violence previously aided by the ICRC. ICRC-trained mental-health workers provided psychosocial care for people in need, including some Mapuches. In northern Paraguay, students and teachers learnt how to cope with the psychological effects of violence at ICRC training sessions; ICRC-supported psychologists facilitated some of these sessions. On their own initiative, these teachers, and community leaders, organized activities that gave young people and others some relief from their psychological distress.

In Araucanía, various administrative constraints prevented the Chilean Red Cross from taking over the activities it was carrying out jointly with the ICRC (see also *Red Cross and Red Crescent Movement*); these activities included training first responders to provide first aid and psychosocial care, and helping health staff do their work in safety. Chilean Red Cross personnel evaluated their first-aid courses at a meeting facilitated by the ICRC.

Violence-affected people in northern Paraguay have access to food and water

In northern Paraguay, the ICRC stepped up its assistance for helping particularly vulnerable people in two communities improve their access to food; this meant it was unable to extend the same support to other people in those communities. A total of 141 households (665 people) consumed or sold produce they had grown with seed and tools from the ICRC. To help maintain or increase farming activities in these communities, 1,050 people (227 households) – more people than planned – received agricultural training; the ICRC also increased its provision of greenhouses and equipment for vegetable farming to an agricultural school. Clean water for farming, and for household consumption, became available to 664 people after the ICRC repaired water systems; an ICRC workshop enabled members of local water boards to strengthen their ability to maintain these systems.

As it gradually transitioned its resources to assisting people in urban areas elsewhere in the region, and sought to conclude its activities in Paraguay, the ICRC decided not to undertake repairs to one school's water facilities, which would have benefited 55 students.

Missing people's families in Brazil help raise public awareness of their plight

The ICRC provided expert advice for various Brazilian authorities on searching for people missing in connection with past military rule or more recent events, and on responding to the needs of the families concerned. A working group created by São Paulo State authorities drafted a report on the gaps in the existing search process and proposed measures for addressing them. The ICRC discussed the needs of missing people's families with associations and local organizations representing or supporting them, with a view to making pertinent recommendations to the authorities afterwards. Some missing people's families participated in psychosocial activities, as well as round-tables and other events organized by the ICRC to raise public awareness of their plight (see *Actors of influence*); the ICRC continued to help some of these families, and a local organization, to follow up missing-persons cases. Forensic authorities finalized guidelines for identifying human remains; staff involved in managing human remains developed their capacities at ICRC workshops.

The ICRC handed over the final report of the humanitarian forensic project in the Falklands/Malvinas to the Argentine and UK governments; it also shared best practices and lessons learnt with them. The Argentine authorities informed the families concerned. A few more sets of human remains were identified in 2018, bringing the total number of identified human remains since 2017 to 106.

Migrants and other vulnerable people reconnect with their families

Migrants and others separated from their families restored contact with relatives through the Movement's family-links services. Notably, Venezuelan migrants in Roraima, Brazil made over 57,000 phone calls and accessed the internet, through services arranged mainly by the ICRC. Four tracing

cases including for migrants were resolved, while 66 were still being handled. In Argentina and Chile, the ICRC helped facilitate people's access to official documents. At ICRC training sessions, personnel from the Argentine, Brazilian, Paraguayan and Uruguayan National Societies developed their ability to provide family-links services. Over 100 Brazilian Red Cross volunteers were also trained, with a view to increasing the provision of such services.

The ICRC monitored the situation of people formerly held at the Guantanamo Bay detention facility and resettled in Uruguay; the ICRC arranged a family visit for one former detainee.

PEOPLE DEPRIVED OF THEIR FREEDOM

A few detainees in Paraguay gain access to free legal services

The ICRC visited places of detention in accordance with its standard procedures, mainly in Chile and Paraguay, and assessed detainees' treatment and living conditions. It monitored the following people individually: in Chile, Mapuches; in Argentina, one alleged member of a Paraguayan armed group; and in Paraguay, alleged members of armed groups and people held in connection with land-tenure or political issues. Afterwards, the ICRC communicated its findings confidentially to the authorities to help them improve detainees' treatment and living conditions – for instance, access to health care in Paraguay. Expert advice from the ICRC, for the Paraguayan authorities on ensuring respect for judicial guarantees, helped a few detainees gain access to legal services from public lawyers; the ICRC contributed to the drafting of a protocol on the parole process. In line with its decision to conclude its activities in Chile, the ICRC informed the penitentiary authorities and detainees that it would stop visiting detention facilities at the end of the year.

Argentine, Brazilian and Paraguayan prison officials developed their capacities in prison management at a regional workshop in Mexico (see *Mexico City*).

Forty-one security detainees in Paraguay were visited by their families, thanks to ICRC support.

Female detainees in Paraguay improve their living conditions

The Paraguayan prison authorities continued to draw on ICRC support to improve facilities in overcrowded prisons. At the Buen Pastor women's prison, over 540 detainees and children accompanying them benefited from new electrical and fire-detection systems installed by the ICRC and the authorities. Administrative constraints delayed similar upgrades at the Tacumbu prison, which the authorities resumed in October. Because of the authorities' decision to focus on such upgrades and the ICRC's reduction of its activities in Paraguay, contingency plans for dealing with fires in prisons were not drawn up.

At ICRC training sessions, 30 inmates at Tacumbu and some from Buen Pastor learnt how to dispose of solid waste and/or – together with prison staff – how to produce chlorine. Those from Buen Pastor regularly produced chlorine for cleaning common areas; the authorities acknowledged this work and reduced their sentences with respect to the amount of time they

spent doing it. At the ICRC's recommendation, the authorities transferred the surplus chlorine produced at Buen Pastor to Tacumbu. Detainees and children in Buen Pastor, and 10 inmates at another prison, received ICRC-distributed hygiene kits.

In Paraguay, prison health staff and an ICRC doctor discussed health services in prisons. Medical consultations were provided for some detainees, and the doctor followed up the notably ill among them. At Buen Pastor, 68 inmates learnt how to make handicrafts through an ICRC-financed project, which was run by the Paraguayan Red Cross in coordination with the authorities; the project aimed to ease the social reintegration of detainees after their release. The ICRC shared its recommendations for improving the project with the authorities and the Paraguayan Red Cross, with a view to helping them take full responsibility for it after 2018.

ACTORS OF INFLUENCE

Military forces conducting public security operations learn more about the applicable norms

Government forces in Brazil, Chile and Paraguay were given expert guidance, training and material support for incorporating IHL and other applicable norms more fully in their training, doctrine and operations, particularly in urban areas (see *Civilians*). Officials from the military and civilian police forces – including senior officers – from Fortaleza and Rio de Janeiro in Brazil, and from Paraguay, learnt more about international law enforcement standards at various courses and train-the-trainer sessions. Paraguayan police officials developed their ability to draft protocols for operations to restore public order and manage crises. The *carabineros* in Chile trained thousands of personnel and numerous human-rights instructors in international policing standards; in Paraguay, the national police provided such training for a number of instructors.

Senior police officials from Argentina, Brazil, Chile and Paraguay attended an ICRC conference in Peru, on armed violence in urban settings (see *Lima*). ICRC financial and technical support enabled senior military officers and defence ministry officials to add to their knowledge of IHL and the ICRC: a senior military official from Brazil attended an IHL course abroad.

Brazil, Chile and Uruguay implement IHL-related treaties

The authorities in the five countries covered took steps to implement IHL-related treaties and legislation; they were supported by the ICRC and – in Argentina, Brazil and Chile – by the national IHL committees. Notably, Brazil and Chile became party to the Arms Trade Treaty, and Uruguay to the Treaty on the Prohibition of Nuclear Weapons. The Argentine and Brazilian authorities drew on the ICRC's expertise to advance the implementation of legislation enforcing respect for the emblems protected under IHL. Guided by the ICRC, the national IHL committee in Brazil established a sub-commission on IHL and new technologies of war; the ICRC sponsored one committee member and two university professors to attend IHL training abroad. Brazilian policy-makers were given expert advice for drafting a bill to create a national registry of missing people. Members of the national IHL committee in Argentina learnt more about IHL implementation at ICRC workshops, and helped organize conferences on IHL in military academies.

Plans to conclude most of its activities in Paraguay notwithstanding, the ICRC signed a headquarters agreement in May with the government of Paraguay that would formalize its status in the country and help it implement its remaining activities more effectively. The agreement awaited ratification by the parliament.

Journalists and universities broaden public awareness of IHL and humanitarian issues

Universities joined the ICRC in raising its profile and broadening awareness of IHL. For instance, the “IHL observatory” created by the University of Buenos Aires published newsletters featuring ICRC initiatives; and together with the ICRC, it organized a moot court competition that drew students from Brazil and Uruguay. Academics from Brazil participated in ICRC-supported courses on IHL and international human rights law in Peru and Portugal (see *Lima* and *Paris*).

ICRC training enabled Brazilian and Chilean National Society personnel to strengthen their capacities in public communication. Social-media campaigns, initiatives involving traditional media, and other efforts helped broaden support among beneficiary communities and the general public for the ICRC’s activities, and drew attention to pressing humanitarian issues; the ICRC made expert contributions to events hosted by the authorities in the region. In Brazil, the ICRC organized an exhibit and a digital campaign to highlight the issue of missing people and the plight of their families; Brazilian and Mexican journalists participated in an ICRC exchange programme to cover the issue of missing people. In Brazil, the ICRC drew attention to migration and other issues of regional interest at an international forum. The ICRC’s forensic work in the Falklands/Malvinas continued to receive broad media coverage.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC provided technical and financial assistance for the National Societies in the countries covered to strengthen their ability to respond to needs engendered by violence. However, various administrative constraints – particularly for the Brazilian, Chilean and Paraguayan National Societies – made it difficult for them to bolster their organizational capacities and assume certain responsibilities, such as taking the lead in restoring family links.

The Argentine Red Cross drafted guidelines for its personnel to work in safety; and with the ICRC and the International Federation, engaged the authorities in dialogue about the adoption of a law on the emblem (see *Actors of influence*). With the ICRC’s help, it instructed Brazilian Red Cross volunteers in first aid and helped the Brazilian, Chilean and Uruguayan National Societies take steps to improve their first-aid programmes. Key Uruguayan Red Cross personnel attended a leadership workshop – organized by the ICRC and the International Federation – and visited the Argentine Red Cross to learn how to conduct first-aid training; 11 new National Society first-aid instructors were trained. Financial support from the ICRC enabled the Paraguayan Red Cross to circulate its new statutes among all its branches.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	13			
RCMs distributed	12			
Phone calls facilitated between family members	65,068			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	35	2	6	6
Tracing cases closed positively (subject located or fate established)	4			
Tracing cases still being handled at the end of the reporting period (people)	66	6	7	4
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	14			
Detainees in places of detention visited	13,745	773	6	
Visits carried out	33			
		Women	Girls	Boys
Detainees visited and monitored individually	57	4		
<i>of whom newly registered</i>	1			
RCMs and other means of family contact				
Detainees visited by their relatives with ICRC/National Society support	41			
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	665	200	332
	<i>of whom IDPs</i>	215	65	107
Capacity-building	Beneficiaries	1,050	375	405
Water and habitat				
Water and habitat activities	Beneficiaries	664	199	126
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions ²	Beneficiaries	921	921	
Capacity-building	Beneficiaries	68	68	
Water and habitat				
Water and habitat activities	Beneficiaries	586	522	23
Health				
Places of detention visited by health staff	Structures	2		

2. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CARACAS (regional)

COVERING: Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, Bolivarian Republic of Venezuela, Curaçao, Dominica, Grenada, Guyana, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago

The Caracas regional delegation was established in 1971. It reinforces the capacities of the region's National Societies in the fields of emergency response, assistance to victims of violence, restoring family links and IHL promotion. It seeks to visit detainees in Venezuela and monitors the humanitarian situation along the Venezuelan border with Colombia. It supports the incorporation of IHL into national legislation and into the operational procedures and training of the region's armed forces, as well as the inclusion of human rights standards in police manuals and training.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- Venezuelan medical professionals sharpened their skills in wound surgery and emergency-room trauma management at ICRC courses. Some 14 hospitals received medical supplies from the ICRC for treating wounded patients.
- Violence-affected people learnt self-protection methods and first aid from the Venezuelan Red Cross and the ICRC. The Jamaica Red Cross, with ICRC assistance, provided psychosocial support and educational activities for the youth.
- Vulnerable communities in Venezuelan states bordering Colombia learnt about good health practices, and preventing the transmission of disease, at information sessions conducted by the Venezuelan Red Cross and the ICRC.
- People on the move used family-links services – made available at five sites set up by the Venezuelan Red Cross and the ICRC along the migration route – to restore or maintain contact with their families.
- Venezuelan prison officials attended ICRC prison-management workshops. The ICRC remained unable to visit detainees in Venezuelan prisons; it gained access to detained migrants in Curaçao, and Trinidad and Tobago.
- At ICRC meetings, training sessions and workshops, military and police personnel in four countries discussed IHL and/or international standards for the use of force during law enforcement operations.

EXPENDITURE IN KCHF

Protection	2,858
Assistance	1,168
Prevention	1,747
Cooperation with National Societies	1,320
General	107
Total	7,201
<i>Of which: Overheads</i>	<i>439</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	100%
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PERSONNEL

Mobile staff	13
Resident staff (daily workers not included)	33



ICRC/AR_2018
ICRC regional delegation

The boundaries, names and designations used in this report do not imply official endorsement nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	30
RCMs distributed	18
Phone calls facilitated between family members	68
Tracing cases closed positively (subject located or fate established)	1
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	3
Detainees in places of detention visited	588
<i>of whom visited and monitored individually</i>	<i>6</i>
Visits carried out	3
Restoring family links	
RCMs collected	40
Phone calls made to the families to inform them of the whereabouts of a detained relative	3

ASSISTANCE	2018 Targets (up to)	Achieved
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures	14

CONTEXT

The Bolivarian Republic of Venezuela (hereafter Venezuela) continued to endure the effects of chronic violence and a deteriorating socio-economic situation – particularly, shortages of food and other essential goods, hyperinflation and constraints in the delivery of health and other basic services. Small-scale demonstrations, mainly in relation to socio-economic issues, were a frequent occurrence and led to casualties and arrests. Organized armed violence and criminality persisted in some urban settings and border areas. The police were usually aided by the military police during law enforcement operations.

These circumstances led people to search for better living conditions and income-generating opportunities in border areas, neighbouring countries – particularly Brazil, Colombia and Ecuador – or nearby Caribbean islands such as Aruba, Curaçao, and Trinidad and Tobago. Food, water and health care were not readily available to people on the move; migrants with irregular status and people passing through dangerous border areas – for instance, on either side of the Venezuela–Colombia border, where armed groups and government forces often skirmished – were especially vulnerable to exploitation, sexual violence, forced recruitment into armed groups and other abuses. The influx of people put pressure on the limited resources of host communities and destination countries. Many migrants were detained, mostly in places with inadequate facilities, or deported.

High levels of gang violence and crime continued to be a major issue in a number of countries of the Caribbean Community (CARICOM). Police and military forces often conducted joint law enforcement operations. The return of some people – who were alleged to have participated in fighting abroad – to Trinidad and Tobago caused some concerns.

ICRC ACTION AND RESULTS

Together with the National Societies in the countries covered, the ICRC bolstered its response to the humanitarian needs of people affected by violence and/or on the move, in line with the Fundamental Principles and the Safer Access Framework. The ICRC maintained its support for the National Societies in the region, mainly the Venezuelan Red Cross, to build their capacities in preparing for and responding to emergencies, restoring family links and broadening acceptance for the Movement's activities. Regular coordination among Movement partners in the region helped ensure effective implementation of projects.

The ICRC increased its efforts to help boost the emergency response capacities of first responders – including Venezuelan Red Cross staff and medical professionals in violence-prone areas – through material and infrastructural support, and training. Several hospitals, including those of the Venezuelan Red Cross, were given wound-surgery kits and other supplies. Renovations at some emergency-room facilities were ongoing at year's end. ICRC workshops were organized to help personnel at public and military hospitals develop their capacities in wound surgery and/or emergency-room trauma management. The ICRC also sponsored some public-health professionals to attend a Health Emergencies in Large Populations (HELP)

course held abroad. Projects run by the Venezuelan Red Cross and the ICRC – to promote good health practices and prevent the transmission of disease among vulnerable communities along the Venezuela–Colombia border – continued.

With the ICRC's assistance, the Venezuelan Red Cross set up sites at bus terminals along the migration route where the Movement's tracing and other family-links services were made available. The ICRC provided ad hoc financial assistance for vulnerable migrants, such as unaccompanied or separated minors and destitute families stranded in bus terminals. The ICRC continued to work with the National Societies in the region to strengthen their capacities in restoring family links.

In Venezuela, Belize and Jamaica, the ICRC supported or carried out projects to help vulnerable people, particularly young people, to build their resilience to the consequences of violence. Together with the Venezuelan Red Cross, the ICRC instructed teachers on strategies for reducing their exposure to violence, which they could share with their students and the wider community; with a local NGO, it provided vocational training to some vulnerable young people. Guided by the ICRC, the Jamaica Red Cross provided psychosocial support for young people and their parents; and sought to mitigate the impact of violence on young people by making educational activities available to them. The Belize Red Cross Society conducted workshops in dispute management for police officers and community members.

The ICRC remained unable to visit detainees in Venezuela; however, it continued to engage penitentiary officials in dialogue, and to cultivate a working relationship with them – for instance, through workshops on internationally recognized standards for detention. The ICRC gained access to some immigration detention centres in Curaçao, and Trinidad and Tobago. It discussed migration-related issues with the authorities concerned, with a view to developing a suitable response.

Efforts to promote respect for international policing standards and IHL throughout the region were sustained. Venezuelan military officials and instructors attended ICRC training sessions and workshops on IHL in Venezuela and elsewhere.

CIVILIANS

The ICRC bolstered its response to the growing needs of people in Venezuela and the wider region. It worked with Movement and other partners to tackle the needs of people affected by violence and/or on the move. Its field presence and expanded dialogue with key parties enabled the ICRC to acquire a better grasp of these people's plight and broaden acceptance for the Movement's activities in Venezuela and beyond.

Matters of common concern were brought up by the ICRC with key actors in the region – at meetings, round-tables and other events. These were supplemented by seminars and courses for military and police personnel on IHL, international standards for the use of force and pertinent legal norms (see *Actors of influence*). Dialogue with the authorities in Aruba, Curaçao, and Trinidad and Tobago focused on issues related to the protection of migrants, immigration detention and missing

people. The humanitarian concerns of Trinbagonian nationals who were alleged to have participated in fighting and/or detained in the Middle East – such as their need for family-links services – were discussed with the authorities.

Vulnerable people strengthen their resilience to the effects of violence

People in violence-prone areas of Venezuela, including along the Venezuela–Colombia border, strengthened their emergency preparedness at workshops held by the Venezuelan Red Cross, a local NGO and the ICRC. Around 70 teachers at one school took part in workshops on safe practices where they learnt how to protect themselves and their students more effectively against violence. Some of them were also trained in first aid, together with other community members (see *Wounded and sick*). In Venezuelan border areas where health-care services were often not readily available, community members learnt good health practices and how to prevent the transmission of disease, at information sessions conducted by the Venezuelan Red Cross and/or the ICRC.

In Venezuela, Belize and Jamaica, the ICRC worked with the National Societies or other local partners to alleviate the impact of armed violence on young people – for instance, by reintegrating them into the educational system and boosting their chances of getting jobs. In Jamaica, more than 70 young people attended schools run by the Jamaica Red Cross with ICRC support: here they began or continued to learn reading, writing and basic arithmetic, and/or acquire vocational skills. These students and their parents were also given psychosocial support. In Belize, nearly 100 police officers and some young people learnt more about effective ways to deal with disputes at workshops organized by the Belize Red Cross Society and the ICRC; some of them were given training to conduct such workshops for others. Around 15 violence-affected young people in Venezuela attended vocational training conducted by the ICRC with a local NGO. The ICRC assessed mental-health and psychosocial needs in violence-affected communities in Caracas, with a view to developing a suitable response.

Members of separated families reconnect with each other

The ICRC worked closely with National Societies in the region to enable people to communicate with or search for relatives separated from them by violence, migration or other circumstances.

The Venezuelan Red Cross and the ICRC set up five sites along the migration route (at bus terminals in Caracas and along border areas) where people could use the Movement's tracing and other family-links services, including internet and mobile phone-charging services, to contact their relatives. At these sites, vulnerable people were given valuable information on how to avoid danger and prevent loss of family contact while on the move. Particularly vulnerable people, such as unaccompanied minors and destitute families stranded in bus terminals, were given ad hoc financial support by the ICRC for covering the costs of their food, transportation and/or temporary lodgings.

The National Society branches in Aruba, the Bahamas, Belize, Curaçao, Jamaica, Trinidad and Tobago, and Venezuela strengthened their ability to provide family-links and other humanitarian services to migrants, including those who had been detained; this was made possible by ICRC training and/or technical and material support. CARICOM National Societies also learnt how to promote the Movement's family-links services for people at risk of losing contact with their families among the authorities and other stakeholders, to help expand their dialogue with them on migration-related issues.

Forensic services in Venezuela develop their ability to manage human remains

Forensic institutions in Venezuela strengthened their capacities in managing human remains, with ICRC support. The ICRC urged central forensic authorities to improve their data collection and management mechanisms. Forensic services were given supplies and equipment for handling human remains – body bags and gloves, for instance – for use in emergencies; it could not organize workshops for them owing to operational constraints. The ICRC sponsored a forensic authority to attend a meeting on the management of human remains, held abroad, with other experts in the region. The ICRC helped some families in Venezuela to take possession of the remains of their relatives who had died abroad and/or to cover funeral costs.

PEOPLE DEPRIVED OF THEIR FREEDOM

Migrants in immigration detention centres receive ICRC visits

Partly because of increased efforts to engage in dialogue with local authorities, the ICRC gained access to two immigration detention centres in Curaçao, and one in Trinidad and Tobago; about 600 migrants in total were being held in these centres. It checked on the treatment and living conditions of migrants detained there and communicated its findings, confidentially, to the authorities concerned. Respect for migrants' rights and judicial guarantees, and internationally recognized standards for detention, were among the subjects discussed. Some migrants availed of family-links services during ICRC visits.

Venezuelan officials bolster their capacities in prison management

In Venezuela, the ICRC continued to engage the defence and penitentiary affairs ministries in dialogue – to explain the humanitarian nature of its detention-related activities and its standard procedures for prison visits – but it remained unable to visit detainees there. Nevertheless, the ICRC maintained its efforts to develop its relations with the authorities; it held several technical meetings with them to discuss measures to ensure respect for judicial guarantees, ways to alleviate overcrowding, and other issues of pertinence.

Some Venezuelan authorities strengthened their capacities in prison management, with ICRC support – in particular, through workshops on prison management and infrastructure, including one held in Mexico (see *Mexico City*), and training courses in international standards for the use of force and firearms in connection with people under surveillance or in custody. After a fire at a police station, detaining authorities requested for technical and material support from the

Venezuelan Red Cross and the ICRC for dealing with injured or deceased detainees under their custody; detainees informed their families of their situation through RCMs collected by the National Society, or phone calls made by the ICRC.

Some detainees and their families received psychosocial and/or material support from the ICRC; some families were financially supported to visit their detained relatives.

WOUNDED AND SICK

People injured during violence have better access to suitable treatment

In Venezuela, the ICRC increased its efforts to help ensure good-quality care for injured people amid shortages of medicines. Over 370 community members, including students, teachers and public-transportation drivers, in violence-prone areas of Apure and Caracas learnt first aid through training organized by the Venezuelan Red Cross and the ICRC; some of them were given first-aid kits.

About 250 health professionals from some 40 public and military hospitals were trained in emergency-room trauma management; some of these courses were conducted by their peers who had already been trained by the ICRC. Some 90 doctors sharpened their skills in wound surgery at ICRC seminars, and five public-health professionals attended a HELP course held abroad, with ICRC support.

The ICRC donated wound-surgery kits and other medical items on an ad hoc basis to 14 hospitals, seven of which were run by the National Society; renovations to emergency rooms at some hospitals were ongoing at year's end.

The Venezuelan Red Cross reinforces its emergency preparedness

The Venezuelan Red Cross continued to strengthen its capacities in preparing for and responding to emergencies, such as outbreaks of violence, in line with the Safer Access Framework (see *Red Cross and Red Crescent Movement*); the ICRC provided comprehensive support for this. National Society volunteers from branches throughout the country were trained in first aid; others were trained to use motorcycles to evacuate wounded and sick people. The ICRC repaired ambulances and other vehicles used by the National Society. Some National Society branches updated their contingency plans, and developed protocols to mitigate security risks, with ICRC technical support.

During the events mentioned above, the ICRC drew attention to the issue of violence against health services, and emphasized the rights and duties of health authorities and personnel.

ACTORS OF INFLUENCE

The ICRC had bilateral discussions about its mandate and activities with senior officials from Venezuela and several CARICOM Member States, and with the Aruban and Curaçaoan authorities. Such efforts helped broaden support for its work in the region, and enabled it to expand its activities (see *People deprived of their freedom*).

Police and military personnel learn more about international policing standards and IHL

ICRC workshops enabled weapon bearers in Venezuela, Belize, Jamaica, and Trinidad and Tobago, to strengthen their grasp of international norms applicable to their work. Around 150 military and police officers in Venezuela attended courses in IHL and international standards for the use of force during law enforcement operations; some of these courses were organized jointly by the Venezuelan armed forces and the ICRC. Subsequently, these officers conducted similar courses for several hundreds of personnel in the field. Workshops on the applicability of international human rights law to police procedures were held at the national university for security forces in Venezuela; university officials were given technical assistance to conduct these workshops. With ICRC support, military and police personnel from Jamaica, and/or Trinidad and Tobago, attended workshops held abroad on international rules governing military operations (see *International law and policy*) and the use of force in law enforcement operations in the context of violence in urban settings (see *Lima*).

During its discussions with them, the ICRC advised military and/or police officials in Belize, Jamaica, and Trinidad and Tobago to incorporate IHL and international standards for law enforcement in their regulatory frameworks. A working group set up by the Belizean security forces was given expert assistance to draft guidelines for joint border operations.

The ICRC continued to provide technical support to the national IHL committee in Venezuela for drafting a statute, which they began to do in 2015 but had yet to be finalized, to facilitate its work. With ICRC financial support, members of the committee attended a regional meeting on challenges and good practices in implementing the Montreux Document in the region.

Members of Venezuelan civil society familiarize themselves with the Fundamental Principles

The ICRC and the Venezuelan Red Cross strengthened their public communication – by producing online and print materials, and meeting with journalists – to broaden awareness among members of civil society and the general public of the Movement's Fundamental Principles and humanitarian activities. It used the same means to inform people on the move – and others affected by the situation in Venezuela – of ICRC activities in their behalf. The ICRC trained National Society staff and volunteers throughout the region to communicate the Movement's neutral, impartial and independent humanitarian approach accurately in all their public communication.

CARICOM States and the ICRC discuss implementation of legal frameworks on migration

In view of increased migration throughout the region, the ICRC organized bilateral meetings and round-tables with the authorities in Aruba, the Bahamas, Curaçao, and Trinidad and Tobago to discuss the incorporation of legal frameworks on migration in domestic legislation. The ICRC advised the Trinbagonian authorities to take IHL, international human rights law and other applicable norms into account in the treatment of returnees who were alleged to have participated in fighting abroad, and in addressing the protection-related concerns of their families.

The ICRC met with representatives of the CARICOM Implementation Agency for Crime and Security, to discuss issues of common interest: the implementation of the Arms Trade Treaty, counter-terrorism strategies and their implications on humanitarian action, and regulating private military security companies; it offered them technical support for drafting legislation on the latter topic.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region continued to receive financial, material and technical support from the ICRC and other Movement partners to improve their organizational set-up and strengthen their capacity to respond to emergencies, the consequences of violence, and the needs of people on the move (see *Civilians* and *Wounded and sick*). ICRC support for the Venezuelan Red Cross also included workshops to help them develop security guidelines, and material assistance – such as food stocks, air-conditioners, telecommunication equipment, all-terrain vehicles, tents, vests and uniforms – for its relief departments.

At ICRC workshops on the Safer Access framework, around 180 Venezuelan Red Cross staff and volunteers from the National Society branches in the Bahamas, Belize, Curaçao, Guyana, Jamaica, and Trinidad and Tobago learnt how to deliver aid safely, especially in areas prone to violence. ICRC training helped other staff and volunteers to develop their capacities in restoring family links (see *Civilians*) and explaining the Movement's activities to the general public (see *Actors of influence*).

Movement partners throughout the region shared experiences and explored possibilities for cooperation during meetings and peer-to-peer sessions facilitated by the ICRC. Partnership agreements between the ICRC, the Venezuelan Red Cross and the International Federation – and between the ICRC and the Jamaica Red Cross – on dealing with the consequences of violence and responding to emergencies were signed.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	30			
RCMs distributed	18			
Phone calls facilitated between family members	68			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	9	1		
Tracing cases closed positively (subject located or fate established)	1			
Tracing cases still being handled at the end of the reporting period (people)	11	1		
Documents				
People to whom travel documents were issued	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	3			
Detainees in places of detention visited	588	39		
Visits carried out	3			
		Women	Girls	Boys
Detainees visited and monitored individually	6	1		
<i>of whom newly registered</i>	6	1		
RCMs and other means of family contact				
RCMs collected	40			
Phone calls made to families to inform them of the whereabouts of a detained relative	3			
Detainees visited by their relatives with ICRC/National Society support	7			

MAIN FIGURES AND INDICATORS: ASSISTANCE

WOUNDED AND SICK		Total	Women	Children
Hospitals				
Hospitals supported	Structures	14		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		253		
Weapon-wound admissions (surgical and non-surgical admissions)		89	17	
First aid				
First-aid training				
	Sessions	20		
	Participants (sum of monthly data)	374		

COLOMBIA

In Colombia since 1969, the ICRC strives to protect and assist victims of armed conflicts and other situations of violence, secure greater compliance with IHL by all weapon bearers, and promote integration of IHL and international human rights norms into the security forces' doctrine, training and operations. It visits detainees and assists the authorities in addressing systemic issues affecting the penitentiary system. It supports efforts to address the needs of families of missing persons, provides aid to violence-affected people, and helps ensure their access to health care. It runs a comprehensive mine-action programme. It works closely with the Colombian Red Cross and other Movement components.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- The ICRC reminded authorities and weapon bearers of their obligation under IHL to protect civilians; security considerations limited dialogue with armed groups in rural areas.
- The ICRC scaled up its activities in response to intensified violence and a massive wave of migration from the Bolivarian Republic of Venezuela, enabling IDPs to restore their livelihoods and migrants to meet their urgent needs.
- Vulnerable migrants and residents improved their living conditions with the help of hygiene items and other essentials donated by the ICRC; they also benefited from ICRC upgrades to shelters and water, sanitation and other facilities.
- Missing people's families obtained livelihood, psychosocial and other support after the ICRC referred them to the pertinent services.
- Penitentiary authorities drew on ICRC expertise to reform the criminal justice system and address systemic issues in prisons, such as overcrowding, respect for procedural safeguards and access to health care.
- Wounded, sick and physically disabled migrants, IDPs and other violence-affected people received emergency and rehabilitative care at ICRC-supported facilities.

EXPENDITURE IN KCHF

Protection	11,686
Assistance	10,770
Prevention	3,234
Cooperation with National Societies	2,033
General	725
Total	28,447
<i>Of which: Overheads</i>	<i>1,736</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	103%
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PERSONNEL

Mobile staff	63
Resident staff (daily workers not included)	291



PROTECTION

Total

CIVILIANS

Restoring family links

RCMs collected	36
RCMs distributed	24
Phone calls facilitated between family members	6,202
Tracing cases closed positively (subject located or fate established)	110

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	21
Detainees in places of detention visited	55,436
<i>of whom visited and monitored individually</i>	25
Visits carried out	59

ASSISTANCE

2018 Targets (up to)

Achieved

CIVILIANS

Economic security

Food consumption	Beneficiaries	750	14,141
Income support	Beneficiaries	3,270	7,111
Living conditions	Beneficiaries	750	15,009
Capacity-building ¹	Beneficiaries	1,600	

Water and habitat

Water and habitat activities	Beneficiaries	21,000	130,905
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures		11
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Physical rehabilitation

Projects supported	Projects	10	18
People benefiting from ICRC-supported projects	Aggregated monthly data	334	901

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 Colombian government and the Fuerza Alternativa Revolucionaria del Común (Common Alternative Revolutionary Force, the political successor of the Revolutionary Armed Forces of Colombia – People's Army, or FARC-EP), continued to work towards implementing the terms of their 2016 peace agreement; the missing persons search unit, established as part of this agreement, began receiving State funding in August after the Constitutional Court confirmed its humanitarian mandate.

In August, the Colombian government suspended peace talks with the National Liberation Army (ELN).

Violent confrontations between government forces and armed groups – and clashes among armed groups – especially in urban areas, intensified and became more frequent. Armed groups and organized crime syndicates were also active in rural areas.

Injuries and deaths among civilians, unlawful conduct against them, and attacks or threats against medical personnel and facilities were reported in urban and rural areas affected by armed conflict or other situations of violence. These, and other consequences of the violence – such as the presence of mines and explosive remnants of war (ERW) – restricted people's movement, impeded access to health care and other basic services, and prevented the pursuit of livelihoods.

Many victims of past and ongoing hostilities, particularly in remote areas, found themselves unable to avail themselves of the benefits or compensation they were entitled to. This was partly because of budgetary constraints and other difficulties confronting the State's victim assistance unit.

State authorities worked towards criminal justice reform, following the Constitutional Court's 2015 declaration that the state of affairs in places of detention was unconstitutional. A follow-up hearing was held by the court in November, at which a consensus among lawmakers was reached on the necessity of speeding up the reforms to criminal law.

Colombia hosted an estimated 935,000 migrants fleeing the crisis in the Bolivarian Republic of Venezuela (hereafter Venezuela) (see *Caracas*). Migrants, particularly in northern Colombia and Bogotá, had little or no access to basic services, and were at risk of destitution and exploitation or of losing contact with their families.

ICRC ACTION AND RESULTS

The ICRC scaled up its response to humanitarian needs arising from intensified armed conflicts, armed violence in urban areas, and the massive wave of migration from Venezuela. Together with the Colombian Red Cross, it made victims of violence and migrants aware of the State services available to them. It provided logistical and other support for the State's victim assistance unit and other bodies, but also intervened directly, whenever necessary, to address the immediate needs

of Venezuelan migrants and of people displaced by violence within Colombia. The ICRC discussed the protection-related concerns of violence-affected people with the authorities and armed groups and other weapon bearers, and reminded them of their obligations under IHL and other pertinent norms.

By stepping up its assistance activities, particularly near the Colombia–Venezuela border, the ICRC was able to help more people than originally planned. Migrants and IDPs were given food, hygiene items and other essentials – or cash for buying them. Cash for transportation and accommodation expenses enabled migrants, IDPs and missing people's families to obtain the necessary State services. ICRC water-and-habitat projects – renovating water and sanitation facilities, community infrastructure, and migrant shelters; and distributing bottled water and hygiene items – helped ease the situation of migrants near the border and violence-affected communities. Missing people's families and other vulnerable households were given livelihood assistance – cash, vocational training, salary subsidies, and farming supplies – to help them restore their self-sufficiency.

The ICRC continued to remind the authorities and others of the necessity of ascertaining the fate of missing people, particularly for the families concerned. It assisted missing people's families to meet their legal, economic, psychological and other needs, and provided technical support for the missing persons search unit. It organized workshops on human remains management for the authorities, forensic experts and other stakeholders, and urged them to adopt forensic best practices in order to prevent disappearances.

The ICRC and the National Society broadened awareness of the protection due to those seeking or providing health-care services. ICRC training in first aid and surgical care, for a broad range of medical professionals and volunteers, increased the likelihood of people receiving suitable care during emergencies. ICRC-supported facilities provided migrants, victims of violence and disabled people with the health-care services that they needed.

The ICRC visited detainees to monitor their treatment and living conditions. It gave the authorities technical and material support for addressing systemic issues in prisons; its expertise aided their efforts to reform the criminal justice system.

Military and police forces were enabled to strengthen their grasp of IHL and other applicable norms. Academics, journalists and members of the general public learnt more about IHL and humanitarian issues in Colombia through various ICRC initiatives.

The ICRC and the National Society worked together to assist migrants, missing people's families, and people affected by violence, particularly in urban areas. The National Society received support for boosting its operational capacities in line with the Safer Access Framework.

CIVILIANS

The ICRC engaged the authorities and armed groups in dialogue on their obligations under IHL – more specifically, on such topics as: the protection of civilians; the principle of precaution and the use of force; the involvement of minors with armed groups; allegations of sexual violence; and the safe delivery of health care. ICRC briefings and round-tables enabled military and police personnel to learn more about IHL provisions and international policing standards regulating the use of force, and about the prevention of sexual violence. The security situation restricted dialogue with armed groups in rural areas. The ICRC offered to serve as a neutral intermediary between the Colombian government and the ELN in their peace talks; however, these talks were suspended in August.

Victims of violence were told about the State compensation available to them and/or given material assistance (see below). Violence-affected communities in Medellín were also briefed on self-protection measures and positive coping mechanisms. In weapon-contaminated areas, 6,253 people – teachers, community leaders and students – learnt how to protect themselves against mines/ERW. Contingency plans, developed with the ICRC's assistance, were drafted for schools in six rural areas, to protect students during intensified violence.

Migrants, IDPs and other vulnerable people meet some of their most urgent needs

Following outbreaks of violence and influxes of migrants (see *Context*), the ICRC scaled up its assistance activities, particularly in areas near Bogotá, Medellín and the border with Ecuador and Venezuela. It provided logistical and other support for the State's victim assistance unit, regional/municipal authorities, and other institutions, but – often with the Colombian Red Cross – it also directly intervened, where necessary, to supplement strained State services.

In all, 14,141 people (3,924 households) met their immediate food needs with ICRC assistance: 10,209 migrants received food rations, and 3,932 IDPs – and relatives of missing people – were given food or cash to buy it.

ICRC material assistance enabled 15,009 people (4,746 households) – migrants, IDPs, missing people's relatives and formerly detained minors – to improve their living conditions or to help them travel to urban areas to access State services. A total of 8,955 migrants and 2,623 IDPs received hygiene kits, bedding, raincoats and other essentials; and 1,884 others, including members of missing people's families and migrants with infants among them, were given cash to buy these items, cover transportation costs, and pay for lodgings. Cash allowances were also given to 441 violence-affected households (956 people) – mainly from rural areas – and 252 families of missing people (532 people), to facilitate their access to legal, economic and mental-health assistance from the State. ICRC cash assistance enabled 15 families (15 people) to pay for funeral services after the remains of their missing relatives were recovered, identified and handed over to them. Transport allowances helped 44 demobilized minors to attend vocational training.

Violence-affected people work towards self-sufficiency

The ICRC provided livelihood support for 1,723 households (7,111 people) – including missing people's families. Roughly 730 people became more employable after completing vocational training. Some 200 breadwinners found employment; the ICRC covered 30% of their wages for six months. The ICRC gave about 380 families cash or construction materials to bolster their businesses. Seed and/or farming tools were provided to some 260 families; floods had disrupted the livelihoods of many of these families.

Communities benefit from health-care services supported by the ICRC

The National Society and the ICRC distributed signboards, flags and badges bearing the protective emblem of the country's medical services – for marking buildings and vehicles and for identifying medical personnel – to 29 health facilities. Roughly 1,000 health workers and community volunteers were briefed about the rights and duties of those delivering health-care services; 524 local officials attended train-the-trainer sessions on the Health Care in Danger initiative. The ICRC also made 1,430 victims of violence aware of the health-care services available to them.

In total, 226 relatives of missing people and 201 victims of violence, including 129 victims/survivors of sexual violence, were referred by the ICRC to mental-health service providers for psychological counselling and psychosocial support. Some 200 migrants benefited from group counselling at an ICRC-supported centre. Roughly 900 National Society and community volunteers were trained in psychological self-care and basic counselling. The ICRC trained five psychologists and three social workers to assist missing people's families.

Migrants and underserved communities have access to water and sanitation

Nearly 105,000 migrants and IDPs benefited from the ICRC's emergency water-and-habitat initiatives. They included roughly 88,000 migrants who received bottled water and hygiene items, and some 10,000 others who benefited from hydration points, sanitation facilities, community kitchens and a health post set up or renovated by the ICRC. Three shelters for migrants – capable of accommodating about 5,000 people – were also renovated.

In violence-affected rural and urban areas, the ICRC provided communities and local authorities with financial and material support for repairing water and sanitation facilities and street lights; some 15,000 people benefited. About 7,000 people benefited from the construction of community infrastructure, such as a hostel for students and a communal centre for vocational training and recreational and educational activities. Improvements were made to the premises of three National Society offices (total capacity: about 3,300 people), so that migrants and victims of violence could be assisted in more suitable surroundings.

Efforts to clarify the fate of missing people and prevent disappearances continue

The ICRC's dialogue with the authorities, the former FARC-EP, and armed groups – on the necessity of informing families of the fate of their missing relatives – continued. Recovered human remains were forwarded to the authorities for identification, and 49 sets subsequently handed over to the families concerned. The ICRC continued to urge the authorities to make State services more readily available to missing people's families in remote areas; some families received ICRC material assistance and psychosocial support (see above).

The missing persons search unit received expert advice from the ICRC as it prepared to formally carry out its work (see *Context*); upon the ICRC's recommendations, representatives from the unit visited missing people's families and other stakeholders to explain the search process.

ICRC training helped the authorities, victims' organizations and former members of FARC-EP to learn how to manage information about missing people.

The ICRC sought to ensure that recovered human remains could be identified at some point. It therefore provided expert advice, whenever necessary, for authorities, forensic experts, academics and others, and urged them to standardize forensic procedures, ensure closer coordination among parties concerned, and adopt best practices in forensics. With these ends in mind, it sponsored their participation in workshops and seminars. A morgue in Nariño was renovated with ICRC support.

Migrants and demobilized child soldiers restore contact with their families

Minors previously associated with armed groups reconnected with their families through Movement family-links services. The ICRC arranged for Venezuelan migrants to phone their families; 6,202 phone calls were made. It gave the National Society technical and material support to strengthen its ability to provide family-links services for migrants.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, 21 detention facilities holding roughly 55,400 detainees. These visits focused on determining how best to support the central authorities' efforts to address structural issues, including overcrowding. The ICRC communicated its findings and recommendations confidentially to the authorities, to help them align detainees' living conditions and treatment with national and internationally recognized standards.

The ICRC financed family visits for some detained minors or vocational training after their release (see *Civilians*).

Authorities take steps to address issues affecting the entire penitentiary system

ICRC expertise continued to aid the authorities' efforts to reform the criminal justice system. The ICRC's dialogue with judicial and penitentiary authorities focused on: addressing overcrowding; implementing alternatives to incarceration, particularly for women and minors; promoting respect for

existing procedural safeguards; and facilitating access to health care, including for mentally ill or physically disabled detainees, in line with national policies for public health in prisons.

Roughly 80 prison health staff and health ministry personnel – including members of working groups on public health in prisons – learnt more about strengthening health-care provision in prisons, including mental-health care. The ICRC also shared with the health and detaining authorities the findings from its assessment of detainees' health-related concerns at 11 prisons. The ICRC sponsored a study tour for three mental-health professionals to learn about best practices in providing mental-health care for detainees (see *London*). Sixty people referred by the National Training Service (SENA) attended an ICRC train-the-trainer course in prison health services.

The ICRC participated in working-group meetings and round-tables on the proper use of force, and provided recommendations for implementing a tool to monitor allegations of ill-treatment, prolonged solitary confinement and sexual violence. A pilot project on implementing existing mechanisms for regulating or modifying the execution of a sentence was being discussed with judicial authorities at year's end.

ICRC-supported training helped some 400 people, including prison guards and trainers from the National Penitentiary School, to strengthen their grasp of the various norms and international policing standards regulating the use of force. The authorities were preparing, with the ICRC's help, a handbook on the subject.

At a regional workshop (see *Mexico City*), Colombian authorities and their peers discussed best practices in designing and maintaining prisons. The ICRC renovated quarantine areas for TB patients at the Cúcuta prison (capacity: 3,232 detainees). As a result of the ICRC's infrastructural work at two other prisons, health, sanitation and sports facilities became more accessible to 712 physically disabled detainees.

WOUNDED AND SICK

A total of 844 people, including victims of violence and people from rural areas, obtained urgently needed State medical services; the ICRC covered their transportation expenses. The ICRC served as a neutral intermediary in the medical evacuation of six wounded civilians and weapon bearers. Medical supplies from the ICRC enabled 11 hospitals to deal effectively with patient influxes, mainly migrants and people wounded during clashes.

To help ensure that people receive life-saving care during emergencies, the Colombian Red Cross and the ICRC provided first-aid training for some 500 health workers, National Society volunteers, community members, and weapon bearers.

The ICRC trained 80 medical professionals from violence-affected areas in weapon-wound surgery; it also sought to develop local capacities in emergency care. To that end, it arranged seminars on war surgery, which 120 university students and teachers attended; and organized a symposium, at which 46 trauma surgeons exchanged best practices.

Physically disabled people receive rehabilitative care and other assistance

Disabled people – including migrants, detainees and former members of FARC-EP – obtained rehabilitative care at ten physical rehabilitation centres receiving raw materials and technical guidance from the ICRC. The ICRC helped 842 patients² to obtain physical rehabilitation services; 241 of them received cash to cover transportation and/or accommodation expenses. Prosthetists/orthotists from ICRC-supported centres provided services to 122 disabled detainees at seven places of detention. ICRC training and technical support helped health authorities, SENA, three medical professional associations, two training institutes and a university to develop their capacities in rehabilitative care and/or in designing their own training courses for physical rehabilitation professionals.

The ICRC sponsored about 100 physical rehabilitation professionals to attend ICRC courses and workshops, for example, on wheelchair prescription and amputation. ICRC-trained staff of local organizations guided parents in providing suitable care for their children with cerebral palsy.

A working group – composed of health ministry officials and members of an association of prosthetists/orthotists – was set up with ICRC support, to define national professional standards for prosthetists/orthotists.

The ICRC promoted the social inclusion of disabled people. Three wheelchair basketball teams (12 people in Cali and 22 detainees at two prisons in Cali and Medellín), received training, equipment, uniforms and sport wheelchairs. In addition, 25 disabled people were referred for ICRC economic-security assistance.

ACTORS OF INFLUENCE

Authorities and weapon bearers strengthen their grasp of IHL

In July, the Special Jurisdiction for Peace (JEP) – a transitional justice mechanism established in line with the terms of the peace agreement between the Colombian government and the FARC-EP – formally provided the ICRC with confidentiality and immunity guarantees for carrying out its work as a neutral intermediary in connection with the aforementioned peace agreement. JEP members learnt more about IHL through ICRC training.

Military and police forces, including their legal advisers, and FARC defence lawyers broadened their knowledge of IHL, international human rights law, and other norms through ICRC workshops, round-tables and training sessions. The army incorporated ICRC recommendations in three internal regulations on the use of force.

Sponsored by the ICRC, a senior Colombian military official attended an IHL workshop in the United Arab Emirates (see *International law and policy*), and Colombian police personnel attended a conference on law enforcement during armed violence in urban areas (see *Lima*).

The ICRC helped the authorities and legal experts to broaden their knowledge of IHL: for instance, it distributed IHL-themed newsletters to lawyers and organized a meeting for authorities, judges, and members of civil society to discuss IHL-related issues, including the necessity of respecting the principle of *non-refoulement* in connection with migrants. Aided by the ICRC, the national IHL committee organized its annual IHL course for government officials.

The general public learn more about humanitarian issues and ICRC activities

ICRC factsheets, news releases and interviews helped foster awareness of the ICRC's activities for migrants, conflict-affected rural communities, and urban communities enduring armed violence. The ICRC expanded its engagement with migrants and the general public through social media.

Migrants were informed of the services available to them through leaflets, videos and a radio spot produced by the National Society and the ICRC, and through mobile phone messages. The ICRC surveyed the needs of Venezuelan migrants in order to engage more effectively with them.

An online ICRC course enabled 210 journalists to learn about IHL and the protection it affords them during armed conflict. Other members of the media went on field trips organized by the ICRC to encourage more accurate coverage of humanitarian issues, such as the plight of missing people's relatives.

Universities sought the ICRC's advice for incorporating IHL in their curricula; with the ICRC's support, one university launched Colombia's first master's degree programme in IHL. Law students and researchers attended ICRC seminars (see *Lima*) on IHL and issues of humanitarian concern.

RED CROSS AND RED CRESCENT MOVEMENT

The Colombian Red Cross – which was undergoing reorganization at year's end – remained the ICRC's main partner in responding to humanitarian needs in the country (see *Civilians and Wounded and sick*). Comprehensive support from the ICRC enabled the National Society to build up its capacities in providing family-links services, implementing economic-security activities in urban communities affected by armed violence, raising mine-risk awareness and addressing the needs of missing people's families.

The ICRC maintained its support for the National Society's efforts to incorporate the Safer Access Framework in its activities, particularly in violence-prone areas; National Society volunteers from 23 branches completed a train-the-trainer course on the framework.

The National Society and the ICRC strengthened their partnership by developing strategies for joint activities, including in response to the influx of migrants from Venezuela.

2. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	36	12		
RCMs distributed	24	5		
Phone calls facilitated between family members	6,202			
Reunifications, transfers and repatriations				
People transferred or repatriated	6			
Human remains transferred or repatriated	49			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	581	70	56	130
<i>including people for whom tracing requests were registered by another delegation</i>	6			
Tracing cases closed positively (subject located or fate established)	110			
<i>including people for whom tracing requests were registered by another delegation</i>	3			
Tracing cases still being handled at the end of the reporting period (people)	1,895	171	186	389
<i>including people for whom tracing requests were registered by another delegation</i>	8			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	3	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	96	52		92
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	21			
Detainees in places of detention visited	55,436	6,936	358	
Visits carried out	59			
		Women	Girls	Boys
Detainees visited and monitored individually	25	1		
<i>of whom newly registered</i>	9			
RCMs and other means of family contact				
Detainees visited by their relatives with ICRC/National Society support	9			
Detainees released and transferred/repatriated by/via the ICRC	3			
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	14,141	4,683	5,225
	<i>of whom IDPs</i>	5,868	2,034	2,329
Income support	Beneficiaries	7,111	2,369	2,866
	<i>of whom IDPs</i>	2,891	995	1,150
Living conditions	Beneficiaries	15,009	5,397	4,875
	<i>of whom IDPs</i>	6,843	2,400	2,766
Capacity-building ³	Beneficiaries			
Water and habitat				
Water and habitat activities	Beneficiaries	130,905	49,760	23,605
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	Beneficiaries	3,944		
Health				
Places of detention visited by health staff	Structures	11		
Health facilities supported in places of detention visited by health staff	Structures	3		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	11		
First aid				
First-aid training				
	Sessions	21		
	Participants (aggregated monthly data)	501		
Physical rehabilitation				
Projects supported	Projects	18		
People benefiting from ICRC-supported projects	Aggregated monthly data	901	143	124
	<i>of whom beneficiaries of physical rehabilitation services</i>	842	143	124
	<i>of whom beneficiaries referred to economic programmes</i>	25		
	<i>of whom beneficiaries of sporting activities</i>	34		
New patients fitted with prostheses	Patients	175	24	6
Prostheses delivered	Units	205	32	30
	<i>of which for victims of mines or explosive remnants of war</i>	241	33	24
New patients fitted with orthoses	Patients	176	22	28
Orthoses delivered	Units	149	21	49
	<i>of which for victims of mines or explosive remnants of war</i>	48	3	2
Patients receiving physiotherapy	Patients	172	38	17
Walking aids delivered	Units	58	15	3
Wheelchairs or tricycles delivered	Units	267	61	65

3. 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.

LIMA (regional)

COVERING: Plurinational State of Bolivia, Ecuador, Peru

The delegation in Lima opened in 1984, becoming a regional delegation in 2003. The ICRC visits detainees, addresses the issue of missing persons, and monitors the humanitarian situation in violence-prone areas in Peru and along Ecuador's border with Colombia. It seeks to address the needs of people affected by violence and those of vulnerable migrants. It helps the region's National Societies reinforce their capacities. It assists security forces in integrating human rights norms into their training and operations, and the armed forces in doing the same with IHL. It promotes the incorporation of IHL into national legislation.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- Peruvian officials, with ICRC advice, made progress in clarifying the fate of missing people. Missing people's families participated in the search process with the ICRC's help; ICRC-trained professionals gave them psychosocial care.
- Vulnerable people in the Apurímac, Ene and Mantaro Valley in Peru improved their living conditions with food and other ICRC assistance. They also benefited from ICRC upgrades to water and sanitation facilities.
- Numerous migrants from the Bolivarian Republic of Venezuela reconnected with their relatives using the Movement's family-links services provided at border points and some urban areas in Ecuador and Peru.
- Military officials leading operations in violent areas of Peru and Ecuador had discussions with the ICRC on the use of force. Armed personnel in these areas learnt more about international policing standards at ICRC workshops.
- With ICRC technical advice, Peru ratified Additional Protocol III; however, it decided it would not sign the Montreux Document despite the ICRC's encouragement.

EXPENDITURE IN KCHF

Protection	2,872
Assistance	524
Prevention	1,741
Cooperation with National Societies	452
General	103
Total	5,692
<i>Of which: Overheads</i>	<i>347</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	108%
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PERSONNEL

Mobile staff	2
Resident staff (daily workers not included)	42



PROTECTION

CIVILIANS

Restoring family links

RCMs collected	4
RCMs distributed	33
Phone calls facilitated between family members	52,748
Tracing cases closed positively (subject located or fate established)	201

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	20
Detainees in places of detention visited	42,720
<i>of whom visited and monitored individually</i>	186
Visits carried out	43

Restoring family links

RCMs collected	49
RCMs distributed	3
Phone calls made to families to inform them of the whereabouts of a detained relative	10

ASSISTANCE

CIVILIANS

Economic security

Living conditions	Beneficiaries		741
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Water and habitat

Water and habitat activities	Beneficiaries	1,500	1,952
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CONTEXT

In Peru, government forces continued to pursue military operations against the Militarized Communist Party of Peru (PCP-M) in the Apurímac, Ene and Mantaro Valley (VRAEM). They also conducted anti-drug trafficking operations there and near the Peru–Colombia border. In northern Ecuador, fighting between government forces and armed groups took place sporadically along the border with Colombia; this intensified after an armed group killed three Ecuadorean journalists. Armed violence – particularly in the VRAEM and in northern Ecuador – led to some casualties and arrests, damaged property, displaced people and sometimes endangered health workers. Moreover, basic goods and services became less accessible.

Numerous migrants from the Bolivarian Republic of Venezuela (hereafter Venezuela; see *Caracas*) crossed into Ecuador and Peru, often losing contact with their relatives during their journey; access to water and shelter was limited at remote border points in these countries. Many Venezuelan migrants also passed through these countries on their way to other destinations.

The Peruvian government continued to implement a 2016 law on the search for persons missing in connection with the 1980–2000 armed conflict; in May, it announced that 20,329 people had gone missing during that conflict. As a result of the ongoing search process, it handed over the identified remains of some people to the families concerned and organized burials afterwards. To facilitate future identification of such remains, it passed a law requiring the creation of a database of DNA samples from missing people's families.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Lima strove to protect and assist violence-affected people in the VRAEM and along the Ecuador–Colombia border; together with the National Societies concerned, it began to extend this support to Venezuelan migrants in the region. The ICRC reminded the Peruvian and Ecuadorean authorities to ensure safe access for vulnerable people to essential goods and services, including health care. Military and security personnel deployed in violent areas strengthened their grasp of international policing standards and pertinent legal norms. The ICRC continued to provide vulnerable people in the VRAEM with food, household essentials and other supplies. Infrastructural upgrades made clean water and/or shelter available to them. Aided by the ICRC, National Societies in the region reinforced their family-links services and other activities for Venezuelan migrants and other vulnerable people in the region.

In Peru, the ICRC continued to support the authorities' efforts to ascertain the fate of people missing in connection with the 1980–2000 conflict and to address their families' needs; it helped staff of government and other agencies involved in the search process to strengthen their forensic capacities and their provision of psychological and psychosocial care. The ICRC provided financial and/or logistical support for families wishing to take part in the search for their missing relatives;

it also organized events to raise public awareness of these families' plight. In the Plurinational State of Bolivia (hereafter Bolivia) and Peru, ICRC support helped National Society personnel and other first responders to develop their capacities in managing human remains; in Ecuador, medico-legal professionals learnt more about forensic archaeology at an ICRC workshop.

The ICRC visited – in accordance with its standard procedures – places of detention in Bolivia, Ecuador and Peru, including facilities where security detainees were held. Findings and recommendations were communicated confidentially to the authorities, and technical and other support provided. Regular dialogue and workshops on addressing increasing overcrowding in the three countries were held. The aim was to help the authorities improve detainees' living conditions and treatment, implement protocols and respect internationally recognized detention standards. In Ecuador and Peru, family visits were arranged for detainees held far from their homes. The ICRC also helped upgrade water, sanitation, and cooking facilities at certain Bolivian prisons.

Together with the pertinent National Societies, the ICRC provided support for authorities and national IHL committees to implement – and foster respect and support for – IHL; Peru ratified Additional Protocol III. With the Peruvian authorities, it hosted an international conference on the humanitarian consequences of armed violence particularly in urban settings. Public-communication initiatives helped broaden support for the ICRC's mandate and the Movement's activities – particularly those for migrants – among students, journalists and other members of civil society.

The ICRC strengthened its partnership with the Bolivian, Ecuadorean and Peruvian National Societies, and helped them reinforce their organizational capacities and learn how to carry out their activities – especially in violence-prone areas – in accordance with the Safer Access Framework.

CIVILIANS

The authorities work to protect and assist people in violent areas

The ICRC sought to help or persuade the Peruvian and Ecuadorean authorities to improve the situation of vulnerable people and ensure their safe access to basic goods and services, including health care. People affected by violence in the VRAEM reported their concerns to ICRC delegates, who relayed them – along with the concerns of health workers in the area – to the armed and security forces, judicial officials and other authorities concerned. The ICRC monitored the needs of violence-affected people along the Ecuador–Colombia border. It began to follow the situation of Venezuelan migrants in Ecuador and Peru, particularly migrants in remote border areas.

Military commanders, military legal advisers, and the ICRC discussed the proper use of force during operations in the VRAEM and along the Ecuador–Colombia border; armed personnel deployed to these areas strengthened their grasp of international policing standards and pertinent legal norms (see *Actors of influence*). In Ecuador, doctors and nurses from

the military and security forces developed their ability to treat wounded people, and learnt more about the Health Care in Danger initiative (HCiD), at an ICRC course. Health workers in the VRAEM and National Society personnel furthered their understanding of HCiD at local and regional workshops organized with ICRC support. The Peruvian health ministry continued to disseminate standardized guidelines produced with ICRC advice for working safely in dangerous or insecure environments.

Violence-affected communities – and journalists and members of civil society – learnt about the ICRC's mandate, and the Movement's activities for migrants and for people in violent areas, through information sessions and public-communication campaigns conducted by the National Societies and the ICRC.

Vulnerable people in Peru have access to clean water

In the VRAEM, 144 displaced people and other victims of violence (17 households) improved their living conditions with food, household essentials and other supplies, or cash, provided by the ICRC on an ad hoc basis. The ICRC also made them aware of other humanitarian services available to them. In all, 1,952 people obtained clean water through water-supply and water-treatment facilities installed by the ICRC, in coordination with the authorities and other organizations.

In border areas of northern Ecuador, the ICRC began upgrading water and shelter facilities for residents and Venezuelan migrants; it finished these upgrades in early 2019.

Venezuelan migrants and others restore contact with their relatives

Financial, material and technical support, and training, from the ICRC helped National Societies in the region to provide more effective family-links services to people separated due to migration, natural disasters and other circumstances. The Ecuadorean Red Cross enabled migrants at border points, or passing through urban areas, to contact their relatives; some of its personnel attended an ICRC workshop, held abroad, on data protection. Aided by the ICRC and the International Federation, the Peruvian Red Cross began offering family-links services at a government centre along the Peru–Ecuador border; migrants at two hospitals in Lima were informed of these services by ICRC and National Society personnel. All these efforts helped people – mainly Venezuelan migrants – make at least 52,000 phone calls, including by accessing the internet, and charge their mobile phones for free.

Missing people's families in Peru are given psychosocial care and other support

The Peruvian authorities endeavoured to help families clarify the fate of relatives missing in connection with the 1980–2000 armed conflict and address these families' needs, including by involving them in the search process (see *Context*). They created a working group which included associations of missing people's families, other members of civil society and the ICRC. Relatives of missing people and government representatives attended an ICRC-funded course run by a human-rights institute, where they learnt more about search

mechanisms and other subjects linked to transitional justice. Forensic professionals reinforced their skills at ICRC-organized workshops. At an ICRC conference in Kyiv (see *Ukraine*), the Peruvian vice-minister for justice and human rights described Peru's experiences in developing policies and practices to improve the process of searching for missing people.

To enable them to participate throughout the search process and to help ease their situation, missing people's families received cash or logistical support from the ICRC: 597 people travelled to exhumation sites, complied with administrative requirements, or attended restitution ceremonies held by the authorities. A total of 201 tracing cases were resolved. To help these families cope with emotional distress, the Peruvian government – with ICRC technical advice – designed protocols for health staff and other professionals accompanying them in the search process. Many health workers became more adept in providing psychological and psychosocial care through training supported by the ICRC; around 340 missing people's families benefited from such care. Through communication campaigns and other initiatives (see *Actors of influence*), the ICRC helped broaden public awareness of the importance of addressing these families' needs.

First responders in Bolivia and Peru learn to manage human remains

National Society personnel and military and civil-defence officials in Peru attended workshops organized by the Peruvian Red Cross and the ICRC to improve their skills in managing human remains during natural disasters and other emergencies. In Bolivia, the ICRC distributed booklets on managing human remains to first responders.

To strengthen their ability to identify human remains, medico-legal professionals in Ecuador attended an ICRC workshop on basic standards applicable to forensic archaeology. Local authorities and the ICRC began assessing a cemetery near the Ecuador–Colombia border, where human remains of some missing people were reportedly buried.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited – in accordance with its standard procedures – places of detention in Bolivia, Ecuador and Peru. It monitored people held on security-related charges individually: in Ecuador, people detained in connection with the situation in Colombia; and in Peru, alleged members of armed groups. Findings and recommendations from these visits were communicated confidentially to the authorities, with a view to helping them improve detainees' treatment and living conditions. For instance, the ICRC requested the Peruvian authorities to transfer some detainees to prisons situated closer to their families.

The ICRC gave financial assistance for families to visit 92 detained relatives in Ecuador and Peru, and to help nine people return home after their release.

Penitentiary authorities seek to bolster local capacities in prison management

Penitentiary authorities in Bolivia, Ecuador and Peru promoted training manuals on human rights and protocols that integrated internationally recognized standards for detention, during ICRC workshops and training sessions for prison managers and staff. In Peru, the ICRC continued to help the authorities distribute copies of government regulations requiring comprehensive treatment for female detainees; it also helped monitor – at six prisons – the enforcement of these regulations. Prison officials, state agencies focused on addressing women's and children's concerns, lawyers and/or others in Peru discussed the implementation of measures to improve detainees' treatment. In Ecuador, ICRC-trained instructors began to conduct courses in prison management for prison staff.

Penitentiary authorities in the region improved their knowledge of prison management and design at an ICRC workshop in Mexico (see *Mexico City*). In Bolivia, they also learnt about an ICRC online platform for facilitating discussions among prison officials about overcrowding; at ICRC conferences, penitentiary and judicial officials from Peru explored possibilities for reducing detainees' sentences. The ICRC's aim throughout was to help authorities in the region devise means to reduce overcrowding or mitigate its effects.

Bolivian authorities upgrade prison infrastructure

In Bolivia, the authorities received technical and material support from the ICRC to improve detainees' living conditions. A total of 857 detainees benefited from ICRC-backed renovations to water and sewage systems and to sanitation and cooking facilities. The authorities finalized plans for responding to fire emergencies at two prisons.

Thanks to the efforts of the national library, the penitentiary authorities and the ICRC, inmates could borrow books from mobile libraries.

ACTORS OF INFLUENCE

Security officials share practices in mitigating the impact of violence in urban settings

Military and police officials from Bolivia, Ecuador and Peru – including those conducting joint operations in violent areas – advanced their understanding of IHL and/or other applicable norms, and worked on incorporating them in their doctrine, training and operations – with financial, material and technical support from the ICRC. Ecuadorean officials also learnt more about ensuring the safe delivery of health services (see *Civilians*). ICRC workshops enabled many Peruvian officials to become more capable of instructing others in the subjects mentioned above. Senior military officials from the region attended an advanced IHL course organized by the ICRC abroad (see *International law and policy*). Officials from defence and interior ministries in the region drew on ICRC expertise to draft or update manuals for military or security operations. To help them investigate misconduct during these operations, the Peruvian authorities compiled a book of international policing standards and domestic laws implementing IHL, for distribution to public prosecutors. These prosecutors strengthened their grasp of these norms and standards through ICRC training.

Senior security officials from 15 countries attended an international conference – held in Cusco, Peru, in October – about mitigating the impact of armed violence particularly in urban settings. Participants exchanged best practices from their operations; and the ICRC explained which norms applied and described its activities for vulnerable people.

Peru ratifies Additional Protocol III

Aided by ICRC expertise, national IHL committees and the authorities – together with National Societies – worked towards implementing IHL-related treaties or legislation. They strove to incorporate provisions on war crimes in their criminal codes, and – at ICRC seminars or workshops – they learnt about international criminal law and the necessity of banning nuclear weapons. Peru became party to Additional Protocol III, while in Ecuador, members of the national IHL committee attended ICRC conferences on implementing it. Ecuadorean and Peruvian authorities drew on ICRC expertise to clarify the legal framework applicable along the Ecuador–Colombia border, and standardize reparations for incidental damages and clearing abandoned ordnance in the VRAEM, respectively. The Peruvian government decided it would not sign the Montreux Document in 2018 despite the ICRC's encouragement.

With ICRC technical support, the Peruvian authorities contributed to a resolution on missing people adopted by the Organization of American States (see *Washington*).

Students from the region test their knowledge of IHL at local and international competitions

Academics in Bolivia, Ecuador and Peru added to their knowledge of IHL and humanitarian issues at various ICRC seminars, which helped them to shape public discussions and cultivate support for IHL and the Movement's activities. Lecturers and researchers from eight countries discussed the interplay among IHL, other applicable norms and security-related issues at a seminar organized by a university with ICRC support in Lima, Peru, in October.

Students from the region tested their knowledge of IHL and other norms at local and international competitions organized by the ICRC. Universities in Ecuador and Peru drew on ICRC expertise to publish IHL-related materials; together with the ICRC, these universities conducted an online course on the proper use of force, for students, government officials and military and police personnel, respectively.

In Peru, the authorities and the ICRC helped missing people's families understand their rights, under the applicable domestic and international law. They also organized photo exhibits to draw attention to these families' needs. One of these exhibits was staged in a museum in Chile. Associations of missing people's families, academics, forensic specialists and others attended an international seminar on taking a humanitarian approach to the search for missing people; the seminar was organized by the Peruvian authorities with ICRC support.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies strengthen their ability to respond to emergencies

The Bolivian, Ecuadorean and Peruvian National Societies worked to strengthen their organizational and operational capacities, with financial and technical support from the International Federation and the ICRC. They signed cooperation agreements with the ICRC, to reinforce joint emergency response activities and family-links services for migrants, and other violence-affected people (see *Civilians*). The ICRC covered the salaries of key personnel of the three National Societies; it also provided the Bolivian Red Cross with legal and managerial advice, as the National Society transitioned to a new leadership.

At ICRC workshops on the Safer Access Framework, staff and over 120 volunteers from the National Societies in the region learnt how to mitigate security risks while carrying out their work, or to instruct others in doing so.

National Societies in the region carried out activities with the ICRC to foster support for the Movement (see *Civilians*) and promote IHL implementation (see *Actors of influence*). The Ecuadorean Red Cross and the ICRC ensured that their communication strategies – for reporting on the situation along the Ecuador–Colombia border – were in agreement.

Movement components in Peru formed an ad hoc committee for developing contingency plans for natural disasters. Regular meetings helped ensure coordination among Movement components in the region.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	4			
RCMs distributed	33			
Phone calls facilitated between family members	52,748			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	77	20	3	3
Tracing cases closed positively (subject located or fate established)	201			
Tracing cases still being handled at the end of the reporting period (people)	1,006	220	48	11
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Documents				
People to whom official documents were delivered across borders/front lines	2			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	20			
Detainees in places of detention visited	42,720	2,741		
Visits carried out	43			
		Women	Girls	Boys
Detainees visited and monitored individually	186	46		
<i>of whom newly registered</i>	84	11		
RCMs and other means of family contact				
RCMs collected	49			
RCMs distributed	3			
Phone calls made to families to inform them of the whereabouts of a detained relative	10			
Detainees visited by their relatives with ICRC/National Society support	92			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Living conditions	Beneficiaries	741	373	94
Water and habitat				
Water and habitat activities	Beneficiaries	1,952	878	683
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions ¹	Beneficiaries	86,850	5,228	
Water and habitat				
Water and habitat activities	Beneficiaries	857	514	

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.

MEXICO CITY (regional)

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

The Mexico delegation opened in 1998, becoming a regional delegation in 2002. It helps the region's National Societies strengthen their capacities and works with them to address the most urgent humanitarian needs of vulnerable migrants and of persons affected by organized violence; endeavours to clarify the fate of missing persons; and monitors detainees' conditions. It encourages the integration of IHL in armed forces' doctrine and in universities' curricula, and human rights norms applicable to the use of force in the doctrine, training and operations of security forces. The delegation hosts the regional advisory service on IHL.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- Migrants obtained health care, family-links services and other aid from National Societies and other local partners supported by the ICRC, which increased this support in response to the migrant caravans organized in late 2018.
- The ICRC worked with the authorities and/or National Societies to carry out educational and other projects in urban areas; these aimed to help young people reduce their vulnerability to the consequences of violence.
- With the ICRC's help, the Mexican government sought to implement a law, adopted in 2017, that aimed to address disappearances and the needs of missing people's families. In Guatemala, such families received ICRC financial aid.
- Violence-affected people received psychosocial support, physical rehabilitation and other services from ICRC-supported providers. The ICRC began to support a hospital in El Salvador; the agreement was pending at year's end.
- The ICRC resumed visits to adult detainees in El Salvador in September, after modifications to security measures that had started in 2016. Latin American officials exchanged best practices in prison management at regional workshops.
- At ICRC-organized workshops, military and police forces from across the region continued to discuss rules and standards governing the use of force by law enforcement authorities.

EXPENDITURE IN KCHF

Protection	12,072
Assistance	9,471
Prevention	3,615
Cooperation with National Societies	1,536
General	402
Total	27,097
<i>Of which: Overheads</i>	<i>1,654</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	109%
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PERSONNEL

Mobile staff	52
Resident staff (daily workers not included)	200



PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	10
RCMs distributed	13
Phone calls facilitated between family members	162,952
Tracing cases closed positively (subject located or fate established)	1
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	36
Detainees in places of detention visited	40,476
<i>of whom visited and monitored individually</i>	16
Visits carried out	79
Restoring family links	
RCMs collected	13
RCMs distributed	7
Phone calls made to families to inform them of the whereabouts of a detained relative	17

ASSISTANCE	2018 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Food consumption	Beneficiaries	1,000
Income support	Beneficiaries	1,100
Water and habitat		
Water and habitat activities	Beneficiaries	59,750
Health		
Health centres supported	Structures	10
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures	2
Physical rehabilitation		
Projects supported	Projects	5
People benefiting from ICRC-supported projects	Aggregated monthly data	250
Water and habitat		
Water and habitat activities	Beds	3

CONTEXT

Armed violence persisted throughout the region, particularly in El Salvador, Guatemala, Honduras and Mexico; military troops usually aided law enforcement operations. People in violence-affected areas were at risk of displacement, abduction, injury and death; health care, education and other basic services were not readily accessible. Young people were especially vulnerable to recruitment by non-State armed actors.

People continued to seek safety and better opportunities elsewhere. Migrants – including the thousands who organized themselves in caravans in late 2018 – heading to or deported from Mexico and the United States of America were at risk of physical abuse and other dangers along their route and on their return. Strict migration policies in transit and destination countries complicated or ended migrants' journeys.

Throughout the region, people were detained in connection with organized armed violence and drug-related offences. In El Salvador, the “extraordinary” security measures that had been imposed at six prisons in 2016 were modified: some measures were integrated into penitentiary legislation, but the ICRC was allowed to resume visits in 2018.

People continued to seek information about relatives missing in connection with migration, past armed conflict, and ongoing situations of violence.

In April, protests broke out in Nicaragua, resulting in arrests, injuries and deaths.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Mexico City continued to focus on: protecting and/or assisting migrants, missing people's families, detainees and other violence-affected people; and promoting respect for international laws and norms, and humanitarian principles. It continued to cooperate closely with National Societies and helped them strengthen their ability to safely aid violence-affected people. To extend its operational reach, the ICRC opened an office each in San Pedro Sula, Honduras and San Salvador, El Salvador, and deployed a delegate to Managua, Nicaragua; however, in Mexico, discussions with the authorities on the opening of new offices were still ongoing.

The ICRC sought to reinforce dialogue with the authorities, including military and security forces, on the necessity of respecting international laws and standards, and humanitarian principles, applicable to their duties. Workshops for military and security forces supplemented these discussions.

Migrants travelling through El Salvador, Guatemala, Honduras and Mexico received aid from National Societies and other local partners supported by the ICRC, which gave additional assistance when migrant caravans were organized in late 2018. They received family-links and health services, temporary shelter,

and water; they were also given informational materials on reducing the risks to their safety and on where to get assistance. Some projects to improve access to water were hindered by security constraints.

Vulnerable IDPs, deported migrants, residents and other violence-affected people in El Salvador, Guatemala and Honduras, received ad hoc assistance, such as cash for food or shelter. To help young people in these three countries and Mexico reduce their vulnerability to the consequences of violence, the ICRC carried out educational and other projects with the authorities and/or National Societies concerned.

To help ensure the availability of health services, the ICRC supported primary-health-care facilities in Honduras and Mexico, a hospital in Honduras, and physical rehabilitation centres in Guatemala, Honduras and Mexico. It began to support another hospital in El Salvador, though the formal agreement with it was not yet finalized. Potential first responders were trained in first aid.

The ICRC continued to support local efforts to locate missing people and help their families, for instance, by assisting forensic services in developing their ability to properly manage and identify human remains. In Mexico, it helped promote a national law on missing persons (adopted in 2017) and develop strategies for its implementation. In Guatemala, families whose relatives had gone missing were given financial assistance, for instance, for conducting burials.

The ICRC visited, in accordance with its standard procedures, detainees in El Salvador, Guatemala, Honduras, Mexico and Panama to check on their treatment and living conditions; they included migrants in detention facilities in Mexico and Panama, and, following the modifications in the security measures, adult inmates in El Salvador. The authorities drew on the ICRC's support for their efforts to improve detainees' health care and living spaces. The ICRC also organized regional workshops on prison management for officials from the region. In December, the ICRC was given access to detainees in Nicaragua; the first visits were scheduled for January 2019.

Throughout the region, the ICRC promoted international laws and norms, and humanitarian principles, protecting vulnerable people. It maintained dialogue with and/or organized activities for representatives of governments and international organizations, and academics; it also engaged in dialogue with them during multilateral forums and processes. Together with National Societies, it broadened awareness of humanitarian issues, and the Movement's response to them, among these audiences and the general public.

Governments in the region drew on the ICRC's expertise to further IHL implementation. Costa Rica, Cuba, Mexico and Nicaragua became parties to the Treaty on the Prohibition of Nuclear Weapons.

CIVILIANS

The ICRC strengthened dialogue with the authorities, including armed and security forces, on the necessity of respecting international laws and norms, and humanitarian principles, applicable to their duties. The rights of displaced people, migrants, and deportees were emphasized. Key topics included the principle of *non-refoulement*; the use of force by law enforcement authorities; safe access to health care, education and other basic services; and addressing sexual violence. The ICRC documented and confidentially relayed allegations of violations to the authorities concerned, so that they could take steps to prevent them.

The coordination of humanitarian assistance, including the establishment of referral systems and promotion of existing ones, was discussed with the authorities and with civil-society organizations and UN agencies.

Migrants, including members of the caravans, contact their families and obtain health care

In El Salvador, Guatemala, Honduras and Mexico, in-transit, deported and returning migrants benefited from comprehensive assistance – in some cases, multiple times – provided by National Societies and other local actors supported by the ICRC. The ICRC increased this support when migrant caravans were organized in late 2018.

Migrants received medical advice, and information on safety risks and the location of assistance points, from radio spots and National Society-distributed leaflets. They contacted their relatives through the Movement's family-links services at dozens of phone/internet stations, some of which had docks that enabled them to charge their mobile phones. Roughly 162,000 free phone calls – an increase from 91,000 last year – were made, 15,700 by members of the caravans. People also registered themselves as “safe and well” and/or sought news of relatives via the Movement's family-links website (familylinks.icrc.org).

People obtained free consultations and medical treatment at ten mobile or fixed health facilities (one in Honduras and nine in Mexico) run by the National Societies concerned. At these ICRC-supported facilities, over 29,000 consultations were given; the ICRC also covered the expenses of 201 people who were referred to other medical facilities for specialized care. In late 2018, it gave extra assistance to local partners helping members of the migrant caravans. For instance, with financial support from the ICRC, a medical team from the Mexican Red Cross went on a one-month mission to help migrants at four shelters. The ICRC also donated medical supplies to two shelters in Mexico and to Guatemalan Red Cross teams. Psychosocial support was provided to National Society volunteers in Honduras and Mexico.

In Mexico, some 5,100 migrants in transit obtained potable water thanks to chlorine tablets from the National Society and the ICRC, but security constraints prevented more people from being reached. The ICRC helped some NGOs to renovate or upgrade their shelters, enabling them to continue offering

free temporary accommodations for some 18,400 people. A similar project in Guatemala was cancelled because of a land-ownership issue.

IDPs, deportees and residents benefit from emergency support

In El Salvador, Guatemala and Honduras, the ICRC helped meet the urgent needs of vulnerable IDPs, deported migrants, residents and other violence-affected people: 549 people received ad hoc assistance, such as cash for food or housing, and transport to safer areas; and households that lacked access to State services (another 192 people in all) were given grants for starting small businesses. After the ICRC renovated it, a Salvadoran shelter was able to provide refuge for some 450 IDPs at a time; a similar project in Honduras was underway at year's end. Ad hoc medical assistance was given to 46 IDPs.

During protests in Nicaragua, the Nicaraguan Red Cross – with technical support from the ICRC – broadcasted self-protection messages to help people stay safe during protests. After a volcano erupted in Guatemala, the Guatemalan Red Cross and the national forensic institute used ICRC technical and material assistance to better manage human remains and to provide family-links services and psychosocial support to survivors.

Plans to distribute food to displaced people in Mexico were cancelled, as needs were already covered by the authorities.

Violence-affected schoolchildren and teachers work to reduce their vulnerability to violence

In El Salvador, Guatemala, Honduras and Mexico, the ICRC worked with the authorities and/or the National Societies concerned to carry out educational and other projects in urban areas; these aimed to help young people reduce their vulnerability to the consequences of violence, and to cope with/protect themselves from its effects. Of note, 62 Guatemalan and Mexican schools participated in efforts to create “safer educational spaces” for students and teachers. ICRC support included equipment for and training on emergency preparedness, and workshops on topics such as resolving interpersonal conflict. The ICRC also helped renovate schools and other community infrastructure serving roughly 650 people in Mexico and 800 in El Salvador.

Training sessions on self-care and/or basic psychosocial support were given to several people, including teachers, medical personnel and National Society volunteers at 11 health facilities and schools in Guatemala and Mexico; and government and NGO staff supporting the families of missing people. In all, ICRC-trained/supported personnel counselled roughly 500 violence-affected people, including 23 IDPs in Honduras and 76 victims/survivors of sexual violence in Guatemala, and 792 relatives of missing people.

States work on implementing mechanisms to expedite the search for missing people

In El Salvador, Guatemala, Honduras and Mexico, government bodies and NGOs drew on material support and technical expertise from the ICRC for their efforts to search for missing people and assist their families. With the ICRC's help, States

worked on reforms such as: the development of strategies for implementing a national law, adopted in 2017, on missing people and the needs of their families in Mexico; and the development and promotion of national guidelines for forensic identification in Guatemala. Forensic personnel received training and other support for their efforts to manage human remains and related data. To facilitate the storage of unidentified remains, the ICRC helped repair or construct burial niches and morgues in El Salvador, Guatemala and Honduras. Public-communication initiatives helped raise awareness of the plight of missing people's families, and of forensic identification and possibilities for participating in the search process.

In Guatemala, families with missing relatives (6,685 people in all) were given financial assistance – for instance, to conduct dignified burials and commemorative events. This included support for the schooling of 90 children.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, people in 36 places of detention (housing around 40,400 detainees) in El Salvador, Guatemala, Honduras, Mexico and Panama. They included people held in Mexican federal penitentiaries; migrants in Mexico and Panama; and adult inmates in El Salvador, for whom visits resumed after security measures were modified (see *Context*). Findings from its visits were discussed confidentially with the authorities concerned. Key areas included: alternatives to detention for migrants; judicial guarantees; and the specific concerns of juvenile and female detainees. In December, the ICRC was given access to detainees in Nicaragua; the first visits were scheduled for 2019.

Detainees reconnected with their relatives through the ICRC's family-links services; 50 of them received ICRC-facilitated family visits.

Inmates in El Salvador, Honduras and Panama have better living conditions

The authorities concerned drew on ICRC input for their efforts to improve prison management and detainees' treatment and living conditions.

In April, at an ICRC regional workshop in Mexico, 80 officials from Latin American countries discussed national standards for prison management and infrastructure, and other related matters. A second regional workshop – on the health needs of female detainees – was held in November. The ICRC also organized local workshops on such topics.

ICRC health delegates visited 26 prisons; 12 of these were regularly provided with material and technical support for improving detainees' access to health care. It also sought to facilitate coordination between health and justice ministries on the inclusion of detainees in national health programmes; in El Salvador, the resumption of ICRC visits led to renewed discussions on how to improve nutrition and TB management for detainees. In Mexico, the authorities permitted the ICRC to assess the mental-health needs of detainees in one prison for women; this was scheduled for 2019.

Nearly 15,000 detainees benefited from ICRC-backed upgrades to prison infrastructure in El Salvador, Honduras and Panama, though projects in Guatemala did not push through as the necessary agreements were not in place. Officials in charge of prison maintenance also received technical advice and other support from the ICRC. Furthermore, 672 of the aforementioned detainees benefited from a vector-control campaign at one prison in Honduras; a hygiene-promotion project at one prison in Panama was cancelled because of operational constraints.

WOUNDED AND SICK

To help improve the chances of wounded people getting life-saving care, the National Societies and the ICRC trained over 1,000 potential first responders (community members, paramedics, police, teachers, etc.) in El Salvador and Mexico in first aid.

Under an ICRC project that began in 2016, staff of the surgical ward of the Tegucigalpa Teaching Hospital in Honduras improved their ability to treat victims of violence thanks to supplies, equipment and coaching from an ICRC medical team. An agreement on a similar project with Hospital Zacamil in El Salvador was still being finalized at year's end, because of delays connected with internal staffing constraints. Nevertheless, the ICRC began to give the hospital some support – equipment, training and minor infrastructure upgrades – in the second half of 2018.

In Guatemala, Honduras and Mexico, 397 people with physical disabilities¹ obtained services at five physical rehabilitation centres, which the ICRC provided with funding, equipment, supplies, and technical guidance and training for staff and managers. A total of 112 people had their transport and/or accommodation expenses covered, and 34 received psycho-social assistance. The ICRC supported disability sports by providing wheelchairs, and in other ways as well, to help advance the social inclusion of disabled people.

ACTORS OF INFLUENCE

Security forces and the ICRC discuss standards governing the use of force in law enforcement

The ICRC sought to help military and security forces in the region promote respect for international laws and norms, particularly those on the use of force in law enforcement operations. In El Salvador, Guatemala, Honduras and Mexico, various personnel – police officers and military personnel with law enforcement duties, and instructors from army and police training institutes – discussed these subjects at workshops organized by the ICRC. Moreover, police officers from El Salvador, Guatemala, Honduras and Nicaragua were sponsored to attend an international conference (see *Lima*), where they exchanged best practices in mitigating the impact of armed violence in urban settings.

1. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

The ICRC also organized seminars (two in Mexico in June and November, and one in Nicaragua) on international rules governing military operations; at these events, senior army officers from Latin America discussed challenges related to the application of IHL and international human rights law – particularly provisions on the use of force – in their respective operational contexts. Seminars on IHL were also held at military academies in Mexico.

States take steps to advance the implementation of IHL-related treaties

Governments, including their national IHL committees, drew on ICRC support to further the implementation of IHL-related treaties and to adopt domestic legislation seeking to address humanitarian issues, such as the law on the missing in Mexico. Costa Rica, Cuba, Mexico and Nicaragua ratified the Treaty on the Prohibition of Nuclear Weapons. The Mexican foreign ministry sought the ICRC's input as it developed its position on weapons-related issues.

The ICRC continued to raise humanitarian issues at multi-lateral forums and processes, such as the Organization of American States (see *Washington*) and the Conference of Defense Ministers of the Americas, which, in 2018, was held in Mexico. It conducted a workshop on the issue of missing migrants during the intergovernmental Regional Conference on Migration. Dialogue was also maintained with the Inter-American Court of Human Rights, with which the ICRC jointly published a booklet, with references to jurisprudence, on issues such as missing persons, migration, and detention.

Traditional and social media help broaden awareness of humanitarian issues in the region

Humanitarian issues – such as the plight of violence-affected people, particularly the families of the missing, and migrants, including members of the caravans – and the Movement's activities thereon were discussed with government officials and diplomats in the region. The general public also learnt more about these topics through the communication efforts of the National Societies and the ICRC. These included media briefings, joint dissemination sessions, participation in cultural events, and content produced for the internet and radio; workshops were also organized for journalists covering humanitarian topics.

Events for university professors and students, and donations to one school's library, helped academics stay abreast of developments in IHL.

RED CROSS AND RED CRESCENT MOVEMENT

Support from Movement partners helped National Societies in the region strengthen their ability to respond to emergencies. This included training for hundreds of volunteers in the Safer Access Framework and/or in providing family-links services during disasters; such training helped the Nicaraguan Red Cross to reach and evacuate people injured during protests, and helped the Guatemalan Red Cross to assist victims of a volcanic eruption. The Haitian Red Cross received support for its crisis-management efforts during protests in the country. In Cuba, the health ministry, the National Society and the ICRC organized a Health Emergencies in Large Populations (HELP) course, which was attended by 22 health staff from Cuba, and 11 others from elsewhere.

Expert advice from the ICRC helped National Societies in the region to strengthen their capacities in public communication (see *Actors of influence*) and to advance the revision of their statutes.

Movement components in the region continued to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	10	1		
RCMs distributed	13	1		
Phone calls facilitated between family members	162,952			
Reunifications, transfers and repatriations				
Human remains transferred or repatriated	5			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	469	45	111	40
Tracing cases closed positively (subject located or fate established)	1			
Tracing cases still being handled at the end of the reporting period (people)	546	56	116	48
Documents				
People to whom official documents were delivered across borders/front lines	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	36			
Detainees in places of detention visited	40,476	4,621	3,073	
Visits carried out	79			
		Women	Girls	Boys
Detainees visited and monitored individually	16	1		
<i>of whom newly registered</i>	1	1		
RCMs and other means of family contact				
RCMs collected	13			
RCMs distributed	7			
Phone calls made to families to inform them of the whereabouts of a detained relative	17			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	Beneficiaries	7,426	2,401	1,583
	<i>of whom IDPs</i>	280	119	38
Water and habitat				
Water and habitat activities	Beneficiaries	25,704	8,039	3,408
	<i>of whom IDPs</i>	24,059	7,218	2,588
Health				
Health centres supported	Structures	10		
Average catchment population		21,750		
Consultations		29,183		
	<i>of which curative</i>	29,056	2,829	873
	<i>of which antenatal</i>	127		
Referrals to a second level of care	Patients	201		
	<i>of whom gynaecological/obstetric cases</i>	26		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	Beneficiaries	14,956	1,496	150
Health				
Places of detention visited by health staff	Structures	27		
Health facilities supported in places of detention visited by health staff	Structures	2		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	1		
Services at hospitals reinforced with or monitored by ICRC staff				
Consultations		123,888		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		4,511		
Weapon-wound admissions (surgical and non-surgical admissions)		109	18	12
Weapon-wound surgeries performed		71		
Patients whose hospital treatment was paid for by the ICRC				
		3		
First aid				
First-aid training				
	Sessions	65		
	Participants (aggregated monthly data)	1,076		
Water and habitat				
Water and habitat activities	Beds	3		
Physical rehabilitation				
Projects supported	Projects	5		
People benefiting from ICRC-supported projects	Aggregated monthly data	397	34	2
	<i>of whom beneficiaries of physical rehabilitation services</i>	397	34	2
New patients fitted with prostheses	Patients	21	1	
Prostheses delivered	Units	86	6	2
New patients fitted with orthoses	Patients	3		
Orthoses delivered	Units	6	1	
Patients receiving physiotherapy	Patients	246	19	
Walking aids delivered	Units	19	1	
Wheelchairs or tricycles delivered	Units	6	1	

NEW YORK

The multiple tasks and activities of the UN often have implications of a humanitarian nature. Operating since 1983, the ICRC delegation to the UN serves as a support and a liaison for ICRC operational and legal initiatives. The delegation conveys the ICRC's viewpoint and keeps updated on trends and developments relating to humanitarian issues and promotes IHL.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

EXPENDITURE IN KCHF

Protection	-
Assistance	-
Prevention	3,478
Cooperation with National Societies	-
General	76
Total	3,555
<i>Of which: Overheads</i>	217

IMPLEMENTATION RATE

Expenditure/yearly budget	112%
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PERSONNEL

Mobile staff	5
Resident staff (daily workers not included)	11

CONTEXT

The UN and the international community dealt with numerous, and mostly protracted and/or transnational, armed conflicts and other situations of violence throughout the world – amid shifting power dynamics, growing geopolitical tensions and challenges to multilateralism. While each situation presented specific challenges – in relation to the conduct of hostilities and the search for a long-term solution – they all gave rise to many of the same issues of humanitarian concern (see below). Despite some breakthroughs in UN mediation efforts, in most cases, negotiations between parties to conflicts were at an impasse.

After an intensive two-year process of consultations and negotiations, UN Member States adopted the Global Compacts for migration and on refugees, thereby reaffirming their commitment to address these matters comprehensively.

UN peacekeeping missions were deployed in several countries; some were authorized to use force to fulfil their mandate, particularly to protect civilians. Internal reforms, initiated in 2017, were under way at the UN; these included restructuring the UN peace and security architecture.

ICRC ACTION AND RESULTS

The ICRC promotes the humanitarian perspective in UN discussions and decision-making

The ICRC was in regular contact with influential parties in New York, to draw attention to pressing issues of humanitarian concern and urge greater respect for IHL. It drew on its legal expertise and long-established presence in conflict-affected areas to influence the drafting of UN policy documents, guidelines and resolutions, in a bid to secure the inclusion of humanitarian considerations in such processes. Such interaction also enabled the ICRC to foster support for its principled humanitarian action among various decision-makers.

ICRC delegates paid close attention to matters of particular concern to the organization, such as: threats to the safe delivery of health care; sexual violence in armed conflict; new weapons technologies; the implication of sanctions regimes and counter-terrorism measures to humanitarian action; and the inaccessibility of basic goods and essential services during conflict. They also followed international debates and shifts in policy on international law – particularly in connection with arms control – and other legal matters with a bearing on humanitarian action. The delegation's work fed into the ICRC's broader efforts to streamline its humanitarian diplomacy and operational practices and policies, institutionally or in pertinent contexts.

At the General Assembly's regular session, the Economic and Security Council's Humanitarian Affairs Segment, and other events, the ICRC – through its role as a permanent observer at the UN – drew attention to the humanitarian issues mentioned above. It served as an expert briefer during the Security Council's open debate on the protection of civilians. The ICRC also sought direct engagement with UN officials and representatives of Member States, such as monthly meetings with the president of the Security Council, and the annual meeting of Security Council members with the ICRC's president. The ICRC's president took part in ten high-level events on the sidelines of the General Assembly's regular session and discussed relevant subjects such as humanitarian negotiation and international mediation. When the opportunity arose, the ICRC gave its views on contexts where it had large-scale operations, particularly in Africa and the Middle East; it shared with Security Council members its reading of the situation in conflict zones and humanitarian needs it observed first-hand on the ground.

Some 120 diplomats strengthened their understanding of various detention-related issues – including in the context of peacekeeping and counter-terrorism efforts – at the annual IHL seminar organized by the New York University School of Law and the ICRC. Such events on international law gave the ICRC an opportunity to set up meetings on IHL with UN Member States' legal advisers.

UN documents on migration and counter-terrorism take into account ICRC recommendations

The ICRC participated in various multilateral mechanisms and drew attention to: the need for better protection and assistance mechanisms for migrants, including asylum seekers and refugees; the applicability of IHL to counter-terrorism operations; and the importance of safeguarding the space for principled humanitarian action. For example, the ICRC voiced institutional and legal positions – on such matters as responding to the issue of missing people – during the inter-governmental negotiations on the Global Compact for Safe, Orderly and Regular Migration; some of its recommendations were incorporated in the adopted compact. It actively participated in the review of the UN Global Counter-Terrorism Strategy; the resulting resolution reaffirmed the necessity for States to ensure that their counter-terrorism policies comply with IHL and do not impede humanitarian activities. The ICRC also promoted legal and humanitarian considerations in the drafting of UN documents in relation to the treatment of people who were alleged to have participated in fighting abroad and of their families, such as an addendum to the Madrid Guiding Principles.

The DPKO and the OLA discuss peacekeeping and IHL with the ICRC

ICRC cooperation with the Department of Peacekeeping Operations (DPKO) and the Office of Legal Affairs (OLA) continued. The ICRC provided them with observations and recommendations on IHL-related matters within the context of peacekeeping operations – on such matters as respect for the principle of *non-refoulement* and the mandates of UN peacekeeping troops in some African countries. It provided feedback on DPKO draft policies on the protection of civilians and detention, and contributed to the preparation of a handbook on the Vancouver Principles on peacekeeping and the prevention of the recruitment of children into fighting forces. The ICRC discussed the applicability of IHL to peacekeeping operations with commanders of UN military forces.

Future decision-makers and the general public learn more about IHL

The ICRC organized – jointly with think-tanks or universities – and/or spoke at events that enabled decision-makers and members of the academic community to advance their knowledge of humanitarian affairs. UN-accredited media and other news agencies made use of the ICRC's press releases, and presentations by its senior staff on key issues, to report on the organization's activities worldwide. By strengthening its presence on social media, the ICRC was able to reach a much broader audience.

The ICRC kept in regular contact with Movement partners, and other organizations and NGOs in the humanitarian and development field; it promoted coherent and well-coordinated responses to humanitarian issues among them.

WASHINGTON (regional)

COVERING: Canada, United States of America, Organization of American States (OAS)

Established in 1995, the Washington regional delegation engages in a regular dialogue on IHL and issues of humanitarian concern with government officials and bodies, academic institutions and other interested groups in Canada and the United States of America. The delegation heightens awareness of the ICRC's mandate and priorities within the OAS. It mobilizes political and financial support for ICRC activities and secures support for IHL implementation. It visits people held at the US detention facility at Guantanamo Bay Naval Station in Cuba. It works closely with the American Red Cross and the Canadian Red Cross Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE IN KCHF	
Protection	2,302
Assistance	402
Prevention	4,945
Cooperation with National Societies	417
General	83
Total	8,150
<i>Of which: Overheads</i>	<i>497</i>
IMPLEMENTATION RATE	
Expenditure/yearly budget	98%
PERSONNEL	
Mobile staff	10
Resident staff (daily workers not included)	30

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs distributed	2
Phone calls facilitated between family members ¹	272
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	8
Detainees in places of detention visited	5,752
<i>of whom visited and monitored individually</i>	30
Visits carried out	14
Restoring family links	
RCMs collected	579
RCMs distributed	313

1. Phone or video calls facilitated between people held at the Guantanamo detention facility and their families abroad.

CONTEXT

The United States of America (hereafter US) remained influential in international affairs. It maintained its involvement in military operations overseas – notably in Afghanistan, and around Africa and the Middle East. In Iraq and the Syrian Arab Republic, it led an international military coalition that launched air strikes against the remnants of the Islamic State group and provided technical and other support to security forces and armed groups.

People continued to be held in the US detention facility at the Guantanamo Bay Naval Station in Cuba.

Canada continued to raise its international profile. Its troops conducted medical evacuations as part of UN peacekeeping operations in Mali. Canada assumed command of a NATO training mission in Iraq, and continued to train military forces in Ukraine. Under its chairmanship, G7 countries committed to urging their partners in military operations to comply more effectively with IHL.

The number of families and unaccompanied minors – among others – trying to enter the US through its southern border with Mexico, increased; the US tightened its migration policies. Many migrants sought asylum and were from Central America (see *Mexico City*). They risked loss of contact with their families, arrest and detention, deportation, injury, and even death.

ICRC ACTION AND RESULTS

Guantanamo Bay detainees cope with their situation

The ICRC visited people held at the Guantanamo Bay detention facility and monitored their treatment and living conditions. It communicated its findings and recommendations confidentially to the pertinent authorities on the importance of meeting internationally recognized standards for detention. It emphasized the need to facilitate the transfer or resettlement of eligible detainees and to respect procedural safeguards and the principle of *non-refoulement* while doing so.

Detainees contacted their families through RCMs and phone or video calls (272 calls facilitated). The ICRC delivered parcels of food and other items to detainees from their relatives. Detainees had access to recreational spaces, and to a library for which the ICRC provided multimedia materials in various languages. The ICRC continued to monitor detainees' health needs and to share with the authorities its observations on the provision of medical care in line with medical ethics.

The ICRC also maintained its confidential dialogue with the US authorities about other detainees within its purview who were being held in countries where the US conducted military operations.

Authorities are apprised of vulnerable migrants' needs

The ICRC visited – on an ad hoc basis – several immigration detention facilities housing over 5,000 people near or along the US's southern border. It communicated its findings and recommendations – particularly on migrants' access to health care and means of contacting their families – confidentially to the pertinent authorities.

Migrants reconnected with their relatives using phone and internet services provided by the American Red Cross, with ICRC technical support, at shelters near the southern border. The ICRC discussed the consequences of certain migration policies with the US authorities; it attended meetings on migrants' concerns with other organizations. It made expert contributions at a summit organized by the US authorities on the issue of missing migrants. An ICRC mental-health specialist assessed the needs of missing migrants' relatives and service providers at the southern border, with a view to facilitating their access to psychosocial care. A university in the US continued to exhume unidentified human remains near the same border with ICRC material assistance, to help clarify the fate of missing migrants.

Authorities and the ICRC discuss protection for civilians in conflict-affected areas

The ICRC urged the authorities to: protect civilians and ensure their safe access to basic goods and services in countries where Canadian and US armed forces operated; and persuade the weapon bearers their forces supported to do the same. The ICRC arranged meetings with decision-makers, and briefings and training exercises for military commanders and troops. On these occasions, it emphasized the importance of addressing humanitarian concerns arising from overseas military operations – including in connection with detention practices; it also sought to gather support for its neutral, impartial and independent humanitarian action. The US defence authorities and the ICRC focused on the applicability of IHL to the US's military operations in Afghanistan and the Middle East, and the situation of people allegedly involved in fighting abroad. The US's military engagement in Somalia and other contexts – and that of Canada in Mali – was also discussed. US military legal advisers drew on ICRC expertise to finalize a manual on the conduct of hostilities.

Members of civil society reaffirm their support for humanitarian action

The ICRC urged the Canadian and US governments, and the Organization of American States (OAS), to take IHL into account in their policy-making and activities. It reinforced its position as a key source of reference on IHL: in the US, it helped arrange workshops on IHL-related issues – such as the use of artificial intelligence in warfare – for government officials, academics, journalists, and private or non-governmental organizations from the region and elsewhere. Its expertise in matters concerning migration, detention, missing people and armed violence in urban settings enriched its dialogue with the OAS and the Inter-American Development Bank. Notably, the OAS adopted resolutions which incorporated the ICRC's input on some of these subjects. The Canadian Red Cross and the ICRC made expert contributions during parliamentary discussions pertinent to Canada's accession to the Arms Trade Treaty. The ICRC launched public-communication initiatives and organized

events with the American and Canadian National Societies. These efforts aimed to broaden awareness – particularly among civil society – of certain issues associated with armed conflict: sexual violence; threats to health-care delivery; respect for cultural property; and the use of autonomous weapons. Dialogue with the World Bank centred on humanitarian needs and support for the ICRC's operations in contexts with active conflicts.

To promote disabled people's social inclusion, the ICRC helped organize training in adaptive sports worldwide.

The ICRC developed its relationship with the American and Canadian National Societies, and sought to fundraise with them. The American Red Cross and the ICRC discussed incorporating digital tools in humanitarian initiatives. The Canadian Red Cross contributed staff to the ICRC's operations; some of them attended an ICRC-supported orientation course in Canada.

MAIN FIGURES AND INDICATORS: PROTECTION




CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs distributed	2			
Phone calls facilitated between family members	272			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	8			
Detainees in places of detention visited	5,752	1,149		
Visits carried out	14			
		Women	Girls	Boys
Detainees visited and monitored individually	30			
RCMs and other means of family contact				
RCMs collected	579			
RCMs distributed	313			

MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM	Total	Women	Children
Health			
Places of detention visited by health staff	Structures 7		

Mission

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.

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ICRC

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VOLUME II

ANNUAL REPORT **2018**



ICRC

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

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

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

All figures in this report are in Swiss francs (CHF). In 2018, the average exchange rate was CHF 0.9761 to USD 1, and 1.1552 for EUR 1.

VOLUME II

ANNUAL REPORT

2018



ICRC

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ASIA AND THE PACIFIC

KEY RESULTS/CONSTRAINTS IN 2018

- Violence-affected people benefited from the ICRC's scaling up of its operations in Myanmar, especially in Rakhine; and in Bangladesh, where the ICRC expanded primarily its emergency response with a budget extension appeal.
- With ICRC support, hospitals and health-care centres treated the wounded and sick, and physically disabled persons. Injured people in Afghanistan received first aid and were taken to hospital by an ICRC-funded network of taxis.
- Detainees, including those held in relation to armed conflicts or for security reasons, received ICRC visits. Detaining authorities received ICRC support for improving health care for detainees, and addressing overcrowding in prisons.
- Family members separated by conflict or other violence, detention, migration or other circumstances maintained or restored contact using Movement family-links services: RCMs, phone and tracing services; family visits for detainees.
- In Afghanistan, Bangladesh, Myanmar and the Philippines, the ICRC's dialogue with parties to conflict highlighted the need to respect and protect civilians and ensure people's access to basic services, including medical care.
- Although the ICRC adjusted its activities in Afghanistan owing to access- and security-related concerns, thousands of conflict-affected people continued to benefit from the ICRC's efforts to address humanitarian needs.

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	5,281
RCMs distributed	6,789
Phone calls facilitated between family members	17,640
Tracing cases closed positively (subject located or fate established)	1,506
People reunited with their families	5
<i>of whom unaccompanied minors/separated children</i>	5
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	277
Detainees in places of detention visited	310,901
<i>of whom visited and monitored individually</i>	3,258
Visits carried out	448
Restoring family links	
RCMs collected	8,594
RCMs distributed	3,949
Phone calls made to families to inform them of the whereabouts of a detained relative	326

EXPENDITURE IN KCHF	
Protection	47,733
Assistance	148,554
Prevention	36,706
Cooperation with National Societies	15,983
General	4,627
Total	253,603
<i>Of which: Overheads</i>	<i>15,468</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	93%

PERSONNEL	
Mobile staff	438
Resident staff (daily workers not included)	3,576

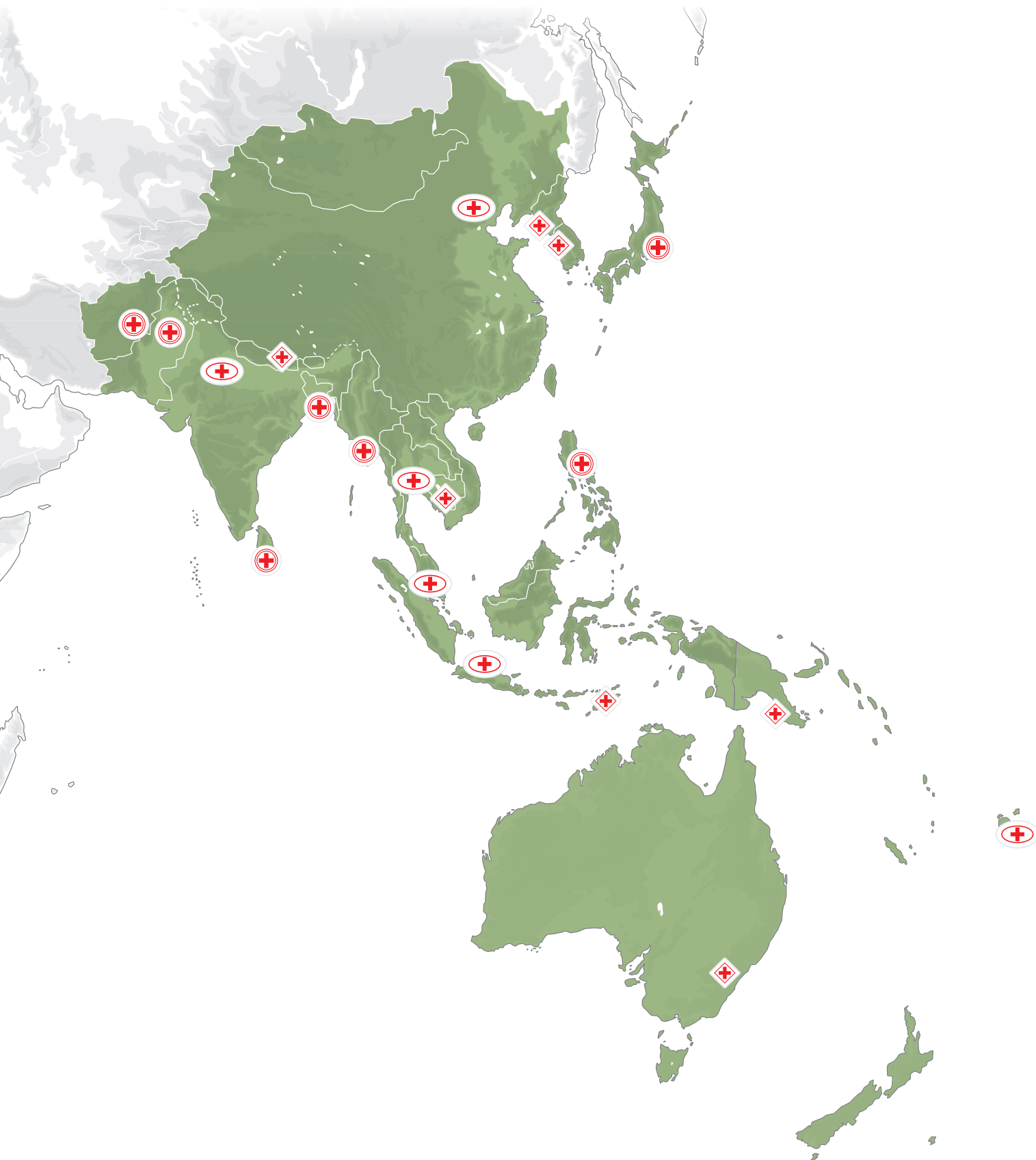
ASSISTANCE	Total
CIVILIANS	
Economic security	
Food consumption	Beneficiaries 330,033
Food production	Beneficiaries 121,599
Income support	Beneficiaries 80,645
Living conditions	Beneficiaries 420,638
Capacity-building	Beneficiaries 302
Water and habitat	
Water and habitat activities	Beneficiaries 609,908
Health	
Health centres supported	Structures 94
WOUNDED AND SICK	
Medical care	
Hospitals supported	Structures 74
Physical rehabilitation	
Projects supported	Projects 74
People benefiting from ICRC-supported projects	Aggregated monthly data 308,456
Water and habitat	
Water and habitat activities	Beds 2,016

DELEGATIONS

Afghanistan
Bangkok (regional)
Bangladesh
Beijing (regional)
Jakarta (regional)
Kuala Lumpur (regional)

Myanmar
New Delhi (regional)
Pakistan
Philippines
Sri Lanka
Suva (regional)

-  ICRC delegation
-  ICRC regional delegation
-  ICRC mission





F.A. Fozan/ICRC

Afghanistan, Khandahar. Detainees receive hygiene kits distributed by the ICRC in Sarpoza prison.

HUMANITARIAN NEEDS AND RESPONSES

In 2018, the ICRC's delegations in the Asia and the Pacific region worked to address the humanitarian needs of people affected by ongoing or past armed conflicts and other situations of violence.

The operation in Afghanistan remained the ICRC's largest in the region. However, security and access constraints encountered throughout the year and residual effects of attacks on ICRC staff in 2017 prompted the ICRC to adjust its activities. Although some plans were suspended, thousands of people affected by armed conflict continued to benefit from the ICRC's efforts to address humanitarian needs. In Myanmar, the ICRC scaled up its response, despite some challenges in pursuing some of its activities owing to access and operational restrictions in violence-affected areas. It thus remained essential to remind the authorities and others – in those areas and elsewhere in the region – of the ICRC's neutral, impartial and independent approach to humanitarian action, with a view to enhancing understanding of and building acceptance for the organization, and seeking access to vulnerable communities.

In its dialogue with authorities and parties to conflict – notably in Afghanistan, Myanmar, Bangladesh, and the Philippines – the ICRC emphasized the importance of respecting and protecting civilians and ensuring people's access to basic services, including medical care. It continued to monitor the situation of violence-affected people and spoke with them

regarding their protection concerns. Where applicable, the ICRC raised these concerns with the relevant authorities and weapon bearers; it shared allegations of unlawful conduct with the relevant authorities and/or parties, with a view to preventing any recurrence.

New police recruits in Sri Lanka learnt more about international policing standards at ICRC training sessions. Emergency responders and health staff in Pakistan attended ICRC courses on dealing with violence in health facilities, as did weapon bearers, health-care providers and others in Afghanistan.

The ICRC visited detainees in accordance with its standard procedures – including people held in relation to armed conflicts or for security reasons – in 13 countries, to monitor their treatment and living conditions. It sought to resume its visits to Thai prisons, which had been suspended since November 2016; it was granted access again in the last quarter of 2018. In Bangladesh, delayed access to prisons and other administrative obstacles prevented the implementation of some ICRC-backed activities in 2018; however, the ICRC's request to continue prison visits in 2019 was approved in advance. After all its visits, the ICRC shared its feedback confidentially with the authorities and engaged them in dialogue so as to further their understanding of the ICRC's activities in the field of detention, to encourage their cooperation in addressing detainees' needs, and to secure access to those the ICRC had not yet visited.

Penitentiary authorities and/or prison staff across the region drew on ICRC technical, material and/or other support to improve detainees' treatment and living conditions. Whenever possible and necessary, the ICRC provided hygiene kits and recreational items for detainees. It made various infrastructural upgrades to prison facilities to help the authorities address overcrowding and some of the other urgent issues affecting detainees: insufficient ventilation, poor sanitation, beds of substandard quality, and exposure to inmates with infectious diseases. It helped the authorities in Cambodia to revise national standards for renovating and constructing prisons. In the Philippines, an ICRC-backed taskforce worked on resolving legal procedural delays for inmates held in prolonged pre-trial detention; the ICRC handed over all responsibility for managing the taskforce to its members.

Detainees had better access to health care owing to ICRC-supported initiatives undertaken by authorities in Afghanistan, Bangladesh, Myanmar, Papua New Guinea, the Philippines, and Sri Lanka. The authorities also received ICRC assistance to help them deal with outbreaks of disease, such as scabies in Afghanistan and Malaysia; diarrheal disease in Bangladesh; and TB in the Philippines.

The ICRC discussed the humanitarian needs of vulnerable migrants with authorities and other stakeholders, and helped them meet those needs. In order to monitor the protection concerns of migrants arriving from Malaysia, the ICRC visited the processing centre in Zamboanga, Philippines. It also visited migrants being treated at medical facilities in Port Moresby, Papua New Guinea, and checked on the situation of migrants in facilities on Manus Island, Nauru and Papua New Guinea. It intensified its dialogue with the authorities in Australia, Nauru and Papua New Guinea on migrants' concerns, such as their access to health care, their psychological well-being, and their legal status. Movement components in the region regularly communicated to coordinate their response to the needs of vulnerable migrants.

Family members separated by conflict or other violence, detention, migration or natural disasters maintained or restored contact using Movement services: RCMs, phone and tracing services; family visits for detainees; and travel documents for asylum seekers resettling in host countries. The ICRC and the National Society collected the remains of civilians and fighters killed in the conflict in Afghanistan and handed them over to the families concerned.

The ICRC continued to support the efforts of governments and local entities in Nepal, Papua New Guinea and Sri Lanka to address the issue of missing persons and meet the needs of their families by establishing legal mechanisms. In Sri Lanka, missing persons' families continued to obtain assistance for their economic, psychosocial and other needs through a comprehensive ICRC-run support programme. To help prevent people from becoming unaccounted for, the ICRC organized or sponsored training, or lent its expertise, in the proper handling of human remains for authorities and/or local organizations in Indonesia, India, Nepal, Pakistan, Papua New Guinea, Sri Lanka, Thailand, and Viet Nam. It offered its services to the governments and National Societies of the Democratic

People's Republic of Korea (hereafter DPRK) and the Republic of Korea, to help restore contact between families separated by the 1950–1953 Korean War.

To help mitigate the consequences of mines/explosive remnants of war, the ICRC conducted mine-risk education sessions for people living in mine-contaminated areas in Myanmar and Pakistan. Bomb-disposal personnel from the DPRK were trained in blast-trauma management by the National Society and the ICRC.

The ICRC pursued its humanitarian diplomacy and efforts to influence national authorities and key players in the region, including the Association of Southeast Asian Nations; it strove to enhance their understanding of IHL and to foster support for its activities in the region and elsewhere. The discussions – held during meetings or conferences attended by the ICRC – covered issues of regional interest, such as migration, detention, contemporary warfare and maritime security.

The ICRC continued to offer State authorities its expertise in implementing IHL provisions domestically and in maintaining or establishing a national IHL committee. With the ICRC's help, Sri Lanka acceded to the Convention on Cluster Munitions, and a national IHL committee was reactivated in the Republic of Korea and formally established in Vanuatu.

With ICRC technical input, armed and security forces in the region discussed or took steps to integrate IHL, relevant human rights norms and international standards on policing and detention, as applicable, into their doctrine, training and operations. At various ICRC-organized or -supported events, journalists were encouraged to report on humanitarian issues; religious leaders discussed the similarities between Islamic law and IHL; and students and teachers deepened their understanding of IHL.

The ICRC's partnerships with the region's National Societies helped reinforce the reach or effectiveness of its operations. National Societies were provided with various forms of support to help them strengthen their capacities to respond to humanitarian needs, in accordance with the Safer Access Framework and the Fundamental Principles. The ICRC coordinated with Movement partners and other humanitarian players, to avoid gaps or duplication of efforts.

Assistance activities were adapted to meet the most pressing needs in the region. In the wake of intensified violence in Myanmar, the ICRC's operations were scaled up – especially in Rakhine – and conducted in close cooperation with Movement partners. Numerous people who had fled violence in Myanmar remained in Bangladesh; they benefited from the expanded emergency response of the Bangladesh Red Crescent Society and the ICRC, which was supported by a budget extension appeal. People affected by the violence in Afghanistan, Bangladesh, Myanmar, and the Philippines were provided with food, cash, and essential household items by the ICRC. After an earthquake in February, the ICRC helped violence-affected people in the Highlands region of Papua New Guinea to meet their immediate needs, through emergency aid and renovations to water-supply systems.

Where security and/or market conditions were relatively stable, the ICRC implemented longer-term interventions to help vulnerable households resume or boost their livelihoods. Violence-affected households in Kachin, Rakhine and Shan states in Myanmar, and those displaced by fighting in Marawi, Philippines, pursued livelihood activities with ICRC support: cash grants, cash-for-work projects or donations of seed and tools. Often with the National Societies concerned, the ICRC provided more sustainable assistance to help other vulnerable people undertake livelihood activities and/or facilitate their social reintegration: destitute households in China and southern Thailand; households affected by communal tensions in Bangladesh; physically disabled breadwinners in Cambodia; households of current or former detainees in India; and families of missing persons, including those headed by women, in Sri Lanka.

Over 600,000 people had improved access to water and related basic services thanks to ICRC initiatives. Many of them were in conflict-affected rural and urban areas in Afghanistan and Myanmar, where the ICRC repaired or constructed water facilities and/or trained service providers. Similar activities benefited displaced people in Cox's Bazar and in an area along the border with Myanmar in Bangladesh; however, administrative obstacles prevented full implementation of these projects. In the DPRK, the National Society and the ICRC completed a water and sanitation project in peri-urban areas of Kaesong, enabling residents to have direct access to a water source. The ICRC's renovation of water infrastructure at community centres and schools benefited people in Papua New Guinea.

Thanks to ICRC training in first aid and/or material assistance, emergency responders – including National Society staff and/or volunteers, local health personnel and weapon bearers – bolstered their capacity to provide life-saving care to wounded and sick people. Injured people in Afghanistan were given life-saving care by first-aiders or at health clinics; those seriously wounded were taken to hospital by an ICRC-funded network of taxis. People in Myanmar to whom primary-health-care facilities were inaccessible benefited from the services of ICRC-trained health-care practitioners. Those needing more sophisticated treatment were referred to hospital. The Bangladesh Red Crescent – with ICRC support – provided first aid to casualties of electoral violence.

Vulnerable people obtained access to basic health services, including curative and preventive care, at various ICRC-supported facilities, including medical centres and rural health units in areas of Mindanao, in the Philippines; and fixed or mobile clinics run by the respective National Societies in Afghanistan, Bangladesh and Myanmar. Material support for health facilities in areas affected by the intensified fighting in Rakhine contributed to the ICRC supporting more facilities than planned. In Indonesia and Papua New Guinea, victims/survivors of sexual violence and other abuse received specialized care at ICRC-assisted health facilities.

People requiring hospital-level care were treated at facilities receiving ICRC support, which consisted of infrastructural upgrades, provision of medical materials, and/or staff training. These ICRC-supported services benefited people in Rakhine, including those who fled to Bangladesh; those dealing with the consequences of the battle in Marawi; wounded and sick people in Afghanistan; and violence-affected people in Pakistan.

Persons with physical disabilities received rehabilitative care at ICRC-supported centres in Afghanistan, Bangladesh, China, Cambodia, the DPRK, India, Myanmar, Nepal, Pakistan and the Philippines. Such support included equipment and tools, the cost of treatment for some patients, infrastructural upgrades, and/or scholarships and training courses for professionals and students. In several countries, the National Society and/or the ICRC helped particularly vulnerable patients, especially those in remote areas, to obtain treatment by, among other means, covering their transportation costs or supporting mobile workshops and roving technicians. The ICRC worked to bolster the self-sufficiency and social inclusion of disabled persons, providing them with livelihood assistance and backing their participation in sporting events. In China, Chinese prosthetic technology and the ICRC's polypropylene technology were combined to produce high-quality prosthetic devices tested at the centre in Kunming.

PROTECTION MAIN FIGURES AND INDICATORS

ASIA AND THE PACIFIC

	CIVILIANS														
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	Names published in the media	Names published on the ICRC family-links website	People reunited with their families	of whom UAMs/SC*	UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	Human remains transferred/repatriated	Tracing cases closed positively (subject located or fate established)	People to whom travel documents were issued	Places of detention visited	Detainees in places of detention visited	of whom women	of whom minors
Afghanistan	1,563	2,519	11,659						1,075	473		19	28,573	492	369
Bangkok (regional)	1,506	2,213	209	3				1		5	2	28	46,420	9,734	942
Bangladesh	1,208	905				3	3	4		369		9	32,199	1,110	3
Jakarta (regional)	53	77	72		1,696					5					
Kuala Lumpur (regional)	56	90	3,595							11		18	25,418	3,666	548
Myanmar	763	673						6		56		22	51,602	6,845	804
New Delhi (regional)	18	34		1,333	1,335					4		2	46	3	2
Pakistan	83	242	2,101			2	2	5		52					
Philippines	16	29	2							177		106	107,052	6,519	41
Sri Lanka	7	7						7		354	27	41	14,900	669	9
Suva (regional)	8		2									32	4,691	114	95
TOTAL	5,281	6,789	17,640	1,336	3,031	5	5	23	1,075	1,506	29	277	310,901	29,152	2,813

* Unaccompanied minors/separated children

PEOPLE DEPRIVED OF THEIR FREEDOM

Visits carried out	Detainees visited and monitored individually	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	Detainees newly registered	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	RCMs collected	RCMs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	Detainees released and transferred/repatriated by/via the ICRC	People to whom a detention attestation was issued	
59	680	26	21	77	379	14	20	46	2,280	797	128	4,979	3	3	Afghanistan
60	45	3	2	1	17	3	1	1	2,944	1,431	9	223			Bangkok (regional)
9	72	2		2	69	2		2	10						Bangladesh
															Jakarta (regional)
28	626	65		52	567	58		48	97	67	188				Kuala Lumpur (regional)
27	486	47		38	396	27		24	3,164	1,611		1,597			Myanmar
2									31	9		84		1	New Delhi (regional)
														1	Pakistan
167	884	64		5	266	31		3	60	28	1	389			Philippines
52	409	50		7	264	42		6	7	3		110		46	Sri Lanka
44	56	2		1	33	2			1	3		18			Suva (regional)
448	3,258	259	23	183	1,991	179	21	130	8,594	3,949	326	7,400	3	51	TOTAL

ASSISTANCE MAIN FIGURES AND INDICATORS

ASIA AND THE PACIFIC

	CIVILIANS									PEOPLE DEPRIVED OF THEIR FREEDOM			
	ECONOMIC SECURITY					WATER AND HABITAT	HEALTH			ECONOMIC SECURITY		WATER AND HABITAT	HEALTH
	BENEFICIARIES									BENEFICIARIES			
	Food consumption	Food production	Income support	Living conditions	Capacity-building	Beneficiaries of water and habitat activities	Health centres supported	Consultations	Immunizations (patients)	Food consumption	Living conditions	Water and habitat activities	Health facilities supported in places of detention visited by health staff
Afghanistan	96,838		6,807	117,406		282,660	47	955,661	510,985		39,803	26,188	4
Bangkok (regional)			686									10,069	2
Bangladesh	96,450		13,992	60,275		28,797	4	99,749				20,314	2
Beijing (regional)						15,690							
Kuala Lumpur (regional)											2,961		1
Myanmar	132,951	116,215	22,562	208,670	302	234,985	35	188,976	85,105		50,808	19,626	3
New Delhi (regional)		5,250	699			4,495							
Pakistan			413				1	1,913			3,300		
Philippines	3,794		33,254	10,874		32,432						2,063	8
Sri Lanka			2,232								3,845	1,566	
Suva (regional)		134		23,413		10,849	7	6,968	28,591	459		275	2
TOTAL	330,033	121,599	80,645	420,638	302	609,908	94	1,253,267	624,681	459	100,717	80,101	22
of whom women	102,305	32,055	23,434	133,626	58	153,958				66	8,804	4,704	
of whom children	132,894	59,909	35,216	159,010	113	269,717				45	1,139	2,576	
of whom IDPs	118,802	36,510	27,315	178,000	126	68,205							

1. Based on monthly aggregated data.

WOUNDED AND SICK													
FIRST AID		HOSPITALS					PHYSICAL REHABILITATION						
		HOSPITALS SUPPORTED		SERVICES AT HOSPITALS MONITORED BY ICRC STAFF									
				SURGICAL ADMISSIONS									
Training sessions	Participants of training sessions¹	Hospitals supported	Including hospitals reinforced with or monitored by ICRC staff	Weapon-wound admissions	Non-weapon-wound admissions	Operations performed	Projects supported	People benefiting from ICRC-supported projects¹	New patients fitted with prostheses	Prostheses delivered	New patients fitted with orthoses	Orthoses delivered	
82	1,264	1	1	1,209	21,309	23,316	9	176,871	1,086	4,102	7,023	18,121	Afghanistan
		1					2	12,425	235	1,557	374	1,195	Bangkok (regional)
28	756	1					6	4,580	204	268	943	2,054	Bangladesh
		2					5	3,511	530	1,868	941	1,159	Beijing (regional)
23	898												Kuala Lumpur (regional)
32	939	26	1	11	341	221	5	4,992	514	1,119	75	133	Myanmar
21	652						12	46,919	603	895	7,079	11,122	New Delhi (regional)
4,159	94,990	2	2				34	58,677	2,922	4,374	8,178	17,748	Pakistan
30	876	36					1	481	69	129	6	14	Philippines
6	637												Sri Lanka
18	339	5											Suva (regional)
4,399	101,351	74	4	1,220	21,650	23,537	74	308,456	6,163	14,312	24,619	51,546	TOTAL
								55,678	875	1,866	4,683	7,994	of whom women
								105,603	466	1,070	12,237	29,298	of whom children

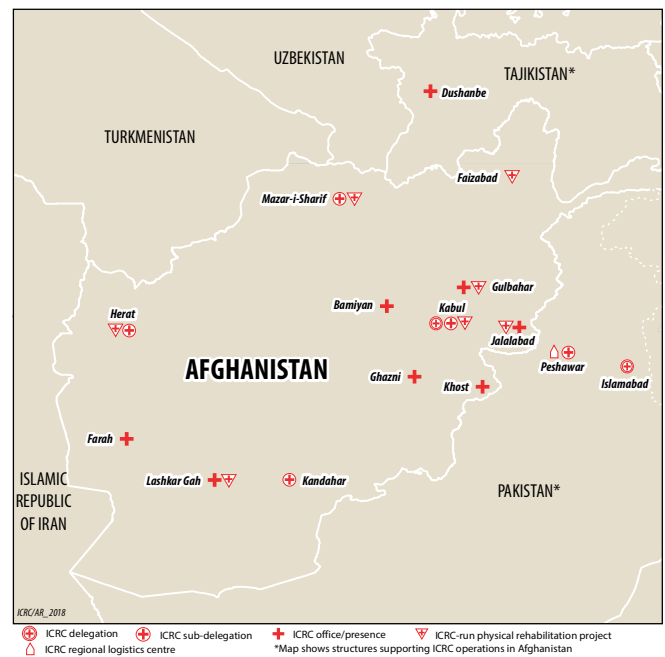
AFGHANISTAN

Having assisted victims of the Afghan armed conflict for six years in Pakistan, the ICRC opened a delegation in Kabul in 1987. At present, it monitors the conduct of hostilities and engages in confidential dialogue on IHL violations. It visits detainees to monitor their treatment and living conditions and helps them exchange news with their families. It supports health-care facilities, provides physical rehabilitation services, improves water and sanitation services, and helps the Afghan Red Crescent Society strengthen its capacities. It promotes accession to and national implementation of IHL treaties and compliance with IHL in military and security operations.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM



KEY RESULTS/CONSTRAINTS IN 2018

- Access- and security-related issues that emerged in 2018 and the residual effects of attacks on ICRC staff in 2017 compelled the ICRC to adjust its activities. Its work to improve people's access to water was heavily impacted.
- Parties to the conflicts were reminded of the protection provided by IHL to civilians and medical workers; they, along with the authorities and others concerned, were asked to help facilitate humanitarian access to people in need.
- Wounded and sick people were tended to by first-aiders, or at health clinics or the Mirwais hospital, which received ICRC support to provide health services. An ICRC-funded network of taxis ferried injured people to hospital.
- Disabled people improved their mobility through the ICRC's physical rehabilitation services. Some of them pursued education and livelihoods, with the ICRC's support.
- Detainees reconnected with their relatives through the Movement's family-links services. ICRC support helped broaden access to health care and clean water, and improved living conditions, at some prisons.
- Victims of IHL violations, IDPs, and others affected by armed conflict benefited from material support provided by the Afghan Red Crescent Society and the ICRC. Female breadwinners were given vocational training and livestock.

EXPENDITURE IN KCHF

Protection	13,210
Assistance	51,868
Prevention	4,545
Cooperation with National Societies	1,560
General	984
Total	72,168
<i>Of which: Overheads</i>	<i>4,405</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	99
Resident staff (daily workers not included)	1,702

PROTECTION

CIVILIANS

Restoring family links

RCMs collected	1,563
RCMs distributed	2,519
Phone calls facilitated between family members	11,659
Tracing cases closed positively (subject located or fate established)	473

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	19
Detainees in places of detention visited	28,573
<i>of whom visited and monitored individually</i>	680
Visits carried out	59

Restoring family links

RCMs collected	2,280
RCMs distributed	797
Phone calls made to families to inform them of the whereabouts of a detained relative	128

ASSISTANCE

CIVILIANS

Economic security

		2018 Targets (up to)	Achieved
Food consumption	Beneficiaries	35,000	96,838
Income support	Beneficiaries	6,300	6,807
Living conditions	Beneficiaries	35,000	117,406

Water and habitat

Water and habitat activities	Beneficiaries	385,000	282,660
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Health

Health centres supported	Structures	47	47
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures	1	1
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Physical rehabilitation

Projects supported	Projects	9	9
People benefiting from ICRC-supported projects	Aggregated monthly data	136,528	176,871

Water and habitat

Water and habitat activities	Beds	966	766
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CONTEXT

Fighting between NATO-backed Afghan armed or security forces and armed groups remained intense, especially in southern and eastern Afghanistan. A particularly fierce battle in August, over Ghazni, left dozens dead, including civilians. International military forces continued to provide technical support for local troops.

As in the past, the presence of many variously affiliated armed groups, including the Islamic State group, complicated the security situation. The Afghan government and the Islamic Emirate of Afghanistan (better known as the Taliban) observed a three-day ceasefire in June; it was the first in years. Peace talks between the two were at a very early stage.

Civilians continued to bear the brunt of the fighting: many of them were displaced, wounded or killed. They also had difficulty meeting their basic needs, or had lost their livelihoods as a direct consequence of the conflicts and/or because health, water and public services – especially in rural areas – were inadequate or dysfunctional. A number of families were dispersed by conflict, detention, migration or natural disasters. Arrests made in relation to the security situation added to the congestion in detention facilities.

Attacks on humanitarian and medical workers and facilities persisted. Humanitarian access remained difficult.

Long-delayed parliamentary elections were held in October; however, voting in some areas was postponed because of security concerns. As at year's end, official results had not been released, owing to allegations of fraud.

ICRC ACTION AND RESULTS

The ICRC delegation in Afghanistan was able to conduct many of its planned activities, while endeavouring to balance its work with risk and constraints brought by access- and security-related issues that emerged in 2018 and the attacks on its staff in 2017. Although operational adjustments and the suspension of some activities made the ICRC's work more challenging, thousands of people affected by armed conflict continued to benefit from the ICRC's efforts to address humanitarian needs.

The ICRC pursued dialogue with various actors to secure their acceptance for its neutral, impartial and independent work and gain safe access to vulnerable people. It continued to remind conflict parties to ensure that civilians and civilian objects (schools, dwellings, etc.) are protected as required by IHL, and to take measures to prevent unlawful conduct. It also reminded them to ensure people's access to basic services, permit the safe transfer of human remains, and protect medical services.

ICRC-trained first-aiders provided life-saving care; an ICRC-funded network of taxis transported seriously wounded people to hospital. Wounded or sick people in the south were treated at the Mirwais hospital, which continued to receive substantial support from the ICRC. Disabled people received physical rehabilitation services at ICRC-run centres; livelihood-support and other initiatives helped them

reintegrate into society. Primary-health-care services were available at clinics run by the Afghan Red Crescent Society and supported by the ICRC.

People affected by conflicts – including victims of IHL violations and, in some cases, of drought – received food, essential household items and cash. Vocational training and donations of livestock improved female breadwinners' prospects of earning an income. Potable water was more readily available in both rural and suburban areas after the ICRC helped repair hand pumps.

Detention-related activities in the north remained suspended. In other parts of the country, the ICRC visited detainees in accordance with its standard procedures. Findings from the visits – and recommendations, on such matters as ensuring respect for judicial guarantees, conditions of detention and medical ethics – were discussed with detaining authorities, to help them ensure that detainees' treatment and living conditions met internationally recognized standards. Detainees contacted their families through the Movement's family-links services; family visits were arranged for thousands of detainees. Sick detainees received ICRC-funded treatment or attended medical consultations at prison clinics that received ICRC support. The ICRC also upgraded water systems and other infrastructure at certain prisons. It donated hygiene kits and winter essentials for detainees.

Following discussions with certain armed groups, the ICRC provided essential winter items for a number of people being held by these groups and enabled them to contact their families via RCMs.

National authorities were given expert assistance to draft laws for implementing IHL-related treaties. The ICRC maintained contact with various influential actors, in order to advance their understanding of IHL, persuade them to facilitate humanitarian access, and gain support for the Movement's work. It also sponsored their attendance at various events, including conferences on the points of correspondence between Islamic jurisprudence and IHL. Officers and training staff from the armed forces and the security forces, and their troops, learnt more about IHL and the ICRC at information sessions, round-tables and other events.

The Afghan Red Crescent Society remained the ICRC's main partner in assisting people in need. It continued to receive financial, material and technical support and training from the ICRC. Movement components working in Afghanistan, including the ICRC, finalized a security-and-communication framework to ensure a structured approach to protecting all Movement components in the country.

CIVILIANS

The ICRC promotes compliance with IHL

The ICRC continued to remind parties to the conflicts to ensure that civilians and civilian objects (schools, dwellings, etc.) are protected as required by IHL and other applicable law, and to take measures to prevent unlawful conduct. The ICRC urged the parties concerned – confidentially and through meetings

and written representations based on documented allegations of IHL violations – to: respect the principles of distinction, proportionality, and precaution in attack; protect persons not or no longer participating in hostilities; uphold the right of civilians to basic services, including education; and safeguard medical personnel, transport and infrastructure. Some victims of IHL violations received ICRC assistance (see below).

The Afghan Red Crescent Society and the ICRC continued to broaden awareness of the principles of the Health Care in Danger initiative among weapon bearers, health-care providers, conflict-affected communities and others, through information and training sessions. The armed forces and the ICRC discussed the subject (see *Actors of influence*).

The ICRC organized a workshop on risk reduction for one community; afterwards, it worked on adapting the workshop to match communities' needs more closely. Frequent contact made during information sessions with vulnerable people helped the ICRC reach a better understanding of their needs and respond more effectively.

Families receive the remains of relatives killed in the conflicts

The ICRC's family-links services were curtailed by the operational adjustments mentioned above. Nevertheless, members of families separated by conflict, detention or migration were able to reconnect, or search for missing relatives (see also *People deprived of their freedom*). The ICRC ascertained the fate and whereabouts of some 470 people and informed their families.

The ICRC and the National Society collected the remains of hundreds of civilians and fighters killed in the conflicts and handed them over to the families concerned. Taxi drivers who took part in the transfers were given cash. A government regulation issued in late 2017 had prevented the ICRC from serving as a neutral intermediary on such occasions earlier in the year, but this changed in April when the government provided a temporary waiver exempting the ICRC from certain requirements of the regulation. The ICRC impressed upon the authorities the necessity of ensuring that the regulation complied with IHL.

With technical support from the ICRC, the National Society and government agencies involved in managing human remains improved their practices and information management. Two forensic facilities were given the necessary equipment.

People gain access to health care and potable water

Preventive and curative care was available at 47 National Society clinics throughout the country. At these clinics – which continued to receive material and technical assistance, and/or support for infrastructural upgrades, from the ICRC – over 955,000 consultations took place and some 511,000 people were vaccinated. National Society clinic staff attended ICRC workshops on the rational use of drugs and managing childhood illnesses.

Potable water was trucked to areas affected by the fighting in Ghazni; roughly 18,200 people benefited. Over 264,000 people in conflict-affected rural and suburban areas in nine provinces improved their access to potable water after the ICRC repaired hand pumps and wells and trained water-management committees to maintain them. Only about half of the ICRC's rural or suburban and none of its urban water projects were undertaken.

Vulnerable people meet some of their economic needs

Some 8,300 displaced households and residents (58,100 people) received a month's ration of food from the National Society and the ICRC. In addition, the ICRC made an unplanned donation of food rations to the National Society's efforts to assist 5,000 drought-affected households (35,000 people). Many of those who received food rations were also given essential household items (around 9,400 households; 65,900 people).

Disabled people and their families also benefited from ICRC assistance: some 550 households (about 3,840 people) received food and hygiene items; 770 households (about 5,380 people) received firewood and other winter essentials.

Victims of IHL violations and/or their families (365 families; 4,400 individuals) were aided in cash, which helped offset the financial consequences of these violations and enabled them to pay for food, medical treatment and funerals.

Vocational training and donations of livestock improved earning prospects for over 170 female breadwinners (supporting around 1,220 people); most of them started tailoring or embroidery businesses immediately after completing the training. Disabled people also received vocational training (138 individuals) and funds for starting businesses (139 individuals supporting 973 people in total).

Some 43,400 high school students benefited from the ICRC's distribution of stationery that had been intended – but found unsuitable – for detainees. Some 1,300 young disabled persons received school supplies.

ICRC technical and financial support helped National Society volunteers to respond more effectively to humanitarian needs; ICRC workshops equipped them to assess the economic needs of communities more accurately and restore family links more efficiently.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees, in accordance with its standard procedures, to monitor their treatment and living conditions. It paid particular attention to women, minors, foreigners and other vulnerable groups; 680 detainees were monitored individually. Findings and recommendations were discussed with detaining authorities to help them ensure that detainees' treatment and living conditions met internationally recognized standards. The discussions covered such subjects as preventing ill-treatment and ensuring respect for judicial guarantees; however, the planned round-tables or workshops on these topics were cancelled.

Detainees reconnect with relatives

Detainees, including foreigners, reconnected with their relatives via the Movement's family-links services. Around 5,000 detainees received family visits. The ICRC helped some detainees to inform their families of their whereabouts; it continued to remind the authorities of the importance of notifying families of the arrest or detention of relatives.

The ICRC also reminded armed groups to inform it and/or the families of people in their custody. After the ICRC's discussions with certain groups, some people held by them were able to receive essential items for winter and/or contact their families via RCMs.

Detainees obtain health services

On the ICRC's recommendation, authorities at one prison amended their policies in accordance with medical ethics: thus, detainees attended medical consultations individually and medical data was filed more securely. The ICRC provided medical supplies and advice to help the authorities at one prison to respond to hunger strikes by detainees.

Ailing and physically disabled detainees were treated at prison clinics or by ICRC health staff, and/or were referred to hospitals or other suitable facilities. The ICRC funded the treatment of three chronically ill detainees; it helped prison authorities to treat about 1,100 detainees for scabies. The clinics at the Herat and Kandahar provincial prisons improved their services with the ICRC's assistance: funding for visits from specialists and financial incentives for key staff; drugs and other medical supplies, and medical equipment; repairs to the medical-screening room at Herat and the quarantine facility at Kandahar; and expert guidance for staff, including training in drafting clinical protocols. Roughly 9,700 medical consultations were given in the two prison clinics. The clinics of two other prisons also received ICRC support.

Officials from the health and interior ministries, and from the penitentiary administration, attended an ICRC seminar on health care in places of detention. Aided by the ICRC, prison authorities trained health personnel in administering drugs and treating scabies.

Living conditions improve for some detainees

About 26,000 detainees in 12 prisons received personal-hygiene kits. Many of these detainees also benefited from ICRC-funded repairs to their facilities, including: the wastewater management system in the women's section (200 detainees) of the Herat prison; the water-supply systems at the Khost (500 detainees) and one block of the Pul-i-Charkhi (700 detainees) prisons; and the kitchen in the Nangarhar prison (1,740 detainees). Hygiene and infrastructure maintenance committees at various prisons received materials, training and other support.

About 23,800 detainees received blankets and clothes for the winter. Roughly 16,000 inmates benefited from educational and recreational materials donated by the ICRC to their places of detention.

Vocational training – to help them earn an income after their release – was provided for 54 detainees, including 30 women who also received starter kits for crocheting.

The ICRC provided financial assistance for three ex-detainees to return home after their release.

WOUNDED AND SICK

Wounded and sick people receive medical attention

Injured people were given life-saving care by first-aiders or at health clinics; a few hundred people were taken to hospital by an ICRC-funded network of taxis. The ICRC gave first-aid training – including refresher courses – and equipment to some 1,260 volunteers from the Afghan Red Crescent, taxi drivers and weapon bearers. Six private clinics run by NGOs or armed groups received ad hoc donations of drugs and other supplies for treating wounded or injured people. The health ministry and the ICRC continued to work on a system for collecting data on attacks against patients and medical personnel or infrastructure, on which to base IHL-related discussions with the parties concerned. The ICRC organized information sessions on the protection of medical services for health staff and the authorities (see also *Civilians* and *Actors of influence*).

People in southern Afghanistan accessed treatment at the Mirwais hospital, which continued to improve its services with ICRC support: supplies of drugs, medical consumables and fuel; technical guidance and training, particularly for the surgical, paediatric, gynaecological and obstetric, and biomedical departments; and assistance for covering staff salaries. Hospital administrators developed new medical protocols and a maintenance database; they also updated the hospital's mass-casualty plan. With the ICRC's assistance, the women's wards and the sewage system at the hospital were renovated, among other infrastructural improvements.

Construction of a new emergency ward at the Shiberghan hospital was completed. Other government-run hospitals received ad hoc material assistance to cope with mass-casualty incidents.

People with disabilities regain some mobility and self-sufficiency

People with disabilities improved their mobility thanks to physiotherapy given at seven ICRC-run physical rehabilitation centres, and assistive devices made with parts manufactured at an ICRC component factory; around 8,000 new patients received prostheses or orthoses. The centres were managed by ICRC-trained employees, many of whom were themselves disabled. The ICRC covered transportation costs for patients travelling from remote areas to the centres or elsewhere for specialized care.

People with spinal-cord injuries received home visits and assistance (see *Civilians*), particularly to improve the accessibility of their homes. Sports, education and livelihood activities helped ease disabled people's reintegration into society. Referrals to vocational training (for 218 people) and

microcredit financing (for 412 people) helped some of them to operate small businesses; 39 found jobs with the ICRC's help. About 220 disabled young people received home tutoring; 2,046, school supplies and financial aid for their studies; about 120, scholarships to attend university; and 303, transportation allowances for school. Several disabled people trained with ICRC-funded sports teams.

At an ICRC-supported training institution, 18 students worked on obtaining first-level technical qualification in prosthetics and orthotics; nine others obtained higher qualification. No infrastructural upgrades were completed in the centres in 2018.

ACTORS OF INFLUENCE

Authorities and influential members of civil society learn more about the ICRC's work

The ICRC, often with the Afghan Red Crescent, maintained contact with various authorities, weapon bearers, religious leaders, media professionals and community members, including beneficiaries, although the meetings were less frequent than planned owing to operational constraints. Its interaction with these actors was aimed at helping them understand IHL more fully, gaining their support for the Movement's work, and persuading them to facilitate humanitarian access. As a result of its discussions with the ICRC about neutral, impartial and independent humanitarian action, the Taliban renewed its security guarantees for the organization; thus, the ICRC was able to resume activities it had scaled back over security concerns.

The ICRC organized information sessions, courses and conferences on IHL for government officials, academics, religious scholars and others; it also sponsored their participation in conferences on IHL and Islamic jurisprudence and other events, within Afghanistan and elsewhere.

The ICRC limited its public-communication activities. Radio programmes highlighting its work in physical rehabilitation and restoring family links, or on such issues as attacks on medical personnel and facilities, continued to run. Sponsored by the ICRC, journalists attended a round-table in Kabul and a conference abroad on covering IHL-related matters. The National Society and the ICRC distributed informational materials on IHL. The National Society continued to receive support for its public-communication activities.

The justice ministry, the office of the attorney-general and other pertinent authorities were given – directly or through workshops – technical support for drafting laws to implement IHL-related treaties such as the Hague Convention on Cultural

Property and the Anti-Personnel Mine Ban Convention, and for adopting a combined law on the National Society and protection for the red cross and red crescent emblems. Afghan officials attended ICRC-organized conferences abroad, where they discussed IHL and its implementation with their regional counterparts. At one such conference (see *Iran, Islamic Republic of*), officials from the Afghan defence and foreign ministries learnt more about how a national IHL committee functions; this led to discussions with the National Society and the ICRC on creating one.

Weapon bearers strengthen their grasp of IHL

The ICRC continued to work with the armed forces and the security forces to incorporate IHL in their doctrine, training and operations. The ICRC supported army and police training units' efforts to teach their personnel the basic principles of IHL and international human rights law, through train-the-trainer sessions for their instructors. The ICRC also made recommendations – to the parties concerned – for developing an operations manual on IHL for army officers and a defence-ministry policy for protecting medical personnel and facilities; the ICRC's recommendation on the latter was taken up at round-table discussions with army officers.

Weapon bearers learnt more about IHL and the ICRC during information sessions; first-aid training at some of these sessions enabled them to treat wounded people (see *Wounded and sick*).

RED CROSS AND RED CRESCENT MOVEMENT

The Afghan Red Crescent Society remained the ICRC's main partner in assisting people in need. It conducted its activities with financial, material and technical support, and training, from the ICRC. It strove to improve its application of the Safer Access Framework by incorporating the protection of medical personnel and facilities in its guidelines; training instructors on the framework; and assessing implementation by its branches. The ICRC provided the National Society's youth clubs with equipment and training to conduct information sessions on IHL and the Movement.

The National Society set up a steering committee for strengthening its legal base. The ICRC continued to provide expert advice for reinforcing the National Society's internal control mechanisms.

Movement components in Afghanistan finalized an agreement on a security-and-communication framework to ensure a structured approach to protecting all Movement components in the country.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	1,563			
RCMs distributed	2,519			
Phone calls facilitated between family members	11,659			
Reunifications, transfers and repatriations				
Human remains transferred or repatriated	1,075			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	896	165	170	219
<i>including people for whom tracing requests were registered by another delegation</i>	21			
Tracing cases closed positively (subject located or fate established)	473			
Tracing cases still being handled at the end of the reporting period (people)	2,913	616	604	823
<i>including people for whom tracing requests were registered by another delegation</i>	39			
Documents				
People to whom official documents were delivered across borders/front lines	2			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	19			
Detainees in places of detention visited	28,573	492	369	
Visits carried out	59			
		Women	Girls	Boys
Detainees visited and monitored individually	680	26	21	77
<i>of whom newly registered</i>	379	14	20	46
RCMs and other means of family contact				
RCMs collected	2,280			
RCMs distributed	797			
Phone calls made to families to inform them of the whereabouts of a detained relative	128			
Detainees visited by their relatives with ICRC/National Society support	4,979			
Detainees released and transferred/repatriated by/via the ICRC	3			
People to whom a detention attestation was issued	3			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS			Total	Women	Children
Economic security					
Food consumption	Beneficiaries		96,838	27,966	36,152
	<i>of whom IDPs</i>		75,691	22,648	30,262
Income support	Beneficiaries		6,807	1,756	2,713
	<i>of whom IDPs</i>		428	95	310
Living conditions	Beneficiaries		117,406	42,270	27,698
	<i>of whom IDPs</i>		63,140	18,894	25,649
Water and habitat					
Water and habitat activities	Beneficiaries		282,660	39,572	200,689
Health					
Health centres supported	Structures		47		
Average catchment population			1,066,364		
Consultations			955,661		
	<i>of which curative</i>		887,803	267,843	23,126
	<i>of which antenatal</i>		67,858		
Immunizations	Patients		510,985		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>		164,328		
Referrals to a second level of care	Patients		7,371		
	<i>of whom gynaecological/obstetric cases</i>		155		
PEOPLE DEPRIVED OF THEIR FREEDOM					
Economic security					
Living conditions	Beneficiaries		39,803	512	230
Water and habitat					
Water and habitat activities	Beneficiaries		26,188	524	262
Health					
Places of detention visited by health staff	Structures		5		
Health facilities supported in places of detention visited by health staff	Structures		4		
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures		1		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>		1		
Services at hospitals reinforced with or monitored by ICRC staff					
Surgical admissions					
	Weapon-wound admissions		1,209	118	12
	(including those related to mines or explosive remnants of war)		521	70	9
	Non-weapon-wound admissions		21,309		
	Operations performed		23,316		
Medical (non-surgical) admissions			34,005	30,358	118
Gynaecological/obstetric admissions			28,491		
Consultations			447,303		
Patients whose hospital treatment was paid for by the ICRC			483,021		
First aid					
First-aid training					
	Sessions		82		
	Participants (aggregated monthly data)		1,264		
Water and habitat					
Water and habitat activities	Beds		766		
Physical rehabilitation					
Projects supported	Projects		9		
People benefiting from ICRC-supported projects	Aggregated monthly data		176,871	28,239	66,709
	<i>of whom beneficiaries of physical rehabilitation services</i>		150,288	22,532	59,114
	<i>of whom beneficiaries referred to economic programmes</i>		24,867	5,170	7,266
	<i>of whom beneficiaries of educational programmes</i>		883	248	287
	<i>of whom beneficiaries of sporting activities</i>		556	116	42
	<i>of whom beneficiaries of vocational training</i>		277	173	
New patients fitted with prostheses	Patients		1,086	122	118
Prostheses delivered	Units		4,102	435	337
	<i>of which for victims of mines or explosive remnants of war</i>		2,274	119	74
New patients fitted with orthoses	Patients		7,023	1,188	3,695
Orthoses delivered	Units		18,121	2,521	10,624
	<i>of which for victims of mines or explosive remnants of war</i>		133	4	13
Patients receiving physiotherapy	Patients		91,629	14,833	46,177
Walking aids delivered	Units		18,328	2,009	2,667
Wheelchairs or tricycles delivered	Units		1,920	279	732

BANGKOK (regional)

COVERING: Cambodia, Lao People's Democratic Republic, Thailand, Viet Nam

Having established a presence in Thailand in 1975 to support its operations in Cambodia, the Lao People's Democratic Republic and Viet Nam, the ICRC promotes ratification and implementation of IHL treaties and IHL integration into military training. It raises awareness of humanitarian issues and supports National Societies in developing their capacities in IHL promotion, family-links services and emergency response. It seeks to protect and assist violence-affected people in Thailand and visits detainees there and in Cambodia. It helps meet the need for assistive devices for people with disabilities in Cambodia and the Lao People's Democratic Republic.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- Dialogue with various authorities helped the ICRC to regain some access to prisons in Thailand after it was suspended in late 2016. It visited one prison, in accordance with its standard procedures, late in the year.
- Detainees in Cambodia benefited from upgrades to prison facilities. Some detainees, including minors, attended vocational training or educational programmes organized by local bodies or organizations and the ICRC.
- People in southern Thailand received various forms of ICRC support, which helped them strengthen their resilience to the effects of violence. Some of them, and disabled people in Cambodia, started small businesses with ICRC help.
- Disabled people in Cambodia obtained services at ICRC-supported physical rehabilitation centres. In southern Thailand, the ICRC started a programme for strengthening health structures' capacity to provide psychosocial support.
- Military and security forces in the region learnt about IHL, international human rights law and/or other applicable norms. The National Societies and the ICRC promoted humanitarian principles and IHL among various audiences.

EXPENDITURE IN KCHF

Protection	3,511
Assistance	5,520
Prevention	3,047
Cooperation with National Societies	1,057
General	1,054
Total	14,190
<i>Of which: Overheads</i>	<i>866</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	99%
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PERSONNEL

Mobile staff	57
Resident staff (daily workers not included)	174



ICRC regional delegation ICRC mission ICRC office

PROTECTION CIVILIANS

Restoring family links	Total
RCMs collected	1,506
RCMs distributed	2,213
Phone calls facilitated between family members	209
Tracing cases closed positively (subject located or fate established)	6

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits	
Places of detention visited	28
Detainees in places of detention visited	46,420
<i>of whom visited and monitored individually</i>	45
Visits carried out	60

Restoring family links	
RCMs collected	2,944
RCMs distributed	1,431
Phone calls made to families to inform them of the whereabouts of a detained relative	9

ASSISTANCE CIVILIANS

Economic security			
Income support	Beneficiaries	500	686

WOUNDED AND SICK

Medical care			
Hospitals supported	Structures		1

Physical rehabilitation			
Projects supported	Projects	21	2
People benefiting from ICRC-supported projects	Aggregated monthly data	12,020	12,425

CONTEXT

The situation in Cambodia, the Lao People's Democratic Republic (hereafter Lao PDR), Thailand and Viet Nam remained relatively stable, despite the persistence of socio-economic and political tensions in the countries covered by the regional delegation; various territorial disputes among neighbouring countries also persisted. Irregular migration continued to be an issue throughout the region.

In southern Thailand, violent incidents continued to cause casualties and affect daily life. Peace talks between the government and armed groups stalled.

Armed groups and the Myanmar military continued to battle each other, intermittently, along the Myanmar–Thailand border. Roughly 103,000 refugees from Myanmar were reportedly still in camps on the Thai side of the border; very few people returned voluntarily to Myanmar.

Natural disasters and the presence of mines and explosive remnants of war (ERW) in the countries covered – especially in Cambodia, the Lao PDR and Viet Nam – and in the wider region – in particular, conflict-affected areas of Myanmar – remained major sources of regional concern.

General elections were held in Cambodia in July; the ruling party retained power.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Bangkok continued to help people cope with the effects of past and current armed conflicts and/or other situations of violence. It sought to foster understanding of humanitarian principles and IHL, and broaden acceptance for them, among influential parties. It also strove to advance understanding of and strengthen acceptance for its detention-related activities, while continuing to support the Cambodian and Thai authorities' efforts to improve infrastructure and public health in prisons.

The ICRC maintained contact with detaining and other authorities in the region, with a view to gaining access to all detainees within its purview. This was especially the case in Thailand, where ICRC visits to prisons had been suspended since November 2016. It was granted access once again in the last quarter of the year; it visited one prison, in accordance with its standard procedures. The ICRC also visited people held in prisons in Cambodia, and in immigration detention centres in Thailand. It communicated its findings confidentially to the relevant authorities, to help them ensure that detainees' treatment and living conditions met internationally recognized standards. Detainees in Cambodia and some irregular migrants in Thailand reconnected with their relatives through the Movement's family-links services. In Cambodia and Thailand, detaining authorities and others endeavoured to improve detainees' access to good-quality health services. Some detainees in Cambodia benefited from upgrades to prison facilities, carried out by prison authorities with material and technical support from the ICRC. Some detainees,

including minors, attended vocational training or educational programmes organized by local bodies or organizations and the ICRC; these programmes aimed to ease detainees' social reintegration after their release.

In southern Thailand, the ICRC continued to assist people in strengthening their resilience to the effects of violence. This took the form of microeconomic support and other assistance suited to people's needs. People with physical disabilities in Cambodia received financial and material support for starting small businesses. Mine-action authorities in the Lao PDR were given medical kits for treating injuries caused by mines and ERW. Thai and Vietnamese forensic authorities received support for enhancing their capacity to manage human remains.

Disabled people in Cambodia obtained services at two physical rehabilitation centres receiving ICRC support; they benefited from activities aimed at facilitating their socio-economic reintegration, including sporting events and scholarships for pursuing their education. The ICRC helped strengthen the sustainability of the rehabilitation sector in Cambodia and the Lao PDR – for instance, by supporting the authorities in drafting and implementing national standards for physical rehabilitation services. The ICRC covered the costs of treatment, in Thailand, for mine victims or people otherwise wounded during clashes in Myanmar. In southern Thailand, the ICRC started a programme for strengthening health structures' capacity to provide psychosocial support. Members of a violence-affected community received psychosocial support from the ICRC.

The ICRC continued to help military and security forces strengthen their grasp of IHL, international human rights law and/or other applicable norms. It enabled senior military officers to attend seminars and other events abroad. It organized IHL dissemination sessions for members of armed groups from Myanmar. Students tested their grasp of IHL at ICRC moot court competitions; professors and lecturers attended an ICRC workshop on teaching IHL. Public-communication efforts by the National Societies, especially in Cambodia and Thailand, and the ICRC helped the general public learn about the Movement and its work. Religious leaders and scholars discussed the points of correspondence between IHL and Islamic law at various ICRC events. Guided by the ICRC, authorities in the region took steps to broaden support for IHL and IHL-related treaties.

National Societies in the region continued, with ICRC support, to strengthen their ability to respond to emergencies, restore family links, and broaden awareness of humanitarian principles and the Movement's work.

CIVILIANS

The ICRC monitored the situation in the countries covered by the regional delegation. In all its contact with the authorities, especially in Thailand, it sought to strengthen support for humanitarian principles and the Movement; one of its main aims was to gain or maintain safe access to people in need (see also *Actors of influence*).

Victims of violence receive support adapted to their needs

The ICRC endeavoured to help communities in southern Thailand strengthen their resilience to the effects of violence. Some 50 vulnerable people were given ad hoc assistance, in kind or in cash; such support enabled 12 families to pay for their relatives' funerals. Victims of violence received support adapted to their needs: for example, people with physical disabilities were given wheelchairs or their homes made more disabled-accessible, and one small community (eight households) had better access to water after the ICRC installed a hand pump. Some people received psychosocial support (see *Wounded and sick*). The ICRC continued to provide micro-economic support for some people (see below); extension of such support to another community was hindered by human-resource and other constraints.

The Cambodian Red Cross Society and the ICRC remained prepared for the possibility of election-related violence.

People in Cambodia and Thailand earn money through small businesses

Small businesses provided an income for 73 households (nearly 380 people) in southern Thailand and 58 disabled bread-winners (supporting over 250 people) in Cambodia. The ICRC provided financial and material support for these people; it also helped some of them attend vocational training or courses in accounting and marketing.

Mine-action authorities in the Lao PDR were given medical kits for treating injuries caused by mines and ERW. Provision of technical support for their staff, including paramedics, was being discussed with them.

Forensic authorities in Thailand and Viet Nam develop their capacity to manage human remains

Members of families dispersed by past armed conflict or other violence, detention, migration or other circumstances reconnected through the Movement's family-links services. Some people filed requests to trace missing relatives. The ICRC continued to give the four National Societies technical and other support. It also continued to enable volunteers and staff to attend meetings and workshops in the countries covered or elsewhere, to strengthen their ability to restore family links, especially during emergencies and in connection with migration. At information sessions in Cambodia and the Lao PDR, prospective migrants and others learnt about the services available to people who lose contact with their relatives.

In Thailand and Viet Nam, forensic professionals and first responders learnt more about the proper handling of human remains at ICRC-organized courses and events such as information sessions (see, for example, *Pakistan*). Vietnamese forensic authorities drew on ICRC expertise to draft national guidelines for managing human remains during emergencies; the draft awaited the health ministry's approval. The ICRC organized meetings and gave technical support to help forensic authorities develop a centralized ante/post-mortem database.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC maintained contact with detaining and other authorities in the region; one of its aims was to secure access to all detainees within its purview. It sought to resume its visits to Thai prisons, which had been suspended since November 2016. It was granted access once again in the last quarter of the year; it visited one prison, in accordance with its standard procedures.

The ICRC also visited people held in prisons in Cambodia and immigration detention centres in Thailand; particularly vulnerable people, such as irregular migrants, received special attention. The ICRC discussed its findings and recommendations confidentially with the relevant authorities, with a view to helping them ensure that detainees' treatment and living conditions met internationally recognized standards.

Detainees in Cambodia and Thailand, including irregular migrants held at Thai immigration detention centres, reconnected with their families through the Movement's family-links services. The ICRC arranged family visits in both countries for inmates held far from their homes.

Detainees in Cambodia have access to education and vocational training

Detaining authorities in Cambodia received various forms of ICRC support for improving the treatment and living conditions of detainees. They received technical advice from the ICRC in drafting budgets and managing resources more effectively. The authorities concerned and the ICRC continued to discuss the issue of overcrowding in prisons and its consequences.

Local actors and the ICRC worked together to facilitate detainees' access to education and vocational training; their aim was to ease detainees' social reintegration after their release and reduce the likelihood of recidivism. A local NGO, supported by the ICRC, conducted vocational training and personal development programmes; 60 detained minors benefited. Some 500 detainees learnt how to read, or picked up other skills, through government educational programmes.

Cambodian and Thai authorities seek to improve health care for detainees

In Cambodia and Thailand, the ICRC continued to urge the parties concerned to cooperate in providing health care in prisons. ICRC events helped detaining authorities to think of solutions for health-care provision in prisons. In Thailand, the ICRC continued to organize events for pertinent authorities and others, and provide expert advice to policy-makers. The ICRC helped organize a course on health care in prisons at a Thai university; it was attended by about 20 post-graduate students, some from neighbouring countries.

Health staff in selected Cambodian detention facilities received medical supplies and/or on-the-job training – to improve medical screening of new detainees, for instance. ICRC health teams followed up cases, and referred ailing detainees to secondary-level care where necessary. The ICRC stood ready to help the authorities during disease outbreaks and other emergencies.

Detainees in Cambodia benefit from renovations to prison facilities

Detaining authorities in Cambodia continued – with the ICRC's help – to upgrade prison infrastructure and mitigate the consequences of overcrowding. The ICRC helped engineers and prison maintenance staff to refresh their skills in assessing prison infrastructure and planning improvements. The authorities drew on ICRC expertise to revise national standards for renovating and constructing prisons. Some 10,100 detainees had better living conditions after the authorities renovated or constructed infrastructure – water and sanitation facilities, roofs, and waste-management and electric-supply systems – with material and technical support from the ICRC.

In Thailand, plans to upgrade prison facilities were cancelled because the ICRC did not have access to prisons for most of the year (see above). The ICRC focused on maintaining dialogue with detaining authorities and academics, on improving the way prisons were designed and maintained, for example.

With ICRC support, representatives from both countries – mainly detaining authorities, but also some academics – participated in a regional conference on planning and designing prisons (see *Sri Lanka*).

WOUNDED AND SICK

People in violence-affected parts of Thailand obtain health services

Community members and Thai Red Cross Society volunteers – in areas along the Thai–Myanmar border – were given first-aid training and equipment. A few people wounded in clashes in Myanmar crossed over into Thailand (see *Context*). The ICRC continued to work with a network of 11 referral hospitals on the Thai side of the border; it supported one on an ad hoc basis. It covered treatment costs for some wounded people at these hospitals. Amputees were referred to centres in Thailand or to either of two ICRC-supported physical rehabilitation centres in Myanmar (see also *Myanmar*).

In southern Thailand, mental-health professionals, emergency responders and community members – including teachers – learnt to provide psychosocial support, especially for children, at workshops organized by the health ministry; the ICRC enabled them to attend these workshops. The ICRC provided psychosocial support for 12 members of a violence-affected community.

Disabled people in Cambodia have access to physical rehabilitation

In Cambodia, some 12,200 people¹ – including mine/ERW victims – obtained good-quality services, free of charge, at two physical rehabilitation centres or through the centres' outreach programmes. The two centres received various forms of ICRC support, including donations of materials and equipment, infrastructural upgrades, and training and technical guidance for personnel. Some personnel exchanged best practices with their peers at an ICRC event held abroad.

The ICRC helped several physical rehabilitation centres and hospitals to incorporate national standards for physiotherapy in their services. The health and social affairs ministries adopted these standards – drafted with the ICRC's aid – last year. The ICRC also helped one university develop its physiotherapy course; 13 students, sponsored by the ICRC, took the course.

Disabled people participated in sporting activities such as wheelchair basketball competitions. A total of 72 people, mostly children, received scholarships to pursue their education; access ramps were installed and other infrastructural upgrades were made at two schools, to ease disabled students' means to get around. These and other activities (see *Civilians*) helped promote the social inclusion of disabled people.

Authorities in the Lao PDR take steps to improve their physical rehabilitation sector

As per the agreement they signed last year, the Lao health ministry and the ICRC endeavoured to strengthen the physical rehabilitation sector in the Lao PDR. A national strategy for physical rehabilitation was drafted – with the ICRC's help – and adopted. Health ministry officials attended workshops and seminars – on such subjects as standards for prosthetics and orthotics – in the country and elsewhere. Seven students began their studies on prosthetics and orthotics at schools in Bangkok, Thailand, and Hanoi, Viet Nam; the ICRC covered their tuition.

ACTORS OF INFLUENCE

Military and security forces personnel strengthen their grasp of pertinent norms

Military and security forces personnel in the region learnt about IHL, international human rights law and/or other norms applicable to their duties at events organized by the ICRC or with its support. First-aid training was provided at some of these events. Cadets at one military academy in the Lao PDR acquainted themselves with IHL and the ICRC. At dissemination sessions, Cambodian troops bound for peace-support operations learnt about IHL provisions and other international norms applicable to their duties.

Armed forces personnel from all four countries covered learnt how to apply IHL in their operations; the ICRC gave them expert advice and enabled them to attend various events, including some held abroad. Senior military officers strengthened their grasp of IHL by exchanging views with their counterparts at seminars and other events held abroad (see, for example, *International law and policy*).

Some armed groups, including from Myanmar, continued to draw on the ICRC's advice for applying IHL in specific situations. The ICRC organized dissemination sessions and first-aid training for some of them.

People learn more about the Movement

The ICRC maintained contact with influential members of civil society throughout the region, including religious circles in southern Thailand. It did so through bilateral dialogue and dissemination sessions – conducted with National Societies' assistance – on humanitarian principles and IHL.

1. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, which include repeat beneficiaries.

The National Societies, especially in Cambodia and Thailand, and the ICRC strove to broaden public awareness of the Movement and its work. They posted audiovisual materials on social media – about their activities in the region and the Movement’s neutral, impartial and independent humanitarian approach – and gave journalists information for articles on these subjects. The ICRC arranged events – in the region and elsewhere – at which religious leaders and scholars discussed the points of correspondence between IHL and Islamic law.

Law students and professors learnt about IHL at ICRC events. Some students tested their grasp of IHL at national and international moot court competitions (see *Beijing*). Academics attended a regional workshop in Thailand on teaching IHL. Some universities in the countries covered received ICRC support for enhancing their IHL curriculum and for other IHL-related activities.

Authorities in the region broaden support for IHL

Guided by the ICRC, authorities took steps to broaden support for IHL, for instance, by discussing IHL or IHL-related treaties with regional counterparts at conferences (see, for example, *Jakarta*). The ICRC continued to urge Cambodian and Thai authorities to establish IHL committees. It also helped the Cambodian authorities to translate the 1949 Geneva Conventions and Additional Protocols I, II and III into the local language.

The ICRC maintained dialogue with the pertinent government ministries’ ASEAN (Association of Southeast Asian Nations) departments. These discussions covered topics such as migration and dealing with disaster-related emergencies.

RED CROSS AND RED CRESCENT MOVEMENT

The four National Societies in the region continued to carry out activities with the ICRC. They drew on ICRC support to strengthen their organizational capacities; reinforce their statutes and/or legal bases; and develop their ability, for example, to respond to emergencies and restore family links (see also *Civilians* and *Wounded and sick*). Aided by the ICRC, the Cambodian National Society maintained its livelihood support for people in areas affected by mines and ERW.

With the ICRC’s help, National Society staff and volunteers learnt how to work in accordance with the Safer Access Framework. The Viet Nam Red Cross Society incorporated the framework in its code of conduct.

The Lao Red Cross, with ICRC support, raised awareness – among government officials and the general public – of the proper use of the red cross emblem; a booklet containing this information – in English and Lao – was produced and distributed. The ICRC provided the Cambodian National Society with technical and financial support to organize dissemination sessions on IHL and the Movement for some 580 army and navy personnel.

Movement components in the region coordinated their activities through periodic meetings and at regional events.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		1,506	4		
RCMs distributed		2,213	6		
Phone calls facilitated between family members		209			
Names published in the media		3			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		49	7	8	9
<i>including people for whom tracing requests were registered by another delegation</i>		11			
Tracing cases closed positively (subject located or fate established)		6			
<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)		91	22	10	12
<i>including people for whom tracing requests were registered by another delegation</i>		20			
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			
Documents					
People to whom travel documents were issued		2			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		28			
Detainees in places of detention visited		46,420	9,734	942	
Visits carried out		60			
			Women	Girls	Boys
Detainees visited and monitored individually		45	3	2	1
<i>of whom newly registered</i>		17	3	1	1
RCMs and other means of family contact					
RCMs collected		2,944			
RCMs distributed		1,431			
Phone calls made to families to inform them of the whereabouts of a detained relative		9			
Detainees visited by their relatives with ICRC/National Society support		223			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	Beneficiaries	686	216	273
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	Beneficiaries	10,069	907	506
Health				
Places of detention visited by health staff	Structures	7		
Health facilities supported in places of detention visited by health staff	Structures	2		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
Services at hospitals not monitored directly by ICRC staff				
Weapon-wound admissions (surgical and non-surgical admissions)		18		
Weapon-wound surgeries performed		16		
Patients whose hospital treatment was paid for by the ICRC		18		
Physical rehabilitation				
Projects supported	Projects	2		
People benefiting from ICRC-supported projects	Aggregated monthly data	12,425	2,107	1,769
<i>of whom beneficiaries of physical rehabilitation services</i>		12,214	2,047	1,713
<i>of whom beneficiaries referred to economic programmes</i>		58	18	
<i>of whom beneficiaries of educational programmes</i>		72	7	55
<i>of whom beneficiaries of sporting activities</i>		25	24	
<i>of whom beneficiaries of vocational training</i>		56	11	1
New patients fitted with prostheses	Patients	235	27	8
Prostheses delivered	Units	1,557	137	31
<i>of which for victims of mines or explosive remnants of war</i>		1,175	70	1
New patients fitted with orthoses	Patients	374	69	175
Orthoses delivered	Units	1,195	175	574
Patients receiving physiotherapy	Patients	6,127	934	1,530
Walking aids delivered	Units	924	129	168
Wheelchairs or tricycles delivered	Units	616	236	71

BANGLADESH

Present in Bangladesh since 2006, the ICRC opened a delegation there in 2011. It works to protect and assist civilians affected by violence, including people who had fled across the border from Myanmar, and visits detainees to monitor their treatment and living conditions. It helps improve local capacities to provide physical rehabilitation services for the disabled. It promotes IHL and its implementation among the authorities, the armed and security forces and academic circles, and supports the Bangladesh Red Crescent Society in building its capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2018

- More displaced people from Myanmar than envisaged received ICRC emergency aid, and obtained health care at four facilities, supported or run by the Bangladesh Red Crescent Society and the ICRC; some residents benefited as well.
- Residents of Cox's Bazar district and the Chittagong Hill Tracts used ICRC cash grants to stabilize their economic situation. Various obstacles delayed ICRC projects to improve people's sanitary conditions and access to clean water.
- The authorities were reminded by the ICRC of the need to protect and assist vulnerable people. Briefings for military and security forces, and events with key members of civil society, helped maintain the ICRC's access to people in need.
- Prison officials curbed the spread of diarrhoeal disease at one prison with the ICRC's help. The ICRC's request to continue prison visits in 2019 was approved in advance.
- Disabled people obtained rehabilitative care at three ICRC-backed centres. Administrative constraints impeded the ICRC's upgrades and provision of other support to the emergency department of a hospital in Cox's Bazar.
- With ICRC support, the Bangladesh Red Crescent Society gave first aid to casualties of electoral violence, and helped displaced people reconnect with their relatives abroad. It led the Movement's activities for vulnerable people.

EXPENDITURE IN KCHF

Protection	3,586
Assistance	17,524
Prevention	1,563
Cooperation with National Societies	945
General	42
Total	23,660
<i>Of which: Overheads</i>	<i>1,444</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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PERSONNEL

Mobile staff	42
Resident staff (daily workers not included)	134



ICRC delegation ICRC office

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	1,208
RCMs distributed	905
Tracing cases closed positively (subject located or fate established)	369
People reunited with their families	3
<i>of whom unaccompanied minors/separated children</i>	3
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	9
Detainees in places of detention visited	32,199
<i>of whom visited and monitored individually</i>	72
Visits carried out	9
Restoring family links	
RCMs collected	10

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	50,000	96,450
Income support	Beneficiaries	12,500	13,992
Living conditions	Beneficiaries	50,000	60,275
Water and habitat			
Water and habitat activities	Beneficiaries	160,000	28,797
Health			
Health centres supported	Structures	3	4
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	1	1
Physical rehabilitation			
Projects supported	Projects	6	6
People benefiting from ICRC-supported projects	Aggregated monthly data	2,005	4,580
Water and habitat			
Water and habitat activities	Beds	331	85

CONTEXT

Between August 2017 and December 2018, over 720,000 people fled violence – said to include killing of civilians, sexual violence, and burning of villages – in Rakhine State, Myanmar (see *Myanmar*), and sought refuge in Bangladesh; they joined the approximately 200,000 people who came before the current crisis. Despite agreements between governments of Bangladesh and Myanmar to facilitate their return, the process did not begin. Most of them stayed in Cox’s Bazar district – at camps in Teknaf and Ukhiya, and some, in shelters near or within host communities. Around 4,200 remained stranded along the Bangladesh–Myanmar border. The authorities postponed plans to relocate displaced people to an island in Bangladesh.

Many of those who fled Myanmar were destitute, injured or sick. Those at a border area had limited access to emergency aid; camps and host communities in Cox’s Bazar were overpopulated, and basic goods and services not readily available. The uncertain security conditions in camps made displaced people particularly at risk – of sexual violence, for instance. Residents in host communities struggled to regain economic stability. Heavy monsoon rains caused floods and increased public-health risks. Many families were dispersed.

Local authorities throughout Bangladesh carried out security operations against allegedly violent groups. The elections, held in December, were preceded by large-scale protests by students and others. Communal tensions persisted in the Chittagong Hill Tracts. These violent incidents damaged property and led to arrests, injuries and deaths.

ICRC ACTION AND RESULTS

The ICRC continued to respond to the urgent needs of displaced people – in camps in Cox’s Bazar, and at an area along the Bangladesh–Myanmar border that was inaccessible to most organizations – and to assist vulnerable residents. It launched a budget extension appeal¹ in June to support primarily its expanded emergency response. Administrative obstacles, however, prevented some of its projects from being fully implemented. It conducted most of its activities with the Bangladesh Red Crescent Society, which received comprehensive ICRC support and led the Movement’s response in the country. The ICRC coordinated its work with Movement components, local authorities and other organizations.

The authorities, and military and police commanders, were reminded that they must protect vulnerable people and ensure safe access to humanitarian aid and basic services, in compliance with applicable international law. The ICRC monitored the concerns of both displaced people and residents. Where possible, it passed on allegations of unlawful conduct confidentially to the pertinent authorities, with a view to preventing such misconduct. ICRC briefings helped military and security forces in violence-prone areas learn more about international policing

standards. The ICRC’s interaction with them, and members of civil society, helped it to foster support for the Movement and IHL, and maintain its access to vulnerable people.

The ICRC distributed emergency aid for people in camps in Cox’s Bazar and at the border with Myanmar; it extended this assistance to those sheltering in orphanages and schools. As a result, more people benefited than had been envisaged. It assisted health-care services for displaced people and residents: two National Society-run mobile clinics, and two government health facilities in Teknaf and Ukhiya, were given support. Aided by the ICRC, residents in host communities, and in the Chittagong Hill Tracts, worked to stabilize their economic situation. Thanks to ICRC support, some residents and displaced people had clean water and sanitary surroundings.

The ICRC provided first-aid training and equipment for National Society personnel and other first responders. ICRC-backed National Society teams treated people injured in electoral violence. Renovations to the emergency department of the Cox’s Bazar district hospital were started; completion of this work and support to the hospital’s emergency services were postponed to 2019.

The ICRC helped make physical rehabilitation services more widely available. It covered treatment costs for the disabled people it referred to the Chittagong and Savar branches of the Centre for the Rehabilitation of the Paralysed (CRP), and those at a centre in the Proyash Institute of Special Education. It also provided material and technical support, and training, for all three facilities. Technicians at these facilities included graduates of an ICRC-supported prosthetics or orthotics school; ICRC-sponsored students continued their studies at the school. The ICRC provided income support for twenty-five patients. Together with national sports authorities, it trained disabled athletes and organized tournaments for them.

The ICRC visited detainees and communicated its findings and recommendations confidentially to the authorities. It secured approval – in advance – for prison visits in 2019 and to visit the same prison more than once. It helped the authorities manage a medical emergency at one prison and renovate infrastructure at several others. Under an ICRC-supported pilot project, newly admitted detainees at one prison were medically screened.

The ICRC provided support for the National Society’s family-links services for displaced people and others separated from their families. It enabled first responders to develop their ability to manage human remains, and thereby help prevent disappearances.

CIVILIANS

The authorities and the ICRC’s president discuss the concerns of vulnerable people

The ICRC reminded the authorities to ensure that vulnerable people are protected and have safe access to humanitarian aid and basic services, in compliance with applicable international law. When the ICRC’s president visited Bangladesh in July, he discussed with the authorities the humanitarian issues linked

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/texdonors.nsf/o/B565CA886A14ACD2C12582A5000D24D2/\\$File/2018_BEAREM2018_284_Bangladesh_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/texdonors.nsf/o/B565CA886A14ACD2C12582A5000D24D2/$File/2018_BEAREM2018_284_Bangladesh_Final.pdf)

to plans to facilitate the return of displaced people to Rakhine and the needs of their Bangladeshi host communities. The ICRC monitored these people's concerns. Where possible, in coordination with its delegation in Myanmar (see *Myanmar*), it communicated allegations of unlawful conduct, confidentially, to the pertinent authorities, with a view to preventing such misconduct. Military and police commanders were told about incidents of sexual violence, and threats to the safety of health workers, in camps in Cox's Bazar. Military and security officers assigned to violence-prone areas strengthened their grasp of international policing standards at ICRC sessions (see *Actors of influence*).

During information sessions, religious and community leaders gave their views on the ICRC's activities. The ICRC's interaction with these leaders, the national authorities, and military and security forces officials helped it to gather support for its work and maintain its access to violence-affected people. In coordination with other agencies, it assisted or referred victims of unlawful conduct to the appropriate services (see below).

Members of dispersed families reconnect

Members of dispersed families continued to obtain family-links services from the Bangladesh Red Crescent Society, which received various forms of ICRC support. Displaced people used RCMs to reconnect with relatives and tracing services to locate them; 369 tracing cases were resolved. Three unaccompanied minors from Myanmar were reunited with their relatives in Bangladesh. National Society personnel strengthened their capacities at ICRC family-links workshops. Together with the ICRC, they conducted information sessions on restoring family links for government officials and in various communities.

First responders – in Cox's Bazar and elsewhere – learnt how to manage human remains at ICRC training sessions; body bags were given to participants from the police. The ICRC provided the disaster-management authorities with recommendations for improving their guidelines for managing human remains; two officials attended a conference, held abroad, on forensics, with ICRC financial support.

Displaced people from Rakhine receive food and health care

In Cox's Bazar and in a border area, more people than planned received emergency aid and health care from the ICRC and the National Society. ICRC workshops helped National Society personnel develop their capacities to distribute and manage such aid.

Food was provided for a total of 96,450 people (18,772 households) – including one victim of unlawful conduct – sheltering in camps, orphanages and schools. Over 57,000 were given food parcels several times during the year; some 39,000 others, mostly new arrivals and flood-affected people, received ready-to-eat food on an ad hoc basis. In all, 60,275 people (11,917 households) were given hygiene kits, blankets, solar lamps and other essential items.

Displaced people and residents in host communities obtained primary health care at four facilities that received various kinds of ICRC support. Two National Society-run mobile clinics were

sent to camps in Teknaf and remote border areas, where they provided about 70,000 consultations. The ICRC covered some staff salaries and paid for medical supplies, at the government health facilities in Teknaf and Ukhiya (see also *Wounded and sick*). Together, the mobile clinics and these facilities referred 973 patients for further care; this included referrals from the clinics to the Teknaf government health facility. At ICRC information sessions, their staff learnt the importance of reporting threats made against health workers and facilities.

People have sturdier shelters and access to water

Around 23,800 people in camps in Cox's Bazar and in a border area benefited from infrastructural upgrades and other assistance from the ICRC. The roads in one camp were repaired; the ICRC also trucked in water to that camp and another one. Some displaced people used materials supplied by the ICRC – and were given training and financial incentives – to repair facilities in camps, and reinforce their shelters or build new ones for households headed by women or minors. Displaced people, and some residents, also benefited from improvements made by the ICRC to over 2,000 shelters.

Residents in host communities had access to water for agricultural use or more sanitary surroundings, with ICRC support: around 1,000 farmers received irrigation pumps and 500 children benefited from repairs to the sanitation facilities and yard at a school. The local authorities and the ICRC made preparations to build a sewage system in Teknaf.

The ICRC installed latrines in four villages in the Chittagong Hill Tracts; around 3,500 residents benefited. Some people learnt to operate and maintain water facilities, through workshops conducted by the authorities and the ICRC. Community members and National Society volunteers learnt about good hygiene and how to promote it in their communities.

Various administrative obstacles prevented full implementation of these projects – particularly, the construction of a sewage system in Teknaf. The ICRC did not conduct mine-risk education sessions, because there was no assessed need.

Vulnerable residents restart their businesses

In all, 2,799 vulnerable households (13,992 people) received ICRC cash grants for restarting small businesses or resuming agricultural activities; this support aimed to help them expand their sources of income. They included people affected by communal tensions in the Chittagong Hill Tracts, farmers and other residents in host communities in Cox's Bazar, and 25 disabled breadwinners referred for assistance by ICRC-supported facilities (see *Wounded and sick*). In Cox's Bazar, about 80% of the residents who received such support restarted their businesses before the end of the year; some farmers were paid to repair a water-catchment facility used for irrigation. Residents in the Chittagong Hill Tracts learnt about farming techniques and livestock management at ICRC workshops.

PEOPLE DEPRIVED OF THEIR FREEDOM

Prison staff familiarize themselves with internationally recognized standards for detention

The ICRC visited detainees and communicated its findings and recommendations confidentially to the penitentiary officials, with a view to helping them improve detainees' treatment and living conditions. In particular, it drew their attention to the needs of foreigners, women, minors and ill detainees, and provided these people with ad hoc assistance (see below). It continued to seek access to all detainees within its purview. Delayed access to prisons in 2018 and other administrative obstacles prevented the implementation of some ICRC-backed activities – particularly round-tables with health and judicial officials, and replication of a pilot project in other prisons (see below). In 2018, the home-affairs ministry approved the ICRC's request to continue visiting prisons in 2019 and to visit the same prison more than once.

Foreign detainees restored or maintained contact with relatives through RCMs relayed by the National Society and the ICRC; the ICRC, at the request of 70 people, including two minors, notified UNHCR or their embassies of their situation.

Staff from various prisons attended ICRC information sessions on internationally recognized standards for detention. Four officials from the penitentiary system and the public works ministry attended a course, abroad, in prison design, with ICRC financial support (see *Sri Lanka*).

New detainees at one prison are screened for illnesses

The authorities implemented a pilot project at the Tangail prison to improve family-links and health-care services; the ICRC provided material and technical support. They installed a telephone booth for detainees to call their families. Some 4,400 new detainees underwent medical screening. The ICRC submitted a report on the project to the authorities, with a view to helping them replicate it more effectively at other prisons.

The ICRC provided additional assistance for authorities at the Rajshahi prison to deal with an outbreak of diarrhoeal disease. Having full access to the prison, it provided detainees and staff with medical supplies, water tanks and cleaning products, and advice on hygiene. Around 20,000 detainees at various prisons had broader access to water and sanitary living conditions after the authorities, aided by the ICRC, renovated or built water, kitchen, sanitation and other facilities. Particularly vulnerable detainees received hygiene kits and recreational materials. ICRC expertise helped the authorities tackle water shortage at one prison.

WOUNDED AND SICK

Disabled people obtain services at three centres

Around 4,400 physically disabled people² – more than envisaged – obtained rehabilitative services at two CRP branches in Chattogram and Savar, and one government-run centre in the Proyash institute. The ICRC provided all three centres with technical support, and materials and equipment

for producing assistive devices. It referred 186 displaced people and residents to the two CRP branches; it identified these patients during its outreach activities in northern Bangladesh and Cox's Bazar. A total of 943 patients were fitted with orthoses; 93 wheelchairs and 265 walking aids were distributed among displaced people and others. The ICRC covered food, transportation and accommodation expenses for 460 patients.

Personnel at the centres attended ICRC workshops to strengthen their capacities in physical rehabilitation. They included ten graduates of the ICRC-supported Bangladesh Health Professions Institute; 28 people on ICRC scholarships continued their studies at the institute. A few other ICRC-sponsored students continued studying physical rehabilitation abroad.

With the ICRC's assistance, two sports associations organized training sessions for disabled people. In all, 192 people learnt how to play or teach others wheelchair basketball or cricket, and were given the necessary equipment; some were selected for the national teams in those sports. Some disabled athletes competed in international tournaments abroad.

Twenty-five patients at the CRP branch in Savar were referred to ICRC income support programmes (see *Civilians*).

National Society teams provide first aid during electoral violence

The National Society organized first-aid training for hundreds of students affiliated with political parties and religious institutions, police officers, journalists and National Society volunteers, with ICRC support; people also learnt about the Health Care in Danger initiative at these sessions. The National Society – with technical and material assistance from the ICRC – deployed teams of volunteers to various districts, including major cities, to administer first aid to people injured in electoral violence; it also trained volunteers to teach first aid. During Bishwa Ijtema – an annual gathering of Muslims – a National Society medical team, aided by the ICRC, gave consultations to over 1,000 people.

The ICRC started renovations to the emergency department of the Cox's Bazar district hospital; administrative obstacles delayed the start of this work and postponed its completion to 2019. Guided by the ICRC, a nurse developed training materials on emergency care for staff at the hospital and at the government health facilities in Teknaf and Ukhiya (see also *Civilians*). People at the Teknaf and Ukhiya facilities had more sanitary surroundings after the National Society and the ICRC cleaned septic tanks, repaired waste-treatment facilities, donated cleaning materials and trained staff in waste management.

The ICRC's ad hoc donations of medical supplies helped one hospital respond to emergencies.

2. Beneficiary figures of physical rehabilitation projects are derived from aggregated monthly data, which include repeat beneficiaries.

ACTORS OF INFLUENCE

Military and police officials

strengthen their grasp of IHL and/or other applicable norms

Thousands of military and security forces personnel learnt more about IHL and/or international human rights law, including those governing the use of force during arrests and detention (see *People deprived of their freedom*), at ICRC training sessions; some of them were troops bound for UN peace-keeping missions and border guards. Senior officers developed their ability to teach these norms and attended IHL workshops held, abroad, by the ICRC (see *Kuala Lumpur*). Academies for police and UN peacekeepers, aided by the ICRC, incorporated key provisions of IHL and/or international policing standards, in their doctrine and training; as did the Border Guards Bangladesh and the Bangladesh Coast Guard, together with modules on first aid. At a conference organized by the authorities and the ICRC, representatives from the military and police forces, the media, universities, and the National Society discussed how to maintain public order.

Courses and workshops held abroad, and supported or organized by the ICRC, enabled government officials, academics, and religious leaders to learn more about IHL implementation and related matters (see *Lebanon* and *New Delhi*). Owing to other priorities, the national IHL committee was unable to help the authorities implement IHL-related treaties, such as those regulating the trade of arms and use of weapons. The Bengali translation of a book on managing human remains – with Islamic law and IHL in mind – was published with the ICRC's financial support; the ICRC also helped the foreign ministry translate IHL treaties into Bengali.

Academics and journalists

learn more about IHL and the Movement's activities

Representatives – mostly academics – from six countries discussed the humanitarian consequences of armed conflict and other situations of violence, among other topics, at a conference organized by the ICRC, in Dhaka, in May. Religious leaders and scholars furthered their understanding of the points of correspondence between IHL and Islamic jurisprudence, at ICRC seminars. Some 500 scholars, lawyers and journalists attended an IHL conference hosted by a university in Chattogram and the ICRC.

Journalists and the general public stayed abreast of humanitarian issues and the Movement's activities, and learnt about the emblems protected under IHL, through various means: the ICRC's information sessions, and public-communication initiatives, such as radio spots, and a photo exhibit led by the National Society.

RED CROSS AND RED CRESCENT MOVEMENT

The Bangladesh Red Crescent Society continued to lead the Movement's response to the needs of people from Myanmar and their host communities in Bangladesh (see above), with comprehensive support from the ICRC, the International Federation, and other National Societies. Movement partners in the country met regularly to coordinate their activities and discuss matters of common concern, such as the return of displaced people to Rakhine.

The ICRC conducted or supported first-aid and other training for National Society staff and volunteers (see *Civilians* and *Wounded and sick*). ICRC-supported workshops on the Safer Access Framework – local and regional – showed National Society personnel how to protect themselves more effectively in violent settings. The National Society recruited volunteers, and upgraded office facilities and equipment, with the ICRC's assistance.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	1,208			
RCMs distributed	905			
Reunifications, transfers and repatriations				
People reunited with their families	3			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	1,655	72	44	221
<i>including people for whom tracing requests were registered by another delegation</i>	58			
Tracing cases closed positively (subject located or fate established)	369			
Tracing cases still being handled at the end of the reporting period (people)	1,380	78	49	197
<i>including people for whom tracing requests were registered by another delegation</i>	59			
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	3	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	4	3		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	9			
Detainees in places of detention visited	32,199	1,110	3	
Visits carried out	9			
		Women	Girls	Boys
Detainees visited and monitored individually	72	2		2
<i>of whom newly registered</i>	69	2		2
RCMs and other means of family contact				
RCMs collected	10			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	96,450	38,849	28,292
Income support	Beneficiaries	13,992	4,272	5,508
Living conditions	Beneficiaries	60,275	24,525	17,875
Water and habitat				
Water and habitat activities	Beneficiaries	28,797	8,649	11,568
Health				
Health centres supported	Structures	4		
Average catchment population		486,768		
Consultations		99,749		
	<i>of which curative</i>	97,200	27,978	26,320
	<i>of which antenatal</i>	2,549		
Referrals to a second level of care	Patients	973		
	<i>of whom gynaecological/obstetric cases</i>	89		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	Beneficiaries	20,314	809	
Health				
Places of detention visited by health staff	Structures	10		
Health facilities supported in places of detention visited by health staff	Structures	2		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
First aid				
First-aid training				
	Sessions	28		
	Participants (aggregated monthly data)	756		
Water and habitat				
Water and habitat activities	Beds	85		
Physical rehabilitation				
Projects supported	Projects	6		
People benefiting from ICRC-supported projects	Aggregated monthly data	4,580	445	2,799
	<i>of whom beneficiaries of physical rehabilitation services</i>	4,363	394	2,799
	<i>of whom beneficiaries referred to economic programmes</i>	25	1	
	<i>of whom beneficiaries of sporting activities</i>	192	50	
New patients fitted with prostheses	Patients	204	21	10
Prostheses delivered	Units	268	29	19
	<i>of which for victims of mines or explosive remnants of war</i>	10		
New patients fitted with orthoses	Patients	943	63	772
Orthoses delivered	Units	2,054	93	1,789
	<i>of which for victims of mines or explosive remnants of war</i>	2		
Patients receiving physiotherapy	Patients	4,363	394	2,799
Walking aids delivered	Units	265	57	12
Wheelchairs or tricycles delivered	Units	93	15	8

BEIJING (regional)

COVERING: China, Democratic People's Republic of Korea, Republic of Korea, Mongolia

Present in the region since 1987, the ICRC moved its regional delegation for East Asia to Beijing in 2005. The delegation fosters support for humanitarian principles, IHL and ICRC activities in the region and worldwide, among governments, experts and National Societies. It promotes the incorporation of IHL into national legislation, military training and academic curricula. It supports National Societies in developing their capacities in restoring family links, emergency response and other relevant fields. In the Democratic People's Republic of Korea, with the National Society, it supports hospital care and contributes to meeting the need for assistive devices for people with disabilities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- In the Democratic People's Republic of Korea (DPRK), people with physical disabilities received treatment at centres in Rakrang and Songrim. The ICRC provided material support for the centres and upgraded their facilities.
- Bomb-disposal personnel from the DPRK's Ministry of People Security developed their ability, through ICRC training, to treat blast-related injuries. Democratic People's Republic of Korea Red Cross personnel were trained in IHL.
- Residents in peri-urban areas of Kaesong in the DPRK had a direct water source after the DPRK Red Cross and the ICRC completed a joint project to install water pumps.
- The Red Cross Society of China developed its ability to restore family links; the ICRC conducted training for its personnel and sponsored some of them to attend workshops abroad.
- An agreement to strengthen their cooperation was signed by the Red Cross Society of China and the ICRC.

EXPENDITURE IN KCHF

Protection	150
Assistance	6,228
Prevention	5,362
Cooperation with National Societies	1,968
General	174
Total	13,883
<i>Of which: Overheads</i>	<i>847</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	21
Resident staff (daily workers not included)	59



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.

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Water and habitat			
Water and habitat activities	Beneficiaries	70,320	15,690
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	2	2
Physical rehabilitation			
Projects supported	Projects	4	5
People benefiting from ICRC-supported projects	Aggregated monthly data	3,250	3,511

CONTEXT

China restructured its central government, creating new departments and organizations. The country advocated free trade and globalization; it also continued to promote the Belt and Road Initiative. Disputes with some of its neighbours, over claims to islands and maritime areas in the South China Sea, remained unresolved.

The Democratic People's Republic of Korea (hereafter DPRK) and the Republic of Korea (hereafter ROK) held four inter-Korean summits in April, May, September and December. A declaration signed by both leaders of the Korean peninsula outlined ambitions towards the complete denuclearization of the DPRK. The DPRK leader met with the Chinese president in March, May and June, and with the president of the United States of America (hereafter US), in June.

Following the aforementioned meetings with China, the ROK and the US, the DPRK repatriated the remains of US military personnel killed during the 1950–1953 Korean War. Reunifications for several families separated by the said war also resumed, and nuclear and missile tests in the DPRK, halted. UN Security Council sanctions against the DPRK, however, remained in place.

People in the Korean peninsula continued to endure the longstanding consequences of the 1950–1953 Korean War: mines and explosive remnants of war (ERW) remained a threat in some areas of the DPRK; members of families separated during the war, most of them elderly, were unable to contact their relatives; and some human remains were still unrecovered on the Korean peninsula.

Access to water, medical care and physical rehabilitation remained precarious in the DPRK, owing to dilapidated infrastructure and an unreliable power supply. International humanitarian actors had difficulty in delivering aid to people in need, because of the UN sanctions and government-imposed restrictions on all foreign entities in the country.

Mongolia maintained diplomatic relations with China, the DPRK and the ROK.

ICRC ACTION AND RESULTS

The ICRC regional delegation in Beijing sought to expand dialogue with authorities, armed forces, and other influential parties across the region, with a view to advancing understanding of IHL and securing support for the ICRC's humanitarian activities.

The ICRC pursued partnerships with the authorities, National Societies and other relevant actors to provide assistance to vulnerable people. The Red Cross Society of the Democratic People's Republic of Korea and the ICRC completed a water and sanitation project in peri-urban areas of Kaesong, enabling residents to have direct access to a water source. The ICRC continued to support the physical rehabilitation centres in Rakrang and Songrim, by giving them supplies, training their staff, and upgrading their facilities. Two hospitals received donations of X-ray equipment.

As mines and ERW from the 1950–1953 Korean War continued to threaten public safety, the ICRC organized training in blast-trauma management for bomb-disposal personnel from the DPRK's Ministry of People Security (MoPS).

The ICRC gave the Red Cross Society of China material and financial assistance to run a physical rehabilitation centre and a repair workshop in Yunnan Province. It also provided a hospital in Sichuan with equipment and materials to enable them to produce assistive devices for disabled people. Destitute households in China undertook livelihood activities through a Chinese Red Cross programme funded by the ICRC. The Chinese Red Cross and the ICRC agreed upon a cooperation plan for 2019 that listed provision of family-links services as one of its priorities; the ICRC trained Chinese Red Cross personnel to deliver these services.

The ICRC continued to offer support to Chinese authorities' ongoing prison reforms in the form of expert advice and by facilitating study tours to detention facilities outside China. ICRC workshops enabled prison staff to learn about best practices in health care in prisons.

The ICRC strove to expand its network of contacts in China, Mongolia and the ROK. Its discussions with influential parties – government officials, military officers, academics and other members of civil society – focused on its role in tackling the humanitarian consequences of past conflict in the region and beyond.

The ICRC worked with armed forces throughout the region to help ensure that their personnel understood the basic principles of IHL and other international norms. Medical officers from the People's Liberation Army (PLA) of China attended an ICRC course in war surgery.

University students and lecturers from China, Mongolia and the ROK learnt more about IHL and humanitarian issues at ICRC workshops. The ICRC boosted its public engagement in the region by strengthening its presence in broadcast, print and online media. Journalists in China and the ROK went on ICRC-sponsored field trips abroad to observe ICRC operations; this increased media coverage of the ICRC's activities. The use of local-language online media platforms helped the ICRC reach a wider audience.

CIVILIANS

Urban residents in the DPRK gain access to water

A joint project by the DPRK Red Cross and the ICRC, to improve water supply in the Unhak quarter of Kaesong, was completed: eleven new pumps were installed in four zones, making water for household use available to 15,670 civilians. Efforts to reinforce the water supply in other cities – for instance, digging wells in Sunchon and constructing a pumping station in Jongpyong – continued. A feasibility study on alternative sources of energy did not push through, owing to technical complexities.

The ICRC provided material support for two laboratories in Donghyon and Unhak to test the quality of water. ICRC-sponsored training, locally and in France, helped 20 water technicians to plan, design and operate water and sanitation facilities.

Authorities learn more about the threat of mines and ERW

In April, the ICRC and the DPRK Red Cross trained 40 bomb-disposal personnel from the MoPS in blast-trauma management. Some of them were doctors and surgeons, mostly from military hospitals. The course aimed to develop the participants' ability to provide emergency treatment for blast-related injuries. Six MoPS officials attended training in Cambodia – with the knowledge of the UN sanctions committee – where they learnt best practices in detecting ERW. These efforts aimed to mitigate the consequences of mine and ERW incidents in the country. ICRC training in ERW and risk awareness for explosive ordnance disposal teams from the police – previously conducted with DPRK Red Cross support – did not take place, as the DPRK Red Cross did not see the need for it.

The ICRC helped the MoPS distribute posters – on the hazard-ousness of mines and ERW – in schools.

Authorities take steps to improve family-links services

The Chinese Red Cross developed its capacity to provide family-links services; the ICRC conducted basic skills training for staff and sponsored some of them to attend a workshop and a meeting abroad. The two organizations signed a four-year cooperation plan that listed the provision of family-links services as one of its priorities.

The ICRC continued to offer its services to the governments and National Societies of the DPRK and the ROK, to help restore contact between families separated by the 1950–1953 Korean War.

Destitute households undertake livelihood activities

The ICRC continued to fund the Chinese Red Cross's integrated community resilience programme, through which destitute households received cash grants for undertaking livelihood activities such as tea making, raising livestock, and planting medicinal herbs. Chinese Red Cross personnel attended ICRC workshops on assessing livelihoods and related needs. The ICRC also explored possibilities for cooperating with a local NGO to expand the scope of its assistance for people in need; it provided basic training in cash-transfer programming for 80 personnel from the NGO.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detaining authorities expand their managerial capacities

The ICRC continued to offer the Chinese authorities support for ensuring that detainees' living conditions met internationally recognized standards. Senior officials from the justice ministry, sponsored by the ICRC, went on a study tour of places of detention in Spain, where they learnt more about health-care provision in prisons. A representative from the Chinese Centre for Disease Control and Prevention attended an ICRC conference – in Phnom Penh, Cambodia – on health in prisons. Twenty-nine prison health staff learnt how to better manage detainees' medical records at a workshop conducted by the justice ministry and the ICRC in Jilin province. An international seminar presented by the ICRC in Hangzhou Province enabled 50 representatives from the justice ministry – some of them senior officials – to learn from speakers from Canada and the United Kingdom about health management in prisons.

A draft agreement with the justice ministry, for a TB-control programme in Liaoning Province, was not finalized, as the ministry preferred to carry out the programme in the Guangxi Autonomous Region; the ICRC made an exploratory visit to the province.

WOUNDED AND SICK

Disabled people in Yunnan and Sichuan receive treatment

People with physical disabilities in Yunnan obtained rehabilitative services – including physiotherapy and prostheses and other assistive devices – at a physical rehabilitation centre in Kunming and a repair workshop in Malipo. Both facilities were managed by the Yunnan branch of the Red Cross Society of China, with material support from the ICRC. A combination of Chinese prosthetic technology and the ICRC's polypropylene technology was tested at the Kunming centre; the new hybrid system was found to produce high-quality prosthetic devices.

The ICRC continued to provide the centre with monthly incentives to help them keep employed personnel, thus ensuring uninterrupted services for disabled people. Technical guidance from the ICRC helped management and staff improve their services.

Equipment and materials from the ICRC enabled the prosthetics and orthotics unit of the Chengdu Second People's Hospital, in Sichuan, to treat disabled patients and produce good-quality assistive devices.

Physical rehabilitation centres in the DPRK improve their services

The Rakrang and Songrim physical rehabilitation centres in the DPRK continued to receive raw materials and components from the ICRC, which enabled them to produce 1,666 prostheses, 108 orthoses, 1,171 walking aids, and 54 wheelchairs. Owing to a lack of information available to the public, many people were not aware of the services available to them; as a result, the two centres were not able to assist as many people as planned.

ICRC staff provided on-site mentoring, and clinical guidance, for personnel at the two centres. Orthotists and prosthetists from the two centres were trained together at the Songrim centre.

With ICRC support, infrastructure renovations were completed at the Songrim centre, allowing the resumption of patient treatments and the production of orthopaedic devices. General maintenance work – for example, repairs to the roof – was carried out at the Rakrang centre.

DPRK hospitals receive equipment

The ICRC renovated X-ray rooms and donated X-ray machines to two hospitals: one in Hamhung, and another in Kaesong. Although not initially planned, the ICRC trained 22 health staff to provide medical care during emergencies.

The ICRC donated medical supplies for treating wounds to the health ministry.

ACTORS OF INFLUENCE

The ICRC sought regular contact with government and military officials, and other influential parties in the region, to advance understanding of IHL and the ICRC's neutral, impartial and independent humanitarian action; and thus to foster support for its work in the region and elsewhere.

The ICRC president met with high-level authorities during his official visit to China in June; he signed a memorandum of understanding with the Red Cross Society of China (see *Red Cross and Red Crescent Movement*). The ICRC president also visited the ROK where he met with high-level government officials, the president of the Republic of Korea National Red Cross, university professors specializing in North Korean affairs, and a representative of a private company. The meetings discussed relations between South Korea and the ICRC, which entered a new phase following the signing of a headquarters agreement in Geneva.

To further its engagement with China's business sector, the ICRC met with representatives from various corporate entities and explored possibilities for cooperation in areas of common humanitarian interest. At an event hosted by the ICRC and the Swiss embassy in Beijing, Chinese companies operating in complex environments learnt how to conduct business without exacerbating the plight of violence-affected people; this was supplemented by informational materials in the local language.

The ICRC continued to strengthen its dialogue with Shanghai Cooperation Organization to discuss possible activities to be implemented, under the memorandum of understanding signed between the two organizations.

ICRC workshops and seminars highlight IHL-related concerns

Through training and the provision of reference materials, the ICRC continued to persuade authorities in the region to advance ratification or implementation of IHL treaties. ICRC expertise helped to establish a core group on IHL promotion in Mongolia, with the Mongolian Red Cross Society as its secretariat. The Mongolian Red Cross appointed a point person for its IHL programme, who met with the ICRC to prepare for the National Society's eventual assumption of responsibility for IHL dissemination activities. The national IHL committee in the ROK was reactivated.

During meetings, workshops and regional events organized by the ICRC – sometimes with the pertinent foreign affairs ministry – government and military officials, and experts and scholars from think-tanks and academic institutions from China, Mongolia and the ROK strengthened their grasp of IHL and discussed how to disseminate or implement it.

At a seminar organized by the China Arms Control and Disarmament Association and the ICRC in Beijing, participants discussed the humanitarian consequences of the unregulated transfer of arms and the international legal framework governing the arms trade; the event was attended by representatives from military institutions and weapons- and defence-related agencies of the Chinese government.

Students and lecturers learn more about IHL

Together with universities, think-tanks, and National Societies, the ICRC conducted courses and organized lectures, and moot court competitions – including one held in Hong Kong, all of which enabled university students and lecturers from China, Mongolia, the ROK, and other participating countries, to strengthen their grasp of IHL. At a workshop organized by Korea University and the ICRC, university lecturers from China, Mongolia and the ROK explored various IHL-related subjects, such as the interplay between IHL and international human rights law.

Legal experts from China and the ROK contributed to the ICRC's project to update its commentaries on the Geneva Conventions. Korean scholars who wrote about contemporary IHL-related issues had their work published in an annual IHL journal.

With ICRC support, Chinese and Korean translations of the Geneva Conventions and their Additional Protocols were completed.

Armed forces and security forces personnel are trained in IHL and other pertinent norms

Military personnel and government officials from China, Mongolia, and the ROK strengthened their grasp of IHL and other applicable norms at regional and international workshops organized by the ICRC. Discussions at these events focused on the applicability of IHL to peacekeeping, the international rules governing military operations, maritime security, and weapons-related issues.

Peacekeepers from the PLA, and the ROK army, learnt more about IHL and the ICRC's humanitarian work during pre-deployment training conducted by the ICRC. Medical officers from the PLA attended an ICRC course in war surgery.

Senior military officers from China and the ROK attended a regional workshop in China on the maritime applicability of IHL; the workshop was organized jointly by the PLA and the ICRC.

Humanitarian activities are given broader coverage by the media

The ICRC reinforced its public engagement in the region, in particular by strengthening its presence in broadcast, print and online media in the local languages. More context-specific content – particularly audiovisual material – was produced and then promoted on social media platforms. The ICRC organized field trips for Chinese and Korean journalists in the Democratic Republic of the Congo and Bangladesh, respectively. Expanded contact with members of the media, and interviews given by ICRC staff, led to broader coverage of humanitarian issues, ICRC operations, and IHL-related subjects.

The ICRC provided the Chinese Red Cross with financial and technical support to develop its ability to broaden awareness of issues of humanitarian concern throughout the region and elsewhere.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC provided support for the National Societies in the region to develop their operational capacities, particularly in restoring family links, promoting IHL and humanitarian principles, and responding to emergencies.

Chinese Red Cross personnel received ICRC training for improving their delivery of family-links services. At ICRC workshops, other National Societies in the region developed their ability to restore family links during emergencies.

The ICRC arranged workshops for young beneficiaries of the Chinese Red Cross's programme on humanitarian education.

Twenty-five staff members from the DPRK Red Cross participated in an IHL workshop conducted by the ICRC. The Korean Red Cross personnel were given training pertinent to chemical, biological, radiological or nuclear events.

The ICRC and the Chinese Red Cross signed a memorandum of understanding to strengthen cooperation, within the framework of the Belt and Road Initiative.

The International Federation, the DPRK Red Cross, and the ICRC met in Pyongyang to discuss capacity building for the National Society. The ICRC sponsored senior officials from the Mongolian Red Cross Society and the DPRK Red Cross to attend the International Federation's East Asia Leadership Group meeting in Hong Kong, and take part in discussions about pressing issues of humanitarian concern in the region.

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Water and habitat				
Water and habitat activities	Beneficiaries	15,690	7,374	3,766
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
Physical rehabilitation				
Projects supported	Projects	5		
People benefiting from ICRC-supported projects	Aggregated monthly data	3,511	747	183
<i>of whom beneficiaries of physical rehabilitation services</i>		3,025	706	177
<i>of whom beneficiaries of sporting activities</i>		486	41	6
New patients fitted with prostheses	Patients	530	71	3
Prostheses delivered	Units	1,868	294	29
<i>of which for victims of mines or explosive remnants of war</i>		3		
New patients fitted with orthoses	Patients	941	371	148
Orthoses delivered	Units	1,159	437	162
Patients receiving physiotherapy	Patients	1,122	275	20
Walking aids delivered	Units	1,178	187	38
Wheelchairs or tricycles delivered	Units	59	5	2

JAKARTA (regional)

COVERING: Indonesia, Timor-Leste, Association of Southeast Asian Nations (ASEAN)

The ICRC established a presence in Indonesia in 1979 and in Timor-Leste following its independence in 2002. It supports the National Societies in boosting their emergency response capacities. It works with the armed forces (and the police in Indonesia) to encourage the inclusion of IHL and other applicable norms in their training. It maintains dialogue with ASEAN and other regional bodies and conducts activities with universities to further IHL instruction. It supports training for the authorities and other relevant actors in the management of human remains following disasters.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE IN KCHF

Protection	739
Assistance	158
Prevention	2,864
Cooperation with National Societies	448
General	79
Total	4,288
<i>Of which: Overheads</i>	<i>262</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	102%
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PERSONNEL

Mobile staff	8
Resident staff (daily workers not included)	45

PROTECTION

	Total
CIVILIANS	
Restoring family links	
RCMs collected	53
RCMs distributed	77
Phone calls facilitated between family members	72
Tracing cases closed positively (subject located or fate established)	6

CONTEXT

Indonesia was elected to a two-year term on the UN Security Council, beginning on 1 January 2019. It continued to contribute to multilateral forums, notably the Organization of Islamic Cooperation, and remained actively involved in the Association of Southeast Asian Nations (ASEAN). ASEAN, which is based in Jakarta, continued to develop its capacity to coordinate the humanitarian response to emergencies in the region.

Indonesia passed a revised anti-terrorism law in 2018; reportedly, because of the revised law, more people were arrested on “terrorism” charges than in 2017. Socio-economic and communal or religious tensions, in some parts of Indonesia, occasionally led to violence, including sexual violence. Specialized medical services, such as ophthalmic care, were usually inaccessible to people in isolated and violence-prone areas.

Migrants, including asylum seekers, continued to arrive in or pass through Indonesia. Many of them were detained or stranded, their legal status uncertain; some died along the migration route.

Several earthquakes and a tsunami struck Indonesia; hundreds of people were killed and thousands injured, displaced, or reported missing.

The security situation in Timor-Leste remained relatively stable, but confrontations between the police and young people took place occasionally. Thousands of families were still seeking information about relatives who went missing during the 1975–1999 armed conflict. The Timorese authorities conducted ad hoc exhumations of the remains of people who died during the conflict.

Their limited technical capacities made it difficult for both Indonesian and Timorese authorities to identify the remains of migrants or of people who went missing in past conflict.

ICRC ACTION AND RESULTS

Authorities enhance their understanding of IHL and the Movement’s work

The ICRC’s delegation in Jakarta maintained efforts to build support for the Movement’s work within ASEAN, and among the authorities, the armed forces, the police, members of civil society, and others capable of influencing humanitarian action, in Indonesia and Timor-Leste. It sought to advance understanding of, and broaden respect for, humanitarian principles and IHL and other relevant norms among these parties.

At an ICRC-organized regional conference, some 100 representatives of governments, security forces, armed groups, religious organizations and humanitarian agencies discussed issues related to humanitarian access in the Asian context. Other ICRC workshops and events similarly fostered discussions on national and regional issues of humanitarian concern. The ICRC maintained its dialogue with ASEAN on tackling humanitarian issues; ASEAN and the ICRC released a report on strengthening humanitarian action in the region.

The ICRC held discussions with the Indonesian foreign ministry on topics of mutual concern – for instance, the impact of autonomous weapon systems and cyber warfare on civilians – to help the ministry shape the Indonesian government’s agenda in multilateral forums.

The ICRC gave expert advice and organized workshops for the pertinent authorities to advance the ratification of IHL treaties and their domestic implementation. In Indonesia, the ICRC provided support for government bodies drafting legislation to implement the Hague Convention on Cultural Property and the newly adopted Red Cross law. At an ICRC-led conference, officials from 13 countries in the Asia-Pacific region discussed implementation of the former.

At workshops – and during discussions with the National Societies and the ICRC in other settings – religious scholars learnt more about IHL and humanitarian principles, and points of correspondence with Islamic jurisprudence; and journalists broadened their knowledge of humanitarian issues and the Movement’s work. Students strengthened their grasp of IHL at competitions and through courses from ICRC-trained lecturers.

Armed forces and police personnel learn more about humanitarian principles and IHL

Indonesian prison officials developed their understanding of internationally recognized standards for detention at ICRC workshops, particularly one on health care in prisons. At the Indonesian authorities’ request, the ICRC gave advice to help them organize a regional seminar aimed at developing international norms on the treatment of elderly detainees.

The ICRC continued to provide training for the military and the police, particularly for senior officers; it also continued to guide the Indonesian and Timorese armed forces and police in incorporating IHL and other applicable norms and standards in their training and operations. Aided by the ICRC, the Indonesian armed forces revised their IHL teaching materials. ICRC briefings and presentations helped police officers – especially personnel working in violence-prone areas – to strengthen their grasp of international law enforcement standards.

Victims/survivors of emergencies and of sexual violence receive assistance

Members of families separated by armed conflict or other violence, disasters, detention or migration reconnected through the Movement’s family-links services. With the ICRC’s help, one family in Indonesia contacted and sent parcels to a relative being held at the US detention facility at Guantanamo Bay Naval Station in Cuba; other families visited relatives detained in the Philippines.

The ICRC helped forensic professionals and first responders ensure the use of best practices in managing human remains, especially during three major emergencies in Indonesia. It facilitated their attendance and that of National Society staff in training sessions and international conferences on forensics.

One hospital in Papua, Indonesia, began to implement the ICRC's recommendations for timely and appropriate medical treatment – in accordance with national guidelines – for victims of sexual violence. Quarterly meetings between local health and administrative authorities – arranged by the ICRC – helped to promote compliance with national guidelines. The Indonesian Red Cross Society prepared to launch – in 2019 – a project to raise awareness on the needs of victims/survivors of sexual violence.

Local health-care providers, the Indonesian Red Cross and the ICRC continued to work together to provide ophthalmic services for people in remote and violence-prone communities in eastern Indonesia. Roughly 2,300 people had eye tests – after which, 316 had cataract surgery and 1,042 were given spectacles. Some 170 medical staff from these provinces were trained in eye care.

The ICRC assisted the Indonesian and Timorese National Societies in strengthening their emergency preparedness, particularly their first-aid services, and in developing their organizational capacities. The ICRC also helped the Indonesian Red Cross to bolster its family-links services and evaluate its implementation of the Safer Access Framework during the multiple emergencies in Indonesia.

Drafting of a Movement contingency plan for large-scale regional emergencies was in progress at year's end.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	53			
RCMs distributed	77			
Phone calls facilitated between family members	72			
Names published on the ICRC family-links website	1,696			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	53	10	16	14
<i>including people for whom tracing requests were registered by another delegation</i>	13			
Tracing cases closed positively (subject located or fate established)	6			
<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)	141	22	45	36
<i>including people for whom tracing requests were registered by another delegation</i>	12			

KUALA LUMPUR (regional)

COVERING: Brunei Darussalam, Japan, Malaysia, Singapore

Having worked in Malaysia since 1972, the ICRC established the Kuala Lumpur regional delegation in 2001 and a mission in Japan in 2012. It works with governments and National Societies to promote IHL and humanitarian principles and gain support for the Movement's activities. In Malaysia, it visits detainees, works with authorities to address issues identified during visits, and helps detained migrants contact their families. In Sabah, it works with the Malaysian Red Crescent Society in favour of communities in the field of health.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2018

- The ICRC visited detainees at 18 facilities in Malaysia; it awaited authorization to repeat visits to all facilities. Findings on detainees' treatment and living conditions were communicated confidentially to the authorities.
- People in remote rural areas of the Malaysian state of Sabah learnt about first aid, health and hygiene from the Malaysian Red Crescent Society and the ICRC, which also helped them obtain access to basic medical screening.
- Members of families dispersed by migration, detention or other circumstances reconnected through family-links services provided by the Malaysian Red Crescent and/or the ICRC.
- Authorities and weapon bearers became more familiar with humanitarian principles through discussions with the ICRC, or at regional events in which the ICRC participated.
- The region's National Societies strengthened their operational capacities and pursued organizational development, with assistance from the ICRC and other Movement partners.

EXPENDITURE IN KCHF

Protection	1,792
Assistance	1,006
Prevention	3,325
Cooperation with National Societies	581
General	202
Total	6,907
<i>Of which: Overheads</i>	422

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	19
Resident staff (daily workers not included)	44



PROTECTION

CIVILIANS

Restoring family links

RCMs collected	56
RCMs distributed	90
Phone calls facilitated between family members	3,595
Tracing cases closed positively (subject located or fate established)	27

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	18
Detainees in places of detention visited	25,418
<i>of whom visited and monitored individually</i>	626
Visits carried out	28

Restoring family links

RCMs collected	97
RCMs distributed	67
Phone calls made to families to inform them of the whereabouts of a detained relative	188

CONTEXT

Migration, human trafficking and disputed maritime areas in the South China Sea continued to be prominent subjects of discussion in the region.

There were reportedly up to 4 million irregular migrants in Malaysia; in the state of Sabah, there were 1.2 million migrants of varying legal status, out of the total state population of 3.2 million; some 800,000 of these migrants were undocumented. In addition, there were some 150,000 UNHCR-registered refugees and asylum seekers in Malaysia, many of them from Myanmar. Irregular migrants were often detained or deported; in Sabah, they struggled to obtain health services.

A number of people were detained for security-related reasons in Malaysia. Overcrowding in prisons remained an issue of concern; access to health care was often insufficient.

General elections were held in Malaysia in May.

ICRC ACTION AND RESULTS

The ICRC pursued initiatives to broaden awareness of and support for humanitarian principles, IHL and the Movement among influential parties throughout the region. Its engagement with the authorities and weapon bearers – including senior ICRC officials' participation in various events in the region – helped draw attention to issues of humanitarian concern.

In Japan, national media covered the ICRC's work around the world, including its activities for people who had fled violence in Myanmar. The Japanese Red Cross Society and the ICRC sought to cooperate more closely with the private sector in promoting humanitarian principles and IHL.

The ICRC visited detainees at 18 facilities in Malaysia – ten prisons, seven immigration detention centres and, in Sabah, one place of temporary detention – to check on their treatment and living conditions; it was able to visit the ten prisons only once during the year. Working procedures for visits to detainees were discussed with the authorities.

After visiting places of detention, the ICRC discussed its findings and recommendations confidentially with the authorities concerned, and offered technical assistance for making improvements. As in past years, the ICRC organized training for junior prison officers in internationally recognized standards for detention. It conducted a workshop on prison management for senior officials from immigration detention centres.

The ICRC was unable to assist prison officials in broadening access to health care in ten prisons, as it was still awaiting authorization to repeat visits. Detainees at one prison, however, continued to benefit from past ICRC support. Equipment and supplies – and training recommendations – provided by the ICRC during an anti-scabies campaign in 2017 helped health personnel at Malaysia's main remand prison to treat nearly 4,000 detainees with scabies in 2018.

The Malaysian Red Crescent and the ICRC strove to broaden their access to vulnerable people in Sabah, particularly those in remote rural areas: to that end, they held discussions with and dissemination sessions for the authorities, police forces, and health officials. They pursued efforts to teach people – including migrants and stateless people – about first aid designed for remote areas, health, and hygiene. ICRC train-the-trainer workshops helped prepare Malaysian Red Crescent personnel to conduct these activities independently. "Health camps" organized by the Malaysian Red Crescent and the ICRC, in coordination with health officials, made basic medical screening available to community members. Supported by the ICRC, the Malaysian Red Crescent branch in Sabah continued to improve its health-related activities.

In Malaysia, members of families dispersed by migration, detention or other circumstances reconnected through family-links services provided by the Malaysian Red Crescent and/or the ICRC. The ICRC continued to support Malaysian Red Crescent personnel in strengthening their ability to provide such services.

The ICRC reaffirmed its position as an organization of reference for IHL in the region. As in past years, military and police forces in the region – including Malaysian and Singaporean peace-support troops preparing for deployment abroad – received ICRC training in IHL and other applicable norms. The ICRC had discussions with them about incorporating these norms in their decision-making. It continued to work with the National Defence University of Malaysia to set up a regional centre for military training in IHL. Senior military lawyers from 19 countries in the Asia and Pacific region attended a round-table organized in preparation for the centre's opening; they made recommendations concerning the design of the training programme and the selection of instructors.

The ICRC continued to encourage authorities in the region to incorporate key IHL provisions in domestic law. The Malaysian authorities were given expert assistance for ratifying the Arms Trade Treaty and implementing the Treaty on the Prohibition of Nuclear Weapons. The ICRC enabled government officials, academics and university students to attend IHL-related events in the region.

National Societies in the region continued to develop their ability to respond to humanitarian needs, with various forms of support from the ICRC and other Movement partners.

For administrative reasons, the ICRC's regional resource centre in Kuala Lumpur, which facilitated humanitarian diplomacy in the region, was relocated to other delegations in Asia and the Pacific by year's end.

CIVILIANS

Vulnerable people in Sabah receive health education and basic medical screening

The Malaysian Red Crescent and the ICRC sought to raise public awareness of their work, with a view to broadening their access to vulnerable people in Sabah. Dissemination sessions for and discussions with central and regional security authorities,

police personnel and health officials – including the state health minister for Sabah – emphasized the Movement’s neutral, impartial and independent humanitarian approach.

In remote rural areas of Sabah, health care of good quality remained difficult for community members – including migrants and stateless people – to access. The Malaysian Red Crescent and the ICRC sought to remedy this situation, at least partially: they organized courses in first aid designed for remote areas, health, and hygiene for more than 800 community members, including schoolchildren and teachers. National Society volunteers strengthened their ability to conduct similar courses independently, at nine ICRC train-the-trainer workshops.

People living in remote areas were given basic medical screenings at “health camps” organized by the Malaysian Red Crescent and the ICRC in coordination with health officials. Supported by the ICRC, the Malaysian Red Crescent branch in Sabah continued to improve its health-related activities.

Members of families dispersed by migration or detention reconnect

People in Malaysia used ICRC family-links services to search for or stay in touch with relatives separated from them by migration, detention or other circumstances. The families of two Malaysians being held at the US detention facility at Guantanamo Bay Naval Station in Cuba exchanged news with their detained relatives through RCMs and video calls.

At their request, several asylum seekers were referred to the UNHCR for further assistance. One person, formerly held in an immigration detention centre, received financial assistance from the ICRC to return to Nepal, where he was reunited with his family.

ICRC training helped 60 Singapore Red Cross Society volunteers to learn more about providing family-links services.

PEOPLE DEPRIVED OF THEIR FREEDOM

People detained at 18 facilities receive ICRC visits

In Malaysia, the ICRC visited detainees at ten prisons, including a juvenile detention facility; seven immigration detention centres; and one place of temporary detention in Sabah. It was able to visit the ten prisons only once during the year. In discussions with them, the ICRC sought to help the authorities reach a fuller understanding of its working procedures for prison visits.

The ICRC checked on detainees’ treatment and living conditions and, afterwards, discussed its findings and recommendations confidentially with the authorities concerned; it offered technical assistance for making improvements. It focused on identifying and addressing the needs of detainees with specific vulnerabilities: migrants, minors, women and people who were ailing. At their request, some foreign detainees were referred to the UNHCR or their embassies for specific assistance.

Inmates restored or maintained contact with their relatives through family-links services – RCMs, phone calls and short oral messages – provided by the Malaysian Red Crescent

Society and the ICRC. The possibility of facilitating family visits for people at one immigration detention centre was raised with the authorities. The ICRC continued to guide Malaysian Red Crescent personnel’s efforts to enhance their capacities in restoring family links.

At the penitentiary authorities’ request, the ICRC helped prison officers familiarize themselves with internationally recognized standards for detention. Through dissemination sessions, some 300 junior officers learnt more about these standards – including those concerning the provision of health care – and about the ICRC’s work. The ICRC conducted a workshop – which tackled such subjects as providing health care in places of detention and enabling detainees to communicate with their families – for 36 senior officials from immigration detention centres. An ICRC reference work on water-supply systems and other infrastructure was translated into Malay and given to the officials of one immigration detention centre.

During visits to detention facilities, the ICRC distributed hygiene items, benefiting a total of 2,961 detainees.

Detainees benefit from ICRC support for treating scabies

The ICRC was not able to assist the penitentiary authorities in improving health-care delivery at the ten prisons visited, as it was still awaiting authorization to repeat visits. However, a number of detainees did benefit from past ICRC support. Health personnel at the main remand prison in Malaysia continued to use equipment and supplies provided by the ICRC during an anti-scabies campaign in 2017, and to implement the ICRC’s recommendations for training staff in the treatment of scabies. Nearly 4,000 of the roughly 5,000 detainees at the prison were treated for scabies in 2018.

Plans for supporting the improvement of health services at immigration detention centres were cancelled, as the authorities opted to prioritize other projects.

ACTORS OF INFLUENCE

Senior ICRC officials pursue humanitarian diplomacy in the region

To broaden support for the Movement’s work and foster acceptance for IHL and other applicable norms, the ICRC pursued various forms of engagement with key actors in the region – including representatives of multilateral bodies, such as the Association of Southeast Asian Nations, and others capable of influencing the humanitarian agenda.

At a regional defence summit in Singapore, attended by officials from more than 50 countries, the ICRC’s president spoke about the plight of people who had fled violence in Myanmar (see *Bangladesh* and *Myanmar*). Cooperation on assistance for these people was discussed in meetings between Japanese government officials and the head of the ICRC’s delegation in Myanmar, who visited Japan.

The ICRC’s vice-president also visited Japan; he met with the mayors of Hiroshima and Nagasaki to discuss their advocacy for the non-use, prohibition and elimination of nuclear weapons.

At various international events, the ICRC offered its humanitarian perspective on issues of regional interest; these events included a forum on security in the Asia and Pacific region organized by the Japanese government, and a conference on military operations and law hosted by the United States Indo-Pacific Command.

During discussions with the Malaysian defence and foreign ministries, the ICRC emphasized its neutral, impartial and independent humanitarian approach. Influential parties in Sabah, including security forces officers and health officials, learnt more about the activities of the Malaysian Red Crescent and the ICRC through dissemination sessions and discussions (see *Civilians*). The general elections limited the ICRC's efforts to strengthen relations with civil society and the media.

Japanese media covered the ICRC's activities for people who had fled violence in Myanmar, and its work in other parts of the world. The Japanese Red Cross Society and the ICRC sought to cooperate more closely with the private sector in promoting humanitarian principles and IHL in Japan.

Military and police officers add to their knowledge of IHL

The ICRC had discussions with weapon bearers in the region about incorporating IHL and other applicable norms in their decision-making. Military and police personnel, including Malaysian and Singaporean peacekeeping troops bound for overseas missions, learnt more about these norms through ICRC briefings and workshops. The ICRC also participated in bilateral and multilateral training exercises, including an annual joint exercise for American military forces and the Japan Self-Defense Forces.

The ICRC continued to work with the National Defence University of Malaysia to establish the Centre of Military and International Humanitarian Law, which would serve as a regional platform for military training. Senior military lawyers from 19 countries in the Asia and Pacific region attended a round-table organized in preparation for the centre's opening; they made recommendations concerning the design of the training programme and the selection of instructors.

The ICRC encouraged governments in the region to incorporate key IHL provisions in domestic law; it provided the Malaysian authorities with expert assistance for ratifying the Arms Trade Treaty and implementing the Treaty on the Prohibition of Nuclear Weapons. Sponsored by the ICRC, government officials and academics attended regional events on IHL implementation.

IHL continued to be taught in Malaysia; the ICRC provided support for this. A Bruneian university, which was planning to begin teaching IHL in 2019, was given IHL books and teaching tools. An event was organized with a Malaysian university to introduce the updated ICRC Commentaries on the First and Second Geneva Conventions to academics and students.

RED CROSS AND RED CRESCENT MOVEMENT

Aided by the ICRC and other Movement partners, National Societies in the region enhanced their ability to respond to humanitarian needs. The Malaysian Red Crescent continued to provide family-links services to detainees (see *People deprived of their freedom*) and, in Sabah, health education to vulnerable communities (see *Civilians*). The Japanese Red Cross began reviewing its strategy for delivering family-links services, particularly with regard to its cooperation with other parties and its role in national emergency-readiness plans. Japanese Red Cross personnel were trained in the Safer Access Framework before taking up assignments abroad. Singaporean Red Cross personnel were trained to provide family-links services (see *Civilians*); they also organized joint public-communication activities with the ICRC. Personnel from the Brunei Darussalam Red Crescent Society and the Singaporean Red Cross added to their knowledge of the Movement's Fundamental Principles through ICRC training.

The National Societies also pursued organizational development. The ICRC guided the Malaysian Red Crescent in reviewing its legal base, and facilitated discussions in this regard between the National Society and the Joint Statutes Commission in Geneva, Switzerland. The Singaporean Red Cross organized a joint fundraising initiative with the ICRC. The Bruneian Red Crescent, aided by the International Federation and the ICRC, continued to review its legal base and fundraising strategy.

Movement components in the region continued to coordinate their activities, security management and approach to civil-military relations.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	56			
RCMs distributed	90			
Phone calls facilitated between family members	3,595			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	116	1	1	19
<i>including people for whom tracing requests were registered by another delegation</i>	107			
Tracing cases closed positively (subject located or fate established)	27			
<i>including people for whom tracing requests were registered by another delegation</i>	16			
Tracing cases still being handled at the end of the reporting period (people)	181	15	10	29
<i>including people for whom tracing requests were registered by another delegation</i>	128			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	18			
Detainees in places of detention visited	25,418	3,666	548	
Visits carried out	28			
		Women	Girls	Boys
Detainees visited and monitored individually	626	65		52
<i>of whom newly registered</i>	567	58		48
RCMs and other means of family contact				
RCMs collected	97			
RCMs distributed	67			
Phone calls made to families to inform them of the whereabouts of a detained relative	188			

MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM		Total	Women	Children
Economic security				
Living conditions	Beneficiaries	2,961	685	50
Health				
Places of detention visited by health staff	Structures	10		
Health facilities supported in places of detention visited by health staff	Structures	1		
WOUNDED AND SICK				
First aid				
First-aid training				
	Sessions	23		
	Participants (sum of monthly data)	898		

MYANMAR

The ICRC began working in Myanmar in 1986. It responds to the needs of IDPs and other people affected by armed clashes and other situations of violence, helping them restore their livelihoods, supporting primary-health-care, hospital and physical rehabilitation services, and repairing water, health and prison infrastructure. It conducts protection activities in favour of violence-affected communities, visits detainees in places of permanent detention and provides family-links services. It promotes IHL and other international norms and humanitarian principles. It often works with the Myanmar Red Cross Society and helps it build its operational capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2018

- People affected by armed conflict or other situations of violence in Kachin, Rakhine and Shan, including displaced people, met their urgent needs for food, water and shelter with aid from the ICRC and/or the National Society.
- IDPs and other violence-affected people obtained health care at hospitals and other health facilities, including mobile health units in Rakhine; all these facilities received various forms of ICRC support.
- ICRC training helped prison health staff to develop their ability to tackle health-related issues. The ICRC provided prison clinics with drugs, and medical equipment and supplies.
- People with physical disabilities improved their mobility with rehabilitative care at ICRC-supported centres and services from mobile workshops and roving technicians.
- An ICRC workshop helped border guards in Rakhine to strengthen their grasp of international policing standards. Senior army officers participated in an ICRC round-table on laws applicable to asymmetric warfare.
- Restrictions on access, mainly in Kachin and Shan, and other operational constraints hindered some of the ICRC's planned activities.

EXPENDITURE IN KCHF

Protection	8,024
Assistance	37,806
Prevention	3,316
Cooperation with National Societies	3,482
General	415
Total	53,043
<i>Of which: Overheads</i>	<i>3,228</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	85%
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PERSONNEL

Mobile staff	92
Resident staff (daily workers not included)	632



PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	763
RCMs distributed	673
Tracing cases closed positively (subject located or fate established)	429
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	22
Detainees in places of detention visited	51,602
<i>of whom visited and monitored individually</i>	486
Visits carried out	27
Restoring family links	
RCMs collected	3,164
RCMs distributed	1,611

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	165,000	132,951
Food production	Beneficiaries	60,000	116,215
Income support	Beneficiaries	24,500	22,562
Living conditions	Beneficiaries	142,500	208,670
Capacity-building	Beneficiaries	120	302
Water and habitat			
Water and habitat activities	Beneficiaries	115,000	234,985
Health			
Health centres supported	Structures	8	35
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	1	26
Physical rehabilitation			
Projects supported	Projects	6	5
People benefiting from ICRC-supported projects	Aggregated monthly data	5,000	4,992
Water and habitat			
Water and habitat activities	Beds	645	1,140

CONTEXT

Between August 2017 and December 2018, over 720,000 people fled violence in Rakhine State – which allegedly included killing of civilians, sexual violence and burning of villages – and sought refuge in Bangladesh; thousands of others were displaced within Rakhine. The violence reportedly grew out of the bolstered security operations carried out by government forces, following coordinated attacks by armed elements against police outposts in northern Rakhine in August 2017. These events further heightened communal tensions: Buddhists, Hindus, Muslims and others were all affected. The governments of Bangladesh and Myanmar reached agreements on the return of those who fled the violence, but none had taken effect at year's end.

In December 2018, fighting between an armed group in Rakhine and the army intensified, displacing roughly 3,000 people.

In Kachin and Shan States, hostilities between government forces and armed groups, or among armed groups, increased and caused displacement. In particular, intensified fighting between the army and an armed group in Kachin displaced or re-displaced about 6,800 people in April 2018.

All this made it difficult for IDPs and other violence-affected people to obtain food, water and shelter, and to maintain or restore their livelihoods. They also had limited access to health care.

Mines and explosive remnants of war (ERW) continued to endanger people in many parts of the country.

ICRC ACTION AND RESULTS

In 2018, the ICRC scaled up its response to the needs of victims of armed conflict and other violence in Myanmar. In all its interaction with the authorities, weapon bearers and others, the ICRC sought to broaden its access to people in need and secure support for IHL and for neutral, impartial and independent humanitarian action. However, restrictions on access, mainly in Kachin and Shan, and other operational constraints hindered some of the ICRC's planned activities.

People affected by conflict and other violence in Kachin, Rakhine and Shan received emergency aid from the ICRC and the Myanmar Red Cross Society: food and essential household items, and/or cash to buy basic necessities. ICRC and National Society support helped households in these States to strengthen their livelihoods. Thousands of households were given seed, fertilizer and farming tools to grow more food. The ICRC faced restrictions in providing violence-affected households in northern Rakhine with cash to help them augment their incomes or purchase necessities; it adjusted its operations by distributing household essentials and agricultural input to more people than planned. Communities affected by conflict or other violence had broader access to water or more sanitary surroundings after the ICRC renovated or built water and sanitation facilities. The ICRC also repaired or built shelters for IDPs. The fast implementation of some water- and habitat projects enabled the ICRC to reach more people in need than planned.

People within reach of ICRC-supported hospitals and health centres, including mobile health units, were given appropriate care. Where these facilities were inaccessible, people benefited from the services of community health workers, auxiliary midwives and traditional birth attendants – all of whom bolstered their skills through training organized by the ICRC and/or the health ministry. In Rakhine, the ICRC continued to support the health ministry's emergency patient transport system, which enabled Buddhist, Muslim and other communities to have safe and ready access to the Sittwe General Hospital and other facilities. Following the clashes in Rakhine in December 2018 (see *Context*), the ICRC provided additional medical supplies for health facilities in the areas affected.

People with physical disabilities improved their mobility with rehabilitative care at five centres that received comprehensive ICRC assistance. Mobile workshops and roving technicians repaired assistive devices for people who lived far from these centres. The ICRC pursued various efforts to foster the social inclusion of people with physical disabilities.

The ICRC visited – in accordance with its standard procedures – detainees at prisons or labour camps under the authority of the home affairs ministry. Findings from these visits were discussed confidentially with prison authorities, with a view to improving detainees' living conditions. The ICRC also carried on a dialogue with the authorities on systemic problems in the penitentiary system. Senior prison officials strengthened their managerial capacities at ICRC workshops. Detainees benefited from the ICRC's renovation or construction of basic infrastructure.

Dialogue, and workshops and other events, helped the authorities, weapon bearers, academics and others to advance their understanding of the Movement's work and IHL and other applicable norms. The ICRC strove to broaden public awareness of and foster support for the Movement's response to humanitarian issues in the country. It also continued to expand contact with people affected by the fighting, in order to understand their concerns more fully and promote the humanitarian services available to them.

The National Society remained the ICRC's primary partner in the country. Together with the ICRC, it conducted risk-education sessions for people in areas affected by mines/ERW. Movement components operating in Myanmar worked closely together to improve coordination and their overall emergency response.

CIVILIANS

In all its interaction with the authorities, weapon bearers and other actors, the ICRC focused on improving its access to people in need and securing support for IHL and neutral, impartial and independent humanitarian action. The authorities were reminded – through dialogue and written representations – of the necessity of respecting civilians, protecting them from unlawful conduct, and ensuring their access to basic services. However, restrictions on access, mainly in Kachin and Shan, and other operational constraints hindered some of the ICRC's planned activities.

Discussions were held with members of vulnerable communities about their protection-related needs and concerns; the ICRC's aim was to help them develop measures for self-protection.

Members of families dispersed by conflict or other violence, detention or other circumstances restored or maintained contact through the Movement's family-links services, such as RCMs and tracing services. ICRC support enabled Myanmar Red Cross Society staff to develop their family-links capacities by attending training courses and other events.

People affected by conflict and other violence boost their livelihoods

The ICRC's operations, especially in Rakhine, were scaled up and conducted in close cooperation with Movement partners, particularly the National Society and the International Federation. However, the ICRC faced restrictions in providing violence-affected households in northern Rakhine with cash to help them augment their incomes or purchase necessities; it adjusted its operations by distributing household essentials and agricultural input to more people than planned (see below). Staff and volunteers from several National Society branches strengthened their ability – through ICRC training – to implement economic-security and water-and-habitat activities.

The ICRC and/or the National Society provided material assistance for people affected by conflict and other violence in Kachin, Rakhine and Shan. Food, or cash to buy it, was given to 132,951 people (26,884 households). To help ease their living conditions, 170,485 people were given essential household items, such as hygiene kits and clothes, or cash for buying basic necessities. In addition, 28,585 IDPs in camps in Rakhine were given fuel sticks. A total of 9,600 released detainees returning home also received basic necessities, or cash to purchase them, from the ICRC (see *People deprived of their freedom*).

Households in Kachin, Rakhine and Shan boosted their livelihoods with ICRC and/or National Society support. Seed, fertilizer and tools were given to 23,224 households (116,215 people) for growing more food. Training conducted by the ICRC and local partners enabled 302 community-based animal-health workers and farmers to bolster their capacities and serve their communities. ICRC cash grants and cash-for-work projects helped 4,667 households (22,562 people) add to their incomes: for instance, some of them used these grants to start and run small businesses.

ICRC-supported health facilities provide the necessary care

People affected by conflict and other violence – such as IDPs – obtained preventive and curative care at 35 primary-health-care centres, including two mobile health units in Rakhine. The ICRC provided all these facilities with material or financial assistance, trained their staff, and/or upgraded their infrastructure. People to whom these facilities were inaccessible benefited from the services of community health workers, auxiliary midwives and traditional birth attendants, who were given the necessary training by the ICRC and/or the

health ministry. The health ministry maintained its immunization programmes with the ICRC's financial assistance. In Rakhine, patients needing more advanced treatment were referred to the Sittwe General Hospital and other facilities (see *Wounded and sick*).

Following the clashes in Rakhine in December 2018 (see *Context*), the ICRC provided additional medical supplies for health facilities in the areas affected.

The ICRC's water-and-habitat activities benefited a total of 234,985 people; the fast implementation of some projects enabled the ICRC to reach more people in need than planned. Of these, 116,831 people and 12,000 people in rural and urban areas, respectively, had better access to water or more sanitary surroundings after the ICRC renovated or constructed water and sanitation facilities. The ICRC built or repaired shelters, which benefited 13,203 IDPs in such areas as Laiza, Myitkyina and Sittwe. A total of 92,951 people benefited from the ICRC's emergency-related water-and-habitat activities – such as the provision of water filters and drinking water. Because of certain administrative impediments, some infrastructural projects at rural health centres had to be put on hold, but a few were completed.

People in mine-affected communities learn safe practices

At mine-risk education sessions conducted by the National Society and the ICRC, 47,000 people living in areas affected by mines/ERW learnt safe practices. The ICRC provided medical support for 68 mine/ERW victims (see *Wounded and sick*).

The Ministry of Social Welfare, Relief and Resettlement and the ICRC organized a workshop on international mine action standards for officials from various ministries, including the defence ministry, the home affairs ministry and the health ministry, and for National Society staff.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited – in accordance with its standard procedures – detainees at prisons or labour camps under the authority of the home affairs ministry. It monitored their treatment and living conditions, with a view to ensuring that these met internationally recognized standards. Findings from the visits were discussed confidentially with the authorities concerned. During these discussions, the ICRC urged the authorities to address specific issues, such as overcrowding, the needs of particularly vulnerable inmates, and the treatment of detainees. It also carried on a dialogue with the authorities on systemic problems in the penitentiary system. Senior prison officials strengthened their managerial capacities at ICRC workshops.

Inmates restored or maintained contact with their relatives through RCMs; the ICRC sponsored family visits for 1,597 detainees – including those with relatives in Rakhine. Financial assistance from the ICRC enabled 3,061 ex-detainees to return home after their release. Thousands of released detainees also received basic necessities, or cash to purchase them, from the ICRC (see *Civilians*).

Prison authorities and staff receive ICRC support for improving health-care delivery

The ICRC helped enhance health care for detainees at eight detention facilities by conducting capacity-building training for prison health personnel and/or providing the prisons' clinics with drugs, and medical equipment and supplies. Medicines supplied by the ICRC were used to treat detainees with scabies or fungal infections. Disabled detainees were offered physical rehabilitation services. The ICRC sponsored senior officials from the health ministry and two prison doctors to attend the Asian and Pacific Conference on Prison Health, which was organized by the ICRC and held in Cambodia. The conference gave them an opportunity to discuss – with health-care experts and prison authorities from other countries in the region – various public-health issues in prisons and best practices in addressing them.

The ICRC continued to urge the home affairs ministry, the health ministry and others to work more closely together to make health care more readily available to detainees. It also discussed a number of issues with prison and health authorities: medical screening for newly arrived detainees; medical ethics; and detainees' access to suitable medical care.

The ICRC urged the pertinent authorities to facilitate educational activities for detainees. A school built by the ICRC at the Mandalay Central Prison in 2017 began offering accounting classes to detainees.

Detainees benefit from renovated or newly constructed facilities

The ICRC renovated or constructed water and sanitation facilities, and rooms for family visits, at a number of detention facilities; 11,813 detainees benefited. Infrastructural upgrades carried out by the authorities, with the ICRC's material assistance, benefited 7,813 inmates. The ICRC sought to work more closely with the prison authorities' engineering unit, to help ensure proper maintenance of prison infrastructure. It sponsored three prison officials to attend the 7th Asian Conference of Correctional Facilities Architects and Planners, which was held in Sri Lanka.

The ICRC distributed essential, recreational and other items to 50,808 detainees, to help ease their living conditions.

WOUNDED AND SICK

People affected by the fighting obtain medical assistance

First responders, health workers, members of civil-society organizations and others developed their first-aid capacities, for which the ICRC and/or the Myanmar Red Cross Society provided training and/or material support. The ICRC also organized train-the-trainer sessions for first-aid instructors.

In Rakhine, the ICRC continued to support the health ministry's emergency patient transport system, which enabled Buddhist, Muslim and other communities to have prompt and safe access to hospital care. For instance, 1,233 people in Sittwe, central Rakhine, used this system to reach the Sittwe General Hospital and 451 people in Maungdaw, northern Rakhine, used

this system to reach the Maungdaw and Buthidaung Township hospitals. The Sittwe General Hospital's outpatient referral service helped 2,776 patients to obtain specialized treatment.

ICRC support – medical supplies, infrastructural upgrades and/or capacity-building training for staff – enabled 26 hospitals in Kachin, Rakhine and Shan to continue treating people affected by the fighting. ICRC personnel kept in touch with the staff of one hospital in Laiza, Kachin, and gave them expert advice and training through video/phone calls; direct access to the hospital, however, was mainly unavailable.

People with physical disabilities improve their mobility

A total of 4,818 people¹ with physical disabilities improved their mobility with rehabilitative care at five centres that received comprehensive ICRC assistance: the Hpa-an Orthopaedic Rehabilitation Centre (HORC) run by the National Society, the Kyaing Tong facility in Shan, the Myitkyina centre in Kachin, the National Rehabilitation Hospital in Yangon, and the Yenanthar Leprosy Hospital. Plans to support a physical rehabilitation centre in Mandalay fell through because of some operational constraints. These centres provided 1,119 prostheses, 133 orthoses and 1,812 walking aids for people with physical disabilities, including mine victims. The ICRC also gave the National Rehabilitation Hospital and the Defense Services Rehabilitation Hospital financial support for making prosthetic feet. It conducted capacity-building training for selected personnel at supported centres, including newly hired prosthetists/orthotists at the Myitkyina centre and the Kyaing Tong facility. At year's end, two orthopaedic technicians were undergoing training abroad, with ICRC sponsorship.

The referral system jointly operated by the National Society and the ICRC continued to inform people with physical disabilities of the centre or service provider nearest them. Mobile workshops stationed near their communities repaired assistive devices for 1,524 disabled people living far from the HORC; people also received these services from ICRC-supported roving technicians covering remote areas in several states or regions.

The ICRC continued to help foster the social inclusion of people with physical disabilities. It made six homes disabled-accessible, and, in partnership with the Myanmar Paralympic Sport Federation, it enabled 146 people to participate in sporting events, particularly wheelchair basketball. Nineteen people with physical disabilities benefited from vocational training and nine were referred to economic programmes.

The ICRC was unable to discuss – with the health ministry – the establishment of a national steering committee to regulate the physical rehabilitation sector. However, it was able to participate in a workshop – organized by the health ministry and the WHO – on Myanmar's national rehabilitation strategy.

1. Beneficiary figures of physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

ACTORS OF INFLUENCE

The ICRC sought to strengthen its engagement with authorities, weapon bearers, and other key actors in Myanmar. Its aims were to foster support for its activities, and for IHL and other applicable norms, and to persuade these parties to facilitate access to communities affected by conflict and other violence (see *Civilians*). During a visit to Myanmar in June, the ICRC's president discussed the ICRC's mandate and activities with senior government officials and others wielding influence. Operational constraints, however, delayed some of the activities planned by the ICRC.

The ICRC continued to expand its contact with people affected by the fighting, in order to understand their concerns more fully and promote the humanitarian services available to them.

Weapon bearers strengthen their grasp of IHL and other applicable norms

The ICRC enabled officers from the army and the navy to attend IHL-related events in the region and beyond. These events strengthened their grasp of IHL and its applicability to their operations. For instance, a senior army officer attended a workshop, held in Abu Dhabi, on the international rules governing military operations (see *International law and policy*). Twenty-five senior army officers participated in an ICRC round-table on laws applicable to asymmetric warfare. Some 80 officers from the Defence Services Medical Academy learnt about IHL at an ICRC dissemination session. The ICRC also held meetings with the Deputy Judge Advocate's Office to explore possibilities for tackling IHL and international human rights law. Members of several armed groups learnt more about IHL and the Movement through ICRC briefings.

Border guards in Rakhine strengthened their grasp of policing standards at an ICRC workshop. One police officer and two military officers were sponsored to attend a course on rules applicable during security operations, which took place in Kathmandu, Nepal.

Students participate in moot court competitions

The ICRC sought to stimulate interest in IHL among students and their teachers, and develop local expertise as well. Students and professors, sponsored by the ICRC, took part in moot court competitions in Myanmar and elsewhere. Officials from the Office of the Judge Advocate General served as judges at a moot court competition organized by the ICRC in Myanmar. Academics sponsored by the ICRC attended a seminar held in Bangkok, Thailand, which advanced their understanding of IHL. Two local universities were given reference materials on IHL.

National Society staff, particularly in Kachin and northern Shan, learnt the basic principles of IHL at ICRC training sessions. The National Society's legal adviser continued to benefit from ICRC expertise in drafting, enacting and/or implementing legislation on the emblems protected under IHL.

The ICRC president's visit, the delegation's social media account in the local language, public-communication activities carried out jointly with the National Society, and interviews given to local and international media organizations: all this helped to broaden public awareness of – and foster support for – the Movement's response to humanitarian issues in Myanmar. The ICRC and the National Society kept members of the media abreast of developments of humanitarian concern, and organized field visits for some of them.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC, the International Federation and other Movement partners provided material, financial and/or technical support for the Myanmar Red Cross Society to strengthen its operational capacities. ICRC training helped National Society staff and volunteers to familiarize themselves with the Safer Access Framework. With the ICRC's financial assistance, the National Society trained its staff and volunteers in various areas, such as first aid, volunteer management and community-based disaster-risk reduction.

Aided by the ICRC, the National Society drafted guidelines concerning organizational development for its branches. It also established a working group to strengthen its legal bases.

The National Society and the ICRC signed a cooperation framework agreement for 2018–2020. At year's end, agreements for cooperating in specific programmes or activities were being drafted, and were scheduled for completion in 2019.

Movement components operating in Myanmar met regularly and worked closely together to improve coordination and their emergency preparedness and response, particularly in Rakhine. The ICRC sponsored National Society personnel to attend Movement meetings abroad.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total		
RCMs and other means of family contact			UAMs/SC	
RCMs collected		763		
RCMs distributed		673		
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered		1,538	83	34
<i>including people for whom tracing requests were registered by another delegation</i>		1,367		
Tracing cases closed positively (subject located or fate established)		429		
<i>including people for whom tracing requests were registered by another delegation</i>		373		
Tracing cases still being handled at the end of the reporting period (people)		1,228	77	31
<i>including people for whom tracing requests were registered by another delegation</i>		1,070		
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls	Demobilized children
UAMs/SC newly registered by the ICRC/National Society		6	3	
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		6	3	
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits			Women	Minors
Places of detention visited		22		
Detainees in places of detention visited		51,602	6,845	804
Visits carried out		27		
			Women	Girls
Detainees visited and monitored individually		486	47	38
<i>of whom newly registered</i>		396	27	24
RCMs and other means of family contact				
RCMs collected		3,164		
RCMs distributed		1,611		
Detainees visited by their relatives with ICRC/National Society support		1,597		

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	132,951	34,571	66,469
<i>of whom IDPs</i>		40,667	10,572	20,334
Food production	Beneficiaries	116,215	30,222	58,099
<i>of whom IDPs</i>		36,510	9,495	18,253
Income support	Beneficiaries	22,562	5,864	11,281
<i>of whom IDPs</i>		4,933	1,282	2,467
Living conditions	Beneficiaries	208,670	56,563	99,526
<i>of whom IDPs</i>		94,116	26,772	42,257
Capacity-building	Beneficiaries	302	58	113
<i>of whom IDPs</i>		126	31	60
Water and habitat				
Water and habitat activities	Beneficiaries	234,985	93,986	47,011
<i>of whom IDPs</i>		68,205	27,282	13,641
Health				
Health centres supported	Structures	35		
Average catchment population		928,480		
Consultations		188,976		
<i>of which curative</i>		167,353	7,295	5,241
<i>of which antenatal</i>		21,623		
Immunizations	Patients	85,105		
<i>of whom children aged 5 or under who were vaccinated against polio</i>		38,847		
Referrals to a second level of care	Patients	1,551		
<i>of whom gynaecological/obstetric cases</i>		575		

PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	50,808	7,539	707
Water and habitat				
Water and habitat activities	Beneficiaries	19,626	2,409	201
Health				
Places of detention visited by health staff	Structures	18		
Health facilities supported in places of detention visited by health staff	Structures	3		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	26		
<i>including hospitals reinforced with or monitored by ICRC staff</i>		1		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
Weapon-wound admissions		11		
(including those related to mines or explosive remnants of war)		6		
Non-weapon-wound admissions		341		
Operations performed		221		
Medical (non-surgical) admissions		364	144	13
Gynaecological/obstetric admissions		479	478	1
Consultations		13,670		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		4,978		
Weapon-wound admissions (surgical and non-surgical admissions)		55	5	6
Weapon-wound surgeries performed		36		
Patients whose hospital treatment was paid for by the ICRC		1		
First aid				
First-aid training				
Sessions		32		
Participants (aggregated monthly data)		939		
Water and habitat				
Water and habitat activities	Beds	1,140		
Physical rehabilitation				
Projects supported	Projects	5		
People benefiting from ICRC-supported projects	Aggregated monthly data	4,992	636	357
<i>of whom beneficiaries of physical rehabilitation services</i>		4,818	604	342
<i>of whom beneficiaries referred to economic programmes</i>		9		
<i>of whom beneficiaries of sporting activities</i>		146	29	6
<i>of whom beneficiaries of vocational training</i>		19	3	9
New patients fitted with prostheses	Patients	514	80	30
Prostheses delivered	Units	1,119	151	78
<i>of which for victims of mines or explosive remnants of war</i>		423	27	2
New patients fitted with orthoses	Patients	75	12	28
Orthoses delivered	Units	133	17	67
<i>of which for victims of mines or explosive remnants of war</i>		6		
Patients receiving physiotherapy	Patients	1,607	238	171
Walking aids delivered	Units	1,812	249	117
Wheelchairs or tricycles delivered	Units	116	21	39

NEW DELHI (regional)

COVERING: Bhutan, India, Maldives, Nepal

Opened in 1982, the regional delegation in New Delhi seeks to broaden understanding and implementation of IHL and encourage respect for humanitarian principles among the authorities, armed forces, academics, civil society and the media. It visits detainees in the Maldives and engages in dialogue with the authorities in India on detention-related matters. In Nepal, its work focuses on helping clarify the fate of persons missing in relation to past conflict, and supporting their families. The ICRC helps improve local capacities to provide physical rehabilitation and emergency response services. It supports the development of the region's National Societies.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2018

- Military and security forces personnel, government officials and other influential stakeholders in the countries covered learnt more about IHL at events organized or supported by the ICRC, such as the Raisina Dialogue in New Delhi.
- In India and Nepal, ICRC courses organized with local partners helped strengthen capacities in emergency-room trauma care. The ICRC also trained first responders in India, Nepal and the Maldives in first aid or basic life support.
- People with physical disabilities in India and Nepal obtained good-quality treatment through ICRC-supported projects. Winners of the Enable Makeathon contests received support to further develop their innovative assistive devices.
- The Nepalese authorities were urged to address the needs of people affected by the past conflict, including missing people's families. Aided by the ICRC, victims' associations lobbied for more effective mechanisms in this regard.
- Forensic services in India and Nepal strengthened their human-remains management, with ICRC support. The world's first International Centre for Humanitarian Forensics was established by the ICRC and a forensics university in India.
- The ICRC remained without access to detainees in India, but continued to provide economic support for vulnerable families of current and former detainees. It visited detainees held in the Maldives and checked on their well-being.

EXPENDITURE IN KCHF

Protection	3,273
Assistance	4,132
Prevention	3,066
Cooperation with National Societies	1,342
General	711
Total	12,524
<i>Of which: Overheads</i>	<i>764</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	99%
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PERSONNEL

Mobile staff	13
Resident staff (daily workers not included)	173



ICRC regional delegation ICRC mission

The boundaries, names and designations used in this report do not imply official endorsement nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	18
RCMs distributed	34
Tracing cases closed positively (subject located or fate established)	4
People reunited with their families	1
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	2
Detainees in places of detention visited	46
Visits carried out	2
Restoring family links	
RCMs collected	31
RCMs distributed	9

ASSISTANCE	2018 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Food production	Beneficiaries 2,500	5,250
Income support	Beneficiaries 1,100	699
Water and habitat		
Water and habitat activities	Beneficiaries 6,234	4,495
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported	Projects 17	12
People benefiting from ICRC-supported projects	Aggregated monthly data 42,100	46,919

CONTEXT

India further raised its regional and international profile but continued to face various social, economic and security challenges. Relations with some of its neighbours remained tense, particularly because of border issues with China and Pakistan. Tensions persisted between armed militants and security forces in the state of Jammu and Kashmir, and in parts of central, eastern and north-eastern India; these often culminated in arrests, casualties or displacement. Religious tolerance in some places was put to the test.

Two government bodies in Nepal – the Commission of Investigation on Enforced Disappeared Persons (CIEDP) and the Truth and Reconciliation Commission (TRC), both formed in 2015 – endeavoured to fulfil their duty to address the needs of missing people's families, and victims/survivors of sexual and other violence during the past conflict. Their terms were further extended until 2020. After long delays, a new government was formed in the first quarter of 2018.

In the Maldives, hundreds of people linked to the political unrest that followed the arrest of the former president in 2015 remained in prison. Presidential elections took place in September; protests related to political tensions led to violence and arrests. The reintegration of returnees who were alleged to have participated in fighting abroad, and of their families, remained a political and social concern.

In the countries covered, detention or migration often led to loss of family contact.

ICRC ACTION AND RESULTS

The ICRC – most of the time in cooperation with pertinent National Societies and other local partners – sustained its efforts to help people in need, such as people with physical disabilities, vulnerable families of detainees and missing people's families; and build acceptance for IHL and the Movement among authorities, armed and security forces, members of civil society and the general public.

Sustained interaction with a wide range of influential parties, mainly in India but also in the Maldives and Nepal, helped foster support among them for the ICRC's neutral, impartial and independent humanitarian action and to widen acceptance for its activities. It also sought to broaden their understanding of IHL and other norms; and raise their awareness of pertinent humanitarian issues. Armed and security forces personnel, including troops bound for peacekeeping missions, and government officials, judges and lawyers strengthened their grasp of IHL – through training sessions, briefings, and courses on specific subjects. Various ICRC events in India and Nepal helped government officials, scholars and others to familiarize themselves with recent developments in IHL. National and regional initiatives with students stimulated academic interest in the subject.

The ICRC continued to emphasize to the Nepalese authorities the necessity of addressing the needs of people affected by the past conflict: that is, of helping missing people's families via the CIEDP, and victims/survivors of sexual and other violence

through the TRC. Conflict victims' associations, aided by the ICRC, lobbied for the creation of legal and administrative mechanisms for addressing such needs. The CIEDP and others doing forensic work drew on ICRC expertise to strengthen their ability to manage and identify human remains. An Indian forensics university and the ICRC launched the International Centre for Humanitarian Forensics, the first of its kind worldwide, to develop expertise and promote cooperation in the field; the centre organized capacity-building initiatives for forensic professionals. The Nepal Red Cross Society visited missing people's families and kept them informed of developments in the search for their relatives.

In India, the Maldives and Nepal, the ICRC supported pertinent National Societies and other local partners to train first responders to provide first aid and/or basic life support; it also helped medical professionals in India and Nepal to develop their capacities in emergency-room trauma care.

People with physical disabilities in India and Nepal received specialized care through ICRC-supported physical rehabilitation projects. The ICRC provided technical and material support to physical rehabilitation centres, and trained doctors and staff, to increase the quality of care available. In cooperation with other organizations, the ICRC had organized contests in India to design innovative assistive devices; the finalists were given support for developing their products. In conjunction with disabled sports associations, the ICRC also promoted the social inclusion of disabled people through adaptive sports.

The ICRC remained without access to detention facilities in India but continued to support economically vulnerable families of current and former detainees through micro-economic initiatives. The ICRC checked on the well-being of detainees in the Maldives and communicated its findings confidentially to the authorities. It facilitated family visits for some detainees in Bhutan and India.

People separated from their families owing to detention, migration or other circumstances used the Movement's family-links services to reconnect with relatives.

The Indian, Maldivian and Nepalese National Societies bolstered their capacities with comprehensive ICRC support. The "Bhutan Red Cross Society", created in 2017, took steps towards formal recognition by the Movement. Movement components in the region met regularly to exchange information and coordinate their activities.

CIVILIANS

Members of dispersed families restore or maintain contact

Members of families separated by migration, disaster and other circumstances reconnected through the Movement's family-links services. The Nepal Red Cross and the ICRC reunited a migrant worker in Malaysia with his family in Nepal. The ICRC enabled families to visit their relatives detained in Bhutan (see *People deprived of their freedom*). The Nepal Red Cross promoted the Movement's family-links services through printed leaflets and radio spots.

The ICRC did not organize workshops on professional standards for protection work for civil society organizations in India, as it was unable to find a suitable local partner. It was unable to organize workshops on addressing migrants' concerns for Indian authorities, owing to a lack of protection dialogue with them.

Authorities are urged to address the needs of people affected by past conflict

The ICRC reminded various Nepalese authorities of the necessity of addressing the needs of people affected by the past conflict: that is, of helping missing people's families via the CIEDP, and victims/survivors of sexual and other violence through the TRC. At the authorities' request, the ICRC gave its views on draft amendments to a law that recognizes victims' right to reparation. It also met regularly with other stakeholders – such as members of the National Human Rights Commission and representatives of the International Center for Transitional Justice – and advocated for the establishment of a humanitarian mechanism to facilitate the transitional justice process.

The Nepal Red Cross and the ICRC continued to collect tracing requests related to the past conflict in Nepal; they closed six such cases, four of which were resolved positively. However, the cases of 1,332 missing people remained unresolved. With ICRC support, National Society volunteers visited missing people's families and kept them abreast of developments in the search for their relatives, and of available government services.

The ICRC also helped the National Network of the Families of the Disappeared and Missing (NEFAD), the Conflict Victims Common Platform (CVCP) and others advocating the creation of legal and administrative mechanisms for addressing the needs of people affected by the past conflict. With the ICRC's support, NEFAD organized a meeting among its members and government policy-makers – and, subsequently, a round-table with the CIEDP; this resulted in all the parties agreeing on common measures for strengthening transitional justice mechanisms. The CVCP published a paper on the reparation needs of different categories of victims, which helped the Nepalese authorities reach a fuller understanding of the issue. The ICRC, in cooperation with other local partners, organized events to mark the International Day of the Disappeared. It provided some 90 relatives of missing people with transportation allowance to attend the launch of the CVCP paper or ICRC-organized events.

The International Centre for Humanitarian Forensics is officially launched

The ICRC helped increase local capacities in handling human remains properly, thereby preventing disappearances, and clarifying the fate of people who went missing. Indian and Nepalese authorities, forensic specialists and others involved in human-remains management were given body bags and other equipment, and guided on how to manage human remains with due dignity. These people, and their Bhutanese and Maldivian counterparts, attended training and other events – organized or supported by the ICRC – in specific areas such as identification of disaster victims and forensic odontology. The CIEDP

and the ICRC established a forensic coordination committee to support the process of ascertaining the fate of missing people; its members were trained and equipped to exhume human remains.

The Gujarat Forensic Sciences University and the ICRC established the International Centre for Humanitarian Forensics in India – the first institution of its kind in the world – tasked to develop expertise and promote coordination in pertinent fields. The centre organized – with ICRC support – capacity-building initiatives for disaster-management officials and forensic professionals.

In Nepal, a committee – for which the ICRC was an adviser – reviewed draft national guidelines for managing human remains after disasters. Pertinent parties in India and Nepal were urged to adapt their medico-legal frameworks in view of contemporary challenges to human-remains management – for instance, by drafting data-protection policies. Forensic institutions and government officials in Bhutan and the Maldives were engaged in dialogue on humanitarian forensics.

Some vulnerable people in India receive livelihood and health support

In Jammu and Kashmir, the ICRC gave 96 households of current or former detainees (some 480 people) financial support for starting small businesses; these helped ease former detainees' socio-economic reintegration. It referred 42 former detainees for medical treatment and/or psychosocial support.

Elsewhere, aided by the Indian Red Cross Society and the ICRC, people affected by violence or disasters regained a measure of self-sufficiency. Seed, tools and/or livestock – and training in new agricultural methods – helped 1,050 farmers (supporting 5,250 people) to produce more food; the ICRC exceeded its target because additional households requested for such assistance. Some 42 female breadwinners (supporting 129 people) were given economic aid and trained in business development; administrative constraints hampered the provision of such assistance to more people.

Young people in India have better access to potable water

The Indian Red Cross and the ICRC installed water filters and conducted information sessions – on good hygiene and proper storage of water – at 49 schools; as a result, some 4,500 students had better access to safe drinking water and were less at risk of disease or illness. An energy institute and the ICRC drafted plans for a training course on installing solar panels to help destitute young people acquire employment. The ICRC searched for local partners and made preparations in designing toilets for disabled people.

The ICRC gave the Indian Red Cross technical and financial support for implementing their joint projects (see above).

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC focused on working with detaining authorities and giving them technical support. In India, a police bureau requested and received the ICRC's observations on a research paper on designing high-security facilities. The ICRC organized

dissemination sessions on international policing standards for Indian police officers (see *Actors of influence*). It planned to support the Maldivian correctional services' activities to improve detention conditions; however, the implementation of these activities was hindered by the rise in election-related tensions (see *Context*). The situation also prevented the ICRC from visiting places of detention for most of the year. It regained access to detention facilities only in December, when it visited detainees in two such facilities in accordance with its standard procedures.

Detainees reconnect with their relatives

Some detainees in the countries covered reconnected with relatives via the Movement's family-links services. With the authorities' permission, detainees in Nepal – including foreigners – made use of family-links services provided by the Nepal Red Cross with ICRC support. The ICRC arranged family visits for 74 people held in India in relation to the situation in Jammu and Kashmir, and for ten detainees in Bhutan.

In India, former detainees, and families of current and former detainees, received economic or health-related assistance from the ICRC (see *Civilians*).

WOUNDED AND SICK

Local emergency services bolster their capacities

More than 600 people in India, Nepal and the Maldives – including National Society staff and volunteers – learnt how to administer first aid or basic life support, or instruct others in doing so; some of them received protective equipment. They did so through seminars organized by the health authorities, the ICRC's partner NGOs, the National Societies concerned and/or the ICRC. In India, these trainees worked in tension-prone areas; and in the Maldives, they responded to unrest during the elections. Indian Red Cross volunteers also learnt about the Movement's Fundamental Principles and the emblems protected under IHL. The "Bhutan Red Cross Society" and the National Societies in India and the Maldives also received ICRC technical support for strengthening their first-aid capacities.

Training organized by local partners and/or the ICRC enabled more than 250 doctors in India and Nepal to develop their capacities in emergency-room trauma care; some of them became trainers themselves. An international health institute in India, with technical support from the ICRC, hosted a course on health emergencies in large populations; it was attended by medical and other professionals from the countries covered. Associations of missing people's families did not carry on with their request for the ICRC to train them on addressing the health needs of their members.

Disabled people obtain physical rehabilitation of good quality

Some 47,000 people¹ improved their mobility through treatment and/or assistive devices provided by physical rehabilitation centres – eight in India, including one managed by the Indian Red Cross, and two in Nepal; these centres and clinics received materials, equipment and technical support

from the ICRC. The ICRC also supported some local clubfoot clinics. It covered expenses – for assistive devices, treatment, transport, and accommodation – for destitute patients in India; and referred nearly 600 patients from Nepal to economic programmes. The ICRC's planned support for the Maldivian Red Crescent's physical rehabilitation services did not push through, as the latter focused on responding to unrest during the elections.

The ICRC helped to ensure the sustainability and accessibility of good-quality physical rehabilitation services, by sponsoring staff training, providing expert advice, and fostering innovation. In India, doctors refreshed their skills in treating clubfoot, staff from the supported centres were trained in providing wheelchair services, and wheelchair users were trained in instructing other wheelchair users on such topics as health and mobility. In Nepal, two professionals from a supported centre started taking part in advanced courses abroad, with the ICRC's help. Finalists in the first (2015–2016) and second (2017–2018) editions of the Enable Makeathon in India were given financial, material and/or technical assistance to test and refine their products, with a view to bringing them to market. The ICRC extended such assistance directly, or referred the teams to other organizations who could provide them.

Aided by the ICRC, two wheelchair sports associations in India organized tournaments and/or training camps in basketball and cricket for disabled athletes. The ICRC also sponsored some disabled athletes to compete in adaptive sports held locally or abroad; it also provided equipment to a sports team in India.

ACTORS OF INFLUENCE

Decision-makers strengthen their grasp of IHL and humanitarian issues

Authorities and other decision-makers, and representatives of multilateral organizations, enhanced their understanding of IHL, humanitarian principles and the ICRC's humanitarian work through various events. For instance, during a session sponsored by the ICRC at the annual Raisina Dialogue in New Delhi, roughly 1,200 participants broadened their awareness of evolving methods of warfare and their implications for IHL. This event also enabled the ICRC to communicate its position on other humanitarian issues, and to promote humanitarian action to a large audience of influential figures. Government officials and researchers from India took part in a panel – organized by a think-tank and the ICRC – on IHL and autonomous weapons. The ICRC's regional delegation in New Delhi supported an ICRC conference held in the Islamic Republic of Iran for government officials from different countries on the applicability of IHL to new weapons technologies.

In Nepal, the ICRC urged ratification and/or implementation of IHL-related treaties – particularly the Hague Convention on Cultural Property and its Protocols, the 1977 Additional Protocols, and the Convention on Certain Conventional Weapons; it also urged the national IHL committee to help the authorities in this process. Officials from various ministries met with the ICRC and discussed accession to the Convention on Cultural Property. The ICRC also held meetings with the national IHL committee and the defence ministry, on finalizing

1. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, which include repeat beneficiaries.

a draft bill on the Geneva Conventions. The ICRC offered expert advice for drafting amendments to the CIEDP and the TRC acts.

Military and police forces learn more about pertinent international norms and standards

At workshops organized or supported by the ICRC, military and security forces personnel in India and Nepal advanced their understanding of IHL, international policing standards and other applicable norms; these workshops included discussions of an ICRC study on the roots of restraint in war. In India, the ICRC organized or supported seminars – on the applicability of IHL to maritime operations, modern warfare and peacekeeping – for military personnel stationed in the country or bound for deployment elsewhere. The Centre for UN Peacekeeping and the ICRC conducted an international workshop on the protection of civilians in peacekeeping operations, held in New Delhi, for military officers from 23 countries. Sponsored by the ICRC, Nepalese military officials attended regional workshops such as one on international rules governing military operations (see *International law and policy*).

Members of the academic community discuss IHL topics

The ICRC strove to stimulate academic interest in IHL in India, Nepal and elsewhere in the region. It organized various events, local and international training sessions, including an advanced IHL course for South Asian academics, moot court competitions for students and teacher-training programmes for actors involved in implementing IHL – government officials, religious leaders, members of academia, for example. The events covered topics such as peacekeeping and peacebuilding, transitional justice and common humanitarian principles between IHL and certain religions.

The ICRC sponsored some senior editors from India and Nepal to attend a conference in Bangkok on humanitarian reporting in the digital age. Several university libraries in India were given reference materials on IHL and the ICRC.

The general public throughout the region learnt about IHL and the ICRC from broadcast media, the New Delhi regional delegation's blog and other online platforms, and printed materials – in English and local languages – distributed by the delegation's resource centre.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies bolster their capacities with ICRC support

The Indian, Maldivian and Nepalese National Societies and the “Bhutan Red Cross Society” carried out their work, and strengthened their organizational capacities, with comprehensive ICRC support. The ICRC and the International Federation seconded staff members to the Indian Red Cross to fill gaps in human resources. The ICRC supported the Indian National Society's youth activities and its efforts to incorporate the Safer Access Framework in its work. It guided the Maldivian Red Crescent's preparations for the elections, and provided technical support for strengthening capacities in first aid, resource mobilization, and forensics. It also aided the Indian, Maldivian and Nepalese National Societies' public-communication efforts.

The Indian Red Cross worked on revising its statutes, and the Nepal Red Cross on translating a draft law on its legal status into the local language. The “Bhutan Red Cross Society”, created in 2017, was counselled by an ICRC legal adviser on the process of securing formal recognition as a National Society.

The ICRC and the Nepalese Red Cross signed a partnership agreement concerning efficient mobilization of resources and the Safer Access Framework. Movement components in the region met regularly to exchange information and coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	18			
RCMs distributed	34			
Names published in the media	1,333			
Names published on the ICRC family-links website	1,335			
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	6		1	
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases closed positively (subject located or fate established)	4			
Tracing cases still being handled at the end of the reporting period (people)	1,562	165	70	156
<i>including people for whom tracing requests were registered by another delegation</i>	2			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	2			
Detainees in places of detention visited	46	3	2	
Visits carried out	2			
RCMs and other means of family contact				
RCMs collected	31			
RCMs distributed	9			
Detainees visited by their relatives with ICRC/National Society support	84			
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	Beneficiaries	5,250	1,792	1,758
Income support	Beneficiaries	699	237	236
Water and habitat				
Water and habitat activities	Beneficiaries	4,495		4,495
PEOPLE DEPRIVED OF THEIR FREEDOM				
Health				
Places of detention visited by health staff	Structures	1		
WOUNDED AND SICK				
First aid				
First-aid training				
	Sessions	21		
	Participants (aggregated monthly data)	652		
Physical rehabilitation				
Projects supported	Projects	12		
People benefiting from ICRC-supported projects	Aggregated monthly data	46,919	15,913	8,206
	<i>of whom beneficiaries of physical rehabilitation services</i>	46,338	15,722	8,179
	<i>of whom beneficiaries referred to economic programmes</i>	581	191	27
New patients fitted with prostheses	Patients	603	122	37
Prostheses delivered	Units	895	161	71
	<i>of which for victims of mines or explosive remnants of war</i>	26	6	
New patients fitted with orthoses	Patients	7,079	1,879	2,758
Orthoses delivered	Units	11,122	2,779	5,085
	<i>of which for victims of mines or explosive remnants of war</i>	21	2	14
Patients receiving physiotherapy	Patients	19,190	5,273	5,060
Walking aids delivered	Units	4,971	1,239	613
Wheelchairs or tricycles delivered	Units	582	111	161

PAKISTAN

The ICRC began working in Pakistan in 1981 to assist victims of the armed conflict in Afghanistan. Through its dialogue with the authorities, it encourages the provision of medical services to violence-affected people, particularly the weapon-wounded. It fosters discussions on the humanitarian impact of violence and on neutral and independent humanitarian action with the government, religious leaders and academics. It supports rehabilitation services for people with physical disabilities while working with the Pakistan Red Crescent in such areas as first aid and family-links services.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2018

- Physically disabled people obtained rehabilitative care at ICRC-supported centres. A government-registered private entity made preparations to take over the ICRC's task of distributing raw materials to physical rehabilitation centres.
- CODE Pakistan and the ICRC presented the findings and recommendations of their study, on overcrowding in Pakistani prisons, to government representatives, criminal-justice officials and others.
- At the urging of the ICRC and its local partners, the authorities in Sindh made amendments to an ordinance on motor vehicles, in order to prevent the obstruction of ambulances and ensure their right of way.
- Despite administrative complications in relation to the merge of the former FATA with KP, doctors and other medical staff strengthened their capacities in emergency-room trauma care and/or wound surgery through ICRC courses.
- Guided by the ICRC, some universities included IHL or material on the points of correspondence between IHL and Islamic law in their curricula.

EXPENDITURE IN KCHF

Protection	1,976
Assistance	9,601
Prevention	2,889
Cooperation with National Societies	1,814
General	266
Total	16,547
<i>Of which: Overheads</i>	<i>1,010</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	14
Resident staff (daily workers not included)	247



⊕ ICRC delegation ⊕ ICRC sub-delegation △ ICRC regional logistics centre

The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	83
RCMs distributed	242
Phone calls facilitated between family members	2,101
Tracing cases closed positively (subject located or fate established)	52
People reunited with their families	2
<i>of whom unaccompanied minors/separated children</i>	<i>2</i>

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Income support	Beneficiaries		413
Health			
Health centres supported	Structures		1
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	4	2
Physical rehabilitation			
Projects supported	Projects	35	34
People benefiting from ICRC-supported projects	Aggregated monthly data	46,440	58,677

CONTEXT

Military and police operations against armed groups, less intense than in previous years, continued in various parts of Pakistan, including Khyber Pakhtunkhwa (hereafter KP). Public gatherings and civilian infrastructure – schools, hospitals and places of worship – remained targets of violent attack, particularly in Balochistan and KP. Some of these attacks, for which various armed elements claimed responsibility, were related to the general elections held in July 2018.

The administrative merge of the former Federally Administered Tribal Areas (FATA) with KP progressed. By the end of 2018, most displaced people had returned to their places of origin in the former FATA, after the conclusion in 2016 of a major military operation there.

Mines and explosive remnants of war (ERW) continued to endanger certain communities, particularly in Balochistan, KP, and Pakistan-administered Kashmir.

Clashes and/or shelling occurred regularly along Pakistan's borders with Afghanistan, India and the Islamic Republic of Iran.

International humanitarian organizations had little operational presence in Pakistan. Regulations on international NGOs, introduced by the government in 2016, resulted in many of those NGOs leaving the country because of the denial of registration.

ICRC ACTION AND RESULTS

While addressing the needs of violence-affected communities in Pakistan, the ICRC concentrated on the activities listed in the 1994 headquarters agreement and on others agreed upon with the government. It worked closely with the Pakistan Red Crescent and other local partners to reach more people. The delegation remained a logistical hub for ICRC operations in the country and elsewhere.

In order to help realize the objectives of the Health Care in Danger initiative, the ICRC and its partners continued to advocate protection for those seeking or providing health services. At the urging of the ICRC and its local partners, the authorities in Sindh made amendments to an ordinance on motor vehicles, in order to prevent the obstruction of ambulances and ensure their right of way. The ICRC and some universities in the Islamabad, KP, Punjab and Sindh conducted an inter-provincial study on violence against health-care personnel and facilities, with a view to developing evidence-based measures to deal with or prevent attacks. Emergency responders and other health staff attended ICRC courses, including train-the-trainer sessions, on dealing with violence in health facilities.

Medical officers, community health workers and paramedics in Muzaffarabad learnt how to instruct patients and their relatives in managing and preventing diabetes; they did so through training organized by the health ministry, the Diabetes

Centre and the ICRC. The ICRC provided support for the Basic Health Unit in Muzaffarabad to bolster its services; it helped the health unit set up a basic laboratory for testing blood sugar levels. With the ICRC's assistance, the Pakistan Red Crescent established emergency response teams – to provide first aid to people affected by emergencies – in several of its provincial headquarters. The Lady Reading Hospital and the Jamrud Civil Hospital were given support for treating violence-affected people. Owing to administrative complications in connection with the merge of the former FATA with KP, the ICRC was not able to provide material assistance to two other hospitals as planned. Doctors and other medical staff from various health facilities attended ICRC courses in emergency-room trauma care and/or wound surgery.

Physically disabled people received specialized care and assistive devices at ICRC-supported physical rehabilitation centres. The ICRC also provided expert guidance for institutions teaching physical rehabilitation. A government-registered private entity – Rehab Initiative – readied itself to take over the ICRC's task of distributing prosthetic or orthotic components and raw materials to physical rehabilitation centres. The ICRC supported efforts to advance the social inclusion of disabled people.

People in areas affected by mines and ERW learnt safe practices at ICRC-supported mine-risk education sessions conducted by the National Society and/or community members.

A local organization – Cursor of Development and Education (CODE) Pakistan – and the ICRC presented the findings and recommendations of their study, on overcrowding in Pakistani prisons, to government representatives, criminal-justice officials, and others.

Members of families separated by violence, natural disasters, migration or for other reasons, reconnected through family-links services from the National Society and the ICRC. A National Society hotline enabled people – mainly during emergencies – to report relatives missing or get in touch with them, and/or to obtain services such as psychological counselling. The ICRC arranged for families to communicate, via phone and video calls, with relatives held at the US detention facility at Guantanamo Bay Naval Station in Cuba and the Parwan detention facility in Afghanistan.

The ICRC continued to help build local forensic capacities, to ensure that human remains could be handled and identified properly during emergencies and at other times.

In all its interaction with the authorities, weapon bearers and others, the ICRC sought to broaden awareness of humanitarian issues and acceptance for its work, and promote IHL and other applicable norms. Guided by the ICRC, some universities included IHL – or material on the points of correspondence between IHL and Islamic law – in their curricula.

CIVILIANS

Authorities in Sindh amend laws to ensure safe and speedy passage for ambulances

In order to help realize the objectives of the Health Care in Danger initiative, the ICRC continued to advocate protection for those seeking or providing health services. At the urging of the ICRC and its local partners, the authorities in Sindh made amendments to an ordinance on motor vehicles, in order to prevent the obstruction of ambulances and ensure their right of way. The ICRC and some universities in the Islamabad, KP, Punjab and Sindh conducted an inter-provincial study on violence against health-care personnel and facilities, with a view to developing evidence-based measures to deal with or prevent attacks. Together with the health authorities in KP and the Khyber Medical University, the ICRC released a report on violence against health-care personnel and facilities occurring in Peshawar.

Medical officers, community health workers and paramedics in Muzaffarabad learnt how to instruct patients and their relatives in managing and preventing diabetes; they did so through training organized by the health department, the Diabetes Centre and the ICRC. The ICRC also gave them reference materials of pertinence. The ICRC provided support for the Basic Health Unit in Muzaffarabad to bolster its services. It helped the health unit set up a basic laboratory for testing blood sugar levels; 247 patients were tested for diabetes.

In September 2018, the Pakistan Red Crescent and the ICRC formally agreed to implement a project to improve ante/post-natal care in KP. Under this project, one village health committee was formed and trained to conduct health-education activities.

With the ICRC's assistance, the Pakistan Red Crescent established emergency response teams – to provide first-aid to people affected by emergencies – in several of its provincial headquarters (see *Wounded and sick*).

Communities in mine-affected areas learn safe practices

Some 89,500 people in areas affected by mines and ERW learnt safe practices at ICRC-supported mine-risk education sessions conducted by the National Society and/or community members such as teachers. Informational materials – leaflets and posters, for instance – were handed out at these sessions. Information on safe practices was incorporated in other ICRC activities – during first-aid training, for instance (see *Wounded and sick*). KP police's bomb disposal squad personnel learnt about advanced first-aid techniques through ICRC training.

The National Society and the ICRC attended coordination meetings with the authorities and others, and other events related to mine action. The ICRC helped organize events to mark the International Day for Mine Awareness and Assistance in Mine Action; these events broadened public awareness of mines/ERW.

The National Society referred 114 victims of mines/ERW to ICRC-supported physical rehabilitation centres (see *Wounded and sick*).

Families send parcels to relatives detained abroad

Members of families dispersed by violence, disasters, migration or for other reasons reconnected through National Society and ICRC family-links services, such as RCMs and phone calls.

The ICRC arranged for families to communicate, via phone and video calls, with relatives held at the Guantanamo Bay detention facility in Cuba and the Parwan detention facility in Afghanistan; 660 calls were made. Families in Pakistan sent parcels, including books and food, through ICRC delegates, to relatives detained abroad. Eight families from Pakistan visited relatives detained in Afghanistan, with the ICRC's assistance. The ICRC issued an attestation of detention for one Iraqi national formerly detained in Pakistan.

People lodged requests with the National Society and the ICRC to trace their missing relatives. The ICRC and the National Society reunited two unaccompanied minors with their families.

The National Society continued to strengthen its family-links services through ICRC training and other support. A National Society hotline enabled people – mainly during emergencies – to report relatives missing or get in touch with them, and/or to obtain services such as psychological counselling; 151,785 people used the hotline. The National Society conducted dissemination sessions in various communities on how to avoid separation from relatives during migration. The ICRC sponsored National Society representatives to attend regional events, in Nepal and Thailand, on restoring family links.

Forensic professionals develop their ability to manage human remains

The ICRC continued to help build local forensic capacities, to ensure that human remains could be handled and identified properly during emergencies and at other times. Two representatives from the National Disaster Management Authority and the National Health Emergency Preparedness and Response Network attended a regional conference organized by the ICRC in Colombo, Sri Lanka.

Forensic professionals, emergency responders and others strengthened their capacities in managing human remains, with ICRC support. The ICRC organized a course in Islamabad on managing dead bodies during and after emergencies; 35 forensic professionals and emergency responders from several countries attended the course. At an ICRC round-table, Pakistani engineers and others discussed how to manage human remains after mass-casualty incidents. The National Forensic Science Agency, with the ICRC's financial assistance, organized a conference on forensic science; it was attended by various stakeholders, and the ICRC made a presentation on its humanitarian forensic action.

The ICRC provided training materials for the armed forces and for a local emergency-management service provider. Mortuaries and other forensic institutions were given the necessary supplies, to carry out their work.

PEOPLE DEPRIVED OF THEIR FREEDOM

A local organization – CODE Pakistan – and the ICRC presented the findings and recommendations of their study, on overcrowding in Pakistani prisons, to government representatives, criminal-justice officials, and others. The ICRC discussed the possibility of implementing the study's recommendations with various parties.

The ICRC sponsored an official from the National Academy for Prisons Administration to attend an international conference in Cambodia on public health in prisons.

Families with breadwinners detained abroad were given ICRC cash grants to augment their incomes. The ICRC provided blankets to detainees in two prisons in Karachi.

The ICRC and a local organization discussed the possibility of assessing detainees' family-links needs and the services available to them, at one prison, with a view to possibly addressing existing gaps.

WOUNDED AND SICK

With a view to improving people's chances of receiving timely medical attention, the Pakistan Red Crescent established emergency response teams (see *Civilians*) and conducted first-aid training for prospective first responders, male and female; the ICRC provided comprehensive support for these activities.

Two hospitals maintain their services for violence-affected people

The accident and emergency department of the Lady Reading Hospital in Peshawar continued, with the ICRC's assistance, to treat violence-affected people. The assistance was provided within the framework of a memorandum of understanding signed by the hospital and the ICRC in 2015 and renewed in 2017 for another three years. It covered a number of areas: hospital management; training for health and other staff; maintenance of infrastructure; and provision of medical supplies and equipment. The Jamrud Civil Hospital also sustained its services with similar assistance; the ICRC completed several construction projects at the hospital. Owing to administrative complications in connection with the merge of the former FATA with KP, the ICRC was not able to provide material assistance to two other hospitals as planned.

Doctors and other medical staff from various health facilities strengthened their capacities in emergency-room trauma care and/or wound surgery through ICRC courses, including a train-the-trainer session. The Dow University of Health Sciences in Karachi and the Khyber Medical University in Peshawar accredited these courses as "continued medical education hours" for doctors, which help in renewing their permits or registration.

The ICRC promoted the development and implementation of activities to protect health-care personnel and facilities. Emergency responders and other health staff attended ICRC courses, including train-the-trainer sessions, on dealing with violence in health facilities. The Khyber Medical University

accredited the training course on "managing violence in health-care settings". The ICRC, with the help of academic partners, emergency service providers and local authorities, drafted a safety manual for the staff of ambulance services.

Physically disabled people receive suitable treatment

Around 57,800 people¹ with physical disabilities were treated at 25 centres that received comprehensive ICRC assistance. Two clubfoot clinics and one limb-fitting workshop were renovated or established at supported centres, and some facilities hired additional personnel: partly because of this, more people received services than planned. The supported centres provided 4,374 prostheses, 17,748 orthoses, 2,297 walking aids and 773 wheelchairs for disabled people. The ICRC covered transport, food, and accommodation costs for 5,741 patients, and the costs of follow-up home care for 313 people with spinal-cord injuries. A total of 1,276 children were treated for clubfoot. The ICRC also adapted the homes of 37 people to make them disabled-accessible.

The ICRC strove to help strengthen the national physical rehabilitation sector. It provided expert guidance for seven institutions teaching physical rehabilitation to secure accreditation from the International Society for Prosthetics and Orthotics, and/or sponsored faculty members to attend capacity-building courses. Some students attending these institutions continued their education with the ICRC's financial assistance. Aided by the ICRC, a government-registered private entity – Rehab Initiative – readied itself to take over the ICRC's task of distributing prosthetic or orthotic components and raw materials to physical rehabilitation centres. Rehab Initiative began to develop various online tools – such as a distribution order management system to provide potential partners with the latest information on its inventory. It also conducted capacity-building training for prosthetists/orthotists, and lobbied for the possibility of including disabled people in the national health-insurance programme.

Disabled people benefited from social-inclusion activities carried out by the ICRC with two local organizations. Financial assistance from the ICRC enabled 137 disabled children to continue their schooling and 205 people to attend vocational training. ICRC referrals to economic programmes benefited 62 people; 463 people participated in sporting events with ICRC support.

ACTORS OF INFLUENCE

In all its interaction with the authorities, weapon bearers and others, the ICRC sought to broaden awareness of humanitarian issues and acceptance for its work, and promote IHL and other applicable norms.

ICRC courses – organized with the Pakistan Red Crescent in some instances – enabled 528 police officers to develop their first-aid capacities and/or learn more about international law enforcement standards for the use of force. The ICRC sponsored

1. Beneficiary figures of physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

two senior police officers from Islamabad and Sindh to attend workshops, in Malaysia and Nepal, on rules applicable to the military in security operations.

Two army officers and two students, sponsored by the ICRC, attended an IHL course in San Remo, Italy. The ICRC submitted a proposal to the pertinent authorities for training army, navy, and air force personnel in IHL.

Universities include IHL in their curricula

The ICRC sought to develop local expertise in IHL and stimulate interest in IHL-related issues. It therefore strengthened its engagement with academic institutions and think-tanks such as the Research Society for International Law. The ICRC carried out research on such topics as armed violence in urban settings and transitional justice in the former FATA with them. Guided by the ICRC, some universities included IHL – or material on the points of correspondence between IHL and Islamic law – in their curricula. Students, and teachers and other staff members of religious seminaries, learnt more about IHL and its points of correspondence with Islamic law through ICRC courses and seminars. Students participated in moot court competitions in Pakistan and elsewhere; those specializing in IHL were given ICRC scholarships and internships. The ICRC donated IHL reference materials to a local university. It also sponsored academics and government officials to attend IHL events abroad.

Judges, prosecutors, parliamentarians and others strengthened their grasp of IHL at ICRC workshops.

People are kept informed of the ICRC's work

Dissemination sessions, online platforms such as the delegation's social media account, and public-communication efforts – production of informational videos, for instance – enabled the general public to learn about the ICRC's activities. ICRC seminars on humanitarian reporting benefited 90 journalists. Feature articles in the local press drew attention to the ICRC's activities. With the ICRC's financial assistance, the Pakistan Red Crescent carried out various activities to broaden awareness of its role as a key humanitarian actor.

The ICRC and its local partners strove to prevent violence against health-care personnel and facilities, through various means: advocating changes in the law (see *Civilians*); humanitarian diplomacy; and public communication. In 2017, the ICRC, the Pakistan Red Crescent and other partner organizations conducted a nationwide campaign on the necessity of respecting ambulance services. This campaign was assessed, and the findings showed that the campaign had helped to bring about positive behavioural change among motorists.

RED CROSS AND RED CRESCENT MOVEMENT

The Pakistan Red Crescent strengthened its capacity to deliver humanitarian services, with comprehensive ICRC support. Aided by the ICRC, it also bolstered its first-aid programme (see *Civilians* and *Wounded and sick*) and sought accreditation from the Ministry of National Health Services, Regulations and Coordination for its first-aid curriculum.

With support from its Movement partners, the National Society worked to enhance its institutional capacities and took steps to develop a database for planning, monitoring, reporting on, and evaluating its activities. Guided by the ICRC, the National Society strove to incorporate the Safer Access Framework in its working procedures. It conducted information sessions on security measures for its staff at several branches.

Meetings among Movement partners, and other means of coordination, helped to maximize the impact of activities and prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	83	1		
RCMs distributed	242			
Phone calls facilitated between family members	2,101			
Reunifications, transfers and repatriations				
People reunited with their families	2			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	124	27	20	29
Tracing cases closed positively (subject located or fate established)	52			
Tracing cases still being handled at the end of the reporting period (people)	238	45	41	48
<i>including people for whom tracing requests were registered by another delegation</i>	4			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	8	1		
UAMs/SC reunited with their families by the ICRC/National Society	2			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	5			
PEOPLE DEPRIVED OF THEIR FREEDOM				
RCMs and other means of family contact				
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	Beneficiaries	413	109	286
Health				
Health centres supported	Structures	1		
Average catchment population		20,000		
Consultations		1,913		
	<i>of which curative</i>	1,788	610	998
	<i>of which antenatal</i>	125		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	3,300		150
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	2		
Services at hospitals reinforced with or monitored by ICRC staff				
Gynaecological/obstetric admissions		2,065	794	
Consultations		595,540		
First aid				
First-aid training				
	Sessions	4,159		
	Participants (aggregated monthly data)	94,990		
Physical rehabilitation				
Projects supported	Projects	34		
People benefiting from ICRC-supported projects	Aggregated monthly data	58,677	7,510	25,343
	<i>of whom beneficiaries of physical rehabilitation services</i>	57,810	7,041	25,192
	<i>of whom beneficiaries referred to economic programmes</i>	62	41	9
	<i>of whom beneficiaries of educational programmes</i>	137	35	51
	<i>of whom beneficiaries of sporting activities</i>	463	203	89
	<i>of whom beneficiaries of vocational training</i>	205	190	2
New patients fitted with prostheses	Patients	2,922	418	251
Prostheses delivered	Units	4,374	631	484
	<i>of which for victims of mines or explosive remnants of war</i>	397	46	22
New patients fitted with orthoses	Patients	8,178	1,099	4,658
Orthoses delivered	Units	17,748	1,970	10,987
	<i>of which for victims of mines or explosive remnants of war</i>	93	14	20
Patients receiving physiotherapy	Patients	32,188	3,708	15,056
Walking aids delivered	Units	2,297	433	235
Wheelchairs or tricycles delivered	Units	773	122	229

PHILIPPINES

In the Philippines, where the ICRC has had a permanent presence since 1982, the delegation seeks to protect and assist civilians displaced or otherwise affected by armed clashes and other situations of violence. It reminds all parties concerned of their obligations under IHL or other humanitarian norms. It visits people deprived of their freedom, particularly security detainees, works with the authorities to improve conditions in prisons through direct interventions and support for prison reform. With the Philippine Red Cross, it assists displaced people and vulnerable communities and promotes national IHL compliance and implementation.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM



KEY RESULTS/CONSTRAINTS IN 2018

- Displaced people in Mindanao received food, water, and other essentials from the Philippine Red Cross and the ICRC. IDPs, residents and returnees in Marawi benefited from renovated water and sanitation facilities.
- In violence-affected parts of Mindanao, some vulnerable households strengthened their livelihoods with supplies and equipment, and cash, from the ICRC; others took part in cash-for-work projects.
- With ICRC support, hospitals and health-care centres treated the sick and more wounded people than before. Health workers and weapon bearers in Mindanao were trained in first aid.
- Violence-affected people in Mindanao obtained psychosocial support under an ICRC programme.
- Detaining authorities and judicial actors received ICRC support to help reduce and mitigate the impact of overcrowding in places of detention, through various initiatives pertaining to health care, infrastructure, and judicial guarantees.
- In its dialogue with authorities and weapon bearers, the ICRC emphasized the importance of protecting civilians and civilian property, and facilitating access to essential services; it also discussed the conduct of hostilities.

EXPENDITURE IN KCHF

Protection	4,827
Assistance	8,830
Prevention	2,567
Cooperation with National Societies	949
General	370
Total	17,543
<i>Of which: Overheads</i>	<i>1,071</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	31
Resident staff (daily workers not included)	176

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	16
RCMs distributed	29
Phone calls facilitated between family members	2
Tracing cases closed positively (subject located or fate established)	177
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	106
Detainees in places of detention visited	107,052
<i>of whom visited and monitored individually</i>	884
Visits carried out	167
Restoring family links	
RCMs collected	60
RCMs distributed	28
Phone calls made to families to inform them of the whereabouts of a detained relative	1

ASSISTANCE	2018 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Food consumption	Beneficiaries 25,000	3,794
Income support	Beneficiaries 75,000	33,254
Living conditions	Beneficiaries 25,000	10,874
Water and habitat		
Water and habitat activities	Beneficiaries 80,000	32,432
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures 20	36
Physical rehabilitation		
Projects supported	Projects 1	1
People benefiting from ICRC-supported projects	Aggregated monthly data 120	481

CONTEXT

Fighting persisted between the Armed Forces of the Philippines (AFP) and the Bangsamoro Islamic Freedom Fighters in central Mindanao, and between the AFP and the Abu Sayyaf Group in the Sulu archipelago. Sporadic clashes continued to occur between the Islamic State-Ranao (also known as the Maute group) and the AFP, in Lanao del Sur province on Mindanao island. Low-intensity conflict – between the AFP and the New People's Army (NPA) – continued in parts of Mindanao and in remote areas of the Luzon and Visayas regions. Martial law in Mindanao was extended to December 2019; certain civil rights remained suspended.

People continued to suffer the consequences of the battle in Marawi in 2017: infrastructure and private property remained in ruins; unidentified human remains continued to be unearthed in different parts of the city; and families continued to search for missing relatives. Many residents returned to their homes, but thousands remained at water-deficient and unsanitary evacuation centres, and transit sites. Resources and infrastructure in communities hosting IDPs remained under great strain. IDPs were often unable to cover their basic needs.

Elsewhere in Mindanao, thousands of families were displaced by violent skirmishes between the AFP and various armed groups.

The Moro Islamic Liberation Front and Moro National Liberation Front continued their dialogue with the government on peace prospects and political and economic issues in Mindanao. The president of the Philippines signed a law establishing the Bangsamoro Autonomous Region, replacing and abolishing the Autonomous Region in Muslim Mindanao.

Detention facilities in the Philippines remained among the most overcrowded in the world. People continued to be arrested on drug-related charges.

Different parts of the country were affected by natural disasters and extreme weather conditions.

Disputes over maritime areas in the South China Sea remained present; States continued to discuss the subject.

Undocumented Filipino migrants continued to be deported from Sabah, Malaysia.

ICRC ACTION AND RESULTS

In its dialogue with the authorities and weapon bearers, the ICRC emphasized the necessity of protecting civilians and civilian property, and facilitating access to essential services. It discussed the conduct of hostilities with the pertinent authorities, and made representations, whenever necessary, to the parties concerned. The ICRC continued to monitor the situation and protection concerns of people affected by armed conflict or other situations of violence, especially in Mindanao.

Together with the Philippine Red Cross, the ICRC provided assistance to affected people. It distributed food, water, and household essentials to displaced people in evacuation centres or host communities. It renovated water and sanitation facilities in Marawi, benefiting IDPs, residents and returnees. It provided cash grants, and seed and tools, for economically vulnerable households to help them resume their livelihoods or meet their daily needs; cash-for-work projects were another source of income for them.

Members of families separated by conflict or other emergencies used the Movement's family-links services to reconnect. Forensic professionals, authorities, and weapon bearers learnt about generally accepted forensic practices – for instance, in connection with the management of human remains – at ICRC workshops.

The ICRC visited detainees in accordance with its standard procedures, paying particular attention to security detainees. It discussed its findings and recommendations confidentially with the authorities concerned. It maintained its dialogue with detaining authorities and other parties concerned, and continued to support efforts to reduce prison overcrowding. It enabled the pertinent authorities to expand their knowledge of design standards for prisons, with a view to ensuring that the facilities they construct meet internationally recognized standards for detention. All responsibility for managing a government taskforce that works on ensuring respect for detainees' judicial guarantees was handed over to its members.

Thousands of detainees were screened for TB under TB-control programmes run by the authorities with ICRC support. Medical equipment from the ICRC helped the authorities to monitor TB cases. Detainees benefited from infrastructural upgrades to prison facilities and the donation of essential items.

First-aid training was provided by the ICRC for health staff, community members, and weapon bearers. In Mindanao, people obtained primary- and secondary-health-care services at hospitals and other health facilities supported by the ICRC. The ICRC provided psychosocial support for affected people. Disabled persons obtained rehabilitative care at the Davao Jubilee Foundation (DJF), which received comprehensive ICRC support.

The ICRC maintained contact with the authorities, military and police forces and other weapon bearers, civil-society representatives, and community members. It organized dissemination sessions and other events for them; this helped to broaden acceptance for humanitarian principles and IHL, and to secure safe access to affected people. Media professionals learnt more about their role in raising awareness of humanitarian concerns, and prosecutors and judges strengthened their grasp of IHL, through ICRC training sessions. Key military and police personnel participated in workshops that promoted the incorporation of IHL and international policing standards, respectively, in their operations and training.

Comprehensive support from the ICRC helped the National Society to strengthen its ability to assist affected people in line with the Safer Access Framework.

CIVILIANS

The authorities, military and police personnel, and members of armed groups in Mindanao were reminded by the ICRC – through meetings and workshops – of their obligation under IHL to protect civilians and civilian objects, and to facilitate access to essential services such as health care and education. The ICRC also discussed the conduct of hostilities with weapon bearers – and submitted interventions, whenever necessary – particularly in connection with the protection of medical personnel and facilities, health workers' access to wounded people, and the management of human remains.

Weapon bearers and members of civil society were briefed by the ICRC on its activities, with a view to improving ICRC acceptance, protection of civilians and promotion of IHL.

The ICRC continued to monitor the situation of people affected by armed conflict and other situations of violence; it spoke with communities in Mindanao that had suffered repeated displacement, and raised their protection concerns with the relevant authorities and weapon bearers. IDP communities learnt about the ICRC's work and how the ICRC can help address their protection concerns, through these meetings and through the ICRC's public-communication efforts. Affected people attended first-aid training conducted by the National Society and the ICRC; this training afforded the ICRC an opportunity to further understand the needs of these vulnerable people and explain to them the ICRC's mandate and activities.

In order to monitor the protection concerns of migrants arriving from Malaysia, the ICRC made visits to the processing centre in Zamboanga.

Displaced people restore contact with relatives or ascertain their fate

Members of families dispersed by conflict or migration reconnected through RCMs and phone calls made available by the National Society and the ICRC. A total of 177 tracing cases were resolved, including missing-persons cases linked to the battle in Marawi. The ICRC approached the UNHCR and others to help unaccompanied children obtain further assistance.

ICRC information sessions, workshops, and written representations helped the authorities, weapon bearers, and others familiarize themselves with best practices in preventing people from going missing and managing human remains. At an ICRC workshop in Marawi, around 65 representatives from the police, the military, and civil-society organizations expanded their knowledge of generally accepted forensic practices. The ICRC sponsored selected forensic professionals to attend a seminar in Japan for medico-legal agencies. The ICRC's aim throughout was to support the authorities in the collection and storage of data on human remains, in order to identify these remains and hand them over to the families concerned.

National Society volunteers were trained by the ICRC to deliver family-links services, and be ready in case of an emergency.

Violence-affected people receive emergency aid and livelihood support

The National Society and the ICRC helped people to recover from the consequences of armed conflict and other violence, especially in remote areas.

The ICRC assisted displaced and other violence-affected people – mainly in evacuation centres or host communities – in Davao, Lanao del Sur, and Maguindanao: one-off supplementary food rations were given to 3,794 people (845 households), and household essentials to 10,339 people (2,154 households). In Agusan del Norte, 535 people (107 households) received hygiene kits and jerrycans. The ICRC did not provide food and household essentials to as many people as planned, because, in the latter part of the year, the need for such assistance did not arise.

Roughly 32,400 IDPs, residents, and returnees in Marawi and surrounding areas accessed clean water and sanitation facilities after the ICRC installed hand pumps and constructed latrines. These people also benefited from repairs of water-supply systems in Marawi, which were conducted by the local authorities using equipment and spare parts provided by the ICRC. National Society personnel developed their ability – through ICRC training – to manage water and sanitation facilities. The completion of two main water projects were delayed by technical problems.

A total of 33,254 people (6,683 households) – IDPs, returnees and members of host communities – were able to pursue livelihoods or cover their basic needs with ICRC cash grants, and donations of vegetable seed kits; some of them took part in cash-for-work projects such as the construction of a road to help facilitate access for the community, although one project was hampered by security risks. Most of the people assisted were IDPs from Marawi.

National Society volunteers received ICRC training to help them become more capable of providing assistance during armed conflict or other emergencies.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, people held in detention facilities run by various detaining authorities, including the Bureau of Jail Management and Penology (BJMP) and the Bureau of Corrections (BuCor). It followed up 884 inmates individually, including security detainees. Findings from these visits were communicated confidentially to the detaining authorities to help them improve detainees' treatment and living conditions.

Written representations were submitted to the authorities to encourage them to implement recommendations submitted by the ICRC in past years, particularly in relation to alleviating overcrowding in prisons. The ICRC followed up allegations of arrest; it sought access to detainees within its purview and continued to discuss the matter with the pertinent authorities.

A presentation of the ICRC's working procedures and activities in places of detention was included in workshops with the Philippine National Police (PNP).

Family visits arranged by the National Society and the ICRC enabled 389 security detainees to stay in touch with their relatives. The ICRC assisted 15 detainees to return home after their release.

Authorities take steps to expedite detainees' cases and address prison overcrowding

The ICRC had helped, for a number of years, to manage the pilot site of *Katarungan at Kalayaan* (Justice and Freedom), a government taskforce led by the Supreme Court that strove to ensure respect for detainees' judicial guarantees. The taskforce continued to review cases of detainees whose pre-trial detention had exceeded the legal limit. In December, all responsibility for managing the pilot taskforce was handed over to its members. The Supreme Court institutionalized the mechanism and created additional taskforces.

Fifty-seven detainees were released after the ICRC submitted written interventions on their lengthy detention to the Supreme Court. Meanwhile, 335 detainees from Manila had their cases reviewed by the taskforce.

The BJMP finalized an action plan, with input from the ICRC, to address overcrowding in prisons; the ICRC supplemented the authorities' efforts by identifying relevant actors it can mobilize to help in this regard. Also, with contribution from the ICRC, the BJMP implemented a national paralegal plan of action to empower the paralegals in providing the necessary interventions. Training and other support were provided to paralegals and records officers to help increase their effectiveness in following up detainees' cases and in coordinating with courts to expedite judicial proceedings. The BJMP received an international award for an electronic paralegal learning module that it developed with the ICRC to reduce congestion in jails by empowering its paralegal services. With ICRC support, BJMP staff put up posters for all jails to disseminate information on detainees' rights and access to legal services among detainees, jail staff, and others. Various local and national agencies working across the criminal justice system, lawyers, and BJMP authorities discussed possible solutions to jail overcrowding at seminars organized or supported by the ICRC.

Expert advice from the ICRC helped the authorities to finish drafting standard operating procedures and design standards for BJMP prisons, with a view to constructing facilities that meet internationally recognized standards for detention. Three BJMP officials, sponsored by the ICRC, attended the Asian Conference for Correctional Facilities Architects and Planners in Colombo (see *Sri Lanka*), which focused on best practices in designing, constructing and managing prisons. Staff managing BJMP prisons attended ICRC-sponsored BJMP training aimed at ensuring that prisons are designed and constructed with detainees' needs in mind.

Detainees see improvements in their living conditions and access to health care

The ICRC renovated infrastructures – at the New Bilibid Prison (NBP) run by BuCor, and in six other BJMP facilities – to help the authorities address some of the most urgent issues affecting detainees: insufficient ventilation, poor sanitation, beds of substandard quality, and exposure to inmates with infectious diseases. It provided fans and bunk beds and made various infrastructural upgrades, such as improving drainage and constructing recreational areas and a holding room for sick inmates; some 2,060 detainees benefited.

Health workers in places of detention, including 127 nurses from the BJMP, received ICRC training and technical support. The ICRC made visits to at least nine places of detention to monitor detainees' health conditions and access to health-care services, and provided technical support and basic medical supplies. It made recommendations and provided laboratory supplies to support the implementation of a mass screening for TB in places of detention.

Around 11,000 detainees in jails located in Central Luzon were screened for TB, in coordination with public-health authorities. The ICRC donated medical equipment and laboratory supplies to three places of detention that have infirmaries for treating TB. The ICRC handed over full management of the last TB programme in NBP to BuCor authorities in April.

Detaining authorities learnt more about health care and TB management in prisons, at courses abroad organized by the ICRC and other organizations, and at an ICRC-organized conference in Cambodia on public health in prisons. The ICRC also worked with the BJMP to develop its health information system.

In response to an emergency, the ICRC provided medicines and other supplies for a BJMP-run jail, where a fire occurred in December.

WOUNDED AND SICK

Violence-affected people obtain medical care and psychosocial support

A total of 36 hospitals, medical centres and rural health units in different areas of Mindanao received support from the ICRC. This included seven hospitals – covering areas that were more severely affected by the conflict – which were provided by the ICRC with drugs and medical supplies on a quarterly basis, so that wounded and sick people could obtain treatment. A military hospital in Zamboanga city, and health facilities in North Cotabato, also received such support following surges in the numbers of wounded people. The ICRC made ad hoc donations of medical supplies and health kits to health-care providers whose resources were overwhelmed by the influx of patients. In Sulu, the ICRC provided drugs and jerrycans for health authorities tackling outbreaks of diarrhoea. The AFP and the National Society assisted victims of a bomb attack in Sultan Kudarat; the ICRC provided medicines and vaccines.

After a five-month assessment of the mental health and psychosocial needs of affected people, the ICRC started providing psychosocial support in October; individual or group therapy sessions were made available to those with severe psychological distress, including former hostages of armed groups.

ICRC training helped first responders develop their first-aid capacities and their ability to deal with medical emergencies. These first responders included AFP personnel, community first-aiders, National Society staff, staff from primary-health-care centres, and medical personnel from armed groups, including the NPA. Members of the AFP, including those in charge of clearing unexploded ordnance in Marawi, enhanced their capacity to assist victims of explosions, through ICRC training on the management of blast-related injuries. Administrative constraints hampered training in trauma management for doctors, surgeons and nurses in ICRC-supported hospitals.

Health workers from conflict-affected areas in Mindanao and Visayas attended ICRC workshops on the Health Care in Danger initiative where they learnt more about IHL and national laws protecting health care; they also explored the possibility of working on a regional plan for protecting medical services during conflict. The ICRC helped to establish a network of health-care professionals, medical associations, and other stakeholders at the national level to advocate protection for medical personnel and facilities.

Physically disabled persons obtain rehabilitative care

Around 480 disabled persons¹, including weapon-wounded people, improved their mobility with free prostheses or orthoses, and physiotherapy, from the DJF – the only physical rehabilitation centre in Mindanao. Financial and technical support was given by the ICRC to the DJF.

The ICRC covered the costs of physiotherapy for 47 patients and of treatment for 21 patients. DJF staff participated in a workshop held locally, and at a meeting held abroad, with financial support from the ICRC. DJF officials and health authorities went on an ICRC-sponsored tour to study public physical rehabilitation services in the region. The ICRC also provided clinical mentoring for DJF physiotherapists and orthotists/prosthetists.

ACTORS OF INFLUENCE

The ICRC maintained contact with the authorities, military and security forces and other weapon bearers, civil-society figures, and community members, to broaden respect for IHL and secure safe access to affected people.

Weapon bearers learn more about IHL and its implementation

Dissemination sessions, meetings, and workshops organized by the ICRC helped advance understanding of and respect for IHL, international policing standards, and applicable international norms among the military and the police. Train-the-trainer courses, however, were not carried out owing to administrative constraints. AFP officers expanded their knowledge of IHL provisions on the conduct of hostilities and

learnt how to incorporate them in their decision-making. At an ICRC conference on urban warfare held in Ukraine (see *Ukraine*), senior AFP officers discussed best practices in protecting civilians and infrastructure during military operations in populated areas. The ICRC sponsored AFP officers to attend a workshop on maritime security operations and an advanced IHL course in Kuala Lumpur, Malaysia. Police officers learnt more about legal and ethical methods of policing, and about the use of force during arrests and investigation.

IHL training was also provided by the ICRC to personnel of the government's special envoy on transnational crime, which is the lead office for the ratification of the Arms Trade Treaty.

Members of civil society enhance their knowledge of IHL

The ICRC provided IHL training for professors, researchers and others from various universities in Mindanao; the aim was to improve the teaching of IHL in conflict-affected areas. University students demonstrated their grasp of IHL at a regional moot court competition in Hong Kong.

Judges, prosecutors, military lawyers, and public defense attorneys enhanced their understanding of IHL at ICRC training sessions. The authorities put into effect rules for implementing the domestic law on the emblems protected under IHL.

Media professionals across the country familiarized themselves with IHL and humanitarian issues, through ICRC seminars. Journalists kept abreast of the ICRC's activities through its communication materials, in print and online.

At ICRC seminars in Manila and Mindanao, some 200 people discussed how IHL and Islamic law applied to armed conflict. These events helped the ICRC to cultivate relationships among religious circles and gain access to people in remote areas of Mindanao.

Training to develop the National Society's capacity to carry out public-communication initiatives and conduct information sessions did not push through, owing to administrative constraints.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC worked closely with the National Society, particularly with its branches in conflict-affected areas of Mindanao, and helped strengthen their capacities to promote humanitarian principles and provide emergency aid, health care, first aid, and family-links services during armed conflict or other violence. With financial support from the ICRC, the National Society provided material assistance and water, and health services to affected people.

At ICRC workshops, National Society staff and volunteers learnt how to incorporate the Safer Access Framework in their activities, and developed their operational and administrative capacities. The ICRC helped cover the salaries of eleven National Society staff.

A Movement coordination agreement was signed by the National Society, the International Federation, and the ICRC, wherein their continued commitment and cooperation to meet humanitarian needs in the country was formalized.

1. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	16			
RCMs distributed	29			
Phone calls facilitated between family members	2			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	279	32	10	17
Tracing cases closed positively (subject located or fate established)	177			
Tracing cases still being handled at the end of the reporting period (people)	160	13	12	16
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	106			
Detainees in places of detention visited	107,052	6,519	41	
Visits carried out	167			
		Women	Girls	Boys
Detainees visited and monitored individually	884	64		5
<i>of whom newly registered</i>	266	31		3
RCMs and other means of family contact				
RCMs collected	60			
RCMs distributed	28			
Phone calls made to families to inform them of the whereabouts of a detained relative	1			
Detainees visited by their relatives with ICRC/National Society support	389			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS			Total	Women	Children
Economic security					
Food consumption	Beneficiaries		3,794	919	1,981
	<i>of whom IDPs</i>		2,444	514	1,441
Income support	Beneficiaries		33,254	9,986	14,268
	<i>of whom IDPs</i>		21,954	6,590	9,757
Living conditions	Beneficiaries		10,874	3,044	5,198
	<i>of whom IDPs</i>		9,524	2,639	4,658
Water and habitat					
Water and habitat activities	Beneficiaries		32,432		
PEOPLE DEPRIVED OF THEIR FREEDOM					
Water and habitat					
Water and habitat activities	Beneficiaries		2,063		
Health					
Places of detention visited by health staff	Structures		19		
Health facilities supported in places of detention visited by health staff	Structures		8		
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures		36		
Services at hospitals not monitored directly by ICRC staff					
Surgical admissions (weapon-wound and non-weapon-wound admissions)			11,593		
Weapon-wound admissions (surgical and non-surgical admissions)			386	21	10
Weapon-wound surgeries performed			388		
First aid					
First-aid training					
	Sessions		30		
	Participants (aggregated monthly data)		876		
Physical rehabilitation					
Projects supported	Projects		1		
People benefiting from ICRC-supported projects	Aggregated monthly data		481	81	237
	<i>of whom beneficiaries of physical rehabilitation services</i>		481	81	237
New patients fitted with prostheses	Patients		69	14	9
Prostheses delivered	Units		129	28	21
	<i>of which for victims of mines or explosive remnants of war</i>		3	1	
New patients fitted with orthoses	Patients		6	2	3
Orthoses delivered	Units		14	2	10
Patients receiving physiotherapy	Patients		315	52	175
Walking aids delivered	Units		79	24	9
Wheelchairs or tricycles delivered	Units		72	8	49

SRI LANKA

The ICRC has worked in Sri Lanka since 1989. Operations focus on: helping clarify the fate of missing persons and supporting their families; visiting detainees and aiding the authorities in improving prison management; and providing backing for the Sri Lanka Red Cross Society's family-links services. It also supports the armed forces' training in IHL.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- The ICRC provided psychosocial and economic support for missing people's families and, when necessary, referred them to local authorities or ICRC-trained local partners for legal, administrative, financial and medical assistance.
- The office tasked with clarifying the fate of missing people and assisting their families began operations; they, along with forensic professionals, drew on ICRC expertise to propose policy reforms and develop their capacities.
- The ICRC continued to work with detaining authorities to improve capacities of prison and health staff, and procedures for medical screening, despite restrictions to its access to certain places of detention in September.
- Law enforcement personnel, and troops bound for missions abroad, expanded their knowledge of the international standards applicable to their work at ICRC briefings and training sessions.
- Sri Lanka acceded to the Convention on Cluster Munitions. Aided by the ICRC, the authorities worked towards implementing this treaty and others already ratified.

EXPENDITURE IN KCHF

Protection	4,182
Assistance	2,728
Prevention	1,004
Cooperation with National Societies	262
General	158
Total	8,335
<i>Of which: Overheads</i>	<i>509</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	22
Resident staff (daily workers not included)	122



PROTECTION

CIVILIANS

Restoring family links

RCMs collected	7
RCMs distributed	7
Tracing cases closed positively (subject located or fate established)	354

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	41
Detainees in places of detention visited	14,900
<i>of whom visited and monitored individually</i>	409
Visits carried out	52

Restoring family links

RCMs collected	7
RCMs distributed	3

ASSISTANCE

CIVILIANS

Economic security

	2018 Targets (up to)	Achieved
Income support	Beneficiaries	2,500
		2,232

CONTEXT

Families affected by the armed conflict that ended in 2009 continued to feel its effects. Many still had no news of relatives who went missing during it; the ambiguity of that loss caused these families psychosocial distress and difficulties in overcoming legal and administrative obstacles; some families struggled to meet their financial needs.

As per a resolution adopted by the UN Human Rights Council in October 2015, the Sri Lankan authorities took steps to set up mechanisms to address the needs of these families. They continued to implement legislation recognizing the status of missing people by providing “certificates of absence”, which enable missing people’s families to apply for State assistance. They also set up the Office on Missing Persons – to clarify the fate of missing people and address their families’ needs – which began operations in 2018. A political crisis – the dismissal of the prime minister and the suspension of parliament in October – impeded the establishment of other mechanisms, such as an Office for Reparations and a Truth and Reconciliation Commission.

Communal tensions and social unrest gave rise to protests that sometimes turned violent in the first months of 2018; the government declared a state of emergency, installed a local curfew and conducted some arrests in response. Allegations of abuse by security forces, during arrest or detention, were reported.

ICRC ACTION AND RESULTS

The ICRC continued to support the authorities in addressing the consequences of past conflict in Sri Lanka. It sought to draw the attention of the authorities, and others concerned, to the various needs of the families of the thousands of people still missing.

The Office on Missing Persons strove to clarify the fate and whereabouts of missing people, and to assist their families, with the ICRC’s technical support. ICRC expertise was made available to it – in such areas as creating a case management system; the ICRC also enabled the Office’s personnel to exchange information and best practices with their counterparts abroad.

The ICRC pursued its comprehensive support programme for missing people’s families. When necessary, it referred them to pertinent actors – local authorities or local partners trained by the ICRC – capable of helping them meet their legal, administrative, financial and medical needs. Under the programme, particularly vulnerable households received conditional cash grants for starting or boosting livelihood activities – setting up small businesses to earn the income to cover essential needs and expenses. The ICRC also sought to support relevant government bodies to coordinate their medico-legal activities, such as the search for missing people and the management of the dead. At a regional conference hosted by the ICRC, forensic professionals and policy-makers exchanged views on best practices in managing human remains during emergencies.

The ICRC provided technical support to the Institute of Forensic Medicine and Toxicology (IFMT), promoting best practices in the management of human remains in its mortuary.

The ICRC visited detainees in prisons and places of temporary detention, in accordance with its standard procedures; its findings and recommendations were communicated confidentially to the authorities. In June, the authorities and the ICRC signed an agreement renewing the ICRC’s access to all places of detention. However, its access to prisons under the justice ministry was restricted in September; it engaged the authorities in dialogue on securing access to all detainees within its purview, and continued to work with them to improve detainees’ treatment and living conditions. Prison officials conducted medical screenings for detainees with technical assistance from the ICRC; they also took steps to establish a system for managing health-related information. The ICRC provided expert advice for the authorities to design and construct new detention facilities, and to improve overall prison maintenance by first implementing pilot projects in two prisons. It also continued to support a national task force on the legal and judicial causes of overcrowding in prisons.

The ICRC worked with the authorities to renovate detention facilities, provided technical training to prison officers and distributed hygiene and recreational items to detainees. Aided by the ICRC, forensic professionals developed their ability to examine injuries and investigate detainees’ deaths.

At ICRC workshops, briefings and other events, police personnel learnt more about international policing standards; military personnel, political and judicial authorities also advanced their understanding of humanitarian principles and IHL. Sri Lanka acceded to the Convention on Cluster Munitions. The ICRC continued to discuss issues of humanitarian concern with the authorities, and with the national IHL committee; it urged them to ratify IHL-related treaties and draft legislation to implement treaties already ratified.

The Sri Lanka Red Cross Society and the ICRC offered family-links services for people, including migrants and detainees, to restore or maintain contact with relatives. The National Society continued to bolster its operational and managerial capacities, particularly in emergency response, with the ICRC’s help.

CIVILIANS

The ICRC reminded authorities, through representations based on documented allegations, to address and prevent unlawful conduct during law enforcement operations.

Roughly 1,000 new police recruits learnt more about international policing standards at ICRC training sessions; communal tensions, and the violence arising from them, made these sessions particularly pertinent (see *Context*). Armed forces and law enforcement personnel worked with the ICRC to incorporate pertinent international norms more fully in their operations, training and doctrine (see *Actors of influence*).

Missing people's families receive assistance for their psychosocial, economic and other needs

The authorities, members of civil society and the ICRC continued to discuss issues linked to the past conflict, particularly the necessity of ascertaining the fate of missing people and addressing their families' needs. The families of around 16,000 people had pending tracing requests with the ICRC.

The Office on Missing Persons took steps to develop its activities to clarify the fate and whereabouts of missing people, and assist their families; it submitted an interim report to the government that recommended reparations and urgent relief for missing people's families, suggested ways to expedite legal reforms concerning inquests into deaths, and proposed amendments to legislation intended to prevent enforced disappearances. The ICRC supported these efforts by lending its expertise in, for instance: forensics, providing psychosocial support for missing people's families, tracing missing people, managing information and protecting personal or confidential data and information. It also gave the Office technical assistance for establishing a case-management system, which would assist them in consolidating all their information on missing people. Senior officials – including from other government departments – visited their counterparts from the Committee on Missing Persons in Cyprus to exchange best practices, and met with families of missing people there to learn about their experiences; the ICRC provided financial and logistical support for this.

The ICRC also continued to implement a comprehensive support programme for missing people's families, that reached and assessed the needs of nearly 2,000 families. Under the programme, 2,351 people eased their emotional distress by attending individual or support-group sessions facilitated by local partners trained and financed by the ICRC, and roughly 200 families were referred by the ICRC to the pertinent local authorities for help in obtaining legal, administrative and financial assistance according to their particular needs. Some 578 particularly vulnerable households (2,232 people) among them, most of them headed by women, started income-generating activities, such as running small businesses, with conditional cash grants and training on basic business management from the ICRC.

The ICRC raised awareness among academics, counselling professionals and its implementing partner organizations of some of the issues that missing people's families had to deal with – such as the distinct psychological concept of ambiguous loss.

Authorities draft amendments to legislation on inquests into deaths

In addition to supporting the forensic activities of the Office on Missing Persons, the ICRC also sought to help the different government bodies involved in managing and identifying human remains to coordinate their medico-legal activities more closely. The committee in charge of reforming the law on inquests into death, with technical support from the ICRC, took steps to ensure that the law takes into consideration the dignified management and identification of human remains,

recognizes the need to involve families in investigations, and promotes coordination between all agencies involved in the medico-legal system. At a regional conference hosted by the ICRC, forensic professionals and policy-makers exchanged views on best practices in managing human remains during emergencies.

The ICRC provided technical support to the Institute of Forensic Medicine and Toxicology (IFMT), for promoting best practices on the management of human remains in its mortuary. The ICRC enabled some IFMT personnel to attend workshops abroad on forensic best practices. Financial support from the ICRC helped the IFMT maintain cleaning services for its facilities and an adequate stock of equipment and supplies.

Students of anthropology and forensic medicine added to their knowledge of forensics during briefings held by a local university and the ICRC.

Migrants use family-links services to restore contact with relatives

Members of dispersed families, including migrants, connected with their relatives through family-links services offered by the National Society and the ICRC. Over 7,000 people – such as labourers – bound for jobs abroad learnt about the various ways in which they could lose contact with their families – on migration routes or in their countries of destination – and means to mitigate these risks, including through Movement family-links services. These key messages were dispensed through pre-departure briefings conducted by the National Society in sessions organized by the Bureau of Foreign Employment, with the ICRC's financial support. Similar sessions held in communities with prospective migrants reached roughly 210,000 people. The ICRC collected information on casualties along migration routes and migrants in detention (see *People deprived of their freedom*), and communicated it to the pertinent authorities to assist them in preventing such occurrences.

The National Society reinforced its capacities to restore family links with technical and financial assistance from the ICRC. National Society staff attended a regional ICRC workshop in Nepal on restoring family links, and other similar events within Sri Lanka.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, 41 prisons and places of temporary detention – including facilities used as part of a rehabilitation process for people arrested in relation to past conflict; some of these facilities had been converted to rehabilitation centres for people held on drug-related charges. In all, these facilities held 14,900 people. The ICRC paid particular attention to people held in connection with the past conflict, and to other particularly vulnerable inmates, such as migrants – including asylum seekers – people held on drug-related charges, women and minors; 409 detainees were individually monitored. The ICRC communicated its findings and, when appropriate, its recommendations confidentially to the authorities. It engaged the authorities regularly in dialogue on ensuring that detainees'

living conditions and treatment – including procedural safeguards, judicial guarantees and access to essential services – complied with domestic and international law and met internationally recognized standards.

In June, the authorities and the ICRC signed an agreement renewing the ICRC's access to all places of detention, and visits continued throughout the year to police stations, drug rehabilitation centres, and places of detention where migrants were held. The ICRC had its access to prisons under the justice ministry restricted in September, but it engaged the authorities in dialogue on regaining access.

Whenever and wherever the ICRC had access to them, detainees, including migrants, were able to contact their families through family-links services, including RCMs. A total of 110 detainees were visited by their families, whose transportation costs the ICRC covered. Detention certificates – required for legal and administrative procedures – were given to 46 ex-detainees or their families. The ICRC enabled 47 foreign detainees to notify their embassies of their detention; two were referred to UNHCR and IOM.

Authorities host a regional conference on planning and designing places of detention

The ICRC continued to – through technical and material support – help the authorities strengthen their capacity to improve detainees' treatment and living conditions, including their access to good-quality health care.

With the ICRC's help, an interministerial task force – set up by authorities to address the legal and judicial causes of overcrowding in places of detention – met and discussed ways to address these issues. The ICRC also provided expert input to another task force – one tackling issues related to prison planning and design – and helped it draft guidelines on standards and regulations for new prisons.

The Sri Lankan authorities hosted a regional conference on planning and designing places of detention, with logistical and financial help from the ICRC. At the conference, detention officials and others exchanged experiences and best practices with their regional counterparts.

Officials from the health and justice ministries attended courses and conferences abroad and learnt more about best practices in ensuring detainees' access to health care. At seminars held by the ICRC, prison doctors and others learnt how to ensure that forensic examinations of injuries, and investigations into detainees' deaths, are conducted in line with international standards.

Prison health staff conduct medical screenings for detainees

Penitentiary authorities, and detention staff, learnt more about maintaining and managing prisons; they attended an ICRC seminar on conducting orientation sessions for newly arrived detainees, and used reference materials translated by the ICRC to deepen their understanding of the principles of

prison management. Pilot projects implemented at two prisons by the authorities, with the ICRC, enabled them to develop their procedures for maintaining infrastructure or managing waste; lessons learnt from one of these projects were discussed afterwards, with a view to replicating these systems elsewhere.

The ICRC gave technical assistance to health staff at two pilot prisons for conducting medical screenings for detainees; health and prison officials took steps to set up a system to better manage health-related information in prisons, as part of a broader national initiative to improve the management of information in prisons.

Authorities and the ICRC constructed a new ward for detained minors at one prison. Roughly 3,800 detainees, including some migrants, eased their living conditions with the help of hygiene items, and recreational and educational materials from the ICRC.

ACTORS OF INFLUENCE

Senior military and naval officers familiarize themselves with humanitarian issues related to their work

At the request of the Sri Lankan military, the ICRC conducted information sessions on IHL for some 1,000 troops bound for peacekeeping missions abroad. Roughly 1,000 new police recruits also learnt more about international policing standards (see *Civilians*).

Officers and legal advisers from the armed forces strove to incorporate IHL in military training and doctrine; ICRC seminars and round-tables, and train-the-trainer sessions, helped them bolster their capacities in this regard. The ICRC supported the authorities' efforts to incorporate international standards in the use of force, and internationally recognized standards for detention, in the training and operations of the personnel involved – notably by helping the authorities draft pertinent guidelines.

The ICRC made expert contributions to events organized by the Sri Lankan military and navy for senior officers throughout the region; at these events, it led sessions on humanitarian issues related to the security forces' operations, such as internal displacement, and the necessity of respecting IHL.

Sri Lanka accedes to the Convention on Cluster Munitions

The authorities continued to engage the ICRC in dialogue on domestic legislative initiatives; the ICRC urged them to ratify and implement IHL-related treaties, and provided them with technical and other support for doing so. In February, the justice ministry, with the ICRC, facilitated a workshop on drafting domestic legislation implementing the Anti-Personnel Mine Ban Convention. In March, Sri Lanka acceded to the Convention on Cluster Munitions.

The national IHL committee met throughout the year and discussed the ratification of IHL-related treaties, and the drafting of domestic legislation to implement treaties already ratified, while drawing on the expertise of the ICRC.

Academic and religious scholars develop their abilities to apply and promote IHL

The ICRC cultivated its relationship with religious scholars; it expanded the scope of its dialogue with them, particularly on the points of correspondence between Buddhist teachings and IHL. The ICRC sponsored some of them to attend regional conferences on IHL and on humanitarian access.

The ICRC sought to build local expertise in IHL and other norms. A total of 225 judges and magistrates attended an ICRC-held workshop on IHL and internationally recognized standards for detention; other government officials participated in regional and international IHL seminars and conferences with support from the ICRC. The ICRC organized a regional course for academics, members of civil society, military officers and government authorities to strengthen their grasp of IHL. Sri Lankan legal scholars, commissioned by the ICRC, produced academic articles on IHL-related topics such as the pertinence of IHL in post-conflict situations and the issue of missing persons. Law students demonstrated their grasp of IHL at moot court competitions locally and abroad.

Missing people's families learnt more about the assistance available to them, from materials posted by the ICRC on social media or published through other channels.

The Sri Lanka Red Cross Society developed its capacities in public communication with technical support from the ICRC (see *Red Cross and Red Crescent Movement*).

RED CROSS AND RED CRESCENT MOVEMENT

Technical, financial and material support from the ICRC enabled the Sri Lanka Red Cross Society to strengthen its operational capacities, particularly in restoring family links (see *Civilians*). It provided an emergency response to floods in 2018; this aspect of its work was also bolstered.

Aided by the ICRC, the National Society strove to strengthen its application of the Safer Access Framework. National Society staff were trained to conduct awareness-raising sessions on the framework; the National Society also developed a training module in local languages to facilitate its work. It took measures to ensure proper use of the red cross emblem by its staff and volunteers, who were given vests and badges bearing the emblem.

The National Society trained volunteers in advanced first-aid and disaster-response techniques; some of them were certified as first-aid instructors. It also conducted first-aid training for taxi drivers and school bus drivers. The ICRC's financial support allowed the National Society to print first-aid booklets and to purchase stretchers and other equipment.

National Society volunteers, community members and others familiarized themselves with the Fundamental Principles and the Movement through dissemination sessions conducted by the National Society.

Revisions to legal instruments pertaining to the National Society's legal status were prepared with the ICRC's help; these revisions awaited the approval of the pertinent authorities. Movement components met regularly to coordinate their activities and exchange information.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	7			
RCMs distributed	7			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	298	35	14	44
Tracing cases closed positively (subject located or fate established)	354			
Tracing cases still being handled at the end of the reporting period (people)	16,003	809	478	1,378
<i>including people for whom tracing requests were registered by another delegation</i>	176			
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	7	4		
Documents				
People to whom travel documents were issued	27			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	41			
Detainees in places of detention visited	14,900	669	9	
Visits carried out	52			
		Women	Girls	Boys
Detainees visited and monitored individually	409	50		7
<i>of whom newly registered</i>	264	42		6
RCMs and other means of family contact				
RCMs collected	7			
RCMs distributed	3			
Detainees visited by their relatives with ICRC/National Society support	110			
People to whom a detention attestation was issued	46			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	Beneficiaries	2,232	994	651
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	3,845	68	2
Water and habitat				
Water and habitat activities	Beneficiaries	1,566	33	1,607
Health				
Places of detention visited by health staff	Structures	5		

SUVA (regional)

COVERING: Australia, Cook Islands, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and the territories of the Pacific

Since 2001, ICRC operations in the Pacific have been carried out by the Suva regional delegation. With the National Societies, the ICRC promotes respect for IHL and other international norms among armed and security forces and awareness of such among academic circles, the media and civil society, and assists governments in ratifying and implementing IHL treaties. The ICRC works to ensure that victims of violence in Papua New Guinea receive emergency aid and medical care; it visits detainees there and elsewhere in the region. It helps National Societies build their emergency response capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH



ICRC/AR_2018
 ICRC regional delegation ICRC sub-delegation ICRC mission ICRC office

KEY RESULTS/CONSTRAINTS IN 2018

- After an earthquake in February, the ICRC helped violence-affected people in the Highlands region of Papua New Guinea to meet their immediate needs, through emergency aid and renovations to water-supply systems.
- Violence-affected people in Papua New Guinea, including victims/survivors of sexual violence, obtained suitable care at various ICRC-supported health facilities, such as a health post newly constructed by the ICRC.
- The ICRC intensified dialogue with the pertinent authorities on matters of persistent concern to migrants – those transferred to facilities in Lorengau, on Manus Island, and those in Nauru.
- At a regional conference, representatives from 14 countries discussed the implementation of various IHL-related treaties; the ICRC contributed its expertise to these discussions. A national IHL committee was established in Vanuatu.
- Detaining authorities in Papua New Guinea, with the ICRC's help, took steps to broaden detainees' access to good-quality health care; detainees at two prisons diversified their diet with vegetables grown under a pilot project.

EXPENDITURE IN KCHF

Protection	2,461
Assistance	3,154
Prevention	3,155
Cooperation with National Societies	1,577
General	170
Total	10,517
<i>Of which: Overheads</i>	<i>642</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Mobile staff	19
Resident staff (daily workers not included)	68

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	8
Phone calls facilitated between family members	2
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	32
Detainees in places of detention visited	4,691
<i>of whom visited and monitored individually</i>	56
Visits carried out	44
Restoring family links	
RCMs collected	1
RCMs distributed	3

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food production	Beneficiaries	3,000	134
Living conditions	Beneficiaries	16,200	23,413
Water and habitat			
Water and habitat activities	Beneficiaries	7,130	10,849
Health			
Health centres supported	Structures	2	7
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures		5
Water and habitat			
Water and habitat activities	Beds		25

CONTEXT

In the Enga, Hela and Southern Highlands provinces of Papua New Guinea, communal tensions led to armed violence, which caused displacement, destroyed property and disrupted basic services. The police forces conducted operations in the areas affected. Local elections, scheduled for 2018, were postponed to 2019. In the Autonomous Region of Bougainville, the local government made preparations for an independence referendum in 2019.

Hundreds of migrants on Manus Island, Papua New Guinea, and in Nauru – including refugees – awaited resettlement or the resolution of their cases; many of them were at migrant accommodation centres in Lorengau, on Manus Island. The governments of Australia and the United States of America were in the process of screening and resettling refugees as per an agreement the two countries signed in 2017.

Australia was involved in efforts to counter “terrorism”: it took part in an international military coalition (see *Iraq* and *Syrian Arab Republic*) and, with New Zealand, helped the Iraqi government to train its armed forces. Australia and Fiji provided troops for international peacekeeping operations.

Countries in the Pacific region remained vulnerable to natural disasters. A powerful earthquake struck the Highlands in Papua New Guinea in February: it damaged infrastructure, and caused injuries and deaths.

ICRC ACTION AND RESULTS

In the countries covered by its regional delegation in Suva, the ICRC endeavoured to protect and assist people affected by armed violence or deprived of their freedom. It supported efforts to advance IHL implementation, and helped National Societies in the countries covered to bolster their operational capacities.

The ICRC maintained its multidisciplinary approach to mitigating the effects of communal violence in Papua New Guinea. It discussed allegations of unlawful conduct bilaterally with the parties concerned, emphasizing the necessity of facilitating – in an impartial manner – access to medical treatment for the wounded, the sick, and victims/survivors of sexual violence. During the first half of the year, it focused on helping violence-affected people staying in areas hit by the earthquake (see *Context*). It stepped up distributions of emergency aid – food, household items and hygiene kits – and repaired or renovated water and sanitation infrastructure at public facilities that were serving as communal areas, such as schools. Health posts supported by the ICRC offered primary-health-care services in the violence-affected Highlands; and supplies from the ICRC helped health facilities treat emergency cases. Victims/survivors of sexual violence obtained specialized care at family-support units, which received ICRC material support. Community members learnt first aid through ICRC training sessions, and health workers familiarized themselves with the specific needs of victims/survivors of sexual violence and with the Health Care in Danger initiative.

The ICRC visited detainees in Fiji, Nauru, Papua New Guinea, the Solomon Islands and Vanuatu – in accordance with its standard procedures – to monitor their treatment and living conditions, and checked on the situation of migrants in facilities on Manus Island and in Nauru. Later, it discussed its findings with the authorities concerned, to help them make the necessary improvements. It strengthened dialogue with the authorities in Australia, Nauru and Papua New Guinea on migrants’ concerns, such as their access to health care, their psychological well-being, and their legal status.

In Papua New Guinea, the ICRC worked with the authorities to improve detainees’ living conditions and access to health care – for instance, by helping train health staff, implementing a project for growing vegetables in one prison, and renovating or upgrading infrastructure. It did the same in Fiji.

Members of families separated by detention, migration or other circumstances connected with each other through Movement family-links services. The ICRC arranged for detainees in Papua New Guinea and the Solomon Islands to be visited by relatives. In Bougainville, the ICRC and a working group – made up of representatives from various government bodies and an NGO – continued to discuss the creation of a mechanism to address the needs of the families of people unaccounted for since the armed conflict in Bougainville in the 1990s.

The ICRC fostered support for IHL and other norms, and for Movement activities, through regional events and regular dialogue with national and regional authorities, armed forces personnel and members of civil society. It also fostered respect for international standards for law enforcement – for instance, through briefings and workshops for police officers in Papua New Guinea. Military and government officials attended a regional event in Australia on the applicability of IHL to new technologies of warfare; at another event, representatives from 14 countries learnt more about IHL-related treaties and their implementation. A national IHL committee was established in Vanuatu.

The ICRC – together with the National Societies of Australia and New Zealand, and the International Federation – helped to strengthen organizational and other capacities among Pacific Islands National Societies.

CIVILIANS

Local leaders agree to rules regarding fighting in the Western Highlands

In Papua New Guinea, the ICRC continued to promote respect for basic principles of humanity, with a view to mitigating the effects of communal violence in Enga, Hela and the Southern Highlands. During discussions with the pertinent parties, the ICRC emphasized the necessity of: ensuring protection for civilians during armed violence, including from sexual violence; protecting medical services; facilitating impartial treatment for the wounded, the sick and victims/survivors of sexual violence; and safeguarding children and their access to education. The ICRC relayed documented allegations of unlawful conduct to the parties concerned, and urged them to prevent such misconduct.

At the ICRC's urging and with its assistance, local leaders in the Western Highlands signed an agreement on traditional rules regulating communal violence; these rules included provisions on protecting civilians – including women and children – and health facilities and schools.

Police personnel in Papua New Guinea, including officers stationed on Manus Island, familiarized themselves with international policing standards – for arrests and detention, and the use of force – at ICRC briefings and training sessions.

The ICRC helped military and police forces across the region to incorporate pertinent IHL provisions and international policing standards in their doctrine, training and operations (see *Actors of influence*).

Migrants at the processing centre on Manus Island were transferred after its closure – in 2017 – to other facilities on the island, in Lorengau. The ICRC strengthened dialogue with the authorities in Australia, Nauru and Papua New Guinea on matters of persistent concern to these migrants and those in Nauru, such as access to health-care services, mental-health issues, child-protection issues and uncertainty about their status. It urged the authorities to find lasting solutions for these issues.

Earthquake victims in Papua New Guinea meet their immediate needs with ICRC aid

Following the earthquake (see *Context*), the ICRC ramped up its emergency response and, during the first half of the year, concentrated on helping displaced households in the violence-affected areas of the Hela and the Southern Highlands.

In all, 23,413 people (4,266 households) affected by natural disasters and/or by violence in the Highlands met their basic needs with emergency aid – shelter materials, hygiene items and cooking utensils – from the ICRC. The ICRC also helped to make repairs and renovations at health facilities and educational facilities (see below), many of which served as communal areas in the days following the earthquake. The ICRC closely coordinated its activities with the Papua New Guinea Red Cross Society and other Movement partners.

Households strengthen their resilience to the effects of violence

The Papua New Guinea Red Cross and the ICRC worked with communities in Papua New Guinea to mitigate the effects of armed violence and natural disasters on people's access to basic services, and to strengthen their resilience.

Following the renovation of water infrastructure at public facilities serving as communal areas – such as community centres and schools – some 9,400 people in the Highlands had more reliable access to safe water, and a larger supply of it. The construction of rainwater-harvesting facilities also broadened their access to water. Some of these people, and around 1,400 others, benefited from the construction of latrines and other sanitation facilities. Among the people who benefited from all these activities were women who, notably, had reduced exposure to risks to their safety with the availability of water sources closer to their homes.

In Hela and Enga, and the Southern Highlands, 26 particularly vulnerable households affected by violence (supporting 134 people) – including households headed by women – used cash grants and vocational training from the ICRC to begin earning an income and to cover their household expenses, by starting small businesses, for instance.

The National Society strengthened its capacities in various areas – such as improving water infrastructure and implementing livelihood-support projects and providing family-links services – with training and other ICRC support (see also *Red Cross and Red Crescent Movement*).

Victims/survivors of sexual violence obtain suitable care

In Papua New Guinea, around 400 community members learnt how to administer first aid – to treat people wounded in clashes, for example – during training sessions by the National Society and the ICRC.

At ICRC seminars, doctors, nurses and other personnel at hospitals in violence-prone areas developed their ability to treat seriously wounded people. Medical supplies and equipment from the ICRC enabled five hospitals to be better prepared for emergencies. Health personnel bolstered their capacity to provide timely and suitable care to victims/survivors of sexual violence, through training organized by the health ministry and the ICRC; aided by the ICRC, the health ministry produced informational materials to broaden public awareness of issues related to sexual violence. Victims/survivors of sexual violence and other abuse received counselling and specialized care at family-support units in ICRC-supported hospitals (see below). ICRC dissemination sessions enabled health personnel to familiarize themselves with the objectives of the Health Care in Danger initiative.

Hospitals, and seven health centres and other health facilities in all, expanded their capacities with ICRC support, which included renovations and maintenance work. The ICRC built a new health centre in Uma, in the Southern Highlands. Regular support from the ICRC – supplies and equipment, training and expert advice – enabled two health posts to improve their services; these facilities also conducted vaccination campaigns. The ICRC covered transportation costs for some patients who had to travel long distances.

Forensic professionals attend an international experts' meeting

The authorities in Bougainville, the ICRC, and a working group – made up of representatives from various government bodies and an NGO – continued to discuss the creation of a mechanism to ascertain the fate of people unaccounted for since the armed conflict in Bougainville in the 1990s and to provide support for their relatives. The ICRC met with local authorities and community members and drew their attention to the plight of missing people's families. Communities organized ceremonies to commemorate missing people, with the ICRC's assistance.

The ICRC sponsored forensic specialists from Fiji and the Solomon Islands to attend an experts' meeting abroad, and develop their professional capacities.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees at selected places of detention in Fiji, Papua New Guinea, the Solomon Islands and Vanuatu were visited by the ICRC in accordance with its standard procedures, and their treatment and living conditions were monitored. In Papua New Guinea, people held in police stations, and at facilities run by the correctional services, received particular attention.

The ICRC discussed its findings and recommendations with the detaining authorities, to help them make the necessary improvements. Dialogue with police commands in Papua New Guinea covered various subjects, including the needs of minors and other particularly vulnerable detainees.

The ICRC visited migrants staying on Manus Island (see *Civilians*), and continued to discuss their concerns with the pertinent authorities.

Detainees diversify their diet through an ICRC-backed project

The Fijian correctional services provided training in basic health-care provision for medical orderlies; this included sessions – on first aid and health care in prisons – organised by the ICRC and delivered by Fiji Red Cross Society. These personnel were then assigned to various correctional centres in Fiji. Aided by the ICRC, the authorities developed a standardized form for screening new detainees.

Prison authorities from Fiji, Papua New Guinea and the Solomon Islands attended regional conferences on health care in places of detention, where they learnt more about best practices in the region.

In Papua New Guinea, correctional services authorities took steps – such as using a standardized form for screening new detainees – to ensure the availability of good-quality health

care in detention facilities; the ICRC provided training, and technical and material support. Training and internships organized by the ICRC helped health staff to develop the necessary capacities – for instance, in basic mental-health care. Children living with their mothers in detention facilities were vaccinated against polio.

Infrastructural improvements undertaken with ICRC support – for instance, to water-supply systems and a medical laboratory – enabled prison authorities to ease detention conditions. Some 460 detainees at two prisons diversified their diet with vegetables they grew under a pilot project set up by the penitentiary authorities and the ICRC; the activity also enabled them to get additional physical exercise.

Nearly 300 detainees at police lock-ups throughout the Southern Highlands and Bougainville benefited from such improvements as renovations to water infrastructure, installation of solar-powered lighting systems, and increased ventilation. Some detainees received recreational and hygiene items, and sleeping mats, from the ICRC.

Detainees in Papua New Guinea and the Solomon Islands are visited by their families

In Kerevat, Papua New Guinea, detainees were visited by their relatives, whose transport costs were covered by the ICRC. In the Solomon Islands, detainees serving life sentences received family visits financed by the Solomon Islands Red Cross with ICRC support.

The ICRC maintained its efforts to resolve tracing requests, made in 2015, by people formerly held at the Manus Island processing centre.

PEOPLE DEPRIVED OF THEIR FREEDOM	Fiji Islands	Papua New Guinea	Solomon Islands	Vanuatu
ICRC visits				
Places of detention visited	10	13	4	5
Detainees in places of detention visited	1,961	2,074	453	203
<i>of whom women</i>		109	1	4
<i>of whom minors</i>		93	2	
Visits carried out	12	23	4	5
Detainees visited and monitored individually	39	10	7	
<i>of whom women</i>		2		
<i>of whom boys</i>		1		
Detainees newly registered	24	9		
<i>of whom women</i>		2		
RCMs and other means of family contact				
RCMs collected	1			
RCMs distributed			3	
Detainees visited by their relatives with ICRC/National Society support		8	10	

ACTORS OF INFLUENCE

The ICRC continued to draw the attention of national and regional authorities to issues of humanitarian concern, and to cultivate support for its response to these issues. It engaged them in dialogue to this end, including high-level meetings and briefings during the ICRC president's visits to Australia and New Zealand. Dialogue with the authorities also covered such matters as migration-related issues, and the ICRC's activities in key contexts. The ICRC also held meetings with various influential regional bodies.

Senior military officials familiarize themselves with IHL

The ICRC conducted workshops for weapon bearers across the region, with a view to promoting respect for IHL and pertinent international standards (see also *Civilians*).

ICRC dissemination sessions, including one held at a military college, enabled Australian military personnel to add to their knowledge of IHL. Senior commanders drew on ICRC expertise to plan training exercises, and to strengthen their capacity to ensure compliance with IHL during operations. During a regional event, organized by an Australian university with the ICRC's guidance, military and government officials discussed the applicability of IHL to new technologies of warfare.

Military personnel from across the region attended ICRC-organized training, conferences and other events abroad: the ICRC sponsored senior military lawyers to participate in round-tables abroad, and one senior official from New Zealand attended a workshop in San Remo, Italy.

The ICRC maintained its dialogue on international policing standards with the Pacific Islands Chiefs of Police. The annual regional workshop for police forces did not take place, because of the general elections in Suva.

States discuss implementation of IHL-related treaties

The annual Pacific Islands Forum took place in Nauru, and was attended by leaders from countries and territories in the Pacific. The ICRC attended the event as observer; it also lent its expertise for various purposes, such as drafting a declaration on regional security.

Governments throughout the Asia-Pacific region drew on ICRC expertise to accede to or ratify IHL-related treaties. At a regional conference hosted by the governments of Australia and New Zealand, representatives from 14 countries discussed the Arms Trade Treaty, the Convention on Cluster Munitions and the Anti-Personnel Mine Ban Convention. A government working group in Nauru met to discuss the next steps for implementing treaties that Nauru had joined. In Fiji, the authorities organized a national consultation on ratifying the Hague Convention on Cultural Property; a task force established after this event held a train-the-trainer workshop on the Hague Convention for military instructors. The Cook Islands, New Zealand, Palau, Samoa and Vanuatu became party to the Treaty on the Prohibition of Nuclear Weapons.

In Papua New Guinea, the national IHL committee – established in 2017, with the ICRC's encouragement – learnt more about the 1977 Additional Protocols through an ICRC training session, which it had requested.

Vanuatu formally established a national IHL committee; its members met, with the ICRC's financial and technical support.

Legal experts and academics strengthen their grasp of IHL

At an annual conference on international law, lawyers from throughout the region exchanged views on IHL and other related matters at a panel discussion organized by the Australian and New Zealand National Societies and the ICRC. This contributed to shaping discussions on IHL.

In Australia and New Zealand, the ICRC organized – sometimes jointly with a university – conferences and other events for students, including future diplomats, and members of civil society; these events helped stimulate debate on IHL and related matters. Students from Australia and New Zealand competed in national and regional moot court competitions with the ICRC's support. In Australia, one university established a post-graduate course in IHL, which drew on ICRC teaching materials; another held a clinic on international law, which included an ICRC presentation on IHL. The ICRC sponsored an Australian academic to attend an experts' workshop abroad on IHL and its points of correspondence with Islamic jurisprudence.

The ICRC president's visit to the region was widely covered by local and international media, and drew attention to humanitarian issues and the ICRC's work in the Asia-Pacific region. Members of the general public learnt more about these matters through other means as well: presentations, articles published online and short educational videos – for instance – by the ICRC. Particularly in Australia, the ICRC helped the media cover humanitarian issues by briefing them regularly; journalists throughout the region made use of information provided by the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

Pacific Island National Societies strengthened their capacities and broadened awareness of IHL with technical and material support from the ICRC and other Movement partners. Movement components in the region coordinated their activities through regular dialogue, and through events such as a regional meeting of National Society leaders.

Aided by the Australian and New Zealand National Societies, the International Federation and the ICRC, the Papua New Guinea Red Cross Society continued to take steps to implement organizational reforms. Representatives from Pacific Island National Societies and the ICRC continued to discuss how family-links and other capacities should be developed to be able to respond more effectively to natural disasters and other emergencies in the region.

The Australian and New Zealand Societies, jointly with the ICRC, trained staff bound for humanitarian operations abroad.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	8			
Phone calls facilitated between family members	2			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	1			
Tracing cases still being handled at the end of the reporting period (people)	20	5	1	3
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	32			
Detainees in places of detention visited	4,691	114	95	
Visits carried out	44			
		Women	Girls	Boys
Detainees visited and monitored individually	56	2		1
<i>of whom newly registered</i>	33	2		
RCMs and other means of family contact				
RCMs collected	1			
RCMs distributed	3			
Detainees visited by their relatives with ICRC/National Society support	18			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	Beneficiaries	134	41	52
Living conditions	Beneficiaries	23,413	7,224	8,713
	<i>of whom IDPs</i>	11,220	3,367	4,416
Water and habitat				
Water and habitat activities	Beneficiaries	10,849	4,377	2,188
Health				
Health centres supported	Structures	7		
Average catchment population		16,301		
Consultations		6,968		
	<i>of which curative</i>	6,325	155	37
	<i>of which antenatal</i>	643		
Immunizations	Patients	28,591		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	13,160		
Referrals to a second level of care	Patients	36		
	<i>of whom gynaecological/obstetric cases</i>	7		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	459	66	45
Water and habitat				
Water and habitat activities	Beneficiaries	275	22	
Health				
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	5		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		62		
Weapon-wound admissions (surgical and non-surgical admissions)		62		
Weapon-wound surgeries performed		78		
First aid				
First-aid training				
	Sessions	18		
	Participants (aggregated monthly data)	339		
Water and habitat				
Water and habitat activities	Beds	25		

EUROPE AND CENTRAL ASIA

KEY RESULTS/CONSTRAINTS IN 2018

- People with relatives missing in connection with past or ongoing armed conflicts benefited from psychosocial and other support made available by the ICRC. The parties concerned pursued efforts to resolve missing-persons cases.
- With help from the pertinent National Societies and the ICRC, people affected by the armed conflict in eastern Ukraine and the Nagorno-Karabakh conflict met their most pressing needs and worked towards improving their livelihoods.
- Hospitals and other facilities in eastern Ukraine received medical equipment and supplies to treat the wounded and sick. With ICRC help, the region's emergency responders bolstered their first-aid, trauma-care and surgical capacities.
- The region's National Societies reinforced their ability to deliver family-links and other humanitarian aid to migrants, including refugees and asylum seekers – including those in detention, and in connection with missing-persons cases.
- Detainees benefited from the authorities' efforts to improve their treatment and living conditions, based on the ICRC's recommendations; in some cases, the ICRC provided technical, material or training support for these efforts.
- The ICRC's dialogue with State authorities and international entities fostered support for IHL-related initiatives and helped ensure that humanitarian considerations were taken into account in their respective spheres of influence.

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	804
RCMs distributed	675
Phone calls facilitated between family members	16,430
Tracing cases closed positively (subject located or fate established)	428
People reunited with their families	6
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	215
Detainees in places of detention visited	94,816
<i>of whom visited and monitored individually</i>	1,267
Visits carried out	394
Restoring family links	
RCMs collected	150
RCMs distributed	145
Phone calls made to families to inform them of the whereabouts of a detained relative	2,448

ASSISTANCE		Total
CIVILIANS		
Economic security		
Food consumption	Beneficiaries	209,204
Food production	Beneficiaries	44,273
Income support	Beneficiaries	26,570
Living conditions	Beneficiaries	404,617
Capacity-building	Beneficiaries	33
Water and habitat		
Water and habitat activities	Beneficiaries	1,545,367
Health		
Health centres supported	Structures	58
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures	39
Physical rehabilitation		
Projects supported	Projects	7
Water and habitat		
Water and habitat activities	Beds	4,249

EXPENDITURE IN KCHF	
Protection	40,387
Assistance	60,644
Prevention	18,368
Cooperation with National Societies	8,085
General	1,404
Total	128,888
<i>Of which: Overheads</i>	7,785

IMPLEMENTATION RATE	
Expenditure/yearly budget	92%
PERSONNEL	
Mobile staff	214
Resident staff (daily workers not included)	1,117

DELEGATIONS

Armenia
Azerbaijan
Balkans (regional)
Brussels
Georgia

London (regional)
Moscow (regional)
Paris (regional)
Tashkent (regional)
Ukraine

 ICRC delegation
 ICRC regional delegation
 ICRC mission





Ukraine, Donetsk region, Mariupol. At a public school, students learn more about safe behaviour around mines/explosive remnants of war at a mine-risk awareness briefing conducted by the ICRC.

HUMANITARIAN NEEDS AND RESPONSES

In 2018, the ICRC continued to address the consequences of past and ongoing armed conflicts and other situations of violence in Europe and Central Asia, and the needs of migrants, including refugees and asylum seekers, in Europe. It pursued its humanitarian diplomacy in the region with a view to securing wider support for IHL and for neutral, impartial and independent humanitarian action.

Cases of persons missing in connection with past or ongoing armed conflicts remained a paramount humanitarian issue in the region. The ICRC continued to assist the pertinent parties in their efforts to resolve cases, to help the families concerned, and to develop local capacities in that regard.

In Ukraine, the ICRC put together a working group to facilitate coordination among government agencies and others addressing the issue of missing persons, and hosted an international conference in Kyiv to discuss an integrated approach to the issue. In coordination with the sides to the Nagorno-Karabakh conflict, the ICRC collected information on missing people and facilitated its long-term storage for future efforts to identify exhumed human remains.

The ICRC continued to chair the Abkhaz–Georgian coordination mechanism, and its Georgian–Russian–South Ossetian equivalent, dealing with missing-persons cases linked to past

conflicts; the work of the two coordination mechanisms led to the exhumation of 105 sets of human remains and the identification of the remains of 54 people. In the Balkans, where the resolution of missing-persons cases from past conflicts had slowed in recent years, the ICRC finalized a five-year road map (2018–2022) to speed up the search for missing people and address the needs of their families. The road map was presented to various parties concerned, with a view to gathering support for it. In the Russian Federation, the ICRC facilitated discussions among the relevant stakeholders on the resolution of missing-persons cases linked to past and ongoing conflicts in the wider region.

Missing people's families had access to various forms of aid. In areas covered by the ICRC's regional delegations in the Balkans and its delegations in Georgia and Ukraine, and in Tajikistan, families received psychosocial support from ICRC staff or ICRC-trained local personnel; families in Ukraine also received monthly income assistance. Families of people missing in connection with the Nagorno-Karabakh conflict benefited from a comprehensive programme involving, *inter alia*, referrals for legal, administrative or medical assistance. In the northern Caucasus, families received psychosocial support as part of the final phase of an ICRC programme that had begun in 2008; the ICRC concluded the programme in June. In Georgia proper, the ICRC maintained its support for an academic working group seeking to heighten public awareness of the issue of missing

persons and promote research into the needs of the families affected. In Serbia, Ukraine and Kosovo¹, the ICRC updated its assessments of families' needs and presented them to the authorities.

The ICRC – particularly its regional delegations in the Balkans and in Paris (including its structure in Greece) – monitored the situation of migrants in coordination with the pertinent National Societies and Red Cross structures. In several Balkan countries, the National Societies and the ICRC assessed migrants' humanitarian needs – through interviews with them and visits to sites they passed through – and relayed their findings to the authorities. Supported by the ICRC, National Societies across the region helped thousands of migrants, including those detained (see below), to search for or communicate with their relatives.

With training and other support from the ICRC, local actors – for example, in Abkhazia, Georgia proper, Greece, Italy, Kyrgyzstan, Tajikistan and Ukraine – reinforced their ability to manage human remains in connection with efforts to resolve missing-persons cases, with emergencies, or with migration.

The armed conflict in Ukraine, and the Nagorno-Karabakh conflict, continued to pose risks for civilians. In its dialogue with the sides to these conflicts, and through confidential representations to them, the ICRC reminded them of IHL provisions on the conduct of hostilities and emphasized their obligation to protect civilians and ensure their access to basic services. It also offered them its services as a neutral intermediary.

The ICRC took a multidisciplinary approach to alleviating the impact of conflict on the safety, mental health and livelihoods of the communities affected. In Ukraine, it organized workshops at which people living along the line of contact discussed measures for protecting themselves and managing stress from the effects of the fighting; the ICRC helped them implement these measures. People affected by the Nagorno-Karabakh conflict safely held cultural events, repaired water facilities and farmed near front-line areas after the ICRC interceded with the sides. Community workers, teachers, students and other civilians affected by the two conflicts benefited from psychosocial support made available by the ICRC.

With ICRC support, people affected by the conflict in eastern Ukraine met their most pressing needs. Technical and material assistance for regional water companies helped preserve or restore access to water for hundreds of thousands of people. The ICRC also supported infrastructure work at various public facilities near the line of contact and the repair of homes that had been damaged in the fighting. Vulnerable people on both sides of the line of contact benefited from relief assistance provided by the Ukrainian Red Cross Society and the ICRC. A number of people affected by the Nagorno-Karabakh conflict, including those wounded by mines and other explosive remnants of war, received support for improving their living conditions. The National Societies concerned and the ICRC provided income support to people affected by the two conflicts, including the families of people killed or injured in the hostilities.

People who had fled the Ukraine conflict for Belarus started small businesses with assistance from the Red Cross Society of Belarus and the ICRC; those in Crimea and south-western Russia benefited from a final round of relief assistance.

In its dialogue with the pertinent authorities, the ICRC emphasized the humanitarian concerns of people affected by the demarcation of administrative boundaries between Abkhazia and Georgia proper, and between Georgia proper and South Ossetia.

Working, where possible, with the National Societies, the ICRC continued to make life-saving care available to wounded and sick people. Emergency responders – for example, in Armenia, Azerbaijan, Kyrgyzstan, Tajikistan, Turkmenistan and Ukraine – received training to boost their first-aid capacities. In Ukraine, health facilities along the line of contact received comprehensive support for treating people injured in the hostilities or suffering from chronic illnesses; the ICRC provided insulin for diabetics in areas not controlled by the Ukrainian government, and transferred anti-TB drugs across the line of contact. Hospitals in Tajikistan received material support to treat wounded people, including casualties of the fighting in Afghanistan. Medical personnel in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan enhanced their skills through training made available by the ICRC.

The ICRC visited detainees – including people being held in connection with ongoing conflicts, or conflicts outside the region; those detained on other security-related charges; and those remanded or convicted by international tribunals – in accordance with its standard procedures. After its visits, the ICRC communicated its findings and recommendations confidentially to the authorities concerned; in some cases, the authorities took these into account in revising or drafting regulations and procedures for detention.

The ICRC facilitated family visits for detainees in Azerbaijan, Kyrgyzstan, Tajikistan and Uzbekistan, and for people being held in penal colonies across the Russian Federation in connection with past conflicts in the northern Caucasus. In Armenia, the justice ministry and the ICRC began a project that enabled detainees to make online video calls to their families.

Penitentiary authorities drew on ICRC support to improve detainees' treatment and living conditions, including their access to health care. In Kyrgyzstan, the authorities and the ICRC made primary-health-care services available to people being held in several police stations and places of permanent detention. The ICRC enabled officials at two prisons in Northern Ireland to exchange best practices for providing detainees with educational opportunities and vocational training. In Azerbaijan, the justice ministry and the ICRC organized training for prison psychiatrists in the protocols for psychiatric screening of detainees.

In countries covered by its regional delegations in the Balkans, Moscow (Russian Federation), Paris (France) and Tashkent (Uzbekistan), the ICRC – or, in some countries, the National Societies involved, drawing on ICRC support – visited detained

1. UN Security Council Resolution 1244

migrants and provided them with family-links services and/or other assistance. In Greece and Hungary, findings and recommendations – for instance, for improving detained migrants' treatment and living conditions, and access to health care and legal aid – were communicated confidentially to both local and central authorities.

Greek government officials discussed matters related to immigration detention, such as access to health services and respect for medical ethics, at high-level round-tables organized by the ICRC. In the Russian Federation, the ICRC organized a conference at which key parties discussed the legal and humanitarian consequences of detaining vulnerable migrants.

The ICRC backed the efforts of military and security forces across the region to integrate IHL, international human rights norms and internationally recognized standards on the use of force, as applicable, into their doctrine, training and operations. It pursued high-level dialogue on operational, legal and policy issues with defence authorities – for instance, in France and the United Kingdom of Great Britain and Northern Ireland (hereafter United Kingdom) – and with the Collective Security Treaty Organization (CSTO) and NATO. The Interparliamentary Assembly of the Commonwealth of Independent States (CIS) adopted a set of guidelines, prepared with the ICRC's assistance, for teaching IHL to military personnel. It also drafted recommendations, to which the ICRC contributed, for applying IHL in counter-terrorism operations.

The ICRC continued to promote the ratification of IHL-related treaties and the incorporation of key IHL provisions in domestic law. It supported the work of national IHL committees – for instance, in Belarus, the Republic of Moldova and Ukraine. The Ukrainian parliament adopted laws, drafted with the ICRC's support, concerning missing persons and weapon contamination. In Kyrgyzstan, the president signed a law ratifying Additional Protocol III, and the government approved the creation of a working group – which received technical assistance from the ICRC – to draft and implement legislation protecting the rights of missing people and their families. Turkmenistan became party to the Hague Convention on Cultural Property and its two Protocols.

Through its dialogue with key actors and its participation in national, regional and global forums, the ICRC raised humanitarian concerns and sought support for IHL, the ICRC's role and Movement activities worldwide. The ICRC's delegations in Brussels (Belgium), London (United Kingdom), Moscow and Paris spearheaded efforts to engage government officials, parliamentarians, the European Union (EU), NATO, the CIS and the CSTO in dialogue on matters of humanitarian concern, such as the impact of armed violence in urban areas; the need for more support to address the effects of protracted conflicts; the application of IHL; access to education in violence-affected areas; the goals of the Health Care in Danger initiative; the prevention of conflict-related sexual violence; and the EU's efforts to combat "violent extremism" and "terrorism".

Interaction with those parties enabled the ICRC to coordinate with them more effectively, and helped ensure that humanitarian considerations and IHL were reflected in their respective spheres of influence. For instance, a working group of the Council of the EU published a report – to which the ICRC had contributed – on EU action in 2016 and 2017 to implement its guidelines for compliance with IHL among its Member States. One of NATO's two strategic commands drafted a plan of action to address the ICRC's recommendations on the conduct of hostilities, detention, protection of medical services, and prevention of weapon contamination.

The ICRC's public-communication efforts, and its events for religious leaders, journalists, academics and students, broadened awareness of issues of humanitarian concern. In the Russian Federation and Ukraine, the ICRC maintained hotlines and social-media accounts to communicate with beneficiaries.

With comprehensive support from the ICRC, National Societies reinforced their operational capacities, pursued organizational development, and/or strengthened their legal bases. A number of Movement components in the region established working groups to discuss their response to humanitarian issues related to migration and coordinate their activities for vulnerable people within the region and in conflict-affected areas elsewhere.

PROTECTION MAIN FIGURES AND INDICATORS

EUROPE AND CENTRAL ASIA

	CIVILIANS													
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	Names published on the ICRC family-links website	People reunited with their families	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	Tracing cases closed positively (subject located or fate established)	People to whom travel documents were issued	Places of detention visited	Detainees in places of detention visited	of whom women	of whom minors
Armenia	6	2	337								10	2,942	118	3
Azerbaijan	333	267	941					1	153	1	49	22,679	1,091	104
Balkans (regional)	50	68	261	8,368					106		16	6,909	185	51
Brussels											1	440		
Georgia	224	163	34		6		613	41	33		8	4,666	292	30
London (regional)											13	8,185	560	
Moscow (regional)	130	133		1					35	5				
Paris (regional)	1	1	14,829						24		29	13,599	1,448	1,974
Tashkent (regional)	42	37	26			9	6		25		39	8,392	524	56
Ukraine	18	4	2						52	13	50	27,004	1,068	114
TOTAL	804	675	16,430	8,369	6	9	619	42	428	19	215	94,816	5,286	2,332

* Unaccompanied minors/separated children

PEOPLE DEPRIVED OF THEIR FREEDOM

Visits carried out	Detainees visited and monitored individually	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	Detainees newly registered	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	RCMs collected	RCMs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	People to whom a detention attestation was issued	
20	32	3			15	2			1		5		1	Armenia
104	285	10			148	5			50	69	11	13	6	Azerbaijan
23	93	1			46	1						3	150	Balkans (regional)
1	18				17									Brussels
17	30	1			10	1			34	21	12	1	2	Georgia
16	115	8			68	5								London (regional)
									4	12	8	419	2	Moscow (regional)
54	77	9	1	26	54	8	1	25	1	1				Paris (regional)
59	244	14			28	6			35	32	2,186	507		Tashkent (regional)
100	373	22		1	184	12		1	25	10	226	3	1	Ukraine
394	1,267	68	1	27	570	40	1	26	150	145	2,448	946	162	TOTAL

ASSISTANCE MAIN FIGURES AND INDICATORS

EUROPE AND CENTRAL ASIA

	CIVILIANS							
	ECONOMIC SECURITY					WATER AND HABITAT	HEALTH	
	BENEFICIARIES							
	Food consumption	Food production	Income support	Living conditions	Capacity-building	Beneficiaries of water and habitat activities	Health centres supported	Consultations
Armenia			528	102	2	4,236		
Azerbaijan			11,693	235	3	6,472		
Georgia	520			600	28			
Moscow (regional)	7,509		470	8,525				
Paris (regional)								
Tashkent (regional)								
Ukraine	201,175	44,273	13,879	395,155		1,534,659	58	847,748
TOTAL	209,204	44,273	26,570	404,617	33	1,545,367	58	847,748
of whom women	88,013	20,231	9,602	164,209	2	540,742		
of whom children	39,617	7,287	7,887	89,176		464,145		
of whom IDPs	102,303	2,402	4,123	164,988	1			

1. Based on monthly aggregated data.

PEOPLE DEPRIVED OF THEIR FREEDOM			WOUNDED AND SICK				
			FIRST AID		HOSPITALS	PHYSICAL REHABILITATION	
ECONOMIC SECURITY	WATER AND HABITAT	HEALTH			HOSPITALS SUPPORTED		
BENEFICIARIES							
Living conditions	Water and habitat activities	Health facilities supported in places of detention visited by health staff	Training sessions	Participants of training sessions¹	Hospitals supported	Projects supported	
			47	664	3		Armenia
1,657		1	60	748	1		Azerbaijan
70							Georgia
1,952							Moscow (regional)
4,895							Paris (regional)
2,218	7,132	9	57	1,009	7		Tashkent (regional)
13,914	11,005	3	65	867	28	7	Ukraine
24,706	18,137	13	229	3,288	39	7	TOTAL
1,804	1,226						of whom women
540							of whom children

ARMENIA

The ICRC has been working in Armenia since 1992 in relation to the Nagorno-Karabakh armed conflict. It focuses on the issue of missing persons and on detainees held for conflict-related or security reasons, and works to protect and assist communities living near the international border with Azerbaijan. It promotes the national implementation of IHL and its integration into the armed and security forces' doctrine, training and sanctions and into academic curricula. The ICRC works in partnership with and aims to help the Armenian Red Cross Society strengthen its capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH



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KEY RESULTS/CONSTRAINTS IN 2018

- The ICRC reminded the sides to the conflict of IHL provisions on the conduct of hostilities. Its intercessions enabled communities to safely hold cultural events, repair water facilities and farm near front-line areas.
- People in the Tavush region, near the Armenia–Azerbaijan border, and families of mine victims acted to reduce their economic vulnerability by undertaking income-generating activities with ICRC financial and material support.
- Border communities – aided by the Armenian Red Cross Society and the ICRC – made structural modifications to at-risk houses and schools facing military positions, and had better access to water.
- Community volunteers were trained in first aid and Tavush hospitals given ICRC technical and material support; this made it more likely that wounded people would receive appropriate care if the conflict intensified.
- Preservation of information on missing people continued, albeit with some delays caused partly by political developments in Armenia. Missing people's families received comprehensive support through an ICRC-backed programme.

EXPENDITURE IN KCHF

Protection	1,577
Assistance	1,421
Prevention	623
Cooperation with National Societies	357
General	104
Total	4,082
<i>Of which: Overheads</i>	249

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Mobile staff	10
Resident staff (daily workers not included)	46

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	6
RCMs distributed	2
Phone calls facilitated between family members	337
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	10
Detainees in places of detention visited	2,942
<i>of whom visited and monitored individually</i>	32
Visits carried out	20
Restoring family links	
RCMs collected	1
Phone calls made to families to inform them of the whereabouts of a detained relative	5

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Income support	Beneficiaries	414	528
Living conditions	Beneficiaries	72	102
Capacity-building	Beneficiaries		2
Water and habitat			
Water and habitat activities	Beneficiaries	3,600	4,236
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	3	3

CONTEXT

Tensions persisted between the sides to the Nagorno-Karabakh conflict; exchanges of fire, skirmishes and casualties were occasionally reported near the international border between Armenia and Azerbaijan and the line of contact. A reduction in military hostilities was observed from October.

The Organization for Security and Co-operation in Europe (OSCE) continued its efforts – through the Minsk Process and by deploying ceasefire-monitoring missions – to broker a peaceful solution to the conflict.

Civilians living near the international border, particularly in Tavush, remained at risk from military activities and from mines and explosive remnants of war (ERW); these also restricted their movement, limited access to basic services and hindered pursuit of their livelihoods.

Roughly 4,500 people remained unaccounted for in connection with the Nagorno-Karabakh conflict in the 1990s. The Commissions on Prisoners of War, Hostages and Missing Persons (CEPODs) of the sides to the conflict continued to address the issue, but at a very slow pace and without establishing dialogue or a coordination mechanism.

Mass demonstrations in April brought a new Armenian leadership into power. The CEPOD was dissolved in the same month, following constitutional changes, but re-established in November by the new government.

ICRC ACTION AND RESULTS

The ICRC kept up its efforts to mitigate the humanitarian consequences of the Nagorno-Karabakh conflict. It monitored the situation of civilians living near the Armenia-Azerbaijan border. When necessary, it made representations to the sides in the conflict on their obligation under IHL to protect civilians and civilian objects. In its role of neutral intermediary, and with the consent of the sides concerned, the ICRC transferred the personal effects of dead soldiers from Armenia to Azerbaijan.

The ICRC took a multidisciplinary approach to alleviating the effects of the conflict on the safety, mental health and livelihoods of communities in Tavush, near the international border. Following discussions with them, and in cooperation with the Armenian Red Cross Society, the ICRC implemented projects to lessen Tavush residents' vulnerability to conflict-related risks, strengthen them economically, and improve their living conditions. With the ICRC's help, community members built protective walls in front of schools and playgrounds, and reinforced windows facing military positions, to protect themselves from stray gunfire; school basements designated as "safer rooms" – in which community members could take refuge – were reinforced and provided with basic emergency supplies. Water for drinking and irrigation became more readily available after the ICRC upgraded water facilities near the border. People who were farming near front-line areas received financial and material assistance for pursuing other livelihoods. With the ICRC's financial support, victims of mines and ERW launched small businesses to augment their incomes or to improve their housing conditions.

Information sessions on mine risks and safe practices were postponed because the ICRC was conducting a review – ongoing at year's end – of its approach to these matters. The ICRC continued to encourage the Armenian Centre for Humanitarian Demining and Expertise (CHDE) to develop a national strategy for assisting mine victims.

Aided by the ICRC, the National Society trained teachers, students and other community volunteers in first aid; by doing so, it hoped to increase the chances of wounded people receiving appropriate care if the conflict intensified. The ICRC also bolstered the quality of emergency care at Tavush hospitals by training their staff in trauma care and donating medical equipment.

The ICRC continued its dialogue with the authorities on the necessity of clarifying, for humanitarian reasons, the fate of missing people and informing their families. It collected information on missing people and facilitated its long-term storage for a future process of identifying exhumed human remains. A support network mobilized by the ICRC and comprising National Society volunteers, local authorities, community members and NGOs helped missing people's families to address their legal, medical and social needs. To promote practices that help prevent disappearances, the ICRC conducted information sessions on the proper management of human remains for defence ministry personnel, National Society volunteers, and others.

The ICRC visited detainees in accordance with its standard procedures. It monitored their treatment and living conditions, and helped them maintain contact with their relatives through online video calls. Some detainees received hygiene kits and other items.

The humanitarian consequences of the Nagorno-Karabakh conflict, and its work for the people affected, remained at the centre of the ICRC's engagement with the authorities and civil society. The ICRC organized training, briefings, courses and other events to broaden knowledge of or respect for IHL among government officials, military personnel, academics, members of the media, and the general public.

The ICRC and other Movement components provided the Armenian Red Cross with support for expanding its operational capacities, particularly in Tavush. Movement components worked together to strengthen their collective capacity to respond to humanitarian emergencies in the country.

CIVILIANS

The ICRC reminds the sides to the conflict of their obligations under IHL

As civilians continued to be at risk from military activities (see *Context*), the ICRC – through field visits and discussions with community leaders and local authorities – monitored both the humanitarian situation of the communities affected and compliance with IHL by the sides to the conflict. The ICRC communicated its findings to the sides concerned (see also *Azerbaijan*) – via dialogue and oral and written representations – and reminded them of IHL provisions on the conduct of hostilities, particularly the obligation to protect civilians.

The ICRC's intercession with the sides enabled communities to safely hold cultural events, repair water facilities and farm near front-line areas.

Military personnel and border guards in front-line areas attended IHL courses and briefings; here, they learnt more about the ICRC's mandate and its role of neutral intermediary, and about the protection afforded by IHL to civilians and medical services.

In coordination with the authorities, the ICRC, acting as a neutral intermediary, transferred the personal effects of dead soldiers from Armenia to Azerbaijan.

Front-line communities have a better water supply and safer surroundings

ICRC projects, implemented based on the results of participatory assessments, helped Tavush communities cope with chronic insecurity and its effects on their well-being and livelihoods. The Armenian Red Cross and the ICRC assessed the socio-economic situation of potential participants in ICRC economic-security initiatives to find out which economically productive activities matched their skills and aspirations. The ICRC trained 15 National Society staff/volunteers to carry out these socio-economic assessments; two volunteers previously trained by the ICRC conducted the assessments independently. Field visits and meetings with NGOs and others guided the ICRC in helping to provide safer access to schools in Tavush for students and teachers.

The ICRC's water-and-habitat projects near front-line areas benefited 4,236 people. Where infrastructure was dilapidated, and water scarce, the ICRC constructed a water reservoir and installed water tanks, pumps, filters or pipes; as a result, water for drinking and irrigation became more readily available to 3,285 people.

"Passive protective measures" – walling up windows exposed to military positions; building protective walls in front of schools or houses; and refurbishing school basements for use as safer spaces if hostilities escalated – benefited roughly 950 students and other residents in seven Tavush villages. These measures were supplemented by first-aid training (see *Wounded and sick*) and evacuation drills at schools.

Front-line communities pursue alternative livelihoods and improve their living conditions

In villages near front-line areas – where farming, herding and similar activities could put civilians in harm's way – 68 households (276 people) were given cash, often after skills training, for pursuing other livelihoods, such as beekeeping, raising dairy cattle, and pig or poultry farming. Households with victims of mines and ERW (220 people) made themselves less vulnerable economically by launching small businesses with ICRC cash grants. A total of 14 households (32 people) prevented from pursuing livelihoods – by disability or other vulnerabilities – received cash for meeting their most pressing needs.

The ICRC financed home repairs – making houses more disabled-accessible, for example – for 23 households with mine victims (102 people).

Work to promote safer practices and assistance for mine victims continues

The ICRC sponsored two CHDE personnel to attend a study tour in Tajikistan, where they learnt more about best practices in assisting mine victims. The ICRC continued to encourage the CHDE to develop a national strategy for assisting victims of mine and ERW. At year's end, the ICRC was reviewing its approach to promoting safer practices among border communities, and the training materials it had been using; because of this, information sessions on mine risks and safe practices were postponed to 2019.

Information on missing people continues to be collected and preserved

The ICRC continued – in cooperation with the stakeholders concerned – to facilitate the preservation of information on missing people, for a future process of identifying exhumed human remains. The Armenian Red Cross and the ICRC collected buccal swabs from missing people's relatives, who were accompanied by peer counsellors during the process. Third-party laboratory testing of a representative sample of the buccal swabs confirmed their viability; all the biological reference samples collected were then sent to a laboratory in Yerevan for long-term storage. The ICRC donated equipment for storing and managing the swabs to the laboratory.

The ICRC reviewed and handed over ante-mortem data to the CEPD, which entered them in its ante/post-mortem database – although this was temporarily halted when the CEPD was dissolved (see *Context*). The ICRC sponsored the database operator to attend refresher training abroad.

The ICRC briefed the authorities on the importance of establishing, for humanitarian purposes, procedures for clarifying the fate of missing people in the region and a legal framework for preventing disappearances. Officials from the defence, health and foreign ministries learnt – at an international conference – how other countries set up national mechanisms for clarifying the fate of missing people (see *Ukraine*); they were also given recommendations for improving the legal and operational capacity of the new CEPD. At two ICRC workshops, border troops, personnel from the Ministry of Emergency Situations, and National Society volunteers from Tavush added to their knowledge of best practices in managing human remains during emergencies; they were also given body bags and training materials.

Missing people's families receive comprehensive support

A comprehensive support programme run by ICRC-trained counsellors helped missing people's families address their psychosocial, legal and administrative needs. The programme, on its eighth year, was wrapped up with a commemoration event marking the International Day of the Disappeared (30 August), which was attended by roughly 200 families and members of their support network.

Members of separated families restore or maintain contact

People separated by conflict, other situations of violence and migration maintained contact through the Movement's family-links services. The National Society received ICRC technical support for developing standard procedures for

providing these services, training volunteers and producing information materials. The ICRC sponsored the head of the National Society's tracing unit to attend a study tour in Croatia.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees, in accordance with its standard procedures, to check on their living conditions and treatment, including their access to health care. Findings from these visits, and recommendations whenever necessary, were communicated confidentially to the detaining authorities.

The ICRC briefed new prison staff, and police, security forces and intelligence personnel, on its mandate, working procedures and activities for detainees.

The justice ministry and the ICRC piloted a project that enabled foreign detainees at seven prisons to make online video calls to their families. With the help of ICRC-donated computers, this project was expanded to 11 prisons and one penitentiary hospital and, from November, gave all detainees access to online video calls to their families.

The ICRC gave vulnerable detainees hygiene kits or phone cards on an as-needed basis. Discussions with the authorities – regarding small-scale projects to promote the well-being of inmates serving life sentences and other vulnerable detainees – were in progress at year's end.

WOUNDED AND SICK

The Armenian Red Cross, with material and technical support from the ICRC, supplemented the safety measures taken by communities in Tavush (see *Civilians*). It conducted first-aid training, refresher courses, and simulation exercises for roughly 660 people in 21 communities: rescue workers from the Ministry of Emergency Situations, health personnel, and teachers, students and other community volunteers; 40 first-aid posts in these communities were given first-aid kits. These people were also briefed about the goals of the Health Care in Danger initiative, and told about measures for self-protection in line with the Safer Access Framework.

The Armenian Red Cross received ICRC material support for restoring one of its offices, where a first-aid training unit was to be housed. The ICRC sponsored the head of the National Society's first-aid department to attend workshops abroad. A training module – on basic psychological support to accompany first aid – was being finalized at year's end.

Tavush hospitals receive support for improving emergency care

The ICRC provided the emergency departments of three Tavush hospitals with medical equipment – defibrillators, oxygen concentrators and vital-sign monitors – and supplies; minor infrastructural upgrades were carried out at one of the hospitals. At a three-day ICRC course, 9 doctors and 11 nurses from the three hospitals learnt more about emergency-room trauma care. Work with the health ministry – for instance, to develop training activities and guidelines for emergency care in Tavush, in accordance with national standards – was delayed and rescheduled for 2019.

ACTORS OF INFLUENCE

Journalists used ICRC news releases, social-media posts and other communication materials to broaden awareness and understanding of humanitarian needs linked to the conflict and of the ICRC's activities. After taking a field visit organized by the ICRC, Armenian journalists published reports featuring ICRC projects in two border villages. Journalism students at one university were briefed on the ICRC's mandate and activities. Members of the local media and newly recruited National Society volunteers learnt more about the Movement's activities at information sessions conducted by the National Society with ICRC support.

Government officials learn more about the ICRC's mandate and activities

The ICRC met with State officials elected or appointed following the formation of the new government, in order to apprise them of its humanitarian activities and gain their support. Officials from the defence, justice and foreign ministries, and from the ombudsman's office, were briefed on the ICRC's mandate and its role of neutral intermediary, its projects near the international border, and its work for people deprived of their freedom; they were also advised on the necessity of clarifying, for humanitarian reasons, the fate of missing people and informing their families. The ICRC sponsored two government officials to attend a conference marking the 150th anniversary of the St Petersburg Declaration (see *Moscow*).

As per the ICRC's recommendations, a working group for reforming criminal legislation incorporated IHL provisions in a draft law. Translation of a comprehensive IHL manual into Armenian was in progress at year's end.

The defence ministry remains committed to promoting IHL among military personnel

The defence ministry and the ICRC continued to cooperate in promoting IHL among military personnel and training them in it. Military personnel stationed near the international border (see also *Civilians*), warrant officers, and peace-support contingents preparing for missions abroad learnt more about IHL at ICRC information sessions. Fourteen military instructors increased their knowledge of IHL at a five-day course, and so did 24 operational commanders and deputy commanders, at a three-day IHL workshop. The defence ministry's policy department and the ICRC agreed to explore avenues for reviewing and incorporating IHL in the military's training curriculum, operational planning and decision-making processes, and for building IHL expertise among military lawyers; concept notes for these were being prepared at year's end. With ICRC support, a senior military officer attended a course in San Remo, Italy, on integrating IHL into military planning and decision-making.

Students broaden their knowledge of IHL

Some 120 students from Armenia and other countries enriched their understanding of IHL at two summer courses, an international conference for young researchers, and a national moot court competition that the ICRC organized in cooperation with leading universities in Armenia. The ICRC sponsored Armenian university students to participate in an international moot court competition and attend summer IHL courses abroad.

RED CROSS AND RED CRESCENT MOVEMENT

Guided by a revised partnership agreement, the Armenian Red Cross and the ICRC worked together to assist conflict-affected communities in Tavush (see *Civilians and Wounded and sick*). The National Society benefited from the ICRC's suggestions for drafting guidelines for security management; at the ICRC's recommendation, the National Society included a module on the Safer Access Framework in its training programme.

The ICRC, together with other Movement components working in the country, helped the National Society strengthen organizational capacities at its branches near the international

border. The ICRC gave the National Society expert advice for improving volunteer recruitment and retention; three regional branches were given financial support for covering staff salaries or providing insurance coverage. Five disaster response teams – each covering a different region – were trained in the Safer Access Framework.

Movement components met regularly to coordinate their activities, which included simulation exercises to define more precisely their roles and action plans during emergencies.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	6			
RCMs distributed	2			
Phone calls facilitated between family members	337			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	1			
Tracing cases still being handled at the end of the reporting period (people)	407	25		6
<i>including people for whom tracing requests were registered by another delegation</i>	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	10			
Detainees in places of detention visited	2,942	118	3	
Visits carried out	20			
		Women	Girls	Boys
Detainees visited and monitored individually	32	3		
<i>of whom newly registered</i>	15	2		
RCMs and other means of family contact				
RCMs collected	1			
Phone calls made to families to inform them of the whereabouts of a detained relative	5			
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	Beneficiaries	528	204	139
Living conditions	Beneficiaries	102	37	26
Capacity-building	Beneficiaries	2	2	
Water and habitat				
Water and habitat activities	Beneficiaries	4,236	1,694	847
PEOPLE DEPRIVED OF THEIR FREEDOM				
Health				
Places of detention visited by health staff	Structures	1		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	3		
First aid				
First-aid training				
	Sessions	47		
	Participants (aggregated monthly data)	664		

AZERBAIJAN

The ICRC has been working in Azerbaijan since 1992 in relation to the Nagorno-Karabakh armed conflict. It focuses on the issue of missing persons and on detainees held for conflict-related or security reasons, and works to protect and assist communities living near the Line of Contact and the international border with Armenia. It promotes implementation of IHL and its integration into armed and security forces' training and into academic curricula. The ICRC works in partnership with and aims to help the Red Crescent Society of Azerbaijan strengthen its capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- The ICRC reminded the sides to the conflict of IHL provisions on the conduct of hostilities. Its intercessions enabled communities to safely hold cultural events, repair water facilities and farm near front-line areas.
- Communities living near front-line areas and families of mine victims – more people than originally planned – took steps to reduce their economic vulnerability by undertaking income-generating activities with support from the ICRC.
- Front-line communities – aided by the ICRC – made structural modifications to at-risk houses and schools facing military positions, learnt how to protect themselves, and had better access to water.
- National Society and community volunteers were trained in first aid, and hospital workers in surgical care; this made it more likely that wounded people would receive appropriate care if the conflict intensified.
- Detainees, including those held in relation to the conflict, were visited by the ICRC in accordance with its standard procedures. Some detainees were given material assistance.
- Preservation of information on missing people went on as planned. Missing people's families received psychosocial support through an ICRC-backed programme.

EXPENDITURE IN KCHF

Protection	5,142
Assistance	3,695
Prevention	771
Cooperation with National Societies	538
General	120
Total	10,266
<i>Of which: Overheads</i>	627

IMPLEMENTATION RATE

Expenditure/yearly budget	99%
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PERSONNEL

Mobile staff	22
Resident staff (daily workers not included)	119



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PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	333
RCMs distributed	267
Phone calls facilitated between family members	941
Tracing cases closed positively (subject located or fate established)	153
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	49
Detainees in places of detention visited	22,679
<i>of whom visited and monitored individually</i>	285
Visits carried out	104
Restoring family links	
RCMs collected	50
RCMs distributed	69
Phone calls made to families to inform them of the whereabouts of a detained relative	11

ASSISTANCE	2018 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Income support	Beneficiaries 2,811	11,693
Living conditions	Beneficiaries 81	235
Capacity-building	Beneficiaries	3
Water and habitat		
Water and habitat activities	Beneficiaries 1,400	6,472
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures 1	1

CONTEXT

Tensions persisted between the sides to the Nagorno-Karabakh conflict; exchanges of fire, skirmishes and casualties were occasionally reported near the international border between Azerbaijan and Armenia and the line of contact. A reduction in military hostilities was observed from October.

The Organization for Security and Co-operation in Europe (OSCE) continued its efforts – through the Minsk Process and by deploying ceasefire-monitoring missions – to broker a peaceful solution to the conflict.

Civilians living near the international border and the line of contact remained at risk from military activities and from mines and explosive remnants of war (ERW); these also restricted their movement, limited access to basic services and hindered pursuit of their livelihoods.

Roughly 4,500 people remained unaccounted for in connection with the Nagorno-Karabakh conflict in the 1990s. The Commissions on Prisoners of War, Hostages and Missing Persons (CEPODs) of the sides to the conflict continued to address the issue, but at a very slow pace and without establishing dialogue or a coordination mechanism.

In March, the government of Azerbaijan increased social assistance for victims of conflict, including immediate relatives of dead combatants and people with physical disabilities.

ICRC ACTION AND RESULTS

The ICRC kept up its efforts to mitigate the humanitarian consequences of the Nagorno-Karabakh conflict. It monitored the situation of civilians living near the Azerbaijan-Armenia border and the line of contact. When necessary, it made representations to the sides in the conflict on their obligation under IHL to protect civilians and civilian objects. In its role of neutral intermediary, and with the consent of the sides concerned, the ICRC transferred the personal effects of dead soldiers to Azerbaijan from Armenia; it also facilitated the retrieval of a civilian's remains from across the line of contact.

The ICRC took a multidisciplinary approach to alleviating the effects of the conflict on the safety, mental health and livelihoods of communities in front-line areas. Following discussions with them, the ICRC implemented projects to lessen these communities' vulnerability to conflict-related risks, strengthen them economically, and improve their living conditions. With the ICRC's help, community members built protective walls in front of schools and playgrounds, and reinforced windows facing military positions, to protect themselves from stray gunfire; school basements designated as "safer rooms" – in which community members could take refuge – were reinforced and provided with basic emergency supplies. These measures were supplemented by information sessions on safe practices and basic psychosocial support conducted by the ICRC, at times accompanied by volunteers from the Red Crescent Society of Azerbaijan and from the

wider community. Water for drinking and irrigation became more readily available after the ICRC upgraded water facilities near front-line areas and provided maintenance training for water technicians. National Society volunteers conducted a water conservation campaign.

Members of front-line communities – including mine victims and families in Nagorno-Karabakh affected by the intensified fighting in April 2016 – received financial and material assistance for pursuing economically productive activities. Elderly pensioners living alone and other particularly vulnerable people were given cash for their most pressing needs.

Because of the follow-up support given to community projects launched in 2017, and the activities carried out at additional sites, the ICRC's economic-security initiatives and water-and-habitat projects benefited many more people than envisaged.

The ICRC conducted or supported first-aid training; by doing so the ICRC hoped to increase the chances of wounded people receiving appropriate care if the conflict intensified. Through training courses in weapon-wound surgery and trauma care, it supported front-line hospitals in increasing their ability to provide emergency surgical care.

The ICRC continued its dialogue with the sides to the conflict on the necessity of clarifying, for humanitarian reasons, the fate of missing people and informing their families. In coordination with the CEPODs of the sides, it collected information on missing people and facilitated its long-term storage for a future process of identifying exhumed human remains. ICRC-trained peer counsellors and psychologists helped missing people's families cope with the uncertainty surrounding the fate of their relatives. To promote practices that help prevent disappearances, the ICRC conducted information sessions on the proper management of human remains for defence ministry personnel.

The ICRC visited detainees – including those held in relation to the conflict – in accordance with its standard procedures. It monitored their treatment and living conditions, and helped them maintain contact with their relatives. Some detainees received hygiene kits and other items.

The humanitarian consequences of the Nagorno-Karabakh conflict, and its work for the people affected, remained at the centre of the ICRC's engagement with the authorities and civil society. The ICRC organized training, briefings, courses and other events to broaden knowledge of or respect for IHL among government officials, military and security personnel, academics and the general public.

Aided by the ICRC, the Azerbaijan Red Crescent strengthened its capacity to respond to emergencies and assist conflict-affected communities. Movement components coordinated their activities in connection with emergency preparedness.

CIVILIANS

The ICRC reminds the sides to the conflict of their obligations under IHL

As civilians continued to be at risk from military activities (see *Context*), the ICRC – through field visits and discussions with community leaders and local authorities – monitored both the humanitarian situation of the communities affected and compliance with IHL by the sides to the conflict. The ICRC communicated its findings to the sides concerned (see also *Armenia*) – via dialogue and oral and written representations – and reminded them of IHL provisions on the conduct of hostilities, particularly the obligation to protect civilians. The ICRC's intercession with the sides enabled communities to safely hold cultural events, repair water facilities and farm near front-line areas.

Police and military personnel in front-line areas attended briefings and courses on IHL, and a round-table; here, they learnt more about the ICRC's mandate and its role of neutral intermediary, and about the protection afforded by IHL to civilians and medical services.

In August, following an agreement with the sides and in coordination with the OSCE, the ICRC acted as a neutral intermediary in the retrieval of a civilian's remains from across the line of contact. Earlier in the year, the ICRC had transferred the personal effects of dead soldiers to Azerbaijan from Armenia.

Front-line communities have a better water supply and safer surroundings

ICRC projects, implemented based on the results of participatory assessments, helped front-line communities cope with chronic insecurity and its effects on their well-being and livelihoods. Field visits and meetings with the education ministry and others guided the ICRC in helping to provide safer access to schools near front-line areas for students and teachers.

The ICRC's water-and-habitat projects benefited 6,472 people. Where infrastructure was dilapidated, and water scarce, the ICRC constructed water reservoirs and installed tanks, pumps, filters or pipes; as a result, water for drinking and irrigation became more readily available to roughly 4,400 people. Water technicians received maintenance training from the ICRC; volunteers from the Azerbaijan Red Crescent promoted water conservation in communities.

"Passive protective measures" – walling up windows exposed to military positions; building protective walls in front of schools or houses; and refurbishing school basements for use as safer spaces if hostilities escalated – benefited more than 3,000 students and other community members. These measures were supplemented by first-aid training (see *Wounded and sick*), evacuation drills, and information sessions on safe practices conducted by the National Society and the ICRC. Posters on safer behaviour were also distributed in 14 communities.

Over 400 students attended psychosocial-support activities for alleviating conflict-induced stress. Sixty teachers, trained by the ICRC in counselling and play therapy, led these activities; 108 teachers were also trained in psychological self-care.

First-aid supplies and other materials for safer spaces in eight villages in Nagorno-Karabakh were purchased with ICRC support. Twelve civilian rescue workers attended ICRC workshops on developing standard procedures for the safe disposal of unexploded ordnance in civilian areas.

Front-line communities launch income-generating activities and improve their living conditions

Various forms of ICRC income support benefited 11,693 people – much higher than envisaged. Seed, fertilizer, fuel, equipment and training in farming techniques from the ICRC enabled 1,408 households (6,338 people) to participate in seed-multiplication projects and other farming activities. Additional supplies were given to 963 households (3,852 people) who had launched saffron-bulb- and potato-seed-multiplication projects in 2017. Cash-for-work projects – for example, repairing irrigation canals – provided an income for 147 households (664 people). Using cash grants, 82 households with mine victims (439 people) launched small businesses.

Civilian villagers from Talish remained in Nagorno-Karabakh, having been displaced when the fighting intensified in April 2016. With support from the ICRC in the form of cash, seed and other supplies, and a newly built irrigation system, 17 households (61 people) cultivated vegetable gardens or repaired livestock shelters; five households (22 people) that began vegetable gardening in 2017 were given cash for transporting their produce to a market. Seven people were trained in sustainable farming. Nine households (32 people), including mine victims and relatives of a conflict-related detainee, were given a one-off cash grant; monthly allowances augmented the pensions of 278 elderly people living alone.

Other vulnerable people were also given assistance to alleviate their living conditions. Four members of ethnic minority groups received financial support for clarifying their legal status. Relatives of missing people (189 in all) were given food parcels. In cooperation with the *de facto* authorities, the ICRC repaired the houses of 11 families of mine victims (42 people) in Nagorno-Karabakh.

Three representatives from the *de facto* authorities attended training in farming techniques organized by the ICRC for displaced farmers in Nagorno-Karabakh.

Training for National Society volunteers in economic-security activities and restoring family links was postponed to 2019.

Information on missing people continues to be collected and preserved

The ICRC continued – in cooperation with the stakeholders concerned – to facilitate the preservation of information on missing people, for a future process of identifying exhumed human remains. In coordination with the CEPODs of the sides, it collected buccal swabs from missing people's relatives, who were accompanied by peer counsellors during the process. Third-party laboratory testing of a representative sample of the buccal swabs confirmed their viability; all the biological reference samples collected were then sent to other laboratories for long-term storage. Collection of DNA samples and ante-mortem data from missing people's relatives in

Nagorno-Karabakh was completed at year's end. The ICRC reviewed and handed over ante-mortem data to the CEPODs, which entered them in their ante/post-mortem databases. The ICRC sponsored three database operators from Baku to attend refresher training abroad.

The ICRC briefed the pertinent authorities on the importance of establishing, for humanitarian purposes, procedures for clarifying the fate of missing people in the region and a legal framework for preventing disappearances. At an international conference, officials from the Azerbaijan CEPOD, and from the defence and foreign ministries, learnt how other countries set up national mechanisms for clarifying the fate of missing people (see *Ukraine*). Defence ministry officials attended an ICRC information session on best practices in managing human remains. The ICRC donated body bags and other supplies to a morgue in Nagorno-Karabakh.

Missing people's families receive psychosocial support

A comprehensive support programme run by ICRC-trained peer counsellors and psychologists helped missing people's families to cope with the psychological, social and economic consequences of not knowing the fate of their relatives. The programme involved individual or group counselling, home visits, information sessions and referrals for legal, administrative or medical assistance. Aided by the ICRC, the families held events to commemorate their missing relatives and raise awareness of their plight.

Members of separated families restore or maintain contact

People separated by conflict maintained contact through the Movement's family-links services. Online video calls enabled families in Azerbaijan to contact relatives in Iraq. The ICRC followed up the situation of Azerbaijani children repatriated by the Iraqi authorities; the children were given mental-health and psychosocial support by ICRC-trained counsellors.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees – including those held in relation to the conflict – in accordance with its standard procedures. It monitored their living conditions and treatment, including

their access to health care. Findings from these visits, and recommendations whenever necessary, were communicated confidentially to the detaining authorities.

Detainees contact their relatives

Foreign detainees informed their embassies, or the UNHCR, of their circumstances and contacted their families through RCMs or phone calls arranged by the ICRC. Detainees held in relation to the conflict also used ICRC family-links services. Some 1,600 detainees received hygiene kits, phone cards and other material assistance from the ICRC.

The main detention facility in Nagorno-Karabakh was given recreational items and other material aid to ease detainees' living conditions. Thirteen detainees received visits from their families, whose transportation expenses were covered by the ICRC; seven detainees returned home after their release, with the ICRC's financial assistance.

The authorities take steps to enhance mental-health care for detainees

The ICRC continued to support the authorities' efforts to bring health services for detainees, including mental-health care, in line with internationally recognized standards. At training sessions organized by the ICRC in cooperation with the medical department of the justice ministry, 16 prison psychiatrists learnt more about the protocols for psychiatric screening of detainees. The ICRC provided on-site support periodically for the resident psychiatrist at one prison. Penitentiary officials and health staff added to their knowledge of medical ethics, and the management of hunger strikers, at an ICRC seminar.

Prison officials attended an ICRC workshop on incorporating educational activities and skills training in the parole system.

At a two-day ICRC workshop, 40 prison staff in Nagorno-Karabakh familiarized themselves with internationally recognized standards for detention.

PEOPLE DEPRIVED OF THEIR FREEDOM	Related to the Nagorno-Karabakh conflict	Not related to the Nagorno-Karabakh conflict
ICRC visits		
Places of detention visited	6	43
Detainees in places of detention visited	6	22,673
of whom women		1,091
of whom minors		104
Visits carried out	31	73
Detainees visited and monitored individually	6	279
of whom women		10
Detainees newly registered	1	147
of whom women		5
RCMs and other means of family contact		
RCMs collected	34	16
RCMs distributed	65	4
Phone calls made to families to inform them of the whereabouts of a detained relative	3	8
Detainees visited by their relatives with ICRC/National Society support		13
People to whom a detention attestation was issued	2	4

WOUNDED AND SICK

The ICRC conducted or supported first-aid training, refresher courses, train-the-trainer sessions, and emergency-simulation exercises, with a view to increasing the likelihood of wounded people receiving appropriate care. Around 750 people received first-aid training: emergency volunteer teams from the Azerbaijan Red Crescent, paramedics, nurses, community volunteers, and civilian rescue personnel; 16 National Society volunteers became first-aid trainers. The ICRC did minor repairs to the floor and to the water-supply system at one health post in Nagorno-Karabakh, and donated a refrigerator and other items to another.

Medical professionals strengthen their capacities

The ICRC organized a course in weapon-wound surgery for 22 military and civilian doctors from front-line hospitals, and two courses in emergency-room trauma care for 44 others; 32 medical personnel attended workshops on monitoring patients in emergency care.

Small-scale renovations were made to the basement of a hospital in Nagorno-Karabakh, which could serve as a safer space for around 50 patients and medical staff if hostilities intensified. A project to improve emergency-room care at hospitals in Nagorno-Karabakh was being discussed by the ICRC and the *de facto* authorities at year's end.

ACTORS OF INFLUENCE

Journalists used ICRC factsheets, interviews, social-media posts and news releases to broaden public awareness of the ICRC's activities, particularly those carried out in connection with missing people, detainees and conflict-affected people. Senior government officials, diplomats, authorities and community leaders in front-line districts, and members of the media were briefed on the ICRC's mandate and humanitarian activities in connection with the Nagorno-Karabakh conflict. Aided by the ICRC, volunteers from the Azerbaijan Red Crescent organized events in schools, at which students learnt about IHL and the Movement's activities.

The ICRC sponsored two government officials to attend an IHL conference marking the 150th anniversary of the St Petersburg Declaration (see *Moscow*). Lawyers learnt more about judicial guarantees and internationally recognized standards for detention at a three-day ICRC training course. National Society officials familiarized themselves with the Treaty on the Prohibition of Nuclear Weapons at an ICRC briefing; the National Society, with the ICRC's support, was set to lead the effort to promote the treaty's adoption by Azerbaijan.

Military and police personnel learn more about IHL and other pertinent norms and standards

The defence ministry and the ICRC continued to cooperate in promoting IHL among military personnel and training them in it. At ICRC guest lectures, training sessions and briefings, military cadets, peacekeeping troops and senior defence ministry officials learnt more about pertinent IHL provisions. The ICRC briefed deputy heads of police from

16 front-line districts on its activities and its role of neutral intermediary. Thirty-eight Azerbaijani military officers who had been certified as IHL trainers were set to provide further instruction in IHL to troops. The ICRC made recommendations to military officials – at a side event during a NATO evaluation exercise – for incorporating IHL in military planning and operations. Copies of a manual on first aid and code of conduct for combatants were provided to military institutions and to participants in ICRC-organized events.

Information sessions conducted by the ICRC in Nagorno-Karabakh enabled senior military personnel, students at a military school, and rescue personnel to gain a firmer grasp of basic IHL principles; 20 military personnel attended a train-the-trainer workshop on IHL.

Students strengthen their grasp of IHL

Roughly 200 young people studying law and international relations broadened their knowledge of IHL and its application in contemporary armed conflict by attending ICRC presentations at various universities. Guided by the ICRC, three university students completed their research on compliance with IHL in non-international armed conflicts. As part of the ICRC's efforts to promote research on IHL, one student was given an internship at the ICRC delegation in Baku; at the ICRC's recommendation, two universities updated their IHL curricula. With ICRC sponsorship, two law students studied IHL at a summer school in Belarus. Law students and IHL researchers from Nagorno-Karabakh attended summer courses, a moot court competition, and other IHL-related events abroad.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC gave the Red Crescent Society of Azerbaijan support for strengthening its operational capacities in line with the Safer Access Framework; the two organizations continued to work together to assist front-line communities (see *Civilians and Wounded and sick*). Emergency volunteer teams – from four branches near front-line areas and their back-up team in Baku – were given advice for improving their organizational structure, and volunteer recruitment and retention; the four branches mentioned above received emergency response kits, IT equipment, and funding to partially cover their operational expenses. The National Society headquarters was given 80 donation boxes for fundraising.

The Azerbaijan Red Crescent and the ICRC signed a new four-year partnership agreement.

The Azerbaijan Red Crescent – with support from other National Societies, the International Federation and the ICRC – drafted a contingency plan for natural disasters and carried out a simulation exercise, with a view to improving response and coordination during emergencies.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	333			
RCMs distributed	267			
Phone calls facilitated between family members	941			
Reunifications, transfers and repatriations				
Human remains transferred or repatriated	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	159	45	46	36
Tracing cases closed positively (subject located or fate established)	153			
Tracing cases still being handled at the end of the reporting period (people)	4,393	364	96	134
<i>including people for whom tracing requests were registered by another delegation</i>	2			
Documents				
People to whom travel documents were issued	1			
People to whom official documents were delivered across borders/front lines	5			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	49			
Detainees in places of detention visited	22,679	1,091	104	
Visits carried out	104			
		Women	Girls	Boys
Detainees visited and monitored individually	285	10		
<i>of whom newly registered</i>	148	5		
RCMs and other means of family contact				
RCMs collected	50			
RCMs distributed	69			
Phone calls made to families to inform them of the whereabouts of a detained relative	11			
Detainees visited by their relatives with ICRC/National Society support	13			
People to whom a detention attestation was issued	6			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	Beneficiaries	11,693	5,008	1,783
	<i>of whom IDPs</i>	3,343	1,347	676
Living conditions	Beneficiaries	235	113	10
	<i>of whom IDPs</i>	57	28	
Capacity-building	Beneficiaries	3		
Water and habitat				
Water and habitat activities	Beneficiaries	6,472	1,877	2,848
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	1,657	88	54
Health				
Places of detention visited by health staff	Structures	13		
Health facilities supported in places of detention visited by health staff	Structures	1		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
First aid				
First-aid training				
	Sessions	60		
	Participants (aggregated monthly data)	748		

BALKANS (regional)

COVERING: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, Republic of North Macedonia, Romania, Serbia, Slovenia, Kosovo*

*UN Security Council Resolution 1244

The ICRC has been working in the Balkans since the early 1990s. The organization strives to respond to the needs remaining from past armed conflicts in the region. In particular, it seeks to help clarify the fate of missing persons and to address the needs of their families. The ICRC visits detainees and works with the authorities and civil society to promote IHL and other humanitarian norms. It supports the development of the National Societies, particularly in strengthening their capacities to respond to emergencies, address the specific humanitarian needs of migrants, and help dispersed families restore contact.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- The ICRC finalized a five-year roadmap (2018–2022) to speed up the search for people missing in connection with past armed conflicts in the Balkans. It was presented to the parties concerned, with a view to gathering support for it.
- A total of 111 missing-persons cases linked to past conflicts were resolved (65 in Bosnia and Herzegovina, 39 in Croatia, and 7 in Kosovo); 10,247 cases were still open at year's end.
- Some 2,500 relatives of missing people obtained psychosocial, legal and administrative support from family associations, and/or National Societies and Red Cross structures, receiving ICRC assistance.
- ICRC researchers started searching the archives of the Mechanism for International Criminal Tribunals – in The Hague, Netherlands – for information on missing-persons cases in the Balkans.
- Migrants in Balkan countries reconnected with relatives through family-links services from National Societies and the ICRC.
- The Bulgarian, Croatian and Macedonian National Societies received ICRC training and coaching to enable them to visit detained migrants and assist them as necessary.

EXPENDITURE IN KCHF

Protection	4,557
Assistance	-
Prevention	837
Cooperation with National Societies	550
General	161
Total	6,105
<i>Of which: Overheads</i>	<i>373</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	99%
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PERSONNEL

Mobile staff	13
Resident staff (daily workers not included)	53



ICRC regional delegation ICRC delegation ICRC mission *UN Security Council Resolution 1244

The boundaries, names and designations used in this report do not imply official endorsement nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	50
RCMs distributed	68
Phone calls facilitated between family members	261
Tracing cases closed positively (subject located or fate established) ¹	106
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	16
Detainees in places of detention visited	6,909
<i>of whom visited and monitored individually</i>	93
Visits carried out	23

1. Not including cases of persons missing in relation to the Croatia conflict 1991–1995, dealt with by the Croatian Red Cross and the Red Cross of Serbia

CONTEXT

Several Balkan countries continued to deal with the consequences of past armed conflicts, particularly the issue of missing people. In July 2018, national authorities in Balkan countries and other States signed a joint declaration – at a summit held in London, United Kingdom of Great Britain and Northern Ireland – reiterating their commitment to tackling this issue. The European Union (EU) strategy for strengthening its engagement with the Balkans, adopted in February 2018, also sought to prioritize this matter.

Negotiations on the status of Kosovo and the possibility of a territorial exchange between Kosovo and Serbia gave rise to tensions in the region. Other issues of regional concern included Kosovo's failed bid to join Interpol; its imposition of tariffs on goods from Bosnia and Herzegovina (hereafter Bosnia-Herzegovina) and Serbia; and the former Yugoslav Republic of Macedonia changing its name to the "Republic of North Macedonia".

In Bosnia-Herzegovina, political tensions – related mainly to the general elections in October – rose significantly and delayed the formation of a government.

Migrants, including refugees and asylum seekers, continued to pass through the region. Some 23,000 migrants entered Bosnia-Herzegovina between January and December.

Mines and explosive remnants of war (ERW) continued to endanger people in parts of Bosnia-Herzegovina.

ICRC ACTION AND RESULTS

Faced with a steady decrease in identifications in recent years, the ICRC bolstered its efforts to clarify the fate of people missing in connection with past conflicts in the Balkans. It finalized a five-year roadmap (2018–2022) to speed up the search for missing people and address the needs of their families. The roadmap was presented to various parties concerned, with a view to gathering support for it.

The ICRC intensified its efforts to secure access – for humanitarian purposes – to more archives and other sources of information on gravesites. In October, it signed an agreement with the Mechanism for International Criminal Tribunals (MICT) to cooperate more closely – after which, ICRC researchers started searching the archives at MICT headquarters in The Hague, Netherlands. The ICRC continued – in its capacity as a neutral intermediary – to chair the working group on people missing in relation to past conflict in Kosovo. It also attended – as an observer – a meeting of the Croatia-Serbia working group on people missing in connection with the Croatian conflict. It provided training and technical guidance for forensic specialists in the region. A total of 111 missing-persons cases linked to past conflicts were resolved (65 in Bosnia-Herzegovina, 39 in Croatia, and 7 in Kosovo). At year's end, 10,247 cases were still open.

Some 2,500 relatives of missing people – in Bosnia-Herzegovina, Kosovo, and Serbia – obtained psychosocial and other support; this was provided by associations of missing people's families, and National Societies and Red Cross structures, all of which received financial and technical assistance from the ICRC. The ICRC carried out a stocktaking exercise on the needs of missing people's families in Kosovo and Serbia – which entailed focus-group discussions and meetings with various stakeholders. The ICRC's aim was to apprise the pertinent authorities of these needs and incorporate the findings from this exercise in its own activities.

The ICRC monitored the situation of migrants in the countries covered, and addressed their protection-related needs; it also supported its Movement partners' efforts to assist them. National Societies and Red Cross structures in the region assisted migrants and others separated from their families to reconnect with relatives through the Movement's family-links services. ICRC training helped them develop their family-links capacities. As parts of its response to the influx of migrants, the National Society in Bosnia-Herzegovina bolstered its family-links services with the ICRC's assistance.

In accordance with its standard procedures, the ICRC visited detainees in Bosnia-Herzegovina, Kosovo, the Republic of North Macedonia, and Serbia; 93 people – including those detained in relation to conflicts outside the region or on other security-related charges – were monitored individually. The ICRC communicated its findings – and where necessary, recommendations – confidentially to the pertinent authorities, to help them improve detainees' living conditions. The Bulgarian, Croatian, and Macedonian National Societies received ICRC training and coaching to enable them to visit detained migrants and assist them as necessary.

The ICRC sought closer engagement with the national authorities and other key parties, with a view to encouraging the domestic implementation of IHL-related treaties and building support for its work. The ICRC conducted public communication initiatives and organized events specifically to broaden awareness of humanitarian issues in the region – particularly migration, the threat of landmines, and missing people and the plight of their families.

National Societies and Red Cross structures continued, with various forms of ICRC support, to develop their organizational and public-communication capacities and strengthen their ability to deliver humanitarian services. In Bosnia-Herzegovina, people learnt how to protect themselves from mines/ERW – through educational activities organized by the Red Cross Society of Bosnia and Herzegovina with ICRC funding.

CIVILIANS

Efforts to resolve missing-persons cases are bolstered

Faced with a steady decrease in identifications in recent years, the ICRC bolstered its efforts to clarify the fate of people missing in connection with past conflicts in the Balkans. It finalized a five-year roadmap (2018–2022) to speed up the search for missing people and address the needs of their families. The roadmap was presented to various parties concerned, with a

view to gathering support for it. The ICRC's initiatives supplemented the actions taken by others: Balkan countries renewed their commitment to addressing the issue of missing people; and the EU included the issue in its new strategy for the region (see *Context*).

The ICRC used its access to national and international archives to collect and analyse information relevant to missing-persons cases in the Balkans. It intensified its efforts to persuade pertinent parties, including States, the EU and NATO, to transmit or to grant it access to – for humanitarian purposes – their archives and other sources of information on gravesites. In October, it signed an agreement with the MICT to cooperate more closely – after which, ICRC researchers started searching the archives at MICT headquarters in The Hague, Netherlands. Canada, Denmark, Norway and Poland transmitted pertinent documents to the ICRC, while the EU and the Netherlands gave ICRC researchers direct access to their military archives.

Bosnia and Herzegovina conflict 1992–1995

In 2018, 65 missing-persons cases linked to past conflict in Bosnia-Herzegovina were resolved. At year's end, 6,578 cases were still open. The ICRC provided financial support for eight families to travel to Croatia to identify their relatives' remains.

The ICRC analysed documents from various sources, particularly the MICT, for useful information, and shared what it found with the Missing Persons Institute (MPI) of Bosnia-Herzegovina. It gave the MPI laptops so that it could process data more efficiently. It also participated in the meetings of a coordination group working on the issue of missing people; the group consisted of representatives from the MICT, the MPI, the Prosecutor's Office, and the State Investigation and Protection Agency.

The ICRC had discussions with forensic professionals in Bosnia-Herzegovina, during which it emphasized the importance of standardizing methods and procedures for exhuming and identifying human remains. With the ICRC's support, members of the Association of Forensic Medicine met to discuss how to raise their professional standards. The ICRC helped to finance the publication of a book on forensic anthropology by pathologists from Bosnia-Herzegovina. It sponsored forensic specialists to attend courses held abroad. Plans to organize an international workshop in Bosnia-Herzegovina on standards and good practices in addressing the issue of missing people were postponed to 2019.

Kosovo conflict 1999

In 2018, 7 missing-persons cases linked to past conflict in Kosovo were resolved. At year's end, 1,653 cases were still open.

In its capacity as a neutral intermediary, the ICRC continued to chair the working group on people missing in relation to past conflict in Kosovo. The group met several times in 2018. During a meeting in November, agreement was reached on procedures for repatriating human remains between Kosovo and Serbia. The sub-working group on forensic issues also met thrice; the working group's analysis team met once to follow up specific missing-persons cases.

The ICRC analysed documents obtained from national and international archives. It prepared a report based on information from these documents, and submitted it to the European Union Rule of Law Mission in Kosovo. The report enabled the discovery, in Kosovo, of a gravesite containing at least seven sets of human remains.

The ICRC discussed the creation of a central registry for missing persons with the Government Commission on Missing Persons, the Institute of Forensic Medicine, and others; however, the creation of a registry was temporarily suspended. The ICRC provided support for an EU project to strengthen forensic services in Kosovo. It sponsored forensic specialists to attend courses held abroad.

Croatia conflict 1991–1995

The Croatian Red Cross reported that 39 missing-persons cases linked to past conflict in Croatia were resolved in 2018. At year's end, 2,016 cases were still open.

The ICRC attended – as an observer – a meeting of the Croatia-Serbia working group on people missing in connection with the Croatian conflict. The presidents of Croatia and Serbia delegated special envoys to tackle the issue of missing people.

The Croatian authorities accepted the ICRC's offer to search in the international archives for information on missing persons in relation to the conflict in Croatia and to help solve the issue of the lack of blood samples from relatives of the missing. The ICRC gave 24 people financial assistance for travelling from Serbia to Croatia to identify their relatives' remains.

Missing people's families receive psychosocial and other support

Some 2,500 relatives of missing people – in Bosnia-Herzegovina, Kosovo and Serbia – obtained psychosocial, legal, and other support; this was provided by associations of missing people's families, and National Societies and Red Cross structures, all of which received financial and technical assistance from the ICRC. These local partners also provided psychosocial support on occasions likely to cause emotional distress – for instance, during the identification of remains or at reburial ceremonies. The Regional Coordination of Families of the Missing from the Former Yugoslavia received financial support from the ICRC for its activities: organizing conferences to advocate the rights of missing people's families and reminding the authorities of their duty to trace missing people, for instance.

Families in Bosnia-Herzegovina and Kosovo claimed social benefits or dealt with legal or administrative issues using documents attesting to the disappearance of their relatives; these documents were issued by the ICRC and distributed by the pertinent National Societies or Red Cross structures.

The ICRC carried out a stocktaking exercise on the needs of missing people's families in Kosovo and Serbia – which entailed focus-group discussions and meetings with various stakeholders. The ICRC's aim was to apprise the pertinent authorities of these needs, and to incorporate the findings from

this exercise in its own activities. The ICRC published a booklet in Bosnia-Herzegovina that described the main findings of a similar stocktaking exercise it had conducted in 2017.

The Movement responds to migrants' protection-related needs

The ICRC – in coordination with the pertinent National Societies and Red Cross structures – monitored the situation of migrants in the countries covered, and addressed their protection-related needs. It also supported its Movement partners' efforts to assist them (see *People deprived of their freedom*). The ICRC discussed migrants' protection-related concerns with the pertinent authorities; for example, in Croatia, it did so with the border police (see *Actors of influence*). The pertinent National Societies and the ICRC visited migrant centres, and other sites through which migrants passed – particularly in Bosnia-Herzegovina, Bulgaria, Croatia and the Republic of North Macedonia – to assess migrants' humanitarian needs and relay its findings to the authorities. The ICRC interviewed migrants in Serbia for the same purpose.

National Societies and Red Cross structures in the region assisted migrants and others separated from their families to reconnect with relatives through the Movement's family-links services. ICRC training helped them develop their family-links capacities. As parts of its response to the influx of migrants, the National Society in Bosnia-Herzegovina bolstered its family-links services with the ICRC's assistance. Aided by the ICRC, the Red Cross of Montenegro organized two round-tables, at which National Society representatives and others discussed how to improve family-links services for migrants. The Croatian Red Cross and the ICRC organized a Movement conference on restoring family links and a workshop on data protection, which were attended by representatives from some 40 countries.

The ICRC checked on the situation of people formerly held at the US detention facility at Guantanamo Bay Naval Station in Cuba, and resettled in Montenegro and Serbia. When necessary, it enabled them to maintain contact with their relatives.

CIVILIANS	Bosnia and Herzegovina	Croatia	Kosovo	Republic of North Macedonia	Serbia
RCMs and other means of family contact					
RCMs collected	9		31	10	
RCMs distributed	13		34	21	
Phone calls facilitated between family members	260				1
Names published on the ICRC family-links website	6,714		1,654		
Tracing requests, including cases of missing persons²					
People for whom a tracing request was newly registered	7		43	3	1
<i>of whom women</i>	6		13	1	1
<i>of whom minors at the time of disappearance - girls</i>	1		9	1	
<i>of whom minors at the time of disappearance - boys</i>			13	1	
Tracing cases closed positively (subject located or fate established)	67		36	3	
Tracing cases still being handled at the end of the reporting period (people)	6,590	20	1,677		1
<i>of whom women</i>	958	6	250		1
<i>of whom minors at the time of disappearance - girls</i>	92		24		
<i>of whom minors at the time of disappearance - boys</i>	246		92		
Documents					
People to whom official documents were delivered across borders/front lines			1		

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees, in accordance with its standard procedures, in Bosnia-Herzegovina, Kosovo, the Republic of North Macedonia, and Serbia; 93 people – including those detained in relation to conflicts outside the region or on other security-related charges – were monitored individually. The ICRC communicated its findings – and where necessary, recommendations – confidentially to the pertinent authorities, to help them improve detainees' living conditions.

In Bosnia-Herzegovina, three detainees were visited by their families; the ICRC covered the costs involved.

In Serbia, prison managers learnt about the concept of "dynamic security" at an ICRC workshop. Two Serbian prison officials, sponsored by the ICRC, attended a EuroPris conference on prison regimes. The ICRC financed the translation into Serbian of the revised UN Standard Minimum Rules for the Treatment of Prisoners; copies of it were given to the detaining authorities for use in training prison staff.

The Bulgarian, Croatian, and Macedonian National Societies received ICRC training and coaching to enable them to visit detained migrants and assist them as necessary. Sponsored by the ICRC, representatives of these National Societies attended a workshop on immigration detention in Copenhagen, Denmark.

In Kosovo, the ICRC donated books to the Kosovo Correctional Service and recreational materials for a family-visit room in the High-Security Prison.

2. Not including cases of persons missing in relation to the Croatia conflict 1991–1995, dealt with by the Croatian Red Cross and the Red Cross of Serbia

PEOPLE DEPRIVED OF THEIR FREEDOM	Bosnia and Herzegovina	Croatia	Kosovo	Republic of North Macedonia	Serbia
ICRC visits					
Places of detention visited	8		4	2	2
Detainees in places of detention visited	1,765		1,142	2,082	1,920
<i>of whom women</i>	79		39	67	
<i>of whom minors</i>	5		44	2	
Visits carried out	11		6	4	2
Detainees visited and monitored individually	20		42	30	1
<i>of whom women</i>				1	
Detainees newly registered	9		20	17	
<i>of whom women</i>				1	
RCMs and other means of family contact					
Detainees visited by their relatives with ICRC/National Society support	3				
People to whom a detention attestation was issued	94	19	37		

ACTORS OF INFLUENCE

The ICRC sought to broaden support for its work in all its interaction with the authorities, representatives of the international community, and members of civil society. It strove to keep the issue of missing people on the agenda of the national authorities, and on that of national and international stakeholders, in line with its five-year roadmap (see *Civilians*). ICRC newsletters and factsheets kept international organizations and others abreast of developments in the search for missing people.

National IHL committees discuss compliance with IHL

The ICRC promoted the incorporation of IHL in domestic legislation and the ratification of IHL-related treaties in the countries covered. It encouraged Balkan countries to support their national IHL committees, and to assist in establishing such committees in countries where they do not exist. Representatives of central and south-eastern European countries – including members of national IHL committees – and of some National Societies in the region, attended a meeting organized by the Romanian national IHL committee and the ICRC in Bucharest, Romania. They discussed various IHL-related matters, such as promoting compliance with IHL. The meeting also helped to foster peer-to-peer cooperation between national authorities or IHL committees in the region.

Government officials from Bosnia-Herzegovina, Croatia, Kosovo, and Montenegro attended an ICRC workshop in Sarajevo, Bosnia-Herzegovina, where they discussed the adequacy of current legal frameworks, with regard to missing people, and how these frameworks can be strengthened.

Border police officers in the Republic of North Macedonia strengthened their grasp of pertinent international standards through ICRC training. The ICRC and the Croatian border police discussed the possibility of organizing such training.

The ICRC expands its engagement with Islamic and academic communities

Forty clerics from Bosnia-Herzegovina, Georgia, Kosovo, the Republic of North Macedonia, and Turkey learnt more about the points of correspondence between IHL and Islamic law during a course organized by the ICRC with the Faculty of Islamic Studies

at the University of Sarajevo in Bosnia-Herzegovina. Certain members of Islamic communities in Bosnia-Herzegovina, Kosovo, and the Republic of North Macedonia were also sponsored to attend IHL-related events in their countries or elsewhere.

Some 20 lecturers and researchers in Slovenia learnt more about IHL and refugee law at round-tables organized by the University of Ljubljana and the ICRC. Aided by the ICRC, the University of Ljubljana hosted a moot court competition in IHL and refugee law for students. In Kosovo, the ICRC provided the law faculty of the University of Pristina with IHL reference materials. In Bosnia-Herzegovina, the ICRC provided financial assistance for academics and students pursuing research on such topics as the consequences of the disappearance of family members and the issues faced by relatives of missing people.

People are kept informed of issues of humanitarian concern

The ICRC's public-communication efforts, and various events organized or supported by it, broadened awareness of humanitarian issues in the region. National Societies and Red Cross structures were helped to improve their capacities in public communication. Members of the media were urged to cover the ICRC's activities and report on humanitarian issues.

In Bosnia-Herzegovina, relatives of missing people, volunteers from the Red Cross Society of Bosnia-Herzegovina, and others marked the International Day of the Disappeared with ICRC support. The ICRC conducted an information campaign on the rights and the needs of missing people's families, and on the authorities' duty to help them ascertain the fate of their missing relatives. Croatian and Serbian universities, assisted by the ICRC, organized exhibits featuring narratives about missing people's families.

In Bosnia-Herzegovina, screenings of documentaries produced through an ICRC workshop in 2017 helped stimulate public interest in various humanitarian issues, such as missing people, the plight of migrants, and landmines.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies and Red Cross structures continued, with various forms of ICRC support, to develop their organizational and public-communication capacities and strengthen their ability to deliver humanitarian services in line with the Safer Access Framework.

National Societies and Red Cross structures sought to broaden the scope of their relationships with the ICRC and other Movement partners, including cooperation in protection-related activities for migrants (see *Civilians* and *People deprived of their freedom*). The ICRC gave the Red Cross Society of Bosnia-Herzegovina financial assistance to improve the management of its volunteers responding to the influx of migrants.

Children, migrants, and others in Bosnia-Herzegovina learnt how to protect themselves from mines/ERW – through educational activities organized by the National Society and financed by the ICRC. The ICRC, together with the National Society, built two playgrounds in mine-affected communities.

The ICRC worked with the pertinent National Societies to translate an IHL handbook for parliamentarians into Albanian and Macedonian, and publish it. The ICRC submitted a concept paper to the Albanian Red Cross on the technical support the ICRC could provide to help it strengthen its legal base.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	50			
RCMs distributed	68			
Phone calls facilitated between family members	261			
Names published on the ICRC family-links website	8,368			
Tracing requests, including cases of missing persons³		Women	Girls	Boys
People for whom a tracing request was newly registered	54	21	11	14
Tracing cases closed positively (subject located or fate established)	106			
Tracing cases still being handled at the end of the reporting period (people)	8,288	1,215	116	338
Documents				
People to whom official documents were delivered across borders/front lines	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	16			
Detainees in places of detention visited	6,909	185	51	
Visits carried out	23			
		Women	Girls	Boys
Detainees visited and monitored individually	93	1		
<i>of whom newly registered</i>	46	1		
RCMs and other means of family contact				
Detainees visited by their relatives with ICRC/National Society support	3			
People to whom a detention attestation was issued	150			

3. Not including cases of persons missing in relation to the Croatia conflict 1991–1995, dealt with by the Croatian Red Cross and the Red Cross of Serbia

BRUSSELS

COVERING: *Institutions of the European Union (EU), NATO, Belgium*

The ICRC has been working in Brussels since 1999, building strong institutional and operational relations with European Union institutions, NATO, and Belgium. It aims to make the ICRC's mandate better known, to mobilize political, diplomatic and financial support for its activities and to ensure that relevant military decision-makers in Western Europe view the ICRC as the main reference point for neutral and independent humanitarian action, as well as for IHL.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE IN KCHF

Protection	383
Assistance	-
Prevention	2,904
Cooperation with National Societies	219
General	72
Total	3,578
<i>Of which: Overheads</i>	218

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Mobile staff	2
Resident staff (daily workers not included)	22

CONTEXT

The European Union (EU) remained involved in crisis management and conflict resolution throughout the world: it paid particularly close attention to Afghanistan, Iraq, the Syrian Arab Republic (hereafter Syria), Yemen, Ukraine, the Central African Republic, Libya, Mali, Niger, and the Lake Chad and Sahel regions of Africa. At year's end, 17 civilian or military missions within the framework of the EU's Common Security and Defence Policy – some focusing on migration-related issues – were in progress.

The EU continued to be a major humanitarian donor. Humanitarian affairs were handled mainly by the European Commission's Directorate-General for European Civil Protection and Humanitarian Aid (ECHO). EU policies reflected a growing interest in linking the humanitarian and development sectors. The Council of the EU also tackled humanitarian issues through its Working Group on Humanitarian Aid and Food Aid and its Working Group on Public International Law (COJUR).

NATO remained engaged in Afghanistan, where it trained and advised local security forces. In July, it launched a mission in Iraq to build capacities among local forces seeking to stabilize the country after the end of large-scale hostilities with the Islamic State group.

The Red Cross EU Office continued to coordinate relations between its members – 29 European National Societies and the International Federation – and the EU.

Belgium remained committed to supporting principled humanitarian action and the development and promotion of IHL.

ICRC ACTION AND RESULTS

The ICRC continued to engage with the EU, NATO, the Belgian authorities and other influential parties based in Brussels, Belgium. It had two main aims: ensuring that humanitarian and IHL-related considerations were taken into account in their policies, decisions and operations; and securing operational, legal, political, and financial support for its activities in places affected by armed conflict and other situations of violence.

The EU supports efforts to promote IHL compliance among States

Discussions with EU institutions – especially the Council of the EU and its presidency, the European Commission and the European Parliament – covered the ICRC's activities in conflict-affected countries and specific issues of common concern. These issues included: compliance with IHL among States; the impact of armed violence in urban areas; the need for more support to address the effects of protracted conflicts; the plight of migrants; missing people; access to education in violence-affected areas; the goals of the Health Care in Danger initiative; the EU's efforts to combat “violent extremism” and “terrorism”; and the treatment of people from Europe alleged to have participated in fighting in the Middle East, and that of their relatives, especially children. At the second Brussels Conference on Syria, hosted by the EU and the UN, the ICRC's

president urged States supporting parties to the Syrian conflict to use their influence to strengthen the parties' compliance with IHL.

In April, COJUR published a report on the actions taken by the EU from 2016 to 2017 to implement the EU guidelines for IHL compliance among Member States. The report – to which the ICRC contributed – reaffirmed the EU's commitment to doing all it could to persuade State and non-State actors to show due regard for IHL.

NATO takes ICRC recommendations into account

The ICRC and NATO maintained their engagement on IHL-related issues and on the incorporation of IHL in military doctrine, planning and operations at headquarters level and at strategic-command level. The ICRC attended training sessions, predeployment briefings, and other related events within the framework of its 2012 memorandum of understanding with NATO's two strategic commands. ICRC expertise helped NATO to implement its policies for protecting civilians, notably by contributing to the revision of NATO doctrines and standards. The ICRC continued to support NATO's lessons-learned process concerning Afghanistan; NATO drafted a plan of action to address the ICRC's recommendations on conduct of hostilities, detention, protection of medical services, and prevention of weapon contamination.

The ICRC briefed NATO officials about its efforts to persuade States – and their armed forces – supporting parties to armed conflicts to urge these parties to meet their IHL obligations. During guest lectures at staff colleges and round-tables, the ICRC explained various legal and/or operational issues in contemporary armed conflicts – for instance, in connection with the use of explosive weapons in populated areas, cyber warfare, and new weapons technologies.

Belgium supports the ICRC's work

In December, the ICRC started to visit detainees in Belgium, on the basis of a memorandum of understanding signed in July 2018 with the Minister of Justice.

Dialogue with the Belgian authorities covered several subjects: the ICRC's activities in countries affected by protracted armed conflicts; digital technologies and data protection in humanitarian action; the protection-related needs of people whose relatives were alleged to have participated in fighting in the Middle East; and the implementation and promotion of IHL.

The ICRC also continued to broaden awareness of IHL and humanitarian issues among the general public, by: organizing events with academic institutions or bodies, such as the College of Europe and the NOHA Network on Humanitarian Action; holding briefings for Brussels-based NGOs and think-tanks, or having meetings with them; conducting joint communication campaigns – a short film on protecting medical personnel and facilities, and an exhibition on “forgotten” conflicts, for example – with ECHO, the Belgian Red Cross and other partners; and keeping the media abreast of ICRC activities.

Movement components cooperate in various areas

The ICRC's interaction with the Red Cross EU Office helped ensure the coherence of the Movement's humanitarian diplomacy with European institutions. Humanitarian diplomacy focused on: mobilizing support for ensuring that the Movement could work freely and without hindrance on migration-related issues; and lobbying the EU to incorporate due regard for IHL and other norms in its policies and measures to link humanitarian assistance and development cooperation.

The ICRC continued to cooperate with the Belgian Red Cross on IHL-related and other humanitarian issues.

GEORGIA

The ICRC has been present in Georgia proper and in South Ossetia since 1992. Acting as a neutral intermediary, it contributes to efforts to clarify the fate and whereabouts of missing persons, including by offering its forensic expertise to the actors concerned. It supports the families of missing persons and works to protect and assist vulnerable groups in conflict-affected regions. It visits detainees in Georgia proper and in South Ossetia. It promotes the national implementation of IHL and its integration into armed and security forces' doctrine, training and sanctions and into academic curricula. The ICRC helps the Georgia Red Cross Society strengthen its capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- The work of the two coordination mechanisms on persons missing in connection with past armed conflicts led to the exhumation of 105 sets of human remains, and the identification of the remains of 54 people.
- People affected by the demarcation of administrative boundaries, and by other consequences of past conflicts, were assisted by the ICRC to obtain medical care, visit or rejoin their relatives, and meet their basic needs.
- The ICRC visited detainees in Georgia proper and South Ossetia. It helped detainees in Abkhazia, Georgia proper and South Ossetia – including foreigners – to stay in touch with their families.
- Acting on the ICRC's recommendations, the Georgian national IHL committee created a working group to revise the Georgian criminal code in line with IHL.
- The Georgia Red Cross Society – with support from the ICRC and other Movement partners – continued to develop its operational capacities, particularly in emergency preparedness, and to pursue organizational development.

EXPENDITURE IN KCHF

Protection	5,317
Assistance	706
Prevention	700
Cooperation with National Societies	170
General	96
Total	6,989
<i>Of which: Overheads</i>	<i>427</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	87%
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PERSONNEL

Mobile staff	14
Resident staff (daily workers not included)	100



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.

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	224
RCMs distributed	163
Phone calls facilitated between family members	34
Tracing cases closed positively (subject located or fate established)	33
People reunited with their families	6
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	8
Detainees in places of detention visited	4,666
<i>of whom visited and monitored individually</i>	30
Visits carried out	17
Restoring family links	
RCMs collected	34
RCMs distributed	21
Phone calls made to families to inform them of the whereabouts of a detained relative	12

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	455	520
Living conditions	Beneficiaries	477	600
Capacity-building	Beneficiaries	6	28

CONTEXT

Relations between the Georgian authorities and the *de facto* authorities in Abkhazia and South Ossetia deteriorated in 2018. This began with the death in February of a Georgian national detained in South Ossetia, and continued with the suspension of meetings – under the Incident Prevention and Response Mechanisms – between Abkhazia and Georgia proper, and between Georgia proper and South Ossetia. These mechanisms were facilitated jointly by the European Union (EU) Monitoring Mission in Georgia, the Organization for Security and Co-operation in Europe (OSCE) and the UN.

The Geneva International Discussions – between representatives of Abkhazia, Georgia proper, the Russian Federation and South Ossetia; and mediated by the EU, the OSCE and the UN – continued, but no substantive progress was made.

Some 2,400 people remained unaccounted for in connection with past armed conflicts.

People continued to be detained in Abkhazia, Georgia proper and South Ossetia for security reasons or for crossing the administrative boundaries separating Abkhazia from Georgia proper, and Georgia proper from South Ossetia.

The demarcation of administrative boundaries restricted people's movements and hindered communication among families.

A new Georgian prime minister was appointed in June. Presidential elections were held in Georgia proper in October.

ICRC ACTION AND RESULTS

In 2018, the ICRC continued to assist people in Abkhazia, Georgia proper and South Ossetia who were coping with the effects of past conflicts. As in previous years, the ICRC was the only international organization doing humanitarian work in South Ossetia.

The ICRC maintained its support for efforts to resolve missing-persons cases linked to past conflicts. It continued to chair the Abkhaz–Georgian coordination mechanism dealing with the issue of people missing in connection with the 1992–1993 conflict, and the Georgian–Russian–South Ossetian equivalent for those missing in connection with the conflicts in the 1990s and 2008. The ICRC continued to urge the Georgian authorities and the *de facto* authorities in Abkhazia and South Ossetia to set up or strengthen local mechanisms to address the issue, and to help local actors develop their capacities in recovering and identifying human remains.

The work of the two coordination mechanisms mentioned above led to the identification of the remains of 54 people; of these 54 missing-persons cases, 46 were linked to the 1992–1993 conflict and 8 to the conflicts in the 1990s and 2008.

The dearth of reliable information about possible gravesites slowed the search for people missing in connection with the conflicts in the 1990s and 2008. The ICRC sought to address this by stepping up its engagement with potential sources of information.

The ICRC continued to ensure the availability of psychosocial support for relatives of missing people – through an association of missing people's families in Abkhazia, through the ICRC's local partners in Georgia proper, and through ICRC staff in South Ossetia. As in past years, it also provided support for local actors helping missing people's families. The ICRC continued to support an academic working group in Georgia proper. This had been set up in 2016 to promote an evidence-based approach to addressing the needs of missing people's families.

As in previous years, the ICRC helped people affected by the demarcation of administrative boundaries, and other consequences of past conflicts, to meet their various needs: for instance, it enabled people to cross boundary lines to reunite with relatives, attend family events, visit relatives' graves or obtain medical care. In South Ossetia, destitute people were given food and household items, and the *de facto* authorities, support for strengthening social services for vulnerable people.

The ICRC visited – in accordance with its standard procedures – detainees at a number of facilities in Georgia proper and South Ossetia. Afterwards, it communicated its findings and recommendations confidentially to the authorities concerned. It also enabled detainees in Abkhazia, Georgia proper and South Ossetia – including foreigners – to get in touch with their families. With ICRC assistance, prison officials in Georgia proper further strengthened their ability to manage prisons in line with internationally recognized standards.

The ICRC continued to draw attention to issues of humanitarian concern – particularly in connection with missing people – among influential parties and the general public in Abkhazia, Georgia proper and South Ossetia. Acting on the ICRC's recommendations, Georgian authorities took further steps to incorporate key IHL provisions in domestic legislation.

The Georgian military – aided by ICRC expertise – continued to make IHL provisions part of its doctrine, training and sanctions system. The ICRC held several IHL-related events for the *de facto* armed forces in Abkhazia.

Universities in Abkhazia and Georgia proper continued, with ICRC support, to provide instruction in IHL. The ICRC pursued discussions with a university in South Ossetia on including IHL in its law curriculum.

The Georgia Red Cross Society continued to strengthen its ability to deliver humanitarian services, with technical and financial assistance from Movement partners.

CIVILIANS

Efforts to resolve missing-persons cases continue

Participants in the Abkhaz–Georgian coordination mechanism dealing with the issue of people missing in connection with the 1992–1993 conflict, and its forensic working group, continued to meet, as did those involved in the Georgian–Russian–South Ossetian equivalent for the conflicts in the 1990s and 2008, and for other consequences of those conflicts. The ICRC continued to chair both coordination mechanisms.

At these meetings, the multidisciplinary process of resolving missing-persons cases was discussed, and measures proposed for reaching out to families that had not yet reported relatives missing.

Efforts to recover and identify the remains of missing people continued. A total of 105 sets of human remains were exhumed from 60 sites in Abkhazia and Georgia proper; leads from information gathered in past years were followed up, and data on more than 30 other sites was collected. Local forensic professionals, guided by ICRC-sponsored experts, participated in the process; ICRC specialists dealt with the threat of mines and explosive remnants of war at exhumation sites. DNA samples were sent abroad for analysis, with the ICRC's financial assistance.

As a result of these efforts, the remains of 46 people missing in connection with the 1992–1993 conflict – including remains recovered in the past – were identified in 2018; 23 sets of remains were handed over to the families concerned.

The remains of eight people missing in connection with the conflicts in the 1990s and 2008 were also identified. Resolution of cases linked to these conflicts proceeded slowly, because of the unavailability of reliable information on possible gravesites. The ICRC therefore intensified its engagement with potential sources of information; it also boosted its public-communication initiatives to reaffirm its role as a neutral intermediary working on strictly humanitarian grounds, to encourage people who might have information pertinent to missing-persons cases to get in touch with it.

The ICRC pursued discussions with the pertinent authorities about setting up or reinforcing institutions mandated specifically to ensure a coordinated, multidisciplinary and locally-based approach to the issue of missing people. It also continued to urge them to establish strong legal frameworks to address the issue (see *Actors of influence*). Administrative constraints, however, forced the ICRC to postpone its plans to provide the pertinent authorities with support for training in connection with these initiatives.

Local forensic agencies developed their capacities with the ICRC's assistance: for instance, experts attended courses abroad, and the ICRC trained other local personnel to manage information related to missing-persons cases.

Missing people's families receive psychosocial support

The ICRC ensured that psychosocial support was available to missing people's families in Abkhazia, Georgia proper and South Ossetia during difficult moments, such as the exhumation, handover or reburial of their relatives' remains. Such support was provided by an association of missing people's families in Abkhazia, by the ICRC's local partners – NGOs, branches of the Georgia Red Cross, and individual psychologists – in Georgia proper, and by ICRC staff in South Ossetia. Through ICRC information sessions, families learnt more about the process of recovering and identifying their relatives' remains. People from Georgia proper and Ukraine who had missing relatives provided support for each other at a meeting facilitated by the ICRC.

As in the past, local actors helping missing people's families – such as family associations and regional committees made up of such associations – received ICRC assistance for expanding their capacities and ensuring the sustainability of their work. Fifteen members of the family association in Abkhazia mentioned above – representing six of Abkhazia's seven regions – attended an ICRC workshop on the provision of psychosocial support. In Georgia proper, NGO and National Society staff were trained to draft project proposals; psychologists attended a technical workshop conducted by the ICRC; and representatives from three regional committees of family associations were trained in organizational management and strategic planning.

In Georgia proper, an ICRC-supported academic working group prepared a proposal for a study on the “ambiguous loss” experienced by missing people's relatives, and trained personnel to conduct interviews for the study. The working group had been created in 2016 to help raise public awareness of the issue of missing people and promote research into the psychosocial needs of the families affected. Presentations on “ambiguous loss” were made at four universities; the universities also received copies of a book on the subject, translated into Georgian by the ICRC.

More than 700 families in Abkhazia, Georgia proper and South Ossetia marked the International Day of the Disappeared with commemorative events.

People cross administrative boundary lines to obtain medical care and visit their relatives

During dialogue with the Georgian authorities and the *de facto* authorities in South Ossetia, the ICRC emphasized the concerns of civilians affected by the demarcation of administrative boundaries – in particular, their access to basic services and their ability to maintain contact with relatives.

A total of 152 people crossed the administrative boundary between Georgia proper and South Ossetia to obtain medical treatment. The ICRC facilitated their passage, in coordination with the pertinent authorities; the need for such crossings continued to decrease in comparison with previous years, as local health services improved. The ICRC also provided 22 disabled people in South Ossetia with prostheses, wheelchairs or walking aids.

With the ICRC's help, people crossed the administrative boundaries to rejoin their families, attend family events, or visit relatives' graves. The ICRC also conveyed official documents – required for administrative or legal procedures – across boundary lines for 18 people.

The ICRC facilitated the transfer of 41 sets of human remains across the administrative boundaries, for handover to the families concerned. They included the remains of a Georgian national who had died while being detained in South Ossetia (see *Context*); this transfer took place at the request of the Georgian authorities and the *de facto* authorities in South Ossetia.

People separated from their families, including the relatives of people allegedly involved in fighting abroad, made use of the ICRC's family-links services.

The ICRC gave the Georgian Red Cross technical and financial support for providing family-links services to people separated from their relatives by migration, disasters or other circumstances unrelated to violence. It also trained a family-links specialist newly hired by the National Society.

Several people formerly held at the US detention facility at Guantanamo Bay Naval Station in Cuba were in Georgia proper; the ICRC met with the Georgian authorities to discuss their status.

Vulnerable people meet their basic needs

In South Ossetia, 600 destitute people (302 households) – including the elderly or the disabled, and members of large households – were given hygiene items every three months; 500 of them also received food parcels. Some of them were given blankets, stoves, firewood or other essentials, on an ad hoc basis.

Among the beneficiaries of food and household/hygiene items were 14 elderly and largely housebound people living alone, who received daily or weekly home visits; groceries and medicines were purchased for them, their houses were cleaned and their clothes washed, and some of them were accompanied to local health facilities. Beneficiaries of food and household/hygiene items also included elderly or disabled members of 25 households, whom the ICRC helped to obtain social benefits.

Aided by the ICRC, the *de facto* authorities in South Ossetia sought to strengthen social services for vulnerable people. Health-care and social workers received communication training from the ICRC. The *de facto* authorities were given – at their request – agricultural, veterinary and water-supply equipment to provide more effective support for local farmers. The ICRC also gave them expert assistance for drafting a social-protection strategy; however, the drafting of the strategy was postponed, pending the introduction of a new law on social protection.

In the Kodori Gorge in Abkhazia, 20 particularly vulnerable people (14 households) were given food rations quarterly.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees receive ICRC visits and maintain contact with their families

The ICRC visited detainees at six facilities in Georgia proper, and at two places of pre-trial detention in South Ossetia; 30 detainees were followed up individually. The visits were conducted in accordance with standard ICRC procedures. Findings from these visits – and, where necessary, recommendations for improving detainees' treatment and living conditions – were communicated confidentially to the authorities concerned.

In South Ossetia, the ICRC made one ad hoc visit to a detainee; the ICRC engaged the *de facto* authorities in discussions about its access to detainees under its purview who were not receiving visits.

Detainees in Georgia proper and South Ossetia communicated with their families through RCMs or short messages relayed by ICRC delegates. Acting as a neutral intermediary, the ICRC facilitated family visits across an administrative boundary for one detainee in Georgia proper. At the request of the *de facto* authorities in Abkhazia, the ICRC facilitated phone calls between foreign detainees and their families. In Georgia proper, an ICRC proposal to make video calls available to detainees had not yet received official approval.

With the ICRC's assistance, three foreign detainees in Georgia proper notified their embassies or consulates, and/or the IOM, of their detention. The ICRC reminded the Georgian authorities of the necessity of upholding the principle of *non-refoulement*.

Officials reinforce their capacities in prison management

Sponsored by the ICRC, Georgian prison officials attended two training events abroad, including a workshop on the common ground between Islamic law and IHL. The ICRC held a dissemination session on its work in prisons throughout the world, which was attended by every prison director in Georgia proper. The translation of a handbook on prison management into Georgian was completed by the ICRC.

ACTORS OF INFLUENCE

Influential parties learn more about disappearances and other issues of humanitarian concern

At ICRC events and through the media, the Georgian authorities, the *de facto* authorities in Abkhazia and South Ossetia, other influential parties, and the general public became more familiar with humanitarian issues, and with the ICRC's mandate and work. For example, when the ICRC repatriated the remains of a Georgian national who had died while in detention in South Ossetia (see *Civilians*), the event was widely covered by the Georgian media; this broadened public awareness of the ICRC's role as a neutral intermediary.

In June, ICRC representatives met with the newly appointed prime minister in Georgia proper, and with other senior officials, and urged them to speed up the resolution of missing-persons cases linked to past conflicts; the presidential elections, later in the year, made it difficult for the ICRC to follow up this matter with the Georgian authorities. The issue of missing people was also discussed with the *de facto* authorities in Abkhazia and South Ossetia.

The ICRC continued to promote humanitarian principles among religious leaders during its dialogue with them. It sponsored an Islamic scholar to attend a course in Bosnia and Herzegovina on the common ground between Islamic law and IHL.

Military officers and peacekeeping troops strengthen their knowledge of IHL

With technical assistance from the ICRC, the Georgian armed forces sought to make IHL provisions part of their doctrine, training, and sanctions system. They continued to train their troops in IHL; ICRC staff played an advisory role in some of this training – for instance, during workshops held for 11 military units. The ICRC organized one train-the-trainer workshop on IHL for military instructors. Peace-support troops bound for missions in Afghanistan were given predeployment briefings.

In Abkhazia, officials from the *de facto* defence ministry, and military officers, attended IHL workshops conducted by the ICRC.

Georgian authorities take further steps to incorporate key IHL provisions in domestic legislation

Following the recommendations of a 2017 ICRC study, the national IHL committee created a working group to revise the Georgian criminal code in line with IHL. The ICRC sponsored two committee members to attend a regional meeting (see *Paris*) in Romania, where they discussed good practices with their counterparts from other countries.

The ICRC commissioned a study of current legislation in Georgia proper on the subject of missing people; the findings and recommendations will be presented to the pertinent authorities, as encouragement to establish strong legal frameworks to address the issue of missing people. In South Ossetia, the ICRC and the *de facto* authorities continued to discuss the creation of a similar framework.

Sponsored by the ICRC, three Georgian IHL experts served as judges at a moot court competition in The Hague, Netherlands, organized by International Criminal Court; the ICRC also enabled a number of law students to participate in regional events. Georgian universities were supplied with Georgian-language materials for teaching IHL. Students in Abkhazia learnt more about IHL at a seminar conducted by two lecturers at their university, and at a competition held afterwards; the ICRC provided expert assistance for both the seminar and the competition. Discussions with a university in South Ossetia, about including IHL in its law curriculum, continued.

In Georgia proper, several law graduates who had been trained in IHL through ICRC initiatives joined government ministries involved in implementing IHL, thus adding to the number of government officials familiar with IHL.

RED CROSS AND RED CRESCENT MOVEMENT

With ICRC support, the Georgia Red Cross further enhanced its emergency preparedness in line with the Safer Access Framework. It organized a meeting of non-government actors involved in disaster response in Georgia proper, and conducted simulation exercises to assess its coordination with other emergency responders.

The National Society continued to pursue organizational development, with technical and financial assistance from Movement partners. With ICRC support, it also began to use a tool to track its earnings from first-aid training for paying clients; this training was a means to lay the groundwork for the National Society's financial sustainability.

The National Society strove to raise its public profile. It posted information about the emblems protected under IHL and about the Safer Access Framework – translated into Georgian by the ICRC – on its digital platforms; this information was also included in its training modules.

Movement partners in Georgia proper coordinated their activities through a working group led by the Georgia Red Cross.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	224			
RCMs distributed	163			
Phone calls facilitated between family members	34			
Reunifications, transfers and repatriations				
People reunited with their families	6			
People transferred or repatriated	613			
Human remains transferred or repatriated	41			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	77	10	1	5
Tracing cases closed positively (subject located or fate established)	33			
Tracing cases still being handled at the end of the reporting period (people)	2,416	392	31	27
Documents				
People to whom official documents were delivered across borders/front lines	18			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	8			
Detainees in places of detention visited	4,666	292	30	
Visits carried out	17			
		Women	Girls	Boys
Detainees visited and monitored individually	30	1		
<i>of whom newly registered</i>	10	1		
RCMs and other means of family contact				
RCMs collected	34			
RCMs distributed	21			
Phone calls made to families to inform them of the whereabouts of a detained relative	12			
Detainees visited by their relatives with ICRC/National Society support	1			
People to whom a detention attestation was issued	2			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	520	177	232
	<i>of whom IDPs</i>	1		
Living conditions	Beneficiaries	600	225	237
	<i>of whom IDPs</i>	1		
Capacity-building	Beneficiaries	28		
	<i>of whom IDPs</i>	1		
Water and habitat				
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	70		

LONDON (regional)

COVERING: Ireland, United Kingdom of Great Britain and Northern Ireland

Set up in 2003, the London delegation focuses on pursuing humanitarian diplomacy and facilitating ICRC operations in the field. Through contact with the British government, armed forces, members of parliament, think-tanks, the media and international NGOs, it seeks to secure broad support for IHL and ICRC and Movement operations. It has similar contact with the Irish authorities and is developing its cooperation with the armed forces. It operates in partnership with the British Red Cross on a range of common areas, while cooperation with the Irish Red Cross is concentrated on IHL and issues related to Movement coordination.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE IN KCHF

Protection	2,077
Assistance	-
Prevention	1,367
Cooperation with National Societies	642
General	67
Total	4,153
<i>Of which: Overheads</i>	<i>253</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	4
Resident staff (daily workers not included)	22

PROTECTION

Total

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	13
Detainees in places of detention visited	8,185
<i>of whom visited and monitored individually</i>	115
Visits carried out	16

CONTEXT

In Ireland and in the United Kingdom of Great Britain and Northern Ireland (hereafter UK), the authorities were well placed to draw attention to humanitarian issues – and take action to address them or persuade others to do so – and mobilize support for IHL, both domestically and within multi-lateral organizations or forums. Both Ireland and the UK helped to finance humanitarian activities beyond their territories.

The UK, as a permanent member of the UN Security Council and NATO, remained influential in international affairs. London continued to be a major hub for think-tanks, media organizations and NGOs, which helped to shape discussions on humanitarian issues and policies.

The British military participated in coalition operations overseas, and in training programmes with the armed forces of other countries. It conducted air strikes in Iraq and in the Syrian Arab Republic, and maintained a military presence in Afghanistan.

As per the results of a referendum in June 2016, the UK made preparations to leave the European Union by March 2019. This event dominated the political landscape; the nature of the eventual border between Northern Ireland and Ireland remained a central concern.

The British government regarded the threat of international “terrorism” in the UK as “severe”. Paramilitary violence persisted in some communities in Northern Ireland. Victims of the past conflict or of ongoing violence struggled to obtain essential support services.

ICRC ACTION AND RESULTS

Governments are encouraged to respect IHL and support humanitarian action

The ICRC kept up its dialogue with policy- and decision-makers in Ireland and the UK, to help ensure that operational, legal, and policy decisions reflected humanitarian considerations, respect for IHL, and support for the Movement’s activities. During bilateral dialogue, high-level meetings or at multilateral events, the ICRC discussed with authorities, organizations and other influential actors, topics such as: the humanitarian situation in countries affected by conflict and other situations of violence; the application of IHL, including by parties over whom the British or Irish government had influence; the prevention of conflict-related sexual violence; and the importance of ensuring space for humanitarian action. At the Global Ministerial Mental Health Summit in London, the ICRC drew attention to the mental-health needs of conflict-affected people, and the necessity of addressing them. The ICRC’s director for international law and policy participated in a panel discussion on IHL, including in connection with armed conflict in urban areas; the event was attended by members of parliament and experts from various organizations.

The ICRC discussed with the British armed forces – at strategic, operational and policy levels – humanitarian concerns related to their operations overseas. Cadets in military academies learnt more about the ICRC’s activities, civil-military relations and key challenges to humanitarian work at ICRC presentations; military personnel bound for operations overseas did so during pre-deployment briefings. Some officers attended ICRC-organized advanced IHL workshops in other countries.

At events it organized or attended, the ICRC exchanged views with policy-makers, academics and representatives of NGOs and think-tanks, on topics such as the use of digital platforms for humanitarian aid. It also identified opportunities for cooperation; for instance, it helped academic institutions – led by an institute at the University of Manchester – to conduct research on the impact of violence against health personnel and facilities.

In its interaction with media organizations, the ICRC sought to broaden awareness of and support for the Movement’s activities. Through traditional and online media, the general public learnt more about the plight of people in conflict-affected areas, and about the Movement’s activities; articles and audio-visual material were produced by the ICRC or with its support.

People at risk from paramilitary violence in Northern Ireland are given assistance

Seven community-based organizations in Northern Ireland received financial and technical support from the ICRC, which helped them to bolster their capacities in carrying out activities to prevent violence affecting communities or mitigate its consequences. They conducted first-aid training sessions and courses – for example, in conflict resolution – for community members. Some organizations provided mediation services for people targeted by paramilitary groups, which helped defuse the threats made against them.

Staff from the community-based organizations were trained by the ICRC to work in accordance with data-protection rules; with technical guidance from the ICRC, one of them drafted a plan to ensure its sustainability after the conclusion of ICRC support.

The ICRC maintained dialogue with communities and authorities in Northern Ireland. This enabled violence-affected people to discuss, with the local police and the ICRC, the risks to their safety and measures to mitigate these. Through ICRC-provided informational leaflets, people with needs arising from the violence learnt about services offered by various organizations.

Detainees in Ireland and the UK receive ICRC visits

The ICRC visited, in accordance with its standard procedures, 12 prisons in England, Wales and Northern Ireland; it also gained access to visit one high-security prison in Ireland. It monitored the situation of 115 detainees individually. Findings and recommendations were communicated confidentially to the authorities concerned, to support their efforts to ensure that detainees’ treatment and living conditions were in line with internationally recognized standards and domestic law.

Authorities at two prisons in Northern Ireland received ICRC technical support to exchange best practices in providing educational opportunities and vocational training for detainees. A mentoring programme, under which detainees provide support to one another – regarding health concerns, for instance – was launched at one of the prisons. During an ICRC-organized study tour for mental-health professionals from Colombia, detaining and health authorities in Northern Ireland shared best practices and experiences in meeting the needs of detainees who were mentally ill.

The ICRC seeks to strengthen coordination with National Societies

The ICRC and the British Red Cross worked together – in line with the Safer Access Framework – to respond to humanitarian needs in Northern Ireland and in other places where both organizations were present; they implemented activities to restore family links, promote IHL and the Movement, and raise funds, in the UK. They developed a draft agreement to strengthen coordination, for instance, in using cash-transfer programmes to aid violence-affected people.

The Irish Red Cross and the ICRC continued to work closely in family-links activities.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total	Women	Girls	Boys
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered	1	1		
Tracing cases still being handled at the end of the reporting period (people)	1	1		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	13			
Detainees in places of detention visited	8,185	560		
Visits carried out	16			
		Women	Girls	Boys
Detainees visited and monitored individually	115	8		
<i>of whom newly registered</i>	68	5		

MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM	Total	Women	Children
Health			
Places of detention visited by health staff	Structures	1	

MOSCOW (regional)

COVERING: Belarus, Republic of Moldova, Russian Federation

Opened in 1992, the Moscow delegation combines operational functions in the Russian Federation with regional functions. It supports families of missing persons and, with the Russian Red Cross Society, works to protect and assist vulnerable violence-affected populations, including people displaced by the Ukraine crisis. It helps build the capacities of the region's National Societies, particularly in the fields of emergency preparedness and restoring family links. In the countries covered, it promotes implementation of IHL and other norms relevant to the use of force, and fosters understanding of the ICRC's mandate and work.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- Civilian and military authorities and other influential parties in the region became more familiar with the ICRC's humanitarian role and its work around the world, particularly in the Syrian Arab Republic and Ukraine.
- People who had fled the armed conflict in eastern Ukraine for Belarus, Crimea or south-western Russia met their basic needs or started small businesses with help from the pertinent National Societies and the ICRC.
- In Chechnya, people with relatives missing in connection with past armed conflicts in the northern Caucasus benefited from the final phase of a psychosocial-support programme carried out by the ICRC.
- People detained far from their homes, in connection with past conflicts in the northern Caucasus, received ICRC-facilitated family visits. The National Society/ICRC organized phone calls for migrants detained in Belarus.
- Comprehensive assistance from the ICRC enabled the National Societies in the countries covered to strengthen their ability to respond to the humanitarian needs of people affected by emergencies.

EXPENDITURE IN KCHF

Protection	2,736
Assistance	3,278
Prevention	3,474
Cooperation with National Societies	1,586
General	128
Total	11,202
<i>Of which: Overheads</i>	<i>684</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	84%
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PERSONNEL

Mobile staff	17
Resident staff (daily workers not included)	115



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.

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	130
RCMs distributed	133
Tracing cases closed positively (subject located or fate established)	35
PEOPLE DEPRIVED OF THEIR FREEDOM	
Restoring family links	
RCMs collected	4
RCMs distributed	12
Phone calls made to families to inform them of the whereabouts of a detained relative	8

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	11,150	7,509
Income support	Beneficiaries	700	470
Living conditions	Beneficiaries	13,380	8,525

CONTEXT

The Russian Federation continued to play a prominent part in international affairs, particularly as a permanent member of the UN Security Council. It maintained its influence in the region, for instance, through its role in the Commonwealth of Independent States (CIS) and the Collective Security Treaty Organization (CSTO). It continued to provide military and other support for the government of the Syrian Arab Republic (hereafter Syria; see *Syrian Arab Republic*). It took part in the work being done in Minsk, Belarus, by the Trilateral Contact Group on Ukraine and its working groups, to settle the armed conflict in eastern Ukraine (see *Ukraine*).

Civilians who fled the Ukraine conflict found refuge in Belarus, Crimea and south-western Russia.

Belarus and the Russian Federation hosted migrants, including refugees and asylum seekers.

A number of people in the Russian Federation had relatives who were missing in connection with past or current armed conflicts in the wider region – for instance, in Georgia and Ukraine – and in the Russian Federation itself.

A number of people in the Russian Federation were detained, in connection with past armed conflicts in the northern Caucasus, in penal colonies far from their homes.

Crimea remained the subject of a political and territorial dispute between the Russian Federation and Ukraine.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Moscow pursued dialogue with civilian and military authorities, at both national and regional levels, to secure their support for its humanitarian work throughout the world, particularly in Syria and Ukraine. It also engaged influential parties in dialogue on key humanitarian issues – for example, at the seventh Moscow Conference on International Security, organized by the Russian ministry of defence; at an international conference to mark the 150th anniversary of the St Petersburg Declaration, which it organized jointly with the Interparliamentary Assembly of the CIS (IPA CIS); and during its annual high-level staff talks with the CSTO.

The ICRC maintained its focus on broadening understanding of its humanitarian role and activities among civil society and the general public. Together with local partners, it organized events of various kinds at its Moscow Humanitarium and other venues.

In the Russian Federation, the ICRC encouraged and enabled local experts to discuss the resolution of missing-persons cases linked to past or current armed conflicts in the wider region. It trained forensic specialists to manage human remains, in aid of efforts to resolve missing-persons cases.

At mid-year, the ICRC concluded its psychosocial-support programme for people in Chechnya with relatives missing in connection with past armed conflicts in the northern Caucasus. It referred missing-persons cases to a Russian NGO for follow-up. At year's end, the ICRC closed its sub-delegation in Nalchik and its office in Grozny.

In Belarus and the Russian Federation, the National Societies and the ICRC helped people search for or get in touch with relatives separated from them by migration or other circumstances. As in past years, the ICRC gave the Red Cross Society of Belarus and the Russian Red Cross Society expert advice for improving their family-links services. The St Petersburg branch of the Russian Red Cross continued to receive technical and financial assistance from the ICRC for aiding vulnerable migrants.

People who had fled the Ukraine conflict for Crimea and south-western Russia benefited from a final round of economic assistance from the National Societies and the ICRC. They were given food parcels and household/hygiene items; households with school-going children also received school kits. Having concluded its assistance activities for these people, the ICRC closed its mission in Simferopol and its office in Rostov at year's end.

Households displaced by the Ukraine conflict to Belarus started small businesses with equipment provided by the Belarusian Red Cross and the ICRC. As in past years, the ICRC trained National Society personnel to design, monitor, and evaluate economic-assistance projects.

In the Republic of Moldova (hereafter Moldova), the ICRC urged the authorities to take steps to protect civilians from the risk of unplanned explosions at ammunition storage facilities. It also trained several military officers in the UN's International Ammunition Technical Guidelines, which cover the storage of ammunition.

The ICRC continued to provide family-links services to people detained in connection with past armed conflicts in the northern Caucasus. It maintained its support for the Belarusian Red Cross's activities to aid detained migrants.

The ICRC continued to urge national and regional authorities to advance the incorporation of IHL in domestic law and military decision-making. It provided technical or other assistance to the national IHL committees in Belarus and Moldova. It sponsored senior military officers from the three countries covered, and from the CSTO, to attend IHL-related events.

As the ICRC's main partners in the field, National Societies in the region continued to receive assistance for reinforcing their operational capacities, pursuing organizational development, and strengthening their legal bases.

CIVILIANS

Members of separated families communicate through Movement family-links services

People in Belarus and the Russian Federation used the National Societies' and the ICRC's family-links services to search for and/or communicate with relatives separated from them by migration or other circumstances. In 2018, the ICRC collected 130 RCMs, distributed 133 RCMs, registered 180 new tracing cases, and located or established the fate of 35 people.

At a round-table for officials from Belarusian government agencies dealing with migration-related matters – including the foreign and interior ministries, and the border guard – the Belarusian Red Cross and the ICRC drew attention to migrants' concerns. The National Society and the ICRC, together with the IOM and the UNHCR, met with Belarusian government officials to urge them to accept ICRC travel documents being issued to migrants, including refugees and asylum seekers; this matter was still under discussion. The Belarusian Red Cross completed an assessment of migrants' family-links needs; it planned to present its findings to the authorities in 2019.

The Belarusian and Russian National Societies' family-links services benefited from expert advice provided regularly by the ICRC.

The St Petersburg branch of the Russian Red Cross continued to make a hotline, a social worker, and a legal consultant available to vulnerable migrants, including refugees and asylum seekers; as in past years, the ICRC provided technical and financial assistance.

Missing people's relatives receive psychosocial support

In the Russian Federation, the ICRC encouraged and enabled local experts to discuss the resolution of missing-persons cases. It trained forensic specialists to manage human remains, in aid of efforts to resolve missing-persons cases. At two ICRC round-tables, government officials discussed the technical aspects of resolving missing-persons cases linked to armed conflicts in the wider region. Plans to sponsor officials' participation in an international workshop on missing people were postponed, as other matters took precedence.

In June, the ICRC concluded an accompaniment programme, begun in 2008 and implemented in various forms since then, that made psychosocial support available to people in Chechnya with relatives missing in connection with past conflicts in the northern Caucasus. From January to June, 371 families received such support during home visits; the local community workers who assisted them were trained and supervised by the ICRC. According to an evaluation conducted by the ICRC, the project addressed families' needs appropriately; family members experienced a significant improvement in their well-being, and many of their needs were addressed through informal local referrals made by the community workers.

The ICRC referred missing-persons cases to a Russian NGO for follow-up; the ICRC gave the NGO's staff the training necessary – for instance, in collecting DNA samples from

missing people's relatives. Psychologists from the NGO drew on the ICRC's financial support to publish a book about working with missing people's families.

People displaced from Ukraine meet their basic needs or start small businesses

A number of particularly vulnerable people who had fled eastern Ukraine for Crimea and south-western Russia received a final round of assistance from the local Red Cross branches and the ICRC. Beginning in early 2018, beneficiaries were informed – through leaflets and social media – of the termination of aid at year's end; the pertinent authorities were also informed. Beneficiaries communicated with the National Societies and the ICRC through hotlines and social-media accounts maintained specifically for them.

Food parcels and household/hygiene items were given to 3,150 households (4,876 people) in Crimea and 1,973 households (2,633 people) in south-western Russia. In addition, 482 households (550 people) in Crimea and 361 households (466 people) in south-western Russia received school kits for their school-going children. Assistance reached fewer people than planned – in Crimea, owing to administrative obstacles; and in south-western Russia, because fewer people than envisaged availed themselves of the aid offered.

In Belarus, 133 households (470 people) displaced from Ukraine started small businesses with equipment provided by the Belarusian Red Cross and the ICRC. Fewer people than envisaged applied for this assistance, despite the efforts of Belarusian Red Cross personnel to make its availability widely known; the provision of aid was also delayed by logistical impediments.

The ICRC trained 19 Belarusian Red Cross personnel to design, monitor, and evaluate economic-assistance projects.

Moldovan military officers learn how to reduce the risk of unplanned explosions

People living or working near ammunition storage facilities in Moldova were under threat of unplanned explosions. The ICRC met with civilian and military authorities and urged them to take steps to address this issue, and with representatives of the international community, to persuade them to provide the funds necessary. It trained ten members of the Moldovan armed forces in the UN's International Ammunition Technical Guidelines, which cover the storage of ammunition.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees held far from their homes are visited by their relatives

People held in penal colonies across the Russian Federation, in connection with past conflicts in the northern Caucasus, stayed in touch with their families through visits arranged by the ICRC or through RCMs. A total of 419 detainees received family visits.

Detained migrants receive humanitarian assistance

In Belarus, migrants were being held in detention facilities in all six regions and in the capital, Minsk. Funds from the ICRC enabled the Belarusian Red Cross to visit detained migrants, arrange phone calls to relatives for some of them, and provide 1,952 of them with hygiene items, clothes, shoes and other material assistance.

ACTORS OF INFLUENCE

Influential parties discuss issues of humanitarian concern

The ICRC sought to strengthen understanding of its humanitarian role and foster support for its work – throughout the world, but particularly in Syria and Ukraine – among civilian and military authorities, religious leaders, academics, journalists, and the general public. To this end, it took part in key events organized by authorities and organized, together with local partners, IHL-related events of various kinds at its Moscow Humanitarium and at other venues. These events included a conference on the legal and humanitarian consequences of detaining vulnerable migrants; it was attended by Belarusian and Russian government officials, Russian lawyers and academics, and representatives of the Council of Europe, the UNHCR, and Russian and international NGOs. The ICRC also sponsored government officials, academics and university students to attend regional events on IHL and related subjects.

The ICRC took part in the seventh Moscow Conference on International Security, organized by the Russian defence ministry. Together with the IPA CIS, it organized an international conference in St Petersburg to mark the 150th anniversary of the St Petersburg Declaration. The ICRC's president spoke at both events; he also discussed pressing issues of humanitarian concern with senior officials from various countries and from the CSTO.

National Societies in the region strengthened their ability to promote humanitarian principles, with the ICRC's support. The ICRC provided training in public communication for personnel from the Belarusian Red Cross and the St Petersburg branch of the Russian Red Cross.

Journalists from Belarus and the Russian Federation learnt how to protect themselves during emergencies through a course conducted by a Russian NGO and the ICRC.

National IHL committees continue their work

The ICRC continued to urge national and regional authorities to advance the incorporation of IHL provisions in domestic law. The national IHL committee in Belarus held one meeting; it asked for and was given reference materials on the Arms Trade Treaty, the Convention on Cluster Munitions, and other key IHL treaties. The ICRC maintained contact with the Moldovan national IHL committee, which was being reorganized. It sponsored Moldovan justice ministry officials to attend a regional meeting of national IHL committees in Romania. The ICRC discussed various aspects of IHL implementation, including the drafting of a law on the National Society (see *Red Cross and Red Crescent Movement*), with members of the Russian parliament.

The IPA CIS adopted a set of guidelines, prepared with the ICRC's assistance, for teaching IHL to military personnel. It also drafted recommendations for applying IHL in counter-terrorism operations; it asked for and received the ICRC's observations on these recommendations.

Military officers in the region strengthen their grasp of IHL

The ICRC continued to urge armed forces in the region to incorporate IHL in their doctrine, training and operations. Sponsored by the ICRC, senior officers from the three countries covered attended a workshop in the United Arab Emirates (see *International law and cooperation*), and officers from the three countries and the CSTO attended an IHL course in San Remo, Italy.

The CSTO and the ICRC held their fourth annual high-level staff talks in Geneva, Switzerland; they discussed the humanitarian situation in contexts of common concern, and the signing of an agreement to cooperate in promoting IHL. The ICRC attended a training exercise, held in the Russian Federation, for CSTO peace-support troops from six countries.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC provided comprehensive support for the region's National Societies to bolster their operational capacities, pursue organizational development, and strengthen their legal bases.

The National Societies reinforced their emergency preparedness in line with the Safer Access Framework. The Belarusian Red Cross assisted several branches of the Russian Red Cross in the northern Caucasus to conduct training exercises with the local authorities in charge of emergency response; the Russian Red Cross personnel showed a marked improvement in providing first aid and psychosocial support. Several Russian Red Cross branches in western Russia trained their volunteers in emergency-preparedness activities and in promoting the Fundamental Principles.

Aided by the ICRC, the Belarusian Red Cross strengthened its procedures for managing its human resources, including volunteers. A local Red Cross branch in Crimea drew on the ICRC for fundraising advice; it was planning to raise funds by offering first-aid training to paying clients.

The ICRC, in close coordination with the International Federation, counselled the Russian Red Cross on lobbying the authorities to adopt a law on the role of the National Society and the protection of the red cross emblem. The Belarusian Red Cross drafted a set of amendments to the State law on the National Society; the ICRC offered advisory support for the process of submitting them to the authorities.

The Belarusian Red Cross, the Red Cross Society of Moldova, and a local Red Cross branch in Crimea held meetings with the ICRC and other Movement partners, to coordinate activities.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	130			
RCMs distributed	133			
Names published on the ICRC family-links website	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	180	44	39	49
<i>including people for whom tracing requests were registered by another delegation</i>	12			
Tracing cases closed positively (subject located or fate established)	35			
Tracing cases still being handled at the end of the reporting period (people)	2,966	200	134	209
<i>including people for whom tracing requests were registered by another delegation</i>	39			
Documents				
People to whom travel documents were issued	5			
PEOPLE DEPRIVED OF THEIR FREEDOM				
RCMs and other means of family contact				
RCMs collected	4			
RCMs distributed	12			
Phone calls made to families to inform them of the whereabouts of a detained relative	8			
Detainees visited by their relatives with ICRC/National Society support	419			
People to whom a detention attestation was issued	2			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	7,509	3,244	2,761
Income support	Beneficiaries	470	143	225
Living conditions	Beneficiaries	8,525	3,244	3,777
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	1,952	394	45

PARIS (regional)

COVERING: France, Greece, Hungary, Italy (with specialized services for other countries)

Formalized in 2000, the Paris office merged with the Europe regional delegation in 2015. In the countries covered, the ICRC engages in dialogue on IHL and humanitarian concerns with the authorities, military and academic circles and third-country representatives, raising awareness of the ICRC's mandate and mobilizing political and financial support for its activities. It visits people held by international tribunals and follows up on former detainees of the US detention facility at Guantanamo Bay Naval Station, Cuba. With National Societies, it helps migrants restore family links, visits those detained and offers guidance on human remains management. It partners National Societies in their international activities and IHL promotion.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- In Greece, Hungary and other European countries, migrants – including asylum seekers and refugees, and the detainees among them – reconnected with relatives through various family-links services offered by Movement components.
- In Greece, the ICRC visited detained migrants and shared its concerns, such as with regard to their access to health care and legal aid, with the authorities. Some 4,900 detained migrants received hygiene and other essential items.
- ICRC training, and technical and/or material support, enabled forensic services, coast guards or other actors in Greece and Italy to improve their ability to manage and identify the remains of migrants who perished in maritime accidents.
- Hundreds of French and Greek military personnel broadened their understanding of IHL at ICRC briefings. French authorities and the ICRC discussed the humanitarian situation in conflict zones and other places of shared concern.
- European government officials and members of civil society strengthened their grasp of IHL and specialized topics during ICRC conferences, and with the help of ICRC publications and other informational materials.

EXPENDITURE IN KCHF

Protection	7,316
Assistance	1,024
Prevention	2,405
Cooperation with National Societies	530
General	107
Total	11,382
<i>Of which: Overheads</i>	<i>694</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Mobile staff	20
Resident staff (daily workers not included)	45



PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	1
RCMs distributed	1
Phone calls facilitated between family members	14,829
Tracing cases closed positively (subject located or fate established)	30
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	29
Detainees in places of detention visited	13,599
<i>of whom visited and monitored individually</i>	77
Visits carried out	54
Restoring family links	
RCMs collected	1
RCMs distributed	1

CONTEXT

Migrants – including asylum seekers and refugees – continued to cross the Mediterranean Sea to reach Europe; although fewer people took this route than in 2017, the number of deaths at sea was still high. Meanwhile, migration flows from Turkey to Greece – which had abated following an EU–Turkey agreement made in 2016 – shot up again in 2018, as more people crossed the Evros River between the two countries. Tightened travel restrictions in Greece left many migrants stranded in its islands and in the mainland while they waited for their cases to be processed; many stayed in open camps. Migrants entering Hungary from Serbia were kept in a high-security facility at one of two “transit zones”.

Detained migrants in Greece were often held for prolonged periods in inadequate facilities with restricted freedom of movement and limited access to basic services.

Many families continued to search for their relatives who went missing in previous years and were still unaccounted for; among them were the relatives of hundreds of migrants whose remains were recovered in Italy in 2016. Identification of human remains remained difficult because of insufficient data and lack of coordination mechanisms between stakeholders.

Security remained high on European countries’ agenda, in light of attacks and arrests linked to violent extremism on the continent. As a permanent member of the UN Security Council, France played a major role in international affairs. French troops conducted military operations in various countries, notably in Africa and the Middle East, sometimes as members of international coalitions.

ICRC ACTION AND RESULTS

The ICRC’s regional delegation in Paris focused on addressing the protection needs of vulnerable migrants, particularly the detainees among them, and on helping the pertinent authorities to meet these needs. It also promoted support for IHL and humanitarian action, and worked closely with European National Societies and other Movement partners.

The ICRC’s mission in Athens and delegation in Budapest monitored the situation of migrants entering Greece from Turkey, and migrants in Hungary from Serbia. Together with National Societies in Europe and other continents, the ICRC helped vulnerable migrants, including those who had been detained, to restore or maintain contact with relatives. It maintained its support for a photo tracing campaign and other efforts by different National Societies to reunite dispersed families. Forensic services and National Societies in Mediterranean countries drew on ICRC support to strengthen their capacities in managing and identifying the remains of people who had perished at sea. The relevant authorities and actors were urged to improve mechanisms to clarify the fate of missing persons.

The ICRC visited detained migrants: in Greece, at pre-removal centres, and reception and identification centres; and in Hungary, in detention centres under the authority of the

police and “transit zones”. It communicated its findings confidentially to the authorities concerned, to help them improve these migrants’ treatment and living conditions, particularly access to legal aid and health care. The ICRC provided household essentials for migrants detained in Greece. The ICRC also visited people convicted by international tribunals – those on remand in The Hague, Netherlands, and those serving their sentences in other European countries. Findings and recommendations communicated confidentially to the detaining authorities were taken into account by them while they revised or drafted regulations and procedures in detention.

The Paris regional delegation remained a crucial element of the ICRC’s network for humanitarian diplomacy, through which the organization promoted IHL and sought support for its worldwide operations from influential actors in the region. European National Societies, national IHL committees and the ICRC continued to promote IHL and help authorities accede to and/or ratify IHL-related legal instruments and ensure their incorporation in national legislation. Government officials, academics and members of civil society learnt more about IHL-related issues at conferences and other events supported or organized by the ICRC, and through audiovisual and other informational materials that the ICRC disseminated through traditional and social media. The ICRC also maintained its efforts to broaden awareness of IHL among francophones, through its French-language blog and coordination with the Organisation internationale de la Francophonie (OIF).

The ICRC, officials from the foreign, interior and justice ministries – and representatives from the French prime minister’s office – discussed the humanitarian situation in conflict zones and other contexts of shared concern. The French Armed Forces (FAF) and the ICRC continued their dialogue at strategic, operational and tactical levels. The FAF and Greek armed forces drew on ICRC support to organize IHL briefings and training sessions for its officers and cadets.

European National Societies drew on support from the International Federation and the ICRC to strengthen their family-links services and other operational capacities.

CIVILIANS

European National Societies and the ICRC documented the protection concerns of vulnerable migrants throughout the region, such as migrants who had crossed into Greece from Turkey, and into Hungary from Serbia. The ICRC strove – by means of high-level meetings and oral and written representations – to impress upon European authorities the humanitarian consequences of their migration policies; it urged them to provide more effective protection for vulnerable migrants and address their needs (see also *People deprived of their freedom*).

Migrants in Greece and Hungary phone their families

European National Societies working along migration routes strengthened their capacities in restoring family links for vulnerable migrants, such as unaccompanied minors and people detained. The ICRC provided them with various forms of support: financial and material assistance – for instance,

family-links kiosks and digital tracing tools – to reinforce their operations, carry out needs assessments or attend meetings with other National Societies abroad; expert advice to ensure that migrants' personal data were handled in accordance with data-protection standards and other applicable regulations; training to incorporate family-links services in their emergency response and provide psychosocial support for those who need it; and guidance in responding to the family-links and other protection needs of families of people allegedly involved in fighting abroad.

In Greece, thousands of migrants made phone calls to their families through the Hellenic Red Cross and the ICRC; many of them used phone cards distributed by the ICRC. In Hungary, the ICRC provided free wireless internet services for migrants held in "transit zones". Through the Trace the Face campaign – run by 20 European National Societies in coordination with National Societies in Africa, Asia and the Middle East – people had photos of themselves or their relatives posted on the ICRC's family-links website (familylinks.icrc.org) and/or displayed at key locations; this platform became more widely used, thus resulting in 139 people regaining contact with their relatives. The ICRC liaised with the relevant National Society and/or authorities to inform families of missing migrants of developments in the search for their relatives.

Forensic services develop their ability to identify human remains

National Societies and forensic services in Mediterranean countries strove to manage and identify the remains of people who had perished in maritime accidents: the ICRC provided technical and/or material support, and training. First responders, forensic workers and police officers in Greece were given personal protective equipment, DNA kits and other items. Some first responders and forensic pathologists, and about 100 Hellenic Coast Guard officers, were trained to properly handle human remains.

The Italian government's Commissioner for Missing Persons, the Italian Red Cross and the ICRC maintained their efforts to identify the remains of migrants who had died in a shipwreck off the coast of Sicily in 2015. The ICRC and/or the National Society collected biological reference samples from the missing people's families in Mauritania and Senegal, and sent them to a laboratory for DNA profiling. The Italian Red Cross was permitted to examine the local authorities' files on missing migrants; they requested for the ICRC to help in analysing the data. The ICRC supported repairs to the headstones and boundaries of 22 graves in Greece to increase the likelihood of being able to identify the human remains buried there. The ICRC initiated or kept up dialogue with the Maltese and Spanish authorities on identifying human remains recovered by them or transported to their countries.

The ICRC urged the pertinent authorities in Greece to set up a central body to standardize forensic procedures and centralize data to facilitate the identification of human remains. It also urged Italian, Maltese and Spanish authorities to reinforce their mechanisms for clarifying the fate of missing people. It

began to analyse applicable legal frameworks in conjunction with a law school in Athens, and to map actors involved in forensic work (the coast guard, medico-legal institutions, DNA laboratories, etc.), with a view to sharing its findings with the Greek authorities. Two Greek police officers discussed human-remains management at a meeting with the forensic department of an international police organization; the ICRC facilitated their participation in the meeting. An ICRC policy paper on missing migrants and their families was translated into Greek and Italian, and shared with the pertinent authorities; the paper contained useful recommendations for policy-makers.

The ICRC used various media and arranged events to raise awareness, among members of civil society and the general public, of families' right to know their missing relatives' fate.

Authorities are urged to address humanitarian concerns regarding ex-detainees and returnees

The ICRC monitored the situation of people formerly held at the US detention facility at Guantanamo Bay Naval Station in Cuba and resettled in Europe, and the humanitarian impact of counter-terrorism measures on Europeans allegedly involved in fighting abroad – and now back home – and those of their families. It urged the authorities concerned to support the first group's integration in their host countries. Because of tightened security regulations in Europe, and various obstacles in the families' countries of origin, the ICRC could sponsor only one family visit for former Guantanamo Bay detainees resettled abroad.

PEOPLE DEPRIVED OF THEIR FREEDOM Detained migrants in Greece and Hungary cope with their situation

The ICRC visited detained migrants: in Greece, at 15 facilities, including pre-removal centres, and removal and identification centres; and in Hungary, at six facilities and in "transit zones". Particularly vulnerable people, such as children, the elderly and people with health problems, were monitored individually. Findings and recommendations – for instance, for improving detained migrants' treatment and living conditions, and their access to health care and legal aid – were communicated confidentially to both local and central authorities: the ICRC did this through written and oral representations. The Greek health, interior and migration ministries discussed matters related to immigration detention, such as detained migrants' access to health services and respect for medical ethics, at high-level round-tables organized by the ICRC. At ICRC workshops and dissemination sessions, senior Greek police personnel learnt more about good practices and how to tackle issues associated with administrative detention.

Detained migrants in Greece and Hungary reconnected with relatives through family-links services, such as phone cards or free wireless internet services provided by the ICRC (see *Civilians*). Where appropriate, migrants held in Greece were referred to organizations offering legal aid; in Hungary, the ICRC arranged for the translation of detained migrants' legal documents.

The ICRC provided clothing, cleaning materials and other essentials for about 4,900 detained migrants in Greece. The ICRC also donated hygiene kits and other items to the authorities, which were then distributed to some 2,100 newly arrived migrants. Light fixtures and household appliances were provided by the ICRC to people running a pre-removal detention centre in Fylakio, benefiting migrants who were being held there.

ICRC health teams monitored the situation of migrants detained in nine facilities; some of them were referred for further care. The ICRC met with various officials affiliated with the health ministry to discuss implementing a pilot health project for migrants detained at one centre in Fylakio; gloves and masks were donated to the police in that area.

The ICRC visits people remanded or convicted by international tribunals

The ICRC visited people remanded or convicted by international tribunals, to check on their treatment and living conditions. Detainees visited included 15 people held on remand under the authority of the International Criminal Court (ICC) and the Mechanism for International Criminal Tribunals (MICT), and six people convicted by the International Criminal Tribunal for the former Yugoslavia (1993–2017), who were serving their sentences in six different places of detention in other European countries.

The ICRC communicated its findings confidentially to the international tribunals and the authorities in enforcement countries, to help them ensure that their policies were in line with internationally recognized standards for detention; the ICRC also made a number of recommendations, which sought to improve conditions for all the detainees at these facilities. The ICC and the MICT took these recommendations into account while revising or drafting regulations and procedures for managing hunger strikes and enabling detainees to contact their families.

The National Societies in Cyprus, Finland, France, Malta, Norway and Sweden were given technical support for implementing some of their protection-focused programmes for detained migrants; the French Red Cross, Swedish Red Cross and Spanish Red Cross established working groups to identify and promote alternatives to immigration detention. The Swedish Red Cross was given advice on how to respond to the specific needs of detained minors.

ACTORS OF INFLUENCE

The ICRC promotes IHL and humanitarian action

The ICRC had discussions with influential European actors on developments in IHL and other bodies of international law, and on humanitarian issues in the region and beyond – particularly in connection with conflict and migration. It also briefed them on its response to conflicts and issues in other areas of the world, and urged them to support its activities. The ICRC continued to urge the Greek authorities to adopt the legislative measures necessary for the ICRC to fulfil its mandate in conformity with its working procedures. The Principality of Monaco signed an agreement with the ICRC, pledging to support its activities in countries affected by protracted conflicts.

Government officials and members of civil society widen their knowledge of IHL-related issues

European National Societies, national IHL committees and the ICRC continued to promote IHL and help national authorities – such as in France, Germany and Poland – to accede to and/or ratify IHL-related treaties, or to implement laws and directives bearing on humanitarian action. The ICRC organized a regional meeting for national IHL committees in European countries, at which attendees were urged to promote the ratification or implementation of the Arms Trade Treaty. The ICRC began to prepare a study on the implementation of that treaty, by identifying arms-exporting States and analysing their decision-making mechanisms.

Government officials and members of civil society added to their knowledge of specific IHL-related matters at events organized or supported by the ICRC. These events included IHL conferences in: Bucharest, Romania, for authorities and national IHL committees in the countries of central and south-eastern Europe (see *Balkans*); and Lisbon, Portugal, for government officials and academics in lusophone countries. They tackled issues related to IHL implementation, conduct of hostilities, migration, use of weapons, protection of cultural property, and contemporary challenges to IHL. The ICRC continued to provide support for translating the updated ICRC Commentaries on the First and Second Geneva Conventions of 1949, and selected articles from the *International Review of the Red Cross*, into French.

The ICRC organized round-tables and/or conferences in Paris for francophone academics, and in Ljubljana, Slovenia, for academics from central and south-eastern Europe (see *Balkans*). It sponsored students to attend IHL events abroad, such as courses and a moot court competition (see, for example, *Balkans*). It also provided financial and/or technical support for universities and researchers in Greece to produce IHL-related reports and research; it also donated IHL publications to them.

Military cadets and officers strengthen their grasp of IHL

Briefings organized or supported by the ICRC enabled cadets and officers of the Greek and French militaries to broaden their understanding of humanitarian issues, IHL principles and the ICRC's work. These briefings were attended by around 550 cadets and some officers of the FAF – including those bound for conflict zones – 82 legal advisers and 130 senior officers of the Greek armed forces, and 235 cadets and officers from Greek military academies. The ICRC sponsored a senior Greek military official to attend an international workshop on rules governing military operations (see *International Law and Policy*).

The ICRC, officials from the foreign, interior, justice ministries – and representatives from the French prime minister's office – discussed various issues: the humanitarian situation in contexts of shared concern, such as Myanmar, the Sahel region, the Syrian Arab Republic and Yemen; ensuring respect for IHL; the conduct of hostilities; migration; nuclear weapons; detention; and "terrorism".

The FAF and the ICRC continued their dialogue at strategic, operational and tactical levels, through regular high-level meetings and other means. The topics discussed included, among others, the conduct of hostilities in urban areas; norms of restraint among armed actors; measures for self-protection in violence-affected communities; and attacks against medical personnel and facilities in conflict zones. The ICRC also held meetings with the Italian armed forces involved in operations abroad, with a view to developing an operational dialogue with them.

European media highlight the Movement's activities

The ICRC's public-communication initiatives helped broaden awareness of IHL, the plight of migrants, and other humanitarian issues. Audiovisual and other informational materials prepared by the ICRC reached the general public via events organized by the ICRC; local and international media organizations; and social media.

The delegation's French-language blog continued to educate the general public about IHL and humanitarian issues. The ICRC held numerous high-level meetings between its president and the secretary-general of the OIF, for instance, on strengthening joint efforts to broaden awareness of IHL among francophones.

RED CROSS AND RED CRESCENT MOVEMENT

Movement partners' work together to address humanitarian needs in the region

European National Societies drew on support from the International Federation and the ICRC to respond to the protection needs of vulnerable migrants in Europe, including those detained (see *Civilians* and *People deprived of their freedom*). They endeavoured to improve their family-links services and conduct them in compliance with data-protection laws and regulations. They also maintained their cooperation in IHL promotion and development, and provision of organizational and operational support for other National Societies. The ICRC's partnership with the Italian Red Cross focused on responding to the issue of missing migrants and the needs of their families.

Through regular exchanges and meetings, the ICRC continued to strengthen its cooperation – for instance, in promoting IHL and mobilizing resources – with the French, Italian, Monégasque, Portuguese and Spanish National Societies. The French Red Cross and the ICRC signed a new partnership agreement broadening the scope of their cooperation. The International Federation and the ICRC strove to support the Hellenic Red Cross in strengthening its governance and compliance structure; however, owing to a lack of progress, the International Federation suspended the Hellenic Red Cross from its membership starting January 2019.

Movement components in the region established working groups to discuss how to respond more effectively to migration-related issues, and coordinated their activities for vulnerable people in the region and in conflict-affected countries.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	1			
RCMs distributed	1			
Phone calls facilitated between family members	14,829			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	108	26	26	10
<i>including people for whom tracing requests were registered by another delegation</i>	14			
Tracing cases closed positively (subject located or fate established)	30			
<i>including people for whom tracing requests were registered by another delegation</i>	6			
Tracing cases still being handled at the end of the reporting period (people)	369	76	81	88
<i>including people for whom tracing requests were registered by another delegation</i>	52			
Documents				
People to whom official documents were delivered across borders/front lines	12			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	29			
Detainees in places of detention visited	13,599	1,448	1,974	
Visits carried out	54			
		Women	Girls	Boys
Detainees visited and monitored individually	77	9	1	26
<i>of whom newly registered</i>	54	8	1	25
RCMs and other means of family contact				
RCMs collected	1			
RCMs distributed	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM		Total	Women	Children
Economic security				
Living conditions	Beneficiaries	4,895	307	281
Health				
Places of detention visited by health staff	Structures	9		

TASHKENT (regional)

COVERING: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan

The ICRC has been present in Central Asia since 1992. In Kyrgyzstan, it helps the authorities improve detainees' treatment and living conditions, especially with regard to health-care access. In Tajikistan, it works with the National Society to assist families of persons missing in connection with past conflict and other violence, and to conduct risk education sessions in mine-affected communities. It assists the region's National Societies in building their capacities, particularly in emergency preparedness, restoring family links and promoting IHL. It supports the implementation of IHL and other relevant norms, and fosters understanding of the ICRC's mandate and work.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- In Kyrgyzstan, people held in ten police stations and two places of permanent detention had access to primary-health-care services through projects implemented by the authorities and the ICRC.
- Detainees in Kyrgyzstan were screened for TB; those who tested positive were enrolled for treatment. The ICRC worked with prison health staff to provide psychosocial support for TB patients and to encourage treatment adherence.
- Missing people's families in Tajikistan obtained psychosocial care and referrals to appropriate services through an accompaniment programme implemented by the Red Crescent Society of Tajikistan, the ICRC and local NGOs.
- Doctors and other medical personnel in the region strengthened their capacities in emergency trauma care through courses, including train-the-trainer sessions, organized by the ICRC or facilitated by local instructors.
- The authorities and military and security personnel in the region learnt more about the ICRC, IHL and other applicable norms during ICRC seminars and other customized courses, which often included first-aid training.
- Turkmenistan became party to the Hague Convention on Cultural Property and its two Protocols. In Kyrgyzstan, the president signed a law ratifying Additional Protocol III.

EXPENDITURE IN KCHF

Protection	3,091
Assistance	4,493
Prevention	1,903
Cooperation with National Societies	1,064
General	160
Total	10,711
<i>Of which: Overheads</i>	<i>654</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	20
Resident staff (daily workers not included)	165



PROTECTION

CIVILIANS

Restoring family links

RCMs collected	42
RCMs distributed	37
Phone calls facilitated between family members	26
Tracing cases closed positively (subject located or fate established)	25

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	39
Detainees in places of detention visited	8,392
<i>of whom visited and monitored individually</i>	244
Visits carried out	59

Restoring family links

RCMs collected	35
RCMs distributed	32
Phone calls made to families to inform them of the whereabouts of a detained relative	2,186

ASSISTANCE

WOUNDED AND SICK

Medical care

	2018 Targets (up to)	Achieved
Hospitals supported	Structures	5
		7

CONTEXT

Central Asian countries faced economic and security challenges in varying degrees. Migration and the fight against “terrorism” were among the main issues of concern in the region. The countries covered signed new bilateral or multilateral partnership agreements to strengthen regional security and cooperation in counter-terrorism.

Kyrgyzstan and Uzbekistan resolved some of their border issues. But, in addition to border disputes, other issues – such as competition for natural resources, particularly water – continued to be sources of tension in the region and occasionally, of violence as well.

In Tajikistan and, to a lesser extent, in Kyrgyzstan, families of people missing in connection with past armed conflict and other situations of violence remained without news of their relatives. Communities along Tajikistan’s borders with Afghanistan and Uzbekistan were at risk from mines and explosive remnants of war (ERW).

The fighting in Afghanistan reached areas near the border with Tajikistan.

The five countries maintained their involvement, in varying degrees, with multilateral bodies such as the Collective Security Treaty Organization (CSTO), the Commonwealth of Independent States (CIS), the Eurasian Economic Union, the European Union, NATO and the Shanghai Cooperation Organization (SCO).

ICRC ACTION AND RESULTS

The ICRC continued to work with authorities and other local partners to address the needs of detainees in Kyrgyzstan and of people – throughout the region – affected by migration or past armed conflict and other violence. It also promoted respect for IHL in the countries covered.

In Kyrgyzstan, the ICRC – in accordance with its standard procedures – visited places of detention under the authority of the internal affairs ministry and the State Service for the Execution of Punishments (GSIN). Findings and/or recommendations were communicated confidentially to the authorities concerned. The ICRC strove to secure access to detainees within its purview, particularly those in facilities under the authority of the State Committee for National Security (GKNB). In Uzbekistan, the possibility of conducting standard visits to detainees was discussed with the authorities.

The ICRC continued to work with the Kyrgyz authorities, and give them support, to improve the treatment and living conditions of detainees. ICRC projects carried out with the health and internal affairs ministries, and the GSIN, provided access to primary-health-care services for people held in ten police stations and two places of permanent detention. At the ICRC’s urging, the GSIN approved the implementation of standard procedures for medically screening all new detainees on arrival. ICRC assistance enabled detention facilities and laboratories to improve their TB diagnostic services. Detainees who tested

positive for TB were enrolled for treatment; the ICRC worked with prison health staff to provide psychosocial support for TB patients and to encourage treatment adherence. The pertinent authorities and the ICRC were set to sign a memorandum of understanding on the ICRC’s handover of the TB programme.

Members of families separated by migration, detention or other circumstances maintained contact through the Movement’s family-links services. The ICRC continued to support an accompaniment programme in Tajikistan, with a view to helping missing people’s families obtain psychosocial support and referrals to appropriate service providers. In Kyrgyzstan, the ICRC provided technical support for a working group to draft and, subsequently, implement legislation protecting the rights of missing people and their families. ICRC training and/or material and technical assistance enabled forensic professionals and others in Kyrgyzstan and Tajikistan to strengthen their ability to identify and manage human remains during emergencies.

Material support from the ICRC helped hospitals in Tajikistan treat wounded people, including casualties of the fighting in Afghanistan. The ICRC also conducted first-aid training for community leaders, religious leaders, weapon bearers and others in Kyrgyzstan, Tajikistan and Turkmenistan. Doctors and other medical personnel in the region strengthened their capacities in emergency trauma care through training courses and train-the-trainer sessions, organized by the ICRC or facilitated by local instructors with ICRC support.

The ICRC bolstered its engagement with the authorities, military and security forces personnel and other influential actors in the region; the aim was to broaden acceptance for its work and secure support for IHL and other relevant norms. For instance, it held IHL briefings for Kazakh troops bound for peacekeeping missions abroad. In Kyrgyzstan, the president signed a law ratifying Additional Protocol III. Turkmenistan became party to the Hague Convention on Cultural Property and its two Protocols.

With ICRC support, National Societies in the region enhanced their emergency preparedness and their ability to restore family links and provide first aid and psychosocial care. The Red Crescent Society of Tajikistan continued to conduct risk-education sessions for mine-affected communities.

CIVILIANS

Members of separated families reconnect

In Central Asia, members of families separated by migration, detention or other circumstances restored or maintained contact through Movement family-links services such as RCMs and phone calls. Tracing requests were lodged for 762 people. The ICRC helped repatriate six children from Iraq to Tajikistan.

Staff and/or volunteers of Central Asian National Societies strengthened their ability to provide family-links services, through ICRC training and other events organized by their National Societies and/or the ICRC. The ICRC also sponsored personnel from these National Societies to attend international events, including a round-table on migration and restoring

family links held in Minsk, Belarus. To broaden awareness of its family-links services in the country, the Red Crescent Society of Kyrgyzstan conducted information sessions in four provinces.

Forensic professionals and others in Kyrgyzstan and Tajikistan used ICRC training and/or material and technical assistance to develop their ability to identify and manage human remains during emergencies. With ICRC support, Kyrgyz authorities set up a working group to develop standard procedures for managing human remains, particularly during emergencies. Tajik officials, aided by the ICRC, finished drafting standard procedures for managing human remains.

Owing to administrative constraints faced by the emergency committee in Tajikistan, plans to train psychologists to help first responders manage their stress and develop their ability to give victims of emergencies psychological first aid were postponed to 2019.

Missing people's families are helped to meet their psychosocial and other needs

In Tajikistan, an accompaniment programme implemented by the Red Crescent Society of Tajikistan, the ICRC and local NGOs enabled 642 relatives of missing people – including the families of people alleged to have been involved in fighting abroad – to obtain psychosocial care and referred 945 people to service providers for help in meeting their economic, legal and other needs. The ICRC supplied expert guidance

and training to improve the services provided under this programme. The ICRC also gave missing people's families support for organizing events commemorating their missing relatives, such as ceremonies to mark the International Day of the Disappeared.

Many missing people alleged to have been involved in fighting abroad, and their families, were from the Khatlon and Sughd regions of Tajikistan: the ICRC conducted information sessions for community leaders, religious leaders and local authorities there on the work it was doing to address the issue of missing people. These sessions also sought to raise awareness of the psychological issues faced by missing people's families.

In Kyrgyzstan, the government approved the establishment of an inter-ministerial working group – initiated by the national IHL committee with ICRC support in 2017 – to draft and, subsequently, implement legislation protecting the rights of missing people and their families.

People in mine-affected areas learn safe practices

In Tajikistan, people in mine-affected communities learnt about safe practices at educational sessions and other activities organized by the Tajikistan Red Crescent with ICRC support. ICRC training enabled National Society volunteers to become more capable of conducting mine-risk education sessions. The National Society and the ICRC also participated in coordination meetings and other mine-action events organized by the authorities and/or other actors.

CIVILIANS	Kazakhstan	Kyrgyzstan	Tajikistan	Uzbekistan
RCMs and other means of family contact				
RCMs collected	4		38	
<i>including from unaccompanied minors (UAMs)/separated children (SC)</i>				
RCMs distributed	6		31	
<i>including from UAMs/SC</i>				
Phone calls facilitated between family members		1	25	
Reunifications, transfers and repatriations				
People transferred or repatriated			6	
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered	26	11	724	1
<i>of whom women</i>	10	4	42	
<i>of whom minors at the time of disappearance - girls</i>	5	2	37	
<i>of whom minors at the time of disappearance - boys</i>	9		64	
Tracing cases closed positively (subject located or fate established)		6	18	1
Tracing cases still being handled at the end of the reporting period (people)	29	80	1,597	
<i>of whom women</i>	13	9	47	
<i>of whom minors at the time of disappearance - girls</i>	5	4	35	
<i>of whom minors at the time of disappearance - boys</i>	9	4	102	
UAMs/SC, including demobilized child soldiers				
UAMs/SC newly registered by the ICRC/National Society			9	
<i>of whom girls</i>			6	
UAM/SC cases still being handled at the end of the reporting period			9	
<i>of whom girls</i>			6	
Documents				
People to whom official documents were delivered across borders/front lines			1	

PEOPLE DEPRIVED OF THEIR FREEDOM

In Kyrgyzstan, the ICRC visited – in accordance with its standard procedures – places of detention under the authority of the internal affairs ministry and the GSIN, and monitored detainees' treatment and living conditions to ensure that these met internationally recognized standards. Findings and/or recommendations from the visits were discussed confidentially with the authorities. A total of 244 particularly vulnerable inmates, including people serving life sentences and women, were monitored individually. The ICRC strove to secure access to detainees within its purview, particularly those in facilities under the authority of the GKNB.

In Uzbekistan, the possibility of conducting standard visits to detainees was discussed with the authorities. In Kazakhstan, the ICRC engaged the Kazakh Red Crescent Society in dialogue on the possibility of adding a protection component to its activities for migrants in retention centres (see below).

Inmates in Kazakhstan, Kyrgyzstan and Tajikistan restored or maintained contact with their relatives through family-links services such as RCMs. The Kazakh Red Crescent Society, with ICRC assistance, helped migrants in retention centres make phone calls to their families. Detainees in Kyrgyzstan, Tajikistan and Uzbekistan also received visits from relatives, whose transportation and other costs were covered by the ICRC.

The authorities approve the systematic medical screening of new detainees

Kyrgyz authorities continued to draw on ICRC expertise to improve the treatment and living conditions of detainees and the management of detention facilities. For example, guided by the ICRC, the GSIN continued to update the rules and regulations governing the rehabilitation of detainees and drafted a comprehensive human-resources manual. At training sessions organized by the GSIN and the ICRC, prison staff learnt more about internationally recognized standards for the treatment of detainees. The ICRC also lobbied for eligible detainees serving life sentences to be transferred to facilities it renovated in 2017 at Penal Institution (PI) 19.

People held in ten police stations and two places of permanent detention had access to primary-health-care services through projects carried out by the health and internal affairs ministries, the GSIN and the ICRC. Newly arrived inmates underwent medical screening, and those with medical conditions were followed up. With ICRC training and other support, such as donations of medical supplies, medical personnel strengthened their capacities in screening newly arrived detainees and/or diagnosing or treating common ailments. At the ICRC's urging, the GSIN approved the implementation of standard procedures for medically screening all new detainees on arrival. The ICRC also gave the authorities technical guidance for consolidating detainees' medical records and reports. Health and penitentiary authorities and the ICRC met regularly to discuss health-related issues in prisons and means to ensure the sustainability of the health-care activities for detainees. The ICRC and the health ministry organized a workshop, at which doctors and personnel from police stations updated the guidelines for providing health care to detainees.

The GSIN and the ICRC launched a pilot psychosocial programme in PI 8, to prepare detainees to re-enter their communities after their release. The ICRC provided financial support for the hiring of two psychologists.

The ICRC prepares to hand over the TB programme to the authorities

The ICRC continued to help the GSIN to build its TB-management capacities and improve TB treatment for detainees; the ICRC's aim was to lead the GSIN towards self-sufficiency in maintaining TB services. Material and technical support from the ICRC enabled detention facilities and laboratories to improve their TB diagnostic services; more than 10,990 detainees were screened for TB; those who tested positive were enrolled for treatment. At PI 31 and SIZO-1, the ICRC provided food for 191 TB patients, as an incentive for completing their treatment. The ICRC also worked with prison health staff to provide psychosocial support for TB patients and to encourage treatment adherence. Medical staff expanded their TB-management capacities through ICRC training and/or on-site guidance. ICRC-supported maintenance teams oversaw the functioning of equipment and infrastructure at PIs 31 and 2 and SIZO-1. With ICRC support, the staff of PI 31 and SIZO-1 maintained a TB case-management database. The ICRC gave 12 ex-detainees material and other assistance to continue their treatment after their release. It also worked with its partners to develop standard procedures for following up the cases of released TB patients.

The GSIN and the ICRC were set to sign a memorandum of understanding on the ICRC's handover of the TB programme; the memorandum had an addendum containing the handover plan and the implementation budget. Aided by the ICRC, the GSIN finalized a management plan for PI 31.

A total of 7,132 detainees benefited from ICRC-upgraded prison facilities, including water and sewage systems. Prison authorities also maintained or renovated other facilities with the ICRC's financial, technical and material assistance. Renovation work at four places of temporary detention progressed and was scheduled for completion in 2019. The ICRC provided detainees with essential items to help ease their living conditions.

WOUNDED AND SICK

Community leaders, religious leaders, government officials, weapon bearers and others in Kyrgyzstan, Tajikistan and Turkmenistan learnt first aid at training sessions conducted by the pertinent National Societies and the ICRC.

Doctors and other medical personnel in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan strengthened their capacities in emergency trauma care through training courses, including train-the-trainer sessions, organized by the ICRC or facilitated by local instructors with ICRC support. The train-the-trainer sessions were organized with a view to creating a pool of local trainers who could conduct courses on emergency trauma care, independently, in their countries. In line with the goals of the Health Care in Danger initiative, participants in these courses also learnt about the protection due to those seeking or providing health care, and about the necessity of delivering timely and impartial medical assistance.

In Tajikistan, medical equipment and/or supplies from the ICRC enabled seven hospitals, including in areas bordering Afghanistan, to provide adequate and timely care for wounded people – such as casualties of the fighting in Afghanistan. The ICRC also provided medical supplies to a prison in Khujand, for treating the dozens of detainees who were wounded in a riot at the prison.

ACTORS OF INFLUENCE

The ICRC bolstered its engagement with the authorities, military and security forces personnel and other influential actors in the region, with a view to broadening acceptance for its work and securing support for IHL and other relevant norms.

Troops bound for peacekeeping missions are briefed on IHL

The authorities and military and security forces personnel in the five countries covered learnt more about the ICRC, IHL and other applicable norms, and international policing standards through seminars and customized courses, which often included first-aid training, organized by the ICRC. For instance, in Kazakhstan, 40 troops bound for peacekeeping missions abroad attended ICRC briefing sessions on IHL. The ICRC sponsored military officials from Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan to attend an IHL workshop for senior officers held in Abu Dhabi, United Arab Emirates (see *International law and policy*).

At a meeting organized by the Uzbek defence ministry, the CIS secretariat and the ICRC, officials from the armed forces of CIS Member States discussed the incorporation of IHL in training for their personnel. Guided by the ICRC, the Uzbek armed forces prepared an IHL manual for military educational institutions.

The ICRC participated in the CSTO's drills for first responders from its Member States, which were held in Almaty, Kazakhstan. At an event organized to discuss the CSTO's interaction with international organizations, the head of the ICRC's Tashkent regional delegation delivered a speech that drew attention to the ICRC's expertise in managing human remains and providing psychosocial support. The ICRC's vice-president accompanied other ICRC representatives to a conference in Uzbekistan on counter-terrorism, which was organized by the Tashkent-based Regional Anti-Terrorist Structure of the SCO. A legal adviser from the ICRC made a presentation at the conference on the legal frameworks applicable to counter-terrorism operations.

Turkmenistan accedes to the Hague Convention on Cultural Property

The ICRC continued to work with national IHL committees, pertinent authorities and academics in the region, with a view to promoting implementation of IHL and related treaties. Representatives of IHL committees in the countries covered discussed issues of common interest and exchanged best practices at a regional meeting organized by the ICRC in Ashgabat, Turkmenistan. In Kyrgyzstan, the president signed a law ratifying Additional Protocol III. Turkmenistan became party to the Hague Convention on Cultural Property and its

two Protocols; the ICRC commissioned and printed a Turkmen translation of the Convention. The ICRC sponsored an academic from a university in Kyrgyzstan to attend a course on IHL and Islam in Tunisia.

Authorities and experts in the region reviewed pertinent domestic laws and analysed their compatibility with IHL-related treaties. For instance, in Turkmenistan, a study examining the extent to which IHL had been incorporated in domestic legislation – carried out by experts in 2017 – was reviewed and updated. Pertinent experts and the ICRC discussed translating the study into Turkmen and publishing it. In Uzbekistan, a local expert conducted a study comparing domestic legislation and the Hague Convention on Cultural Property; the study was submitted to the authorities.

In Tajikistan, the ICRC continued to urge the authorities to advance legislation concerning missing people and their families; and in Kyrgyzstan, the ICRC provided technical support for a working group on missing people (see *Civilians*).

Discussions on formalizing the ICRC's legal status in Kazakhstan progressed and a headquarters agreement was signed.

Religious leaders and community leaders learn more about the Movement's work

Religious leaders and community leaders, and members of civil society, in the countries covered learnt about the Movement's work at information sessions, which were often accompanied by first-aid training, and at other events organized by the ICRC and the pertinent National Societies.

In Kyrgyzstan, members of the media used news releases and articles from the ICRC to report on humanitarian issues and the ICRC's activities. The ICRC sponsored personnel from the Red Crescent Society of Tajikistan to attend a summer course to enhance their skills in public communication.

RED CROSS AND RED CRESCENT MOVEMENT

Various forms of ICRC support enabled National Societies in the countries covered to enhance their emergency preparedness and their ability to restore family links and provide first aid and psychosocial care. The National Societies in Kyrgyzstan and Tajikistan continued to strengthen their security management in line with the Safer Access Framework.

National Societies in the countries covered sought to consolidate their legal bases with guidance from the ICRC. The Kazakh Red Crescent Society – with ICRC support – drew up a roadmap for the adoption of a law clarifying its legal status. In Kyrgyzstan, the president approved a law setting out the legal bases for the Red Crescent of Kyrgyzstan's activities. The National Societies also continued, with ICRC support, to promote the Movement's work and/or IHL via public communication.

The ICRC participated in a conference of European and Central Asian National Societies that was held in Almaty.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	42			
RCMs distributed	37			
Phone calls facilitated between family members	26			
Reunifications, transfers and repatriations				
People transferred or repatriated	6			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	762	56	44	73
Tracing cases closed positively (subject located or fate established)	25			
Tracing cases still being handled at the end of the reporting period (people)	1,706	69	44	115
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	9	6		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	9	6		
Documents				
People to whom official documents were delivered across borders/front lines	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	39			
Detainees in places of detention visited	8,392	524	56	
Visits carried out	59			
		Women	Girls	Boys
Detainees visited and monitored individually	244	14		
<i>of whom newly registered</i>	28	6		
RCMs and other means of family contact				
RCMs collected	35			
RCMs distributed	32			
Phone calls made to families to inform them of the whereabouts of a detained relative	2,186			
Detainees visited by their relatives with ICRC/National Society support	507			

MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM		Total	Women	Children
Economic security				
Living conditions	Beneficiaries	2,218	173	70
Water and habitat				
Water and habitat activities	Beneficiaries	7,132	125	
Health				
Places of detention visited by health staff	Structures	28		
Health facilities supported in places of detention visited by health staff	Structures	9		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	7		
Services at hospitals not monitored directly by ICRC staff				
Weapon-wound admissions (surgical and non-surgical admissions)		13		
First aid				
First-aid training				
	Sessions	57		
	Participants (aggregated monthly data)	1,009		

UKRAINE

In 2014, the ICRC expanded its presence in Ukraine to help protect and assist conflict-affected people in the eastern part of the country. It responds to emergency needs, particularly in terms of providing basic relief, facilitating access to medical care and other essential services, and restoring family links. The ICRC seeks access to all persons deprived of their freedom. In dialogue with all parties to the conflict, it supports efforts to clarify the fate of missing persons and encourages compliance with IHL. The ICRC supports the Ukrainian Red Cross Society in improving its emergency preparedness and delivery of humanitarian assistance.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- In discussions with the parties to the conflict, the ICRC emphasized their obligation under IHL to protect civilians and civilian property and ensure access to basic services.
- Civilians living near the line of contact met their most urgent needs, and had better access to livelihood opportunities and health care, with help from the Ukrainian Red Cross Society and the ICRC.
- People with missing relatives received psychosocial and economic support after the ICRC updated its assessment of their needs. Local actors enhanced their ability to help resolve missing-persons cases through ICRC training.
- The ICRC visited detainees in areas controlled by the Ukrainian government to check on their treatment and living conditions. It remained without access to people in custody in areas not controlled by the Ukrainian government.
- The Ukrainian parliament adopted laws concerning missing people and weapon contamination; the ICRC had contributed to the drafting of both laws.
- The Ukrainian Red Cross strengthened its ability to respond to the needs of conflict-affected people, with ICRC support; and coordinated its activities with those of Movement partners' in Ukraine.

EXPENDITURE IN KCHF

Protection	8,192
Assistance	46,028
Prevention	3,383
Cooperation with National Societies	2,428
General	389
Total	60,419
<i>Of which: Overheads</i>	<i>3,606</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	92
Resident staff (daily workers not included)	430



ICRC delegation ICRC sub-delegation ICRC office

The boundaries, names and designations used in this report do not imply official endorsement nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	18
RCMs distributed	4
Phone calls facilitated between family members	2
Tracing cases closed positively (subject located or fate established)	59
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	50
Detainees in places of detention visited	27,004
<i>of whom visited and monitored individually</i>	373
Visits carried out	100
Restoring family links	
RCMs collected	25
RCMs distributed	10
Phone calls made to families to inform them of the whereabouts of a detained relative	226

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	62,400	201,175
Food production	Beneficiaries	19,527	44,273
Income support	Beneficiaries	10,239	13,879
Living conditions	Beneficiaries	102,820	395,155
Water and habitat			
Water and habitat activities	Beneficiaries	1,374,774	1,534,659
Health			
Health centres supported	Structures	15	58
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	30	28
Physical rehabilitation			
Projects supported	Projects	2	7
People benefiting from ICRC-supported projects	Aggregated monthly data	480	
Water and habitat			
Water and habitat activities	Beds	1,000	4,249

CONTEXT

Armed conflict continued in the Donetsk and Luhansk regions of eastern Ukraine. The Trilateral Contact Group on Ukraine – made up of representatives from Ukraine, the Russian Federation, and the Organization for Security and Co-operation in Europe, and established to resolve the conflict by diplomatic means – continued its discussions in Minsk, Belarus.

A trade blockade of areas not controlled by the Ukrainian government remained in force.

Communities along the line of contact – which separated areas controlled by the Ukrainian government from those not under its control – continued to be affected by the hostilities, and by mines and explosive remnants of war (ERW). Critical infrastructure, including water-supply networks, sometimes came under fire, resulting in regular interruptions in the delivery of basic services to tens of thousands of people. The conflict disrupted economic activity to such an extent that hundreds of thousands of people were unable to provide for themselves.

Passage across the line of contact remained restricted: people could use only five crossing points. Nearly a million civilians crossed the line of contact every month, often queuing for hours in harsh weather conditions.

Hundreds of people were still reported missing in connection with the conflict.

Civilians wounded in the hostilities, people suffering from chronic illnesses, and those living close to the line of contact were not always able to obtain suitable medical care, as many health facilities had been damaged and were short on supplies and qualified staff; insecurity and the trade blockade exacerbated the situation.

People were detained in connection with the conflict, on both sides of the line of contact.

ICRC ACTION AND RESULTS

The ICRC continued to address the needs of people affected by the armed conflict in eastern Ukraine, focusing on communities near the line of contact. In its dialogue with them, it reminded parties to the conflict of their obligation under IHL to protect civilians and to ensure their access to basic services. Communities were assisted to develop and implement measures for protecting themselves and dealing with stress from the effects of the fighting. Community workers were given psychosocial support, and training to provide such support for others.

The ICRC maintained its support for multidisciplinary efforts to address the issue of missing persons. It sought to enhance coordination among local actors involved in resolving missing-persons cases and assisting the families concerned. Advanced training for forensic experts was sponsored; morgues, the police, and teams recovering human remains received equipment and supplies. The ICRC updated its assessment of the needs of missing people's families, and trained local psychologists to give these families the support they needed.

The Ukrainian Red Cross Society and the ICRC continued to give livelihood assistance to people on both sides of the line of contact, while still addressing the need for emergency relief, which remained immense. Conflict-affected people received food, household and hygiene items, and cash or vouchers; civilians crossing the line of contact benefited from improved conditions at crossing points. Donations of agricultural equipment or livestock helped households grow food. Various National Society/ICRC initiatives enabled vulnerable people – including the families of detainees, and of people who were wounded or killed in the hostilities, or had gone missing – to preserve or increase their income.

As in past years, homes damaged in the fighting were repaired or rebuilt with ICRC assistance, and regional water companies were assisted to maintain the water supply for hundreds of thousands of people.

Health facilities along the line of contact continued to receive comprehensive support. Primary-health-care centres were given material assistance, including drugs, for treating chronic illnesses. Hospitals treating wounded people received surgical supplies, and additional materials for use in emergencies. Diabetics in areas not controlled by the Ukrainian government were given insulin; the ICRC also covered the cost of blood glucose tests for particularly vulnerable patients. The ICRC transferred anti-TB drugs across the line of contact, in coordination with the pertinent parties. Infrastructural repairs or upgrades were carried out at various facilities.

The ICRC's access to physical rehabilitation centres in areas not controlled by the Ukrainian government remained limited. Several projects received some support – for producing or repairing assistive devices and for hosting events promoting social inclusion of disabled people.

People detained in facilities under the authorities' supervision received ICRC visits; the ICRC discussed its findings and recommendations confidentially with the officials concerned. Detainees made use of the ICRC's family-links services, and benefited from initiatives to improve their living conditions and access to health care.

The ICRC remained without access to people being held in areas not controlled by the Ukrainian government.

The Ukrainian parliament adopted laws concerning missing people and weapon contamination; the ICRC had contributed to the drafting of both laws. The ICRC continued to provide expert counsel for the national IHL committee.

IHL teaching for armed forces and security forces personnel, in areas controlled by the Ukrainian government, continued. The Ukrainian military reissued its IHL manual after reviewing it, with the ICRC's assistance. The ICRC made reference materials on IHL available to local armed forces in areas not controlled by the Ukrainian government.

Aided by the ICRC, the Ukrainian Red Cross continued to expand its operational capacities and pursue organizational development. It coordinated its activities with Movement partners in Ukraine.

CIVILIANS

Dialogue with parties to the conflict

focuses on protection for civilians during hostilities

During its regular bilateral discussions with the parties to the conflict, the ICRC emphasized their obligation under IHL to protect civilians and civilian property and ensure access to basic services.

At ICRC workshops, people from communities along the line of contact discussed measures for protecting themselves and managing stress from the effects of the hostilities. The ICRC helped them implement these measures; for instance, in three communities, it helped to make repairs at community centres, donated sports equipment and organized holiday activities for schoolchildren. Some 340 community workers received psychosocial support, and training to provide such support to others; 35 people were trained to provide psychosocial support for victims of violence.

The Ukrainian Red Cross, aided by the ICRC, taught 3,386 people about measures to avoid the danger from mines and ERW. Emergency responders received ICRC training to manage blast injuries. The ICRC helped local teams to mark areas contaminated with mines and ERW. Efforts to address the threat posed by hazardous chemicals stored near the line of contact, however, made little progress.

Efforts to address the issue of missing people continue

People seeking relatives separated from them by conflict or other circumstances lodged tracing requests with the Ukrainian Red Cross and the ICRC; 59 people were located.

The ICRC emphasized the necessity of resolving missing-persons cases, and assisting the families concerned, in its bilateral discussions with the parties to the conflict and in three regional round-tables for government officials. It put together a working group to facilitate coordination among government agencies and other actors addressing the issue. Government personnel attended ICRC seminars on IHL provisions concerning missing people and their families.

The Ukrainian parliament adopted a law, drafted with the ICRC's aid, to address the issue of missing people. The law provided for the creation of a national coordination mechanism for tackling the issue and a central registry of missing-persons cases, and the provision of financial aid to the families concerned.

The ICRC's delegation in Ukraine hosted an international conference to discuss an integrated approach to the issue; participants, including government representatives, from 14 countries were present. People involved in the search for missing people in Ukraine – including government ministers, parliamentarians, judges, police officers and forensic professionals – also attended.

The ICRC sought to respond to the needs of missing people's families. However, it could begin to provide psychosocial support for the families only after it had updated its assessment of families' needs – last done in 2016 – and trained local psychologists; consequently, fewer families than planned were assisted. The ICRC presented a new report on families' needs to the authorities, other humanitarian agencies, and the families themselves.

By year's end, 63 families received psychosocial support from the ICRC, and six psychologists completed their training. The ICRC also arranged a meeting at which missing people's families from Ukraine and Georgia proper shared their experiences and comforted one another.

Missing people's families also received monthly income assistance (see below).

With ICRC support, local actors on both sides of the line of contact developed their ability to manage human remains in connection with the search for missing persons. Some 280 people – including forensic professionals and law enforcement officials – attended ICRC workshops; 22 forensic experts attended advanced courses abroad. Teams recovering human remains, the police in the cities of Donetsk and Luhansk/Lugansk, and 54 morgues on both sides of the line of contact received equipment and supplies.

Conflict-affected people meet their most pressing needs

People on both sides of the line of contact met their immediate needs with the help of the Ukrainian Red Cross and the ICRC. Plans for assistance were adjusted when needs were found to have changed or increased, or when implementing some activities proved to be difficult. For instance, more people than planned benefited from the provision of food and household/hygiene items, as there were more people living in public institutions than had been estimated, and more people used crossing points than had been foreseen.

The ICRC helped ensure that 201,175 people had adequate food. They included some 120,000 people waiting to cross the line of contact, who benefited from the provision of hot or cold drinks at rest areas run by the Ukrainian Red Cross; 78,539 people who received monthly food rations; 1,923 people who received cash; and 713 people living in public institutions – such as medical and psychiatric facilities, orphanages, and homes for the elderly – for whom the ICRC provided food in bulk and set up greenhouses.

Some 395,100 people received one or more forms of support for improving their living conditions. For example, at crossing points along the line of contact, the ICRC supplied material assistance for providing heating at rest areas and keeping them clean; this benefited roughly 257,000 people. Hygiene kits, fuel and other household items were supplied to some 93,400 people. Public institutions (nearly 30,000 beneficiaries) and individual households (some 2,900 beneficiaries) were provided with heating devices. Schools along the line of contact received equipment for their kitchens and emergency shelters,

benefiting some 9,500 people, and nearly 2,100 people whose homes had been damaged in the fighting received cash, vouchers or material assistance.

Conflict-affected people were also assisted in food-production activities. Provision of agricultural supplies and equipment – including greenhouses, solar panels and beehives – benefited 29,599 people (14,356 households). Another 14,674 people (6,626 households) received livestock and animal feed.

Various forms of support enabled some 13,800 people to preserve or increase their income. School kits for children were provided to 1,078 households (4,502 people); agricultural equipment or livestock, to 509 households (652 people); and cash grants for small businesses, to 169 households (253 people). The ICRC funded bus transport services for isolated communities and provided material assistance for postal services, benefiting 7,382 people. It also helped members of households whose breadwinners had been wounded or killed in the fighting: 161 people received food; 56 people received household/hygiene items; and 78 people received cash every month, or a one-time sum to cover funeral expenses. Missing people's families (435 people; 185 households) received monthly income assistance. The families of people currently detained in connection with the conflict, or newly released, also received cash; a total of 340 people benefited. The ICRC gave 19 people (16 households) financial assistance to rejoin their families.

In the Donetsk and Luhansk regions, on both sides of the line of contact, people were under constant threat of losing access to water and other utilities, as vital infrastructure fell into disrepair or was damaged owing to the hostilities. Regional water companies, which served people both in areas under the control of the Ukrainian government and in those not under its control, struggled with administrative and financial difficulties linked to the conflict, particularly the inability to collect payments. The ICRC provided the companies with water-treatment chemicals and equipment to maintain or repair infrastructure; sometimes it assisted in making repairs. All these efforts helped preserve or restore access to water for some 950,000 people. The ICRC proposed its services as a neutral intermediary to the parties; for example, it offered to arrange a financial and technical audit of the water company in Donetsk, to determine the sustainability of its operations. It continued to urge the parties to the conflict to create "protected zones" around essential civilian infrastructure close to the line of contact.

The ICRC supported infrastructure work at various public facilities. At 77 schools (15,001 beneficiaries) throughout eastern Ukraine, repairs were made, or materials were installed to protect students and personnel from the fighting. The renovation of 16 morgues improved working conditions for 175 forensic specialists. A total of 553,625 people benefited from the installation of water-supply and sanitation facilities at all five crossing points along the line of contact.

People whose homes had been damaged in the fighting also received help. Material assistance was given to 12,838 people for making provisional or more long-lasting repairs. The ICRC made repairs to the homes of 3,134 people, and completely rebuilt the homes of 61 others.

Primary-health-care centres and their satellite facilities along the line of contact – 58 centres in all – received equipment, furniture, and drugs for treating chronic illnesses. The ICRC covered the costs of a yearly test of average blood glucose levels for 1,756 diabetics in areas not controlled by the Ukrainian government, and sponsored refresher training for 165 health workers. The ICRC transferred anti-TB drugs across the line of contact three times, in coordination with the pertinent parties.

ICRC training helped Ukrainian Red Cross personnel to become more effective in providing emergency relief, livelihood assistance and family-links services (see above) for conflict-affected people.

PEOPLE DEPRIVED OF THEIR FREEDOM **Detainees on both sides of the line of contact** **stay in touch with their families**

The ICRC visited detainees in 50 facilities under government supervision, including one overseen by the security services; 373 detainees were followed up individually. Findings and recommendations were discussed confidentially with the officials concerned. A formal agreement with the authorities on prison visits remained pending.

The ICRC continued to seek access to people being held in areas not controlled by the Ukrainian government.

In coordination with the parties concerned, the ICRC relayed parcels or letters – from their families across the line of contact – to detainees both in areas controlled by the Ukrainian government and in those not under its control. Several people received financial assistance to visit their detained relatives.

People held in connection with the conflict **have better living conditions**

The ICRC helped the authorities improve living conditions at ten prisons collectively holding 11,005 people; nine of these were holding people in connection with the conflict. It installed a ventilation system at one prison, renovated kitchens at three, and repaired roofs at four others.

Refresher courses were organized for 60 health workers from these ten prisons, and a workshop on medical documentation for 40 officials. Pharmacies at two of the prisons, and the clinical laboratory at a third prison, were renovated; the laboratory was also fully equipped. Infirmaries at the three prisons also received medical equipment and supplies; some material assistance was provided to the seven other prisons through the authorities.

Hygiene items and other essentials – including clothes, blankets and insulated food containers – were donated to 16 prisons (13,914 detainees).

Senior prison officials from two regions attended ICRC training in prison management. The ICRC conducted seminars for prison personnel, on internationally recognized standards for detention, at a training room that it had built.

WOUNDED AND SICK

People with injuries or chronic illnesses have better access to care

The ICRC sought to improve access to treatment for people wounded in the hostilities, and those suffering from chronic illnesses. It made confidential representations to the pertinent parties about allegations that health-care delivery had been disrupted by violence.

The Ukrainian Red Cross, with ICRC support, trained some 800 people – including police officers, emergency responders and community members – in first aid, and organized a train-the-trainer workshop for 44 people.

Surgical supplies were provided to 28 hospitals; 9 hospitals also received equipment, and 13 others were given additional materials for use in emergencies. Health facilities in areas not controlled by the Ukrainian government received insulin for 11,300 diabetics, and blood-bank supplies. The ICRC trained 39 doctors from various hospitals in trauma management; after re-assessing training needs, it cancelled a seminar in war surgery.

Forty-five wounded people received one-off cash assistance.

The ICRC supported infrastructural repairs or upgrades at 37 health facilities (4,249 beds) along the line of contact: for instance, 14 facilities were provided with water tanks and 1 hospital blood bank with a generator; 8 facilities underwent extensive renovation.

The ICRC's access to physical rehabilitation centres in areas not controlled by the Ukrainian government remained limited; however, it provided some support for seven projects in Donetsk. For example, the centre in Donetsk received supplies and equipment for producing assistive devices, and an organization of disabled people repaired 60 wheelchairs after receiving spare parts. The ICRC helped this organization, and a sports centre, to host events to mark the International Day of Persons with Disabilities. The ICRC covered transportation costs for members of the organization, enabling them to travel to the physical rehabilitation centre, medical facilities and sports events.

ACTORS OF INFLUENCE

Issues of humanitarian concern are discussed with influential parties

The ICRC sought to broaden awareness of its humanitarian activities among communities near the line of contact. In Sieverodonetsk, for example, a network of 150 pharmacies displayed posters telling relatives of missing people how to reach the ICRC. Informational videos describing the ICRC's work, and providing hotline numbers, were shown at one crossing point along the line of contact. Stickers with key messages were pasted on packages of food or household/hygiene items distributed to people (see *Civilians*).

Conflict-affected people communicated their needs to the ICRC through hotlines, text messages and social-media channels. The ICRC brought their concerns to the attention of influential parties – including political and religious leaders, members of civil society, and journalists – through bilateral discussions and public events.

Armed forces and security forces personnel in areas controlled by the Ukrainian government attended ICRC courses in legal norms and international standards applicable to their duties. The ICRC provided reference materials, including a new instructional video, to enhance their training. The military reissued its IHL manual after reviewing it, with the ICRC's assistance.

In September, the Ukrainian armed forces and the ICRC hosted a conference on the protection of civilians and civilian infrastructure during armed conflict in urban areas. It was attended by military officers from five other countries.

Local armed forces in areas not controlled by the Ukrainian government received reference materials on IHL.

Ukraine adopts laws on missing people and on mines and ERW

The Ukrainian parliament adopted laws concerning missing people (see *Civilians*) and weapon contamination; the ICRC had contributed to the drafting of both laws. The ICRC provided expert counsel for the national IHL committee, and sponsored four committee members to visit their counterparts in Germany and discuss good practices.

Diplomats, parliamentary staff and other government personnel attended ICRC seminars on IHL. The national prosecutors' academy and the ICRC signed an agreement on IHL training. University students participated in IHL competitions, with ICRC support. The translation into Ukrainian of a reference on IHL was in progress.

The Ukrainian Red Cross received expert guidance to promote respect for the emblems protected under IHL and to conduct dissemination sessions on humanitarian principles.

RED CROSS AND RED CRESCENT MOVEMENT

The Ukrainian Red Cross continued to strengthen its operational capacities and pursue organizational development. Aided by the ICRC and other Movement partners, it sought to improve its fundraising ability and its procedures for ensuring transparency and accountability. It also hired new staff, recruited more volunteers and developed guidelines on volunteer management and development.

The ICRC trained National Society personnel in the Safer Access Framework: this included a workshop in operational security and risk management for the Sloviansk branch. The National Society continued to incorporate the framework in its policies and procedures.

Movement components in Ukraine coordinated their activities through regular meetings. The National Society, the International Federation and the ICRC signed an agreement setting up a Movement coordination mechanism for emergencies.

With the ICRC's assistance, the National Society established a committee to review its legal base.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	18			
RCMs distributed	4			
Phone calls facilitated between family members	2			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	145	22		
<i>including people for whom tracing requests were registered by another delegation</i>	4			
Tracing cases closed positively (subject located or fate established)	59			
<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)	740	40	1	6
<i>including people for whom tracing requests were registered by another delegation</i>	49			
Documents				
People to whom travel documents were issued	13			
People to whom official documents were delivered across borders/front lines	13			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	50			
Detainees in places of detention visited	27,004	1,068	114	
Visits carried out	100			
		Women	Girls	Boys
Detainees visited and monitored individually	373	22		1
<i>of whom newly registered</i>	184	12		1
RCMs and other means of family contact				
RCMs collected	25			
RCMs distributed	10			
Phone calls made to families to inform them of the whereabouts of a detained relative	226			
Detainees visited by their relatives with ICRC/National Society support	3			
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	201,175	84,592	36,624
	<i>of whom IDPs</i>	102,302	41,198	19,943
Food production	Beneficiaries	44,273	20,231	7,287
	<i>of whom IDPs</i>	2,402	1,104	339
Income support	Beneficiaries	13,879	4,247	5,740
	<i>of whom IDPs</i>	780	356	79
Living conditions	Beneficiaries	395,155	160,590	85,126
	<i>of whom IDPs</i>	164,930	67,354	31,841
Water and habitat				
Water and habitat activities	Beneficiaries	1,534,659	537,171	460,450
Health				
Health centres supported	Structures	58		
Average catchment population		294,556		
Consultations		847,748		
	<i>of which curative</i>	847,748	313,209	160,438
Referrals to a second level of care	Patients	18,493		
	<i>of whom gynaecological/obstetric cases</i>	1,676		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	13,914	842	90
Water and habitat				
Water and habitat activities	Beneficiaries	11,005	1,101	
Health				
Places of detention visited by health staff	Structures	9		
Health facilities supported in places of detention visited by health staff	Structures	3		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	28		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		1,694		
Weapon-wound admissions (surgical and non-surgical admissions)		9		
Weapon-wound surgeries performed		9		
First aid				
First-aid training				
	Sessions	65		
	Participants (aggregated monthly data)	867		
Water and habitat				
Water and habitat activities	Beds	4,249		
Physical rehabilitation				
Projects supported	Projects	7		

NEAR AND MIDDLE EAST

KEY RESULTS/CONSTRAINTS IN 2018

- The ICRC reminded parties to armed conflicts to fulfil their obligations under IHL to respect and protect civilians, including patients and medical workers, and ensure that they had access to essential services and humanitarian aid.
- Millions of people in total – including many from Iraq, the Syrian Arab Republic and Yemen – received food and essential household items or cash for purchasing them from the ICRC and/or pertinent National Societies.
- Nearly 28 million people gained or maintained access to water and other basic services through various ICRC initiatives, including repairs or renovations to infrastructure and material and other support to local service providers.
- Ill or injured people across the region received appropriate care at ICRC-supported facilities. In Gaza, the ICRC set up a surgical ward at the Shifa hospital, in response to the increased need for surgery and post-operative care.
- Detainees in several contexts received visits from the ICRC, which monitored their treatment and living conditions. Where necessary, prisons benefited from ICRC donations of essential supplies and upgrades to key facilities.
- Families dispersed by conflict, migration or detention reconnected through the Movement's family-links services. The fate of thousands of people missing in relation to past or current conflicts remained unknown, however.

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	6,821
RCMs distributed	7,271
Phone calls facilitated between family members	18,929
Tracing cases closed positively (subject located or fate established)	1,800
People reunited with their families	13
<i>of whom unaccompanied minors/separated children</i>	7
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	291
Detainees in places of detention visited	131,311
<i>of whom visited and monitored individually</i>	8,845
Visits carried out	1,134
Restoring family links	
RCMs collected	10,830
RCMs distributed	4,297
Phone calls made to families to inform them of the whereabouts of a detained relative	27,852

EXPENDITURE IN KCHF	
Protection	71,093
Assistance	416,140
Prevention	30,617
Cooperation with National Societies	23,910
General	3,176
Total	544,938
<i>Of which: Overheads</i>	<i>33,193</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	95%

PERSONNEL	
Mobile staff	566
Resident staff (daily workers not included)	2,950

ASSISTANCE		Total
CIVILIANS		
Economic security		
Food consumption	Beneficiaries	3,961,543
Food production	Beneficiaries	859,483
Income support	Beneficiaries	204,529
Living conditions	Beneficiaries	2,794,821
Capacity-building	Beneficiaries	86
Water and habitat		
Water and habitat activities	Beneficiaries	27,978,051
Health		
Health centres supported	Structures	101
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures	137
Physical rehabilitation		
Projects supported	Projects	36
People benefiting from ICRC-supported projects	Aggregated monthly data	138,060
Water and habitat		
Water and habitat activities	Beds	9,934

DELEGATIONS

Egypt
Iran, Islamic Republic of
Iraq
Israel and the Occupied Territories
Jordan

Kuwait (regional)
Lebanon
Syrian Arab Republic
Yemen

-  ICRC delegation
-  ICRC regional delegation
-  ICRC mission





Iraq, Sinjar Mountains, IDP camp. Some 2,000 families coped with winter with the help of cash grants – for purchasing blankets and other essential supplies – from the ICRC.

HUMANITARIAN NEEDS AND RESPONSES

In 2018, ICRC operations in the Middle East continued to focus on addressing the humanitarian consequences of ongoing armed conflicts and other situations of violence in the region. In the Syrian Arab Republic (hereafter Syria), the ICRC's work to protect and assist conflict-affected people remained one of its biggest undertakings: the organization maintained its region-oriented approach, helping alleviate the plight of people who remained in Syria and those who had fled to neighbouring countries such as Iraq, Jordan and Lebanon. As casualties of protest-related violence in Gaza rose, the ICRC scaled up some of its activities to support beleaguered health-care services. It launched a budget extension appeal in October to that end. Volatile conditions in large swaths of the region impeded the ICRC's humanitarian action to varying degrees. Specific challenges – such as the large number of armed groups in Syria, limited contact with certain parties to the conflict in Iraq, and security incidents which led the ICRC to reduce its staff and field movements in Yemen – hampered the implementation of some activities. The ICRC nevertheless remained committed to carrying out its work, especially where there were few humanitarian organizations or where needs were most acute.

The ICRC monitored the situation of vulnerable people, such as those affected by the Syrian crisis, returnees and IDPs in Iraq, and conflict-affected people in Yemen. When possible, it shared documented allegations of abuse with parties to conflicts and reminded them of their obligation to respect IHL, particularly by protecting civilians from hostilities and ensuring that they had access to essential services and humanitarian aid. Owing to such efforts, patients in Iraq gained access to some facilities previously occupied by weapon bearers. The ICRC also continued to engage in dialogue with authorities on protecting people who had fled violence in their home countries; for instance, it shared its position paper on returning Syrian refugees with the Jordanian, Lebanese and Syrian authorities. Following sustained exchanges between the ICRC and armed factions in Ein el-Helwe camp in Lebanon, the latter signed a document declaring their commitment to protect medical personnel and facilities in the event of armed violence.

The region's National Societies conducted their own activities effectively, partly thanks to ICRC support. Partnerships with them were crucial to reaching as many beneficiaries as possible. For example, the ICRC's relief distributions in Syria were conducted primarily with the Syrian Arab Red Crescent. In Yemen, the ICRC drew on the National Society's vast network of staff and volunteers to ensure continued implementation of its activities, when ICRC personnel were temporarily relocated to Djibouti.

Millions of people – many of them IDPs, residents and returnees in Iraq, Syria and Yemen – received urgently needed food and household essentials distributed by the ICRC, usually with National Societies; some received cash to purchase these basic goods. With ICRC support, collective kitchens and local bakeries in Syria and/or Yemen helped provide food to beneficiaries. More people than planned benefited from such emergency support in Syria, where the ICRC improved its proximity to conflict-affected communities, and in Iraq, where it filled gaps in assistance at IDP camps.

Impeded access to health care was one of the most life-threatening consequences of the widespread violence. When in contact with the parties concerned and other influential actors, the ICRC emphasized the need to safeguard patients and health services from abuse. With ICRC training, thousands of emergency responders – among them weapon bearers and National Society volunteers – bolstered their first-aid skills. Medical service providers in Egypt, Iraq and Jordan improved their readiness to respond to mass-casualty situations and other emergencies. With ICRC support, the Lebanese Red Cross provided emergency medical services for wounded people in Lebanon, and the Palestine Red Crescent Society delivered the same services throughout the occupied Palestinian territory.

People in need of hospital care, many of them weapon-wounded, were treated at facilities that maintained their services with the ICRC's help. In Gaza, the ICRC bolstered the provision of life-saving care at hospitals that admitted the largest influx of patients; it set up a surgical ward at the Shifa hospital, in response to the increased need for surgery and post-operative care. In Yemen, the ICRC supported more hospitals – including those near front lines – as emergency needs grew. In Iraq, injured people were referred for treatment to facilities provided with staff training, infrastructural upgrades and medical equipment. In Tripoli, Lebanon, an ICRC team continued to run the Weapon Traumatology and Training Centre, comprising a reconstructive surgery unit and a post-operative rehabilitation unit. People treated at the centre included patients from Iraq and Syria, and people wounded in relation to conflicts in Yemen. The ICRC conducted specialized workshops – for instance, in Gaza, on vascular surgery – to help boost local capacities to provide care.

Millions of people were able to access basic health care thanks to the ICRC's work. In Syria, people obtained preventive and curative health care at 28 fixed and mobile health clinics run by the National Society with support from the ICRC. Refugees and residents received similar care at ICRC-supported facilities along the Lebanese-Syrian border and in Palestinian camps in Lebanon. In the Islamic Republic of Iran, the ICRC and the National Society helped thousands of Afghan migrants and a number of vulnerable Iranians to obtain health-care services at a partner NGO's clinic and through home visits. To help make treatment for diabetics available, the ICRC supported haemodialysis centres in Syria and Yemen, and donated enough insulin for 70,000 people to the Yemeni health ministry.

The ICRC managed or supported physical rehabilitation centres in Iraq, Lebanon, Syria, Yemen and the Gaza Strip, to help ensure that physically disabled people – including those injured during protests in Gaza – had access to rehabilitative care. It also provided material assistance to one hospital in Jordan providing services for disabled people, and built a new centre in Mosul, Iraq. People availed themselves of physiotherapy and other services, and assistive devices, at these facilities. In parallel, the ICRC pursued efforts to mitigate the humanitarian consequences of weapon contamination in parts of the region. In the Islamic Republic of Iran, for instance, over 385,000 residents and migrants learnt to protect themselves against mines and explosive remnants of war (ERW) at dissemination sessions conducted by the National Society with ICRC support. In Iraq, the ICRC surveyed and helped clear weapon-contaminated areas. In Gaza, it coordinated the removal and destruction of ERW and helped brief civilians on the risks posed by mines/ERW.

Nearly 28 million people gained or maintained access to water and other basic services through various ICRC initiatives. In Syria, the ICRC worked on projects – in partnership with the authorities, local entities or the National Society – to help ensure a stable water supply and adequate living conditions for 17 million people countrywide; it distributed materials in larger quantities than anticipated. In Iraq, ICRC infrastructural renovations and donations of water-treatment supplies helped stabilize the water supply for about 3.4 million people in places where large-scale fighting had occurred or in underserved areas. In Yemen, roughly 5.1 million people had a stable supply of clean water and were less at risk of contracting cholera and other diseases, thanks to ICRC infrastructural support and capacity-building initiatives for service providers; support for two waste-water treatment plants benefited virtually the entire urban population in two governorates.

Where security and/or market conditions were relatively stable, the ICRC helped hundreds of thousands of internally displaced, vulnerable resident or returnee households gain a measure of self-sufficiency. In Syria, farmers grew more food with seed and/or other agricultural supplies from the ICRC. In Yemen, households had their livestock vaccinated and/or were given animal feed. In Iraq, farming households paid for ploughing services and agricultural supplies with cash from the ICRC, which enabled them to cultivate their fields. Vulnerable households – for example, those living near functional markets in Iraq and women-led Syrian households in Jordan – covered their basic expenses, paid for essential services and/or bolstered their earning capacities, with cash and/or training from the ICRC.

The ICRC visited detainees and other people deprived of their freedom in Bahrain, Iraq, Israel, Jordan, Kuwait, Lebanon, Qatar and Yemen, Syria and in the occupied Palestinian territory; however, visits and some other activities for detainees in Yemen were suspended for part of the year owing to the security situation. During visits, the ICRC monitored detainees' treatment and living conditions; it also helped foreign detainees to reconnect with their relatives and/or notify the UNHCR or

their consular representatives of their situation. The ICRC shared its findings confidentially with the authorities; discussions centred on respect for judicial guarantees and adherence to the principle of *non-refoulement*. Penitentiary authorities and/or staff – for instance, in Kuwait and Jordan – drew on ICRC support to improve prison management or detainees' access to health care. Inmates in some prisons benefited from ICRC donations of medical equipment and supplies, and/or upgrades to water, sanitation or other facilities.

Thousands of residents, IDPs, migrants and detainees contacted relatives through Movement family-links services. People sent RCMs and/or made phone or video calls to relatives detained either domestically or abroad; others – such as former detainees relocated in third countries and Palestinians detained in Israel – benefited from ICRC-facilitated family visits. People returned home or resettled in third countries with the help of ICRC travel documents. In several contexts, the ICRC acted as a neutral intermediary between the parties concerned to enable movements of people and official documents across borders, demarcation lines or front lines for humanitarian purposes.

The ICRC continued to help families obtain information on missing relatives. It resolved some 1,800 cases of missing persons across the region, but the fate of thousands of others missing in relation to past or current conflicts remained unknown. At the request of the families concerned, the ICRC submitted enquiries to the pertinent parties – for instance, in Syria – regarding people allegedly arrested or detained. With the ICRC acting as a neutral intermediary, the parties concerned pursued their work to ascertain the fate of people missing in connection with the 1980–1988 Iran–Iraq war and the 1990–1991 Gulf War. Joint excavations conducted by Iranian and Iraqi experts, with ICRC support, led to the recovery and repatriation of the remains of 461 people. The Israeli authorities acted on ICRC representations and returned the remains

of five Palestinians – reportedly killed during attacks on Israelis – to their families. However, no progress was made in clarifying the fate of people missing in connection with the 2014 hostilities, of Israelis missing in action or of Jordanians missing in Israel since the 1980s. The Lebanese parliament enacted a law – drafted with ICRC expertise – calling for the establishment of a mechanism for ascertaining the fate of people missing in relation to past conflicts. In addition, the ICRC helped strengthen forensic capacities in Egypt, Iraq, the Islamic Republic of Iran, Lebanon, Syria and Yemen.

The ICRC continued reaching out to government authorities, including national IHL committees, military and police forces, and civil society leaders, through dialogue, training and events, to broaden acceptance of humanitarian principles, IHL and the Movement. The regional delegation in Kuwait intensified its efforts to strengthen support among a broader range of stakeholders for IHL and for the ICRC's principled humanitarian work, particularly in Iraq, Syria and Yemen. The ICRC pursued its work with the League of Arab States, based in Cairo, Egypt, to promote IHL implementation in the country and other Arab States. Its dialogue with the Iranian authorities on IHL and humanitarian issues related to the conflicts in the region was reinforced by visits to their country by the ICRC president.

Jordan continued hosting the ICRC's logistical hub for operations in the region and beyond, and the main training centre for ICRC staff working in the Balkans, the Caucasus and the Middle East. The regional communication centre in Cairo supported ICRC efforts to promote IHL throughout the Arabic-speaking world. The ICRC maintained a logistics base in Salalah, Oman, to support its activities for conflict-affected people in Yemen. It opened an office in Riyadh, Saudi Arabia, with a view to strengthening relationships and networking with influential parties in the region.

PROTECTION MAIN FIGURES AND INDICATORS

NEAR AND MIDDLE EAST

	CIVILIANS														
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	Names published in the media	Names published on the ICRC family-links website	People reunited with their families	of whom UAMs/SC*	UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	People transferred/repatriated	Human remains transferred/repatriated	Tracing cases closed positively (subject located or fate established)	People to whom travel documents were issued	Places of detention visited	Detainees in places of detention visited	of whom women
Egypt	90	100	3,314	19		5					168	262			
Iran, Islamic Republic of	137	146	6	8		1	1	12		78	61				
Iraq	1,647	3,006	229					72		383	1,049	5	91	54,284	2,488
Israel and the Occupied Territories	597	852				6	6		3		56		111	14,933	222
Jordan	300	405	15,136								52	14	21	14,944	678
Kuwait (regional)	154	166	79								2	1	21	12,921	555
Lebanon	79	257									52	9	18	7,122	672
Syrian Arab Republic	1,698	809	8			1		20			239	37	14	19,576	301
Yemen	2,119	1,530	157						1	529	121	3	15	7,531	141
TOTAL	6,821	7,271	18,929	27		13	7	104	4	990	1,800	331	291	131,311	5,057

* Unaccompanied minors/separated children

PEOPLE DEPRIVED OF THEIR FREEDOM																	
<i>of whom minors</i>	Visits carried out	Detainees visited and monitored individually	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	Detainees newly registered	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	RCMs collected	RCMs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	Detainees released and transferred/ repatriated by/via the ICRC	People to whom a detention attestation was issued		
																	Egypt
															298		Iran, Islamic Republic of
4,261	312	2,581	714	39	245	1,192	156	36	130	5,806	2,441	22,973			220		Iraq
518	518	2,383	50	2	132	1,532	24	1	123	858	621	3,279	7,547		10,701		Israel and the Occupied Territories
83	58	1,202	209	1	8	924	197	1	7	366	101	255			15		Jordan
194	34	80	23		48	69	23		43	379	96	38		49	1,118		Kuwait (regional)
221	152	875	35	1	20	487	30	1	16	873	430	530			7		Lebanon
578	31	977	37	11	91	913	35	11	87	2,512	606	607			2		Syrian Arab Republic
175	29	747	5		19	599	5		18	36	2	170		3	25	Yemen	
6,030	1,134	8,845	1,073	54	563	5,716	470	50	424	10,830	4,297	27,852	7,547	52	12,386	TOTAL	

ASSISTANCE MAIN FIGURES AND INDICATORS

NEAR AND MIDDLE EAST

	CIVILIANS									PEOPLE DEPRIVED OF THEIR FREEDOM			
	ECONOMIC SECURITY					WATER AND HABITAT	HEALTH			ECONOMIC SECURITY		WATER AND HABITAT	HEALTH
	BENEFICIARIES									BENEFICIARIES			
	Food consumption	Food production	Income support	Living conditions	Capacity-building	Beneficiaries of water and habitat activities	Health centres supported	Consultations	Immunizations (patients)	Food consumption	Living conditions	Water and habitat activities	Health facilities supported in places of detention visited by health staff
Egypt	46,216		64	1,909									
Iran, Islamic Republic of							1	7,715	2,470				
Iraq	347,340	81,113	124,476	275,340	71	3,403,975	28	359,681	386,452		60,745	10,135	14
Israel and the Occupied Territories			12,050	1,168		1,432,007					19,527	1,611	2
Jordan	22,315		8,691	22,310		198,146					1,408		7
Lebanon	13,235		9,284	1,410		88,283	12	160,702	5,888		10,008	4,145	3
Syrian Arab Republic	2,799,967	194,980	4,900	2,280,554	15	17,746,570	28	137,001			20,535	5,505	3
Yemen	732,470	583,390	45,064	212,130		5,109,070	32	630,728	280,858	1,200	15,304	5,223	3
TOTAL	3,961,543	859,483	204,529	2,794,821	86	27,978,051	101	1,295,827	675,668	1,200	127,527	26,619	32
of whom women	1,229,797	336,747	64,886	877,668	28	8,295,898				120	10,199	858	
of whom children	1,593,414	326,097	89,665	1,105,464		11,367,981				60	6,685	140	
of whom IDPs	2,930,784	53,239	64,405	2,187,863	1	5,860,299							

1. Based on monthly aggregated data.

WOUNDED AND SICK													
FIRST AID		HOSPITALS					PHYSICAL REHABILITATION						
		HOSPITALS SUPPORTED	SERVICES AT HOSPITALS MONITORED BY ICRC STAFF										
			SURGICAL ADMISSIONS										
Training sessions	Participants of training sessions¹	Hospitals supported	including hospitals reinforced with or monitored by ICRC staff	Weapon-wound admissions	Non-weapon-wound admissions	Operations performed	Projects supported	People benefiting from ICRC-supported projects¹	New patients fitted with prostheses	Prostheses delivered	New patients fitted with orthoses	Orthoses delivered	
22	545												Egypt
							1	199	5	6	50	50	Iran, Islamic Republic of
432	9,260	26	2	359	2,521	3,149	16	39,418	1,375	2,725	9,305	17,997	Iraq
		10	8	7,843	150,690	41,656	2	3,344	77	193	1,235	1,685	Israel and the Occupied Territories
18	409	7					2	101	49	49	3	3	Jordan
20	455	19	8	614	2,298	2,862	4	1,414	157	206	421	744	Lebanon
59	1,864	32					2	5,328	738	921	204	270	Syrian Arab Republic
14	280	42	13	14,774	40,167	57,923	9	88,256	801	1,034	11,902	23,559	Yemen
565	12,813	137	31	23,590	195,676	105,590	36	138,060	3,202	5,134	23,120	44,308	TOTAL
								24,245	525	771	3,719	6,801	of whom women
								57,827	408	668	14,267	28,231	of whom children

EGYPT

COVERING: Egypt, League of Arab States

The ICRC has been in Egypt, with some interruptions, since the beginning of the First World War. It works with the Egyptian Red Crescent Society and other health-care providers or institutions to help them boost their preparedness to address needs arising from situations of violence; as necessary, it provides aid to people fleeing violence abroad. It seeks to visit people detained in Egypt. The ICRC's regional legal advisory, communication and documentation centre works with the League of Arab States and other ICRC delegations to promote the incorporation of IHL in domestic legislation, military training and academic curricula throughout the Arab world.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM



ICRC delegation

The boundaries, names and designations used in this report do not imply official endorsement nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2018

- People displaced by the violence in Sinai met some of their essential needs with ICRC aid – which was distributed by the Egyptian Red Crescent Society, as the area was inaccessible to the ICRC owing to various restrictions.
- Members of families separated by conflict, detention or migration kept in touch through Movement family-links services. An ICRC-backed NGO provided assistance and psychosocial care to migrant unaccompanied minors.
- In Sinai, security and other constraints occasionally strained the delivery of health care. However, the ICRC managed to train health workers in providing first aid and emergency-room and surgical care to people injured by violence.
- The ICRC continued to discuss with the authorities the possibility of supporting them in addressing the needs of detainees and people affected by the situation in Sinai. Despite these efforts, it remained without access to both groups.
- Military instructors were trained to teach IHL at ICRC courses. Officials from the military and security forces learnt more about IHL and other applicable norms, and international policing standards, at ICRC training sessions.

EXPENDITURE IN KCHF

Protection	664
Assistance	2,272
Prevention	983
Cooperation with National Societies	306
General	55
Total	4,280
<i>Of which: Overheads</i>	<i>261</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	11
Resident staff (daily workers not included)	55

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	90
RCMs distributed	100
Phone calls facilitated between family members	3,314
Tracing cases closed positively (subject located or fate established)	172
People reunited with their families	17
<i>of whom unaccompanied minors/separated children</i>	<i>12</i>

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	25,800	46,216
Income support	Beneficiaries	150	64
Living conditions	Beneficiaries	25,800	1,909
Capacity-building	Beneficiaries	9	

CONTEXT

Egyptian government forces continued their campaign against armed groups in Sinai, which has been under a state of emergency since 2014; a large-scale military operation was launched in February, and fighting subsequently hampered people's access to basic goods and services. Arrests, displacement and casualties were reported; the safety of medical personnel was said to have come under threat. Security and other constraints prevented most humanitarian groups and international organizations from assisting the people affected.

Elsewhere in Egypt, attacks and bombings, and other violence, wounded or killed several dozens of people. Security forces stepped up their law enforcement operations in response.

Armed conflict and other situations of violence in neighbouring countries continued to have an impact on Egypt. Thousands of migrants, including asylum seekers and refugees, continued to pass through the country or remain there; unaccompanied minors – especially migrant girls – were at particular risk of abuse or exploitation, including sexual violence, and deaths along the migration route were not uncommon. There were reports of migrants being arrested for allegedly crossing into Egypt unlawfully.

Cairo, the capital, hosted the headquarters of the Arab Inter-parliamentary Union (AIPU) and the League of Arab States (LAS). Egypt had a non-permanent seat on the UN Security Council (2016–2017), and a seat with a three-year term (2016–2019) on the UN Human Rights Council.

ICRC ACTION AND RESULTS

The ICRC worked to address humanitarian needs in Egypt, despite various constraints that limited its access to certain areas. It partnered with the Egyptian Red Crescent Society to assist people in need, especially in Sinai, which was accessible to the National Society.

Egyptians and migrants, including refugees and asylum seekers, used the Movement's family-links services to re-establish or maintain contact with relatives separated from them. The ICRC supported the National Society and local forensic institutions in developing their ability to manage human remains during emergencies. Unaccompanied minors, especially migrant girls and other particularly vulnerable children, met their basic needs and received psychosocial support through a partnership between the ICRC and St. Andrew's Refugee Services (StARS).

Despite security and other constraints which sometimes hampered the delivery of health services in Sinai, the ICRC backed Egyptian health-care providers and institutions in responding to emergencies and helped them become more capable of ensuring access to adequate and timely medical care. It conducted training sessions and other drills, for various first responders, on first aid and emergency care during mass-casualty incidents; it also provided support for

the National Society's emergency action teams. Hospital staff – such as military doctors and nurses – were able to expand their capacities in emergency-room trauma management and war surgery, through ICRC courses. At dissemination sessions and meetings, and during training, the ICRC reminded participants – military and security forces personnel, health-care staff and first responders – of the protection due to those seeking or providing medical care.

Military and security forces personnel advanced their understanding of IHL and other pertinent norms, and international policing standards, through ICRC information sessions and training. At courses in Egypt and elsewhere, organized or supported by the ICRC, senior military officers broadened their understanding of IHL provisions pertinent to their duties. The ICRC worked with the LAS to promote IHL implementation in Egypt and other Arab States. Government officials, including diplomats and judges, and academics learnt more about IHL and its implementation in domestic legislation at courses in Egypt and abroad. The ICRC also used these occasions to: inform relevant actors of its activities and role in situations of violence; broaden awareness of the potential contribution it could make in addressing the needs of migrants and detainees; and draw attention to issues of humanitarian concern.

The regional communication centre in Cairo supported the ICRC's efforts to promote IHL throughout the Arabic-speaking world, by producing printed and audiovisual materials and updating the ICRC's Arabic-language online platforms.

CIVILIANS

The ICRC discussed a number of subjects with Egyptian authorities and weapon bearers: its role in situations of violence; how it could help them address the needs of violence-affected people, particularly those in Sinai; and respecting IHL and other relevant norms (see *Actors of influence*).

People meet some of their basic needs with ICRC aid

Almost 44,320 people (8,000 households) affected by the situation in Sinai received ICRC aid, which was distributed by the Egyptian Red Crescent; they were given food parcels in January, as part of a relief distribution activity that was carried over from the previous year. Another round of these distributions was to have taken place by year's end; however, owing to various logistical obstacles, this was put off until the beginning of January 2019. The ICRC helped National Society staff develop their ability to conduct activities related to economic-security initiatives.

Unaccompanied minors – including migrant girls, new arrivals and other vulnerable minors – obtained assistance from StARS. On a monthly basis, 1,897 of them received both food parcels and hygiene kits; particularly vulnerable children – such as some male minors – also received one-off assistance, including blankets or sleeping bags. Beginning December, some unaccompanied youth were given support for obtaining post-natal care. Hundreds of unaccompanied minors obtained psychosocial support and additional information on the mental-health services available to them. StARS personnel

were not able to undergo on-the-job training to bolster their capacities in assisting unaccompanied minors; instead, the ICRC provided StARS with financial, material and technical support for carrying out the activities mentioned above.

StARS and the ICRC launched an initiative in September, through which unaccompanied youth over the age of 18 years were given financial and technical assistance to earn an income and become more self-sufficient. Five small business owners and five unaccompanied youth over the age of 18 (supporting a total of 10 households) underwent vocational training for running small businesses or pursuing other income-generating activities; another 15 unaccompanied youth over the age of 18, and five small business owners supporting 25 people, obtained cash for finding work through employment agencies or for enhancing their small businesses.

Three Egyptian nationals formerly detained at the US detention facility at Guantanamo Bay Naval Station in Cuba were given vouchers to help them, and their families, cover their essential needs.

Members of families separated by migration or violence restore or maintain contact

Egyptians, migrants – including refugees and asylum-seekers – and people with relatives detained abroad, used the Movement's family-links services to restore or maintain contact with relatives separated from them by violence, detention, migration or other circumstances. Migrants made 3,314 phone calls to family members overseas; 344 of these calls were made for the benefit of unaccompanied and separated minors. Ninety RCMs were collected and 100 were distributed, and 11 short oral messages were delivered. People continued to use tracing services to report that their relatives were missing or detained; some of these cases were followed-up with the relevant authorities. Together with StARS, the ICRC helped bolster the provision of family-links and tracing services at community centres, by equipping these with laptops and paying for internet services.

In December, the ICRC – together with the Egyptian Red Crescent and the Libyan Red Crescent, and in coordination with the pertinent authorities – helped repatriate 12 Egyptian minors from Libya, to reunite them with their families (see *Libya*). These minors were also given essential household items, to help ease their living conditions.

Migrants and other potential beneficiaries, and influential actors, broadened their awareness of the available family-links services through dissemination sessions, leaflets and other communication materials produced by the ICRC (see also *Actors of influence*). ICRC training helped National Society personnel to develop their capacities in providing family-links services.

Emergency responders develop their ability to manage human remains

The ICRC provided the authorities, local forensic institutions and first responders with material and technical support for the management and future identification of the remains of

people who died during migration or violence. It conducted briefings and workshops – on managing and identifying human remains – for forensic professionals from the Egyptian Forensic Medicine Authority (EFMA), Cairo University, the Military Medical Academy, the National Society and elsewhere; the ICRC sponsored some of them to attend training courses and other events on the topic abroad. It gave the EFMA a DNA amplification kit; the Egyptian Ambulance Organization (EAO) was given 150 body bags for use in the event of an emergency.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC continued to monitor detainees' situation through information collected from pertinent organizations and government agencies, as it did not have direct access to detainees. In its dialogue with the authorities, the ICRC endeavoured to build acceptance for its experience and expertise in detention-related work; this was done with a view to gaining access to places of detention in order to carry out humanitarian activities for detainees, and to potentially contributing to the authorities' efforts of ensuring that detainees' living conditions and treatment meet internationally recognized standards. Dialogue was maintained with pertinent stakeholders, such as the National Council for Human Rights, on the humanitarian situation in prisons and other related issues of concern.

During ICRC-organized training sessions on IHL and international human rights law, officials in the interior ministry were briefed on international law enforcement standards, such as those for arrests and detention (see also *Actors of influence*).

WOUNDED AND SICK

The ICRC continued to back first responders and local health institutions, including those working in Sinai and the surrounding governorates, in the provision of casualty care, from first aid to advanced hospital care; this helped to ensure that people injured during situations of violence received appropriate and timely medical care. Administrative obstacles prevented the ICRC from carrying out certain activities with the EAO: providing mental-health and psychosocial support, facilitating referrals for those in need of additional care, and helping to revise the EAO's guidelines and working procedures.

ICRC training helped health workers to further their understanding of the protection due to people seeking or providing medical care (see below); military and security forces personnel learnt more about this subject at ICRC briefings and other events (see *Actors of influence*).

Emergency responders become more capable of providing first aid

Egyptian health personnel – with ICRC support – continued to provide pre-hospital care to wounded people, particularly during mass-casualty incidents. Through ICRC sessions, over 500 first responders from the medical services of the Egyptian Armed Forces (EAF), the Military Medical Academy, the interior ministry and the National Society expanded their capacities in emergency response.

Doctors from the EAF's medical services – the main provider of health care in Sinai during the military operation in progress – learnt how to conduct first-aid courses through ICRC train-the-trainer sessions, and later trained soldiers in first aid; an ICRC mass-casualty drill, covering both pre-hospital and hospital care, was conducted for officers and military doctors and nurses. Instructors from the Military Medical Academy and police officers from the interior ministry attended ICRC courses in first aid.

The National Society – one of the only humanitarian organizations with access to people in need in Sinai – and the ICRC organized refresher courses in first aid for experienced volunteers, and conducted first-aid training for ten new National Society emergency action teams; participants also discussed the mental-health and psychosocial needs of violence-affected people, particularly those in Sinai, and how to address these. The ICRC donated wound-dressing kits to the National Society for use in emergencies.

Medical professionals reinforce their skills through ICRC courses

Hospital staff – with ICRC support – provided good-quality emergency-room and surgical care to people injured during situations of violence.

ICRC courses enabled 39 military doctors and nurses from the EAF's medical services, and 24 doctors from the interior ministry, to advance their knowledge in emergency-room trauma care; 10 instructors at the Military Medical Academy attended an ICRC train-the-trainer course on the subject. Twenty-six doctors attended a course in war surgery organized by the ICRC in coordination with the interior ministry's medical services.

At the Military Medical Academy, 21 surgeons, including two from South Sudan and two from Tanzania, learnt more about war surgery through an ICRC module implemented together with the EAF's medical services; information sessions promoted the module to 168 cadets.

ACTORS OF INFLUENCE

Government officials, State weapon bearers and other pertinent actors familiarized themselves with the Movement's neutral, impartial and independent action at ICRC events – at which the ICRC clarified its role in situations of violence; described the added value of its work, including the Movement's family-links and tracing services; and helped stakeholders to identify areas of common interest.

The ICRC discussed with the authorities the ways in which it could help them address the needs of detainees, migrants and violence-affected people. Together with the National Society, it established a dialogue with the EAF and the foreign ministry on a consolidated, principled humanitarian response by the ICRC and the National Society to the situation in Sinai (see *Red Cross and Red Crescent Movement*).

Weapon bearers learn more about standards applicable to their duties

Armed forces and security forces personnel furthered their understanding of IHL and other relevant norms, particularly those applicable to the conduct of hostilities and the use of force, at ICRC training sessions, some of which were held at regional military command centres. The ICRC conducted three IHL training sessions in Egypt for Libyan military officers (see *Libya*).

Aided by the ICRC, the EAF incorporated IHL more fully in its training. Military instructors enhanced their ability to teach IHL at train-the-trainer courses. The military also included IHL principles in its teaching guidelines, and military training centres received IHL manuals, which helped the EAF to further integrate IHL into its doctrine and training. The ICRC sponsored senior military officers to attend advanced IHL courses in San Remo, Italy, and in the United Arab Emirates (see *International law and policy*).

The ICRC and the interior ministry continued to discuss incorporating international policing standards in the security forces' doctrine, training and operations, through courses for officers on the interplay between IHL and international human rights law.

Authorities and legal experts discuss IHL implementation

The ICRC continued to work with the LAS to promote IHL and its implementation among Arab States. In September, IHL experts from LAS Member States attended a regional meeting in Egypt – organized by the ICRC with the LAS and the national IHL committee – and discussed best practices in IHL implementation. They also discussed other pressing issues – ascertaining the fate of missing people and addressing their families' needs, and safeguarding the provision of medical care – and the ICRC's work in the region. The ICRC sponsored representatives from LAS Member States, including military personnel, to attend IHL training in Egypt. At a regional train-the-trainer's course held in Rabat (see *Morocco*), organized by the LAS and the ICRC, influential Egyptian stakeholders learnt about teaching IHL.

The national IHL committee and the ICRC continued to provide the Egyptian authorities with expert assistance in implementing IHL.

Key members of civil society strengthen their grasp of IHL

The ICRC drew on Egypt's regional influence to spread knowledge of IHL and promote respect for it in the Arabophone world. It produced written and audiovisual materials in Arabic, which it posted on its website and disseminated through social media; it also organized events to mark World Red Cross and Red Crescent Day (8 May). With ICRC support, the National Society conducted a workshop for media representatives – who have a long reach in the country – on accurate and impartial reporting during times of armed conflict and situations of violence; its staff also strengthened its capacities in public communication through ICRC training.

The ICRC sponsored judges and professors to attend regional IHL courses in Beirut (see *Lebanon*) and Tunis (see *Tunis*). Students and professors from eight universities participated in a national moot court competition. The ICRC maintained its dialogue with Islamic scholars, including academics from Al-Azhar University, on the points of correspondence between IHL and Islamic jurisprudence.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC worked closely with the National Society in responding to the immediate needs of violence-affected people (see *Civilians*). Following the National Society's distribution of ICRC aid to people affected in Sinai, the ICRC organised a workshop with its volunteers to further assess these people's needs. The National Society and the ICRC then agreed on a set of short and mid-term activities for responding to the needs in Sinai, and engaged in dialogue on this with the pertinent authorities (see *Actors of influence*).

ICRC training helped the National Society build its operational capacities; it also sponsored National Society personnel to attend courses abroad, particularly in human-remains management and first aid (see *Civilians*, *Wounded and sick* and *Actors of influence*). The ICRC delegation in Egypt donated wound-dressing kits to the Palestine Red Crescent Society amid the deteriorating situation in the Gaza Strip (see *Israel and the Occupied Territories*).

Whenever possible, the ICRC worked with other Movement partners and coordinated its activities with those of other organizations.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	90			
RCMs distributed	100			
Phone calls facilitated between family members	3,314			
Names published in the media	19			
Reunifications, transfers and repatriations				
People reunited with their families	17			
<i>including people registered by another delegation</i>	12			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	539	142	113	100
<i>including people for whom tracing requests were registered by another delegation</i>	6			
Tracing cases closed positively (subject located or fate established)	172			
<i>including people for whom tracing requests were registered by another delegation</i>	4			
Tracing cases still being handled at the end of the reporting period (people)	1,023	232	173	203
<i>including people for whom tracing requests were registered by another delegation</i>	48			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC reunited with their families by the ICRC/National Society	12	7		
<i>including UAMs/SC registered by another delegation</i>	12			
Documents				
People to whom travel documents were issued	262			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	46,216	17,727	12,977
	<i>of whom IDPs</i>	44,319	17,727	11,080
Income support	Beneficiaries	64	38	9
Living conditions	Beneficiaries	1,909		1,909
WOUNDED AND SICK				
First aid				
First-aid training				
	Sessions	22		
	Participants (aggregated monthly data)	545		

IRAN, ISLAMIC REPUBLIC OF

The ICRC has been in the Islamic Republic of Iran, with some interruptions, since 1977. It seeks to clarify the fate of POWs registered during the Iran–Iraq war or identified through RCMs. It works in partnership with the Red Crescent Society of the Islamic Republic of Iran in the fields of tracing, physical rehabilitation, international relief efforts and IHL promotion, for which the national IHL committee is also an important partner. It is engaged in dialogue on IHL and Islam. The ICRC supports mine-risk education and access to health care for Afghan migrants.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- Iranian and Iraqi authorities, with ICRC support, recovered the remains of people missing in relation to past conflict. Training for social workers assisting missing people's families was suspended owing to various challenges.
- Hundreds of thousands of vulnerable people learnt how to protect themselves around mines and explosive remnants of war, through awareness-raising activities supported by the ICRC.
- Vulnerable migrants, and residents, in Mashhad received health-care services, including physical rehabilitation and psychosocial support, through an ICRC-supported project run by a local NGO and the National Society.
- Afghan migrants learnt about preventing loss of family contact along the migratory route – and getting back in touch with relatives, when necessary – after tracing and other family-links services were extended to Mashhad.
- The ICRC president's visits to the country reinforced dialogue with the authorities on IHL and humanitarian issues related to conflicts in the region.

EXPENDITURE IN KCHF

Protection	1,562
Assistance	1,244
Prevention	1,649
Cooperation with National Societies	457
General	89
Total	5,000
<i>Of which: Overheads</i>	<i>305</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	84%
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PERSONNEL

Mobile staff	6
Resident staff (daily workers not included)	44



PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	137
RCMs distributed	146
Phone calls facilitated between family members	6
Tracing cases closed positively (subject located or fate established)	62
People reunited with their families	1
<i>of whom unaccompanied minors/separated children</i>	<i>1</i>

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Health			
Health centres supported	Structures	2	1
WOUNDED AND SICK			
Physical rehabilitation			
Projects supported	Projects		1
People benefiting from ICRC-supported projects	Aggregated monthly data		199

CONTEXT

Thousands of families in the Islamic Republic of Iran remained without news of relatives missing in connection with the 1980–1988 Iran–Iraq war. People in provinces bordering Iraq continued to be at risk from mines and explosive remnants of war (ERW), despite the mine-clearance operations being undertaken by local actors.

According to UNHCR estimates, there were around 3 million migrants, including refugees, in the Islamic Republic of Iran. Some of them were passing through the country, usually on their way to Europe; and some others – risking injury or death from mines and ERW – attempted to return to Afghanistan. Most of them were irregular migrants, and therefore had little or no access to basic services, which was a major concern for Afghans settled in the suburbs of the north-eastern city of Mashhad.

Many people were unable to contact relatives from whom they had become separated as a result of armed conflict or other situations of violence, migration, detention or other circumstances.

The Islamic Republic of Iran closely followed security-related developments and the humanitarian situation in the region and beyond, especially in Afghanistan, Iraq, Pakistan, the Syrian Arab Republic, and Yemen.

Situated in one of the world's most active seismic belts, the Islamic Republic of Iran continued to be prone to earthquakes.

ICRC ACTION AND RESULTS

The ICRC continued to work closely with the Red Crescent Society of the Islamic Republic of Iran, particularly in such areas as: restoring family-links; making health-care services available for vulnerable people; raising mine-risk awareness; and promoting IHL and humanitarian principles. The National Society benefited from capacity-building support from the ICRC – for instance, to develop its emergency response capacities; it signed a new partnership agreement with the ICRC in March.

Engagement with the Iranian authorities, on IHL and on the ICRC's neutral, impartial and independent humanitarian action, was sustained: the ICRC sought the authorities' cooperation in addressing issues of humanitarian concern in the region, particularly in countries where the Islamic Republic of Iran was influential. This was reinforced by two visits to the country – in March and October – by the ICRC's president. Dialogue on the points of correspondence between Islamic jurisprudence and IHL remained at a standstill, owing to the closure in late 2017 of the Centre for Comparative Studies on Islam and IHL in Qom (Qom Centre). Nevertheless, the ICRC continued to foster awareness of IHL among academics and other members of civil society – for example, by sponsoring their participation in seminars, conferences and moot court competitions within the country and elsewhere.

The ICRC maintained its support for the Iranian and Iraqi governments in ascertaining the fate of people missing in connection with the 1980–1988 Iran–Iraq war; it chaired both the tripartite committee on missing persons and the committee's joint working group. The working group's efforts led to the recovery of hundreds of sets of remains; the ICRC served as a neutral intermediary in the handover of remains from one country to the other. Forensic experts from the two countries and the ICRC discussed various issues related to retrieving and identifying human remains; the experts also agreed to exchange working procedures. Local forensic actors benefited from the ICRC's expertise.

With ICRC support, the National Society and local actors such as the Iranian Mine Action Centre (IRMAC) and the State Welfare Organization (SWO) broadened awareness of the dangers posed by mines and ERW; these parties also agreed to establish a national secretariat for mine-risk education. Vulnerable people living in or passing through weapon-contaminated areas – Iranian residents of western provinces and Afghan migrants returning home – learnt safe practices in the vicinity of mines and ERW. IRMAC, which coordinated mine action in the country, continued to develop its capacities with the ICRC's help. However, the authorities suspended the SWO's year-old partnership with the ICRC.

Because of various logistical obstacles, the ICRC also suspended psychosocial support and training for social workers at the Foundation for Martyrs and Veterans Affairs (Martyrs Foundation).

The Movement's family-links services enabled migrants in the country – particularly Afghans – to restore contact with their families, and Iranians to do so with relatives detained abroad. The ICRC maintained technical and financial support for a project in Mashhad that was run jointly by the Society for Recovery Support (SRS) and the National Society. Through this project, thousands of migrants, and some vulnerable residents, obtained health-care services – including physical rehabilitation and psychosocial and harm-reduction support – and learnt how to maintain good hygiene and safeguard their health.

The National Society and the ICRC organized a training course – in handling mass-casualty situations – for health workers and humanitarian personnel. With the ICRC's help, National Society personnel learnt more about the goals of the Health Care in Danger initiative.

CIVILIANS

Joint Iranian–Iraqi efforts lead to the recovery and transfer of missing people's remains

The Iranian and Iraqi governments sustained their joint efforts to clarify the fate of people missing in connection with the 1980–1988 Iran–Iraq war. As per agreements concluded with these governments, the ICRC continued to chair both the tripartite committee on missing persons, which tackled broader, structural issues, and its joint working group, which dealt with forensics and other technical matters. At a meeting in July, forensic experts from the two countries and the ICRC

discussed issues related to retrieving and identifying human remains; the experts agreed to exchange working procedures, with a view to building up each other's forensic capacities.

The working group facilitated excavations of human remains in southern Iraq and the Iraqi Kurdistan region. The ICRC acted as a neutral intermediary in transferring the remains of 383 people to the Iranian authorities (see *Iraq*), and those of 78 people, exhumed from Iranian sites, to the Iraqi authorities.

The ICRC continued to offer technical support to local forensic personnel for managing human remains in line with best practices and internationally accepted standards for data protection. The Search and Recovery Committee, the Iranian institution in charge of exhumations on Iraqi soil, was given expert advice on the use of mechanical excavators. To improve genetic analysis – for forensic identification – at a local research facility, the ICRC shared recommendations drawn from a study it had commissioned on the procedures followed by the facility; it also provided the facility with reference materials on human remains management. A member of the facility's staff attended a meeting organized by the ICRC in March and exchanged best practices in forensic medicine with regional counterparts (see *Kuwait*); logistical constraints prevented a forensic expert from the Legal Medicine Organization from attending this meeting. Family-links focal points from the National Society learnt more about managing human remains at a training session facilitated by the ICRC.

Dialogue with the Iranian authorities on the necessity of clarifying the fate of missing people, and on preventing disappearances – including of migrants – continued; the ICRC shared a concept note on these subjects with the authorities. The National Society and the ICRC marked the 30th anniversary of the end of the Iran–Iraq war with an art exhibition in October that also commemorated the repatriation of POWs from that war.

The National Society and the ICRC had previously provided support – through train-the-trainer initiatives – to social workers at the Martyrs Foundation, which ran psychosocial support services for missing people's families. However, this was suspended until further notice because of various logistical impediments.

Migrants and other vulnerable people reconnect with their families

Migrants from Afghanistan and other countries who were staying in or passing through the Islamic Republic of Iran restored or maintained contact with relatives through RCMs and other family-links services provided by the National Society and the ICRC. Roughly 60 tracing cases were resolved, some of them through the ICRC's "Trace the Face" service (see *Paris*). With ICRC support, an Afghan child was reunited with relatives abroad.

Family-links services – particularly tracing – were also extended to vulnerable Afghan migrants living in the suburbs of Mashhad. Together with the National Society and the SRS, a local NGO, the ICRC helped more than 700 Afghan migrants

learn how to prevent loss of family contact along the migratory route; at information sessions facilitated by the ICRC, they also learnt about the family-links services available to them. National Society and SRS personnel were trained by the ICRC to provide family-links services, particularly during emergencies associated with disasters or migration.

Iranians detained abroad, including at the US detention facility at Guantanamo Bay Naval Station in Cuba, connected with their relatives at home through family-links services such as RCMs and ICRC-facilitated video calls. No notifications or repatriations of Iranians detained or stranded abroad took place during the reporting period.

Vulnerable residents and Afghan migrants in Mashhad meet their health-care needs

An ICRC-supported project run by the National Society and the SRS enabled thousands of Afghan migrants and some vulnerable Iranians in Mashhad to obtain health-care services at an SRS clinic and through home visits. Some 7,700 community members benefited from curative consultations with a general practitioner, and at least 2,400 people were immunized. Around 4,400 people were referred for specialized diagnosis and care, including at a National Society-run centre where 199 people¹ received physical-rehabilitation services.

Through information sessions and training organized by the National Society and the ICRC, thousands of people, including women and children, learnt more about: good hygiene, nutrition and health practices; practical life skills; maternal-health care; prevention of HIV and hepatitis; and mental health.

Hundreds of vulnerable community members obtained psychosocial support – for instance, through consultations with ICRC-supported psychologists – or other services to mitigate the consequences of drug use or violence; some women obtained these services through an SRS-run shelter set up to help address their specific vulnerabilities. Those in need of social assistance were referred to the pertinent NGOs.

People learn to protect themselves against mines and ERW

Over 385,000 residents and migrants learnt to protect themselves against mines and ERW at dissemination sessions conducted by the National Society with ICRC technical, financial and material support. At an ICRC workshop, National Society personnel finalized the first draft of their guidelines for conducting mine-risk education activities. IRMAC produced a series of animated educational videos on the hazardousness of mines and ERW; the ICRC provided funding. Senior National Society officials attended an ICRC workshop to learn how to mount an effective response to emergencies created by the use of chemical, biological, radiological or nuclear weapons or agents.

IRMAC – which coordinated all activities related to mine action – continued to develop its capacities with the ICRC's help. Staff involved in humanitarian demining were given first-aid training and personal protective equipment. IRMAC experts learnt more

1. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

about IHL – particularly legal instruments concerning the use of weapons – at an ICRC workshop. The National Society, IRMAC and the SWO met jointly with the ICRC twice, after which all three agreed to establish a national secretariat for mine-risk education.

The SWO and the ICRC signed a memorandum of understanding in March 2017 to carry out activities to prevent mine- and ERW-related injuries or deaths. They cooperated successfully for a year, after which the authorities suspended the partnership until further notice.

WOUNDED AND SICK

Health professionals

build their emergency response capacities

Health professionals and humanitarian workers from four countries attended a Health Emergencies in Large Populations (HELP) course organized by a local university, the National Society and the ICRC, at which they also learnt about the Health Care in Danger initiative. Moreover, at a regional conference organized by the International Committee of Military Medicine in Tehran, the ICRC discussed such matters as war surgery, and the protection due to people seeking or delivering medical services, with participants.

Four National Society personnel broadened their understanding of the goals of the Health Care in Danger initiative during ICRC-facilitated meetings and workshops abroad; plans to organize an event with the National Society on this subject did not materialize yet.

The National Society and the ICRC signed a new partnership agreement, which included physical rehabilitation among the areas of cooperation (see *Red Cross and Red Crescent Movement*). The National Society was given expert advice for developing programmes and policies aimed at fostering the socio-economic inclusion of physically disabled people. Because of various logistical obstacles, a physical-rehabilitation course for National Society staff was postponed to 2019.

ACTORS OF INFLUENCE

Authorities and journalists discuss IHL and issues of humanitarian concern

The ICRC continued to engage the Iranian authorities, academics and members of civil society in dialogue. They discussed the ICRC's activities and its neutral, impartial and independent approach, and IHL-related issues, especially in relation to ongoing conflicts in the region. This dialogue was reinforced by the ICRC president's two visits to the country. At the 13th Session of the Parliamentary Union of the OIC (Organization of Islamic Cooperation) Member States, held in Tehran in January, the ICRC delivered a statement that emphasized the necessity of preventing violence against health-care workers and ensuring the safety of people seeking or providing health care during armed conflict.

Around 40 government officials from Afghanistan, Bangladesh, Bhutan, India, the Islamic Republic of Iran, the Maldives, Nepal, Pakistan and Sri Lanka exchanged ideas about the applicability of IHL to new weapon technologies at a regional conference organized by the Iranian government and the ICRC in Tehran. National Society staff and volunteers strengthened their grasp of IHL principles and the Movement at two workshops organized by the National Society and the national IHL committee, with ICRC technical and financial support. The ICRC sponsored a foreign ministry official to attend a workshop on humanitarian access in armed conflicts (see *Jakarta*).

Contact with members of the Iranian media was reinforced, with a view to improving coverage of humanitarian issues and the ICRC's activities in key contexts. The authorities, academics and the general public broadened their awareness of these matters through news releases, ICRC multimedia materials, and books and other publications, some of which were translated into Farsi; the ICRC's Farsi-language website was launched at year's end.

National Society staff members built up their capacities in public communication at an ICRC workshop; two senior National Society officials, sponsored by the ICRC, attended a regional Movement communication meeting in Lebanon. A workshop on community engagement for the SRS was postponed to 2019, because of logistical impediments.

No events on the points of correspondence between Islam and IHL took place in the country, as the ICRC-supported Qom Centre had been closed since the end of 2017.

Authorities and academics strengthen their grasp of IHL

The ICRC met with the national IHL committee on several occasions and provided its members with advice to help it advance the domestic implementation of IHL. ICRC support enabled Iranian academics and foreign ministry officials to attend seminars held abroad (see *New Delhi* and *Sri Lanka*) and broaden their understanding of IHL.

University students tested their grasp of IHL at the Jean Pictet Competition on IHL (see *Balkans*) and other moot court competitions held within the country and elsewhere (see, for example, *Beijing*). One such competition was hosted by the national IHL committee and the ICRC in Tehran; ten teams – from India, the Islamic Republic of Iran, Nepal, Pakistan and Sri Lanka – took part.

RED CROSS AND RED CRESCENT MOVEMENT

The Red Crescent Society of the Islamic Republic of Iran and the ICRC signed a new partnership agreement that covered a number of areas: physical rehabilitation; IHL promotion; family-links services; migration; public communication; mine action; and health, including the Health Care in Danger initiative. Activities were conducted jointly throughout the year (see *Civilians* and *Actors of influence*). National Society personnel built their capacities in the areas mentioned above, and developed their ability to work in accordance with the Safer Access Framework, through ICRC training in the country or elsewhere.

The National Society and the ICRC provided health-care services to migrants and vulnerable residents in Mashhad through a joint project with the SRS (see *Civilians*); the tripartite project agreement was renewed in 2018.

The ICRC also facilitated the delivery of ten ambulances – a donation from the National Society – to the Palestine Red Crescent Society in the Gaza Strip.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	137			
RCMs distributed	146			
Phone calls facilitated between family members	6			
Names published in the media	8			
Reunifications, transfers and repatriations				
People reunited with their families	1			
Human remains transferred or repatriated	78			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	170	30	34	43
<i>including people for whom tracing requests were registered by another delegation</i>	11			
Tracing cases closed positively (subject located or fate established)	62			
<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)	499	99	119	118
<i>including people for whom tracing requests were registered by another delegation</i>	17			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	4	1		
UAMs/SC reunited with their families by the ICRC/National Society	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	12	6		
Documents				
People to whom official documents were delivered across borders/front lines	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
RCMs and other means of family contact				
People to whom a detention attestation was issued	298			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Health				
Health centres supported	Structures	1		
Average catchment population		270,000		
Consultations		7,715		
<i>of which curative</i>		7,715	4,658	790
Immunizations	Patients	2,470		
Referrals to a second level of care	Patients	4,399		
<i>of whom gynaecological/obstetric cases</i>		161		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported	Projects	1		
People benefiting from ICRC-supported projects	Aggregated monthly data	199	42	96
<i>of whom beneficiaries of physical rehabilitation services</i>		199	42	96
New patients fitted with prostheses	Patients	5	1	
Prostheses delivered	Units	6	1	
<i>of which for victims of mines or explosive remnants of war</i>		1		
New patients fitted with orthoses	Patients	50	10	27
Orthoses delivered	Units	50	10	27
Patients receiving physiotherapy	Patients	73	13	47
Walking aids delivered	Units	35	12	3
Wheelchairs or tricycles delivered	Units	48	18	5

IRAQ

The ICRC has been present in Iraq since the outbreak of the Iran–Iraq war in 1980. It engages the relevant parties in dialogue on the protection due to civilians, monitors the treatment and living conditions of detainees in the country, and works to ascertain the fate of missing persons. It also helps IDPs, returnees and residents meet their basic needs during emergencies and/or restore their livelihoods; supports physical rehabilitation, primary health care and hospital services; and repairs water, health and prison infrastructure. It seeks to promote compliance with IHL among weapon bearers and coordinates its work with the Iraqi Red Crescent Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- Parties to conflict were urged by the ICRC to fulfil their obligations under IHL and other applicable norms, particularly to protect civilians, and address the concerns of IDPs and returnees. Contact with certain armed groups was limited.
- Weapon bearers and community leaders facilitated the ICRC's access to vulnerable people, the result partly of dialogue and IHL training. Administrative or security constraints, however, impeded a few of the ICRC's activities.
- Newly displaced people and recent returnees received ICRC emergency aid; the ICRC's efforts made water and health care available to a large number of people, and helped vulnerable households towards economic stability.
- Physical rehabilitation was within the reach of disabled people after the ICRC built a new centre in Mosul and helped get it operational; it supported 14 other State- or NGO-run centres and continued to manage a centre in Erbil.
- Unaccompanied foreign children contacted their relatives through ICRC family-links services. The authorities worked on boosting their capacity to manage human remains, with ICRC technical and material assistance.
- Aided by the ICRC, penitentiary authorities sustained pilot projects for promoting medical ethics and managed health emergencies; malnourished women and children received ICRC-provided nutritional supplements.

EXPENDITURE IN KCHF

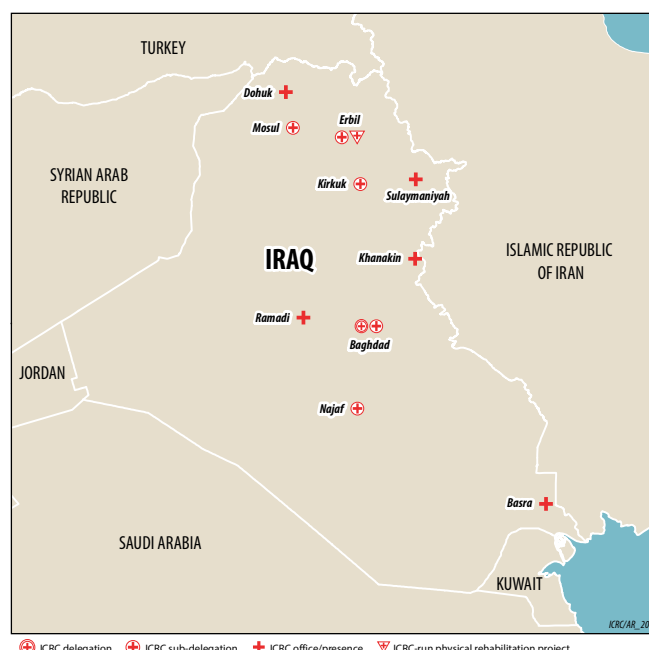
Protection	22,740
Assistance	86,203
Prevention	7,358
Cooperation with National Societies	2,645
General	527
Total	119,473
<i>Of which: Overheads</i>	<i>7,251</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

Mobile staff	153
Resident staff (daily workers not included)	1,009



PROTECTION

CIVILIANS

Restoring family links

RCMs collected	1,647
RCMs distributed	3,006
Phone calls facilitated between family members	229
Tracing cases closed positively (subject located or fate established)	1,058

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	91
Detainees in places of detention visited	54,284
<i>of whom visited and monitored individually</i>	<i>2,581</i>
Visits carried out	312

Restoring family links

RCMs collected	5,806
RCMs distributed	2,441
Phone calls made to families to inform them of the whereabouts of a detained relative	22,973

ASSISTANCE

CIVILIANS

Economic security

Food consumption	Beneficiaries	210,000	347,340
Food production	Beneficiaries	78,000	81,113
Income support ¹	Beneficiaries	115,213	124,476
Living conditions	Beneficiaries	150,000	275,340
Capacity-building	Beneficiaries	350	71

Water and habitat

Water and habitat activities	Beneficiaries	1,468,300	3,403,975
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Health

Health centres supported	Structures	22	28
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures	3	26
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Physical rehabilitation

Projects supported	Projects	15	16
People benefiting from ICRC-supported projects	Aggregated monthly data	36,000	39,418

Water and habitat

Water and habitat activities	Beds	28	
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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 conflict between government forces and various armed groups continued. Forces of the central government, including “popular mobilization units”, and those of the government of the Iraqi Kurdistan region (IKR) – backed by an international coalition – mounted small-scale operations against remnants of the Islamic State group; they concluded their main offensive against the group in 2017. Hundreds of people, including civilians, were wounded or killed; violations of IHL were reported. Numerous arrests were made in connection with the fighting.

Millions of people displaced by conflict within Iraq reportedly returned home. Some 2 million IDPs, displaced when the conflict began, remained unable to do so, partly because of violence linked to ethnic and sectarian tensions in their places of origin. Others were reportedly forced to return home. Recent returnees and people displaced by small-scale fighting – in some cases, repeatedly – were dependent on humanitarian aid. Security conditions improved in some areas, but access to water, basic services and sources of livelihood was limited by other factors, such as the extensive damage caused by large-scale fighting to basic infrastructure, local markets and agricultural land. Mines and explosive remnants of war (ERW) continued to threaten public safety.

The conflict’s effects were compounded by other violence. Mass protests against unemployment and lack of public services, mainly in southern Iraq, took a violent turn; and tensions rose in northern Iraq, along the border with Turkey.

Some refugees, including people from the Syrian Arab Republic, were still in the IKR.

ICRC ACTION AND RESULTS

The ICRC focused on helping people recover from the effects of large-scale fighting in 2017, while continuing to respond to their emergency needs. It coordinated its efforts with central and IKR authorities; contact with certain armed groups, however, remained limited. Together with other Movement components, the ICRC provided support for the Iraqi Red Crescent Society; whenever possible, the ICRC conducted activities jointly with it.

During its interaction with them, the ICRC urged parties to conflict to fulfil their obligations under IHL and other applicable norms, particularly to protect civilians. Whenever possible, it made representations to them on specific issues, such as access to education and health care, and the concerns of IDPs and returnees. ICRC training helped to promote respect for IHL among front-line troops and commanders. The ICRC also gave the national authorities expert advice on IHL-related matters and on tackling humanitarian issues such as the plight of missing people’s families. The ICRC met with authorities, weapon bearers, community leaders and members of civil society to explain its mandate and activities to them. All these efforts enabled the ICRC to reach vulnerable people, but administrative constraints or uncertain security conditions in some areas impeded the implementation of some of its activities.

Conflict-affected people, mostly returnees and IDPs, received food and household essentials. The ICRC carried out infra-structural projects to make water and basic services available to them and to residents in violence-prone or underserved areas. It provided material, financial and technical assistance for primary-health-care centres that were serving conflict-affected communities. Where security conditions were relatively stable, and markets functioning, the ICRC gave vulnerable households cash and other assistance, for supplementing their income or producing food; in conflict-affected areas, it sought to help people mitigate the threat to their safety from mines/ERW. Most of these efforts benefited more people than envisaged.

The ICRC continued to ensure the availability of life-saving treatment throughout the casualty care chain. It focused on helping emergency responders to teach others first aid and referred injured or wounded people to hospitals. It maintained its regular support for two hospitals in violence-prone areas and its ad hoc donations of supplies to other hospitals during emergencies. It sought to make physical rehabilitation services more widely available in Iraq. The ICRC built a new centre in Mosul and helped get it operational, and continued to manage a centre in Erbil and support State- or NGO-run centres. It also conducted outreach activities in areas without physical rehabilitation services.

The ICRC visited detainees throughout Iraq, including people held in relation to the conflict, and assessed their situation. It helped the authorities improve detainees’ treatment and living conditions – for example, by tackling cases of severe malnutrition and other emergencies in prisons, sustaining pilot health projects, and enabling detainees, particularly foreigners, to contact their relatives.

Members of dispersed families – especially unaccompanied children – reconnected through ICRC family-links services. The ICRC, acting as a neutral intermediary, continued to support the authorities involved in ascertaining the fate of people missing in connection with past international armed conflicts. To help the authorities prevent disappearances, it expanded its material assistance and training for institutions and people involved in managing human remains, including in Mosul.

CIVILIANS

The ICRC urged authorities at all levels and weapon bearers – those with whom it had contact – to fulfil their obligations under IHL and other applicable norms to protect civilians and ensure their safe access to basic services and humanitarian aid. It made representations to them based on documented instances of obstructed access to health care or education, restriction of IDPs’ movements and threats to the safety of returnees; it also monitored incidents of sexual violence in IDP camps. Some of these efforts helped students and patients to gain access to facilities previously occupied by weapon bearers.

Interaction with the authorities, weapon bearers and community leaders – and various public-communication initiatives – helped to raise awareness of the ICRC’s work and facilitate its

access to vulnerable people (see *Actors of influence*). The ICRC launched a communication campaign to broaden respect for health services in Iraq.

Recent returnees and newly displaced people receive emergency aid

The ICRC provided emergency aid to recent returnees, newly displaced people and some residents in host communities. This benefited more people than planned because the ICRC made additional distributions of such aid to help fill gaps in assistance at IDP camps, and – in conjunction with the Iraqi Red Crescent Society – to assist flood-affected people. In all, 57,890 households (347,340 people) received one-off or repeated distributions of food. Cooking utensils, blankets, hygiene kits and household essentials were given to around 45,890 households (275,340 people) – including flood-affected people – which helped them improve their living conditions and keep warm; solar lamps enabled 3,386 of these households (20,316 people) to have light at night. ICRC workshops helped 45 government workers and some National Society personnel to develop their needs-assessment and emergency response capacities.

Vulnerable households cover their basic expenses

Where security conditions were relatively stable, and markets functioning, the ICRC helped vulnerable households build their resilience to the conflict's effects. More people than planned benefited from the following activities, despite administrative obstacles to implementing some of them.

Over 20,800 households (nearly 124,500 people) supplemented their income with cash or through training from the ICRC. The ICRC helped 19,947 returnee or long-displaced households (119,683 people) to meet their basic expenses: rent, utilities and school fees, for instance; missing people's families and some refugees were among those who benefited. A total of 836 breadwinners (supporting 4,619 others) – who were women and/or disabled, relatives of missing people, and ICRC-sponsored graduates of vocational courses – started small businesses. Budgetary constraints limited State assistance for women: only 40 breadwinners (supporting 160 people) registered for it with ICRC-provided cash. Some livestock herders benefited from the animal vaccination services from an ICRC-backed veterinary clinic.

Around 13,100 farming and other households (supporting 81,100 people) produced food. Many of them cultivated their fields by paying for ploughing services and agricultural supplies with ICRC-provided cash, and/or used irrigation canals cleaned by the ICRC itself or through its cash-for-work projects.

ICRC-supported training centres provided vocational courses; 26 young jobseekers attended these courses – a smaller number than envisaged, and mainly because the lack of available jobs deterred other people's attendance.

Millions of people gain access to clean water

Owing to the ICRC's activities, coordinated with the authorities, approximately 3.4 million people in all had access to potable water and other basic services in places where large-scale fighting had occurred or in underserved areas. Roughly

2 million people – mostly residents of Mosul and other densely populated urban areas – benefited from renovations to water systems. Upgrades to water-treatment facilities, including those in universities, and donations of supplies aided some 1 million returnees and others in these areas. Around 400,000 returnees, IDPs and residents benefited from the ICRC's emergency repairs to water and other facilities; well-lit facilities protected IDPs from the risk of sexual violence. About 1,700 returnee and displaced children resumed their studies, at recently renovated schools. The ICRC provided training, and repaired a training centre's facilities, enabling 520 technicians to develop their ability to operate and maintain water infrastructure. All in all, these efforts benefited more people than planned, because many were carried out in areas where populations were larger than expected.

Residents, returnees and IDPs received good-quality care at 24 primary-health-care centres receiving ICRC support: medical supplies and equipment, financial incentives and training for staff, and infrastructural repairs. The ICRC covered a certain number of staff salaries at selected centres in Mosul. Four of these centres regularly received fuel for generators. ICRC training helped some health workers to treat patients who were emotionally distressed or chronically ill. Four other centres received ad hoc donations of supplies; because large-scale fighting had ended, fewer centres than in 2017 requested for such support.

The ICRC briefed security forces personnel, journalists and other people on protecting themselves from mines/ERW. It surveyed and helped clear weapon-contaminated areas before implementing its assistance activities in those areas. The authorities were given mine-clearance gear and informational materials for conducting mine-risk education sessions.

Unaccompanied children reconnect with relatives

Members of dispersed families – including IDPs and foreigners – reconnected through the Movement's family-links services. They included people whose relatives had gone missing in connection with recent fighting, or had been arrested and detained (see *People deprived of their freedom*). A total of 1,058 tracing cases were resolved. Unaccompanied children in orphanages made video calls to relatives who were detained or living abroad. The agencies concerned repatriated many of these children; the ICRC issued travel documents for the children or explained the process to them. Missing people's families discussed their needs with the ICRC, which evaluated existing legislation for assisting these families (see *Actors of influence*); the ICRC provided income support for some of these families (see above).

The authorities bolster their capacity to manage human remains

The ICRC served as a neutral intermediary between the parties involved in resolving missing-persons cases linked to the 1980–1988 Iran–Iraq war and the 1990–1991 Gulf War. It chaired the tripartite committees and their supporting mechanisms that led the effort to resolve missing-persons cases, and lent them its forensic expertise. With regard to the Iran–Iraq war, a working group led by the ICRC undertook excavations in southern Iraq and in the IKR; afterwards, under ICRC auspices,

the remains of 383 people were handed over to the Iranian authorities, and those of 78 people, to the Iraqi authorities (see *Iran, Islamic Republic of*). The Tripartite Commission adopted recommendations from an ICRC-commissioned review of its activities, with a view to improving the search process for Gulf-War cases (see *Kuwait*).

With a view to helping the authorities prevent disappearances, the ICRC expanded its material support – body bags, protective gear and equipment for excavations – and training for medico-legal professionals, defence officials and emergency responders to manage human remains, especially in Mosul. Forensic doctors were sponsored to attend a conference abroad.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees at 91 detention facilities; 2,581 detainees, including people held in relation to the conflict, were individually monitored. Findings and recommendations were communicated confidentially to the pertinent authorities, to help them improve detainees' treatment and living conditions. The ICRC drew their attention to certain issues of concern: prolonged solitary confinement; respect for judicial guarantees; overcrowding; access to health care; and the specific needs of foreign detainees. Administrative delays caused the cancellation of workshops on these subjects for the authorities.

Foreign detainees reconnect with their families

Foreigners and other detainees reconnected with relatives through RCMs, oral messages, and phone calls made by the ICRC on their behalf. The ICRC informed families of their relatives' detention, after visiting these detainees or after following up allegations of their arrest with the authorities; it helped foreigners notify their embassies or the UNHCR of their detention. At their request, the ICRC provided 220 people with attestations of detention, for legal or administrative proceedings.

Malnourished women and children receive treatment

The ICRC helped the authorities improve detainees' access to health care; it supported health facilities at 14 places of detention. ICRC-backed pilot projects promoted medical ethics and made health care more readily available at three prisons; because of budgetary constraints, these projects were implemented at fewer prisons than planned. Through these projects, the authorities tested protocols for patient confidentiality at two of these prisons, for replication elsewhere; health staff were given the necessary training and lockable filing cabinets. Two prison officials attended an ICRC course, held abroad, on health care in prisons.

The ICRC provided three prisons in Ninewa Governorate with medical supplies; it sought to reduce its direct support – in view of services there becoming more self-sufficient – by giving health staff financial incentives instead of fully covering their salaries. It helped the authorities at these prisons, at a women's prison, and at another facility deal with scabies outbreaks and other emergencies. Malnourished expectant or lactating mothers, and children accompanying them, received nutritional supplements. Some people were referred for hospital care or physical rehabilitation services (see *Wounded and sick*).

In all, 10,135 detainees at several prisons had clean water, better ventilation and sanitary surroundings, after the ICRC renovated facilities there. Staff were given maintenance training. The ICRC provided hygiene kits, clothes, and blankets for detainees, and diapers and milk bottles for babies; disabled detainees also received walking aids.

WOUNDED AND SICK

First responders learn to teach first aid

The ICRC sustained its efforts to ensure that life-saving treatment, throughout the casualty care chain, was both available and accessible. It reminded the pertinent parties that patients, and medical personnel and facilities, were protected under IHL.

People in violence-affected areas had access to ICRC-supported pre-hospital care. Around 9,000 first responders – including weapon bearers – attended first-aid training organized by the ICRC, or the National Society with the ICRC-provided material aid. Among them, some 2,800 State ambulance workers, and civil-defence and police officials learnt to teach first aid at these sessions, which were part of an ICRC three-year training programme that ended in 2018.

Wounded or injured people were referred for surgical and other care to two hospitals in Tooz, Salahuddin Governorate and in Al Qaim, Anbar Governorate, which regularly received ICRC support: staff training; infrastructural upgrades; and medical equipment. The ICRC regularly supported fewer hospitals than planned because of administrative constraints. It provided expert advice to the Tooz hospital for improving infection-control guidelines and managing emergencies. Poor security conditions delayed some of its activities at the Al Qaim hospital. Two surgeons from these hospitals attended an ICRC course, held abroad, in wound treatment. At the authorities' request, the ICRC arranged training in mass-casualty management for staff at a hospital in southern Iraq. It upgraded a ward for detainees in a hospital in Mosul. Twenty-five hospitals, including the Al Qaim hospital, received ad hoc donations of ICRC medical supplies.

Sixteen patients – more than envisaged – were referred for treatment to the ICRC's Weapon Traumatology and Training Centre in Tripoli, Lebanon (see *Lebanon*).

Disabled people receive treatment at a new centre in Mosul

Around 39,400 disabled people² were treated at 16 physical rehabilitation centres for which the ICRC provided expert guidance, staff training and raw materials for producing mobility aids. These facilities included 14 State-run centres – one of which the ICRC built and helped get operational in Mosul; one NGO-run centre; and one centre in Erbil that the ICRC managed. The newly built centre in Mosul increased the availability of services in northern Iraq, including for refugees; the ICRC also ensured that the centre's facilities were accessible to disabled people. It completed the design of the new centre in Erbil, and scheduled construction for 2019. A total of 9,305 patients were fitted with orthoses; others received

2. Beneficiary figures of physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

over 400 wheelchairs. The ICRC covered transportation and accommodation costs for 747 people, most of them patients at the Erbil centre. Disabled people in prisons and remote areas were referred to the 16 centres, through the ICRC's outreach activities.

At ICRC workshops, technicians learnt how to train others in prosthetic and orthotic services, and caregivers for children with cerebral palsy developed their skills in physiotherapy. At the Erbil centre, ICRC-trained counsellors helped patients who were emotionally distressed. The ICRC sponsored three technicians to attend workshops on physical rehabilitation held abroad.

The ICRC helped the authorities to improve instruction in physical rehabilitation, by making recommendations for school curricula and training students. It promoted the social inclusion of disabled people; for instance, it referred some patients to its income support programmes (see *Civilians*) and sponsored a wheelchair basketball team's participation in a tournament held abroad.

ACTORS OF INFLUENCE

The ICRC cultivated support for its mandate and activities, and broadened awareness of humanitarian issues – such as protecting the provision of health care – through dialogue, particularly with the authorities, and information sessions for weapon bearers and members of civil society. These efforts helped it to secure safe access to conflict-affected people (see *Civilians*).

Contact with certain armed groups remained limited.

Front-line troops and commanders strengthen their grasp of IHL

ICRC briefings and training enabled military commanders – including those leading “popular mobilization units” – and military and police personnel from the central forces and the IKR forces to familiarize themselves with IHL and/or other applicable norms. Intelligence officers learnt about internationally recognized standards for detention; they also developed their ability to teach IHL. Military generals attended an ICRC conference in Kuwait on the principle of proportionality in IHL (see *Kuwait*).

Aided by ICRC expertise, the Iraqi defence ministry took steps to incorporate IHL in military doctrine and operations; it created a commission for this purpose. The ministry also incorporated human-rights principles in a training manual for military personnel.

Authorities and academics learn about the similarities between IHL and Islamic jurisprudence

The ICRC sought to provide members of the national IHL committee expert guidance in implementing IHL. Together with other government officials, and academics, they learnt more about IHL at ICRC courses abroad (see *Lebanon*, *Morocco*, and *Tunis*). Iraqi judges and law students attended ICRC training sessions on IHL and tackling issues of humanitarian concern. Students and lecturers discussed the similarities between IHL and Islamic jurisprudence at ICRC-supported workshops.

To help the authorities strengthen IHL-related legislation, the ICRC undertook to study the legal framework applicable to missing people in Iraq; it continued to prepare a similar study on protection for medical personnel and facilities. Owing to administrative impediments, it was unable to help the authorities review measures for resolving IHL-related issues in prisons.

RED CROSS AND RED CRESCENT MOVEMENT

The Iraqi Red Crescent Society responded to the needs of vulnerable people in Iraq, with ICRC support.

As per an agreement with the ICRC, it continued to receive financial and material assistance for conducting various activities. It bolstered its emergency response capacities and assisted people affected by floods (see *Civilians*). Other National Societies in Iraq and the ICRC helped ensure that the Iraqi Red Crescent's first-aid training programme did not duplicate the efforts of other Movement components. They also helped the Iraqi Red Crescent to strengthen its capacities in financial management and logistics.

Movement components met regularly and worked on improving mechanisms for coordinating assistance during emergencies.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	1,647	30		
RCMs distributed	3,006	17		
Phone calls facilitated between family members	229			
Reunifications, transfers and repatriations				
Human remains transferred or repatriated	383			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	5,247	230	165	544
<i>including people for whom tracing requests were registered by another delegation</i>	140			
Tracing cases closed positively (subject located or fate established)	1,058			
<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)	18,490	826	754	1,635
<i>including people for whom tracing requests were registered by another delegation</i>	509			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	2	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	72	30		
Documents				
People to whom travel documents were issued	5			
People to whom official documents were delivered across borders/front lines	8			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	91			
Detainees in places of detention visited	54,284	2,488	4,261	
Visits carried out	312			
		Women	Girls	Boys
Detainees visited and monitored individually	2,581	714	39	245
<i>of whom newly registered</i>	1,192	156	36	130
RCMs and other means of family contact				
RCMs collected	5,806			
RCMs distributed	2,441			
Phone calls made to families to inform them of the whereabouts of a detained relative	22,973			
People to whom a detention attestation was issued	220			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	347,340	118,762	134,103
	<i>of whom IDPs</i>	155,370	53,304	57,321
Food production	Beneficiaries	81,113	27,212	32,436
	<i>of whom IDPs</i>	368	111	146
Income support ³	Beneficiaries	124,476	41,295	56,130
	<i>of whom IDPs</i>	40,047	14,023	16,022
Living conditions	Beneficiaries	275,340	93,227	105,303
	<i>of whom IDPs</i>	161,094	55,359	59,611
Capacity-building	Beneficiaries	71	25	
	<i>of whom IDPs</i>	1	1	
Water and habitat				
Water and habitat activities	Beneficiaries	3,403,975	1,012,232	1,379,512
	<i>of whom IDPs</i>	448,046	125,453	197,140
Health				
Health centres supported	Structures	28		
Average catchment population		698,453		
Consultations		359,681		
	<i>of which curative</i>	344,940	102,949	138,456
	<i>of which antenatal</i>	14,741		
Immunizations	Patients	386,452		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	209,861		
Referrals to a second level of care	Patients	6,040		
	<i>of whom gynaecological/obstetric cases</i>	1,470		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	60,745	6,288	5,660
Water and habitat				
Water and habitat activities	Beneficiaries	10,135		
Health				
Places of detention visited by health staff	Structures	33		
Health facilities supported in places of detention visited by health staff	Structures	14		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	26		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	2		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	359	24	32
	(including those related to mines or explosive remnants of war)	46	1	2
	Non-weapon-wound admissions	2,521		
	Operations performed	3,149		
Gynaecological/obstetric admissions		1,591	1,511	80
Consultations		32,827		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		24,185		
Weapon-wound admissions (surgical and non-surgical admissions)		1,511		
Weapon-wound surgeries performed		828		
First aid				
First-aid training				
	Sessions	432		
	Participants (aggregated monthly data)	9,260		
Physical rehabilitation				
Projects supported	Projects	16		
People benefiting from ICRC-supported projects	Aggregated monthly data	39,418	4,425	20,942
	<i>of whom beneficiaries of physical rehabilitation services</i>	39,418	4,425	20,942
New patients fitted with prostheses	Patients	1,375	220	94
Prostheses delivered	Units	2,725	344	206
	<i>of which for victims of mines or explosive remnants of war</i>	577	29	11
New patients fitted with orthoses	Patients	9,305	932	6,980
Orthoses delivered	Units	17,997	1,228	14,745
	<i>of which for victims of mines or explosive remnants of war</i>	60	8	26
Patients receiving physiotherapy	Patients	18,039	2,459	8,285
Walking aids delivered	Units	1,298	122	305
Wheelchairs or tricycles delivered	Units	442	50	150

3. 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.

ISRAEL AND THE OCCUPIED TERRITORIES

The ICRC has been present in Israel and the occupied territories since the 1967 Arab–Israeli war. It strives to ensure respect for IHL, in particular its provisions relating to the protection of civilians living under occupation. It monitors the treatment and living conditions of detainees held by the Israeli and Palestinian authorities and provides assistance to the Palestinian population, particularly during emergencies. As the lead agency for the Movement in this context, the ICRC coordinates the work of its Movement partners and supports the activities of Magen David Adom in Israel and the Palestine Red Crescent Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- The Gazan health services – for which the ICRC provided material and technical support – treated people injured during protests. The ICRC set up a surgical ward at the Shifa hospital, to ease the strain on the health-care system.
- Physically disabled people, including those injured during protests, obtained rehabilitative services at an ICRC-supported centre, and improved their mobility.
- ICRC assistance helped enable Gazan farmers to increase their yield, and people affected by protests to restore their livelihoods. West Bank residents whose homes were destroyed received cash or other aid from the ICRC.
- The ICRC helped roughly 1.4 million Gazans to gain better access to essential services, by renovating infrastructure and assisting water and electricity providers in system maintenance and emergency preparedness.
- Israeli and Palestinian authorities and weapon bearers were reminded, via ICRC representations, of their obligations under IHL to protect civilians and civilian infrastructure – including patients, and medical personnel and facilities.
- Detainees in Gaza benefited from ICRC-facilitated family visits, and had improved access to health care and better living conditions after the ICRC trained penitentiary health staff, renovated prison clinics and upgraded infrastructure.

EXPENDITURE IN KCHF

Protection	16,392
Assistance	26,389
Prevention	5,416
Cooperation with National Societies	2,693
General	315
Total	51,205
<i>Of which: Overheads</i>	<i>3,125</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Mobile staff	68
Resident staff (daily workers not included)	291



PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	597
RCMs distributed	852
Tracing cases closed positively (subject located or fate established)	56
People reunited with their families	6
<i>of whom unaccompanied minors/separated children</i>	<i>6</i>
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	111
Detainees in places of detention visited	14,933
<i>of whom visited and monitored individually</i>	<i>2,383</i>
Visits carried out	518
Restoring family links	
RCMs collected	858
RCMs distributed	621
Phone calls made to families to inform them of the whereabouts of a detained relative	3,279

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Income support ¹	Beneficiaries	19,770	12,050
Living conditions ¹	Beneficiaries	900	1,168
Capacity-building	Beneficiaries	35	
Water and habitat			
Water and habitat activities	Beneficiaries	463,000	1,432,007
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	11	10
Physical rehabilitation			
Projects supported	Projects	2	2
People benefiting from ICRC-supported projects	Aggregated monthly data	4,500	3,344
Water and habitat			
Water and habitat activities	Beds	2,417	2,312

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

In the Gaza Strip, people grappled with difficulties linked to: the longstanding political deadlock between the Palestinian Authority (PA) and the Hamas *de facto* authorities; the Israeli blockade; the closure of crossing points by Egypt; and past hostilities. Because of the restrictions imposed by Israel and the PA, and deteriorating socio-economic and political conditions, basic goods, essential services and livelihood resources were not readily accessible. Other humanitarian agencies assisting vulnerable Palestinians suffered funding cuts, which limited the delivery of aid.

Beginning 30 March, Gazans began to stage demonstrations along the border with Israel. These often turned violent: encounters between protesters and the Israel Defence Forces (IDF) caused thousands of casualties that strained Gazan health services; the security situation constrained Gazans from seeking treatment elsewhere. Protest-related violence also disrupted farming. Rockets and shells were reportedly launched from Gaza into Israel, which responded with air strikes; these incidents resulted in multiple casualties and property damage on both sides.

Palestinians in East Jerusalem and on the West Bank struggled with the effects of Israeli occupation policies, including those which contravened IHL – confiscation or destruction of their property, for instance – and which sometimes fuelled tensions with Israelis. Some people's economic prospects were bleak.

Owing to regional developments – such as armed conflict (see *Syrian Arab Republic*) that affected the Israeli-occupied Golan Heights – security conditions remained volatile: weapon bearers were re-deployed, and air strikes were reported.

Israeli and Palestinian authorities held people, in connection with the incidents mentioned above and for security reasons. Detainees in Israel and on the West Bank sometimes protested against their living conditions through hunger strikes.

ICRC ACTION AND RESULTS

The ICRC worked to protect and assist vulnerable people – including Palestinians living under occupation – in coordination with the authorities, the Palestine Red Crescent Society and Magen David Adom. As casualties of protest-related violence in Gaza rose, the ICRC sought to scale up some of its activities to support the beleaguered Gazan health-care services. In October, it launched a budget extension appeal² to this end.

Aided by the ICRC, the Palestine Red Crescent provided emergency medical services (EMS) throughout the occupied territories. The ICRC stepped up its efforts to ensure that Gazan medical staff had the necessary supplies, equipment, training and facilities to treat people injured during protests. It set up a surgical ward at the Shifa hospital, in response to the

increased need for surgery and post-operative care. It bolstered services at the Artificial Limb and Polio Centre (ALPC) in Gaza, to help more disabled people improve their mobility. It also strengthened local capacities in the provision of psychological support to violence-affected people.

Gazan farmers received support for cultivating arable land near the border with Israel. However, owing to security constraints, the ICRC postponed its land-rehabilitation activities, and instead coordinated with bomb-disposal technicians in removing and destroying mines and explosive remnants of war (ERW) in affected areas. Other vulnerable Gazans participated in cash-for-work projects or utilized ICRC-provided cash to pursue livelihoods. On the West Bank, people whose homes had been confiscated or destroyed obtained emergency aid to help them cope, while those struggling with unemployment were given help to restore their livelihoods.

The ICRC helped over 1.4 million Gazans improve their access to essential services. It assisted local service providers to sustain electrical and water systems, and prepare for emergencies.

The ICRC continued to advocate protection for civilians and help alleviate the situation of Palestinians under occupation. It reinforced its dialogue with the Israeli authorities on IHL compliance and addressing the consequences of certain occupation policies. The ICRC broadened awareness of humanitarian issues in Israel and the occupied territories, and helped build acceptance for IHL and the Movement, through public-communication initiatives and events arranged specifically for influential civil-society figures.

Through engagement with weapon bearers, the ICRC promoted respect for IHL and other applicable norms. Discussions with the IDF continued – on lessons learnt from the hostilities in 2014, and on incorporating IHL more fully in the IDF's decision-making. In parallel, it briefed Gazan armed groups on pertinent provisions of IHL. Israeli and Palestinian security forces learnt more about international law enforcement standards, at ICRC-conducted workshops.

The ICRC visited – in accordance with its standard procedures – places of detention run by Israeli and Palestinian authorities; it communicated its findings confidentially to detaining authorities, to help them improve detainees' treatment and living conditions. Detainees in Gaza benefited from infrastructural upgrades and material aid provided by the ICRC.

Members of dispersed families reconnected through the Movement's family-links services. The ICRC organized family visits once a month for Palestinians in Israeli custody; thousands of detainees benefited. It provided the PA with technical support for organizing a second visit every month in the future.

Magen David Adom and the Palestine Red Crescent boosted their capacities with sustained support from the ICRC.

2. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/o/FE097127F3A3ED36C125831C0036FBCD/\\$File/BEA_2018_ILOT_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/o/FE097127F3A3ED36C125831C0036FBCD/$File/BEA_2018_ILOT_Final.pdf)

CIVILIANS

The ICRC made representations to Israeli and Palestinian authorities, based on documented and first-hand allegations. It encouraged them to protect civilians and civilian infrastructure – including patients, medical staff and facilities – and to ensure IHL compliance within occupation policies and practices (see *Actors of influence*), including by working to alleviate the situation in the occupied territories.

In Gaza, the ICRC promoted respect for IHL and other applicable principles among the *de facto* authorities and armed groups.

To help a vulnerable Israeli community along the border with Gaza enhance its safety, the ICRC helped community members to identify their needs and develop self-protection measures.

Gazans have better access to essential services

Roughly 1,432,000 people had improved access to clean water and sanitation after the ICRC – in coordination with water-service providers – refurbished eight wastewater treatment plants and water-supply networks, and rehabilitated water and sewage infrastructure in Gaza City. Electricity and water providers maintained and repaired infrastructure at 151 facilities, using ICRC-donated spare parts and equipment.

Local service technicians prepared for emergencies by maintaining critical machinery; installing fuel sensors; and undergoing training. The ICRC provided them with material and technical support for this.

Gazan farmers increase their agricultural productivity

Roughly 2,070 Gazan households (11,883 people) pursued livelihoods with the ICRC's assistance. Although farmers – including members of local cooperatives – were not able to undergo training to enhance their agricultural techniques, they instead received supplies and equipment for sustainable farming: almond and wheat seed, fertilizer, environmentally-friendly pest traps, and biogas plants. Farmers who lost crops and people disabled or made destitute – as a result of protest-related violence and/or past fighting – received cash to resume farming or to launch small businesses. Some of the above-mentioned farmers and other people benefited from agricultural infrastructure constructed and/or rehabilitated by the ICRC, and community infrastructure maintained, and services provided, by unemployed youth and disabled people participating in ICRC cash-for-work projects.

Owing to security constraints, the ICRC could not clear farmlands near the Gaza–Israel border of mines/ERW. However, it coordinated the removal and destruction of ERW with the relevant authorities, and continued to support them in briefing civilians on the risks posed by mines/ERW. The Palestine Red Crescent and the ICRC instructed some 21,000 Gazans, including students, on safe practices around mines/ERW.

People on the West Bank receive emergency aid

In East Jerusalem and on the West Bank, people whose homes had been confiscated or destroyed by the Israeli authorities received ICRC aid. For example, in Hebron, Nablus and

elsewhere, 48 households (419 people) obtained cash, to help cope with their situation; and two households (19 people), including Bedouins, received household essentials and shelter materials, as did 54 Gazan households (280 people).

The ICRC gave cash grants to 32 households (167 people) affected by settler violence: some of them used this to start small businesses, and others chose to attend vocational training or pay for essential services – such as electricity – instead. Trees and fencing materials were given to farmers near settlements, to demarcate their lands; and underserved households received solar panels.

Members of dispersed families reconnect

The ICRC reminded the authorities of the right to family contact. People used Movement family-links services to contact relatives separated from them. Three blind people from the West Bank, and one person formerly held at the US detention facility at Guantanamo Bay Naval Station in Cuba, visited their relatives in Gaza. Three children from Gaza rejoined their father in Sweden; and the ICRC accompanied two Swedish children to the Gaza–Israel border, and facilitated their transfer from Gaza by the Swedish consulate. People received news of missing relatives as 56 tracing cases, mostly protest-related, were resolved. Wounded Syrians in Israel informed their families of their whereabouts (see *Wounded and sick*). Security constraints prevented the ICRC from facilitating people's passage, for educational or humanitarian purposes, to and from the Israeli-occupied Golan Heights to Syria proper.

The Israeli authorities, prompted by ICRC representations, returned the remains of five Palestinians – reportedly killed during attacks on Israelis – to their families. Little or no progress was made in clarifying the fate of: people missing in connection with the 2014 hostilities; Israeli soldiers missing in action; or Jordanians who went missing in Israel in the 1980s.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited – in accordance with its standard procedures – places of detention in Gaza and on the West Bank holding people under interrogation or death sentence; and Israeli prisons and interrogation or provisional-detention centres holding Palestinians and foreigners, including migrants.

Certain people were visited individually: in Gaza and on the West Bank, security detainees, people under interrogation and people held in police stations; and in Israel, people in administrative detention or in prolonged solitary confinement, migrants and others with special needs. Hunger strikers, including those who had been hospitalized, were also monitored. Following these visits, the ICRC confidentially shared its feedback with the detaining authorities, to help them improve detainees' treatment and living conditions, particularly access to health care and respect for judicial guarantees (see *Actors of influence*).

Detainees receive family visits

With the ICRC's help, 7,547 detainees detained in Israel were visited by relatives from Gaza and the West Bank. The PA was reminded of its obligation under IHL to ensure family visits for detainees, and was given advice for organizing a second

monthly family visit in the future. Certain Gazan detainees for whom family visits were unavailable, people under interrogation and people held in prolonged solitary confinement, sent short oral messages to their relatives through the ICRC.

The ICRC – in coordination with the pertinent authorities – helped detainees' families acquire attestations of detention and other official documents needed to obtain State social services.

Detainees have broader access to health care

Prison health staff in Gaza and on the West Bank learnt more about health-care provision, including medical ethics, at ICRC workshops. At two places of detention in Gaza, the ICRC implemented pilot projects providing prison clinics with medical supplies and equipment.

Detainees had improved living conditions after the ICRC restored two Gazan prisons, and gave detainees and staff at six prisons the equipment necessary to repair and maintain infrastructure. Prison officials on the West Bank were provided with technical advice for renovating two prisons, and ensuring the sustainability of infrastructure at ten others.

Particularly vulnerable detainees eased their confinement with the help of ICRC donations, such as: hygiene items (Gaza); clothes and medicines (West Bank); educational or recreational materials and, for foreigners and migrants, cash for food (Israel).

Detention and health authorities in Gaza drew on ICRC expertise to draft operational standards for the penitentiary health-care system, and to better manage detainees' health information. The ICRC discussed with West Bank prison health authorities specific issues associated with caring for hunger strikers.

WOUNDED AND SICK

The ICRC discussed people's access to medical care (see *Civilians*) with the Gazan *de facto* authorities and armed groups, and with the West Bank authorities. ICRC representations enabled 12 Gazans and one person from the West Bank to obtain permits to seek medical treatment in Israel.

As casualties of protest-related violence in Gaza rose (see *Context*), the ICRC scaled up its support throughout the casualty care chain, from emergency treatment – enabling the Palestine Red Crescent Society to provide EMS throughout the occupied territories – to surgical and post-operative care. Protesters with wounded or lost limbs could not receive the prolonged rehabilitation that they needed, owing to the shortage in health-care resources; the ICRC increased its efforts to provide for their long-term care.

Protest-injured people receive appropriate treatment

The ICRC bolstered the provision of life-saving care at numerous hospitals – particularly the Aqsa, European Gaza, Nasser and Shifa hospitals in Gaza, as these had the largest influx of patients. It provided medical supplies and equipment, and training for medical personnel, to ten hospitals; and spare parts and/or fuel for power systems to 13 hospitals and 26 clinics,

and seven generators to four of the 13 hospitals. ICRC surgeons worked alongside staff at the European Gaza and Shifa hospitals to help them handle the rise in protest-related casualties. In August, the ICRC set up a surgical ward at the Shifa hospital, which was run by an ICRC medical team; it also renovated the electrical infrastructure at this hospital and at one other clinic.

ICRC training helped roughly 720 doctors and nurses expand their abilities in managing trauma – with 16 doctors trained to be instructors – conducting triage and responding to mass-casualties. Some 200 surgeons enhanced their capabilities in vascular surgery, diabetic care and mass-casualty management at ICRC courses.

Given the prevalence of emotional trauma related to the worsening conditions in Gaza, including because of violent protests, the ICRC provided psychological care to patients, including recent amputees, and health workers. It provided support for local mental-health staff to visit patients at home, in hospitals and at the ALPC. ICRC briefings enabled health workers to learn about providing psychosocial support for their peers.

The ICRC monitored the condition of wounded Syrians in Israeli hospitals, and gave them clothes, hygiene items and assistive devices, and provided them with mental-health and psychosocial support for coping with disability-related trauma; it also relayed brief oral messages from them to their families. However, owing to developments in the security situation (see *Context*), these activities ended mid-year.

Disabled people obtain rehabilitative care

The ICRC-supported ALPC provided physical rehabilitation services for 2,891 people³ disabled during protests; 165 people received ICRC-provided transportation allowances.

ICRC training helped physiotherapists expand their skills, and ALPC staff develop their ability to deal with large numbers of patients; staff were compensated by the ICRC for working overtime. Patients received 1,878 prostheses and orthoses. Over a hundred patients were referred to ICRC livelihood programmes (see *Civilians*).

Because of the strain on the ALPC's capacities, and other obstacles, the ICRC was unable to carry out certain planned activities, such as treating clubfoot patients.

ACTORS OF INFLUENCE

Israeli authorities and the ICRC discuss relevant IHL-related issues

Dialogue between the ICRC and the Israeli authorities focused on IHL – including the consequences of certain occupation policies and practices – and humanitarian issues, such as the fate of missing people. The ICRC made representations to the Israeli authorities on the need to respect the principle of *non-refoulement*, and on detainees' sentencing procedures.

3. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

The ICRC stimulated public discussions on certain humanitarian issues: the plight of detainees and missing people's families; and protection for people seeking or providing medical care. Photo exhibitions, videos, TV spots and articles channelled through the media or published on the delegation's Arabic, English and Hebrew digital platforms, helped broaden awareness of these.

Israel published a review of the IDF's actions during the 2014 hostilities which reflected issues raised by the ICRC, and enriched the dialogue between the ICRC and the IDF on the lessons learnt from the 2014 hostilities. The two also discussed incorporating IHL more fully in the IDF's decision-making. During a large-scale military exercise attended by the ICRC, IDF troops practised responding to humanitarian needs. The ICRC sponsored the attendance of senior IDF officers to an advanced IHL course in San Remo, Italy (see *International law and policy*). It briefed security personnel on international standards regarding the use of force applicable to policing operations and protests.

Palestinian weapon bearers learn more about international policing standards

At ICRC workshops, Gazan security forces and West Bank cadets learnt more about international standards applicable to their duties. Aided by the ICRC, the Gazan *de facto* interior ministry reinforced the fuller incorporation of international human rights law in police training; ICRC courses enabled some officers to become instructors. The ICRC and the Gazan *de facto* authorities discussed internationally recognized standards for detention – particularly judicial guarantees and disciplinary measures for detainees. Members of Gazan armed groups familiarized themselves with specific IHL-related issues at ICRC workshops.

The ICRC continued to support the PA's accession to international treaties (see *International law and policy*). In coordination with the Palestine Red Crescent, it advised the PA on the proper use of the red crescent emblem. It offered its expertise to the revived national IHL committee, and sponsored some of its members – including legal advisers from the foreign affairs ministry working in support of it – to attend IHL trainings abroad (see *Egypt* and *Tunis*). Key Palestinian stakeholders, such as representatives of the national IHL committee, were also sponsored to attend an IHL train-the-trainer's course in Rabat (see *Morocco*).

Academics and other civil society actors tackle IHL-related issues

Israeli academics attended several ICRC events, on such subjects as IHL principles and rules, detention and the use of artificial intelligence in warfare (see *Washington*). Students tested their grasp of IHL at an ICRC moot court competition. The ICRC funded law clinics at two universities; they produced studies on the legal aspects of disaster management, and on refugees' rights. Israeli and Palestinian lawyers attended an annual IHL course organized by the ICRC and an Israeli NGO.

Students from universities in Gaza and on the West Bank learnt about IHL and humanitarian issues through ICRC presentations; the ICRC sponsored professors from Palestinian universities to attend IHL courses abroad (see *Lebanon* and *Tunis*). Islamic scholars and religious leaders attended various events on the points of correspondence between IHL and Islamic jurisprudence; the ICRC's role in promoting IHL; and humanitarian issues.

The ICRC conducted public-communication initiatives (see above) and dissemination sessions, and organized events, to broaden awareness of its mandate and activities among Gazan community leaders, and throughout Israel and the occupied territories. For example, in Gaza, 40 journalists learnt more about the ICRC's work by visiting ICRC farming projects.

RED CROSS AND RED CRESCENT MOVEMENT

Support from the ICRC and other Movement partners helped Magen David Adom and the Palestine Red Crescent to assist vulnerable people (see *Civilians* and *Wounded and sick*) and bolster their operational capacities.

The Palestine Red Crescent and the ICRC worked more closely together, particularly in responding to emergencies. Comprehensive ICRC assistance enabled the Palestine Red Crescent to provide EMS to casualties of violent protests and obtain permits to operate in the Gaza–Israel border area. Its staff were trained, in line with the Safer Access Framework, in emergency response, monitoring cash-assistance programmes, dealing with mines/ERW and public communication.

Magen David Adom, with the authorities and other Movement partners, trained its personnel in emergency preparedness. It incorporated the Safer Access Framework in its training curriculum. It became more involved in the Movement's rapid-deployment processes, assigning some staff to assist people affected by natural disasters abroad (see *Mexico City*). It continued to conduct community outreach activities for vulnerable Israeli communities.

The ICRC continued to help monitor the implementation of the 2005 memorandum of understanding between the two National Societies. Movement components in the region coordinated their activities and security measures with the ICRC.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	597	4		
RCMs distributed	852			
Reunifications, transfers and repatriations				
People reunited with their families	6			
People transferred or repatriated	3			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	78		6	8
Tracing cases closed positively (subject located or fate established)	56			
Tracing cases still being handled at the end of the reporting period (people)	185	4	9	23
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	4	2		
UAMs/SC reunited with their families by the ICRC/National Society	6	4		
Documents				
People to whom official documents were delivered across borders/front lines	897			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	111			
Detainees in places of detention visited	14,933	222	518	
Visits carried out	518			
		Women	Girls	Boys
Detainees visited and monitored individually	2,383	50	2	132
<i>of whom newly registered</i>	1,532	24	1	123
RCMs and other means of family contact				
RCMs collected	858			
RCMs distributed	621			
Phone calls made to families to inform them of the whereabouts of a detained relative	3,279			
Detainees visited by their relatives with ICRC/National Society support	7,547			
People to whom a detention attestation was issued	10,701			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	Beneficiaries	12,050	3,742	5,215
	<i>of whom IDPs</i>	1,467	581	587
Living conditions ⁴	Beneficiaries	1,168	228	285
	<i>of whom IDPs</i>	614	94	132
Water and habitat				
Water and habitat activities	Beneficiaries	1,432,007	400,964	615,766
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions ⁴	Beneficiaries	19,527	57	45
Water and habitat				
Water and habitat activities	Beneficiaries	1,611	32	16
Health				
Places of detention visited by health staff	Structures	30		
Health facilities supported in places of detention visited by health staff	Structures	2		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	10		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	8		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	7,843		6
	Non-weapon-wound admissions	150,690		
	Operations performed	41,656		
Consultations		757,775		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		599		
Weapon-wound admissions (surgical and non-surgical admissions)		283	27	33
Weapon-wound surgeries performed		161		
Patients whose hospital treatment was paid for by the ICRC				
		221		
Water and habitat				
Water and habitat activities	Beds	2,312		
Physical rehabilitation				
Projects supported	Projects	2		
People benefiting from ICRC-supported projects	Aggregated monthly data	3,344	405	1,439
	<i>of whom beneficiaries of physical rehabilitation services</i>	2,891	310	1,439
	<i>of whom beneficiaries referred to economic programmes</i>	103	11	
	<i>of whom beneficiaries of sporting activities</i>	350	84	
New patients fitted with prostheses	Patients	77	16	8
Prostheses delivered	Units	193	37	14
	<i>of which for victims of mines or explosive remnants of war</i>	3		
New patients fitted with orthoses	Patients	1,235	77	934
Orthoses delivered	Units	1,685	99	1,308
Patients receiving physiotherapy	Patients	928	176	58
Walking aids delivered	Units	162	10	2
Wheelchairs or tricycles delivered	Units	81	6	3

4. 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.

JORDAN

The ICRC has been present in Jordan since the 1967 Arab–Israeli war. In cooperation with the Jordan National Red Crescent Society, the ICRC provides assistance to asylum seekers and refugees from neighbouring countries. It visits detainees, monitoring their treatment and living conditions, and provides tracing and RCM services to enable civilians, including refugees, and foreign detainees to restore contact with their family members. With the National Society, it promotes respect for IHL among the authorities, weapon bearers and other relevant actors. The delegation provides logistical support to ICRC relief operations in the region and beyond.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- The authorities were apprised of the needs of people who had fled conflict abroad, and reminded to respect the principle of *non-refoulement* and the rights of asylum seekers.
- The ICRC shifted its focus to helping people become self-sufficient; cash grants and training from the Jordan National Red Crescent Society and the ICRC helped refugees to pursue their livelihoods.
- Despite changing its focus, the ICRC, aided by the National Society, tackled people's urgent needs. Refugees and vulnerable Jordanians received food and hygiene items, and benefited from repairs to critical water infrastructure.
- Wounded Syrians received life-saving treatment at Jordanian hospitals, through arrangements made by the ICRC – which donated medical supplies and equipment to the hospitals.
- Detainees had access to better medical screening and better-equipped health facilities at places of detention that received various kinds of support from the ICRC.
- Staff and volunteers from Islamic charities and community-based humanitarian actors familiarized themselves with IHL and the ICRC. Authorities incorporated IHL in a military science course compulsory for all Jordanian students.

EXPENDITURE IN KCHF

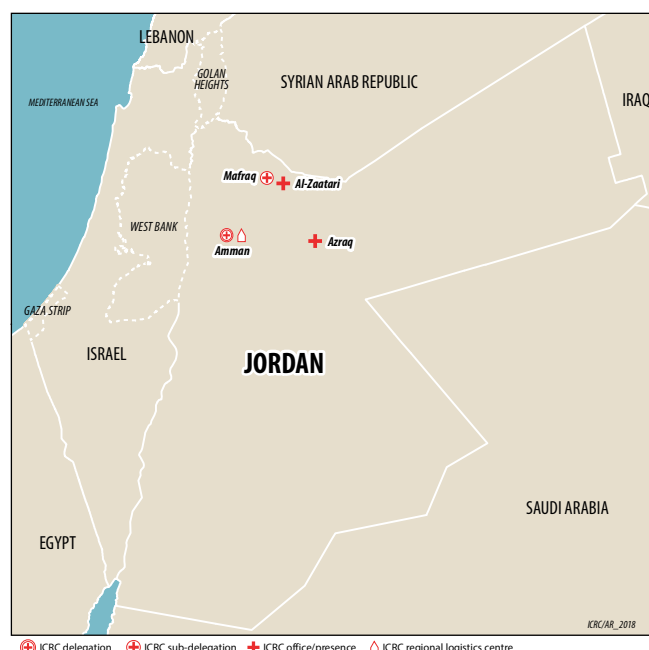
Protection	3,691
Assistance	17,407
Prevention	2,464
Cooperation with National Societies	1,299
General	555
Total	25,417
<i>Of which: Overheads</i>	<i>1,551</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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PERSONNEL

Mobile staff	61
Resident staff (daily workers not included)	230



⊕ ICRC delegation ⊕ ICRC sub-delegation + ICRC office/presence △ ICRC regional logistics centre

PROTECTION

Total

CIVILIANS

Restoring family links

RCMs collected	300
RCMs distributed	405
Phone calls facilitated between family members	15,136
Tracing cases closed positively (subject located or fate established)	52

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	21
Detainees in places of detention visited	14,944
<i>of whom visited and monitored individually</i>	1,202
Visits carried out	58

Restoring family links

RCMs collected	366
RCMs distributed	101
Phone calls made to families to inform them of the whereabouts of a detained relative	255

ASSISTANCE

2018 Targets (up to)

Achieved

CIVILIANS

Economic security

Food consumption	Beneficiaries	20,000	22,315
Income support	Beneficiaries	14,500	8,691
Living conditions	Beneficiaries	20,000	22,310

Water and habitat

Water and habitat activities	Beneficiaries	155,000	198,146
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures	7	7
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Physical rehabilitation

Projects supported	Projects	2	2
People benefiting from ICRC-supported projects	Aggregated monthly data	100	101

Water and habitat

Water and habitat activities	Beds		218
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CONTEXT

Jordan continued to cope with the consequences of armed conflict in the region. It participated in international military operations against the Islamic State group. In October, the Jordanian government reopened the Nassib crossing point on the border with the Syrian Arab Republic (hereafter Syria), which had been closed since June 2016.

Some 660,000 people who had fled Syria, and were registered by the UNHCR, remained in Jordan, along with thousands of un-registered migrants. The scarcity of resources and employment opportunities affected both residents and refugees, particularly in the southern governorates. The Jordanian government maintained its stance within the international community that it could not admit any more asylum seekers from Syria, citing security-related and economic concerns. Roughly 50,000 of these asylum seekers were stranded at a camp in Rukban, near Jordan's north-eastern border with Syria; they had only limited access to humanitarian aid.

Domestically, government forces conducted operations against perceived threats to national security, which often led to arrests. The increased number of detainees strained health services in several prisons.

Migrants, including refugees and asylum seekers, often lacked the means to restore contact with relatives separated from them by armed conflict in other countries or by detention.

ICRC ACTION AND RESULTS

Together with the Jordan National Red Crescent Society, the ICRC strove to address the spillover effects of the armed conflict in Syria. In March, the ICRC closed its office in Ruwayshid: it had gradually scaled back its activities there after the closure of the Jordan–Syria border. The delegation in Amman remained a key logistical hub for ICRC operations in the Middle East and beyond. Amman hosted the main training centre for ICRC staff members working in the Middle East, the Balkans and the Caucasus.

The ICRC documented some of the protection concerns of people who had fled to Jordan from Syria, including some who were detained. It communicated its findings to the Jordanian authorities, and reminded them of their obligations under international law, particularly with respect to the principle of *non-refoulement*, and of the right of conflict-affected people – including those stranded in Rukban (see *Context*) – to obtain appropriate assistance. It shared a position paper on the return of refugees to Syria with authorities and others.

The delegation shifted its approach to assistance activities: away from emergency aid towards helping communities become self-sufficient. The ICRC provided monthly cash transfers for Syrian refugee households – many headed by women – to cover rent and other expenses; some households started small businesses with seed money and technical support from the ICRC. Refugee and vulnerable Jordanian households received food parcels and hygiene kits. They had a more reliable supply of clean water after the ICRC repaired or constructed critical infrastructure.

Wounded Syrians received life-saving treatment at Jordanian hospitals through arrangements made by the ICRC – which donated medical supplies and equipment to the hospitals. Training and material support from the ICRC enabled local medical personnel and the National Society to be more prepared for emergencies. Students and instructors in the physical rehabilitation faculty at one university received training and individual mentoring from the ICRC.

The ICRC conducted a study aimed at reaching a fuller understanding of the psychosocial, socio-economic, legal and other needs of missing people's families; this was a step towards developing a response to those needs.

Members of families separated by armed conflict, detention or other circumstances reconnected through the Movement's family-links services. Syrians made phone calls to relatives abroad and lodged requests to trace members of their families, including through the ICRC's family-links website (familylinks.icrc.org) in Arabic. Through the ICRC, foreign detainees notified their consular representatives, the UNHCR or the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) of their detention.

Detention authorities identified three pilot sites for a joint project with the ICRC to improve health-care services in prisons; depending on the results, the project will be replicated elsewhere. With technical advice from the ICRC, eight places of detention improved medical screening for detainees. At an ICRC seminar, health and detention authorities discussed how to foster adherence to medical ethics in places of detention. Repairs carried out at a ward for female detainees in a hospital in Amman improved ventilation and access to heated water, and enabled the medical isolation of detainees with communicable diseases.

The ICRC helped staff and volunteers from Islamic charities, and community-based humanitarian actors assisting Syrians in Jordan, to familiarize themselves with IHL, humanitarian principles and the ICRC. With ICRC technical assistance, the armed forces' command and staff college took steps to incorporate IHL principles in its classes on military operations planning. Military and security forces personnel learnt more about norms applicable to their duties at ICRC training sessions. IHL was incorporated in a military science course that all Jordanian students had to take, as a result of the national IHL committee's efforts.

CIVILIANS

Authorities are reminded of the protection due to people who have fled to Jordan from Syria

ICRC delegates documented some of the protection concerns of people who had fled to Jordan from Syria. Where necessary, it raised them with Jordanian authorities at field level and, in cooperation with the UNHCR and other humanitarian actors, with central authorities as well. The authorities were reminded of the principle of *non-refoulement* and the right of conflict-affected people – including those stranded in Rukban, at the Jordan–Syria border (see *Context*) – to obtain appropriate assistance. Allegations of arrests made in Syria were documented for discussion with the relevant parties

there (see *Syrian Arab Republic*). The ICRC shared – with Jordanian authorities and others concerned – a position paper on returning refugees to Syria. Copies of the latest edition of the ICRC's *Professional Standards for Protection Work* were distributed among other humanitarian actors, to help enhance dialogue and coordination with them on addressing protection issues.

The ICRC informed conflict-affected people, authorities and community leaders of the shift in its approach – away from emergency aid and towards helping communities build self-sufficiency; it also told them about the ICRC services available to help build communities' self-sufficiency; it did all this through the media and through leaflets that it distributed.

Refugees cover their basic expenses and start small businesses

Syrian refugee households – many of them headed by women – covered rent and other basic expenses through regular cash transfers from the National Society and the ICRC; 2,303 households (8,177 people) received such assistance at least once. Throughout the year, the UNHCR gradually took responsibility for about half of these families: it distributed cash to them under a similar programme; some 1,080 households (4,080 people) remained under the ICRC's programme at year's end. The heads of 98 households (514 people) started small businesses with seed money and technical support from the ICRC; the National Society provided similar livelihood assistance to vulnerable Syrian and Jordanian women. Some of them also received monthly cash transfers (see above), which enabled them to sustain themselves before they began generating income. Some activities for building self-sufficiency among vulnerable Jordanian households, such as veterinary support for raising livestock, were suspended because of human-resource and other constraints.

Syrian refugees and vulnerable Jordanians have access to food and water

Roughly 186,000 refugees and residents from urban host communities in Jordan had a more reliable supply of clean water after the ICRC repaired or constructed critical infrastructure. The authorities operating and maintaining some of these facilities received vital equipment from the ICRC, which also trained their personnel. Around 12,100 people in Beshryyeh, a rural community, collected water for their livestock at filling points repaired by the ICRC.

Some 3,500 refugee households (over 17,600 people) and 930 vulnerable Jordanian households (over 4,600 people) benefited, at least once, from the National Society and the ICRC's quarterly distributions of food parcels and hygiene kits. Post-distribution monitoring found that 90% of beneficiaries were satisfied with the quality of the items. The ICRC trained National Society volunteers and staff to carry out some of these distribution and monitoring activities.

Members of separated families reconnect

Members of families separated by armed conflict, detention or other circumstances maintained or restored contact through family-links services provided by the National Society and the ICRC. Syrians made phone calls to their relatives abroad and

lodged requests to trace members of their families, including through the ICRC's family-links website (familylinks.icrc.org) in Arabic. Families in Jordan sent RCMs and brief oral messages through ICRC delegates to relatives detained in Syria, Iraq and other countries. The ICRC, in coordination with the embassies concerned, helped people obtain the documents they required to travel or reunite with family members, or in connection with legal or administrative matters. It also facilitated the reunion of a Jordanian family returning from Syria, and the resettlement of two Palestinian families in Brazil.

The ICRC conducted a study aimed at reaching a fuller understanding of the psychosocial, socio-economic, legal and other needs of missing people's families; this was a step towards developing a response to those needs. It also contributed to the development of a regional framework for action on the issue of missing people; to that end, it conducted a study of relevant legal frameworks in Jordan. Jordanian members of an ICRC-supported regional forensic network were sponsored to attend meetings abroad and discuss possibilities for cooperation with their counterparts in other countries.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited 21 places of detention – including those run by the General Intelligence Department, correctional and rehabilitation centres, and temporary-detention facilities run by the interior ministry – in accordance with its standard procedures. It did so to check on the treatment and living conditions of detainees. Over 1,200 particularly vulnerable detainees, including security detainees and foreigners, were followed up individually; the ICRC assisted detainees with specific needs (see below).

The ICRC communicated its findings confidentially to the authorities, and reminded them of the necessity of informing families of the arrest of relatives, respecting the principle of *non-refoulement*, and ensuring that judicial guarantees were upheld.

Foreign detainees contact their relatives and their embassies

Detainees – mainly foreigners and security detainees who could not receive family visits – contacted their relatives through RCMs and brief oral messages relayed by ICRC delegates. A total of 255 phone calls were made to inform families of the whereabouts of a detained relative.

Foreign detainees notified – through the ICRC – their consular representatives, the UNHCR or the UNRWA of their detention. The ICRC enabled detainees in Syria and Iraq that it had visited to notify their embassies in Jordan when they had no diplomatic representation in their country of detention.

Detainees have access to improved health-care facilities

The authorities sought to improve detainees' access to health care, and signed an agreement with the ICRC in this regard. A technical working group was set up under the agreement: the ICRC representatives on it provided expert advice and support. The working group identified three pilot sites for a three-year project to improve health care for detainees; depending on the results, the project will be replicated elsewhere.

ICRC health staff visited 18 detention facilities; at eight priority facilities, technical advice provided to health personnel and improvements to tools used in medical screening helped improve health care for detainees. At an ICRC seminar, senior health and detention authorities – including from other countries – discussed how to foster adherence to medical ethics in places of detention. A detainee who had participated in a hunger strike was monitored individually. Medical equipment and supplies were provided to seven facilities. Repairs carried out at a ward for female detainees in a hospital in Amman, which often received detainees as patients, improved ventilation and access to heated water, and enabled the medical isolation of detainees with communicable diseases. The ICRC gave some female detainees hygiene kits.

The justice ministry set up a committee to study alternatives to detention, with a view to tackling overcrowding in prisons; it took the ICRC's recommendations into account. The ICRC referred 168 detainees to NGOs for legal aid.

WOUNDED AND SICK

Wounded Syrians receive urgent medical care

The ICRC enabled 20 wounded Syrians to cross the border and be admitted to either of two Jordanian hospitals where they received life-saving treatment and follow-up care; these two hospitals had previously signed agreements with the ICRC to receive such patients. ICRC support enabled local medical personnel and the National Society to be more prepared for emergencies. Various medical professionals received ICRC training in first aid and related areas; they included 132 first responders who strengthened their grasp of pre-hospital and advanced cardiac life support, 70 hospital workers who learnt more about managing mass casualties and 14 National Society members attending train-the-trainer sessions in first aid. Seven hospitals, including the two mentioned above, bolstered their emergency response capacities with ICRC support: donations of supplies and equipment, and repairs or renovations to emergency rooms.

During discussions with the health ministry, and interviews on public television stations, the ICRC emphasized messages related to the Health Care in Danger initiative, such as the necessity of protecting patients and medical workers and facilities.

Disabled people receive physical rehabilitation services at the Al-Bashir hospital

Over 100 disabled people¹ availed themselves of physical rehabilitation services at the Al-Bashir hospital, which received material assistance from the ICRC. The ICRC also supported the development of courses in physical rehabilitation at the hospital's affiliate, the University of Jordan; the ICRC trained and mentored fifteen instructors, who had 80 students, in prosthetics and orthotics at the university.

ACTORS OF INFLUENCE

Local humanitarian actors learn more

about the ICRC's neutral, impartial and independent approach

The ICRC held dissemination sessions to enable staff and volunteers from Islamic charities, and community-based humanitarian actors assisting Syrians in Jordan, to familiarize themselves with IHL, humanitarian principles and the ICRC's neutral, impartial and independent approach to humanitarian action. Representatives of faith-based groups learnt more about the common ground between IHL and Islam at regional courses abroad, which they attended with ICRC support. The ICRC also sought to broaden public awareness of and acceptance for the Movement and its activities. It produced public-communications materials, and organized events, to explain its altered approach to providing assistance in Jordan (see *Civilians*).

As per their agreement, the ICRC provided financial and technical support for the National Committee for Demining and Rehabilitation to conduct mine-risk education sessions, specifically for people planning to return to Syria; as agreed with the committee, the ICRC concluded its support by the middle of the year.

Military officers and security forces personnel strengthen their grasp of pertinent norms

At an event organized by the national IHL committee – which featured speakers from the ICRC – foreign ministry representatives advanced their understanding of IHL, particularly its applicability in their region, and of their role in promoting and shaping it.

The armed forces' command and staff college took steps to incorporate IHL principles in its classes on military operations planning; the ICRC provided technical assistance. Military officers strengthened their grasp of IHL, and security forces personnel learnt more about international human rights law and international policing standards, at ICRC training sessions.

Jordanian students learn about IHL under the national curriculum

The national IHL committee received financial and technical assistance from the ICRC to support its efforts in promoting IHL (see above). The ICRC sponsored some committee members to go abroad for a regional meeting of national IHL committees. The committee and the ICRC conducted several joint initiatives to broaden understanding of and respect for IHL in Jordan. Owing to the committee's efforts, IHL was incorporated in a military science course compulsory for all Jordanian students, and in courses in human rights law at three universities; the committee's library, for which the ICRC donated equipment, was used by a number of students. Students from ten universities tested their grasp of IHL at a moot court competition organized by the committee and the ICRC. Academics at two universities attended ICRC seminars on the common ground between IHL and Islam, and four university professors participated in IHL courses abroad, with ICRC sponsorship.

1. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

RED CROSS AND RED CRESCENT MOVEMENT

The Jordan National Red Crescent Society, often with the ICRC, worked to address the needs of Syrian asylum seekers and vulnerable Jordanians. Financial, material and technical support from the ICRC enabled it to train its volunteers and staff and develop its capacities – especially in advancing organizational development, managing financial and human resources, and applying the Safer Access Framework. Discussions with trainers from the Egyptian Red Crescent Society, arranged by the ICRC, enabled National Society staff to expand their understanding of the Safer Access Framework.

The National Society responded to people's needs (see *Civilians*) and played a key role in collecting beneficiaries' responses to the Movement's humanitarian activities. Material and technical support, and training, from the ICRC helped it to bolster its emergency preparedness – especially in connection with first aid (see *Wounded and sick*) – and maintain its vocational training programme for some 310 vulnerable Syrian and Jordanian women. Some staff received training in public communication. Movement components met regularly to coordinate their activities for asylum seekers from Syria.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		300			
RCMs distributed		405			
Phone calls facilitated between family members		15,136			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		565	26	7	34
Tracing cases closed positively (subject located or fate established)		52			
Tracing cases still being handled at the end of the reporting period (people)		2,678	75	29	112
Documents					
People to whom travel documents were issued		14			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		21			
Detainees in places of detention visited		14,944	678	83	
Visits carried out		58			
			Women	Girls	Boys
Detainees visited and monitored individually		1,202	209	1	8
<i>of whom newly registered</i>		924	197	1	7
RCMs and other means of family contact					
RCMs collected		366			
RCMs distributed		101			
Phone calls made to families to inform them of the whereabouts of a detained relative		255			
People to whom a detention attestation was issued		15			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	22,315	12,269	5,583
Income support	Beneficiaries	8,691	4,243	3,129
Living conditions	Beneficiaries	22,310	12,266	5,582
Water and habitat				
Water and habitat activities	Beneficiaries	198,146	59,444	75,296
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	1,408	106	
Health				
Places of detention visited by health staff	Structures	18		
Health facilities supported in places of detention visited by health staff	Structures	7		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	7		
Services at hospitals not monitored directly by ICRC staff				
Weapon-wound admissions (surgical and non-surgical admissions)		2,382		
First aid				
First-aid training				
	Sessions	18		
	Participants (aggregated monthly data)	409		
Water and habitat				
Water and habitat activities	Beds	218		
Physical rehabilitation				
Projects supported	Projects	2		
People benefiting from ICRC-supported projects	Aggregated monthly data	101	18	3
	<i>of whom beneficiaries of physical rehabilitation services</i>	101	18	3
New patients fitted with prostheses	Patients	49	7	1
Prostheses delivered	Units	49	7	1
New patients fitted with orthoses	Patients	3	2	1
Orthoses delivered	Units	3	2	1
Patients receiving physiotherapy	Patients	17	7	

KUWAIT (regional)

COVERING: Member States of the Gulf Cooperation Council, namely Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates

The ICRC has been in Kuwait since the 1990–1991 Gulf War. It focuses on humanitarian needs remaining from that war or arising from current armed conflicts and other situations of violence in the wider region. Its work includes activities for people deprived of their freedom and the promotion of IHL and its own role as a neutral, impartial and independent humanitarian organization, among governments and other influential circles. Strengthening partnerships with the Red Crescent Societies of the region is another priority, along with resource mobilization and coordination with other actors.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2018

- Dialogue with the Emirati and Saudi Arabian authorities, on IHL and the conduct of military operations in Yemen, progressed; engagement with the Omani authorities facilitated ICRC activities for wounded people from Yemen.
- The Tripartite Commission adopted the recommendations of an ICRC-commissioned review of its activities to clarify the fate of people missing in connection with the 1990–1991 Gulf War.
- Members of families dispersed by conflict, detention or migration reconnected via Movement family-links services, such as phone/video calls to relatives held in the US detention facility at Guantanamo Bay Naval Station in Cuba.
- Penitentiary authorities in Bahrain, Kuwait and Qatar took steps to improve the management of prisons and/or detainees' access to health care; the ICRC provided support.
- The ICRC opened a new office in Riyadh, Saudi Arabia, with a view to strengthening relationships and networking with decision-makers and other influential parties in the region.
- Owing to various constraints, some of the ICRC's activities – for instance, visits to former Guantanamo Bay detainees who had been resettled in Oman and Saudi Arabia – were postponed or did not take place as planned.

EXPENDITURE IN KCHF

Protection	2,283
Assistance	500
Prevention	3,239
Cooperation with National Societies	963
General	283
Total	7,268
<i>Of which: Overheads</i>	<i>444</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	106%
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PERSONNEL

Mobile staff	16
Resident staff (daily workers not included)	48



PROTECTION

Total

CIVILIANS

Restoring family links

RCMs collected	154
RCMs distributed	166
Phone calls facilitated between family members	79
Tracing cases closed positively (subject located or fate established)	3

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	21
Detainees in places of detention visited	12,921
<i>of whom visited and monitored individually</i>	80
Visits carried out	34

Restoring family links

RCMs collected	379
RCMs distributed	96
Phone calls made to families to inform them of the whereabouts of a detained relative	38

ASSISTANCE

2018 Targets (up to)

Achieved

WOUNDED AND SICK

Medical care

Hospitals supported	Structures		1
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CONTEXT

The Member States of the Gulf Cooperation Council (GCC) continued to exert influence in matters related to armed conflict and humanitarian action in the Middle East and beyond. Some were involved in regional conflicts. Bahrain and the United Arab Emirates (hereafter UAE) were part of the international military coalition led by Saudi Arabia in Yemen. GCC governments and regional organizations – and local charities and organizations in the countries covered – conducted or supported humanitarian activities in the wider region, particularly in Iraq, the Syrian Arab Republic (hereafter Syria) and Yemen.

GCC Member States continued to deal with the consequences of the Qatar crisis: Bahrain, Saudi Arabia, the UAE and other States had had no diplomatic and trade relations with Qatar since June 2017; Kuwait and Oman remained neutral. In Bahrain, demonstrations against the government were smaller than in previous years. Major changes took place in the economic and political structure of Saudi Arabia.

GCC Member States continued to host large numbers of migrants, including people in search of work and people who had fled conflict-affected countries such as Iraq, Syria and Yemen.

ICRC ACTION AND RESULTS

In 2018, the regional delegation in Kuwait intensified its efforts to strengthen support among a broader range of stakeholders for IHL and for the ICRC's neutral, impartial and independent humanitarian work – particularly in Iraq, Syria and Yemen.

The ICRC networked, pursued humanitarian diplomacy, gathered support for its work, and discussed possibilities for cooperation with various influential figures in GCC Member States – through high-level dialogue and public events such as forums and conferences. Dialogue with the Emirati and Saudi Arabian authorities, on IHL and its incorporation in their operations in Yemen, progressed. The ICRC maintained a logistics base in Salalah, Oman, to support its activities for conflict-affected people in Yemen. It opened an office in Riyadh, Saudi Arabia, with a view to strengthening relationships and networking with decision-makers and other influential parties in the region.

Detainees in Bahrain, Kuwait and Qatar were visited in accordance with standard ICRC procedures; particularly vulnerable inmates were monitored individually. Findings from these visits were communicated confidentially to the authorities concerned, with a view to helping them improve detainees' treatment and living conditions. Aided by the ICRC, penitentiary authorities took steps to improve prison management and/or detainees' access to health care. Discussions with the Emirati and Saudi Arabian authorities, on access to people detained in connection with the conflict in Yemen, continued. As a result of these discussions with the Emirati authorities, the ICRC's delegation in Yemen was able to visit a detention facility in southern Yemen. In Saudi Arabia, the ICRC was able to visit detainees at two places of detention.

In cooperation with the Omani authorities, the ICRC transferred wounded people and their caretakers from Yemen to its Weapon Traumatology and Training Centre (WTTC) in Lebanon. Doctors from various hospitals in Oman strengthened their skills in war surgery at a seminar organized by the ICRC and the health ministry.

Members of families separated by armed conflict, detention or migration maintained or restored contact through the Movement's family-links services. Some of them made phone or video calls to relatives detained abroad – for instance, at the US detention facility at Guantanamo Bay Naval Station in Cuba. As an agreement with the authorities in this matter was still pending, the ICRC was unable to visit former Guantanamo Bay detainees who had been resettled in Oman and Saudi Arabia. In 2016, the ICRC commissioned an independent review of the activities of the Tripartite Commission set up by Iraq, Kuwait and former coalition States (France, Saudi Arabia, the United Kingdom of Great Britain and Northern Ireland, and the United States of America) to clarify the fate of people missing in connection with the 1990–1991 Gulf War; the review was completed in 2017. In 2018, the Tripartite Commission adopted the recommendations in the review. The ICRC continued to promote best practices in humanitarian forensics. Forensic professionals from the Middle East and North Africa discussed forensic medicine and challenges associated with human-remains management at a meeting organized by the ICRC in Kuwait.

The ICRC sought to strengthen partnerships with GCC National Societies, in order to ensure an effective response to humanitarian needs in the wider region. The Qatar Red Crescent Society and the ICRC drafted operational partnership agreements for their activities in Iraq and Yemen.

CIVILIANS

The ICRC's dialogue with the Emirati and Saudi Arabian authorities, on IHL and its incorporation in their operations in Yemen, progressed. Among the subjects covered were the necessity of preventing abuses against civilians, and facilitating their access to essential services. The opening of an ICRC office in Riyadh aided these discussions.

Families stay in touch with relatives detained abroad

Members of families separated by armed conflict, detention or migration restored or maintained contact through family-links services offered by GCC National Societies and the ICRC. Families sent RCMs or made phone or video calls to relatives detained abroad – for instance, at the Guantanamo Bay detention facility or in Syria. In Kuwait, migrants without diplomatic representatives sought the ICRC's help to get travel and other official documents from their embassies outside the country; the ICRC enabled 24 people to receive official documents. Fewer people received travel and other official documents through the ICRC in 2018, mainly because of the increased diplomatic presence – which meant that more migrants could be assisted by their consulates or embassies in Kuwait itself. The ICRC also organized meetings with various organizations assisting detained migrants in Kuwait, with a view to coordinating activities more closely, particularly

the delivery of travel documents. The regional delegation in Kuwait followed up – with GCC National Societies and other ICRC delegations – the tracing requests made by families with relatives who had gone missing – in Iraq or Syria, for instance.

As an agreement with the authorities in this matter was still pending, the ICRC was unable to visit people resettled in Oman and Saudi Arabia after their release from the Guantanamo Bay detention facility. However, the ICRC was able to stay in touch with the ex-detainees in Oman through e-mail and phone calls; it also arranged family visits for them.

The ICRC sought to help GCC National Societies strengthen their provision of family-links services – through training, for instance. At a regional meeting organized by the ICRC in Kuwait, representatives of GCC National Societies discussed obstacles to restoring family links; they also learnt about how the Hellenic Red Cross and the ICRC helped migrants who had crossed the Mediterranean restore or maintain contact with their relatives. The Saudi Arabian Red Crescent drew on ICRC expertise to draft an action plan for providing family-links services during natural disasters.

Tripartite Commission adopts recommendations for improving its work

The Tripartite Commission and its Technical Sub-Committee – both chaired by the ICRC – continued to pursue efforts to clarify the fate of people missing in connection with the 1990–1991 Gulf War. The ICRC urged the Commission to adopt a coordinated and uniform approach to the search for missing people. The Commission adopted the recommendations of an independent review of its activities that had been commissioned by the ICRC in 2016 and was completed in 2017. The recommendations, for excavations, included researching the subject thoroughly before going on missions; focusing on priority sites; and ensuring that scientific procedures were followed. Within the framework of the Commission, contemporary satellite images of possible burial sites – obtained from various sources – were analysed. Excavations took place in Kuwait and Iraq, but no human remains were recovered.

The ICRC continued to promote best practices and lent its expertise in humanitarian forensics, with a view to ensuring proper handling and identification of human remains within the region and beyond. Forensic professionals from the Middle East and North Africa discussed forensic medicine and challenges associated with human-remains management at a meeting organized by the ICRC in Kuwait. Participants in the regional meeting on restoring family links held in Kuwait – mentioned above – were also briefed on the proper management of human remains.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees in Bahrain, Kuwait and Qatar – in accordance with its standard procedures – to monitor their treatment and living conditions. It paid particular attention to vulnerable people, such as women and foreigners. In Kuwait, the ICRC also checked on the situation of migrants held in police stations. The ICRC communicated findings from these visits

– and where appropriate, its recommendations for improving detainees' living conditions and treatment, and for addressing overcrowding – confidentially to the authorities concerned. The ICRC also reminded them of the necessity of respecting judicial guarantees and the principle of *non-refoulement*.

The ICRC continued to discuss with the Emirati and Saudi Arabian authorities the issue of access to people detained in connection with the conflict in Yemen. As a result of these discussions with the Emirati authorities, the ICRC's delegation in Yemen was able to visit a detention facility in southern Yemen (see *Yemen*). In Saudi Arabia, the ICRC was able to visit detainees at two places of detention. It oversaw the hand-over of 49 Yemenis, including minors – by detaining authorities in Saudi Arabia to their Yemeni counterparts.

At the detention facilities visited, some detainees used the ICRC's family-links services to contact relatives. The ICRC reminded the authorities of the necessity of enabling detainees to maintain contact with their families. It issued attestations of detention for 1,118 people in Kuwait.

The authorities take steps to improve detainees' access to health care

The ICRC sought to organize or provide assistance for training prison staff in internationally recognized standards for detention. In Kuwait, during meetings and training sessions organized by the ICRC, prison staff discussed the proper treatment of detainees and learnt about the ICRC's mandate and activities.

The ICRC sponsored Kuwaiti prison directors to attend the annual conference of the International Corrections and Prison Association, which was held in Canada. The event was also an opportunity for these officials to strengthen their capacities in prison management. Kuwaiti prison officials learnt more about the management of deportation centres through an ICRC study tour to a deportation centre in Doha, Qatar.

The ICRC urged – and provided support for – the authorities and other pertinent actors in Bahrain, Kuwait and Qatar to make health services, including psychological care, more readily available to detainees. In Qatar, the ICRC conducted information sessions for prison doctors on medical ethics and the importance of carrying out systematic medical screening of detainees. In Kuwait, during a round-table organized by the ICRC, officials from the health and interior ministries, and others, discussed how to tackle drug abuse and mental illness among detainees. At the ICRC's urging, the management and medical staff of a deportation centre in Kuwait agreed to give ailing deportees copies of their medical files – and at least a week's worth of medicines – to take to their home countries. The ICRC submitted – to the pertinent authorities in Bahrain – a paper on health-related issues in detention facilities, which included recommendations for addressing these. The ICRC sponsored health and prison staff from Bahrain, Kuwait and Qatar to attend a seminar – in Amman, Jordan – on health care in detention.

PEOPLE DEPRIVED OF THEIR FREEDOM	Bahrain	Kuwait	Qatar	Saudi Arabia
ICRC visits				
Places of detention visited	2	14	3	2
Detainees in places of detention visited	4,590	5,505	2,411	415
of whom women		435	120	
of whom minors	145	1		48
Visits carried out	2	26	3	3
Detainees visited and monitored individually	2	29		49
of whom women		23		
of whom boys				48
Detainees newly registered		25		44
of whom women		23		
of whom boys				43
RCMs and other means of family contact				
RCMs collected		39		340
RCMs distributed				96
Phone calls made to families to inform them of the whereabouts of a detained relative		38		
Detainees released and transferred/repatriated by/via the ICRC				49
People to whom a detention attestation was issued		1,118		

WOUNDED AND SICK

In cooperation with the Omani authorities, the ICRC transferred wounded people and their caretakers from Yemen to the WTC in Lebanon (see *Lebanon*). At year's end, with the ICRC's assistance, five patients had completed their treatment at the WTC and returned to Oman.

A seminar organized by the ICRC and the health ministry enabled 60 doctors from hospitals in Oman to strengthen their skills in war surgery. The ICRC donated surgical equipment – for treating wounded Yemenis – to the Khaula hospital in Muscat, Oman.

ACTORS OF INFLUENCE

The ICRC's regional delegation in Kuwait intensified its efforts to expand support for IHL, and for its neutral, impartial and independent humanitarian work – particularly in Iraq, Syria and Yemen. It pursued various forms of engagement with a broader range of stakeholders in the region. It also opened a new office in Riyadh, with a view to strengthening relationships and networking with decision-makers and other influential parties in the countries covered. However, some constraints delayed a few of the ICRC's planned activities for different actors of influence.

Senior military officers from different countries strengthen their grasp of IHL

The ICRC urged government officials and others in the countries covered – including members of national IHL committees – and gave them expert advice and other support, to ratify and/or implement IHL and related treaties. In Oman, the ICRC provided the national IHL committee with books and other reference materials on IHL. The ICRC sponsored four members of the national IHL committee in Qatar to attend a regional course on IHL in Beirut, Lebanon (see *Lebanon*). The ICRC and the Qatari committee also signed a memorandum of understanding to strengthen cooperation in promoting IHL. In Abu Dhabi, the Emirati foreign ministry and the ICRC organized a regional course in IHL for diplomats from Arab

countries. Discussions between the ICRC and the Emirates Diplomatic Academy – on the incorporation of IHL in the academy's curriculum – progressed.

Military and security officers and other officials across the region furthered their understanding of IHL and other applicable norms at briefings, workshops, and other events organized by the ICRC. Senior military officers from GCC Member States and other countries strengthened their grasp of the IHL principle of proportionality at a meeting held in Kuwait. In Abu Dhabi, senior military officers from about 80 countries discussed the challenges of the modern battlefield and other related topics at the Senior Workshop on International Rules Governing Military Operations organized by the UAE defence ministry and the ICRC (see *International law and policy*). Officials from the UAE defence ministry – including legal advisers – learnt more about IHL and the ICRC's work during a training course at ICRC headquarters in Geneva, Switzerland. The ICRC also continued to offer armed forces in the region technical assistance for incorporating IHL in their training.

The ICRC bolsters its humanitarian diplomacy

The ICRC networked, pursued humanitarian diplomacy, gathered support for its work, and discussed possibilities for cooperation with various influential figures, including people from the private sector, in GCC Member States. It did all this through high-level dialogue, and events such as forums and conferences. These events tackled a broad range of subjects, such as the localization of aid and the reconstruction of infrastructure in Iraq. During his visits to Kuwait, Qatar, Saudi Arabia and the UAE, the ICRC's president discussed issues of common interest, and explored possibilities for further cooperation, with numerous figures of high standing. The Oman Charitable Organization helped facilitate customs clearance for aid bound for the ICRC's logistics base in Salalah, and then to Yemen: this was another positive result of the ICRC's engagement with influential bodies in the region.

Dissemination sessions and other activities organized by the ICRC enabled representatives of local or regional organizations, academics and others to familiarize themselves with humanitarian issues, IHL and the ICRC's activities. Personnel from the King Salman Humanitarian Aid and Relief Centre, and the Saudi Arabian Red Crescent learnt more about neutral, independent and impartial humanitarian action, and protection-related issues that arise during armed conflict, at an ICRC training session in Saudi Arabia. In the UAE, the ICRC was awarded the Hamdan Award for Volunteers in Humanitarian Medical Services for 2017–2018, and the Emirates Prize for Humanitarian Action at the Zayed Humanitarian Forum.

The ICRC strengthened its engagement with the media and its presence on digital platforms, to broaden awareness of humanitarian issues arising from conflicts in the wider region and its response to them. Traditional and online media in the region covered the ICRC's activities, which helped build support for the Movement and IHL among the general public. The ICRC also sought to coordinate its public-communication initiatives with the National Societies.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC pursued efforts to expand its operational partnerships with GCC National Societies – particularly the Kuwaiti and Qatari National Societies – in order to mount a more effective response to the needs of violence-affected people in the wider region. As a result of their regularly held discussions, the ICRC and the Qatari Red Crescent drafted operational partnership agreements for their activities in Iraq and Yemen. However, the security situation in Yemen and its lack of funds in Lebanon prevented the Kuwaiti Red Crescent from signing operational partnerships with the ICRC for their activities in those countries.

The ICRC provided capacity-building training and/or support for GCC National Societies in such areas as restoration of family links, disaster management and programme monitoring and evaluation. The ICRC also urged GCC National Societies and other Movement components in the region to meet regularly, in order to improve coordination among them.

Representatives of National Societies from the Middle East, Europe and Central Asia discussed the consequences of the use of nuclear weapons, and what they could do to eliminate these weapons, during a workshop organized by the Qatari Red Crescent and the ICRC in Doha.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	154			
RCMs distributed	166			
Phone calls facilitated between family members	79			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	29	3	1	
<i>including people for whom tracing requests were registered by another delegation</i>	3			
Tracing cases closed positively (subject located or fate established)	3			
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases still being handled at the end of the reporting period (people)	1,561	12	1	44
<i>including people for whom tracing requests were registered by another delegation</i>	1,396			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	2	2		
Documents				
People to whom travel documents were issued	1			
People to whom official documents were delivered across borders/front lines	24			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	21			
Detainees in places of detention visited	12,921	555	194	
Visits carried out	34			
		Women	Girls	Boys
Detainees visited and monitored individually	80	23		48
<i>of whom newly registered</i>	69	23		43
RCMs and other means of family contact				
RCMs collected	379			
RCMs distributed	96			
Phone calls made to families to inform them of the whereabouts of a detained relative	38			
Detainees released and transferred/repatriated by/via the ICRC	49			
People to whom a detention attestation was issued	1,118			

MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM		Total		
Health				
Places of detention visited by health staff	Structures	8		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		

LEBANON

The ICRC has been present in Lebanon since the 1967 Arab–Israeli war. With the Lebanese Red Cross, it works to protect and assist civilians affected by armed conflict and other situations of violence. It facilitates access to water and provides medical care and other relief to refugees and residents wounded in Lebanon or in the neighbouring Syrian Arab Republic. It visits detainees; offers family-links services, notably to foreign detainees and refugees; works with those concerned to address the plight of the families of the missing; and promotes IHL compliance across Lebanon.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- Through representations from the ICRC, the authorities and weapon bearers were reminded of the protection due to people seeking or delivering medical services, and of the necessity of respecting the principle of *non-refoulement*.
- Syrian and Palestinian refugees, and Lebanese host communities, had better living conditions after the Lebanese Red Cross, the ICRC and other Movement components carried out infrastructural upgrades and other projects.
- Vulnerable refugees and residents covered their basic needs and launched small businesses, with ICRC financial support.
- Wounded, critically ill, and destitute people received medical attention, including rehabilitative and surgical care, at ICRC-supported medical facilities throughout the country.
- Detainees in three prisons had broader access to health care and benefited from infrastructural upgrades carried out by the ICRC.
- The Lebanese parliament passed a law on missing people. The new law – drafted with ICRC technical advice – called for the establishment of a mechanism for ascertaining the fate of people missing in relation to past conflicts.

EXPENDITURE IN KCHF

Protection	6,018
Assistance	33,270
Prevention	1,797
Cooperation with National Societies	2,692
General	530
Total	44,307
<i>Of which: Overheads</i>	<i>2,704</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Mobile staff	71
Resident staff (daily workers not included)	275



PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	79
RCMs distributed	257
Tracing cases closed positively (subject located or fate established)	52
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	18
Detainees in places of detention visited	7,122
<i>of whom visited and monitored individually</i>	875
Visits carried out	152
Restoring family links	
RCMs collected	873
RCMs distributed	430
Phone calls made to families to inform them of the whereabouts of a detained relative	530

ASSISTANCE	2018 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Food consumption	Beneficiaries 2,000	13,235
Income support	Beneficiaries 29,000 ¹	9,284
Living conditions	Beneficiaries 2,000	1,410
Water and habitat		
Water and habitat activities	Beneficiaries 54,000	88,283
Health		
Health centres supported	Structures 8	12
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures 20	19
Physical rehabilitation		
Projects supported	Projects 5	4
People benefiting from ICRC-supported projects	Aggregated monthly data 600	1,414
Water and habitat		
Water and habitat activities	Beds 289	265

- This figure includes a cumulative target of 20,000 people (first-time and repeat beneficiaries) whom the ICRC planned to assist from 2018 to 2020.

CONTEXT

The armed conflict in the Syrian Arab Republic (hereafter Syria; see also *Syrian Arab Republic*) continued to have a significant impact on Lebanon. Around 1.5 million refugees from Syria were reportedly living in host communities or informal settlements throughout the country. Their living conditions were dire and anti-refugee sentiment among residents was growing. Several thousand refugees had already returned to Syria. The Lebanese authorities enabled many of them to leave and indicated their intention to persuade others to do so as well.

Some 450,000 Palestinian refugees, most of them registered with the UN Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), lived in 12 overcrowded camps in Lebanon. Tensions between armed factions sometimes led to clashes in these camps, particularly in Ein el-Helwe – the largest and most overcrowded – in Saida.

Military and security operations in violence-prone areas often resulted in casualties and arrests. However, law enforcement operations in Syrian settlements were said to have become less frequent.

Gaps in State services for refugees were partially filled, albeit with difficulty, by humanitarian organizations working in Lebanon. Syrian and Palestinian refugees lacked access to public services, livelihood opportunities, and adequate housing. Refugees and destitute residents often could not afford medical services.

Thousands of missing-persons cases linked to past conflicts in Lebanon remained unresolved and a source of anguish for the families concerned. In November, the Lebanese parliament passed a law that established a legal framework for clarifying the fate of missing people.

General elections were held – for the first time in nine years – in May; however, a government had not yet been formed at year's end.

ICRC ACTION AND RESULTS

The ICRC maintained its humanitarian response in Lebanon, particularly in connection with the effects of the Syrian conflict. It endeavoured to protect and assist Syrian and Palestinian refugees and destitute Lebanese residents, in partnership with the Lebanese Red Cross and other Movement components, and in close coordination with the authorities, UNRWA and other organizations.

Efforts were sustained to persuade the authorities to pass a law aimed at clarifying the fate of people missing in connection with past conflicts, which the parliament did in November. The ICRC enabled missing people's families to obtain psychosocial support and participate in commemorative events that raised awareness of their plight. It collected data on missing people from their relatives, to aid a future process for identifying human remains. Forensic professionals built up their capacities in managing human remains with ICRC support.

The ICRC visited places of detention in accordance with its standard procedures. It discussed its findings with the authorities about, *inter alia*, detainees' access to health care, and reminded them of the necessity of respecting judicial guarantees and the principle of *non-refoulement*. Infrastructural renovations by the ICRC improved detainees' living conditions.

Military and security personnel were aided by the ICRC to incorporate IHL and international policing standards in their operations. In its dialogue with the ICRC, weapon bearers were reminded of the necessity of ensuring safe access to education and medical services.

Members of families dispersed by armed conflict, detention or other circumstances restored or maintained contact through Movement family-links services. People lodged requests with the ICRC to trace relatives who had gone missing in Syria.

Cash grants enabled refugees – and residents of host communities – to cover their basic living expenses or launch small businesses. Other violence-affected people were given emergency material assistance. Refugee communities had better living conditions after the ICRC upgraded water, electrical and sanitation systems, and renovated shelters.

ICRC-supported primary-health-care centres provided vulnerable refugees and residents with preventive and curative care, psychosocial support and referrals to specialized treatment. Disabled people were given assistive devices and physiotherapy at ICRC-supported physical rehabilitation centres.

To ease the strain on Lebanon's health system, and ensure timely and suitable treatment for wounded people, the ICRC maintained its support throughout the casualty care chain; for instance, it provided first-aid training for community members and military personnel. At the ICRC's Weapon Traumatology and Training Centre (WTTC) in Tripoli, and at the ICRC-run emergency ward at the Rafik Hariri University Hospital (RHUH) in Beirut, the ICRC covered the costs of surgical treatment for wounded patients and other vulnerable people. The RHUH – Lebanon's largest public hospital – benefited from infrastructural upgrades, maintenance training, and on-site support for medical staff – all aspects of a multi-year capacity-building project.

News releases and various ICRC public-communication initiatives helped broaden awareness – in Lebanon and throughout the region – of the ICRC's activities and draw attention to issues of humanitarian concern.

The Lebanese Red Cross reinforced its emergency response capacities with the ICRC's support. Movement components in Lebanon coordinated their activities to ensure a coherent humanitarian response in the country, especially to emergencies.

CIVILIANS

The ICRC monitored the situation of refugees and destitute residents in Lebanon and continued to discuss their protection-related concerns with the authorities and weapon bearers. It submitted representations to the authorities and other actors concerned on the necessity of respecting the principle of *non-refoulement* and facilitating access to medical services. In January, an ICRC position paper – on the necessity of ensuring that the repatriation of refugees to Syria is voluntary, safe and dignified – was shared with high-level authorities, weapon bearers and diplomats; this paper continued to be a source of constructive dialogue between the ICRC and the parties concerned. Following sustained exchanges with the ICRC, 15 armed factions in Ein el-Helwe signed a document declaring their commitment to protecting medical personnel and facilities in case of armed violence.

Missing people's families address their specific needs

The ICRC continued to remind the authorities of the necessity of clarifying the fate of missing people and addressing the needs of the families concerned. Commemorative and awareness-raising events – organized with ICRC support – broadened public awareness of the plight of missing people's families. Some 80 families obtained psychosocial support via an ICRC-backed accompaniment programme, which was extended to seven additional districts; families were also made aware of the ICRC's procedures in searching for and identifying missing people.

In preparation for a future identification process for human remains, the ICRC continued to gather and preserve information pertaining to missing people: to that end, it interviewed their families and collected biological reference samples from them.

In November, the Lebanese parliament passed a law on missing people; parliamentarians had drawn on ICRC expertise to draft it. The law called for the establishment of a mechanism for ascertaining the fate of people missing in relation to past conflicts.

With a view to preventing future disappearances, authorities and forensic specialists were given technical and material support by the ICRC: for instance, military and security personnel and first responders were trained in best practices in managing human remains at ICRC workshops, and a morgue was provided with equipment to support its operations.

Members of separated families stay in touch

Members of families dispersed by armed conflict, detention or other circumstances reconnected through RCMs and other Movement family-links services. Requests to trace people missing or allegedly arrested in Syria were coordinated with the ICRC's Damascus delegation (see *Syrian Arab Republic*), which forwarded these cases to the pertinent Syrian authorities. Syrian refugees learnt – through the ICRC's outreach activities – about the family-links services available to them.

Nine Syrian refugees were resettled in third countries with the help of ICRC travel documents. No ICRC-assisted repatriations from Israel took place in 2018.

Refugees and vulnerable residents cover their basic needs

Support from the Lebanese Red Cross and the ICRC helped refugees – and their Lebanese host communities – to cover their basic living expenses and bolster their earning capacities. Roughly 1,260 households (6,279 people) were given a monthly allowance; households reportedly used at least 90% of it to pay for food, rent and health care. Using ICRC cash grants, 226 households (1,130 people) launched small businesses or raised livestock to increase their income; those households who had launched small businesses reported having at least half of their monthly expenses covered. Furthermore, 375 households (1,875 people) in Akkar were provided with dairy cattle and/or fodder.

Food parcels were given to 13,055 refugees (2,611 households) and some Lebanese families. Around 180 Palestinian refugees (36 households) whose homes had been damaged during clashes received cash and household essentials to ease their living conditions. Blankets, tarpaulins and other items helped 1,230 people (246 households), including Palestinian refugees from Syria, to see themselves through the winter.

Vulnerable people benefit from restored water facilities and shelters

Various ICRC initiatives made water more readily available, and improved sanitation, for roughly 88,300 people.

Some 57,800 refugees and residents benefited from ICRC infrastructural upgrades: for instance, improvements to water pumping stations and electrical systems. The ICRC – in conjunction with the National Society and other Movement components – implemented projects that benefited some 21,600 Palestinian and Syrian refugees: for instance, it donated shelter kits, renovated shelters and installed solar lighting.

The National Society and the ICRC helped roughly 5,600 Syrians in informal settlements maintain sanitary surroundings, for example, through clean-up projects in settlements affected by flooding. One school in northern Lebanon (330 students and 10 teachers) was renovated. Roughly 2,900 students at four schools in Ein el-Helwe benefited from repairs to evacuation routes and designated safe areas; they learnt safe practices in case of outbreaks of violence through ICRC information sessions.

Violence-affected people obtain primary-health-care services and psychosocial support

Twelve primary-health-care centres – one in Beirut, one at the Nahr el-Bared Palestinian camp and the rest in southern Lebanon and in areas in the north near the Lebanese–Syrian border – were supported by the ICRC with medical supplies, equipment and expert advice. In total, 150,824 curative consultations and 9,878 prenatal consultations were carried out through these facilities; and roughly 5,900 children were vaccinated. Refugees and residents learnt about good health practices, disease prevention and mental-health awareness at information sessions.

Victims of violence, including survivors/victims of sexual violence, obtained psychosocial support at three ICRC-supported clinics; this reportedly alleviated psychological distress among 80% of the patients.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, 18 places of detention run by the Internal Security Forces (ISF), the Lebanese Armed Forces (LAF) and the General Directorate of General Security (General Security). It followed up 875 detainees – security detainees, people under interrogation and foreigners – individually; some were referred for medical care or psychological support, or given material assistance.

Findings and recommendations were communicated confidentially to the detaining authorities, to help them bring detainees' living conditions and treatment, including access to health care, in line with internationally recognized standards. The authorities were reminded of the necessity of preventing ill-treatment, and of respecting judicial guarantees, the principle of *non-refoulement*, and families' right to know their detained relatives' whereabouts. Approximately 10,000 detainees received blankets, books or hygiene kits.

Roughly 190 detainees in prolonged pre-trial detention benefited from the services of an ICRC-commissioned lawyer. The ICRC had planned to organize prison visits for judges to show them the effects of delays in judicial proceedings on the prison population; owing to various obstacles, however, such a visit did not take place. Nevertheless, in meetings with detaining authorities, the ICRC emphasized the need to reduce overcrowding in detention facilities.

Detainees used the Movement's family-links services to contact their relatives. With the ICRC's help, detained foreigners notified their embassies, or the UNHCR, of their situation.

Detainees' living conditions and access to health care improve

Detainees at three ISF-run prisons obtained health services at clinics supported by the ICRC with material assistance and staff training. The construction of clinics at two military prisons was being discussed with the LAF at year's end.

At ICRC workshops in the country and elsewhere (see *Jordan*), detaining authorities and health staff broadened their knowledge of best practices in health care for detainees; they also discussed such subjects as medical documentation of ill-treatment, including sexual violence, and medical ethics. The ISF and the LAF finalized their working procedures – drafted with ICRC advice – for managing hunger strikes among detainees.

Around 4,000 detainees had better access to water after the ICRC completed a water project at the Roumieh central prison; the ICRC also guided prison staff in dealing with a scabies outbreak among detained minors. Minor infrastructural upgrades were carried out at two detention facilities (145 detainees). Renovations at one ISF-run prison were postponed to 2019. The ICRC gave the authorities expert advice for planning the design and maintenance of two new prisons.

WOUNDED AND SICK

The ICRC continued to support the casualty care chain: first-aiders; the Lebanese Red Cross's emergency medical services (EMS) and blood bank; trauma-care specialists; and hospitals. Health-care workers broadened their understanding of the Health Care in Danger initiative at ICRC information sessions. ICRC-trained NGO staff instructed 56 health personnel in basic counselling and psychological self-care.

First responders strengthen their capacities

First-aid courses were conducted by the ICRC, in some cases with the National Society, for weapon bearers and members of vulnerable communities. It trained 21 LAF personnel to teach first aid, and supplied the LAF with materials for first-aid training. The National Society's EMS continued to provide emergency care and medical evacuation for wounded people, with ICRC technical and material support. The ICRC covered the cost of blood transfusions for some 1,900 Lebanese and Syrians.

A medical kit (for up to 50 people) was donated by the ICRC to one hospital in a violence-prone area. The ICRC identified 22 other hospitals for emergency medical support in the event of outbreaks of violence.

Refugees and residents receive medical services

People living in violence-prone areas received medical attention at 19 ICRC-supported hospitals. These facilities included two field hospitals in Aarsal, three hospitals in Ein el-Helwe, five hospitals run by the Palestine Red Crescent Society's Lebanon branch, the RHUH in Beirut, and the WTTC (housed in two hospitals in Tripoli); they received training and material support: drugs and other medical supplies, and fuel for generators. At six other hospitals, in southern Lebanon and the Bekaa valley, 24 wounded people were stabilized before being referred to other facilities for further care; the ICRC covered their medical expenses.

Wounded people obtain specialized medical care

The WTTC – which consisted of a reconstructive-surgery unit in Dar al-Chifae hospital and a post-operative rehabilitation unit in Dar al-Zahara hospital – continued to be run by an ICRC medical team made up of surgeons, nurses, psychologists, social workers, infectious-disease specialists and physiotherapists. Over the course of the year, 513 admissions were made at the WTTC: most of the patients were Syrian; others were referrals made by ICRC delegations in the region. Some patients also benefited from psychiatric consultations, financial assistance or physical rehabilitation services.

Lebanon's largest public hospital receives capacity-building support

Vulnerable people also sought medical, surgical, maternal or paediatric care at the RHUH, where ICRC staff ran a 32-bed ward. The ICRC upgraded infrastructure at the RHUH and covered treatment costs for 877 patients. RHUH staff benefited from ICRC on-site support and training in trauma care and war surgery.

Medical professionals develop their skills in weapon-wound surgery

A regional course organized by the Lebanese University and the ICRC enabled 45 medical students and professionals to sharpen their skills in wound surgery. Doctors and nurses developed their capacities in emergency-room trauma care at three ICRC training sessions. An ICRC course on managing large-scale health emergencies was held in Beirut; 29 health professionals from Lebanon and elsewhere took part.

Hospital facilities are upgraded

The ICRC upgraded infrastructure at the RHUH (250 beds): it installed new generators, steam boilers, chillers and a water-treatment plant, repaired toilets, and renovated an operating theatre. With ICRC training, hospital staff learnt how to maintain these facilities, and were given maintenance manuals.

Rehabilitation of a hospital morgue (15 beds) in Tripoli was completed. Owing to logistical impediments, the ICRC no longer pursued infrastructural work at a hospital in Aarsal, and postponed renovations at the Human Call Hospital to 2019.

Physically disabled people receive suitable care

Some 1,300 people² obtained physical rehabilitation services at four ICRC-supported centres; logistical impediments prevented the ICRC from supporting a fifth centre. Disabled people were able to obtain prostheses and orthoses at these centres; 530 patients benefited from free physiotherapy. To foster the social inclusion of disabled people, the ICRC sponsored two wheelchair basketball tournaments: teams from Afghanistan, India, Iraq, Lebanon and Syria participated. Some 50 disabled people were referred to the ICRC's economic security unit.

Physical rehabilitation professionals received training in amputee care at an ICRC-supported workshop.

ACTORS OF INFLUENCE

Senior military and security personnel strengthen their grasp of IHL

Military and security officials continued to be engaged by the ICRC in dialogue on incorporating IHL and international law enforcement standards more fully in their operations; to this end, it sponsored them to attend meetings, courses and workshops in Lebanon and elsewhere.

A senior LAF official attended an IHL workshop in the United Arab Emirates (see *International law and policy*). Three LAF officials learnt more about IHL and various humanitarian issues at a course in San Remo, Italy. At an experts' meeting in Switzerland, LAF and ISF officials, and their counterparts from elsewhere, discussed how to prevent ill-treatment in prisons. Other security personnel learnt about IHL and international policing standards at various ICRC workshops and train-the-trainer courses in Lebanon and elsewhere (see, for instance, *Morocco*).

At a regional IHL course in Arabic organized by the League of Arab States and the ICRC in Beirut, government representatives, academics, civil society members and National Society personnel from 17 countries broadened their knowledge of IHL; participants included three ISF and General Security officials.

Members of civil society broaden their understanding of humanitarian issues

ICRC public-communication initiatives on social media, and various awareness-raising events organized with ICRC support, drew the general public's attention to the plight of missing people's families and to the ICRC's work to help address their needs. A law on missing people – drafted with ICRC input – was passed in November (see *Civilians*).

Public-communication efforts in Lebanon also sought to raise awareness of humanitarian issues in the country and throughout the region, and of the ICRC's neutral, impartial and independent humanitarian work. Lebanese and international media covered various subjects related to humanitarian work: ascertaining the fate of missing people; the situation of missing people's families; the ICRC's health- and detention-related activities; and the death of a Lebanese ICRC staff member (see *Yemen*).

With ICRC support, a law professor from a local university attended an IHL course abroad (see *Morocco*).

A study on public perceptions of the ICRC in refugee and host communities was finalized in June; the ICRC's delegation in Lebanon intends to be guided by its findings in its engagement with violence-affected communities in the country. The delegation responded to all the queries it received on its social media accounts.

RED CROSS AND RED CRESCENT MOVEMENT

The Lebanese Red Cross remained the ICRC's main partner in carrying out humanitarian activities in the country, particularly in connection with Syrian refugees (see *Civilians* and *Wounded and sick*). It received technical and financial support from the ICRC for its operations and organizational development; and for strengthening its capacities in these areas: management of finances and human resources; logistics; and public communication.

The Palestine Red Crescent Society's Lebanon branch provided health-care services to Palestinian refugees; the ICRC provided technical, financial and material support.

With ICRC training and advice, both National Societies developed their ability to operate in accordance with the Safer Access Framework.

Movement components met regularly to coordinate their activities and to continue drafting a contingency plan for large-scale emergencies arising from armed conflict or natural disasters in the country.

2. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	79			
RCMs distributed	257			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	533	39	29	31
Tracing cases closed positively (subject located or fate established)	52			
Tracing cases still being handled at the end of the reporting period (people)	6,386	437	201	567
<i>including people for whom tracing requests were registered by another delegation</i>	27			
Documents				
People to whom travel documents were issued	9			
People to whom official documents were delivered across borders/front lines	4			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	18			
Detainees in places of detention visited	7,122	672	221	
Visits carried out	152			
		Women	Girls	Boys
Detainees visited and monitored individually	875	35	1	20
<i>of whom newly registered</i>	487	30	1	16
RCMs and other means of family contact				
RCMs collected	873			
RCMs distributed	430			
Phone calls made to families to inform them of the whereabouts of a detained relative	530			
People to whom a detention attestation was issued	7			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	13,235	3,308	6,619
Income support	Beneficiaries	9,284	2,335	4,614
Living conditions	Beneficiaries	1,410	351	708
Water and habitat				
Water and habitat activities	Beneficiaries	88,283	17,657	52,970
<i>of whom IDPs</i>		88,283	17,657	52,970
Health				
Health centres supported	Structures	12		
Average catchment population		476,000		
Consultations		160,702		
<i>of which curative</i>		150,824	48,500	27,802
<i>of which antenatal</i>		9,878		
Immunizations	Patients	5,888		
<i>of whom children aged 5 or under who were vaccinated against polio</i>		3,146		
Referrals to a second level of care	Patients	8,130		
<i>of whom gynaecological/obstetric cases</i>		725		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	10,008	114	10
Water and habitat				
Water and habitat activities	Beneficiaries	4,145		124
Health				
Places of detention visited by health staff	Structures	18		
Health facilities supported in places of detention visited by health staff	Structures	3		

WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	19		
<i>including hospitals reinforced with or monitored by ICRC staff</i>		8		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
Weapon-wound admissions		614	104	67
(including those related to mines or explosive remnants of war)		17	2	3
Non-weapon-wound admissions		2,298		
Operations performed		2,862		
Medical (non-surgical) admissions		3,096	915	1,348
Gynaecological/obstetric admissions		4,040	3,923	117
Consultations		45,214		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		1,634		
Weapon-wound admissions (surgical and non-surgical admissions)		23	3	3
Weapon-wound surgeries performed		15		
Patients whose hospital treatment was paid for by the ICRC		1,572		
First aid				
First-aid training				
Sessions		20		
Participants (aggregated monthly data)		455		
Water and habitat				
Water and habitat activities	Beds	265		
Physical rehabilitation				
Projects supported	Projects	4		
People benefiting from ICRC-supported projects	Aggregated monthly data	1,414	181	716
<i>of whom beneficiaries of physical rehabilitation services</i>		1,305	160	687
<i>of whom beneficiaries referred to economic programmes</i>		51	5	29
<i>of whom beneficiaries of sporting activities</i>		58	16	
New patients fitted with prostheses	Patients	157	26	10
Prostheses delivered	Units	206	33	18
<i>of which for victims of mines or explosive remnants of war</i>		4		1
New patients fitted with orthoses	Patients	421	40	282
Orthoses delivered	Units	744	55	541
Patients receiving physiotherapy	Patients	530	62	323
Walking aids delivered	Units	165	36	29
Wheelchairs or tricycles delivered	Units	69	11	21

SYRIAN ARAB REPUBLIC

The ICRC has been present in the Syrian Arab Republic since the 1967 Arab–Israeli war. It works with the Syrian Arab Red Crescent to help people affected by armed conflict receive emergency relief and access safe water and medical care. It aims to visit all people held in relation to the conflict and to foster respect for IHL and other applicable norms, notably in relation to sick and wounded patients and medical services. It acts as a neutral intermediary for issues of humanitarian concern between the Israeli-occupied Golan and the Syrian Arab Republic. It helps separated relatives maintain contact.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- Increased proximity to conflict-affected communities enabled the Syrian Arab Red Crescent and/or the ICRC to provide food and essential household items to more vulnerable people than planned.
- Millions of people throughout the country benefited from the ICRC's water-and-habitat activities. Public utilities serving IDPs, residents and returnees improved their services with comprehensive support from the ICRC.
- The National Society and other Syrian medical providers – including in hard-to-reach areas and, at the beginning of the year, in besieged areas – sustained their health-care services for conflict victims with support from the ICRC.
- With ICRC support, prison authorities improved the treatment and living conditions of detainees in central prisons, especially with regard to health care. The ICRC conducted visits to detainees held by armed groups in the north-east.
- Parties to the conflict were reminded by the ICRC to uphold IHL and other pertinent norms, in particular, to fulfil their obligation to protect civilians and ensure safe access for them to medical and humanitarian aid.
- The ICRC continued to face security-related, logistical and other difficulties in carrying out its activities safely, because of the fighting and the multiplicity of armed groups.

EXPENDITURE IN KCHF

Protection	7,503
Assistance	163,954
Prevention	4,172
Cooperation with National Societies	7,227
General	429
Total	183,284
<i>Of which: Overheads</i>	<i>11,180</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	104%
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PERSONNEL

Mobile staff	96
Resident staff (daily workers not included)	523



PROTECTION

Total

CIVILIANS

Restoring family links

RCMs collected	1,698
RCMs distributed	809
Phone calls facilitated between family members	8
Tracing cases closed positively (subject located or fate established)	361
People reunited with their families	1

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	14
Detainees in places of detention visited	19,576
<i>of whom visited and monitored individually</i>	977
Visits carried out	31

Restoring family links

RCMs collected	2,512
RCMs distributed	606
Phone calls made to families to inform them of the whereabouts of a detained relative	607

ASSISTANCE

2018 Targets (up to)

Achieved

CIVILIANS

Economic security

Food consumption	Beneficiaries	2,368,000	2,799,967
Food production	Beneficiaries	250,000	194,980
Income support	Beneficiaries	5,000	4,900
Living conditions	Beneficiaries	1,850,000	2,280,554
Capacity-building	Beneficiaries		15

Water and habitat

Water and habitat activities	Beneficiaries	12,000,000	17,746,570
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Health

Health centres supported	Structures	33	28
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures	21	32
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Physical rehabilitation

Projects supported	Projects	2	2
People benefiting from ICRC-supported projects	Aggregated monthly data	3,600	5,328

Water and habitat

Water and habitat activities	Beds	400	1,833
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CONTEXT

In the Syrian Arab Republic (hereafter Syria), the armed conflict between government forces and various armed groups continued, as did fighting among these factions. Third-party States carried out and/or supported operations against these groups.

Its military operations – and agreements reached with armed groups – enabled the government to regain control over some opposition-held parts of the country. While these efforts contributed to the abatement of violence in some places, fighting persisted and, for a time, even intensified in areas such as Afrin in the Aleppo governorate and Eastern Ghouta in the Rural Damascus governorate; by the end of the year the conflict had become more localized.

Since the fighting began in 2011, hundreds of thousands of civilian casualties, tens of thousands missing or detained, and millions displaced in Syria or abroad had been reported. Parties to the conflict have breached IHL and other norms applicable to the conduct of hostilities. The country's economy and public services have been crippled by violence and international sanctions. In 2018, humanitarian needs were acute in areas besieged by government forces or armed groups, and in places made inaccessible by insecurity or logistical obstacles.

A total of 74 Syrian Arab Red Crescent and Palestine Red Crescent Society personnel have been killed since the conflict began. The abduction of three ICRC staff members in 2013 remained unresolved.

Internationally backed talks made little progress in effecting a political solution to the crisis.

ICRC ACTION AND RESULTS

The ICRC – together with the Syrian Arab Red Crescent and other local partners, and in coordination with Movement components and others – strove to respond to humanitarian needs in Syria, despite security-related and logistical impediments to the full implementation of its activities.

In all its interaction with the authorities and other key contacts, the ICRC sought to promote support for neutral, impartial and independent humanitarian action and to maintain and/or increase its proximity to conflict-affected communities. It reminded parties to the conflict of the necessity of upholding IHL and other applicable norms. The national IHL committee drew on ICRC expertise to implement a plan of action for promoting IHL throughout the country. It conducted workshops on IHL for members of the judiciary and for officials from the defence, justice, and other ministries. The ICRC also sought to expand contact with beneficiaries, current and potential, to help them become fully aware of their rights and the services available to them.

The ICRC prioritized helping IDPs and others affected by the intensified fighting – in Afrin and Eastern Ghouta, in particular – and people in hard-to-reach areas and, at the beginning of the year, in besieged areas. The National Society

and the ICRC continued to conduct large-scale distributions of food and household essentials; millions of IDPs, residents and returnees benefited. The ICRC maintained its extensive support for local partners, to help ensure that millions, including IDPs, had access to drinking water, and better shelters and other basic facilities. Increased proximity to conflict-affected communities enabled the ICRC and the National Society to assist more people than planned. Farming households grew more food with supplies from the ICRC; and vulnerable heads of households received financial and technical assistance to launch small businesses.

ICRC support enabled primary-health-care providers under the health ministry, or managed by the National Society, to bolster their services for vulnerable communities. The ICRC also helped emergency responders and hospital staff to strengthen their life-saving services for the wounded and the sick. Delivering surgical supplies and equipment to health-care facilities, however, remained difficult to do. The ICRC shifted its focus in providing material aid to hospitals: it dedicated more resources to providing comprehensive regular support to a selected few hospitals, and less towards providing ad hoc support to many. Disabled people were treated at physical rehabilitation centres run by the ICRC, and by the National Society with ICRC support. The ICRC pursued various efforts to foster their social inclusion.

The ICRC visited people held in central prisons – and in facilities controlled by armed groups in the north-east – to monitor their treatment and living conditions; it communicated its findings confidentially to the pertinent officials. Various types of ICRC support were given to some of these prisons, to improve living conditions and health services. The ICRC strove to gain access to other places of detention, including those run by the security forces.

The Movement's family-links services helped members of dispersed families reconnect; but thousands of people were still unaccounted for, such as many allegedly arrested or detained in relation to the conflict. The ICRC established dialogue with local and international stakeholders on missing people and their families in Syria, and offered to make its expertise available for building local capacity to address the issue.

The National Society bolstered its operational and organizational capacities with ICRC support. Movement components in Syria met regularly to coordinate their activities.

CIVILIANS

The ICRC reaches more conflict-affected areas despite barriers to humanitarian action

The ICRC continued to face security-related, logistical and other difficulties in carrying out its activities safely, because of the fighting and the multiplicity of armed groups. It adapted its activities to restrictions imposed by parties to the conflict. Nonetheless, the Syrian Arab Red Crescent and the ICRC expanded their interaction with key contacts which, along with abatement in the violence (see *Context*), improved their proximity to conflict-affected people.

The ICRC sought – in all its interaction with the authorities and other key figures – to promote support for neutral, impartial and independent humanitarian action and to maintain and/or increase its proximity to conflict-affected communities. Through dialogue and written representations, it reminded parties to the conflict to: uphold IHL and other applicable norms; protect people not and no longer participating in hostilities; and ensure civilians' safe access to basic services and humanitarian aid. An ICRC position paper on the returns of displaced people was shared with high-level authorities, diplomats and weapon bearers.

Aided by the Syrian Arab Red Crescent, the ICRC sought to increase its accountability to beneficiaries, including detainees, by devising ways for them to give feedback on ICRC activities. It used traditional and social media to broaden awareness among conflict-affected people of their rights and of Movement services available to them.

Conflict-affected people obtain relief assistance

The National Society and the ICRC prioritized helping IDPs and others affected by the intensified fighting – particularly in Afrin and Eastern Ghouta – and people in besieged and remote areas, including at a camp in Rukban near the Syria–Jordan border (see *Jordan*). Closer proximity to these communities enabled the ICRC to provide more people than planned with emergency assistance. National Society personnel developed – through ICRC training – their ability to carry out relief and livelihood-support activities.

Roughly 2.8 million people (over 559,900 households) received bread packs and other food items from the National Society and the ICRC, and/or from their local partners, such as collective kitchens supported by them. Fifteen food-producing utilities such as bakeries and mills maintained or increased production with ICRC infrastructural support.

The National Society and the ICRC provided some 2.3 million people (over 455,000 households) with hygiene kits, school kits and other essentials.

Breadwinners grow more food or launch small businesses

Roughly 37,900 farmers (supporting some 195,000 people) – including returnees and IDPs – grew more food with agricultural supplies from the ICRC. About 980 heads of vulnerable households – including women and disabled people (benefiting 4,900 people in total) – launched small businesses with financial and technical support from the ICRC; some of them earned enough money to cover half of their monthly expenses.

Communal facilities for vulnerable communities are upgraded and potable water made available

Partnerships involving the water ministry and other local authorities, the National Society, and the ICRC helped restore or maintain essential infrastructure serving some 17.7 million people in all. Roughly 13.6 million benefited from repairs or improvements to communal facilities such as water and electrical infrastructure; water and sewage utilities serving roughly 15 million received spare parts, water purification materials and other consumables, and expert guidance and

training for their staff. The ICRC assisted more people than planned owing to permission from the authorities to transport and distribute the necessary materials for these activities in larger quantities. Additionally, approximately 310,000 IDPs and returnees benefited from newly built or renovated shelters and sanitation facilities and/or water-trucking services. Public bakeries and similar food-producing facilities – serving some 1.2 million people – resumed or increased production following ICRC repairs and improvements to their infrastructure.

Authorities and the National Society check the spread of communicable diseases

People obtained health-care services at facilities run by the health ministry or the National Society – which included mobile clinics sent to Afrin and Eastern Ghouta; their services included treatment for communicable and non-communicable diseases, ante/post-natal care and/or referrals for specialized treatment. The ICRC donated medical supplies and equipment to 12 such facilities regularly, and to 16 others on an ad-hoc basis.

The health ministry and the National Society – with material support from the ICRC – distributed bed nets and organized delousing campaigns, respectively, to help prevent the spread of communicable diseases; about 140,000 people benefited.

The ICRC repaired and renovated water, waste-management, and electrical infrastructure at several health-care facilities that collectively provided 2,570 consultations every day.

With ICRC training, National Society staff and volunteers bolstered their capacity to offer psychosocial support for victims of conflict and for their own peers.

Some 40 medical professionals learnt more about identifying cases of sexual violence and providing services to victims/survivors that respect their dignity and privacy.

People in weapon-contaminated areas learn safe practices

Roughly 22,000 people living in areas contaminated with mines and explosive remnants of war learnt self-protection measures at information sessions conducted by the National Society and the ICRC. Journalists and National Society personnel were trained to disseminate such information.

Some people reconnect with relatives but thousands of others remain without news of family members

People within and outside Syria continued to seek the National Society and/or the ICRC's assistance in locating or restoring contact with relatives; they included Syrians and foreigners – some of them relatives of people allegedly involved in the fighting – in IDP camps in the north-east. By year's end, 361 tracing cases were closed; however, thousands of people remained unaccounted for. At their request, some foreigners were also notified to the authorities in their countries of origin.

Some residents of the Israeli-occupied Golan relayed official documents through the ICRC to relatives in Syria proper, to help them advance legal or administrative proceedings; however, despite the reopening in 2018 of the crossing point between Golan and Syria proper, the ICRC did not receive requests to facilitate travel for humanitarian reasons. In coordination with

other organizations, the ICRC issued travel documents for 37 people to expedite their resettlement in third countries. One displaced minor in Turkey was reunited with relatives in Syria.

The ICRC established dialogue with local and international stakeholders on missing people and their families in Syria, and offered its expertise for building local capacity to address the issue. It served as a technical advisor to a working group on detainees, missing people and the transfer of human remains set up under the Astana peace process for Syria by the Islamic Republic of Iran, the Russian Federation and Turkey.

The ICRC took steps to reach a fuller understanding of the needs of missing people's families and of the services available to them; this included reviewing the legal framework for such services.

To assist efforts to clarify the fate of the missing, the ICRC helped build local forensic capacities. Emergency responders and forensic specialists learnt more about the proper and dignified management of human remains – at ICRC workshops or at others that the ICRC enabled them to attend. The ICRC donated body bags and other equipment to the National Society, and renovated infrastructure at four morgues.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visits people held by authorities and armed groups

The ICRC visited people held in central prisons under the interior ministry's responsibility – and in facilities controlled by armed groups in the north-east – to monitor their treatment and living conditions. A total of 977 particularly vulnerable people, such as foreigners, were individually monitored.

Findings – on such matters as respect for detainees' judicial guarantees – were communicated confidentially to the pertinent authorities. Prison officials implemented some of the ICRC's recommendations for improving detainees' treatment and living conditions. The ICRC continued to seek access to other places of detention, including those run by the security forces.

The ICRC followed up – with the pertinent authorities – allegations of arrests or detention in relation to the conflict; it was able to obtain information about some of the people in question. People re-established or maintained contact with their relatives through RCMs and oral messages relayed by ICRC delegates. Through the ICRC, foreigners notified their respective embassies of their detention.

Prison authorities improve health-care services for detainees

Authorities at seven prisons improved health-care services for detainees – for example, by implementing medical screenings, and providing separate examination rooms for female detainees wherever possible. The ICRC assisted them with expert guidance and by renovating or expanding their health facilities. The ICRC also provided X-ray machines, assistive devices for physically disabled people, diagnostic kits, and/or other supplies and equipment to three of those prisons. Prison staff attended ICRC seminars on health care in prisons.

The ICRC sponsored prison authorities and interior and health ministry officials to attend workshops abroad, where they discussed how to strengthen implementation of international standards for mental-health care and compliance with medical ethics.

The ICRC renovated water and other facilities at five prisons, serving some 5,500 detainees. Similar projects at other sites were scheduled for completion in 2019. The ICRC conducted seminars at two prisons to explain its work to repair and maintain infrastructure, as a precursor to training prison officials and staff in these areas. Approximately 20,500 inmates were given hygiene items, winter clothes and other essentials to ease their living conditions.

WOUNDED AND SICK

Based on documented instances of unlawful conduct against health workers – including attacks against them and the systematic denial of access and/or obstruction of passage – the ICRC reminded parties to the conflict of the protection due to patients and medical workers and facilities, regardless of affiliation, under IHL and other applicable norms.

Hospitals serve conflict-affected people

Volunteers from the Syrian Arab Red Crescent – with comprehensive ICRC support – administered first aid and transported the wounded or the seriously ill to hospitals. The ICRC covered treatment costs, at hospitals in Syria and an ICRC-run facility in Lebanon, for some wounded IDPs; a number of them were evacuated from a besieged area in Eastern Ghouta.

Support to medical facilities remained limited: deliveries of surgical supplies were seldom permitted, and then only in small quantities. The ICRC shifted its focus in providing material aid to hospitals: it dedicated more resources to providing comprehensive regular support to a selected few hospitals, and less towards providing ad hoc support to many. In all, 20 hospitals and 12 haemodialysis centres were supported; of these, eight hospitals and eight haemodialysis centres received comprehensive regular support. The support entailed donations of medical supplies and repairs to, or the provision of, critical equipment. Some 80 doctors and nurses benefited from an ICRC course in wound care.

Nine hospitals and the physical rehabilitation centre in Aleppo (see below), with a combined capacity of 1,833 beds, reinforced their electrical and water-supply systems through infrastructural upgrades carried out by the National Society and the ICRC in coordination with the health ministry and local authorities.

Physically disabled people obtain suitable care

Around 5,000 disabled people¹ received rehabilitative services at two centres: an ICRC-run facility in Aleppo and another, recently relocated within Damascus, run by the National Society with ICRC material, technical and financial support. A shuttle service was arranged for people living far from the Damascus centre. About 740 people were fitted with prostheses.

1. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

The ICRC strove to foster the social inclusion of disabled people. It provided livelihood support to some 240 patients from the Aleppo centre, and enabled about 70 people to participate in sporting activities, including a wheelchair basketball competition abroad.

The ICRC provided wheelchairs – and the National Society distributed other assistive devices – to disabled people living beyond the reach of the two centres.

Three physical rehabilitation trainees continued to pursue their studies abroad, on ICRC scholarships.

The ICRC was unable to identify additional centres to support.

ACTORS OF INFLUENCE

Local and central government authorities, community leaders, and members of certain armed groups helped facilitate access to vulnerable people for the Syrian Arab Red Crescent and the ICRC, but impediments to principled humanitarian action remained (see *Civilians* and *Wounded and sick*). The ICRC continued to pursue closer engagement with other government authorities and military officials, with a view to discussing the protection concerns of people affected and securing humanitarian access to them.

During meetings with government officials – when the ICRC's president visited Syria, for instance – and in reports and public statements, the ICRC reiterated the right of all wounded people to medical treatment and that of all civilians, including people in besieged and/or hard-to-reach areas, to humanitarian assistance. The ICRC sought to familiarize certain armed groups with humanitarian principles, basic IHL principles and the Movement.

The national IHL committee conducts IHL workshops for government officials

The national IHL committee drew on ICRC expertise to implement a plan of action for promoting IHL throughout the country. At workshops conducted by the two, members of the judiciary and officials from the defence, justice and other ministries learnt more about IHL.

Following an agreement with the ICRC, the Syrian Virtual University established the first master's programme in IHL in the country. Students and professors from many other universities added to their knowledge of IHL at events organized by the ICRC; reference materials on IHL were distributed to universities, the diplomatic institute of the foreign ministry and the national police academy.

Syrians and others are kept abreast of the Movement's response to the conflict

People in Syria – including potential and current beneficiaries – and elsewhere were kept abreast of the Movement's activities in the country and the services made available by this. The ICRC did this partly through events it arranged and information provided by it through print and social media. Through these efforts, the ICRC also raised awareness among other actors, such as local and foreign authorities, to raise support for the Movement's work in Syria.

The ICRC maintained contact with members of the local and international media – regardless of their affiliation in relation to the conflict – to help them cover the situation in Syria, and its immediate and longer-term humanitarian consequences. Media professionals advanced their understanding of various humanitarian issues, IHL and the Movement through a series of workshops and public events organized by the ICRC.

The National Society drew on financial and technical support from the ICRC to develop its capacities in broadening awareness of the Movement's activities among beneficiaries and the general public, and in promoting respect for IHL among authorities.

RED CROSS AND RED CRESCENT MOVEMENT

The Syrian Arab Red Crescent remained the ICRC's main partner in the field. Often in coordination with the ICRC, it responded to humanitarian needs in accordance with the Fundamental Principles and the Safer Access Framework. It continued to benefit from comprehensive financial, material and technical support from the ICRC, as per a 2017–2019 partnership agreement. Such support helped cover operating costs at its headquarters, 14 branches, and 13 disaster response or first-aid centres.

The National Society signed numerous project agreements with the ICRC, to bolster its capacities in areas such as financial and administrative management, and in carrying out assistance activities (see *Civilians*). Training and equipment from the ICRC helped the National Society improve the reliability of its field radio communications system.

The ICRC also provided some support for the Palestine Red Crescent Society's activities for Palestinian refugees in Syria.

Movement components in Syria met monthly to plan and coordinate activities related, for instance, to the Health Care in Danger initiative and access to education.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	1,698			
RCMs distributed	809			
Phone calls facilitated between family members	8			
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	4,808	316	258	389
<i>including people for whom tracing requests were registered by another delegation</i>	1,074			
Tracing cases closed positively (subject located or fate established)	361			
<i>including people for whom tracing requests were registered by another delegation</i>	122			
Tracing cases still being handled at the end of the reporting period (people)	15,029	788	616	949
<i>including people for whom tracing requests were registered by another delegation</i>	6,464			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	16	12		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	20	13		
Documents				
People to whom travel documents were issued	37			
People to whom official documents were delivered across borders/front lines	26			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	14			
Detainees in places of detention visited	19,576	301	578	
Visits carried out	31			
		Women	Girls	Boys
Detainees visited and monitored individually	977	37	11	91
<i>of whom newly registered</i>	913	35	11	87
RCMs and other means of family contact				
RCMs collected	2,512			
RCMs distributed	606			
Phone calls made to families to inform them of the whereabouts of a detained relative	607			
People to whom a detention attestation was issued	2			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	2,799,967	840,046	1,119,875
	<i>of whom IDPs</i>	2,239,951	671,996	895,959
Food production	Beneficiaries	194,980	58,497	77,986
	<i>of whom IDPs</i>	51,808	15,544	20,720
Income support	Beneficiaries	4,900	1,475	1,950
	<i>of whom IDPs</i>	3,916	1,176	1,564
Living conditions	Beneficiaries	2,280,554	684,219	912,116
	<i>of whom IDPs</i>	1,827,110	548,162	730,786
Capacity-building	Beneficiaries	15	3	
Water and habitat				
Water and habitat activities	Beneficiaries	17,746,570	5,323,971	7,098,628
	<i>of whom IDPs</i>	5,323,970	1,597,191	2,129,588
Health				
Health centres supported	Structures	28		
Average catchment population		721,447		
Consultations		137,001		
	<i>of which curative</i>	130,543	50,472	42,480
	<i>of which antenatal</i>	6,458		
Referrals to a second level of care	Patients	299		
	<i>of whom gynaecological/obstetric cases</i>	106		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	20,535	2,575	442
Water and habitat				
Water and habitat activities	Beneficiaries	5,505	826	
Health				
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	32		
Patients whose hospital treatment was paid for by the ICRC		181		
First aid				
First-aid training				
	Sessions	59		
	Participants (sum of monthly data)	1,864		
Water and habitat				
Water and habitat activities	Beds	1,833		
Physical rehabilitation				
Projects supported	Projects	2		
People benefiting from ICRC-supported projects	Aggregated monthly data	5,328	774	835
	<i>of whom beneficiaries of physical rehabilitation services</i>	5,018	755	834
	<i>of whom beneficiaries referred to economic programmes</i>	238	19	1
	<i>of whom beneficiaries of sporting activities</i>	72		
New patients fitted with prostheses	Patients	738	98	108
Prostheses delivered	Units	921	125	165
	<i>of which for victims of mines or explosive remnants of war</i>	351	57	64
New patients fitted with orthoses	Patients	204	33	57
Orthoses delivered	Units	270	44	126
	<i>of which for victims of mines or explosive remnants of war</i>	11	1	2
Patients receiving physiotherapy	Patients	3,121	477	446
Walking aids delivered	Units	476	53	75
Wheelchairs or tricycles delivered	Units	117	23	23

YEMEN

The ICRC has been working in Yemen since the civil war in 1962. It responds to the humanitarian consequences of armed conflicts and other situations of violence in the country by: helping secure the water supply; providing medical assistance, emergency relief and livelihood support to those in need; monitoring the treatment and living conditions of people held in relation to the situation; and enabling detainees and civilians, including migrants, to restore contact with their relatives, including those abroad. The ICRC promotes respect for humanitarian principles and IHL, primarily among weapon bearers. The ICRC works with the Yemen Red Crescent Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2018

- Safety considerations, especially after the killing of one of its personnel, forced the ICRC to scale back its staff and movements in Yemen. This significantly hampered its ability to implement numerous activities planned for the year.
- As security conditions further deteriorated, the ICRC repeatedly called on all parties to the conflicts to respect IHL, protect civilians and civilian infrastructure from attack, and ensure access to essential services and humanitarian aid.
- The wounded and the seriously ill received timely treatment from ICRC-trained first-aiders and at more ICRC-backed hospitals than before. The ICRC supported health centres that provided suitable care to women and children.
- IDPs and destitute residents received food and other necessities, and had uninterrupted access to clean water, thanks to various ICRC initiatives. Fewer people benefited from livelihood support because of the prevailing insecurity.
- The ICRC visited detainees – including in prisons to which it had regained access – and monitored their well-being. These visits and other activities for detainees had been suspended indefinitely, but some were gradually resumed.
- The Yemen Red Crescent Society reinforced its emergency response capacities with support from the ICRC and the International Federation. With ICRC support, it handed over the remains of over 500 people to the families concerned.

EXPENDITURE IN KCHF

Protection	10,240
Assistance	84,902
Prevention	3,539
Cooperation with National Societies	5,629
General	394
Total	104,703
<i>Of which: Overheads</i>	<i>6,372</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	87%
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PERSONNEL

Mobile staff	85
Resident staff (daily workers not included)	474



PROTECTION

Total

CIVILIANS

Restoring family links

RCMs collected	2,119
RCMs distributed	1,530
Phone calls facilitated between family members	157
Tracing cases closed positively (subject located or fate established)	125

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	15
Detainees in places of detention visited	7,531
<i>of whom visited and monitored individually</i>	747
Visits carried out	29

Restoring family links

RCMs collected	36
RCMs distributed	2
Phone calls made to families to inform them of the whereabouts of a detained relative	170

ASSISTANCE

2018 Targets (up to)

Achieved

CIVILIANS

Economic security

Food consumption	Beneficiaries	840,000	732,470
Food production	Beneficiaries	980,000	583,390
Income support	Beneficiaries	294,000	45,064
Living conditions	Beneficiaries	125,000	212,130

Water and habitat

Water and habitat activities	Beneficiaries	3,120,000	5,109,070
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Health

Health centres supported	Structures	35	32
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures	20	42
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Physical rehabilitation

Projects supported	Projects	9	9
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People benefiting from ICRC-supported projects	Aggregated monthly data	75,056	88,256
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Water and habitat

Water and habitat activities	Beds	2,075	5,306
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CONTEXT

Yemen remained the site of numerous armed conflicts and other situations of violence: heavy fighting, including shelling and airstrikes, continued almost without pause. The Saudi Arabia-led military coalition, active since 2015, launched a number of attacks throughout the year to retake Houthi strongholds and cut off their access to seaports; hostilities were particularly intense in Hodeida, Sa'ada and Taiz. Two years since the last peace talks failed, UN-brokered peace consultations between the Yemeni government and the Houthis took place in December in Stockholm, Sweden. They agreed to implement some confidence-building measures, including the release and repatriation of conflict-related detainees, and a ceasefire in Hodeida. In Aden, government forces clashed with the Southern Transitional Council, early in the year; the violence abated after a ceasefire was agreed. Fighting between government forces and other armed groups – such as Al-Qaeda in the Arab Peninsula and the Islamic State group – and among armed groups persisted in other parts of the country.

Allegations of IHL violations were widespread; thousands of civilians were reported wounded or killed, and millions of people were displaced. Most people were unable to meet their basic needs: food and other essential goods were in short supply, and import restrictions made matters worse. Health, water and sewage systems, already fragile, were weakened even more by the protracted violence. Disease outbreaks were a constant threat, and national capacities for tackling them were virtually non-existent. Overcrowding and lack of maintenance in prisons posed risks to detainees' health.

There had been numerous attacks against humanitarian workers and facilities. Since March 2015, seven Yemen Red Crescent Society volunteers and three ICRC personnel had been killed while carrying out their duties – including an ICRC staff member who was shot and killed in Taiz in April 2018.

ICRC ACTION AND RESULTS

The ICRC strove to respond to the most urgent humanitarian needs in Yemen, while also ensuring – to the greatest extent possible – the safety of its staff. Some of its activities could not be carried out in full, or were delayed or cancelled, owing to the prevailing insecurity, which limited the ICRC's movements. A logistics base in Oman and a mission in Djibouti supported ICRC operations. The ICRC worked with the Yemen Red Crescent Society and other Movement components; it continued to cover gaps in aid in coordination with other humanitarian organizations.

Calls were made by the ICRC, repeatedly, for all parties to respect IHL, protect civilians and civilian infrastructure from attack, and ensure access to essential services and humanitarian aid. The ICRC brought documented allegations of IHL violations to their attention, whenever possible. As its working environment grew more volatile, the ICRC sought to build acceptance for its humanitarian activities among key parties, and to have its security guarantees renewed. It served as a neutral intermediary when human remains were handed over to the families concerned.

The ICRC maintained its comprehensive support throughout the casualty care chain, to ensure the availability of life-saving care for the wounded and the seriously ill. It trained weapon bearers and health workers in first aid, and gave them the necessary supplies. Material support and on-site assistance helped hospitals to cope with supply shortages and influxes of patients. It also reinforced local surgical capacities, including by assigning surgical teams to two hospitals in Aden and Sa'ada. Physically disabled people obtained suitable services at ICRC-supported physical rehabilitation centres. Preventive and curative care – such as treatment for cholera – were available at primary-health-care centres that received ICRC support regularly.

IDPs, vulnerable residents and returnees were given food parcels, bread vouchers and household items. Support for water authorities, repairs to critical facilities, and training for local committees helped ensure uninterrupted access to clean water for millions of people. Together with the agriculture ministry, the ICRC helped people to farm or improve the health of their livestock.

People used the Movement's family-links services to restore contact with relatives, including those detained. The ICRC provided material and technical support for first responders to ensure the proper handling and subsequent identification of human remains.

The ICRC visited detainees – including in prisons to which it had regained access – and monitored their well-being; it communicated its findings confidentially to the authorities concerned. It made improvements to kitchens, water and electrical systems and other key elements of infrastructure; and donated hygiene items and other essentials for detainees.

Through various public-communication platforms, the ICRC sought to broaden awareness of the plight of violence-affected Yemenis. It sought also to secure acceptance for its work by repeatedly drawing the attention of decision-makers to the seriousness of the humanitarian situation. It sponsored diplomats, academics and other influential figures to attend advanced IHL events abroad.

The Yemen Red Crescent Society and the ICRC continued to work together. The National Society was given material, financial and technical support, and expert safety advice. Movement partners continued to coordinate their activities.

CIVILIANS

The ICRC strove to respond to the most urgent humanitarian needs in Yemen, while also ensuring – to the greatest extent possible – the safety of its staff. Security incidents (see *Situation*) significantly limited its ability to realize its plans for the year. Most mobile staff were temporarily relocated to its mission in Djibouti, from where they managed activities remotely. The ICRC worked with the Yemen Red Crescent Society and other Movement components, and continued to cover gaps in aid, in coordination with other humanitarian organizations.

ICRC urges weapon bearers to respect IHL and humanitarian action

The situation of people affected by the prevailing situation in Yemen was monitored by the ICRC. Whenever possible, it presented documented allegations of IHL violations to the parties concerned. The ICRC called on them repeatedly – through bilateral dialogue, oral and written representations, and public statements – to respect IHL, particularly its injunction to protect civilians and ensure their access to basic services and humanitarian aid. It also recommended measures to halt violence against patients and health workers. Nearly 900 victims of armed conflict received ad hoc assistance, such as food and cash to cover their daily expenses, from the ICRC. Community-based protection workshops for IDP communities were suspended owing to security concerns.

ICRC dissemination sessions led authorities and weapon bearers to a fuller understanding of IHL, the ICRC's work and humanitarian issues such as those in relation to missing people. The ICRC worked to secure renewal of its security guarantees among all parties.

The ICRC used various digital channels and a community hotline to solicit vulnerable people's feedback on its activities; understand their needs more fully; inform them of available humanitarian services; and disseminate key safety messages.

People from weapon-contaminated areas learnt how to protect themselves against mines and explosive remnants of war, at workshops organized by the ICRC, the National Society and the Yemen Executive Mine Action Centre (YEMAC). Other support for YEMAC was postponed to 2019, partly because other activities had to be prioritized.

Vulnerable people obtain primary-health-care services

Conflict-affected people had access to primary-health-care services at 32 health centres that covered roughly 560,000 people. Children under the age of five, pregnant women and malnourished people benefited from curative and antenatal consultations, vaccinations, assisted deliveries or therapeutic feeding. Critical cases were referred for specialized care. The centres benefited from monitoring visits, staff training and monthly donations of medicines and other supplies from the ICRC; health workers learnt more about their rights during training sessions. With such support, ten of the centres ran cholera-treatment units, which handled about 20,000 suspected cases. The ICRC renovated or upgraded facilities at six health-care centres and a national blood laboratory; it could not provide infrastructural support to more centres owing to security conditions.

The ICRC gave the health ministry insulin for diabetics (see *Wounded and sick*).

Conflict-affected people meet their immediate needs

The ICRC and the National Society helped IDPs, destitute residents and returnees meet their most urgent needs. Particular attention was paid to physically disabled people, women, children and the elderly.

About 732,000 people (104,350 households) benefited from food assistance: some 639,000 people (91,300 households) received food parcels (about half of them also received soap); roughly 91,000 people (13,000 households) obtained bread from local bakeries with ICRC-issued vouchers; and around 2,200 food-insecure people received nutritional supplements.

Around 208,400 people (30,000 households) – nearly double the initial target – were given mattresses, hygiene kits and other essentials, which helped alleviate their living conditions. Some 3,730 students received school supplies; material donations to schools were put on hold until further assessments of needs could be done.

Vulnerable households gain a measure of self-sufficiency

Where circumstances allowed, the ICRC, with the National Society or the agriculture ministry, provided livelihood support for vulnerable households. Because these activities were either suspended or postponed to 2019, significantly fewer people than planned benefited.

About 88,000 households (supporting 583,000 people) sustained their food-production activities: some 69,000 households (450,600 people) had their livestock vaccinated and/or were given a six-month supply of animal feed; roughly 11,670 households (81,700 people) received seed and tools for farming; about 100 fishing households (1,400 people) received boats, nets and other equipment; and some 7,000 households (49,000 people) used gloves, boots and equipment donated by the ICRC to the agriculture ministry.

Some 5,800 households (45,000 people) received one-off cash grants or earned money through cash-for-work projects that benefited the entire community (for instance, garbage-collection campaigns to avert the spread of disease).

Communities have a stable supply of clean water

Roughly 5,100,000 people had a stable supply of clean water and were less at risk of contracting cholera and other diseases, thanks to various ICRC projects; the ICRC greatly exceeded its target number of beneficiaries because of its maintenance and emergency support for the Hodeida and Sana'a wastewater treatment plants, which benefited virtually the entire urban population in those areas. More specifically, water points, small networks and harvesting systems were renovated or built, and solar panels installed, benefiting some 286,000 people in rural areas; critical infrastructure – either damaged or aging – was repaired, benefiting about 4,260,000 people in urban areas; and about 2,600,000 people – including some of those mentioned above – benefited from ad hoc provisions of fuel, generators and water-testing equipment, water-trucking, and other emergency measures.

Staff at urban water corporations were given training and material support for maintaining key facilities and for strengthening their managerial capacities. The ICRC put on hold, indefinitely, the project to help ensure a more sustainable management of underground water.

People reconnect with relatives or learn of their fate

Members of families separated by violence, migration and other circumstances reconnected through the ICRC's family-links services. The fate and whereabouts of 125 people were ascertained and their families informed. The ICRC helped several people return to their countries of origin or resettle elsewhere, by repatriating them with the authorities' consent or issuing travel documents for them. The ICRC arranged for some families in Yemen to visit their relatives who were formerly held at the US detention facility at the Guantanamo Bay Naval Station in Cuba and had resettled elsewhere.

Human remains are handled properly

Together with the National Society, the ICRC provided the authorities, weapon bearers, forensic workers and first responders with training, technical advice and supplies for managing human remains properly, to enable their future identification. The ICRC served as a neutral intermediary when the human remains of seven people were handed over to the pertinent authorities; it provided financial support for the National Society to return another 522 sets of human remains to the respective families.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC's activities for detainees were suspended for part of the year owing to the security situation. Some activities were gradually resumed, but their implementation was delayed and, as a result, fewer people than planned benefited. Nevertheless, it managed to visit 15 places of detention – including some to which it had regained access – and monitored detainees' treatment and living conditions. A total of 747 particularly vulnerable detainees were followed up individually. Findings, and recommendations for improvement, were communicated bilaterally and confidentially to the authorities, who were urged to ensure that detention conditions met internationally recognized standards – particularly with regard to respect for judicial guarantees and access to health care.

Family-links services were made available to detainees during ICRC visits. The ICRC repatriated three foreign detainees after their release; they were medically screened before their departure. It gave 25 ex-detainees attestations of detention for use in administrative or legal proceedings.

The ICRC was requested to act as a neutral intermediary and facilitate a mass release, transfer and repatriation of conflict-related detainees (see *Context*); it met with the concerned parties and made logistical and technical preparations.

Detainees' living conditions improve

The ICRC provided infrastructural and emergency support for a number of prisons, benefiting some 5,200 detainees. This included the renovation of kitchens and water systems, restoration of sewage and electrical facilities, distribution of water filters, and repairs to generators. More than 15,000 detainees received hygiene items and other essentials for easing their living conditions; some 1,200 detainees among them received one-off donations of food.

ICRC health staff visited the clinics at three prisons; these clinics received technical assistance and/or ad hoc donations of medicines. Cleaning and disinfection campaigns were carried out in a few prisons, where possible.

The suspension of its activities, obstacles to regaining access to detention facilities, and a greatly reduced staff – all prevented the ICRC from carrying out a number of activities such as: efforts to prevent the spread of cholera and help improve access to primary health care, and training for staff in food-chain management.

WOUNDED AND SICK

Wounded and sick people across Yemen obtain timely health care

Thousands of people obtained life-saving care from ICRC-trained first responders, or at ICRC-supported medical facilities that provided emergency treatment, surgical services and post-operative and inpatient care; the ICRC supported more facilities in 2018 as emergency needs grew.

The ICRC trained about 280 people in first aid and gave them the necessary kits; during their training, they also learnt about the protection due to those seeking or providing health care. Some 34 hospitals, including those near front lines, received medicines and other supplies, equipment, and staff incentives on a regular or ad hoc basis. Some 13 of them were reinforced with ICRC staff on site; these included the Al-Talh hospital in Sa'ada and the Al-Mansoura Hospital in Aden where ICRC surgical teams operated. The ICRC was unable to organize training courses as it had to focus on more urgent needs.

Services for people with chronic diseases had narrowed dangerously. The ICRC provided medical supplies and consumables for eight haemodialysis centres, to ensure uninterrupted treatment for diabetics; it also donated vials of insulin good for 70,000 people to the health ministry.

Disabled people improve their mobility

Because of ICRC support for the physical rehabilitation sector, disabled people could obtain good-quality services and improve their mobility. Some 88,000 people¹ were treated at five physical rehabilitation centres – in Aden, Mukalla, Sa'ada, Sana'a and Taiz – that received fuel, raw materials, assistive devices, the necessary equipment and/or staff incentives. The ICRC covered expenses for transportation and accommodation, and/or food, for about 3,150 destitute patients among them. About 50 other disabled people received financial assistance from the ICRC.

The ICRC supported the physical-rehabilitation programmes of the social affairs ministry and a disabled sports union, and helped a local NGO to organize events to help broaden awareness of disabled people's rights. A national training institute started offering a course in prosthetics and orthotics, with ICRC technical support. Some 26 people were given scholarships to study locally – including at the national institute –

1. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, which include repeat beneficiaries.

or abroad; six of them graduated in 2018. The ICRC planned to help draft a national strategy for physical rehabilitation, but given the circumstances, these had to be postponed.

The ICRC provided infrastructural support – including renovation of emergency rooms and surgical wards, but mostly provisional repairs to critical facilities – at 25 hospitals (about 5,183 beds) and four physical rehabilitation centres (123 consultations per day). This helped address disruptions of water, electricity and other essential services, and allowed staff to sustain or improve their daily operations.

ACTORS OF INFLUENCE

The ICRC promotes respect for IHL and humanitarian action

The ICRC sought to secure acceptance for its work among decision-makers at all levels – the parties to the conflicts, and actors with some influence over them – civil society and the general public. In particular, it urged the parties to respect IHL and humanitarian action (see *Civilians*).

Dissemination sessions held throughout the country helped relevant actors – authorities, *de facto* authorities, weapon bearers, members of civil society, and the media – to reach a fuller understanding of various humanitarian issues and the ICRC's neutral, impartial and independent humanitarian action. These sessions also provided opportunities to discuss IHL principles with participants. The ICRC sponsored two military officials and a professor to attend advanced IHL courses and seminars abroad (see *Kuwait*). It produced digital content to broaden understanding of IHL – such as infographics on its points of correspondence with Islamic jurisprudence.

Public-communication initiatives draw attention to pressing issues

The ICRC gave more than a hundred media interviews, to broaden awareness of the humanitarian situation and make its concerns known. It used various means of public-communication – news releases, operational updates and social media – to remind parties to conflicts of their obligations under IHL and foster acceptance for its activities. It produced printed and audiovisual materials describing the scale and gravity of the needs: supply shortages, the prevalence of cholera, the plight of IDPs, and issues related to health care were emphasized. Local and international news organizations picked up some of these materials, and helped to draw attention to them. The ICRC organized round-tables for journalists on the protection afforded to them by IHL and reporting humanitarian issues more accurately.

The ICRC provided financial and technical support to the Yemen Red Crescent to help develop its ability to promote and communicate the Movement's work accurately, and foster support for its activities (see *Red Cross and Red Crescent Movement*).

RED CROSS AND RED CRESCENT MOVEMENT

The Yemen Red Crescent Society remained the ICRC's main partner in the field: its vast network of staff and volunteers enabled the ICRC to continue implementing its activities after scaling down its staff in the country. Emergency response – for example, distribution of food and essential household items to vulnerable communities, and providing first aid to wounded people – remained the focus of their joint activities.

The ICRC provided the National Society support – financial, material and technical assistance, and/or training – for expanding its capacities in response to a broad range of humanitarian needs, and for fostering acceptance and support for the Movement. The ICRC gave the National Society food stocks, vehicles, first-aid supplies, office equipment, and body bags; it regularly provided expert advice on working safely in extremely testing conditions. It covered some of the National Society's running costs and staff salaries, and made improvements at some of its offices. The National Society was given technical and financial support for hiring more personnel. It jointly defined its areas of development with the ICRC and the International Federation; the ICRC financed the International Federation's support towards the National Society's institutional development and other capacity-building efforts.

The International Federation, the Yemen Red Crescent, and other Movement partners in the country met regularly to coordinate their activities and sign partnership agreements, including on security management.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	2,119			
RCMs distributed	1,530			
Phone calls facilitated between family members	157			
Reunifications, transfers and repatriations				
People transferred or repatriated	1			
Human remains transferred or repatriated	529			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	17,053	8	9	32
<i>including people for whom tracing requests were registered by another delegation</i>	32			
Tracing cases closed positively (subject located or fate established)	125			
<i>including people for whom tracing requests were registered by another delegation</i>	4			
Tracing cases still being handled at the end of the reporting period (people)	18,402	75	48	183
<i>including people for whom tracing requests were registered by another delegation</i>	119			
Documents				
People to whom travel documents were issued	3			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	15			
Detainees in places of detention visited	7,531	141	175	
Visits carried out	29			
		Women	Girls	Boys
Detainees visited and monitored individually	747	5		19
<i>of whom newly registered</i>	599	5		18
RCMs and other means of family contact				
RCMs collected	36			
RCMs distributed	2			
Phone calls made to families to inform them of the whereabouts of a detained relative	170			
Detainees released and transferred/repatriated by/via the ICRC	3			
People to whom a detention attestation was issued	25			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	732,470	237,685	314,257
	<i>of whom IDPs</i>	491,144	162,694	212,954
Food production	Beneficiaries	583,390	251,038	215,675
	<i>of whom IDPs</i>	1,063	267	583
Income support	Beneficiaries	45,064	11,758	18,618
	<i>of whom IDPs</i>	18,975	4,744	5,624
Living conditions	Beneficiaries	212,130	87,377	79,561
	<i>of whom IDPs</i>	199,045	83,449	73,021
Water and habitat				
Water and habitat activities	Beneficiaries	5,109,070	1,481,630	2,145,809
Health				
Health centres supported	Structures	32		
Average catchment population		558,027		
Consultations		630,728		
	<i>of which curative</i>	597,638	158,908	303,669
	<i>of which antenatal</i>	33,090		
Immunizations	Patients	280,858		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	157,711		
Referrals to a second level of care	Patients	3,748		
	<i>of whom gynaecological/obstetric cases</i>	869		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	1,200	120	60
Living conditions	Beneficiaries	15,304	1,059	528
Water and habitat				
Water and habitat activities	Beneficiaries	5,223		
Health				
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	42		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	13		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	14,774	300	1,368
	(including those related to mines or explosive remnants of war)	570	21	74
	Non-weapon-wound admissions	40,167		
	Operations performed	57,923		
Gynaecological/obstetric admissions		291		
Consultations		361,695		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		10,521		
Weapon-wound admissions (surgical and non-surgical admissions)		13,725	7	19
Weapon-wound surgeries performed		5,790		
Patients whose hospital treatment was paid for by the ICRC		7,130		
First aid				
First-aid training				
	Sessions	14		
	Participants (aggregated monthly data)	280		
Water and habitat				
Water and habitat activities	Beds	5,306		
Physical rehabilitation				
Projects supported	Projects	9		
People benefiting from ICRC-supported projects	Aggregated monthly data	88,256	18,400	33,796
	<i>of whom beneficiaries of physical rehabilitation services</i>	88,203	18,392	33,792
	<i>of whom beneficiaries referred to economic programmes</i>	53	8	4
New patients fitted with prostheses	Patients	801	157	187
Prostheses delivered	Units	1,034	224	264
	<i>of which for victims of mines or explosive remnants of war</i>	32	3	
New patients fitted with orthoses	Patients	11,902	2,625	5,986
Orthoses delivered	Units	23,559	5,363	11,483
Patients receiving physiotherapy	Patients	37,733	9,435	16,974
Walking aids delivered	Units	2,245	475	780
Wheelchairs or tricycles delivered	Units	641	156	292

MAIN FIGURES AND INDICATORS

PROTECTION FIGURES AND INDICATORS

	WORLD	AFRICA	AMERICAS	ASIA AND THE PACIFIC	EUROPE AND CENTRAL ASIA	NEAR AND MIDDLE EAST
Restoring family links						
Red Cross messages (RCMs)						
RCMs collected	177,062	143,808	774	13,875	954	17,651
<i>of which from detainees</i>	29,574	9,319	681	8,594	150	10,830
<i>of which from unaccompanied minors/separated children</i>	3,941	3,889	13	5		34
<i>of which from civilians</i>	143,547	130,600	80	5,276	804	6,787
RCMs distributed	150,709	127,158	425	10,738	820	11,568
<i>of which to detainees</i>	13,499	4,785	323	3,949	145	4,297
<i>of which to unaccompanied minors/separated children</i>	2,042	2,013	6	6		17
<i>of which to civilians</i>	135,168	120,360	96	6,783	675	7,254
RCMs not distributed (back to sender)	12,283	9,543	32	1,381	19	1,308
Other means of family contact						
Phone calls facilitated between family members	1,002,856	662,547	287,310	17,640	16,430	18,929
Phone calls made to families to inform them of the whereabouts of a detained relative	36,674	6,018	30	326	2,448	27,852
Names published in the media	8,657	7,294		1,336		27
Names published on the ICRC website	12,304	904		3,031	8,369	
Reunification, transfers and repatriations						
People reunited with their families ¹	1,006	982		5	6	13
Civilians transferred	839	217	6		613	3
Human remains transferred	1,788	88	54	1,075	42	529
Civilians repatriated	40	33			6	1
Human remains repatriated	461					461
Tracing requests						
People for whom a tracing request was newly registered	45,507	11,692	1,165	3,437	1,457	27,756
<i>of whom women</i>	3,524	2,149	137	365	223	650
<i>of whom minors at the time of disappearance</i>	8,365	5,340	274	858	352	1,541
Tracing requests closed positively (person located)	7,020	2,972	314	1,506	428	1,800
Tracing requests closed negatively (person not located)	4,375	2,491	176	986	189	533
Tracing requests still being handled at the end of the reporting period	139,018	36,278	3,515	22,407	21,146	55,672
<i>of which for women</i>	12,068	5,415	454	1,758	2,374	2,067
<i>of which for minors at the time of disappearance</i>	29,076	18,196	734	3,942	1,395	4,809
Unaccompanied minors (UAMs) and separated children (SC)²						
UAMs/SC newly registered	3,019	2,959	3	18	9	30
<i>by the ICRC and/or the National Society</i>	3,003	2,945	3	18	9	28
<i>of whom girls</i>	993	963	1	5	6	18
UAMs/SC reunited with their families ¹	1,785	1,763		10		12
<i>by the ICRC and/or the National Society</i>	840	828		5		7
<i>of whom girls</i>	279	274		1		4
UAMs/SC cases still being handled at the end of the reporting period	5,237	5,005	96	23	9	104
<i>of whom girls</i>	1,985	1,868	52	10	6	49
Unaccompanied demobilized children²						
Demobilized children newly registered	163	163				
<i>by the ICRC and/or the National Society</i>	162	162				
<i>of whom girls</i>	28	28				
Demobilized children reunited with their families ¹	122	122				
<i>by the ICRC and/or the National Society</i>	102	102				
<i>of whom girls</i>	7	7				
Cases of demobilized children still being handled at the end of the reporting period	243	151	92			
<i>of whom girls</i>	89	38	51			

- Figures for UAMs and SC and unaccompanied demobilized children reunited with their families are included in the figure for *People reunited with their families*.
- Figures for unaccompanied demobilized children are included in figures for UAMs and SC.

	WORLD	AFRICA	AMERICAS	ASIA AND THE PACIFIC	EUROPE AND CENTRAL ASIA	NEAR AND MIDDLE EAST
Documents						
People to whom travel documents were issued	1,372	992	1	29	19	331
People to whom a detention attestation was issued	12,974	373	2	51	162	12,386
Other attestations issued	207	20	2	1	79	105
People to whom official documents were delivered across borders/ front lines	1,136	122	3	2	49	960
People approaching the ICRC						
People who visited or telephoned ICRC offices in the field	654,412	18,715	23,231	57,593	10,766	544,107
People deprived of their freedom						
All categories/statuses						
Places of detention visited	1,352	467	102	277	215	291
Detainees in places of detention visited	1,020,088	324,343	158,717	310,901	94,816	131,311
Visits carried out	3,773	1,566	231	448	394	1,134
Detainees visited and monitored individually	31,531	17,841	320	3,258	1,267	8,845
<i>of whom newly registered</i>	15,460	7,082	101	1,991	570	5,716
Detainees visited by their relatives with ICRC/National Society support	16,201	159	149	7,400	946	7,547
Detainees released	21,412	4,299	61	1,291	216	15,545
<i>of whom repatriated or transferred by/via the ICRC</i>	219	161	3	3		52
Contexts where detainees received visits from the ICRC	94	34	15	13	22	10
Detained women						
Women detainees in places of detention visited	69,880	14,126	16,259	29,152	5,286	5,057
Women detainees visited and monitored individually	1,847	394	53	259	68	1,073
<i>of whom newly registered</i>	928	226	13	179	40	470
Women detainees released	488	178	8	44	17	241
Women detainees visited by their relatives with ICRC/National Society support	277	17	10	154	33	63
Detained minors						
Minors detained in places of detention visited	24,575	9,963	3,437	2,813	2,332	6,030
Detained minors visited and monitored individually	1,632	781		206	28	617
<i>of whom newly registered</i>	1,158	506		151	27	474
Detained minors released	1,632	258		55	19	1,300
Detained minors visited by their relatives with ICRC/National Society support	634	1		66	3	564
International armed conflict (Third Geneva Convention)						
Places of detention visited	3	1			2	
Visits carried out	12	3			9	
Prisoners of war (POWs) visited and monitored individually	20	19			1	
POWs released	4	4				
International armed conflict (Fourth Geneva Convention)						
Places of detention visited	42	9			2	31
Visits carried out	334	13			17	304
Civilian internees (CIs) and others visited and monitored individually	1,713	31			3	1,679
<i>of whom newly registered</i>	1,033	6				1,027
CIs and others released	13,568	12				13,556

ASSISTANCE FIGURES AND INDICATORS

	WORLD ¹	AFRICA	AMERICAS	ASIA AND THE PACIFIC	EUROPE AND CENTRAL ASIA	NEAR AND MIDDLE EAST
Economic security						
Civilians (residents, IDPs, returnees, etc.)						
Food consumption	7,316,707	2,801,121	14,806	330,033	209,204	3,961,543
Food production	5,065,945	4,040,590		121,599	44,273	859,483
Income support	789,931	463,650	14,537	80,645	26,570	204,529
Living conditions	5,032,133	1,396,307	15,750	420,638	404,617	2,794,821
Capacity-building	23,313	21,842	1,050	302	33	86
of whom IDPs						
Food consumption	4,663,550	1,505,578	6,083	118,802	102,303	2,930,784
Food production	973,837	881,686		36,510	2,402	53,239
Income support	152,466	53,452	3,171	27,315	4,123	64,405
Living conditions	3,523,679	985,985	6,843	178,000	164,988	2,187,863
Capacity-building	4,784	4,656		126	1	1
Detainees						
Food consumption	83,192	81,533		459		1,200
Living conditions	498,508	157,787	87,771	100,717	24,706	127,527
Capacity-building	9,114	9,046	68			
Total for all target populations						
Food consumption	7,399,899	2,882,654	14,806	330,492	209,204	3,962,743
Food production	5,065,945	4,040,590		121,599	44,273	859,483
Income support	789,931	463,650	14,537	80,645	26,570	204,529
Living conditions	5,530,641	1,554,094	103,521	521,355	429,323	2,922,348
Capacity-building	32,427	30,888	1,118	302	33	86
Water and habitat						
Civilians						
Beneficiaries	34,855,090	4,562,539	159,225	609,908	1,545,367	27,978,051
<i>of whom IDPs</i>	7,217,991	1,265,428	24,059	68,205		5,860,299
Detainees						
Beneficiaries	365,869	220,669	20,343	80,101	18,137	26,619
Wounded and sick						
Beds	20,488	4,286	3	2,016	4,249	9,934
Total for all projects						
Beneficiaries (civilians and detainees)	35,220,959	4,783,208	179,568	690,009	1,563,504	28,004,670
Beds (wounded and sick)	20,488	4,286	3	2,016	4,249	9,934
Primary health care						
Health centres supported						
Health centres supported	464	201	10	94	58	101
Average catchment population	14,046,372	8,488,226	21,750	2,517,913	294,556	2,723,927
Activities						
Immunizations (patients)	3,002,306	1,701,957		624,681		675,668
<i>of whom children aged 5 or under who were vaccinated against polio</i>	1,689,395	1,102,342		216,335		370,718
Antenatal consultations	446,266	289,174	127	92,798		64,167
Curative consultations	5,199,187	1,930,254	29,056	1,160,469	847,748	1,231,660
<i>of which for women</i>	1,330,160	344,754	2,829	303,881	313,209	365,487
<i>of which for children</i>	1,365,827	635,597	873	55,722	160,438	513,197
Referrals to a second level of care	78,478	27,237	201	9,931	18,493	22,616
<i>of whom gynaecological/obstetric cases</i>	9,910	4,051	26	826	1,676	3,331
Health care in detention						
Places of detention visited by health staff	490	183	47	79	61	120
Health facilities supported in places of detention visited by health staff	168	96	5	22	13	32

1. Sum of available data, which may not always reflect the extent of ICRC operations.

	WORLD ¹	AFRICA	AMERICAS	ASIA AND THE PACIFIC	EUROPE AND CENTRAL ASIA	NEAR AND MIDDLE EAST
Hospital support						
Hospitals						
Hospitals supported	399	122	27	74	39	137
<i>including hospitals reinforced with or monitored by ICRC staff</i>	72	36	1	4		31
Patients whose treatment was paid for by the ICRC	502,382	10,233	3	483,042		9,104
Services at hospitals reinforced with or monitored by ICRC staff						
Surgical admissions						
Weapon-wound admissions (total)	30,966	6,156		1,220		23,590
Women	1,543	997		118		428
Men	18,247	4,524		1,090		12,633
Children	2,039	554		12		1,473
<i>Weapon-wound admissions related to mines or explosive remnants of war (total)</i>	<i>1,231</i>	<i>71</i>		<i>527</i>		<i>633</i>
<i>Women</i>	<i>98</i>	<i>4</i>		<i>70</i>		<i>24</i>
<i>Men</i>	<i>898</i>	<i>59</i>		<i>448</i>		<i>391</i>
<i>Children</i>	<i>96</i>	<i>8</i>		<i>9</i>		<i>79</i>
Non-weapon-wound admissions (total)	225,402	8,076		21,650		195,676
Operations performed	159,813	30,686		23,537		105,590
Medical (non-surgical) admissions (total)	41,809	4,344		34,369		3,096
Women	32,698	1,281		30,502		915
Men	5,830	1,261		3,736		833
Children	2,495	1,016		131		1,348
Gynaecological/obstetric admissions (total)	45,366	8,409		31,035		5,922
Women	13,634	6,922		1,272		5,440
Girls	289	91		1		197
Consultations	2,507,756	129,844	123,888	1,056,513		1,197,511
Services at hospitals not monitored directly by ICRC staff						
Surgical admissions (weapon-wound and non-weapon-wound admissions)	72,461	12,431	4,764	16,633	1,694	36,939
Weapon-wound surgeries performed	10,854	3,462	71	518	9	6,794
Weapon-wound admissions (surgical and non-surgical admissions)	20,619	1,954	198	521	22	17,924
Women	185	87	35	26		37
Men	9,417	1,023	140	144	7	8,103
Children	131	48	12	16		55
First aid						
First-aid training sessions	6,006	707	106	4,399	229	565
Participants at first-aid training sessions (sum of monthly data)	136,677	17,274	1,951	101,351	3,288	12,813

1. Sum of available data, which may not always reflect the extent of ICRC operations.

	WORLD ¹	AFRICA	AMERICAS	ASIA AND THE PACIFIC	EUROPE AND CENTRAL ASIA	NEAR AND MIDDLE EAST
Physical rehabilitation						
Projects supported	189	49	23	74	7	36
Activities						
People benefiting from ICRC-supported projects (sum of monthly data)	487,700	39,886	1,298	308,456		138,060
<i>Of whom beneficiaries of physical rehabilitation projects</i>	<i>457,050</i>	<i>39,339</i>	<i>1,239</i>	<i>279,337</i>		<i>137,135</i>
Women	81,471	8,065	177	49,127		24,102
Men	205,203	16,570	936	132,457		55,240
Children	170,376	14,704	126	97,753		57,793
<i>Of whom beneficiaries of economic programmes</i>	<i>26,226</i>	<i>154</i>	<i>25</i>	<i>25,602</i>		<i>445</i>
Women	5,522	58		5,421		43
Men	13,366	94	25	12,879		368
Children	7,338	2		7,302		34
<i>Of whom beneficiaries of educational programmes</i>	<i>1,146</i>	<i>54</i>		<i>1,092</i>		
Women	296	6		290		
Men	422	13		409		
Children	428	35		393		
<i>Of whom beneficiaries of sporting activities</i>	<i>2,710</i>	<i>328</i>	<i>34</i>	<i>1,868</i>		<i>480</i>
Women	607	44		463		100
Men	1,780	104	34	1,262		380
Children	323	180		143		
<i>Of whom beneficiaries of vocational training</i>	<i>568</i>	<i>11</i>		<i>557</i>		
Women	383	6		377		
Men	173	5		168		
Children	12			12		
Amputees receiving services, sum of monthly data (total)	102,522	10,683	712	66,138		24,989
Women	13,979	2,143	87	7,411		4,338
Men	79,589	7,750	585	55,091		16,163
Children	8,954	790	40	3,636		4,488
New patients fitted with prostheses (total)	12,412	2,851	196	6,163		3,202
Women	1,979	554	25	875		525
Men	9,305	2,049	165	4,822		2,269
Children	1,128	248	6	466		408
Prostheses delivered (total)	24,915	5,178	291	14,312		5,134
Women	3,726	1,051	38	1,866		771
Men	18,964	3,672	221	11,376		3,695
Children	2,225	455	32	1,070		668
<i>Prostheses delivered to victims of mines or explosive remnants of war (total)</i>	<i>5,934</i>	<i>414</i>	<i>241</i>	<i>4,311</i>		<i>968</i>
Women	418	27	33	269		89
Men	5,295	365	184	3,943		803
Children	221	22	24	99		76
Non-amputees receiving services, sum of monthly data (total)	354,528	28,656	527	213,199		112,146
Women	67,520	5,922	90	41,743		19,765
Men	125,609	8,820	351	77,363		39,075
Children	161,399	13,914	86	94,093		53,306
New patients fitted with orthoses (total)	50,804	2,886	179	24,619		23,120
Women	8,970	546	22	4,683		3,719
Men	13,821	859	129	7,699		5,134
Children	28,013	1,481	28	12,237		14,267
Orthoses delivered (total)	101,981	5,972	155	51,546		44,308
Women	15,862	1,045	22	7,994		6,801
Men	25,054	1,440	84	14,254		9,276
Children	61,065	3,487	49	29,298		28,231
<i>Orthoses delivered to victims of mines or explosive remnants of war (total)</i>	<i>399</i>	<i>25</i>	<i>48</i>	<i>255</i>		<i>71</i>
Women	36	4	3	20		9
Men	284	19	43	188		34
Children	79	2	2	47		28

1. Sum of available data, which may not always reflect the extent of ICRC operations.

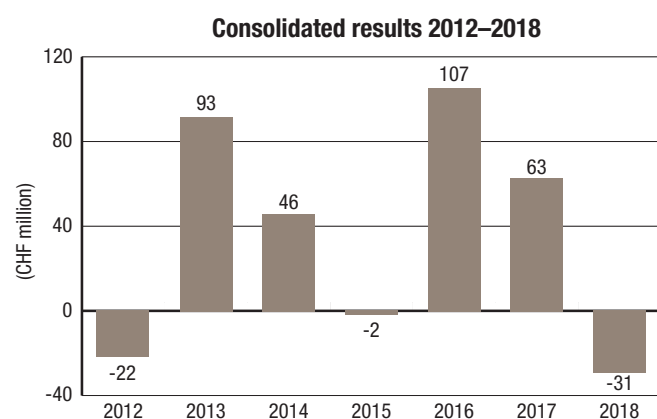
	WORLD ¹	AFRICA	AMERICAS	ASIA AND THE PACIFIC	EUROPE AND CENTRAL ASIA	NEAR AND MIDDLE EAST
Patients receiving physiotherapy (total)	242,184	24,784	418	156,541		60,441
Women	43,458	5,065	57	25,707		12,629
Men	90,304	8,435	344	59,846		21,679
Children	108,422	11,284	17	70,988		26,133
Walking aids delivered (total)	45,904	11,592	77	29,854		4,381
Women	7,238	2,187	16	4,327		708
Men	32,729	8,524	58	21,668		2,479
Children	5,937	881	3	3,859		1,194
Wheelchairs or tricycles delivered (total)	7,240	1,338	273	4,231		1,398
Women	1,435	312	62	797		264
Men	3,637	708	146	2,143		640
Children	2,168	318	65	1,291		494
Components delivered to non-ICRC projects						
Artificial feet	5,038			5,038		
Artificial knees	60			60		
Alignment systems	1,127			1,127		
Orthotic knee joints (pairs)	102			102		

1. Sum of available data, which may not always reflect the extent of ICRC operations.

FINANCE AND ADMINISTRATION

THE FINANCIAL YEAR 2018

The 2018 financial year yielded a consolidated deficit of KCHF -30,700 despite a strong donor support for field operations. The two main drivers for this result were the high level of field expenses and the unfavourable impact of financial markets.



The independent and neutral mission of the ICRC and its multi-disciplinary and real-time actions require access to flexible funding, in the range of 35% to 40% of its income. Such flexible funding, either totally non-earmarked or loosely earmarked (region- and/or programme-earmarked), enables the ICRC to respond in the most efficient manner to humanitarian needs in increasingly volatile contexts.

Donors are under increasing pressure to directly allocate funds to contexts that are highly visible in the newspapers. This results in the issue of over- and underfunded contexts mentioned below. The ICRC observed in past years the rise of country-earmarked contributions and the drop of non-earmarked and loosely earmarked funds to their lowest level last year (27%, compared to 40% in 2012). Despite a slight improvement in 2018, this decrease in flexible funding remains worrisome.

APPEALS 2018: FIELD OPERATIONS

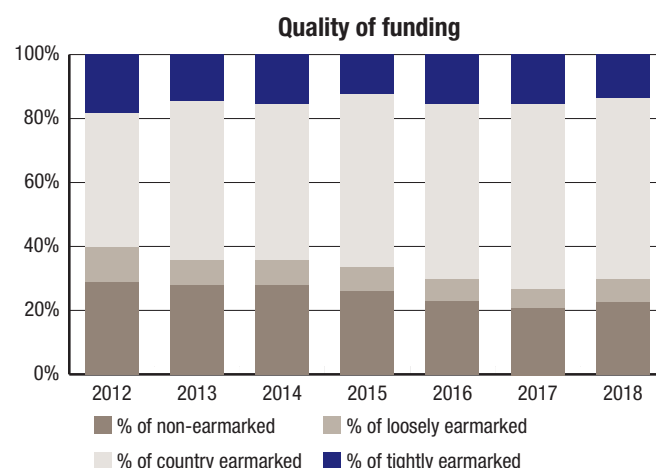
The initial field budget of KCHF 1,798,300 increased by KCHF 25,839. This was the result of three budget extensions adopted over the course of the year: for Bangladesh, Israel and the occupied territories, and Libya. These budget extensions raised the field budget to KCHF 1,824,139. Budget extensions decided in 2017 were six times larger than in 2018.

The total field expenditure amounted to KCHF 1,710,810 in 2018, compared with KCHF 1,637,149 in 2017. The 2018 level of spending corresponds to an implementation rate of 93.8% of the final field budget.

Direct contributions to field operations reached KCHF 1,662,847, up 1.3% from 2017. In 2018, despite a good level of contributions, expenditure for the field exceeded funding by KCHF 42,076. This result confirms the trend in which highly visible contexts are substantially overfunded, while others remain significantly underfunded. The cumulative excess funding reached KCHF 57,236, while the cumulative deficit funding was KCHF 53,755.

APPEALS 2018: HEADQUARTERS

The final headquarters budget was KCHF 227,547. The actual expenditure amounted to KCHF 221,825. This corresponded to an implementation rate of 97.5% of the budget. The importance and continued expansion of field activities, and ongoing organizational transformations, required additional support from headquarters.



Direct contributions to headquarters are stable at KCHF 152,456.

STATEMENT OF INCOME

After consolidating the field operations, the headquarters and the funds and foundations it controls, the ICRC ended up with an overall deficit of KCHF -30,700 in 2018, compared with a surplus of KCHF 63,104 in 2017. The 2018 loss is mainly due to the underfunding of the operational field structure KCHF -42,076 and the non-operating result KCHF -23,026. This non-operating amount includes a net foreign exchange loss of KCHF -9,020 and a negative portfolios' performance of KCHF -10,979 or -3.7%, arising primarily from the markets' sudden and sharp decline at the end of the year.

The ICRC emerged weakened at the end of 2018. The 2018 results did not enable the ICRC to reinforce its reserves for future operations beyond the equivalent of two months' worth of annual expenditure, a level which is significantly below the ICRC's target of four months. The current environment remains unpredictable and volatile, and maintaining the 2018 level of funding is not guaranteed. A reasonable amount of reserves is necessary for the ICRC to respond quickly to humanitarian crises and to face unexpected risks and/or disbursements.

BALANCE SHEET

No significant changes occurred in the consolidation perimeter since the introduction in 2001 of International Financial Reporting Standards (IFRS). Long-term donor commitments and human resources remained significant drivers in the balance sheet.

AUDITORS' OPINION AND INTERNAL CONTROL

To show its willingness towards more transparency, the ICRC shared in 2018 – for the second time – its management letter and details on major fraud cases, with members of the Donor Support Group, in the presence of its external auditors. This exercise will be repeated in 2019.

As per Swiss legal requirements regarding internal control systems, the external auditors have confirmed unreservedly the existence of such a system at the ICRC and have provided an unqualified audit opinion on the IFRS-compliant consolidated financial statements.

CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2018

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CONSOLIDATED STATEMENT OF INCOME**For the year ended 31 December**

(CHF million)	Note	2018	2017
Contributions	[2A]	1,823	1,799
Staff costs	[3B]	-808	-731
Purchase of goods and materials	[3A]	-346	-385
Rentals	[3D]	-167	-166
Other expenses	[3A]	-510	-468
Operating expenditure		-1,831	-1,750
Net (deficit)/surplus of operating activities		-8	49
Foreign exchange result, net		-9	-3
Financial income, net		-11	18
Other income and expenses, net	[3E]	-3	-1
Net (deficit)/surplus of non-operating activities		-23	14
(Deficit)/surplus for the year		-31	63

CONSOLIDATED STATEMENT OF OTHER COMPREHENSIVE INCOME**For the year ended 31 December**

(CHF million)	Note	2018	2017
(Deficit)/surplus for the year		-31	63
Other comprehensive (loss)/income			
Re-measurement (losses)/gains on defined benefit plan that will not be reclassified to profit or loss	[4F]	-71	140
Comprehensive (deficit)/surplus for the year		-102	203

CONSOLIDATED STATEMENT OF FINANCIAL POSITION**At 31 December**

(CHF million)	Note	2018	2017
Cash and cash equivalents	[4A]	277	301
Investments	[4C]	203	231
Accounts receivable	[2B]	333	293
Inventories	[3G]	106	89
Prepayments		29	23
Total Current assets		948	937
Investments	[4C]	105	92
Accounts receivable	[2B]	177	289
Tangible assets	[3H]	230	210
Intangible assets	[3H]	73	68
Total Non-current assets		585	659
Total Assets		1,533	1,596
Accounts payable and accrued expenses		78	67
Provisions for operational claims		6	7
Loans and borrowings	[4B]	1	1
Employee benefit liabilities	[3B]	64	62
Deferred income	[2C]	293	248
Total Current liabilities		442	385
Loans and borrowings	[4B]	43	31
Employee benefit liabilities	[4F]	408	326
Deferred income	[2C]	186	298
Total Non-current liabilities		637	655
Total Liabilities		1,079	1,040
Unrestricted reserves	[2D]	410	470
Restricted reserves	[2D]	44	86
Total Reserves		454	556
Total Liabilities and reserves		1,533	1,596

FIGURES ARE IN CHF MILLION AND ROUNDING RULES ARE PRESENTED IN NOTE [1B]

CONSOLIDATED STATEMENT OF CHANGES IN RESERVES**For the year ended 31 December**

(CHF million)		Total Unrestricted reserves	Restricted reserves				Total Reserves
			Funding of operations	Funding of innovation	Funds and foundations	Total	
	Note	[2Da]	[2Db]	[2Dc]	[2Dd]		
Balance at 1 January 2018		470	46	2	38	86	556
Net deficit for the year		11	-41	1	-2	-42	-31
Other comprehensive gain	[4F]	-71	-	-	-	-	-71
Balance at 31 December 2018		410	5	3	36	44	454
Balance at 1 January 2017		277	39	-	38	77	354
Net surplus for the year		54	7	2	-	9	63
Other comprehensive gain	[4F]	140	-	-	-	-	140
Balance at 31 December 2017		470	46	2	38	86	556

CONSOLIDATED STATEMENT OF CASH-FLOWS**For the year ended 31 December**

(CHF million)	Note	2018	2017
(Deficit)/surplus for the year		-31	63
Adjustments to reconcile (deficit)/surplus to cash from operating activities			
- Non-cash items		56	43
- Items relating to investing activities		25	-29
- Working capital adjustments		-1	-27
Net cash from operating activities		49	50
Purchase of tangible assets	[3H]	-53	-41
Proceeds from the sale of tangible assets		5	4
Purchase of intangible assets	[3H]	-24	-24
Purchase of investments		-77	-92
Proceeds from the sale of investments		60	97
Income from investments, net and interest received		3	3
Net cash used in investing activities		-85	-53
Repayments of long-term loans	[4B]	-1	-1
Increase in loans and borrowings		14	14
Net cash from financing activities		13	13
Net (decrease)/increase in cash and cash equivalents		-23	10
Cash and cash equivalents at the beginning of the year		301	290
Effect of exchange rate differences on cash		-1	1
Net (decrease)/increase in cash and cash equivalents		-23	10
Cash and cash equivalents at the end of the year	[4A]	277	301

At 31 December 2018**EXPLANATORY NOTES TO THESE CONSOLIDATED FINANCIAL STATEMENTS**

The notes have been organized into four sections to present how the ICRC funds its activities, runs its operations and manages the funds provided by donors. Each section of the notes presents the financial information and any material accounting policies that are relevant to an understanding of the activities of the ICRC.

1. Activities	2. Funding	3. Operations	4. Management of funds
1A. Activities	2A. Contributions	3A. Operating expenses	4A. Cash and cash equivalents
1B. Significant accounting policies	2B. Accounts receivable	3B. Staff costs	4B. Loans and borrowings
1C. Significant accounting judgments	2C. Deferred income	3C. Related parties	4C. Investments
1D. Changes in accounting policies	2D. Reserves	3D. Rentals	4D. Financial risk management
1E. Standards issued but not yet effective		3E. Other income and expenses, net	4E. Fair value
		3F. Overheads and administrative costs	4F. Employee benefit liabilities
		3G. Inventories	
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		3J. Contingent liabilities	

1. Activities and basis for accounting**1A. Activities**

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusive humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance.

It directs and coordinates the international relief activities conducted by the International Red Cross and Red Crescent Movement (hereafter “the Movement”) in situations of conflict. It also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles.

Established in 1863, the ICRC is at the origin of the Movement. The Movement is made up of the following components: the International Committee of the Red Cross, the National Red Cross and Red Crescent Societies, and the International Federation of Red Cross and Red Crescent Societies (hereafter “International Federation”). The ICRC is formally recognized in the 1949 Geneva Conventions and by the International Conference of the Red Cross and Red Crescent. As a humanitarian non-profit organization domiciled in Switzerland, it was granted United Nations observer status in October 1990. Under Article 60 of the Swiss Civil Code, it has the legal form of an association. Its registered office is at 19, Avenue de la Paix, 1202 Geneva, Switzerland. The ICRC Assembly is the supreme governing body of the ICRC.

The ICRC’s principal tasks are to:

- visit prisoners of war and civilian detainees;
- search for missing persons;
- transmit messages between family members separated by conflict;
- reunite dispersed families;
- provide food, water and medical assistance to civilians without access to these basic necessities;
- spread knowledge of international humanitarian law (IHL);
- monitor compliance with IHL;
- draw attention to violations and contribute to the development of IHL; and
- enhance the capacity of National Societies to fulfil their responsibilities as Red Cross and Red Crescent institutions providing humanitarian services in their respective countries.

The ICRC (but not its staff) is exempt from taxes in Switzerland and most countries in which its delegations are based.

1B. Significant accounting policies and basis of preparation

This note contains the ICRC’s significant accounting policies that relate to the consolidated financial statements as a whole. Accounting policies specific to one note are described in that note.

Statement of compliance

The consolidated financial statements have been prepared in compliance with the International Financial Reporting Standards (IFRS) as adopted by the International Accounting Standards Board (IASB).

The IFRS do not contain specific guidelines for non-profit and non-governmental organizations concerning the accounting treatment and presentation of consolidated financial statements. Where the IFRS are silent or do not give guidance on how to treat transactions specific to the not-for-profit sector, accounting policies have been based on the general IFRS principles, as detailed in the basis of measurement of the IASB Conceptual Framework for Financial Reporting. The consolidated financial statements have been prepared using the historical cost convention, except when otherwise indicated.

The consolidated financial statements were authorized for issue by the Assembly on 2 May 2019.

Functional and presentation currency

The ICRC's functional and presentation currency is the Swiss franc (CHF). All financial information presented has been rounded to the nearest CHF million, except when otherwise indicated. The financial information in the following notes is presented in CHF million with one decimal place and may result in rounding-off addition differences.

Transactions in currencies other than the Swiss franc are converted into Swiss francs at rates which approximate the actual rates at the transaction date. At the reporting date, monetary assets and liabilities denominated in foreign currency are converted into Swiss francs at the rate of exchange at that date. Non-monetary assets and liabilities in foreign currency that are stated at historical cost are translated at the foreign exchange rate at the date of the transaction. Realized and unrealized exchange differences are reported in the consolidated statement of income.

The principal rates of exchange are shown below:

	Closing rate		Average rate	
	2018	2017	2018	2017
USD	0.9904	0.9810	0.9761	0.9865
EUR	1.1293	1.1707	1.1552	1.1079
GBP	1.2526	1.3181	1.3053	1.2689
AUD	0.6974	0.7642	0.7330	0.7536

Basis of consolidation

The consolidated financial statements of the ICRC cover the activities of the Geneva headquarters, all ICRC delegations, seven funds and two foundations. The general purpose of the funds and foundations is to help finance the ICRC's humanitarian work. The following seven funds are separate reporting entities:

- Clare Benedict Fund
- Florence Nightingale Medal Fund
- French Fund Maurice de Madre
- Jean Pictet Fund
- National Societies Investment Alliance, refer to Note [3C]
- Omar El Mukhtar Fund
- Paul Reuter Fund

The following two foundations are separate legal entities:

- Foundation for the ICRC
- The ICRC MoveAbility Foundation

The ICRC applied IFRS 10 and assessed its relationships with these funds and foundations. Control exists when the investor is exposed, or has rights, to variable returns from its involvement with its investees and has the ability to affect those returns through its power over the investees. Taking into consideration the activities, decision-making processes, benefits and related risks associated with the entities, the ICRC concluded that, in substance, the funds and foundations listed above are controlled by the ICRC and should be consolidated into the ICRC's financial statements.

The ICRC reviews its significant judgments and assumptions made in determining that it has control of other entities on an annual basis. Intragroup balances and transactions, and any unrealized gains from such transactions, are eliminated when the consolidated financial statements are prepared. The financial statements of the funds and foundations are prepared for the same reporting period as the ICRC, using consistent accounting policies.

1C. Significant accounting judgments, estimates and assumptions

All significant accounting judgments, estimates and assumptions specific to one note are described in that note. In particular, the ICRC has applied judgment in developing its accounting policies with respect to contributions (refer to Note [2A]). Estimates and assumptions are particularly relevant for the determination of the non-current employee benefit liabilities (refer to Note [4F]).

The ICRC is subject to risks and uncertainties which may lead to actual results differing from these estimates, both positively and negatively. Specific financial risks for the ICRC are discussed in Note [4D] on *Financial risk management objectives and policies*.

1D. Changes in accounting policies and disclosures

The ICRC has adopted all new or amended standards (the IFRS) and interpretations (by the Interpretations Committee, or IFRS IC, formerly IFRIC) which are effective for 2018. The implementation of the new or amended standards has not had any material impact on the ICRC's consolidated financial statements.

a. Adoption of IFRS 9

As of 1 January 2018, the ICRC adopted IFRS 9, *Financial Instruments*, as issued in July 2014. In accordance with the transitional provisions, comparative figures have not been restated.

The adoption of IFRS 9 resulted in changes in accounting policies and immaterial adjustments to the amounts recognized in these financial statements. IFRS 9 replaces IAS 39 for the recognition, classification and measurement of financial assets and financial liabilities, impairment of financial assets, and hedge accounting. IFRS 9, together with IFRS 7, also significantly amends the disclosures in these financial statements.

Classification and measurement of financial instruments

On 1 January 2018, the ICRC assessed which business models applied to the financial assets held by the ICRC at the date of initial application of IFRS 9 (1 January 2018) and classified its financial instruments under the appropriate IFRS 9 categories. On the date of initial application, the financial instruments of the ICRC were classified as follows:

(CHF million)	Measurement category		Carrying amount at 1 January 2018		
	Original (IAS 39)	New (IFRS 9)	Original	New	Difference **
Current financial assets					
Cash and cash equivalents	Amortized cost	Amortized cost	301.0	301.0	-
Short-term deposits	FVPL*	Amortized cost	4.3	4.3	-
Quoted equity securities	FVPL*	FVPL*	106.2	106.2	-
Quoted high yield debt funds	FVPL*	FVPL*	10.0	10.0	-
Quoted debt securities	FVPL*	FVPL*	74.4	74.4	-
Quoted debt securities	Held-to-maturity	Amortized cost	35.8	35.8	-
Accounts receivable (excluding Derivatives)	Amortized cost	Amortized cost	292.9	292.9	-
Derivatives	FVPL*	FVPL*	0.1	0.1	-
Non-current financial assets					
Quoted debt securities	Held-to-maturity	Amortized cost	92.0	92.0	-
Accounts receivable	Amortized cost	Amortized cost	289.0	289.0	-
Current financial liabilities					
Accounts payable and accrued expenses (excluding Derivatives)	Amortized cost	Amortized cost	67.0	67.0	-
Derivatives	FVPL*	FVPL*	-	-	-
Loans and borrowings	Amortized cost	Amortized cost	1.0	1.0	-
Non-current financial liabilities					
Loans and borrowings	Amortized cost	Amortized cost	31.0	31.0	-

*FVPL: financial assets measured at fair value through profit or loss

**The reclassifications of the financial instruments upon adoption of IFRS 9 did not result in changes to measurements.

Impairment of financial assets

The financial assets subject to IFRS 9's new expected credit loss model are cash and cash equivalents, accounts receivable (excluding derivatives) and investments at amortized cost. The ICRC was required to revise its impairment methodology under IFRS 9 for each of these classes of assets.

Accounts receivable and investments at amortized cost are considered to be low-risk, and the loss allowance is determined as 12 months' expected credit losses.

The total impact on the ICRC's reserves due to the new expected credit loss model for these financial instruments was not material. Hence, no changes were made to the balances at 1 January 2018 in the Consolidated Statement of Changes in Reserves, and no reconciliation of the ending impairment allowances at 31 December 2017 to the opening loss allowances at 1 January 2018 is presented.

1E. Standards issued but not yet effective

The IASB has issued a number of new and amended IFRS standards and IFRS IC, which are not yet effective for the financial year ended 31 December 2018. The ICRC intends to adopt the new and amended standards and interpretations when they become effective. Except for IFRS 16, all standards and interpretations not yet effective are not expected to have any material impact on these consolidated financial statements.

a. IFRS 16, *Leases*

The ICRC is required to adopt IFRS 16, *Leases*, from 1 January 2019. IFRS 16 introduces a single on-balance sheet lease accounting model for lessees. A lessee recognizes a right-of-use asset representing its right to use the underlying asset during the lease term and a lease liability representing its obligation to make lease payments.

The ICRC will elect to use the two recognition exemptions proposed by the standard on lease contracts for which the lease terms end within 12 months as of the date of initial application, and on lease contracts for which the underlying asset is of low value. The ICRC has leases of certain office equipment that are considered of low value.

Impact on the statement of financial position as at 31 December 2018

The ICRC has assessed the estimated impact that initial application of IFRS 16 will have on its consolidated financial statements. The actual impact of adopting the standard on 1 January 2019 might change because:

- the ICRC has not finalized the testing and assessment of the controls over the new IT system; and
- the new accounting policies are subject to change until the ICRC presents its first financial statement that includes the date of initial application.

The ICRC will recognize new assets and liabilities for its operating leases of buildings and equipment (refer to Note 3D). The nature of expenses related to these leases will change because the ICRC will separately recognize a depreciation expense of the right-of-use assets and interest expense on the lease liabilities. Based on the information currently available, the ICRC estimates that it will recognize additional right-of-use assets and lease liabilities of CHF 29.0 million as at 1 January 2019.

No significant impact is expected for leases in which the ICRC is a lessor.

Transition to IFRS 16

The ICRC elects to adopt IFRS 16 initially on 1 January 2019 using the modified retrospective approach. Therefore, the cumulative effect of adopting IFRS 16 will be recognized as an adjustment to the opening balance of reserves at 1 January 2019, with no restatement of comparative information.

The ICRC plans to apply the practical expedient to grandfather the definition of a lease on transition. This means that it will apply IFRS 16 to all contracts entered into before 1 January 2019 and previously identified as leases applying IAS 17 and IFRIC 4.

2. Funding

2A. Contributions

- Contributions, designated for general use by the ICRC, are recognized as revenue upon receipt of a written confirmation or agreement from the donor. In the absence of such a confirmation, the contribution is recognized upon receipt of cash.
- Contributions received after the reporting date, but designated for use in the reporting period, are recognized as revenue in the reporting period.
- Contributions designated for use after the reporting date are reported as deferred income in the consolidated statement of financial position and recognized as revenue in the year designated by the donor.
- Contributions that are based on contracts for specific projects are reported as deferred income and recognized as revenue as the associated expense is incurred.
- Contributions that will fall due after five years or are estimated as unlikely to be paid are not accounted for and are disclosed as contingent assets owing to uncertainties associated with their receipt. In 2018, contributions amounting to CHF 0.7 million (2017: CHF 1.1 million) were considered contingent assets.
- Where funding agreements impose performance conditions which must be met before ICRC is entitled to the funding, the corresponding conditional revenue is deferred as a liability until it is probable that the conditions have been met. Performance conditions generally relate to the completion of specified activities or the achievement of efficiency levels.
- Contributions are mainly received in cash but may be received in kind (goods or fixed assets) or in services (staff, means of transport or rent).
- Contributions in kind and in services are recognized as revenue at their estimated fair value on the date of receipt of the goods or services or on the date the donated fixed assets are available for use.
- Contributions in cash for direct funding of the costs of purchasing or constructing specific fixed assets are fully recognized under operating income upon receipt of the cash.

Range of donors

Contributions and joint appeals are received from a wide range of donors:

(CHF million)	2018	2017
Governments	1,571.8	1,500.7
European Commission	161.0	166.2
Private sources	45.0	47.5
National Societies and the International Federation	36.4	53.2
Public sources	7.3	7.3
International and supranational organizations	1.9	24.6
Total Contributions	1,823.0	1,799.0

Public sources are defined as federal, cantonal and municipal government bodies, whereas private sources are defined as individuals, foundations, legacies, private companies and associations. International and supranational organizations include UN agencies, the World Bank Group and non-governmental organizations.

Earmarking

- Contributions restricted to no other purpose than general ICRC field operations are considered non-earmarked.
- Contributions restricted to a given region, country or programme (worldwide) are considered loosely earmarked.
- Contributions restricted to a country are considered country-earmarked.
- Contributions restricted to a project or sub-programme are considered tightly earmarked.

The table below shows the overall framework for the earmarking of contributions.

(CHF million)	2018	2017
Non-earmarked contributions	403.8	372.6
Loosely earmarked contributions	143.1	116.6
Country-earmarked contributions	1,024.2	1,033.1
Tightly earmarked contributions	252.3	277.1
Total Contributions	1,823.0	1,799.0

2B. Accounts receivable

Previous accounting policy applied under IAS 39 prior to 1 January 2018:

- Contributions receivable are amounts due from donors and recognized upon receipt of a written agreement. The corresponding accounts receivable are recognized at fair value and subsequently measured at amortized cost less impairment allowance.
- Management specifically analyses contributions receivable, historical trends and current economic trends when assessing the adequacy of the allowance. The allowance is made on the basis of a specific individual review of all significant open positions. For those positions not specifically reviewed, the allowance is made using different rates based on the ageing of the receivables and in light of past experience. The amount of impairment loss is recognized in the consolidated statement of income. When a contribution receivable is uncollectible, it is derecognized.
- Contributions receivable due more than 12 months and less than five years after the reporting date are recorded as long-term receivables and discounted to their present value. The carrying values of long-term receivables and deferred income are based on the expected future cash-flows, discounted using the rates on the dates the pledges were signed.

Accounting policy under IFRS 9 starting from 1 January 2018:

- Accounts receivable are held to collect contractual cash flows where those cash flows solely represent payments of principal and interest, and are recognized at fair value and subsequently measured at amortized cost less expected credit loss allowance.
- Contributions receivable are amounts due from donors and recognized upon receipt of a written agreement. There are no standard payment terms for contributions, as the timing of payments is usually specified in each donor contract. Contributions receivable due more than 12 months and less than five years after the reporting date are recorded as long-term receivables and discounted to their present value. The carrying values of long-term receivables and deferred income are based on the expected future cash-flows, discounted using the rates on the dates the pledges were signed.
- Other receivables originate from recharging operating expenses or from non-core activities. A default is when the counterparty fails to make contractual payments within 60 days of when they fall due. Other receivables are written off when there is no reasonable expectation of recovery.
- Accounts receivable are considered to be low-risk. Management specifically analyses historical trends and current economic trends when assessing the adequacy of the loss allowance. The loss allowance is based on specific credit qualities of individual positions. The loss allowance for accounts receivable at 31 December 2018 and expected credit loss for the year then ended are both immaterial.

The nature of the accounts receivable is as follows:

(CHF million)	2018	2017
Contributions receivable in less than 12 months	320.7	283.7
Other receivables	11.9	8.9
Sub-total Current accounts receivable	333.0	293.0
Contributions receivable in more than 12 months	177.0	289.0
Total Accounts receivable	510.0	582.0

2C. Deferred income

Revenue relating to future years is recorded as deferred income. Revenue deferred for more than 12 months after the reporting date is recorded as non-current and discounted to its present value at the reporting date.

(CHF million)	Note	2018	2017
Deferred income related to contributions in less than 12 months		293.0	248.0
Deferred income related to contributions in more than 12 months		174.8	287.2
Deferred income related to government loans	[4B]	10.8	11.0
Sub-total Non-current deferred income		186.0	298.0
Total Deferred income		479.0	546.0

2D. Reserves

Reserves are composed of the surplus or deficit from operating and non-operating activities. Accumulated reserves are classified as either restricted (permanently or temporarily) or unrestricted reserves.

a. Unrestricted reserves

Unrestricted reserves designated by the Assembly are not subject to any legal or third-party restrictions and can be allocated as the ICRC Assembly sees fit. Unrestricted reserves may be designated for specific purposes to meet future obligations or risks.

(CHF million)	At 1 January 2017	Use/release during 2017	Allocation 2017	At 31 December 2017	Use/release during 2018	Allocation 2018	At 31 December 2018
Future operations	270.9	-	18.9	289.8	-	20.0	309.8
Assets replacement	252.2	-1.3	30.6	281.5	-2.5	5.6	284.6
Operational risks	21.3	-	0.6	21.9	-0.2	3.0	24.7
Financial risks	30.7	-3.4	6.8	34.1	-19.8	7.3	21.6
Specific projects	1.4	-0.6	-	0.8	-0.2	-	0.6
Human resources	-299.7	-2.7	144.5	-157.8	-73.2	-	-231.0
Total Unrestricted reserves	277.0	-8.0	201.0	470.0	-96.0	36.0	410.0

Future operations reserves

The future operations reserves are intended for situations with insufficient operational funding. The theoretical level is estimated at CHF 603.5 million (2017: CHF 570.4 million) based on an average of four months of expenses in cash, kind and services (including overheads) over the previous four years and the next year's initial budget.

Assets replacement reserves

The ICRC sets aside funds for capital expenses on real estate and equipment, in order to be able to make investments that are essential for its operations regardless of short-term financial fluctuations.

Operational risks reserves

These are reserves relating to insurance coverage and to potential litigation.

Financial risks reserves

The financial risks reserves cover the risks of exchange rate variations and price fluctuations in securities. The foreign-exchange reserve target amount is estimated at the value at risk (VaR) using a 95% confidence interval (see Note [4D] for the method of calculation).

Specific projects reserves

Allocations for specific projects are in connection with contracts signed by ICRC headquarters during the financial year for which goods and/or services have not been delivered by the end of the year.

Human resources reserves

The human resources reserves include the effects of under-coverage of the defined benefit pension plan for CHF -236.8 million (2017: CHF -165.8 million). The human resources reserves have shown a negative balance since 2011, when changes in employee benefit accounting have resulted in the immediate recognition of re-measurement gains and losses in the period in which they arise.

Other human resources reserves of CHF 5.9 million (2017: CHF 8.0 million) are set aside to cover future payments to management and staff under agreements for post-employment benefits, including early retirement, and under restructuring plans. In 2013, management decided to optimize headquarters' structures via restructuring, reorganization, relocation and outsourcing; this process was completed by 31 December 2018.

b. Temporarily restricted reserves for the funding of operations

Donors' restricted contributions

Donors' restricted contributions may exceed specific expenses incurred in the field or at headquarters for the reporting period, resulting in a temporary surplus in funding. The cumulative excess is carried forward to the following year and recorded in reserves as *Donors' restricted contributions*. When the surplus funds cannot be used, the ICRC either obtains agreement from the donors to reallocate the funds for a different use or reimburses the funds to the donor, in which case they are recognized as a liability.

Field operations with temporary deficit funding

The ICRC incurs expenses for field operations which may not be fully funded by designated contributions, resulting in a temporary deficit for the reporting period. At year-end, management estimates the expected funding necessary to cover the expenses incurred and allocates non-earmarked and loosely earmarked contributions available to field operations. The net position is reported as *Field operations with temporary deficit funding* in the reserves. Changes in these estimates could result in the need to re-assess the temporarily restricted reserves for the funding of operations.

The changes in temporarily restricted reserves for the funding of operations are summarized as follows:

(CHF million)	At 1 January 2017	Increase/(decrease) during 2017	At 31 December 2017	Increase/(decrease) during 2018	At 31 December 2018
Field operations with temporary surplus funding	88.7	42.8	131.5	-74.3	57.2
Headquarters restricted contributions	0.3	-	0.3	1.3	1.6
Donors' restricted contributions	89.0	42.8	131.8	-73.0	58.8
Field operations with temporary deficit funding	-50.0	-36.0	-86.0	32.2	-53.8
Total Reserves for the funding of operations	39.0	7.0	46.0	-41.0	5.0

c. Temporarily restricted reserves for the funding of Innovation

The unspent restricted reserves amounting to CHF 2.8 million (2017: CHF 2.0 million) corresponding to the activities supervised by the Innovation Board are shown separately for management information purposes.

d. Permanently restricted reserves for the funds and foundations

The reserves corresponding to the seven funds and two foundations controlled by the ICRC are permanently restricted for the ICRC, as the use and allocation of these reserves are decided by the respective boards of the funds and foundations.

The permanently restricted reserves are summarized as follows:

(CHF million)	2018	2017
Foundation for the International Committee of the Red Cross	23.7	24.8
French Fund Maurice de Madre	4.6	4.9
The ICRC MoveAbility Foundation	2.3	3.4
Clare Benedict Fund	2.2	2.3
Omar El Mukhtar Fund	1.0	1.1
Paul Reuter Fund	0.7	0.7
Jean Pictet Fund	0.6	0.7
Florence Nightingale Medal Fund	0.7	0.7
National Societies Investment Alliance (NSIA)	0.6	-
Total Reserves for the funds and foundations	36.0	38.0

3. Operations

3A. Operating expenses

Operating expenses are defined as direct programme-oriented expenses incurred in order to carry out the ICRC's humanitarian mission. Non-operating expenses are defined as expenses not directly related to the ICRC's mission and/or incurred in the management of cash and investments.

For management reporting purposes, costs are analysed as relating to “field”, “headquarters”, “innovation” or “funds and foundations”, and the effect of IAS 19 on staff costs is shown separately. The breakdown of operating expenses for the past two years is as follows:

2018 (CHF million)	Field	Headquarters	Innovation	Funds and foundations	IAS 19 effect	Total 2018
Staff costs	651.4	158.6	0.5	2.7	-5.2	808.0
Purchase of goods and materials	341.9	3.7	-	0.2	-	346.0
Rentals	163.7	3.5	-	0.2	-	167.0
Other expenses						
- Financial assistance	150.6	1.6	0.1	2.0	-	154.3
- General expenditure	105.5	35.2	1.1	0.3	-	142.0
- Mission costs	75.0	7.3	-	0.6	-	82.9
- Sub-contracted maintenance	79.1	1.9	-	-	-	81.1
- Depreciation	39.5	10.0	-	-	-	49.5
Sub-total Other expenses	449.7	56.1	1.2	3.0	-	510.0
Total 2018 Operating expenditure	1,606.8	221.8	1.7	6.1	-5.2	1,831.0

2017 (CHF million)	Field	Headquarters	Innovation	Funds and foundations	IAS 19 effect	Total 2017
Staff costs	581.0	154.9	-	2.6	-7.7	731.0
Purchase of goods and materials	382.5	2.8	-	0.1	-	385.0
Rentals	162.6	3.4	-	0.1	-	166.0
Other expenses						
- Financial assistance	131.5	2.2	-	2.0	-	135.7
- General expenditure	96.6	32.5	0.1	0.3	-	129.5
- Mission costs	74.5	6.8	-	0.5	-	81.7
- Sub-contracted maintenance	75.1	2.4	-	-	-	77.5
- Depreciation	34.2	9.5	-	-	-	43.8
Sub-total Other expenses	411.8	53.3	0.1	2.9	-	468.0
Total 2017 Operating expenditure	1,537.6	214.4	0.1	5.7	-7.7	1,750.0

Operating expenses are mostly in cash but can take the form of goods (in kind) or services. Operating expenses in kind and in services amounted to CHF 3.1 million and CHF 5.9 million respectively (2017: CHF 4.4 million and CHF 8.1 million respectively).

3B. Staff costs

(CHF million)	Note	2018	2017
Wages and salaries		646.4	578.8
Social insurance and social benefits		85.5	79.7
Staff costs as contributed services		3.0	5.1
Post-employment benefit costs for defined contribution plans		4.0	5.5
Post-employment benefit costs for defined benefit plans	[4F]	69.2	62.0
Total Staff costs		808.0	731.0

The ICRC has a defined contribution plan for its employees: the “Contribution Suppletive Plan”. The expected contributions for this plan in 2019 amount to CHF 15.0 million. At 31 December 2018, the ICRC recognized a liability of CHF 45.1 million (2017: CHF 41.3 million) with respect to this plan under non-current employee liabilities (see Note [4F]). Expenses for the defined contribution post-employment benefit plan are recognized in the period in which the corresponding services are provided by the staff.

The ICRC has three defined benefit plans for its employees. For post-employment defined benefit plans, the total pension cost and the defined benefit liability are determined by applying the projected unit credit method using actuarial assumptions. The components of the defined benefit cost are recognized and presented as follows:

- Under other non-operating expenses/(income): net interest on the net defined benefit liability/(asset) comprising the interest income on plan assets (measured using the same discount rate as that applied for the defined benefit obligation) and the interest expense (increase in present value of the defined benefit obligation as the date of settlement moves one period closer).
- Under other comprehensive income: all re-measurement gains and losses on defined benefit plans are immediately recognized as other comprehensive income in the period they occur.

Further details of the ICRC’s defined benefit plans and the related liabilities can be found in Note [4F].

Current employee benefit liabilities are broken down as follows:

(CHF million)	2018	2017
Social security and insurance contributions	17.8	16.4
Salaries due to staff	7.5	14.6
Staff vacation accruals	38.7	31.3
Total Current employee benefit liabilities	64.0	62.0

The average number of employees during these financial years was as follows:

	2018	2017
In the field		
Mobile staff hired by ICRC	2,386	2,304
Mobile staff seconded by National Societies	112	116
Resident staff under ICRC contract	14,134	13,151
	16,632	15,571
At headquarters		
Staff hired by ICRC	1,040	1,016
Total Average number of employees	17,672	16,587

3C. Related parties

a. Key management

The ICRC defines related parties as key management personnel or persons with authority and responsibility for planning, directing and controlling the ICRC's activities. Related parties are the ICRC directors and senior management, and close members of their families or households. The members of the Assembly – the supreme governing body of the ICRC – are also identified as related parties.

There were no transactions with key management personnel except those described below. With the exception of the president and the permanent vice-president, none of the other members of the Assembly, or any person related to them, received any remuneration from the ICRC during the year. Neither the non-permanent members of the Assembly, nor persons related to or having business ties with them, received remuneration from the ICRC during the year.

The salaries and benefits of the ICRC's president, permanent vice-president, six directors and head of Internal Audit are set by the Remuneration Commission. Their total remuneration below includes employer expenses for social insurance and social benefits. They received no other salaries or benefits (e.g. fringe benefits, loans, etc.).

(CHF million)	2018	2017
Short-term employee benefits	3.0	2.9
Post-employment benefits and other long-term benefits	0.8	0.7
Total Remuneration of related parties	3.8	3.6

b. Interest in jointly-controlled operations

The ICRC has a 50% interest in a joint operation called the National Societies Investment Alliance (NSIA). It was set up in late 2017 as a partnership with the International Federation to enhance the development of National Societies. The fund hosted by the International Federation is located in Switzerland. The NSIA incurred expenses for less than CHF 0.3 million in 2018. The ICRC recognizes its direct right to the assets, liabilities, revenues and expenses of joint operations and its share of any jointly held or incurred assets, liabilities, revenues and expenses. These have been incorporated in the financial statements under the appropriate headings. The ICRC's share in the NSIA has been incorporated in these consolidated financial statements for the first time in 2018.

3D. Rentals

Lease incentives received are recognized in the consolidated statement of income as an integral part of the total lease expense.

(CHF million)	2018	2017
Premises and equipment	65.9	62.5
Transport	98.7	100.8
Sub-total Operating leases	164.6	163.3
Rentals as contributed services	2.7	2.9
Total Rentals	167.0	166.0

The ICRC made a commitment to pay the following non-cancellable rentals in the coming years:

(CHF million)	2018	2017
Due within 12 months	16.5	12.3
Due within 2 to 5 years	17.1	15.0
Due in over 5 years	0.2	1.2
Total Non-cancellable lease payable	33.8	28.5

Further information on the impact of adopting IFRS 16, *Leases*, as at 1 January 2019 can be found in note [1E].

3E. Other income and expenses, net

(CHF million)	Note	2018	2017
Revenues from services		3.0	2.9
Net gain from disposals of fixed assets		3.3	2.8
Net gain from self-insurance		0.9	0.5
Other non-operating income		2.8	2.1
Sub-total Other income		10.0	8.4
Net interest on net defined benefit obligation	[4F]	-4.9	-5.4
Net increase of provisions		-3.5	-0.2
Impairment losses		-0.7	-
Other non-operating expenses		-3.9	-3.5
Sub-total Other expenses		-13.0	-9.1
Total Other income and expenses, net		-3.0	-1.0

3F. Overheads and administrative costs

For internal reporting purposes, an additional 6.5% is added to the budget of each operation for cash and service movements as a contribution provided to headquarters. Headquarters support includes services essential to an operation's success, such as human resources, finance, logistics and information technology. In internal and donor reporting, the re-measurement of pension gains and losses (IAS 19 effect on pension plans) is presented separately.

a. Overheads

The following analysis reconciles these audited financial statements with the appeals for the past two years:

2018 (CHF million)	Field	Headquarters	Innovation	Funds and foundations	IAS 19 effect	Total 2018
Consolidated contributions	1,662.7	152.5	3.0	5.2	-	1,823.0
Less funds and foundations	-	-	-	-5.2	-	-5.2
Internal allocation to headquarters budget	-	104.1	-	-	-	104.1
Income as per appeals	1,662.7	256.6	3.0	-	-	1,922.3
Consolidated operating expenditure	-1,606.8	-221.8	-1.7	-6.1	5.2	-1,831.0
Less funds and foundations	-	-	-	6.1	-	6.1
Less IAS 19 effect on pension plans	-	-	-	-	-5.2	-5.2
Internal allocation to headquarters budget	-104.1	-	-	-	-	-104.1
Expenditure as per appeals	-1,710.9	-221.8	-1.7	-	-	-1,934.4

2017 (CHF million)	Field	Headquarters	Innovation	Funds and foundations	IAS 19 effect	Total 2017
Consolidated contributions	1,641.1	151.7	2.0	4.5	-	1,799.0
Less funds and foundations	-	-	-	-4.5	-	-4.5
Internal allocation from field budget	-	99.6	-	-	-	99.6
Income as per appeals	1,641.1	251.3	2.0	-	-	1,894.4
Consolidated operating expenditure	-1,537.6	-214.4	-0.1	-5.7	7.7	-1,750.0
Less funds and foundations	-	-	-	5.7	-	5.7
Less IAS 19 effect on pension plans	-	-	-	-	-7.7	-7.7
Internal allocation to headquarters budget	-99.6	-	-	-	-	-99.6
Expenditure as per appeals	-1,637.2	-214.4	-0.1	-	-	-1,851.7

b. Administrative costs

The following cost centres at headquarters are classified as administrative rather than direct programme-oriented expenses:

- The president's office, the directorate and management
- Finance and administration
- Human resources
- Fundraising
- Information systems and archives

Their total administrative cost in 2018 amounts to CHF 146.4 million, which represents 8.0 % of the ICRC's operating expenses (2017: CHF 140.8 million or 8.0%).

3G. Inventories

(CHF million)	2018	2017
Medical and physical rehabilitation	52.8	49.1
Relief	44.8	30.5
Water and habitat	17.1	8.2
Other inventories, net of allowances for obsolete inventories	-9.1	1.5
Total Inventories	106.0	89.0

- Inventories held at headquarters, at the principal regional distribution centres and in the main warehouses (53 sites in total; 2017: 31 sites) were considered uncommitted inventories at 31 December 2018. The expense is recognized at the moment such inventories are delivered or consumed.
- Inventories are recorded at cost and include expenses incurred in acquiring the inventories and bringing them to their present location and condition. The ICRC periodically reviews its inventory for excess, obsolescence and declines in market value below cost, and records an allowance against the inventory balance for any such declines. Obsolete inventories are written off. The allowance for obsolete inventories at 31 December 2018 was CHF 20.6 million (2017: CHF 10.9 million).

3H. Tangible and intangible assets

- Tangible assets are measured on initial recognition at cost.
- Contributed assets are either assets funded by contributions in cash for assets, or assets donated in kind, which are recognized at their fair value.
- Subsequent expenses are capitalized only when they increase the future economic benefits embodied in the item of property and equipment and are otherwise recognized in the consolidated statement of income.
- Intangible assets acquired separately are measured on initial recognition at cost.
- Internally generated intangible assets are not capitalized when the expenses attributable to the asset cannot be reliably measured; they are therefore reflected in the consolidated statement of income in the year in which the expense is incurred.
- Depreciation and amortization of tangible and intangible assets with finite useful lives is calculated using the "straight line" method so as to depreciate/amortize the acquisition cost over the asset's estimated useful life, which is as follows:

Tangible assets	Useful life
Buildings and land improvements – Switzerland	20 to 70 years
Buildings – other countries	3 to 20 years
Fixed installations	10 years
Equipment and vehicles	5 to 8 years
Hardware (IT equipment)	3 years
Land	Not depreciated
Intangible assets	
Software	5 years

- Tangible and intangible assets with finite useful lives are assessed for impairment whenever there is an indication that the asset may be impaired. The amortization period and method are reviewed at least at each financial year-end.
- Intangible assets with indefinite useful lives are tested for impairment annually. Such intangibles are not amortized. The useful life of an intangible asset with an indefinite life is reviewed annually to determine whether the indefinite life assessment continues to be supportable. If not, the change in the useful life assessment from indefinite to finite is made on a prospective basis.

2018 (CHF million)	Land, buildings and fixed installations	Equipment	Vehicles	Total Tangible assets	Total Intangible assets
Net carrying value 1 January 2018	155.0	9.9	44.7	210.0	68.0
Additions	31.1	3.2	19.0	53.2	24.2
Disposals and impairment	-	-1.0	-1.5	-2.5	-0.1
Depreciation charge for the year	-10.9	-3.3	-16.1	-30.3	-19.5
Net carrying value 31 December 2018	175.2	8.8	46.2	230.0	73.0
Gross value	277.7	36.7	120.8	435.2	140.6
Accumulated depreciation and impairment	-102.5	-27.9	-74.6	-205.0	-67.9
Net carrying value 31 December 2018	175.2	8.8	46.2	230.0	73.0

2017 (CHF million)	Land, buildings and fixed installations	Equipment	Vehicles	Total Tangible assets	Total Intangible assets
Net carrying value 1 January 2017	145.8	8.9	43.9	199.0	60.0
Additions	19.3	4.4	17.0	40.7	23.9
Disposals	-	-	-1.0	-1.0	-
Depreciation charge for the year	-10.1	-3.3	-15.2	-28.6	-15.5
Net carrying value 31 December 2017	155.0	9.9	44.7	210.0	68.0
Gross value	246.9	35.6	113.3	395.8	119.9
Accumulated depreciation	-91.9	-25.7	-68.6	-186.2	-51.9
Net carrying value 31 December 2017	155.0	9.9	44.7	210.0	68.0

A majority of the land, buildings and fixed installations are located in Switzerland, with a gross value of CHF 218.2 million (2017: CHF 205.6 million).

At 31 December 2018, tangible assets included work in progress for CHF 20.7 million for construction and renovation of buildings (2017: CHF 7.7 million).

Intangible assets included CHF 28.7 million for software in development acquired externally (2017: CHF 20.8 million). The ICRC still uses some fully amortized software with a gross value of CHF 24.8 million.

3I. Commitments

Capital and contractual commitments

(CHF million)	2018	2017
Commitments for vehicle purchases and building renovations	6.4	13.5
Commitments toward IT projects	0.8	2.1
Total Capital commitments	7.1	15.6
Open purchase orders	78.9	64.9
Total Contractual commitments	78.9	64.9

3J. Contingent liabilities

Due to the nature of its operations, ICRC is exposed to risks (for example, local employment and rental contracts), the definite amount and exact timing of which cannot be reasonably established. The risks that management considers likely to be settled through a payment and that can be measured reliably have been reported as provisions in the balance sheet. The other potential and improbable risks are estimated at CHF 26.4 million (2017: CHF 9.7 million) and reported as contingent liabilities.

4. Management of funds

4A. Cash and cash equivalents

- The ICRC considers cash on hand, cash at banks, and short-term deposits with an original maturity of three months or less to be cash and cash equivalents. Term deposits with an original maturity of over three months are classified as current and/or non-current investments (refer to Note [4C]). They are valued at amortized cost.
- Cash at banks earns interest at floating rates based on prevailing bank rates.
- Bank overdrafts that are repayable on demand and form an integral part of the ICRC's cash management are included as a component of cash and cash equivalents in the consolidated statement of cash-flows.

(CHF million)	2018	2017
Cash at banks and on hand, net of overdrafts	255.8	250.5
Short-term deposits with an original maturity below three months	20.8	50.2
Total Cash and cash equivalents	277.0	301.0

At 31 December 2018, the ICRC could draw on CHF 76.0 million (2017: CHF 150.0 million) of undrawn committed borrowing facilities with respect to which all prior conditions had been met.

4B. Loans and borrowings

All loans are recorded at fair value at initial recognition, which is the present value of expected future cash-flows, discounted using a market interest rate. The difference between the cost and the fair value at initial recognition is recognized as deferred income in Note [2C]. The deferred income is subsequently recognized over the loan period.

a. Loans from the Foundation for Buildings for International Organizations (FIPOI)

At 31 December 2018, there were two interest-free loans related to buildings, both granted by the Foundation for Buildings for International Organizations (FIPOI). The nominal values of these unsecured loans were:

- CHF 9.8 million (2017: CHF 9.8 million) for the training centre in Ecogia, Geneva (final repayment in 2049); and
- CHF 26.0 million (2017: CHF 26.0 million) for the logistics building in Geneva (final repayment in 2060).

In 2017, the FIPOI granted a loan of CHF 9.9 million towards the cost of the renovation of the main Carlton building in Geneva, Switzerland, of which CHF 3.7 and 4.2 million were received, respectively, in 2017 and 2018. The FIPOI will provide the remaining funds in 2019. This loan will be repaid over 30 years (final repayment in 2047) and bears interest of 0.5%.

b. Loans for the Programme for Humanitarian Impact Investment

In July 2017, loans were provided by private and corporate investors to finance the Programme for Humanitarian Impact Investment (PHII) focused on the construction and operation of physical rehabilitation centres in the Democratic Republic of the Congo, Mali and Nigeria. The amount of these loans, totalling CHF 19.7 million, was provided by the lenders to the ICRC in two equal instalments in 2017 and 2018. The loans are repayable in one instalment in 2022.

Depending on the achievement of certain staff efficiency ratio (SER) performance levels, the principal amount repayable ranges between CHF 10.4 million and CHF 25.0 million. The loans bear interest of 2.0% for each of the first four years – 2018 to 2021. The interest for the fifth year 2022 is embedded in the variable principal amount repayable. These loans will be funded by correlated amounts from donors participating in the programme. The correlated pledges are recognized as long-term receivables in the financial statements.

There is a risk, currently evaluated by management to be remote, that the SER will deteriorate between the inception and the end of the programme. In this case, the ICRC would have to contribute 10% of the expenditure budget, equivalent to CHF 2.0 million at reporting date exchange rates, and the lenders would lose some of their principal i.e. part of the ICRC's liability would be converted to a donation.

c. Loan repayment terms

The terms of all loan repayments are as follows:

(CHF million)	2018	2017
Due within 12 months	0.9	0.6
Due within 2 to 5 years	22.6	13.0
Due in over 5 years	20.7	17.7
Total Unsecured loans	44.2	31.3

4C. Investments

In accordance with its documented investment management policy, the ICRC classifies its investments in two categories:

a. Investments at fair value through profit or loss

- Financial assets at fair value through profit or loss are held for trading. A financial asset is classified in this category if acquired principally for the purpose of selling in the short term and presented within current assets.
- These investments are recognized and derecognized on the trade date that the ICRC, or the portfolio manager acting on behalf of the ICRC, commits to purchasing or selling them. Fair value gains or losses, dividend and interest income are recognized in the consolidated statement of income. Transaction costs are also recognized in the consolidated statement of income as incurred.

b. Held-to-maturity (IAS 39)/at amortized cost (IFRS 9)**Previous accounting policy applied under IAS 39 prior to 1 January 2018:**

- When the ICRC has the positive intent and ability to hold debt securities to maturity, such bonds are classified as held-to-maturity. Held-to-maturity investments are recognized initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, held-to-maturity investments are measured at amortized cost using the effective interest rate, less any impairment losses.
- At the end of each reporting period, the ICRC assesses whether there is objective evidence that a debt security measured at amortized cost is impaired. If there is objective evidence that an impairment loss on financial assets measured at amortized cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash-flows (excluding future credit losses that have not been incurred), discounted at the financial asset's original effective interest rate.

Accounting policy applied under IFRS 9 starting from 1 January 2018:

- Quoted debt securities are held to collect contractual cash flows where those cash flows represent solely payments of principal and interest. Such bonds are measured at amortized cost. A gain or loss on a debt investment that is subsequently measured at amortized cost is recognized in profit or loss when the asset is derecognized or impaired. Interest income from these financial assets is included in financial income using the effective interest rate method.
- The ICRC assesses on a forward looking basis the expected credit losses associated with its debt securities carried at amortized cost. Bonds in this category are considered to be low-risk, and the loss allowance is determined as 12 months expected credit losses. A default on a financial asset is when the counterparty fails to make contractual payments within 60 days when they fall due. The loss allowance for the bonds at amortized cost at 31 December 2018 and expected credit loss for the year then ended are both not material.

(CHF million)	Note	2018	2017
Investments at fair value through profit or loss			
- Quoted equity securities		92.8	106.2
- Quoted high yield debt funds		9.5	10.0
- Quoted debt securities		73.1	74.4
- Short-term deposits	[4A]	-	4.3
Investments held-to-maturity (IAS 39)/at amortized cost (IFRS 9)			
- Quoted debt securities		23.7	35.8
- Short-term deposits	[4A]	4.4	-
Sub-total Current investments		203.0	231.0
Investments held-to-maturity (IAS 39)/at amortized cost (IFRS 9)			
- Quoted debt securities		104.8	91.6
Sub-total Non-current investments		105.0	92.0
Total Investments		308.0	323.0

4D. Financial risk management objectives and policies

The ICRC has various financial assets, such as cash and cash equivalents, investments, other financial assets, and accounts receivable. The main financial liabilities comprise loans, accounts payable and accrued expenses.

The main risks arising from these financial assets and liabilities are market risk and its subsets (foreign currency and interest rate risks, as well as equity price risk), credit/counterparty risk and liquidity risk, which are summarized below.

These risks are managed through several treasury policies. Compliance with these policies is monitored by the Treasury Committee, which is composed of the director of financial resources and logistics, the head of finance, the head of accounting and the treasurer. The financial risk management policies in force have been approved by the Assembly Council, a subsidiary body of the ICRC's Assembly. These various policies are submitted by the Treasury Committee to the Assembly Council for adoption.

a. Foreign currency exposure and risks

The foreign currency risk is the risk that the financial statements for a particular period or as at a certain date may be affected by changes in the value of transactions executed in foreign currencies owing to fluctuations.

Exposure to fluctuations in foreign exchange (FX) rates arises from transactions denominated in currencies other than the Swiss franc. For instance, the ICRC is exposed to currency risk through contribution pledges and PHII loans denominated in foreign currencies.

In addition, exchange rate fluctuations can have a significant impact on the consolidated statement of income. The currencies giving rise to this risk are primarily the euro, the pound sterling and the US, Australian and Canadian dollars. The FX exposure on the long-term receivables in foreign currencies is offset by the FX exposure on the related deferred income liability. No hedge accounting is applied.

Forward foreign currency contracts

At year-end, the following positions of forward foreign currency contracts were open:

(CHF million)	2018	2017
Purchase of foreign currencies	59.1	0.2
Sale of foreign currencies	-52.5	-29.1

These contracts have a maturity of less than one year.

Exposure management

The ICRC uses derivative financial instruments – spots, forward contracts and swaps – to hedge its exposure to foreign currency risks. The forward foreign currency contracts have maturities of less than 12 months after the reporting date. Where necessary, the contracts are swapped at maturity. In accordance with its treasury policies, the ICRC uses derivative instruments exclusively for hedging purposes.

Such derivative financial instruments are recognized at fair value, initially on the date on which a derivative contract is entered into and subsequently at each reporting date. Derivatives are carried as assets when the fair value is positive and as liabilities when the fair value is negative. Any gains or losses arising from changes in fair value on derivatives during the year are recognized immediately.

With respect to other monetary assets and liabilities held in foreign currencies, the ICRC ensures that its exposure is kept to an acceptable level. In addition, the ICRC buys and sells foreign currencies when necessary.

To limit exposure from investments, the ICRC's investment management policy defines which currencies may be used for investments. At 31 December 2018, all investments were denominated in Swiss francs, with the exception of CHF 90.7 million (2017: CHF 101.5 million).

To limit exposure from the PHII programme, the foreign-denominated receivables from the donors match the corresponding liabilities to the private and corporate investors in currency to a reasonably close degree.

Exposure measurement

The ICRC uses a Value at Risk (VaR) computation to estimate the potential annual loss in the fair value of its financial assets and liabilities denominated in foreign currency.

The VaR estimates are made assuming normal market conditions, using a 95% confidence interval over a 15-day period. The ICRC cannot predict actual future movements of exchange rates. Therefore, the VaR numbers below do not represent actual losses or consider the effects of favourable movements in underlying variables. Accordingly, these VaR numbers are indicative of future movements over a one-year time horizon, and are based on historical data to best estimate future movements.

The estimated potential annual loss from the ICRC's foreign currency exposure is as follows:

(CHF million)	2018	2017
On income	-5.1	-5.2
On expenses	-9.0	-10.9
On investment portfolios	-6.6	-7.7
Value at Risk - Potential loss on foreign currencies	-20.7	-23.8

b. Equity price and interest rate risks

Investments in equity securities are exposed to equity price risk.

The ICRC is exposed to interest rate risks through its investments in debt securities, term deposits and other funds. These financial assets, except for a large portion of the debt securities that are held-to-maturity (IAS 39)/ at amortised cost (IFRS 9), are stated at fair value and are thus affected by interest rate changes. In addition, interest income recognized on floating-rate debt securities changes in response to movements in interest rates.

Sensitivity analysis for quoted equity securities at fair value through profit or loss

The ICRC's investments in the equity of other entities that are publicly traded are generally included in one of the following two equity indexes: the Swiss Performance Index (SPI) for Swiss shares and MSCI World for non-Swiss shares.

The table below summarizes the impact of increases/decreases in the two equity indexes on the ICRC's surplus for the year. The analysis is based on the assumption that the equity indexes have increased/decreased by 5% with all other variables – particularly foreign currency rates – held constant and that all the equity instruments have moved according to the historical correlation with the index.

(CHF million)	Impact on ICRC's surplus/(deficit)	
	2018	2017
Equity index	+/-5%	+/-5%
SPI	+/-2.0	+/-2.1
MSCI World	+/-2.7	+/-3.2

Sensitivity analysis for quoted debt securities at fair value through profit or loss

A change of 100 basis points in interest rates at the end of the year – assuming that all other variables, particularly foreign currency rates, remain constant – would not have a material impact on ICRC's surplus/(deficit).

To limit this market exposure, the ICRC's Investment and Treasury Committees have clarified the organization's tolerance for risk and volatility in investment guidelines based on investment management policy. Portfolio managers are required to trade all investments at stock exchanges handling large volumes and with market makers. All selected financial assets must meet specific criteria defined in the policy, such as quality and negotiability of securities, minimum counterparty ratings and maximum percentages of total invested fund. The Investment Committee – which consists of the director of financial resources and logistics, the head of finance and two external members – manages the market and interest rate risks.

The ICRC has also allowed portfolio managers to use futures contracts to hedge exposure to market risk. The futures contracts have maturities of less than 12 months after the reporting date.

c. Credit/counterparty risk

The ICRC's treasury policies focus on security of cash and cash equivalents. At headquarters, these positions are held in banks regulated by the Swiss National Bank (SNB) or by the central banks of any EU member states with a long-term rating of at least A-/A3 (Standard & Poor's and Moody's). In 2018, the number of bank counterparties did not change. For field positions, there is no significant exposure to banks in risky countries.

ICRC receivables are mostly with governments and government agencies, where credit risk is considered to be low. In addition, the ICRC has a relatively broad government donor base. The largest donor contributed 25% of overall income (2017: 23%) and the top five donors contributed 62% (2017: 63%).

Investments are allowed only in liquid securities and only with counterparties that have a high credit rating. The ICRC's investment policy defines the maximum exposure to a single counterparty in order to ensure diversification of investments.

Accounts receivable are offset against accounts payable only if the offsetting criteria are met. At the reporting date, there were no significant concentrations of credit risk. The maximum exposure to credit risk is represented by the carrying amount of each financial asset in the consolidated statement of financial position.

d. Liquidity risk

The ICRC maintains a secure level of working capital at all times. This is reassessed and quantified periodically, based on cash-flow forecasts. The ICRC's objective is to strike a balance between funding continuity and flexibility by maintaining sufficient funds in the form of cash in hand, cash at banks or deposits with initial maturities of three months or less, to meet short-term liabilities. Interest-bearing loans and borrowings, which are debt that requires servicing costs, are kept to a minimum.

In addition, the ICRC has liquidity risk associated with forward foreign currency cover. Funds in the appropriate foreign currency are retained to settle forward contracts when they become due, or the contract is swapped forward until sufficient foreign currency is available.

With regard to the PHII programme, the liquidity risk is minimal as the funds to cover operational costs are received before the costs are incurred. Furthermore, the pledges from the donors are due on the same day as the loan repayments. The ICRC will cover cash shortfalls, if any.

The table below summarizes the maturity profile of the ICRC's financial liabilities.

2018 (CHF million)	Note	Total	< 1 year	2 – 5 years	> 5 years
Accounts payable and accrued expenses		78.0	78.0	-	-
Loans and borrowings	[4B]	44.0	0.9	22.6	20.7
Total 2018 financial liabilities		122.0	78.9	22.6	20.7

2017 (CHF million)	Note	Total	< 1 year	2 – 5 years	> 5 years
Accounts payable and accrued expenses		67.0	67.0	-	-
Loans and borrowings	[4B]	31.0	0.6	13.0	17.7
Total 2017 financial liabilities		98.0	67.6	13.0	17.7

e. Capital management

By its nature, the ICRC does not have “capital”. It views the reserves as a proxy for capital in terms of IAS 1. The target and position of the various reserves are indicated in Note [2D]. There were no changes in the organization's approach to reserves management during the year under review. The Assembly's policy is to maintain a strong level of reserves so as to maintain stakeholder and donor confidence and to sustain future development of operations.

4E. Fair value

A number of the ICRC's accounting policies and disclosures require the determination of fair value, for both financial and non-financial assets and liabilities. Fair value has been determined for measurement and/or disclosure purposes based on the methods outlined below.

a. Fair value measurement

- Fair value estimates are made at a specific point in time, based on market conditions and information about the financial instruments concerned. These estimates are subjective in nature and involve uncertainties and matters of significant judgment and therefore cannot be determined with precision. Changes in assumptions could significantly affect estimates.
- The fair values of cash and cash equivalents, accounts receivable, bank overdrafts, accounts payable and accrued expenses are not materially different from the carrying amounts.
- The fair value of equity and debt securities is determined by reference to their quoted closing price at the reporting date, or, if unquoted, by using a valuation technique. The valuation techniques employed include market multiple and discounted cash-flow analysis using expected future cash-flows and a market interest rate.
- Investments held-for-trading are measured at fair value through profit or loss, because their performance is actively monitored and they are managed on a fair value basis in accordance with the ICRC's investment strategy.
- Debt securities held-to-maturity (IAS 39) or held to collect contractual cash flows (IFRS 9) are measured at amortized cost. As per IAS 39 applied prior to 1 January 2018, their fair value was determined for impairment testing.
- All loans are recorded at fair value on initial recognition, which is the present value of the expected future cash-flows, discounted using a market interest rate. The involvement of arms-length parties from the corporate, financial and government sector in the Programme for Humanitarian Impact Investment (PHII) ensured that the PHII loans were valued at market price at the inception. Management estimates that the carrying value of these PHII loans at 31 December 2018 approximates their fair value.
- Derivative financial instruments are stated at fair value. The net result of marking derivative financial instruments at the reporting date was a gain of CHF 0.3 million (2017: gain of CHF 0.0 million). The fair value of forward currency contracts is calculated by reference to current forward foreign currency rates for contracts with similar maturity profiles. The fair value of futures exchange contracts is their market price at the reporting date.

b. Fair value hierarchy

Set out below is a comparison by class of the carrying amounts and fair values of the ICRC's financial assets and liabilities and their corresponding fair value measurement levels. The ICRC determines the fair value of financial instruments on the basis of the following hierarchy:

- **Level 1:** The fair value of financial instruments quoted in active markets is based on their quoted closing price at the reporting date.
- **Level 2:** The fair value of financial instruments that are not traded in an active market is determined by using valuation techniques based on observable market data.
- **Level 3:** This level includes instruments where one or more of the significant inputs are not based on observable market data.

There was no transfer between the fair value measurement levels during the reporting periods ended 31 December 2017 and 31 December 2018.

31 December 2016

2018 (CHF million)	Note	Carrying value	Fair value	Fair value hierarchy		
				Level 1	Level 2	Level 3
Financial assets						
- Investments at fair value through profit or loss	[4C]	175.4	175.4	175.1	-	0.3
- Investments at amortized cost	[4C]	128.5	129.2	129.2	-	-
Financial liabilities						
- Unsecured loans from FIPOI	[4Ba]	25.1	33.7	-	33.7	-
- Unsecured loans from PHII social investors	[4Bb]	19.1	19.1	-	-	19.1

2017 (CHF million)	Note	Carrying value	Fair value	Fair value hierarchy		
				Level 1	Level 2	Level 3
Financial assets						
- Investments at fair value through profit or loss	[4C]	194.9	194.9	194.9	-	-
- Investments at amortized cost	[4C]	127.4	128.6	128.6	-	-
Financial liabilities						
- Unsecured loans from FIPOI	[4Ba]	21.5	30.3	-	-30.3	-
- Unsecured loans from PHII social investors	[4Bb]	9.8	-9.8	-	-	-9.8

4F. Employee benefit liabilities

a. Description of the ICRC's post-employment defined benefit plans

The ICRC operates three post-employment plans which are treated as defined benefit plans for IAS 19 purposes. All plans are administered separately.

Pension plan

- The pension plan is an independent pension foundation called the ICRC Pension Fund. This separate legal entity is registered with the Swiss supervisory authority in the canton of Geneva. As such, it must comply with the compulsory insurance requirements set out in the Swiss Federal Law on Occupational Retirement, Survivors' and Disability Pension Funds (LPP/BVG in the French/German acronym). The fund undertakes to respect at least the minimum requirements imposed by the LPP/BVG and its ordinances.
- The pension plan covers all staff working at headquarters or in the field and hired in Geneva (mobile staff); it is the ICRC's most significant post-employment benefit plan.
- The pension plan is a funded plan providing retirement benefits as well as benefits on death and disability.
- The ICRC Pension Fund Board is responsible for the fund's management. The board consists of six representatives appointed by the ICRC and six representatives elected by the pension plan participants.
- In general, the ICRC must make contributions to the ICRC Pension Fund for each plan participant covered and as defined in the fund's regulations, i.e. it must contribute 2% of pensionable salary up to 1 January following a participant's 24th birthday and 17% of pensionable salary thereafter. Should the ICRC Pension Fund become underfunded (from a Swiss legal funding perspective), then the ICRC could be required to make additional contributions. While the ICRC has the option to contribute in excess of the amounts specified in the fund's regulations, it usually makes contributions as per the regulations.
- The ICRC Pension Fund Board decided to switch from a defined benefit plan to a defined contribution scheme in accordance with Swiss law starting on 1 January 2014. However, under the IFRS, the plan remains classified as a defined benefit plan.

Early retirement plan

- The ICRC has a plan that offers all staff working at headquarters, and mobile staff, the possibility of taking early retirement from the age of 58. The plan covers the period from the date of ICRC retirement up to the date of retirement under Swiss law for those staff.
- The early retirement plan is an unfunded plan providing retirement benefits that are generally based on a maximum annual social security pension for single participants under certain conditions. The amounts that the ICRC must contribute in any given year are equal to the amounts of benefits that are due for that year.
- This unfunded plan is not subject to any minimum funding requirements. Allocations made to cover the cost of future early retirements are included in the human resources reserves (refer to Note [2D] on *Reserves*). Future financial commitments arising from early retirement benefits are borne by the ICRC. A commission on enhanced old-age security (*Prévoyance Vieillesse Améliorée*) ensures compliance with the rules. The Collective Staff Agreement is reviewed every three years and may change the benefits provided under the plan in the future.

End-of-service plan

- The ICRC has agreed to provide post-employment benefits to local staff working in the field (resident staff) in accordance with the legislation of the countries concerned and the local collective staff agreements. The benefits are based on one month of compensation for every year of service up to a maximum of 12 months, except in countries where local regulations require otherwise (Kenya, Pakistan, the Philippines and Sudan).
- The end-of-service plan is an unfunded plan.
- The present value of future financial commitments due for end-of-service indemnities (e.g. end of employment, retirement, severance pay, etc.) is borne by the ICRC. As there is only a lump-sum benefit at the end of service, there are no pensioners.
- The Human Resources Department is in charge of the plan's governance. Potential risk exposure is derived from future changes to local regulations on post-employment benefits or to local collective staff agreements.

b. Disclosures for the post-employment benefit plans

- The net obligation in respect of defined benefit plans is calculated separately for each plan by estimating the amount of future benefits that employees have earned in return for their service in the current and prior periods. That benefit is discounted to determine its present value. The fair value of the pension plan assets is deducted.
- When the calculation results in a benefit to the organization, the recognized asset is limited to benefits available in the form of refunds from the plan or reductions in future contributions to the plan.

The ICRC's total non-current employee benefit liabilities at the reporting date are as follows:

(CHF million)	Note	2018	2017
Pension plan			
- Present value of defined benefit obligation		1,569.6	1,549.9
- Fair value of plan assets		-1,340.8	-1,391.4
Under-coverage of pension plan		228.8	158.5
End-of-service plan		88.2	82.0
Early retirement plan		46.3	44.0
Unfunded plans		134.5	126.0
Defined contribution plans	[3B]	45.1	41.3
Total Non-current employee benefit liabilities		408.0	326.0

The following tables summarize the components of net benefit expense recognized in the consolidated statement of income:

Components of defined benefit expense

(CHF million)	Note	2018	2017
Interest expense on defined benefit obligation		14.4	13.7
Interest income on plan assets		-9.5	-8.3
Net interest on net defined benefit obligation		4.9	5.4
Total Service cost		67.8	60.5
Administration costs, excluding costs for managing plan assets		1.4	1.5
Expense recognized within staff costs	[3B]	69.2	62.0
Total Defined benefit expense		74.1	67.4

Re-measurements of net defined benefit liability recognized in other comprehensive income

(CHF million)	2018	2017
Actuarial (losses)/gains:		
- Due to changes in financial assumptions	26.0	40.7
- Due to changes in demographic assumptions	-	44.9
- Due to experience adjustments	-32.1	-37.9
Actuarial (losses)/gains on defined benefit obligation	-6.1	47.7
Foreign currency adjustment on defined benefit obligation	3.5	3.1
(Insufficient)/excess return on plan assets, excluding amounts in net interest	-68.7	88.8
Total Re-measurement (losses)/gains	-71.0	140.0

Changes in the present value of defined benefit obligation

The following table summarizes the movements in the defined benefit obligation. As the pension plan is the most significant post-employment benefit plan, information is provided separately for this plan.

(CHF million)	2018			2017		
	Pension	Unfunded	Total	Pension	Unfunded	Total
Defined benefit obligation at 1 January	1,549.9	126.0	1,675.9	1,576.8	115.1	1,691.9
Current service cost	51.3	16.4	67.7	45.9	14.6	60.5
Interest expense	10.4	4.0	14.4	10.1	3.6	13.7
Employee contributions	26.4	-	26.4	24.0	-	24.0
Net benefits paid	-71.7	-11.2	-82.9	-52.9	-10.5	-63.4
Actuarial losses/(gains)	3.3	2.8	6.1	-54.0	6.3	-47.7
Foreign exchange adjustment	-	-3.5	-3.5	-	-3.1	-3.1
Defined benefit obligation at 31 December	1,569.6	134.5	1,704.1	1,549.9	126.0	1,675.9

Changes in the fair value of the assets owned by the ICRC Pension Fund

(CHF million)	2018	2017
Fair value of pension plan assets at 1 January	1,391.4	1,274.1
Employer contributions	55.4	50.6
Employee contributions	26.4	24.0
Net benefits paid	-71.7	-52.9
Interest income on plan assets	9.5	8.3
(Insufficient)/Excess return on plan assets	-68.7	88.8
Actual administration costs paid, excluding costs for managing plan assets	-1.4	-1.5
Fair value of pension plan assets at 31 December	1,340.9	1,391.4

Fair values of pension plan assets by asset category

(CHF million)	2018	2017
Cash and cash equivalents	37.8	63.9
Gold	17.2	17.7
Equities:		
- Domestic (Swiss) equities	221.1	227.0
- Foreign equities	272.0	333.2
Bonds:		
- Domestic (Swiss) bonds	260.0	240.7
- Foreign bonds	246.7	238.4
Properties:		
- Domestic (Swiss) direct investments in properties	164.3	157.7
- Domestic (Swiss) property funds	76.4	64.5
- Foreign property funds	45.3	48.3
Total Pension plan assets at 31 December	1,340.8	1,391.4

All plan assets, except direct investments in properties, certain property funds, and cash and cash equivalents, are listed. The market values of the direct investments in properties are validated every three years by an independent real estate appraiser, the last year was 2018. The next appraisal will be carried out in 2021, unless significant market changes occur before then.

No pension plan assets are occupied or used by the ICRC.

The ICRC Pension Fund performs periodic asset/liability studies, *inter alia*, to assess its risk capacity and help ensure that it has the right asset strategy to achieve the required rate of return. In addition, stop-loss insurance was contracted to limit the fund's exposure to disability and death risks.

Actuarial assumptions

The actuarial valuations involve making assumptions about discount rates, interest crediting rates, future salary increases, mortality rates, employee turnover and future pension increases. Due to the complexity of the valuation and the determination of the assumptions to be used, and the long-term nature of these plans, these estimates are sensitive to changes in assumptions. All assumptions are reviewed at each reporting date.

For the pension plan and early retirement plan:

- In determining the appropriate discount rate, management considers the yield at the reporting date on corporate bonds in Switzerland with at least an AA rating that have maturity dates approximating the terms of the ICRC's obligations and that are denominated in the functional currency.
- Future salary and pension increases are based on expected future inflation rates for Switzerland.
- Expected reduction of the conversion factors and increase to the saving credits are reflected as a change in assumptions. These measures are not yet voted or decided. However, the Pension Fund Board has taken them into account when ensuring the legally required financial sustainability of the plan.
- Mortality rates are based on the publicly available LPP/BVG 2015 tables projected with CMI_2016 improvement factors.

For the end-of-service plan:

- Discount rate is based on the average expected salary increase for all resident staff. These salary increase rates are expressed as a range that reflects the various material financial environments (countries) for which the obligation has been calculated.

Principal actuarial assumptions used

	Pension plan		Unfunded plans			
			Early retirement		End-of-service	
	2018	2017	2018	2017	2018	2017
Discount rate	0.81%	0.69%	0.66%	0.51%	5.00%	5.00%
Future salary increase rate	1.50%	1.50%	1.50%	1.50%	5.00%	5.00%
Employee rotation rate	200% x LPP 2015	200% x LPP 2015	-	-	-	-

Sensitivity analysis on discount rate

The ICRC deems the discount rate to be the most significant actuarial assumption to which the pension plan defined benefit obligation is most sensitive. A decrease/increase of 25 basis points would increase/decrease the pension plan defined benefit obligation by CHF 53.4 million (2017: CHF 52.7 million).

2019 expected contribution amounts and benefit payments

(CHF million)	Pension plan	Unfunded plans	
		Early retirement	End-of-service
Expected employer contributions for 2019	49.7	4.8	7.8
Expected employee contributions for 2019	24.9	-	-
Expected benefits payments for 2019	-103.3	-4.8	-7.8
Expected duration for the obligation at 31 December 2018	13.5 years	5.7 years	-



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To the Assembly of
The International Committee of the Red Cross, Geneva

Lancy, 15 April 2019

Statutory auditor's report on the audit of the consolidated financial statements



Opinion

We have audited the consolidated financial statements of The International Committee of the Red Cross (ICRC), which comprise the consolidated statement of financial position as at 31 December 2018 and the consolidated statement of comprehensive income, consolidated statement of changes in reserves and consolidated statement of cash flows for the year then ended, and notes to the consolidated financial statements, including a summary of significant accounting policies on section "Consolidated financial statements of the ICRC 2018".

In our opinion, the accompanying consolidated financial statements give a true and fair view of the consolidated financial position as at 31 December 2018, and its consolidated financial performance and its consolidated cash flows for the year then ended in accordance with International Financial Reporting Standards (IFRS) and comply with Swiss law.



Basis for opinion

We conducted our audit in accordance with Swiss law, International Standards on Auditing (ISAs) and Swiss Auditing Standards. Our responsibilities under those provisions and standards are further described in the *Auditor's responsibilities for the audit of the consolidated financial statements* section of our report.

We are independent of The International Committee of the Red Cross in accordance with the provisions of Swiss law and the requirements of the Swiss audit profession, as well as the IESBA Code of Ethics for Professional Accountants, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.



Other information in the annual report

The Directorate is responsible for the other information in the annual report. The other information comprises all information included in the annual report, but does not include the consolidated financial statements, the stand-alone financial statements and our auditor's reports thereon.

Our opinion on the consolidated financial statements does not cover the other information in the annual report and we do not express any form of assurance conclusion thereon.



In connection with our audit of the consolidated financial statements, our responsibility is to read the other information in the annual report and, in doing so, consider whether the other information is materially inconsistent with the consolidated financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.



Responsibility of the Directorate for the consolidated financial statements

The Directorate is responsible for the preparation of the consolidated financial statements that give a true and fair view in accordance with IFRS and the provisions of Swiss law, and for such internal control as the Directorate determines is necessary to enable the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, the Directorate is responsible for assessing The International Committee of the Red Cross' ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directorate either intends to liquidate the Group or to cease operations, or has no realistic alternative but to do so.



Auditor's responsibilities for the audit of the consolidated financial statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Swiss law, ISAs and Swiss Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these consolidated financial statements.

A further description of our responsibilities for the audit of the consolidated financial statements is located at the website of EXPERTsuisse: <http://www.expertsuisse.ch/en/audit-report-for-public-companies>. This description forms part of our auditor's report.

**Report on other legal and regulatory requirements**

In accordance with article 69b CC in relation to article 728a para. 1 item 3 CO and the Swiss Auditing Standard 890, we confirm that an internal control system exists, which has been designed for the preparation of consolidated financial statements according to the instructions of the Directorate.

We recommend that the consolidated financial statements submitted to you be approved.

Ernst & Young Ltd



Laurent Bludzien
(Qualified
Signature)

Licensed audit expert
(Auditor in charge)



Marie-Charlotte
Burnet (Qualified
Signature)

Licensed audit expert

Enclosure

- ▶ Consolidated financial statements (consolidated statement of income, consolidated statement of other comprehensive income, consolidated statement of financial position, consolidated statement of cash flows, consolidated statement of changes in reserves and notes)

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A. INCOME AND EXPENDITURE RELATED TO THE 2018 APPEALS (in KCHF)

	BUDGET			EXPENDITURE (Cash, kind and services)						
	2018 Initial budget	Budget extensions	2018 Final budget	Protection	Assistance	Prevention	Cooperation with National Societies	General	2018 Total Expenditure	Overheads (already included in the total expenditure)
1. Field Operations Appeals										
Africa	735,700	14,953	750,653	107,728	473,639	61,134	44,824	6,542	693,868	42,146
Americas	85,880		85,880	35,411	24,346	21,649	6,501	1,607	89,513	5,463
Asia and the Pacific	268,850	5,053	273,903	47,733	148,554	36,706	15,983	4,627	253,603	15,468
Europe and Central Asia	139,457		139,457	40,387	60,644	18,368	8,085	1,404	128,888	7,785
Near and Middle East	568,415	5,832	574,247	71,093	416,140	30,617	23,910	3,176	544,938	33,193
Stock in kind										
Total Field Operations Appeals	1,798,301	25,839	1,824,139	302,353	1,123,323	168,474	99,304	17,356	1,710,810	104,056
2. Headquarters Appeal										
Headquarters general										
Governing and Controlling Bodies	9,074	2,904	11,979					11,188	11,188	
Office of the Director-General	14,575	1,725	16,301					15,399	15,399	
Operations	54,138	2,435	56,573					57,548	57,548	
International Law and Policy	18,886		18,886					19,081	19,081	
Communication and Information Management	43,245	671	43,916					40,950	40,950	
Human Resources	28,998	66	29,064					28,781	28,781	
Financial Resources and Logistics	49,504	1,326	50,830					48,878	48,878	
Total Headquarters Appeal	218,420	9,127	227,547						221,825	
3. Innovation structure										
Ecosystem innovation and collaboration	4,823		4,823						2,027	349
4. Total Funds and foundations									6,365	
5. Operating activities-related contributions and expenditure (according to consolidated profit and loss statement)										
Total income and expenditure									1,941,027	
Deduction of field non-operating income										
Deduction of headquarters non-operating income										
Deduction of overheads									-104,404	
Deduction of cross-charging (foundations and funds)									-296	
Reconciliation with IFRS requirements (IAS 19)									-5,154	
Total Operating activities related contributions and expenditure									1,831,174	

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents due to rounding-off addition differences.

INCOME (Cash, kind and services)						FUNDING OF OPERATIONS (Balances brought forward)				
Cash contributions	Cash non-operating income	Overheads	Kind contributions	Services contributions	2018 Total Income	2017 Donors' restricted contributions brought forward	2017 Field operations with temporary deficit financing brought forward	Adjustments and transfers	2018 Donors' restricted contributions	2018 Field operations with temporary deficit financing
652,801	4,416		635	1,317	659,170	56,471	-15,314	1,112	21,729	-14,159
87,702	55				87,757	82	-17,421			-19,096
253,235	513		188	768	254,703	7,958	-14,917	184	1,684	-7,358
143,663	148		1,140	105	145,055		-29,683	374		-13,142
517,982	1,390		385	710	520,467	66,894	-8,633	-89	33,702	
						121			121	
1,655,383	6,522		2,348	2,900	1,667,153	131,525	-85,968	1,581	57,236	-53,755
142,234	1,726	104,404		2,392	250,756					
906	44			323	1,272					
1,333	140				1,474					
2,644	33			293	2,971	44		518	563	
1,052	73				1,125	88		-78	10	
198	42				240			135	135	
500					500					
391	30				421	177		731	908	
149,258	2,089	104,404		3,008	258,759	309		1,306	1,615	
3,000					3,000					
5,494					5,494					
1,813,135	8,611	104,404	2,348	5,908	1,934,406	131,834	-85,968	2,887	58,851	-53,755
	-4,306				-4,306					
	-1,899				-1,899					
		-104,404			-104,404					
-296					-296					
1,812,839	2,406		2,348	5,908	1,823,501	131,834	-85,968	2,887	58,851	-53,755

B. INCOME AND EXPENDITURE BY DELEGATION RELATED TO THE 2018 OPERATIONS APPEALS (in KCHF)

	BUDGET			EXPENDITURE (Cash, kind and services)							
	2018 Initial budget	Budget extensions	2018 Final budget	Protection	Assistance	Prevention	Cooperation with National Societies	General	2018 Total Expenditure	Overheads (already included in the total expenditure)	
AFRICA											
Abidjan (regional)	17,543		17,543	3,616	6,401	4,080	3,586	385	18,068	1,103	
Algeria	3,185		3,185	1,597	299	649	121	115	2,782	170	
Antananarivo (regional)	3,417		3,417	840	1,699	305	212	70	3,126	190	
Burundi	12,186		12,186	3,056	6,198	1,515	518	177	11,465	700	
Central African Republic	47,019		47,019	4,895	35,241	2,812	1,707	515	45,170	2,749	
Chad	12,309		12,309	3,278	6,388	1,227	958	107	11,958	727	
Congo, Democratic Republic of the	76,686		76,686	17,320	52,789	4,590	2,817	540	78,056	4,748	
Dakar (regional)	9,672		9,672	2,699	3,490	1,833	900	411	9,333	570	
Eritrea	4,412		4,412	489	2,367	244	9	81	3,189	195	
Ethiopia	18,155		18,155	4,627	10,613	2,904	840	139	19,123	1,167	
Libya	42,832	14,953	57,785	3,721	31,693	4,872	3,358	255	43,899	2,678	
Mali	46,164		46,164	5,957	33,367	3,004	1,972	321	44,622	2,723	
Mauritania	4,602		4,602	871	2,483	517	290	102	4,262	260	
Morocco	2,211		2,211	930	210	625	234	39	2,038	124	
Nairobi (regional)	11,571		11,571	4,053	3,471	2,959	718	588	11,790	720	
Niger	36,295		36,295	3,982	25,999	1,858	1,165	215	33,219	2,012	
Nigeria	105,176		105,176	11,268	63,569	5,897	7,647	484	88,864	5,302	
Pretoria (regional)	14,022		14,022	4,665	4,348	3,173	1,426	178	13,789	842	
Rwanda	5,585		5,585	3,155	1,314	743	455	103	5,772	352	
Somalia	81,609		81,609	4,373	56,258	3,832	3,199	412	68,073	4,155	
South Sudan	129,567		129,567	11,128	99,904	7,226	8,290	643	127,192	7,726	
Sudan	14,458		14,458	1,327	8,053	1,614	2,068	118	13,180	804	
Tunis (regional)	6,309		6,309	2,203	1,858	968	251	113	5,394	329	
Uganda	5,004		5,004	3,354	39	573	594	98	4,657	284	
Yaoundé (regional)	25,711		25,711	4,326	15,585	3,114	1,489	334	24,848	1,516	
Total Africa	735,700	14,953	750,653	107,728	473,639	61,134	44,824	6,542	693,868	42,146	
AMERICAS											
Brasilia (regional)	9,508		9,508	3,620	2,011	2,887	744	111	9,372	572	
Caracas (regional)	7,217		7,217	2,858	1,168	1,747	1,320	107	7,201	439	
Colombia	27,659		27,659	11,686	10,770	3,234	2,033	725	28,447	1,736	
Lima (regional)	5,247		5,247	2,872	524	1,741	452	103	5,692	347	
Mexico City (regional)	24,806		24,806	12,072	9,471	3,615	1,536	402	27,097	1,654	
New York	3,166		3,166			3,478		76	3,555	217	
Washington (regional)	8,278		8,278	2,302	402	4,945	417	83	8,150	497	
Total Americas	85,880		85,880	35,411	24,346	21,649	6,501	1,607	89,513	5,463	

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents due to rounding-off addition differences.

INCOME (Cash, kind and services)						FUNDING OF OPERATIONS (Balances brought forward)					
Cash contributions	Cash non-operating income	Kind contributions	Services contributions	2018 Total Income		2017 Donors' restricted contributions brought forward	2017 Field operations with temporary deficit financing brought forward	Adjustments and transfers	2018 Donors' restricted contributions	2018 Field operations with temporary deficit financing	
AFRICA											
19,063	20			19,082			-1,430			-416	Abidjan (regional)
2,781	1			2,782			-551			-551	Algeria
3,809	2	16		3,827			-701				Antananarivo (regional)
11,461	4			11,465			-852			-852	Burundi
43,225	49	59	146	43,479			-1,480	87		-3,085	Central African Republic
13,029	4	5		13,038			-1,080				Chad
80,658	2,122	184	73	83,038		4,620			9,601		Congo, Democratic Republic of the
9,614	19			9,634			-682			-381	Dakar (regional)
3,190	0			3,190			-441			-441	Eritrea
19,973	31			20,003			-2,007			-1,127	Ethiopia
43,075	153	17	140	43,385			-2,564	565		-2,513	Libya
43,631	157		4	43,792			-955			-1,785	Mali
3,788	16			3,804						-458	Mauritania
2,037	1			2,038							Morocco
11,244	126			11,370						-420	Nairobi (regional)
34,035	135		17	34,187			-2,016			-1,048	Niger
73,160	13		286	73,458		19,070			3,664		Nigeria
14,296	47			14,342			-554				Pretoria (regional)
5,287	8			5,294						-477	Rwanda
59,153	4	162	36	59,355		14,281			5,562		Somalia
109,559	1,463	192	380	111,593		18,500			2,902		South Sudan
12,498	2		76	12,575						-604	Sudan
5,345	4		45	5,394							Tunis (regional)
4,609	2		47	4,657							Uganda
24,283	35		69	24,387				460			Yaoundé (regional)
652,801	4,416	635	1,317	659,170		56,471	-15,314	1,112	21,729	-14,159	Total Africa
AMERICAS											
10,713	8			10,721			-2,069			-721	Brasilia (regional)
7,273	1			7,274			-985			-912	Caracas (regional)
26,888	23			26,911			-5,718			-7,255	Colombia
5,227	2			5,230						-462	Lima (regional)
26,344	20			26,364			-6,888			-7,621	Mexico City (regional)
3,554	0			3,555			-542			-542	New York
7,703	1			7,704		82	-1,218			-1,582	Washington (regional)
87,702	55			87,757		82	-17,421			-19,096	Total Americas

B. INCOME AND EXPENDITURE BY DELEGATION RELATED TO THE 2018 OPERATIONS APPEALS (CONT.) (in KCHF)

	BUDGET			EXPENDITURE (Cash, kind and services)						
	2018 Initial budget	Budget extensions	2018 Final budget	Protection	Assistance	Prevention	Cooperation with National Societies	General	2018 Total Expenditure	Overheads (already included in the total expenditure)
ASIA AND THE PACIFIC										
Afghanistan	74,783		74,783	13,210	51,868	4,545	1,560	984	72,168	4,405
Bangkok (regional)	14,332		14,332	3,511	5,520	3,047	1,057	1,054	14,190	866
Bangladesh	21,851	5,053	26,904	3,586	17,524	1,563	945	42	23,660	1,444
Beijing (regional)	15,069		15,069	150	6,228	5,362	1,968	174	13,883	847
Jakarta (regional)	4,210		4,210	739	158	2,864	448	79	4,288	262
Kuala Lumpur (regional)	7,119		7,119	1,792	1,006	3,325	581	202	6,907	422
Myanmar	62,594		62,594	8,024	37,806	3,316	3,482	415	53,043	3,228
New Delhi (regional)	12,713		12,713	3,273	4,132	3,066	1,342	711	12,524	764
Pakistan	17,815		17,815	1,976	9,601	2,889	1,814	266	16,547	1,010
Philippines	18,135		18,135	4,827	8,830	2,567	949	370	17,543	1,071
Sri Lanka	9,018		9,018	4,182	2,728	1,004	262	158	8,335	509
Suva (regional)	11,210		11,210	2,461	3,154	3,155	1,577	170	10,517	642
Total Asia and the Pacific	268,850	5,053	273,903	47,733	148,554	36,706	15,983	4,627	253,603	15,468
EUROPE AND CENTRAL ASIA										
Armenia	4,161		4,161	1,577	1,421	623	357	104	4,082	249
Azerbaijan	10,386		10,386	5,142	3,695	771	538	120	10,266	627
Balkans (regional)	6,169		6,169	4,557		837	550	161	6,105	373
Brussels	3,811		3,811	383		2,904	219	72	3,578	218
Georgia	8,049		8,049	5,317	706	700	170	96	6,989	427
London	4,445		4,445	2,077		1,367	642	67	4,153	253
Moscow (regional)	13,333		13,333	2,736	3,278	3,474	1,586	128	11,202	684
Paris (regional)	11,616		11,616	7,316	1,024	2,405	530	107	11,382	694
Tashkent (regional)	11,564		11,564	3,091	4,493	1,903	1,064	160	10,711	654
Ukraine	65,922		65,922	8,192	46,028	3,383	2,428	389	60,419	3,606
Total Europe and Central Asia	139,457		139,457	40,387	60,644	18,368	8,085	1,404	128,888	7,785
NEAR AND MIDDLE EAST										
Egypt	4,490		4,490	664	2,272	983	306	55	4,280	261
Iran, Islamic Republic of	5,940		5,940	1,562	1,244	1,649	457	89	5,000	305
Iraq	131,607		131,607	22,740	86,203	7,358	2,645	527	119,473	7,251
Israel and the Occupied Territories	48,815	5,832	54,648	16,392	26,389	5,416	2,693	315	51,205	3,125
Jordan	28,168		28,168	3,691	17,407	2,464	1,299	555	25,417	1,551
Kuwait (regional)	6,844		6,844	2,283	500	3,239	963	283	7,268	444
Lebanon	45,412		45,412	6,018	33,270	1,797	2,692	530	44,307	2,704
Syrian Arab Republic	176,788		176,788	7,503	163,954	4,172	7,227	429	183,284	11,180
Yemen	120,351		120,351	10,240	84,902	3,539	5,629	394	104,703	6,372
Total Near and Middle East	568,415	5,832	574,247	71,093	416,140	30,617	23,910	3,176	544,938	33,193
STOCK IN KIND										
TOTAL FIELD	1,798,301	25,839	1,824,139	302,353	1,123,323	168,474	99,304	17,356	1,710,810	104,056

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents due to rounding-off addition differences.

INCOME (Cash, kind and services)					FUNDING OF OPERATIONS (Balances brought forward)					
Cash contributions	Cash non-operating income	Kind contributions	Services contributions	2018 Total Income	2017 Donors' restricted contributions brought forward	2017 Field operations with temporary deficit financing brought forward	Adjustments and transfers	2018 Donors' restricted contributions	2018 Field operations with temporary deficit financing	
ASIA AND THE PACIFIC										
71,941	97		349	72,387		-1,068	184		-665	Afghanistan
14,719	5		3	14,726		-536				Bangkok (regional)
22,641	4		109	22,753	464				-443	Bangladesh
15,906	78		3	15,986		-2,610			-506	Beijing (regional)
4,709	2			4,710		-422				Jakarta (regional)
7,382	113			7,495		-588				Kuala Lumpur (regional)
46,747	54	171	259	47,233	7,494			1,684		Myanmar
12,963	75			13,038		-962			-448	New Delhi (regional)
18,503	39	16	46	18,604		-3,864			-1,806	Pakistan
18,869	36			18,905		-3,495			-2,134	Philippines
8,332	3			8,335		-886			-886	Sri Lanka
10,523	8			10,531		-484			-469	Suva (regional)
253,235	513	188	768	254,703	7,958	-14,917	184	1,684	-7,358	Total Asia and the Pacific
EUROPE AND CENTRAL ASIA										
4,136	8			4,144		-636			-574	Armenia
10,261	4		1	10,266		-582			-582	Azerbaijan
6,103	2			6,105		-510			-510	Balkans (regional)
3,578	0			3,578		-632			-632	Brussels
6,984	5			6,989		-844	191		-652	Georgia
4,358	0			4,359		-745			-540	London
14,951	20		10	14,981		-7,176			-3,397	Moscow (regional)
11,380	2			11,382		-853			-853	Paris (regional)
17,188	11			17,199		-6,656			-168	Tashkent (regional)
64,723	95	1,140	94	66,052		-11,049	182		-5,234	Ukraine
143,663	148	1,140	105	145,055		-29,683	374		-13,142	Total Europe and Central Asia
NEAR AND MIDDLE EAST										
4,761	1			4,763		-483				Egypt
5,436	6			5,442		-442				Iran, Islamic Republic of
100,774	671	110	145	101,699	17,673		206	105		Iraq
57,741	164		130	58,035		-6,830				Israel and the Occupied Territories
23,439	81			23,520	3,376		-295	1,185		Jordan
8,145	1			8,146		-878				Kuwait (regional)
44,065	69		173	44,307						Lebanon
171,940	9	196	175	172,321	14,971			4,008		Syrian Arab Republic
101,681	387	79	87	102,234	30,873			28,404		Yemen
517,982	1,390	385	710	520,467	66,894	-8,633	-89	33,702		Total Near and Middle East
					121			121		STOCK IN KIND
1,655,383	6,522	2,348	2,900	1,667,153	131,525	-85,968	1,581	57,236	-53,755	TOTAL FIELD

C. CONTRIBUTIONS IN 2018

SUMMARY OF ALL CONTRIBUTIONS (in CHF)

	Appeals: Headquarters	Appeals: Field Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
1. Governments	144,842,03	1,419,281,567		1,889,484	1,566,013,082	659,419	414,940	1,567,087,440
2. European Commission ¹		161,073,657		-75,114	160,998,543			160,998,543
3. Supranational and international organizations		595,200		27,512	622,712	536,395	322,977	1,482,085
4. National Societies	1,459,590	29,413,594		210,370	31,083,554	26,350	2,739,826	33,849,730
5. Public sources		5,067,062			5,067,062		2,223,704	7,290,766
6. Private sources	3,229,118	38,361,196	3,000,000	-734,004	43,856,310	1,126,075	206,963	45,189,349
Grand total	149,530,738	1,653,792,276	3,000,000	1,318,249	1,807,641,263	2,348,239	5,908,411	1,815,897,913

Reconciliation between the 2018 Consolidated contributions and the Summary of all contributions to the ICRC (see above)

Total contributions to the ICRC	1,815,897,913
Contributions received from funds and foundations consolidated in ICRC accounts:	
The ICRC MoveAbility Foundation	4,823,570
National Societies Investment Alliance	670,216
Elimination of the contributions provided by funds and foundations to the ICRC actions	-295,836
Miscellaneous income	2,406,005
Total contributions to the ICRC as disclosed in the consolidated financial statements (see A. Income and expenditure related to the 2018 Appeals above)	1,823,501,868

1. Governments (in CHF)

	Appeals: Headquarters	Appeals: Field Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
Afghanistan	12,849				12,849		290,256	303,105
Algeria	37,526				37,526			37,526
Andorra	11,622	34,866			46,488			46,488
Argentina	74,423				74,423			74,423
Armenia	13,105				13,105			13,105
Australia ¹		38,603,646			38,603,646			38,603,646
Austria ¹	692,280	13,163,174			13,855,454			13,855,454
Azerbaijan	7,700				7,700			7,700
Bahamas	28,934				28,934			28,934
Belarus						30,297		30,297
Belgium ¹	330,062	28,031,172			28,361,234			28,361,234
Bulgaria	98,289	116,930			215,219			215,219
Cameroon		59,206			59,206			59,206
Canada ¹		63,823,575			63,823,575			63,823,575
Chile	39,788	149,205			188,993			188,993
China	680,000				680,000			680,000
Costa Rica	28,636				28,636			28,636
Croatia		100,000			100,000			100,000
Cuba	1,895				1,895			1,895
Cyprus	28,783				28,783			28,783
Czech Republic	751,366	754,292			1,505,658			1,505,658
Denmark ¹	3,318,994	34,039,508			37,358,502			37,358,502
Egypt	331,999				331,999			331,999
Estonia		407,860			407,860			407,860
Finland ¹	1,171,200	10,885,423			12,056,623	629,122		12,685,745
France ¹		22,926,451		1,678,810	24,605,261			24,605,261
Georgia	17,474				17,474			17,474
Germany ¹	2,219,753	172,118,170			174,337,923			174,337,923
Greece	56,310				56,310			56,310
Guatemala	1,978			1,904	3,882			3,882
Guyana	1,200				1,200			1,200

1. Member of the Donor Support Group

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents due to rounding-off addition differences.

	Appeals: Headquarters	Appeals: Field Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
Holy See	2,950	1,170,418			1,173,368			1,173,368
Hungary		57,890			57,890			57,890
Iceland	93,084	773,684			866,768			866,768
Iraq	9,696				9,696		70,848	80,544
Ireland ¹	148,681	15,762,650		141,869	16,053,200			16,053,200
Israel		147,510			147,510			147,510
Italy ¹	3,809,214	15,794,235			19,603,449			19,603,449
Japan ¹		25,213,902			25,213,902			25,213,902
Kazakhstan	14,958				14,958			14,958
Korea, Republic of	317,742	3,723,585			4,041,327			4,041,327
Kuwait ¹	2,795,400	32,733,000			35,528,400			35,528,400
Lebanon	32,826			63,191	96,017			96,017
Libya	258,336				258,336			258,336
Liechtenstein	200,000	425,000			625,000			625,000
Lithuania	11,526	41,206			52,732			52,732
Luxembourg ¹	1,574,135	10,813,350			12,387,485			12,387,485
Mexico		1,202,912			1,202,912			1,202,912
Monaco	105,543	81,967			187,510			187,510
Montenegro	8,737				8,737			8,737
Morocco	111,601				111,601			111,601
Myanmar	21,842				21,842			21,842
Netherlands ¹	7,796,775	47,241,965			55,038,740			55,038,740
New Zealand ¹		10,285,440			10,285,440			10,285,440
Nicaragua	3,010				3,010			3,010
Norway ¹	2,678,166	66,405,584			69,083,750			69,083,750
Pakistan	3,748				3,748			3,748
Panama	29,771				29,771			29,771
Peru	195,520				195,520			195,520
Poland		1,063,748			1,063,748			1,063,748
Portugal		45,140			45,140			45,140
Russian Federation		1,039,741			1,039,741			1,039,741
San Marino	15,000				15,000			15,000
Saudi Arabia	191,820	2,282,653			2,474,473			2,474,473
Singapore	60,769				60,769			60,769
Slovakia	35,000	228,940			263,940			263,940
Slovenia	30,762	34,779			65,541			65,541
South Africa	251,988				251,988			251,988
Spain ¹		10,324,645			10,324,645			10,324,645
Sweden ¹	10,982,474	63,845,363			74,827,837			74,827,837
Switzerland ¹	80,990,963	67,047,927		-926	148,037,963		53,836	148,091,799
Tajikistan	8,737				8,737			8,737
Thailand	94,980				94,980			94,980
Togo	2,092				2,092			2,092
Tunisia	3,963				3,963			3,963
United Arab Emirates ¹	93,960	10,542,400		20,000	10,656,360			10,656,360
United Kingdom of Great Britain and Northern Ireland ¹	84,974	205,541,717		-15,363	205,611,328			205,611,328
United States of America ¹	21,704,420	440,196,740			461,901,160			461,901,160
Uruguay	101,024				101,024			101,024
Viet Nam	9,680				9,680			9,680
Total from Governments	144,842,030	1,419,281,567		1,889,484	1,566,013,082	659,419	414,940	1,567,087,440

1. Member of the Donor Support Group

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents due to rounding-off addition differences.

2. European Commission¹ (in CHF)

	Appeals: Headquarters	Appeals: Field Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
Directorate General Development and Cooperation (EuropeAid)		1,756,800			1,756,800			1,756,800
Directorate General Humanitarian Aid (ECHO)		157,813,258		-75,114	157,738,143			157,738,143
European Commission Service Foreign Policy Instruments		1,503,600			1,503,600			1,503,600
Total from European Commission		161,073,657		-75,114	160,998,543			160,998,543

3. Supranational and international organizations (in CHF)

	Appeals: Headquarters	Appeals: Field Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
Médecins Sans Frontières						58,332		58,332
The OPEC Fund for International Development		595,200			595,200			595,200
World Bank				27,512	27,512			27,512
World Food Programme						462,134	290,621	752,755
Various UN agencies						15,930	32,356	48,286
Total from Supranational and international organizations		595,200		27,512	622,712	536,395	322,977	1,482,085

4. National Societies (in CHF)

	Appeals: Headquarters	Appeals: Field Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
Albania		1,221			1,221			1,221
Andorra		1,646			1,646			1,646
Australia							13,216	13,216
Austria	17,958	9,615			27,573			27,573
Bangladesh							100,059	100,059
Belgium		28,912			28,912		31,417	60,329
Bulgaria		6,283			6,283			6,283
Cambodia	4,325				4,325			4,325
Canada	108,225	842,630			950,855		57,946	1,008,801
China		522,762			522,762			522,762
China/Hong Kong		1,163,566			1,163,566			1,163,566
Colombia		6,725			6,725			6,725
Cook Islands		572			572			572
Czech Republic		57,964			57,964			57,964
Denmark		2,082,073		100,000	2,182,073		203,939	2,386,012
Estonia		11,466			11,466			11,466
Finland		252,102			252,102		451,227	703,329
Germany	17,327	1,212,474			1,229,801		75,956	1,305,756
Iceland	53,354	1,010,076		21,279	1,084,709		21,207	1,105,916
Ireland		34,059		-141,869	-107,810			-107,810
Italy		98,184			98,184			98,184
Japan	720,720	1,111,435			1,832,155		171,893	2,004,048
Korea, Republic of		508,011			508,011			508,011
Latvia		31,032			31,032			31,032
Liechtenstein	3,000	447,878			450,878			450,878
Luxembourg		17,997		230,960	248,957			248,957
Monaco		38,864			38,864			38,864
Morocco		1,547			1,547			1,547
Myanmar						26,350		26,350
Netherlands		5,983,592			5,983,592		29,547	6,013,139
New Zealand		125,706			125,706		131,339	257,045

1. Member of the Donor Support Group

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents due to rounding-off addition differences.

	Appeals: Headquarters	Appeals: Field Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
Norway		10,236,991			10,236,991		252,520	10,489,511
Palau		555			555			555
Philippines		18,566			18,566			18,566
Portugal		10,739			10,739			10,739
Romania		21,441			21,441			21,441
Serbia	1,500				1,500			1,500
Seychelles		552			552			552
Sweden		856,748			856,748		776,865	1,633,613
Switzerland		555,623			555,623		77,299	632,922
Thailand		57,579			57,579			57,579
Timor-Leste		550			550			550
Turkmenistan		493			493			493
United Kingdom of Great Britain and Northern Ireland	533,182	1,614,444			2,147,626		345,397	2,493,024
United States of America		80,814			80,814			80,814
Vanuatu		552			552			552
International Federation of Red Cross and Red Crescent Societies		349,556			349,556			349,556
Total from National Societies	1,459,590	29,413,594		210,370	31,083,554	26,350	2,739,826	33,849,730

5. Public sources (in CHF)

	Appeals: Headquarters	Appeals: Field Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
Fribourg, Canton of		30,000			30,000			30,000
Geneva, Canton of		4,650,040			4,650,040		1,861,104	6,511,144
Geneva, City of		51,500			51,500			51,500
Grand-Saconnex, City of		20,000			20,000			20,000
Jura, Canton of		2,500			2,500			2,500
Jussy		1,000			1,000			1,000
Lancy, City of		2,000			2,000			2,000
Paris, City of		89,070			89,070			89,070
Pully		2,000			2,000			2,000
Rüschlikon		3,000			3,000			3,000
Schwyz		1,000			1,000			1,000
Solothurn		2,000			2,000			2,000
Troinex		5,500			5,500			5,500
Versoix, City of							362,600	362,600
Vertou		1,172			1,172			1,172
Veyrier		1,000			1,000			1,000
Zurich, Canton of		200,000			200,000			200,000
Others and less than CHF 1,000		5,280			5,280			5,280
Total from Public sources		5,067,062			5,067,062		2,223,704	7,290,766

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents due to rounding-off addition differences.

6. Private sources (in CHF)

	Appeals: Headquarters	Appeals: Field Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
Direct mail fundraising campaigns		11,052,058			11,052,058			11,052,058
Online donations		1,598,970			1,598,970			1,598,970
Spontaneous donations from private individuals								
Peter Ruckstuhl		100,000			100,000			100,000
Other private individuals		5,231,746			5,231,746		38,435	5,270,181
Spontaneous donations from private individuals		5,331,746			5,331,746		38,435	5,370,181
Donations from funds and foundations								
Chaîne du Bonheur				-227,172	-227,172			-227,172
Fondation Albert Edouard Oechslin		70,000			70,000			70,000
Fondation des immeubles pour les organisations internationales (FIPOI)							143,532	143,532
Fondation du groupe Pictet		150,000			150,000			150,000
Fondation Lombard Odier ¹	500,000	5,000			505,000			505,000
Fondation Lumen Spei		100,000			100,000			100,000
Fondation Philanthropique Famille Firmenich		50,000			50,000			50,000
Fondation pour le Comité International de la Croix Rouge	250,000				250,000			250,000
Kantonale St. Gallische Winkelriedstiftung		15,000			15,000			15,000
La Caixa Banking Foundation		947,575			947,575			947,575
Mine-Ex Stiftung		800,000			800,000			800,000
Promotor Stiftung		20,000			20,000			20,000
Swiss Re Foundation ¹		500,000			500,000			500,000
The Adecco Foundation ¹		500,000			500,000			500,000
Others and less than CHF 10,000	1,925,285	7,790,032	3,000,000	-500,000	12,215,317			12,215,317
Total donations from funds and foundations	2,675,285	10,947,607	3,000,000	-727,172	15,895,720		143,532	16,039,252
Legacies		3,320,066			3,320,066			3,320,066
Donations from private companies								
ABB Asea Brown Boveri Ltd ¹		500,000			500,000			500,000
Crédit Suisse Group ¹	500,000				500,000			500,000
F. Hoffmann La Roche Ltd ¹		500,000			500,000			500,000
Novartis International AG ¹		600,836			600,836			600,836
Novo Nordisk A/S ¹		468,480			468,480	207,087		675,567
Services Industriels De Genève (SIG)		2,000			2,000			2,000
Sidley Austin LLP		74,640			74,640			74,640
Vontobel		76,900			76,900			76,900
Zurich Insurance Group ¹		500,000			500,000			500,000
Other private companies		1,139,760		-6,832	1,132,928		24,996	1,157,924
Total donations from private companies	500,000	3,862,616		-6,832	4,355,784	207,087	24,996	4,587,868
Donations from associations and service clubs								
Alliance for Public Health						902,673		902,673
Hong Kong University of Science and Technology	26,917				26,917			26,917
Mine-Ex, Rotary Deutschland		63,437			63,437			63,437
The University of Hong Kong	26,917				26,917			26,917
Union of European Football Associations (UEFA)		125,548			125,548			125,548
Other associations and service clubs		159,148			159,148			159,148
Total donations from associations and service clubs	53,833	348,132			401,965	902,673		1,304,638
Various donors		1,900,000			1,900,000	16,315		1,916,315
Total from Private sources	3,229,118	38,361,196	3,000,000	-734,004	43,856,310	1,126,075	206,963	45,189,349

1. Member of the Corporate Support Group

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents due to rounding-off addition differences.

D. CONTRIBUTIONS IN KIND, IN SERVICES AND TO INTEGRATED PROJECTS IN 2018 (in CHF)

	Donations in kind (excluding IPs)		Donations in services (excluding IPs)		Donations for IPs			Grand total		Number of days of employee service
	Headquarters	Field	Headquarters	Field	Services	Cash	Total IPs	Total kind	Total services	
National Societies										
Australia				13,216					13,216	63
Bangladesh				100,059					100,059	
Belgium				31,417					31,417	163
Canada			23,971	16,944	17,030	383,700	400,730		57,946	166
Denmark				191,377	12,563		12,563		203,939	1,256
Finland			62,864	383,470	4,894		4,894		451,227	2,357
Germany				75,956					75,956	452
Iceland				21,207					21,207	94
Japan				117,112	54,781		54,781		171,893	983
Myanmar		26,350						26,350		
Netherlands				29,547					29,547	147
New Zealand				131,339					131,339	730
Norway			152,376	100,144					252,520	1,051
Sweden				745,799	31,066	573,059	604,125		776,865	4,178
Switzerland				4,301	72,998	554,085	627,083		77,299	409
United Kingdom of Great Britain and Northern Ireland				345,397					345,397	1,837
Sub-total		26,350	239,210	2,307,285	193,331	1,510,844	1,704,175	26,350	2,739,826	13,886
Governments										
Afghanistan				290,256					290,256	
Belarus		30,297						30,297		
Finland ¹		629,122						629,122		
Iraq				70,848					70,848	
Switzerland ¹			53,836						53,836	181
Sub-total		659,419	53,836	361,104				659,419	414,940	181
Supranational and international organizations										
Médecins Sans Frontières		58,332						58,332		
World Food Programme		462,134	290,621					462,134	290,621	
Various UN agencies		15,930	32,356					15,930	32,356	90
Sub-total		536,395	322,977					536,395	322,977	90
Public sources										
Geneva, Canton of			1,861,104						1,861,104	
Versoix, City of			362,600						362,600	
Sub-total			2,223,704						2,223,704	
Private sources										
Spontaneous donations from private individuals				38,435					38,435	
Fondation des immeubles pour les organisations internationales (FIPOI)			143,532						143,532	
Alliance for Public Health		902,673						902,673		
Novo Nordisk A/S ²		207,087						207,087		
Other private companies			24,996						24,996	
Various donors		16,315						16,315		
Sub-total		1,126,075	168,528	38,435				1,126,075	206,963	
Grand total		2,348,239	3,008,256	2,706,824	193,331	1,510,844	1,704,175	2,348,239	5,908,411	14,157

1. Member of the Donor Support Group
2. Member of the Corporate Support Group

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents due to rounding-off addition differences.

E. COMPARATIVE BALANCE SHEET AND STATEMENT OF INCOME FOR THE LAST FIVE YEARS (in KCHF)

	2018	2017	2016	2015	2014
Balance Sheet					
Current assets	947,647	937,268	787,173	613,220	669,667
Non-current assets	585,194	658,747	409,878	442,810	400,481
Total Assets	1,532,841	1,596,015	1,197,051	1,056,030	1,070,148
Liabilities	-1,078,346	-1,039,565	-843,283	-729,094	-733,988
Total Net Assets	454,495	556,450	353,768	326,936	336,160
Restricted reserves for funds and foundations	36,308	38,512	37,838	37,183	38,029
Restricted reserves for funding of current operations	7,892	47,689	39,036	-12,194	21,428
Unrestricted reserves designated by the Assembly	410,295	470,249	276,894	301,947	276,703
Total Reserves	454,495	556,450	353,768	326,936	336,160
Statement of Income					
Contributions	1,823,499	1,799,405	1,660,556	1,502,354	1,343,455
Operating expenditure	-1,831,174	-1,750,132	-1,562,700	-1,488,710	-1,312,674
Net result of operating activities	-7,675	49,273	97,856	13,644	30,781
Net result of non-operating activities	-23,026	13,831	9,446	-16,082	15,421
Net result for the year	-30,701	63,104	107,302	-2,438	46,202
Administrative costs	146,413	140,792	135,756	135,529	130,322
Ratios					
Reserves in % of total assets	29.7%	34.9%	29.6%	31.0%	31.4%
Assets-to-reserves ratio	3.4	2.9	3.4	3.2	3.2
Administrative costs in % of operating expenditure	8.0%	8.0%	8.7%	9.1%	9.9%

F. ASSISTANCE ITEMS FIGURES

The statistical data in the following tables can be summarized as follows:

Receipt of assistance items by contributions in kind, cash for kind and purchases in 2018

All assistance items received as contributions in kind or purchased by the ICRC and inventoried in the context of reception between 1 January and 31 December 2018. The figures for contributions in kind cover all material support received as a gift but do not include any services received, such as the provision of human resources and/or logistical means. The figures for assistance item purchases comprise all procurements carried out both with non-earmarked and with earmarked financial contributions ("cash for kind"). The grand total is CHF 303,932,134.

Delivery of assistance items in 2018

All assistance items delivered by the ICRC in the field between 1 January and 31 December 2018. These goods were either purchased or received in kind during 2018 or taken from stock already constituted at the end of 2017.

RECEIPT OF ASSISTANCE ITEMS BY CONTRIBUTIONS IN KIND AND PURCHASES IN 2018

(by donor and purchase, according to stock reception date. Includes items in transit.)

Donors	Food	Relief kits	Blanket	Economic security*	Medical	Physical rehabilitation	Water and habitat	Grand total
	(kg)	(each)	(each)	(CHF)	(CHF)	(CHF)	(CHF)	(CHF)
National Societies				26,350				26,350
Myanmar				26,350				26,350
Governments	697,863		55,440	785,968				785,968
Belarus	24,863			30,297				30,297
Finland	673,000		55,440	755,671				755,671
Various donors	728,834			518,612	1,126,823		16,998	1,662,433
Alliance for Public Health				787	901,886			902,673
Médecins Sans Frontières	14,536			39,762	1,571		16,998	58,332
Novo Nordisk A/S					207,092			207,092
UNICEF	6,750			462,134				462,134
World Food Program	707,548			15,930				15,930
Other private companies					16,274			16,274
Total contributions in kind	1,426,698		55,440	1,330,930	1,126,823		16,998	2,474,751
National societies	4,459,376	30,316		2,701,682			70,376	2,772,058
China/Hong Kong		11,676		199,593				199,593
Denmark	2,618,925	15,130		1,438,503				1,438,503
Netherlands	1,154,120	3,510		722,984				722,984
Norway							70,376	70,376
United Kingdom of Britain and Northern Ireland	686,331			340,602				340,602
Governments	3,546,819	81,031		3,775,244			44,273	3,819,518
Austria	1,162,003			524,434				524,434
France	2,384,816	15,942		2,362,877			44,273	2,407,150
Holy See		65,089		887,933				887,933
Various donors	655,996	7,930		457,256			91,275	548,531
Berend Jan van Dalssen							91,275	91,275
Spontaneous private individuals		92		504				504
The OPEC Fund for International Development	655,996	7,838		456,752				456,752
Total contributions in cash for kind	8,662,191	119,277		6,934,183			205,924	7,140,107
ICRC								
ICRC purchases	151,925,299	4,567,022	1,895,752	190,359,908	54,259,832	6,329,050	43,368,485	294,317,276
Total ICRC	151,925,299	4,567,022	1,895,752	190,359,908	54,259,832	6,329,050	43,368,485	294,317,276
Grand total	162,014,188	4,686,299	1,951,192	198,625,021	55,386,655	6,329,050	43,591,408	303,932,134

* Economic security includes food and essential household items (sometimes provided in kits), seed, agricultural and veterinary inputs and other micro-economic inputs.

DELIVERY OF ASSISTANCE ITEMS IN 2018

Context	Economic security*		Medical	Physical rehabilitation	Water and habitat	Total
	(kg)	(CHF)	(CHF)	(CHF)	(CHF)	(CHF)
AFRICA	68,918,685	95,389,867	15,594,205	1,875,516	10,315,128	96,703,534
Burundi	544,498	445,790	120,022	433	197,827	862,780
Cameroon	3,894,615	4,065,420	340,197		186,595	4,421,407
Central African Republic	3,025,761	1,129,178	1,081,153	51,896	1,450,350	5,609,160
Chad	886,016	1,114,125	300,231		151,180	1,337,427
Congo, Democratic Republic of the	6,292,256	3,178,853	1,162,202	162,738	598,742	8,215,938
Côte d'Ivoire	430,155	133,487	132,902		4,866	567,923
Eritrea	241,231	9,258		40	408,293	649,564
Ethiopia	2,076,726	875,130	155,759	442,277	356,076	3,030,838
Guinea	14,638	93	5,763			20,401
Guinea-Bissau	4,717	125	21,059	28,177	1,058	55,011
Kenya	285,012	285,950	10,358		50,627	345,997
Libya	7,230,602	2,472,883	2,856,100	605,342	316,924	11,008,968
Madagascar	102,202	58,884	7,896		14,192	124,290
Mali	3,432,760	4,585,703	1,057,365	43,588	617,493	5,151,206
Mauritania	136,855	5,629	7,602		33,008	177,465
Mozambique	1,136,725	1,679,087	25,449		82,900	1,245,074
Niger	7,460,324	21,132,559	455,471	50,010	152,768	8,118,573
Nigeria	13,809,512	31,067,955	3,057,071	79,783	2,929,920	19,876,286
Rwanda	31,738	8,350	607		87,230	119,575
Senegal	80,307	59,994	355		292,650	373,312
Somalia	8,198,422	6,440,980	2,591,547		570,915	11,360,884
South Sudan	7,936,731	14,540,977	2,180,022	157,249	1,458,728	11,732,730
Sudan	1,491,463	2,085,541	6,752	253,972	259,550	2,011,737
Tunisia	62,611	1,463	8,892		1,983	73,486
Uganda	56,560	4,256	587	11	31,408	88,566
Western Sahara			753		33,438	34,191
Zimbabwe	56,248	8,197	8,090		26,407	90,745
AMERICAS	523,653	179,709	338,967	112,573	330,437	1,305,630
Colombia	324,195	176,163	29,375	88,413	253,176	695,159
Mexico	39,299	706	114,446	24,160	64,606	242,511
Peru	28,392	100	1,687			30,079
Venezuela, Bolivarian Republic of	131,767	2,740	193,459		12,655	337,881
ASIA AND THE PACIFIC	21,618,117	28,760,635	8,118,391	3,136,160	5,412,326	38,284,994
Afghanistan	3,545,396	2,463,613	6,367,340	867,466	1,941,318	12,721,520
Bangladesh	6,662,487	12,416,432	41,386	154,841	465,925	7,324,639
Cambodia	106,422	34,006	117,283	160,306	67,178	451,189
China	9,648	-	8,136	54,034	631	72,449
India	140,878	10,884	21,129	87,259	25,572	274,838
Indonesia			7,091			7,091
Korea, Democratic People's Republic of	419,483	2,457	123,726	347,846	905,276	1,796,331
Lao People's Democratic Republic	3,152	43	37,601		288	41,041
Malaysia	6,399	20	255		201	6,855
Myanmar	9,624,929	13,608,380	401,848	163,110	1,597,666	11,787,553
Nepal	7,287	51	6,391	9,040	789	23,507
Pakistan	205,111	10,040	604,789	1,290,074	39,088	2,139,062
Papua New Guinea	292,932	53,239	48,528	85	138,864	480,409
Philippines	551,880	157,894	324,421	1,602	207,118	1,085,021
Sri Lanka	30,169	3,570	6,709	497	14,288	51,663
Thailand	11,524	-	1,034		3,054	15,612
Viet Nam	420	6	724		5,070	6,214

Context	Economic security*		Medical	Physical rehabilitation	Water and habitat	Total
	(kg)	(CHF)	(CHF)	(CHF)	(CHF)	(CHF)
EUROPE AND CENTRAL ASIA	13,154,952	7,964,219	4,219,993	149,298	4,297,572	21,821,815
Armenia	96,123	989,776	55,192	11,924	82,702	245,941
Azerbaijan	158,483	205,674	23,956	647	112,009	295,095
France	16,101	1	1,157			17,258
Georgia	125,719	60,688	7,487	11,471	6,239	150,916
Greece	332,372	2,882	18,765	208	13,738	365,083
Russian Federation	1,076,214	304,628	5,045			1,081,259
Ukraine	11,269,330	6,386,566	3,964,973	124,680	4,039,763	19,398,746
Uzbekistan	80,610	14,004	143,418	368	43,121	267,517
NEAR AND MIDDLE EAST	108,680,548	91,948,997	21,562,906	1,735,021	17,146,500	149,124,975
Egypt	146,716	98,000			2,660	149,376
Iran, Islamic Republic of	177,677	18				177,677
Iraq	8,459,302	6,853,043	1,961,126	661,664	528,315	11,610,407
Israel and the occupied territories	712,326	40,772	1,818,947	220,467	979,930	3,731,670
Jordan	706,424	418,905	705,230	81,844	32,611	1,526,109
Lebanon	1,135,094	201,867	1,971,389	17,277	425,155	3,548,915
Syrian Arab Republic	83,643,870	69,166,711	5,289,044	372,597	13,381,625	102,687,136
Yemen	13,699,139	15,169,681	9,817,170	381,172	1,796,204	25,693,685
Grand total	212,895,955	224,243,427	49,834,462	7,008,568	37,501,963	307,240,948

* Economic security includes food and essential household items (sometimes provided in kits), seed, agricultural and veterinary inputs and other micro-economic inputs.

FUNDS AND FOUNDATIONS

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Clare Benedict Fund
Florence Nightingale Medal Fund
French Fund Maurice de Madre
Jean Pictet Fund
Omar El Mukhtar Fund
Paul Reuter Fund
National Societies Investment Alliance

STATUTORY FINANCIAL STATEMENTS OF THE ICRC MOVEABILITY FOUNDATION

STATEMENT OF INCOME

For the year ended 31 December

(CHF thousands)	Note	2018	2017
Contributions	[6]	4,824	5,138
Staff costs		-2,619	-2,602
Mission costs		-607	-486
Rentals		-192	-91
Sub-contracted maintenance		-31	-39
Purchase of goods and materials		-194	-120
Financial assistance		-1,910	-1,829
General expenditure		-224	-313
Depreciation		-24	-35
Operating expenses	[7]	-5,801	-5,515
Net deficit of operating activities		-977	-377
Foreign exchange result, net		5	-120
Financial income/(loss), net	[4]	-95	277
Net (deficit)/surplus of non-operating activities		-90	157
Deficit for the year		-1,067	-220
Allocation from Temporarily restricted reserves		977	377
Allocation to Unrestricted reserves designated by the Board		-20	-
Allocation from/(to) Other unrestricted reserves		110	-157
Result for the year after allocation from/(to) reserves		-	-

STATEMENT OF CHANGES IN RESERVES

(CHF thousands)	Restricted reserves	Unrestricted reserves		Total Reserves
	Temporarily restricted	Designated by the Board	Other reserves	
Note	[5]			
Balance at 1 January 2018	-437	2,863	943	3,369
Surplus/(deficit) for the year	-977	20	-110	-1,067
Balance at 31 December 2018	-1,414	2,883	833	2,302
Balance at 1 January 2017	-60	2,863	786	3,589
(Deficit)/surplus for the year	-377	-	157	-220
Balance at 31 December 2017	-437	2,863	943	3,369

STATEMENT OF FINANCIAL POSITION

As at 31 December

(CHF thousands)	Note	2018	2017
Cash and cash equivalents		496	401
Investments	[4]	2,736	3,222
Accounts receivable		366	1,382
Current assets		3,598	5,005
Accounts receivable		124	615
Non-current assets		124	615
Assets		3,722	5,620
Accounts payable and accrued expenses	[8]	796	687
Deferred income		500	949
Current liabilities		1,296	1,636
Deferred income		124	615
Non-current liabilities		124	615
Liabilities		1,420	2,251
Temporarily restricted reserves for the funding of operations	[5]	-1,414	-437
Restricted reserves		-1,414	-437
Unrestricted reserves designated by the Board		2,883	2,863
Other unrestricted reserves		833	943
Unrestricted reserves		3,716	3,806
Reserves		2,302	3,369
Liabilities and reserves		3,722	5,620

NOTES TO THE FINANCIAL STATEMENTS

As at 31 December 2018

1. Activities

The year 1981 was declared by the United Nations to be the International Year for Disabled Persons. In the same year, when it was convened in Manila, Philippines, the 24th International Conference of the Red Cross and Red Crescent adopted a resolution recommending that “a special fund be formed for the benefit of the disabled and to promote the implementation of durable projects to aid disabled persons”. Pursuant to the ICRC Assembly’s decision No. 2 of 19–20 October 1983, the Special Fund for the Disabled (SFD) was subsequently established. Its objectives were twofold:

- to help finance long-term projects for disabled persons, in particular, the creation of workshops for the production of artificial limbs and orthotic appliances, and centres for rehabilitation and occupational retraining; and
- to participate not only in ICRC and National Society projects, but also in those of other humanitarian bodies working in accordance with ICRC criteria.

In January 2001, the ICRC Assembly converted the SFD into an independent foundation based in Geneva, Switzerland, under Swiss law. The primary objective of the ICRC Special Fund for the Disabled remained, to a large extent, unchanged, i.e. to support physical rehabilitation services in low-income countries, with priority given to former projects of the ICRC. The statutes of the foundation allow the opening of its board to members of other organizations, and the SFD has developed its own independent fundraising and financial management structure.

In 1983, the ICRC donated an initial one million Swiss francs to set up the SFD. Since then, the SFD has received various forms of support from certain governments, National Red Cross and Red Crescent Societies, foundations and other public sources.

In 2017, the name Special Fund for the Disabled was changed to The ICRC MoveAbility Foundation (MoveAbility).

The board is composed of seven people, five of whom are ICRC representatives.

The ICRC MoveAbility Foundation is controlled by the ICRC and therefore is consolidated into the ICRC’s consolidated financial statements in conformity with the IFRS.

2. Basis of preparation

These statutory financial statements were prepared in compliance with Swiss law and are presented in accordance with the ICRC MoveAbility Foundation's Statutes. They were prepared in conformity with regulations of the Swiss law on commercial accounting and financial reporting (Swiss Code of Obligations Art. 957–963).

The financial statements were prepared using the historical cost convention, except for the investments, which are recorded at fair market value.

All financial information presented in Swiss francs has been rounded to the nearest CHF thousands, except when otherwise indicated.

3. Summary of significant accounting policies

3.1 Accounts receivable

Receivables are stated at their cost net of an allowance on outstanding amounts to cover the risk of non-payment. The main pledge receivables positions are recognized at the moment of written confirmation, except for pledges falling due after five years, which are considered contingent assets only and are not recognized owing to uncertainties associated with their receipt; the organization recognizes this revenue when the written confirmation includes a clear and firm commitment from the donor and the realization of the income is virtually certain.

The organization maintains allowances for doubtful accounts in respect of estimated losses resulting from the inability of donors to make the required payments.

3.2 Unrealized foreign exchange gains

Unrealized foreign exchange gains in respect of foreign denominated non-current assets and liabilities are reported as current liabilities.

3.3 Reserves

- TEMPORARILY RESTRICTED RESERVES FOR THE FUNDING OF OPERATIONS
Refer to note 5.
- UNRESTRICTED RESERVES DESIGNATED BY THE BOARD
These reserves are not subject to any legal or third-party restriction and can be applied as the Board sees fit. They include initial capital, as well as general reserves. These general reserves are the accumulation of excess funds set aside with no specific reservation or restriction and may be designated for specific purposes to meet future obligations or risks.
- OTHER UNRESTRICTED RESERVES
These other unrestricted reserves relate to the unrealized gains or losses on the investment portfolio of the organization.

4. Investments and financial income, net

In accordance with its documented investment management policy, the organization recognizes its investments at fair market value. Financial assets at fair market value are financial assets with an observable market price. A financial asset is classified under this category if acquired principally for the purpose of selling in the short term. All assets in this category are classified as current assets, as they are expected to be settled within 12 months.

(CHF thousands)	2018	
	Cost value	Fair market value
Quoted equity securities	632	647
Quoted debt securities	2,125	2,089
Total Current investments	2,757	2,736

(CHF thousands)	2017	
	Cost value	Fair market value
Quoted equity securities	753	890
Quoted debt securities	2,327	2,332
Total Current investments	3,080	3,222

(CHF thousands)	2018	2017
Realized portfolio result, net	-4	112
Unrealized portfolio result, net	-110	157
Securities income, net	19	8
Total Financial income, net	-95	277

5. Temporarily restricted reserves for the funding of operations

These temporarily restricted reserves include the following:

- Donors' restricted contributions: Some contributions received by the organization are earmarked for specific uses. At the end of the financial year, any such funds which have not been spent are recorded under this heading. In cases where the funds cannot be used, the foundation either obtains agreement for reallocation for a different use or reimburses the funds to the donor, in which case they are recognized as a liability once the obligation to pay is established.
- Field operations with temporary deficit financing: This position relates to expenses which had not been financed by contributions received or pledged at 31 December.

(CHF thousands)	At 31 December 2016	Increase/ (decrease)	At 31 December 2017	Increase/ (decrease)	At 31 December 2018
Donors' restricted contributions	-	-	-	-	-
Field operations with temporary deficit funding	-60	-377	-437	-977	-1,414
Total Restricted reserves for the funding of operations	-60	-377	-437	-977	-1,414

The funding of operations reserves are allocated by region, as follows:

(CHF thousands)	Africa	Asia	Latin America (incl. Haiti)	Tajikistan	Total
Field operations with temporary deficit funding					
Balance at 31 December 2016	-	-	-60	-	-60
Use of temporary deficit for operations	-455	-	-	-	-455
Allocation to reserve	-	-	66	12	78
Balance at 31 December 2017	-455	-	6	12	-437
Use of temporary deficit for operations	-780	-167	-41	-	-988
Allocation to reserve	-	-	-	11	11
Balance at 31 December 2018	-1,235	-167	-35	23	-1,414

6. Contributions

- Contributions, designated for general use by the foundation, are recognized as revenue upon receipt of a written confirmation or agreement from the donor. In the absence of such a confirmation, the contribution is recognized upon receipt of cash.
- Contributions received after the reporting date, but designated for use in the reporting period, are recognized as revenue in the reporting period.
- Contributions designated for use after the reporting date are reported as deferred income in the statement of financial position and recognized as revenue in the year designated by the donor.
- Contributions restricted to no other purpose than general field operations are considered non-earmarked.
- Contributions restricted to a given region, country or programme (worldwide) are considered loosely earmarked.
- Contributions restricted to a country are considered country-earmarked.
- Contributions restricted to a project or sub-programme are considered tightly earmarked.

The contributions are either earmarked by region or not earmarked, and were allocated by region as follows:

2018 (CHF thousands)	Africa	Asia	Latin America (incl. Haiti)	Tajikistan	Total 2018
Australia	176	200	81	-	457
Italy	352	-	15	30	397
Liechtenstein	50	-	-	-	50
Monaco	47	-	-	-	47
Norway	714	118	200	-	1,032
Switzerland	70	10	60	10	150
United States of America	893	320	500	258	1,971
Governments	2,302	648	856	298	4,104
Monaco	4	-	2	-	6
Norway	102	15	45	-	162
National Societies	106	15	47	-	168
Medicor Foundation	-	-	100	-	100
OPEC Fund for International Development	303	-	135	-	438
Other private companies	5	6	-	-	11
Spontaneous donations from private individuals	-	-	3	-	3
Private sources	308	6	238	-	552
Total Contributions	2,716	669	1 141	298	4,824

2017 (CHF thousands)	Africa	Asia	Latin America (incl. Haiti)	Tajikistan	Total 2017
Australia	140	230	50	20	440
Italy	224	30	26	4	284
Liechtenstein	30	-	20	-	50
Monaco	23	-	-	-	23
Norway	779	90	462	128	1,459
Switzerland	100	150	20	30	300
United States of America	640	420	458	316	1,834
Governments	1,936	920	1,036	498	4,390
Liechtenstein	40	-	-	-	40
Monaco	5	-	-	-	5
Norway	99	-	51	-	150
National Societies	144	-	51	-	195
Geneva, Canton of	150	-	-	-	150
Public sources	150	-	-	-	150
Medicor Foundation	-	-	100	-	100
OPEC Fund for International Development	219	-	75	-	294
Other private companies	5	-	-	-	5
Other foundations and funds	2	-	-	-	2
Spontaneous donations from private individuals	1	-	-	-	1
Private sources	227	-	175	-	402
Total Contributions	2,457	920	1,262	498	5,138

7. Operating expenses

The operating expenses are allocated by region, as follows:

2018 (CHF thousands)	Africa	Asia	Latin America (incl. Haiti)	Tajikistan	Total 2018
Staff costs	1,695	429	400	95	2,619
Mission costs	271	39	241	56	607
Rentals	126	9	34	23	192
Sub-contracted maintenance	14	-	3	14	31
Purchase of goods and materials	64	26	27	77	194
Financial assistance	1 218	311	380	1	1,910
General expenditure	90	22	93	19	224
Depreciation	18	-	4	2	24
Total Operating expenses	3,496	836	1,182	287	5,801

2017 (CHF thousands)	Africa	Asia	Latin America (incl. Haiti)	Tajikistan	Total 2017
Staff costs	1,440	410	395	357	2,602
Mission costs	196	57	196	37	486
Rentals	37	5	34	15	91
Sub-contracted maintenance	34	-	3	2	39
Purchase of goods and materials	47	5	22	46	120
Financial assistance	1,032	364	423	10	1,829
General expenditure	103	79	118	13	313
Depreciation	24	-	5	6	35
Total Operating expenses	2,913	920	1,196	486	5,515

The staff working for the foundation are employed by the ICRC but are permanently seconded to and financed by the ICRC MoveAbility Foundation. On the average, there are no more than 40 of these full-time positions every year.

8. Related parties

8.1 Accounting support provided by the ICRC

The ICRC has been providing support to the ICRC MoveAbility Foundation over the years, both at headquarters and in the field. This support includes logistical services, such as supply chain and transport, and administrative services, including bookkeeping, treasury, human resources and management. The value of these pro bono services is estimated as follows:

(CHF thousands)	2018	2017
Estimated value of the pro bono services provided to The ICRC MoveAbility Foundation	713	708

8.2 Current account with the ICRC

Accounts payable and accrued expenses includes the balance of the current account with the ICRC, which is as follows:

(CHF thousands)	2018	2017
Balance due to the International Committee of the Red Cross	793	685

STATUTORY FINANCIAL STATEMENTS OF THE FOUNDATION FOR THE INTERNATIONAL COMMITTEE OF THE RED CROSS

STATEMENT OF INCOME

For the year ended 31 December

(CHF thousands)	Note	2018	2017
Contributions		-	-
Legal and external counsel		-8	-7
Operating expenses		-8	-7
Net deficit of operating activities		-8	-7
Foreign exchange result, net		-11	-23
Financial (loss)/income, net	[4]	-904	1,227
Net (deficit)/surplus of non-operating activities		-915	1,204
(Deficit)/surplus for the year, before contributions to the ICRC		-923	1,197
Contributions to the ICRC		-226	-659
(Deficit)/surplus for the year		-1,149	538
Allocation from Unrestricted reserves designated by the Board		23	326
Allocation from/(to) Other unrestricted reserves		1,126	-864
Result for the year after allocation from/(to) reserves		-	-

STATEMENT OF CHANGES IN RESERVES

(CHF thousands)	Restricted reserves	Unrestricted reserves		Total Reserves
	Permanently restricted	Designated by the Board	Other reserves	
Balance at 1 January 2018	1,000	19,905	3,932	24,837
Deficit for the year	-	-23	-1,126	-1,149
Balance at 31 December 2018	1,000	19,882	2,806	23,688
Balance at 1 January 2017	1,000	20,231	3,068	24,299
(Deficit)/surplus for the year	-	-326	864	538
Balance at 31 December 2017	1,000	19,905	3,932	24,837

STATEMENT OF FINANCIAL POSITION

As at 31 December

(CHF thousands)	Note	2018	2017
Cash and cash equivalents		1,049	874
Investments	[4]	22,708	24,464
Accounts receivable		165	166
Current assets		23,922	25,504
Assets		23,922	25,504
Accounts payable and accrued expenses	[6]	234	667
Current liabilities		234	667
Liabilities		234	667
Permanently restricted reserves		1,000	1,000
Restricted reserves		1,000	1,000
Unrestricted reserves designated by the Board		19,882	19,905
Other unrestricted reserves		2,806	3,932
Unrestricted reserves		22,688	23,837
Reserves		23,688	24,837
Liabilities and reserves		23,922	25,504

NOTES TO THE FINANCIAL STATEMENTS

As at 31 December 2018

1. Activities

The Foundation for the International Committee of the Red Cross (FICRC) was created on 1 May 1931 in Geneva, Switzerland. Its statutes and objectives were revised on 25 October 2012.

The Foundation strives to secure long-term support for the ICRC by establishing a substantial endowment fund income, most of which will be freely available to the organization.

The Foundation Board is made up of representatives of business and political circles and of the ICRC:

- one representative of the Swiss Confederation; and
- three members appointed by the ICRC.

The FICRC is controlled by the ICRC and therefore is consolidated into the ICRC's consolidated financial statements in conformity with the IFRS.

2. Basis of preparation

The statutory financial statements were prepared in compliance with Swiss law and are presented in accordance with the FICRC's statutes. They were prepared in conformity with regulations of the Swiss law on commercial accounting and financial reporting (Swiss Code of Obligations Art. 957–963).

The financial statements were prepared using the historical cost convention, except for the investments, which are recorded at fair market value.

All financial information presented in Swiss francs has been rounded to the nearest CHF thousands, except when otherwise indicated.

3. Summary of significant accounting policies

3.1 Accounts receivable

Receivables are stated at their cost net of an allowance on outstanding amounts to cover the risk of non-payment. The main pledge receivables positions are recognized at the moment of a written confirmation, except for pledges falling due after five years, which are considered contingent assets only and are not recognized owing to uncertainties associated with their receipt; the organization recognizes this revenue when the written confirmation includes a clear and firm commitment from the donor, and the realization of the income is virtually certain.

The organization maintains allowances for doubtful accounts in respect of estimated losses resulting from the inability of donors to make the required payments.

3.2 Unrealized foreign exchange gains

Unrealized foreign exchange gains in respect of foreign denominated non-current assets and liabilities are reported as current liabilities.

3.3 Reserves

Reserves are classified as either restricted or unrestricted reserves.

- PERMANENTLY RESTRICTED RESERVES
The permanently restricted reserves are composed of inalienable capital.
- UNRESTRICTED RESERVES DESIGNATED BY THE BOARD
These are not subject to any legal or third-party restriction and can be applied as the Board sees fit. These general reserves are the accumulation of excess funds set aside with no specific reservation or restriction, and may be designated for specific purposes to meet future obligations or risks.
- OTHER UNRESTRICTED RESERVES
These other unrestricted reserves relate to the unrealized gains or losses on the investment portfolio of the organization.

3.4 Revenue recognition

- Contributions, designated for general use by the FICRC, are recognized as revenue upon receipt of a written confirmation or agreement from the donor. In the absence of such a confirmation, the contribution is recognized upon receipt of cash.
- Contributions received after the reporting date, but designated for use in the reporting period, are recognized as revenue in the reporting period.
- Contributions designated for use after the reporting date are reported as deferred income in the statement of financial position and recognized as revenue in the year designated by the donor.
- Contributions restricted to no other purpose than general field operations are considered non-earmarked.
- Contributions to a given region, country or programme (worldwide) are considered loosely earmarked.
- Contributions restricted to a country are considered country-earmarked.
- Contributions restricted to a project or sub-programme are considered tightly earmarked.

4. Investments and financial income, net

In accordance with its documented investment management policy, the organization recognizes its investments at fair market value. Financial assets at fair market value are financial assets with an observable market price. A financial asset is classified under this category if acquired principally for the purpose of selling in the short term. All assets in this category are classified as current assets, as they are expected to be settled within 12 months.

(CHF thousands)	2018	
	Cost value	Fair market value
Quoted equity securities	6,354	7,166
Quoted debt securities	15,690	15,542
Total Current investments	22,044	22,708

(CHF thousands)	2017	
	Cost value	Fair market value
Quoted equity securities	6,765	8,623
Quoted debt securities	15,761	15,841
Total Current investments	22,526	24,464

(CHF thousands)	2018	2017
Realized portfolio result, net	4	-20
Unrealized portfolio result, net	-1,126	864
Securities income, net	218	383
Total Financial (loss)/income, net	-904	1,227

5. Staff costs

The organization has no employees.

6. Related parties

The balance of the current account with the ICRC is as follows:

(CHF thousands)	2018	2017
Balance due to the International Committee of the Red Cross	234	667

7. Subsequent event

The Foundation Board made a commitment to pay contributions to the ICRC for a total of CHF 250 thousand in 2019.

CONDENSED FINANCIAL STATEMENTS FOR THE FUNDS CONTROLLED BY THE ICRC

<p>The investments of these six funds are managed in two global portfolios by external asset managers in order to optimize returns, risk management and bank charges.</p> <p>The portfolios are held jointly by the funds. Each fund holds a share of these portfolios proportional to its initial investment and subsequent inflows/outflows.</p>	<p>The income of the Clare Benedict Fund (established 1968) is used for assistance activities for victims of armed conflict, in accordance with Miss Benedict's wishes.</p>	<p>The income of the Florence Nightingale Medal Fund (established 1907) is used to award a medal to honor Florence Nightingale. The medal may be awarded to Red Cross and Red Crescent nurses and voluntary aides who have distinguished themselves by their service to sick and wounded people in time of peace or war. The medal is awarded every two years.</p>	<p>The purpose of the French Fund Maurice de Madre (established 1974) is to assist first-aid workers, delegates and nurses, of international or national Red Cross or Red Crescent institutions, who have suffered injury and find themselves in straitened circumstances or in reduced health.</p>
<p>The purpose of the Jean Pictet Fund (established 1985) is to encourage and promote knowledge and dissemination of international humanitarian law, giving priority to co-financing the annual "Jean Pictet competition on IHL".</p>	<p>The income of the Omar El Mukhtar Fund (established 1980) is made up of one or more donations by the authorities of Libya and is used to finance the ICRC's general assistance activities.</p>	<p>The initial capital of the Paul Reuter Fund (established 1983) was donated by Professor Paul Reuter (the amount of his Balzan Prize). The purpose of the fund is to encourage and promote knowledge and dissemination of international humanitarian law. To that end, the fund awards a prize every two years.</p>	<p>The ICRC has a 50% interest in a joint operation called the National Societies Investment Alliance (established 2017). It was set up as a partnership with the International Federation to enhance the development of National Societies. The fund hosted by the International Federation is located in Switzerland.</p>

STATEMENTS OF INCOME

(CHF thousands)	2018							Total funds	2017 Total funds
	Clare Benedict Fund	Florence Nightingale Medal Fund	French Fund Maurice De Madre	Jean Pictet Fund	Omar El Mukhtar Fund	Paul Reuter Fund	National Societies Investment Alliance		
Contributions	-	-	-	-	-	-	670	670	-
Staff-related costs	-	-	-	-	-	-	-82	-82	-
Mission costs	-	-	-	-	-	-	-4	-4	-
Sub-contracted maintenance	-	-	-	-	-	-	-2	-2	-
Purchase of goods and materials	-	-	-	-	-	-	-8	-8	-10
Financial assistance	-	-	-133	-20	-	-5	-	-158	-139
Legal and external counsel	-1	-1	-1	-1	-1	-1	-14	-20	-6
Other expenses	-	-	-	-	-	-	-11	-11	-1
Operating expenses	-1	-1	-134	-21	-1	-6	-121	-285	-156
Net surplus/(deficit) of operating activities	-1	-1	-134	-21	-1	-6	549	385	-156
Foreign exchange result, net	-	-	-	-	-	-	1	1	-
Financial income, net	5	2	12	2	2	2	-	25	153
Net surplus of non-operating activities	5	2	12	2	2	2	1	26	153
Surplus/(deficit) for the year before contributions to the ICRC	4	1	-122	-19	1	-4	550	411	-3
Contributions to the ICRC	-32	-	-	-	-14	-	-	-46	-36
Surplus/(deficit) for the year	-28	1	-122	-19	-13	-4	550	365	-39
Allocation from/(to) Unrestricted reserves designated by the Boards	28	-1	122	19	13	4	-550	-365	39
Allocation from Other unrestricted reserves	-	-	-	-	-	-	-	-	-
Result for the year after allocation from/(to) reserves	-	-	-	-	-	-	-	-	-

STATEMENTS OF CHANGES IN RESERVES

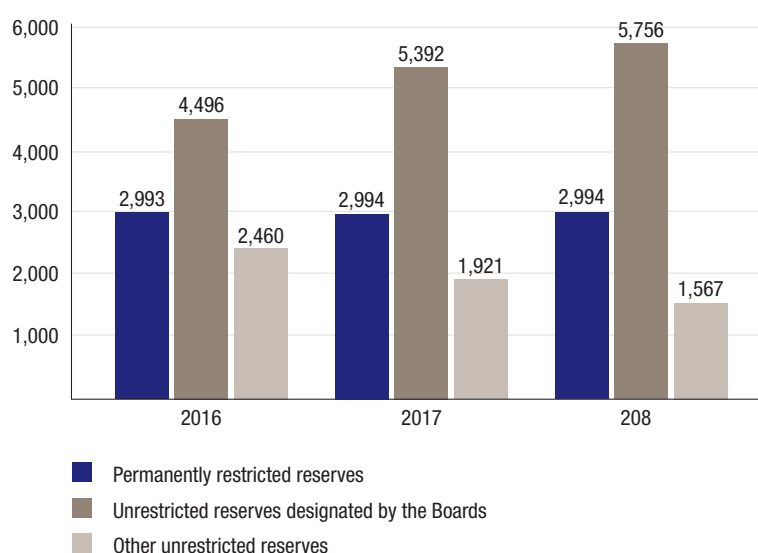
(CHF thousands)	Clare Benedict Fund	Florence Nightingale Medal Fund	French Fund Maurice De Madre	Jean Pictet Fund	Omar El Mukhtar Fund	Paul Reuter Fund	National Societies Investment Alliance	Total funds
Balance at 1 January 2018	2,268	725	4,922	652	1,053	687	-	10,307
Net surplus/(deficit) for the year	-28	1	-122	-19	-13	-4	550	365
Net allocation of unrealized portfolio result	-76	-24	-173	-23	-35	-24	-	-355
Balance at 31 December 2018	2,164	702	4,627	610	1,005	659	550	10,317

Balance at 1 January 2017	2,176	554	4,773	638	1,011	652	-	9,804
Net surplus/(deficit) for the year	7	-2	-45	-11	3	9	-	-39
Net allocation of unrealized portfolio result	85	27	194	25	39	26	-	396
Transfer of Augusta Fund* reserves	-	146	-	-	-	-	-	146
Balance at 31 December 2017	2,268	725	4,922	652	1,053	687	-	10,307

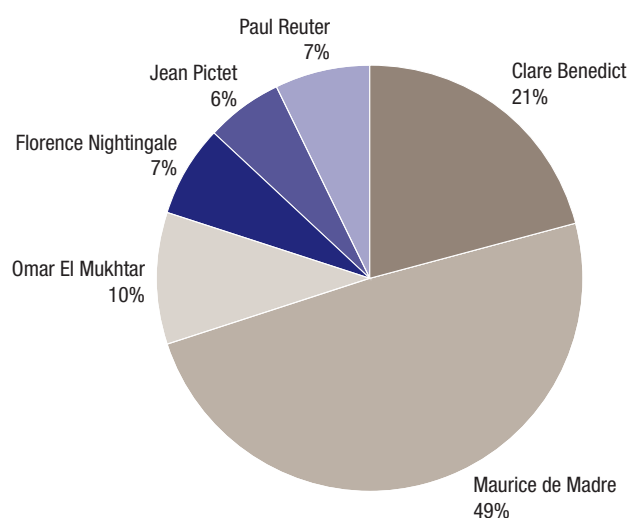
*liquidated in 2017

(CHF thousands)

Breakdown of reserves by nature



Breakdown of investments by fund



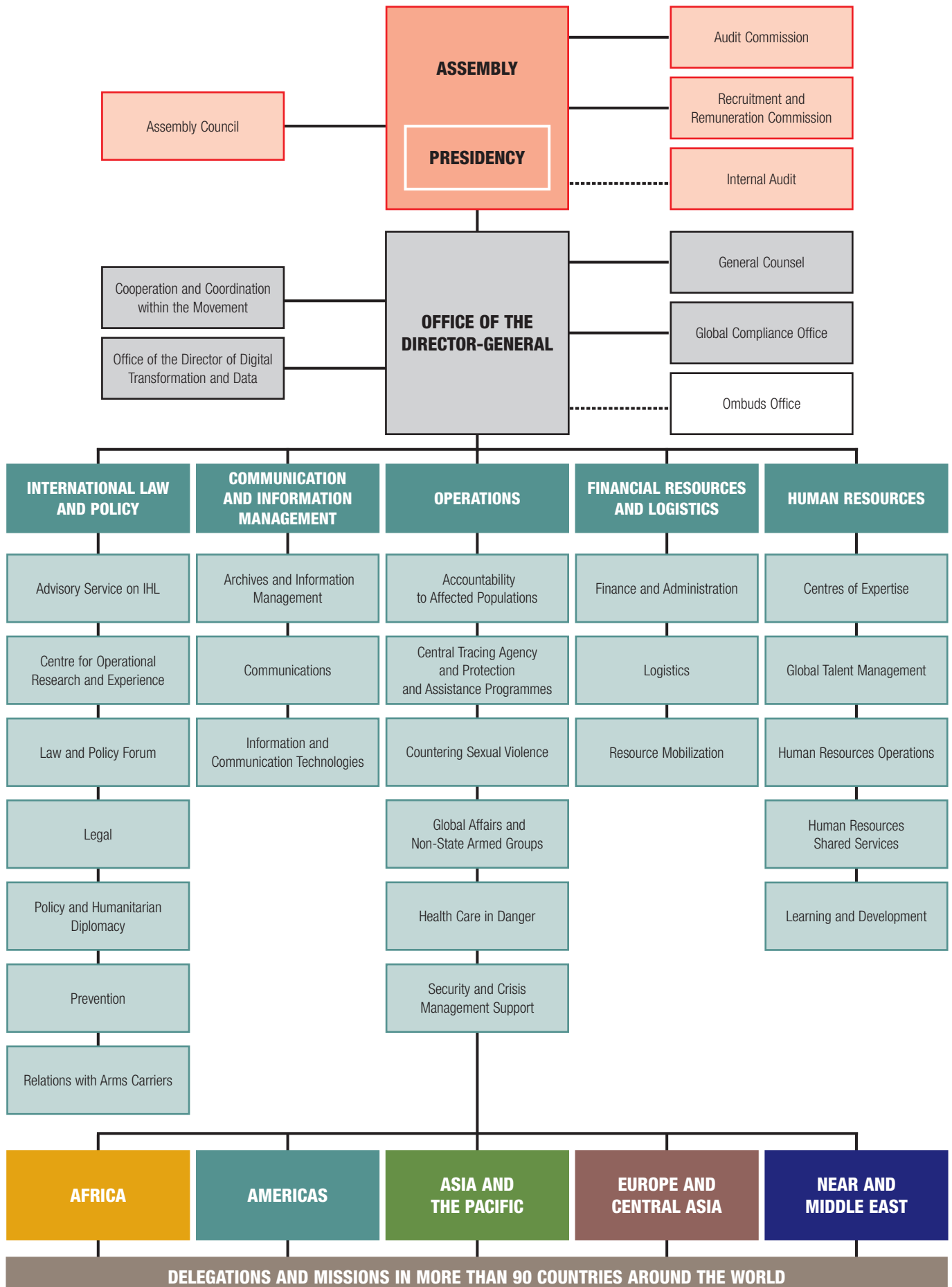
STATEMENTS OF FINANCIAL POSITION

(CHF thousands)	2018							Total funds	2017 Total funds
	Clare Benedict Fund	Florence Nightingale Medal Fund	French Fund Maurice De Madre	Jean Pictet Fund	Omar El Mukhtar Fund	Paul Reuter Fund	National Societies Investment Alliance		
Cash and cash equivalents	-	-	-	-	-	-	138	138	-
Investments	2,165	677	4,934	631	1,006	665	-	10,078	10,571
Current accounts receivable	-	-	-	-	-	-	537	537	-
Inventories	-	26	-	-	-	-	-	26	26
Current assets	2,165	703	4,934	631	1,006	665	675	10,779	10,597
Assets	2,165	703	4,934	631	1,006	665	675	10,779	10,597
Accounts payable and accrued expenses	1	1	307	21	1	6	-	337	290
Deferred income	-	-	-	-	-	-	125	125	-
Current liabilities	1	1	307	21	1	6	125	462	290
Liabilities	1	1	307	21	1	6	125	462	290
Permanently restricted reserves	1,633	100	-	500	761	-	-	2,994	2,994
Restricted reserves	1,633	100	-	500	761	-	-	2,994	2,994
Unrestricted reserves designated by the Boards	195	499	3,857	8	88	559	550	5,756	5,392
Other unrestricted reserves	336	103	770	102	156	100	-	1,567	1,921
Unrestricted reserves	531	602	4,627	110	244	659	550	7,323	7,313
Reserves	2,164	702	4,627	610	1,005	659	550	10,317	10,307
Liabilities and reserves	2,165	703	4,934	631	1,006	665	675	10,779	10,597

The statutory financial statements of these funds are available upon request through the accounting department of the ICRC.

ANNEXES

ICRC ORGANIZATIONAL CHART



ICRC DECISION-MAKING STRUCTURES¹

ASSEMBLY

The Assembly is the supreme governing body of the ICRC and oversees all its activities. It defines general objectives and institutional strategy, adopts policy, approves the budget and accounts, and appoints the directors and the head of Internal Audit. Composed of between 15 and 25 co-opted ICRC members of Swiss nationality, the Assembly is collegial in character. The Recruitment and Remuneration Commission, which is made up of members of the Assembly, handles matters relating to the Assembly's composition and submits proposals to the Assembly for the co-optation of new members. The Audit Commission assists and advises the Assembly in its task of ultimate oversight of the ICRC (see below, *Oversight mechanisms*). The Assembly's president and vice-president are the president and vice-president of the ICRC. The Assembly convenes six times a year in ordinary session and can decide to hold an extraordinary session at any time.

Mr Peter Maurer, president, PhD in contemporary history from the University of Bern (Switzerland), former ambassador and permanent representative of Switzerland to the UN in New York, former secretary of State for foreign affairs in Bern, ICRC president since 1 July 2012

Ms Christine Beerli, vice-president until the end of March, lawyer, former director of the School of Engineering and Information Technology at Bern University of Applied Sciences, former member of the Swiss parliament, chairwoman of Swissmedic Agency Council, ICRC vice-president since 1 January 2008, stepped down as vice-president and Assembly member at the end of March

Mr Gilles Carbonnier, vice-president since the beginning of April, doctor in economics from the University of Neuchâtel, professor of development economics at the Graduate Institute of International and Development Studies, where he is also director of studies, former ICRC delegate and economic adviser

Mr Mauro Arrigoni, PhD in mathematics from the University of Zurich, author of numerous scientific papers on mathematical models in biology, founder of the scientific journal *Il Volteriano*, dean of a high school in Mendrisio (Switzerland)

Mr Hugo Bänziger, PhD in banking history from the University of Bern, managing partner at the private bank Lombard Odier & Cie, former chief risk officer of Deutsche Bank, member of the European Union's High-level Expert Group on structural reforms in the banking sector, former chairman of the Eurex Group, lecturer on finance at the Universities of Chicago and London

Mr Edouard Bugnion, PhD from Stanford University in computer science, co-founder of two Silicon Valley start-ups (VMware and Nuova Systems, acquired by Cisco), where he served as chief technology officer, professor at the Federal Institute of Technology in Lausanne (EPFL) School of Computer and Communication Science since 2012 and EPFL vice-president for information systems, independent board member of Logitech and of Innosuisse (Swiss innovation agency), fellow of the Association for Computer Machinery and member of the Swiss Academy of Engineering Sciences (SATW)

Mr Jacques Chapuis, psychiatric nurse, anaesthesia and resuscitation specialist, vice-president of the international secretariat of nurses in the French-speaking world (SIDIEF), director of La Source Institute and Faculty of Applied Health Sciences, former ICRC delegate

Mr Melchior de Muralt, PhD in political science from the University of Lausanne, partner in the asset management firm Pury Pictet Turrettini & Cie, president of Cadmos Fund Management and Guilé Engagement Funds, vice-chairman of BlueOrchard Finance

Mr Christoph Franz, PhD in political science from Darmstadt Technical University, chairman of the board of directors of Roche Holding AG, member of the boards of Stadler Rail AG and Zurich Insurance Company Ltd., member of the board of trustees of the Ernst Göhner Foundation and of the advisory board of the University of St Gallen

Ms Katja Gentinetta, PhD in political philosophy from the University of Zurich, independent political philosopher, lecturer at the Universities of St Gallen, Lucerne and Zurich, member of the board of trustees of the Gerbert Rüf Foundation and managing partner of Gentinetta*Scholten Ltd (advising companies, public institutions and private individuals on social and political issues), host of the Swiss television programmes "NZZ Standpunkte" and "Sternstunde Philosophie", former deputy director of the think-tank "Avenir Suisse", head of strategy and external affairs for the canton of Aargau, project manager for the national exhibition "Expo.02"

Ms Maya Hertig Randall, PhD in law from the University of Fribourg and Master of Laws from Cambridge University, professor of constitutional law and co-director of the Certificate of Advanced Studies in Human Rights at the University of Geneva, member of the Swiss Federal Commission against Racism

Mr Alexis Keller, professor, PhD in political science from the University of Geneva, former fellow of the Carr Center for Human Rights Policy at Harvard University, former Swiss special representative for the Middle East peace process, professor at the Universities of Geneva and Paris (Sciences Po)

1. As at 31 December 2018

Mr Jürg Kesselring, physician, head of the Department of Neurorehabilitation at the Valens Rehabilitation Centre, professor of clinical neurology and neurorehabilitation at the Universities of Bern and Zurich, chairman of the Swiss Multiple Sclerosis Society and of the Swiss Brain Council, former ICRC delegate

Mr Thierry Lombard, private banker, former managing partner at Lombard Odier & Cie, chairman of the board of Family Business Network International

Ms Laura Sadis, holder of a degree in economics from the University of Zurich and a federal diploma in tax accounting, former member of the Legislative Council of the canton of Ticino, of the National Council (lower house of the Swiss parliament) and of the State Council of Ticino, former member of the Bank Council overseeing the Swiss National Bank, member of the board of AlpTransit Gotthard and the International Balzan Foundation “Fund”

Ms Doris Schopper, professor, PhD in public health from Harvard University, former president of Médecins Sans Frontières (MSF) Switzerland and of the MSF International Council, professor at the University of Geneva and director of the Centre for Education and Research in Humanitarian Action, chair of MSF’s ethics review board

Ms Béatrice Speiser, PhD in law from the University of St Gallen, attended the Advanced Management Program at the University of Pennsylvania’s Wharton School and the European Institute of Business Administration in France, founding president and executive director of Crescenda (a Swiss organization providing professional development opportunities for migrant women), independent lawyer and substitute judge at the Basel Civil Court

Mr Bruno Staffelbach, professor, PhD in business administration from the University of Zurich, professor at the Universities of Fribourg, Lucerne and Zurich, former Swiss army brigadier-general, former chairman of the Council of the University of Lucerne

Ms Heidi Tagliavini, studied philology in Geneva and Moscow, two honorary doctorates from the Universities of Basel and Bern, former Swiss ambassador having served mainly in peacekeeping (Georgia, 2002–2006), conflict resolution (Georgia, 2008) and electoral observation missions (Ukraine, 2009, Russian Federation, 2011, and Armenia, 2013)

Ms Barbara Wildhaber, graduated from the University of Zurich with a federal diploma in medicine in 1994 and with a doctorate in 1995, paediatric surgeon specializing in paediatric hepatobiliary surgery, professor at the University of Geneva’s faculty of medicine and head of paediatric surgery at Geneva University Hospitals

Honorary members: Mr Jean Abt, Mr Peter Arbenz, Mr Jean-Philippe Assal, Mr Jean-François Aubert, Ms Christiane Augsburg, Ms Christine Beerli (as of 1 April), Mr Paolo Bernasconi, Mr Ernst Brugger, Ms Suzy Bruschweiler,

Mr François Bugnion, Mr Jean de Courten, Mr Georges-André Cuendet, Mr Max Daetwyler, Mr Bernard G.R. Daniel, Mr Josef Feldmann, Mr Jacques Forster, Ms Paola Ghillani, Mr Rodolphe de Haller, Mr Jakob Kellenberger, Mr Pierre Keller, Ms Liselotte Kraus-Gurny, Mr Pierre Languetin, Ms Claude Le Coultre, Mr Jacques Moreillon, Ms Gabrielle Nanchen, Ms Anne Petitpierre, Mr Eric Roethlisberger, Mr Yves Sandoz, Mr Rolf Soiron, Mr Cornelio Sommaruga, Mr Jenö Staehelin, Mr Daniel Thürer, Mr Olivier Vodoz, Mr André von Moos

ASSEMBLY COUNCIL

The Assembly Council is a subsidiary body of the Assembly and comprises the president, the vice-president and three to five members elected by the Assembly. The Assembly Council oversees the ICRC’s functioning, ensuring that institutional risks and finances are properly managed and monitoring the development of key institutional projects. It facilitates the Assembly’s work by holding initial discussions of key topics and adopting budget extensions when needed. Its members are in regular contact with the members of the Directorate. The Assembly Council convenes on a monthly basis in ordinary session, alternating between physical meetings and videoconferences.

- **Mr Peter Maurer, president**
- **Mr Gilles Carbonnier, vice-president**
- **Mr Christoph Franz, member of the Assembly**
- **Ms Béatrice Speiser, member of the Assembly**
- **Mr Bruno Staffelbach, member of the Assembly**
- **Ms Barbara Wildhaber, member of the Assembly**

PRESIDENCY

The Presidency is composed of the president and the vice-president. The president of the ICRC has primary responsibility for the organization’s external relations. As president of the Assembly and of the Assembly Council, he ensures that the spheres of competence of these two bodies are safeguarded and leads their work. The president engages in ongoing dialogue with the Directorate on all activities conducted by the ICRC and can take appropriate measures in cases of extreme urgency.

OVERSIGHT MECHANISMS

Data Protection Independent Control Commission

The Data Protection Independent Control Commission is composed of three to five members (three members of the Assembly and two data-protection experts from outside the ICRC, one of whom chairs the Commission) and is responsible for checking, independently of other ICRC bodies and the administration, that the ICRC processes personal data in compliance with its Rules on Personal Data Protection and other applicable regulations. It is also tasked with ruling on the rights of individuals when their cases or other data-protection cases are referred to it.

- **Mr Gérald Page, external data-protection expert, president**
- **Mr Jean-Philippe Walter, external data-protection expert**
- **Mr Edouard Bugnion, member of the Assembly**
- **Ms Maya Hertig Randall, member of the Assembly**
- **Mr Alexis Keller, member of the Assembly**

Audit Commission

The Audit Commission is composed of five members of the Assembly who are not members of the Assembly Council. It helps the Assembly oversee the work of the organization. It controls the implementation of Assembly decisions, ensures that ICRC activities are conducted efficiently, reviews the reports of the external and internal auditors, and monitors the implementation of audit recommendations. It meets six times a year.

- **Mr Hugo Bänziger, president**
- **Mr Mauro Arrigoni, member of the Assembly**
- **Mr Melchior de Muralt, member of the Assembly**
- **Mr Alexis Keller, member of the Assembly**
- **Ms Laura Sadis, member of the Assembly**

Internal Audit

Internal Audit helps the ICRC to accomplish its objectives, using a systematic and disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes. It reports its findings directly to the president and the Audit Commission, and issues recommendations to management. The head of Internal Audit is appointed by the Assembly.

External audit

The Assembly appoints the external auditors for the ICRC's financial statements. The external auditors report their audit opinion to the Assembly and prepare a management letter addressed to the Directorate. Since 2007, the external audit has been carried out by Ernst & Young.

DIRECTORATE

The Directorate is the executive body of the ICRC and is in charge of ensuring that the general objectives and institutional strategy established by the Assembly or the Assembly Council are fulfilled and implemented. The Directorate is also responsible for the smooth running of the ICRC and for the efficiency of its staff as a whole.

The director-general sets the administration's general priorities, directs the decision-making process and supervises implementation of the decisions taken. The director-general is accountable to the Presidency and the Assembly as regards the Directorate's objectives and activities, and the results achieved.

- **Mr Yves Daccord, director-general**
- **Ms Jennifer Hauseman, director of communication and information management**
- **Ms Charlotte Lindsey Curtet, director of digital transformation and data**
- **Ms Katie Sams, director of financial resources and logistics**
- **Mr Gherardo Pontrandolfi, director of human resources**
- **Ms Helen Durham, director of international law and policy**
- **Mr Dominik Stillhart, director of operations**

INSTITUTIONAL STRATEGY 2019-2022

THE EVOLVING OPERATING ENVIRONMENT

THE EXPANDING AND PERVASIVE EFFECTS OF ARMED CONFLICT AND OTHER SITUATIONS OF VIOLENCE¹

Conflict and violence continue to cause immense suffering throughout the world. While the methods have not fundamentally changed over the last decade, major conflicts are driving global instability, spreading fragility, triggering forced displacement and long-term disruption within societies and social systems and creating massive humanitarian needs. For many years now, responding to needs related to health, nutrition, shelter, water and sanitation has been at the heart of humanitarian assistance; however, owing to the disruptive effects of conflict and violence, a much broader range of vulnerabilities has begun to emerge, giving rise to additional needs. In many countries, socioeconomic development has resulted in expanded access to health care and education, and technological progress has lifted many people out of poverty; even so, millions of others remain trapped in a vicious cycle of violence and underdevelopment that is often linked to protracted conflict.

The operating environment is further complicated by parties to armed conflict and other actors fuelling violence and often operating within coalitions that transcend national borders. These coalitions have become more assertive in the pursuit of their interests and also more fragmented and volatile in the way they coalesce. Conflict-related violence regularly blends with criminality, and is continuously fed by war economies and the political exploitation of ethnic and religious differences.

Battlefields are less clearly defined as they increasingly move into urban areas and proliferate in the digital sphere. Conventional weapons continue to be readily available and new weapons are becoming more accessible to a broad range of State actors, non-State armed groups (NSAGs) and individuals, putting growing numbers of people in harm's way.

THE HUMAN COST OF WAR

The human cost, direct and indirect, exacted by conflict and violence is appalling. Every day, hundreds of thousands of civilians throughout the world are persecuted, abused, displaced, wounded or killed and regularly denied the fundamentals of humanity. The number of civilian deaths caused by conflicts doubled between 2010 and 2016 and the number of people displaced, missing or behind bars as a result of conflict and violence is greater than at any point in several decades. The potential use of biological and other weapons of mass destruction and the use of chemical weapons is a

dramatic setback for the international community, as is the re-emergence of famine and cholera, which threatens entire communities. The disregard for international humanitarian law (IHL) and other fundamental rules that protect people is both a root cause and a symptom on a dynamic continuum of conflict and violence. Greater connectivity makes information about IHL violations, violence and injustice instantly accessible to more people; ignoring them or denying their existence is therefore becoming increasingly unacceptable to the people affected and to the international community.

Acts of extreme violence against civilians have become commonplace, and massive civilian casualties are too often regarded as an inevitable consequence of war. Armed actors regularly pursue their military strategies with little or no respect for the laws of war. Counter-terrorism measures lead to unending 'states of emergency', in which fundamental rights are restricted or denied, and humanitarian imperatives are systematically overridden by security objectives. In such an environment, political discourse often becomes toxic, dehumanizing victims and eroding compassion for human suffering. This adversely influences States and other actors' willingness to uphold their obligations. In countries not affected by armed conflict but by extremely high levels of violence, particularly in territories where State authority is weak or being challenged, entire communities suffer the severe and chronic consequences, often without any support from either the authorities or traditional humanitarian and development organizations. These protection failures cause population displacements on a massive scale and result in the widespread perception that the international community is collectively failing the people and communities affected.

A MORE FRAGMENTED AND POLARIZED WORLD

Preventing, responding to or ending conflict and violence has been made more difficult by an increasingly fragmented international order and the attrition of diplomatic solutions. Political polarization at global and regional levels is feeding conflict dynamics. The international community often lacks the resolve to find political solutions and instead turns to humanitarian actors for short-term remedies to the most serious consequences of conflict. More alarmingly, the politicization of principled humanitarian action threatens to further reduce the neutral space required for responding to the consequences of increasingly complex and intractable conflicts. In the absence of such humanitarian space, decades-old conflicts remain with no end in sight, and newer conflicts gradually morph into protracted crises, characterized by long-term societal challenges, high levels of violence, poverty and economic underdevelopment, and failures of governance.

Short-term humanitarian problems caused by conflict and violence are made worse by longer-term trends like climate change, population growth, urbanization and uneven economic development. The economic inequalities between the haves

1. In this document, the term 'armed conflict and other situations of violence' will be shortened to 'conflict and violence' for ease of reading. Please note that the ICRC uses 'other situations of violence' (hereafter 'violence') to refer to situations of collective violence, perpetrated by one or several groups, that do not reach the threshold of an 'armed conflict', but that may have significant humanitarian consequences.

and the have-nots is widening in many fragile contexts and the latter increasingly have instant access to information and images that deepen their sense of social injustice and deprivation. Inequality across different groups also exacerbates political, ethnic, and religious tensions, resulting in greater social and political instability.

Such tensions and injustice extend to issues of gender, where one sees the contrast between the persistence of sexual and gender-based violence and a growing resistance to oppressive and harmful gender practices across entire societies. In conflict-affected contexts and beyond, sexual and gender-based violence has become not only a matter of humanitarian concern but also a key political issue, and one to which humanitarian actors are expected to respond proactively, by protecting people from harassment, abuse and violence.

Governance systems also seem to be failing at multiple levels, causing a crisis of trust between authorities and populations. The resurgence of populist policies in many countries is accompanied by inward-looking and xenophobic rhetoric that challenges established areas of international cooperation. The very same technological achievements that have empowered individuals and communities are also creating unprecedented – and often not yet fully understood – risks to their safety, freedom and rights.

THE PARADOX OF PROGRESS

When all these dynamics intersect, the effects are pervasive, weakening existing systems and undermining the coping mechanisms of communities affected by conflict and violence. They can turn the front lines of conflict into a continuum of violence and instability across geographical and social boundaries. The expansion and deepening of front lines of conflict are exacerbating individual and structural vulnerabilities and turning affected States, including relatively stable middle-income countries, into heightened ‘states of fragility’.

On the other hand, with rapid socioeconomic and technological progress and the new opportunities it creates, there has never been as much potential for finding solutions to the complex problems confronting us. The physical and virtual worlds are merging into augmented realities, with possible transformations that are not yet fully understood. New actors are emerging on the political and humanitarian landscapes, to contest the traditional distribution of power and to challenge conventional aid policies with innovative approaches and strategies that are often rooted in local action and community partnerships.

Despite significant challenges, the ICRC and other principled humanitarian organizations are still able to successfully carve out and negotiate the humanitarian space required to protect and assist millions of people affected by conflict and violence. Recent studies and direct observation show that IHL is respected and implemented in many situations, and that it provides the framework for the protection and assistance efforts of numerous local, regional and international actors. This is proof that armed actors, even in the most challenging contexts, can be influenced and persuaded to respect humanitarian principles and the laws of war.

A GUIDING COMPASS

The ICRC’s Institutional Strategy 2019–2022 provides a compass for action for the next four years. It guides the organization in both preventing and alleviating the suffering of people and communities affected, and in delivering relevant and sustainable humanitarian impact. The Strategy is rooted in the rich history and legacy of the ICRC, solidly grounded in the present reality and resolutely forward-looking. We hope that it will provide the necessary guidance for orienting the activities and development of the organization, inspiring staff, donors and other stakeholders, and responding proactively to the challenges and new opportunities that we are likely to encounter from 2019 to 2022.

OUR ACHIEVEMENTS AS WE LOOK TO THE FUTURE

The ICRC’s Strategy 2015–2018 has helped the organization to sustain the development of its activities in parallel with the growth of the global humanitarian sector, and to ensure their relevance to those affected by conflict and violence. Notwithstanding the challenging operating environment described above, the ICRC has managed to strengthen its ability to protect and assist people and to establish stronger synergies between legal, operational and policy activities throughout the organization. Our humanitarian diplomacy and public positioning have enabled the ICRC to secure further political and financial support. Stronger partnerships within the Movement, and with other humanitarian organizations, the private sector, professional networks and academia, have helped the ICRC become more capable of responding promptly and effectively to the growing needs of populations affected.

THE ICRC’S MISSION

“The ICRC is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of the victims of armed conflict and other situations of violence and to provide them with assistance.

The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles.

Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.”

This mission statement will continue to provide the framework for the ICRC’s development. The core strengths and the distinctive character of the ICRC, developed over more than 150 years, can be seen in its ability to keep IHL and humanitarian principles alive in the worst of circumstances, to protect the rights and dignity of people affected, to alleviate their suffering, and to establish and maintain trustful relationships with combatants, governments and local communities in order to carve out the humanitarian space necessary to fulfil its mission. The ICRC’s ability to maintain a strictly humanitarian approach, while operating in some of the most testing political and security environments, is at the core of its past success and of critical relevance to its future.

In order to fulfil its mission and chart its way forward, the ICRC will continue to rely on:

- the Fundamental Principles – especially impartiality, neutrality and independence – which are the most powerful tools for guiding and safeguarding humanitarian action
- our ability to put these principles into action and to ensure the safety of our staff, so that we can continue to be close to people and their needs and to adapt the humanitarian response accordingly
- both our proximity to armed actors and other stakeholders on the front lines of conflict and our capacity to engage in a constructive dialogue to maintain our licence to operate
- our engagement with States and NSAGs in order to ensure implementation of IHL and negotiate safe and secure humanitarian spaces
- our engagement with the High Contracting Parties to the Geneva Conventions and other stakeholders in order to interpret and develop the norms of IHL and other relevant rules as a practical and experience-based tools to preserve the fundamentals of humanity in times of conflict and violence
- our combination of professional skills, operational expertise, humanitarian diplomacy and public engagement with stakeholders and audiences about humanitarian concerns and dilemmas, the ICRC's policies and actions and their impact.

The ICRC will have to navigate the dilemmas and tensions that arise from operating in highly complex environments. It will therefore:

- maintain its neutral, impartial and independent character, while providing humanitarian assistance and protection within an increasingly politicized environment
- continue to navigate and manage dilemmas and tensions between principled action and pragmatism, confidentiality and advocacy, while operating as an international organization delivering very local responses, and discharging its mandate from States to engage impartially with all actors of conflict and violence, including the adversaries of those same States
- strengthen its ability to work at multiple levels, from life-saving emergency operations to longer-term, systemic and innovative activities that address some of the most serious sources of vulnerability and fragility
- continue to address issues arising from conventional warfare and violence, while also preparing itself to deal with challenges associated with cyber security and the conduct of hostilities in the digital sphere and to respond to the related humanitarian consequences
- embrace innovation and digital transformation to become a more flexible and agile organization, one that responds more promptly and effectively to the changing needs of populations affected without losing the human, personal and informal character of its interaction with the populations and communities affected
- focus on its key priorities – with regard to humanitarian action – and engage in partnerships that build on the complementarity of skills and mandates of other humanitarian actors for greater impact

- influence the humanitarian sector to strengthen its capacity to respond to the humanitarian consequences of complex crises, while maintaining and developing its own principled operational capacity to respond directly to the needs of populations affected.

PEOPLE AND THEIR NEEDS AT THE CENTRE OF THE ICRC'S HUMANITARIAN ACTION

PEOPLE AT THE HEART OF OUR MISSION

Individuals, households and communities affected by conflict and violence are at the heart of the ICRC's mission. Saving lives, alleviating suffering and responding to people's needs remain the driving force of the ICRC's humanitarian engagement and the focus of its commitments and efforts. Just as the nature and means of war and violence change, so too do the needs and coping mechanisms of the people affected. But a great deal of humanitarian action is still largely directed by States, donor policies and international humanitarian agencies, which define the parameters and priorities of humanitarian action and measure its relevance and results. The populations affected and their needs might be taken into account, but people themselves are rarely at the centre of the design of the formal humanitarian response.

Today, too many vulnerable people fall into a 'protection gap' because they do not fit within existing programmatic criteria. Others are left unassisted and unprotected because they are silent (or have been silenced), invisible, hidden or uninformed about prevention or protection options. Facilitating the meaningful participation of people affected and ensuring that they have space and agency within the humanitarian response is critical in addressing this situation. This change will require time, new approaches, practical tools and techniques, and a deeper transformation of traditional structures. This will include a shift away from a culture of top-down operational control to one of genuine engagement with populations and communities affected and the local actors and influencers within their environment. Specific approaches will be needed to prevent or minimize the adverse effects of unequal power relations between international actors and vulnerable communities, and between the different social, age or gender groups within these communities.

PEOPLE AFFECTED

ARE EXPERTS ON THEIR OWN SITUATION

By recognizing and respecting the fact that communities affected are experts on their own situation, first responders and agents of change, the ICRC aims to go beyond its traditional needs analysis and subsequent provision of assistance – goods, cash and services – to build a response that takes into account evolving priorities, irrespective of whether people's needs lie within its existing portfolio of operational responses.

The ICRC will continue to assess and seek to address, in line with its principles, needs arising from conflict and violence. It will also adapt and evolve, both in the delivery of its humanitarian response and in the scope of its activities, particularly in conflict settings and 'forgotten' contexts, where it has a unique ability to negotiate humanitarian spaces and where it is often the first and last international actor present.

This approach opens up a space for populations affected to articulate their needs, tell their stories as individuals and communities, and have their perspectives and knowledge of the context incorporated in the design, implementation and review of the ICRC's humanitarian responses. In protracted crises, people's ability to deal with changing threats and vulnerabilities – as well as their coping mechanisms, agency and influence within the context – changes over time and varies with their status and circumstances. Sound cultural and contextual understanding is vital, and there cannot be a single approach. For instance, women may face specific protection issues in conflict settings, such as a disproportionate risk of sexual violence and other dangers exacerbated by cultural norms, their gender and their perceived place in society. Yet in many cases the influential, informal roles that women play are critical in upholding social cohesion and preventing further disruption. Such important contributions must be better acknowledged and leveraged to build resilient communities.

We acknowledge that a broad range of stakeholders (people and communities affected, States and NSAGs, donors, staff, National Societies and partners) may facilitate, control, deliver or block principled humanitarian action. With that in mind, we will engage not only with people and communities affected, but also with host communities, States and NSAGs to influence the upholding of IHL, alleviate the suffering created by conflict and violence and deliver concrete prevention and protection outcomes. We also recognize that the ICRC is but one actor within the broader humanitarian ecosystem, and will therefore seek to build formal and informal connections that enable a more relevant and sustainable humanitarian response and create greater impact for people affected.

OPEN, ACCESSIBLE AND WILLING TO LISTEN

To make these changes, the ICRC needs to remain open, accessible and interested in the views of people affected. Crucial reflections include determining who should be consulted. Who represents a legitimate expression of needs? How should the ICRC engage with those who are most vulnerable and manage local intermediaries? How should the ICRC respond when assessing needs is difficult and when it does not yet have responses for emerging needs? How does the ICRC build trust and a broad consensus in highly volatile situations? How does it structure operational decision-making processes? How can the ICRC use new technologies to facilitate engagement with people affected, and make sure their views and voices are heard and become more responsive to them? How can we address security challenges as well as political, social and bureaucratic obstacles at the local level? And how can we ensure that the humanitarian response reaches the right people? These are real and important challenges.

Responding to such questions is critical and will enable us to devise a humanitarian approach that is fit for the future. Ensuring that ICRC needs assessments systematically incorporate the views of people affected, while leveraging their knowledge and understanding of the social changes and public policies that influence their vulnerability and resilience, will be key. Maintaining and increasing the ICRC's physical proximity to people affected, in order to build relationships of trust that

enable the organization to respond to an evolving palette of needs, will be crucial. Interacting with a diverse range of local and international stakeholders, partners and influencers, who can together deliver a more relevant and impactful humanitarian response, is also vital.

The ICRC will also ensure that people-centred and influencing strategies bring together its humanitarian activities and institutional initiatives independent of their organizational labels or structures. By doing this we hope to ensure that our responses are perceived as more integrated and multidisciplinary by people affected, and to enable all ICRC staff, resident and mobile, to contribute to addressing people's need for protection and assistance effectively. The orientations in this Strategy are presented in this spirit and therefore go beyond the ICRC's traditional programmatic approach to its humanitarian activities. The orientations aim to influence those who cause suffering to change their behaviour; and when this is not successful, to mitigate the consequences for the people and communities affected.

STRATEGIC ORIENTATION 1

INFLUENCING BEHAVIOUR TO PREVENT VIOLATIONS OF IHL AND ALLEVIATE HUMAN SUFFERING

People affected by conflict and violence want to have their suffering alleviated, but they also want not to have to suffer at all. A people-centred approach therefore requires a stronger focus on prevention and protection. Efforts must be made to influence and change the behaviour of parties to conflict; prevent violations of IHL and fundamental rights; change laws, policies and practices that have a harmful impact on people affected; and ensure respect for principled humanitarian action, so that both those in need and those seeking to assist them are accessible.

Protection challenges are growing, but political reluctance to deal with protection issues is widespread. The ICRC will strengthen and adapt its strategies to influence the behaviour of those who threaten the safety, dignity, rights and well-being of people affected, such as children, women, older people, people with disabilities, people who are detained, victims and survivors of sexual violence, internally displaced people and migrants, and those who are persecuted or discriminated against.

To do this, we will leverage our proximity to affected populations, our concrete action on the ground, our adherence to humanitarian principles and our role as a neutral intermediary to establish and develop trustful relationships with States, with non-State armed actors and other stakeholders. We will continue to build bridges with all parties to conflict and endeavour to establish the necessary dialogue to carve out neutral spaces, prevent the escalation of violence and mitigate the impact of conflict on the lives of people affected.

We will combine our operational experience, technical expertise, diplomatic network and contextual knowledge with the relevant internal and external information and data flows to help us better understand the causal links between political

and socioeconomic dynamics, technological developments, human behaviour, disregard for fundamental rights and IHL and patterns of conflict and violence.

We will develop a solid base of knowledge and evidence to improve our ability to anticipate and influence the policies and behaviour that cause human suffering during situations of conflict and violence. We will continue to explore how formal and informal diplomatic and normative mechanisms can enhance respect for IHL and other rules protecting people in violent situations, and aim to demonstrate their relevance for protecting civilians, reducing fragility and contributing to the broader individual and societal aspirations of sustainable peace.

Based on our principled approach, we will develop alliances with organizations and other actors, especially those committed to humanitarian principles and IHL, within and beyond the humanitarian sector, in order to strengthen our influence, enhance the impact of our work and foster an environment more conducive to policies aligned with humanitarian principles and IHL, which is a building block of a broader system of rules-based order.

Objectives

- 1.1 The ICRC **strengthens its role as the reference organization on IHL** by:
 - increasing its capacity to **assist States and other relevant actors to uphold their legal obligations**
 - making a particular effort to **demonstrate the relevance, added value and practical application** of IHL and other norms
 - working to address **existing and emerging gaps** in the law
 - continuing to provide **thought leadership on IHL and its evolution**.
- 1.2 The ICRC strengthens its **collection and use of evidence, data and research in the areas of IHL, and humanitarian action** in general, as a means of reinforcing its protection response to people affected by urban violence, forced displacement, sexual violence, disappearance and family separation, and by attacks on health-care personnel and facilities.
- 1.3 In order to **deliver concrete prevention and protection outcomes**, the ICRC pursues advocacy and/or standard-setting in relation to **existing and new dimensions of warfare and law enforcement practices**, with a specific focus on:
 - **people** who are missing and/or detained and people experiencing forced displacement and family separation
 - **weapons-related issues** such as **cyber and autonomous weapons**, and the need to ensure human control and agency in decisions to use force
 - **leveraging operational and legal experience and expertise** to engage more consistently with parties to armed conflict, and communities affected, on the necessity of respecting IHL, and in particular the compatibility of counter-terrorism measures, detention practices and use of force policies with IHL.

- 1.4 The ICRC contributes to the **improved safety and security of people affected** by conflict and violence, and the preservation of their **dignity**, by:
 - developing field-based strategies and leveraging its **operational experience and expertise** in support of its confidential and bilateral dialogue, humanitarian diplomacy and public communication
 - enhancing its **negotiation skills by developing and more systematically sharing negotiation experiences, tools and methods** with peers, and across front-line agencies and organizations
 - ensuring greater diversity in humanitarian negotiation teams – in terms of background, gender and technical competencies – so that they are **relevant and effective** within the contexts in which they work.
- 1.5 The ICRC **prevents disappearances and increases positive case resolution** for people separated from and without news of their loved ones by:
 - **transforming the Central Tracing Agency** into the lead international mechanism for storing, standardizing, accessing and analysing data linked with people who have gone missing
 - **providing protected and secure digital storage** of personal data within the Central Tracing Agency and the Family Links platform, and through partnerships with National Societies and other key stakeholders
 - **making itself more accessible to families** of people separated, disappeared or missing in relation to conflict and violence.

STRATEGIC ORIENTATION 2 BUILDING RELEVANT AND SUSTAINABLE HUMANITARIAN IMPACT WITH PEOPLE AFFECTED

Humanitarian action was born with an emergency mindset, to save lives and alleviate the suffering caused by the immediate consequences of war, violence and other disasters. As a result, humanitarian responses often focus on short-term solutions for dealing with the immediate and visible costs of such crises.

Emergency needs arising from conflict and violence are and will continue to be the entry point for the ICRC, and will remain an important focus of its work. However, the longer-term effects of protracted crises and chronic situations of violence on the security, safety, dignity, identity and sense of belonging of people affected are a growing concern for us. These effects are not always easy to understand and are therefore more difficult to respond to. Despite the significant impact of such consequences on people's lives, the systemic, long-term and intangible needs created by protracted crises often remain invisible because they are not always revealed by humanitarian needs assessments.

It has therefore become essential when responding to protracted crises, to develop an approach that incorporates these longer-term and evolving needs in the design and implementation of humanitarian programmes. An enhanced vulnerability-based methodology, one that makes use of needs and impact assessments that are more participative and multifaceted, would help us to develop broader and more

inclusive means of addressing the various threats to the safety and dignity of people affected. This would also help to reduce the vulnerabilities that emerge over time, and support the coping mechanisms that enable people to return to their version of a normal life, sustain their livelihoods and meet their longer-term needs autonomously.

The ICRC will pay attention to a broader range of needs and work with others, seeking concrete ways to facilitate impartial and safe access to education, connectivity, information and other entitlements that enable people affected to gain greater control over their lives and future. Such an approach is crucial for strengthening people's ability to enjoy or defend their fundamental rights, or have those rights restored, and for finding more lasting ways of addressing the needs of people affected.

We also aim to develop more systemic, innovative and multi-stakeholder approaches alongside our emergency response, in order to ensure that our protection and assistance activities are more responsive, impactful and relevant to the evolving nature and complexity of humanitarian needs. This means that we will invest in improving our ability to address the underlying vulnerabilities in the delivery of basic services and in infrastructural systems (e.g. in the areas of health, water, shelter, physical rehabilitation for people with disabilities and nutrition) on which people and communities depend. It also means expanding our understanding of what is required to sustain the provision of basic services and to arrest the decline of these services. At the same time, we will strive to influence all parties to armed conflict to respect IHL so that essential infrastructure is protected from damage, personnel can continue working and humanitarian action is shown due regard.

Humanitarian action in protracted settings must therefore be adapted at several levels. First, the response must not be limited to disruptions of individual lives; it must also be capable of **dealing with more systemic and long-term problems**, particularly because the cumulative impact of conflict and violence in fragile urban environments can destabilize broader geographic areas. Second, the humanitarian response must **address not only the physical needs, but also the mental health and psychosocial impact** that war has on the overall well-being of populations. In the spirit of the 'do no harm' approach, humanitarian action must go beyond short-term substitution and support communities affected in strengthening their coping mechanisms, self-reliance and self-protection strategies.

All this must be accompanied by a more **diverse, efficient and sustainable use of humanitarian funding**, one that supports both the scalability of short-term, emergency-driven expenditures and longer-term, impact-driven humanitarian investments that enable humanitarian actors to meet emergency needs while simultaneously securing 'development holds'. This will help prevent the degradation of critical individual and public assets, boost the resilience of communities, reduce the cost of post-conflict reconstruction and contribute to the overall recovery of societies affected by conflict and violence.

In the coming years, the ICRC will therefore, in addition to providing emergency response, strengthen its response to needs generated by the time frames of protracted conflicts and the requirements of urban settings – and also work closely with people affected to design, implement and review its humanitarian activities – to deliver a more relevant and sustainable humanitarian response. The ICRC does not intend to become a development agency with a social-change agenda. It will however continue to be guided solely by its humanitarian mandate and maintain its ability to calibrate activities, expand or contract its operational surface according to evolving needs, identified gaps and opportunities to create greater humanitarian impact for people affected.

Objectives

- 2.1 To ensure the **relevance and sustainability of its humanitarian response**, the ICRC adapts its working procedures to:
 - **maintain and increase its physical proximity to and digital engagement** with populations affected by conflict and violence
 - **systematically engage people affected** on the relevance, design, implementation and review of its activities
 - focus on strengthening its **understanding of and response to people's broader needs**, such as mental health and psychosocial needs, or the need to access educational opportunities
 - improve the timeliness, reliability and scope of **needs assessments and feedback** mechanisms.
- 2.2 The ICRC enhances its comprehensive response throughout the crisis cycle, in order to **strengthen the resilience of people affected**, by:
 - acknowledging people's **self-determined priorities**
 - working together with people affected to ensure **safe access to the social, financial and physical resources and services** they require
 - reinforcing or supporting the development of **affected people's own risk reduction capacities**
 - supporting affected people to **build on their self-reliance and self-protection strategies**.
- 2.3 The ICRC continues to **develop and scale up its protection and assistance responses** with a focus on:
 - people and communities with specific characteristics that put them at greater risk in contexts of conflict and violence
 - addressing needs arising from **sexual and gender-based violence**, as well as needs related to **mother-and-child health care** and needs arising from the **disruption of livelihoods**
 - refining its analysis of the **various factors contributing to vulnerability and needs**
 - reducing social exclusion associated with **situational and identity-based barriers** that people affected are confronted with when trying to access services.

- 2.4 To bolster the sustainability of its humanitarian response, the ICRC seeks to reinforce conflict affected communities' **ability to absorb the combined consequences** of conflict and climate shocks, and will:
- support communities to adapt and transform their capacities and resources to **better manage future stresses** caused by the **combined effects of conflict and climate change**
 - adapt its programming to systematically **prevent degradation of the environment on which populations affected rely** for their livelihood and well-being
 - enhance its **own environmental responsibilities and policies** by improving its energy efficiency, reducing its dependence on fossil fuels, reducing and ensuring proper treatment of hazardous waste in the field and demanding higher quality and sounder environmental practices of its suppliers.
- 2.5 The ICRC continues to **respond to emergencies, while concurrently strengthening its ability to address needs created by the breakdown of systems** and infrastructure in protracted conflicts by:
- ensuring that **appropriate planning systems and operational models** are in place
 - developing a **multi-year financing model, including contributions that sit outside of annual core planning** and that specifically **support large-scale, longer-term systemic responses in protracted conflicts**.
- 2.6 The ICRC **strengthens its ability and capacity to operate** in some of the most hazardous environments by:
- adopting, disseminating and reporting on adequate and regularly updated **security protocols and procedures**, in order to enhance the capacities of its operational teams, particularly at sites most exposed to security risks
 - providing managers with the necessary **professional training, competency testing and experience sharing** in security management, and awareness and skills training for all its operational staff on these assignments
 - **establishing an independent system of review** to support the organization in examining the causes, consequences and implications of major security incidents through the proper capturing, analysis and dissemination of lessons learned across field operations, while empowering its operational staff to manage risks in a proactive manner.
- 2.7 As a **learning organization**, the ICRC:
- strengthens its capacity to **evaluate the outcomes of its activities** and learn from its successes and failures
 - **embeds evaluation** more firmly in its planning and result-based management systems
 - takes advantage of the increasing availability and collection of **relevant data**
 - **leverages a variety of evaluation methods**, including qualitative and quantitative approaches, with a view to having a greater operational impact and promoting institutional learning.

STRATEGIC ORIENTATION 3

WORKING WITH OTHERS TO ENHANCE IMPACT

Two of the key features of protracted conflicts are the growing incongruence between humanitarian needs and the capacity of traditional humanitarian actors to respond to and cover those needs; and the increased interdependence between the vulnerabilities created by conflict and violence and the structural fragilities of society, such as poverty, social exclusion, bad governance and the effects of climate change. The gaps between needs and response, and the complexities of the challenges that arise, cannot be addressed by a single approach or by one organization. Cooperation, complementarity and work between different stakeholders and actors have therefore become more essential than ever.

In many contexts, broad acceptance by and proximity to people affected are determined by the ability to carve out and maintain humanitarian spaces, and the receipt of unearmarked funds for delivering services perceived as impartial, neutral and independent. The ICRC will pay particular attention to these crucial factors in framing operational and strategic partnerships with others to increase the impact of its activities. As the needs of populations affected grow in magnitude, complexity and interconnectedness, we should expect the ICRC to change its response and the way it works with others.

The careful delineation of areas and activities – those areas in which the ICRC will work directly on the basis of its mandated role, skills and resources; and those in which it will cooperate with partners to increase its impact – is a critical issue. The ICRC will focus on the special relationship it has with components of the Movement. It will also develop more cooperative strategies with international and local humanitarian organizations, the private sector and academia that are consistent with its principled approach. Finally, the ICRC will systematically consider experimentation and innovation with a range of partners whenever that is critical for achieving a greater impact and more durable solutions for people affected by conflict and violence.

Objectives

- 3.1 Striving for **greater impact for people affected**, the ICRC takes the lead in orchestrating an **inclusive Movement response** during armed conflict and ensures **funding, reporting and accountability of coordinated Movement activities**. Alongside this, it increases the relevance and impact of principled Red Cross and Red Crescent action by **creating opportunities and systems** within its humanitarian response for National Societies to contribute specific and complementary expertise, knowledge and resources that address the unmet needs of people affected by armed conflict.
- 3.2 The ICRC recognizes the **importance of National Society development in delivering a more relevant and sustainable humanitarian response, and therefore works to create alliances of competent and experienced partners, including with the International Federation of Red Cross and Red Crescent Societies**, that deliver broad institutional development support with National

Societies while focusing ICRC support on the areas of: Safer Access, IHL, Restoring Family Links, and the Fundamental Principles.

- 3.3 The ICRC increases its **capacity to shape debates and influence decision-making on humanitarian issues of concern** by building **communities of practice with front-line responders and creating coalitions with new and existing partners** – including National Societies, academia and the private sector – that employ **a principled humanitarian approach to protect people affected**.
- 3.4 The ICRC works with others to **facilitate access to tools and services that are not necessarily part of its existing response but that are regularly cited by people affected as important needs**. These include:
 - access to education, connectivity and information
 - services that enable people and communities affected to develop their own prevention and protection strategies and strengthen their resilience to recover and sustain their lives and livelihoods.
- 3.5 The ICRC **develops diverse models and forms of engagement and partnerships with States** and other relevant stakeholders to secure broader and safer humanitarian access, and to achieve greater impact on converging issues of interest, with a particular **focus on contexts where the coverage of humanitarian needs, and where the ICRC's access, accessibility or acceptance, is significantly challenged or limited**.
- 3.6 The ICRC engages with a **more diverse range of stakeholders – including States, donors and investors, development actors and international financial institutions** – to elicit principled donorship that supports an impartial and independent response, and to explore, test and secure innovative and sustainable humanitarian financing solutions that go beyond grants and philanthropy and ensure impact-driven investments.

STRATEGIC ORIENTATION 4

CREATING AN INCLUSIVE AND DIVERSE WORKING ENVIRONMENT

The greatest strengths and the most valuable assets of the ICRC and the Movement are their staff and volunteers. The ICRC's global workforce provides the organization not only with essential skills and knowledge, but also with an unwavering commitment to its humanitarian mission and action.

ICRC staff demonstrate their courage and dedication every day. They often sacrifice their safety and comfort to fulfil the ICRC's mission, very often in extremely challenging contexts. ICRC staff often have to deal with various aspects of the suffering caused by conflict and violence; and have to rely on their resilience and their internal reserves, and on institutional support networks, to maintain their well-being and motivation.

The ICRC is therefore committed to ensuring a safe and inclusive working environment in which the diversity of its global workforce is valued, and that enables ICRC staff members to listen to and connect with each other and with the people we strive to serve. This entails strengthening engagement, exchange and mutual respect amongst managers and staff to foster professional and personal development within the organization.

Objectives

- 4.1 The ICRC ensures that its **staff can maintain a spirit of initiative and innovation and develop the technical skills and functional competencies** required to **translate its institutional ambitions and priorities** into realities, by developing a **People Strategy and roadmap** with a focus on 1) ensuring a culture of decision-making and 2) developing competencies in the areas of:
 - integrity and accountability to populations affected
 - leadership and representing the ICRC
 - teamwork and collaboration
 - people and change management.
- 4.2 Engaged ICRC staff, leadership and governance share a **culture of integrity, mutual respect and collaboration** and foster the highest standards of conduct, including **compliance with the Code of Conduct** across all levels of the organization, with a focus on:
 - the inclusion of integrity in the annual objective-setting of senior leadership
 - the development and delivery of specific learning initiatives on integrity.
- 4.3 The ICRC **implements policies and practices that are inclusive and that enable it to value and leverage the diversity of its global workforce** and that of the Movement including ensuring the ICRC strives to reach its **goal of gender parity (50:50) among its managers by 2022**, through the necessary means and actions.
- 4.4 The ICRC ensures that its **management teams include both resident and mobile staff, are diverse in expertise and gender**, and are clear in authority, thereby ensuring a more **efficient and decentralized decision-making culture** that is supported by the relevant horizontal and vertical processes.
- 4.5 The ICRC, in line with its duty-of-care obligations, ensures that staff can safely and securely carry out their work by **further developing its security and crisis management model and systems**, and by mainstreaming security risk management practices and tools across all levels of the organization, as elaborated under objective 2.6.

STRATEGIC ORIENTATION 5

EMBRACING THE DIGITAL TRANSFORMATION

Digital technologies and artificial intelligence are transforming the way people and organizations function in both the physical and virtual worlds. Digitalization is also altering the way States, NSAGs and other actors interact with populations and protect or restrict fundamental rights, and also how they manage security and conduct warfare. The global digital transformation is changing the nature of humanitarian action, particularly in relation to the digital dimensions of protection, trust and privacy-related issues. While we may not be able to predict where technological progress will lead us, we know that we must equip ourselves to understand its exponentially increasing impact on our environment, so that we can exploit the opportunities it offers and mitigate the risks it carries. The ICRC will transform and optimize its information environment; it will focus on digital accessibility and engagement with populations affected and other key stakeholders as critical elements to support its protection, assistance and prevention activities.

The digitalization of our systems and operational responses is not just a matter of tools or technological assets; it also relies on its privileges and immunities recognized under international and domestic law, the Fundamental Principles of the Movement and the ICRC's standard working modalities, particularly confidentiality and security of information.

It will also require new processes, new working methodologies and the delivery of new services with and for people and communities affected. It will affect the core of our organization and will entail major transformational investments that will last for years. This transformation and the necessary investments will need to be managed transversally and with discipline throughout the organization, and governed through strong, intelligent and consistent leadership. The ICRC will also have to provide specific support to staff members to ensure that we all understand how to use, leverage and manage the digital tools at our disposal to create a more impactful and agile humanitarian response.

Objectives

- 5.1 The ICRC **increases digital opportunities for accessibility and engagement** for people affected by conflict and violence and other stakeholders and audiences, including by developing a platform and associated internal processes to enable people affected to securely upload, store and access digital information relating to their needs, especially in connection with restoring and/or maintaining contact with relatives and other loved ones.
- 5.2 The ICRC establishes the **relevant mechanisms to disaggregate the data** it collects about populations affected, with a particular focus on ensuring that vulnerabilities specific to gender, age and disability can be identified, so that it can provide a more relevant humanitarian response.
- 5.3 The ICRC **ensures that it can draw on the human and technical capacities necessary to generate, access, manage, analyse, and leverage the large amounts of internal and external data** required to inform and support its response and to enable its digital transformation.
- 5.4 The ICRC is a trusted manager of personal information on individuals in insecure environments and therefore applies data-protection, and digital, cyber, and information **security, standards that preserve the integrity, confidentiality and availability of information systems and data.**
- 5.5 Within the humanitarian ecosystem, the ICRC **influences other organizations to follow a humanitarian purpose-driven approach to the use of data concerning vulnerable individuals** affected by crises, while emphasizing that the collection and use of data on individuals is a risk factor in their safety, i.e. it stresses the importance of 'doing no digital harm'.
- 5.6 The ICRC ensures **that the required transformational endeavours are systematically geared to sustaining, preserving and strengthening its core humanitarian competencies**, and its natural operational and structural agility, by establishing change management and control mechanisms that guarantee continuous alignment between innovative investments, organizational development initiatives and its human, administrative, logistical and financial capacities.

THE ICRC AND ITS WORK WITH OTHER COMPONENTS OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

The Movement is made up of the National Societies, the International Federation and the ICRC. Although each of the Movement's components enjoys distinct mandates and roles and engages in different activities, they are all united by the same mission: to alleviate human suffering, protect life and health, and uphold human dignity, in particular during armed conflicts and other emergencies. Moreover, they share the same Fundamental Principles: humanity, impartiality, neutrality, independence, voluntary service, unity and universality.

As the founding institution of the Movement, the ICRC has certain statutory responsibilities towards the other components. In particular, it is responsible under the Statutes of the Movement for maintaining and disseminating the Fundamental Principles, recognizing newly established National Societies that meet the requisite conditions, and discharging the mandates entrusted to it by the International Conference. The ICRC is actively involved in organizing statutory meetings of the Movement, including the Council of Delegates and the International Conference, which are unique global forums bringing together the States Parties to the Geneva Conventions and the components of the International Red Cross and Red Crescent Movement.

National Societies in their respective countries and the ICRC both have the mandate to assist those affected by armed conflict and other situations of violence. National Societies are the primary partners of the ICRC, particularly in the fields of medical and relief assistance and restoring family links. Efforts to strengthen partnerships between National Societies and the ICRC contribute to a more effective Movement, optimizing each component's ability to fulfil their common mission.

Complementing the efforts of the International Federation in the area of organizational development generally, the ICRC contributes to the strengthening of National Societies' technical capacities primarily in the following fields:

- promoting and disseminating knowledge of IHL and the Fundamental Principles;
- taking measures to ensure the national implementation of and respect for IHL;
- preparing for activities in the event of armed conflict and other situations of violence, particularly in fields such as the evacuation of the wounded, pre-hospital care and relief assistance;
- restoring family links;

- responding to weapon contamination, including risk reduction and victim assistance; and
- supporting the authorities in efforts to ensure the well-being of detained migrants.

In addition, the ICRC helps National Societies build a strong legal and organizational basis for an effective, safe and principled humanitarian action, for instance by:

- based on the Safer Access Framework, advising National Societies on ways to foster acceptance for their work, increase their access to communities in need, and ensure their safety, especially in contexts affected by armed conflict and other situations of violence;
- providing technical and legal assistance for the establishment and the recognition of new National Societies within the Movement;
- together with the International Federation, helping revise and strengthen National Societies' statutory and legal base instruments in the frame of the Joint Statutes Commission; and
- together with the International Federation, supporting National Societies in their efforts to apply and adhere at all times to the Fundamental Principles and to the Movement's policy and regulatory framework.

Finally, the ICRC may act as the lead agency, or support the National Society of the affected country when it is acting as the lead agency, in coordinating the international relief operations conducted by the Movement. These operations may be carried out in response to the direct consequences of armed conflicts and other situations of violence, or of situations of armed conflict that coincide with natural or technological disasters. The ICRC also coordinates activities to restore family links in all situations that require an international response by the Movement.

LEGAL BASES

The work of the ICRC is based on the 1949 Geneva Conventions, the 1977 Additional Protocols, Additional Protocol III, the Statutes of the International Red Cross and Red Crescent Movement, and the resolutions of the International Conferences of the Red Cross and Red Crescent. The ICRC's mission is to provide victims of armed conflict with protection and assistance. To that end, the ICRC takes direct and immediate action in response to emergency situations, while at the same time promoting preventive measures, such as dissemination and national implementation of IHL.

It was on the ICRC's initiative that States adopted the original Geneva Convention of 1864. Since then, the ICRC, with the support of the entire Movement, has put constant pressure on governments to adapt IHL to changing circumstances – in particular, to modern developments in the means and methods of warfare – so as to provide more effective protection and assistance for victims of armed conflict.

Today, all States are bound by the 1949 Geneva Conventions, which, in times of armed conflict, protect wounded, sick and shipwrecked members of the armed forces, prisoners of war and civilians.

Over three-quarters of all States are currently party to the 1977 Additional Protocols. Additional Protocol I protects victims of international armed conflicts, while Additional Protocol II protects victims of non-international armed conflicts. These instruments have, in particular, codified the rules protecting the civilian population against the effects of hostilities.

The legal bases of any action undertaken by the ICRC may be summed up as follows:

- The 1949 Geneva Conventions and Additional Protocol I confer on the ICRC a specific mandate to act in the event of international armed conflict. In particular, the ICRC has the right to visit prisoners of war and civilian internees. The Conventions also give the ICRC a broad right of initiative.
- In situations of armed conflict that are not international in character, the ICRC enjoys a right of humanitarian initiative recognized by the international community and enshrined in Article 3 common to the 1949 Geneva Conventions.
- In the event of internal disturbances and tensions, and in any other situation that warrants humanitarian action, the ICRC also enjoys a right of initiative, which is affirmed and recognized in the Statutes of the International Red Cross and Red Crescent Movement. Thus, wherever IHL does not apply, the ICRC may offer its services to governments without that offer constituting interference in the internal affairs of the States concerned.

UNIVERSAL ACCEPTANCE OF THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS

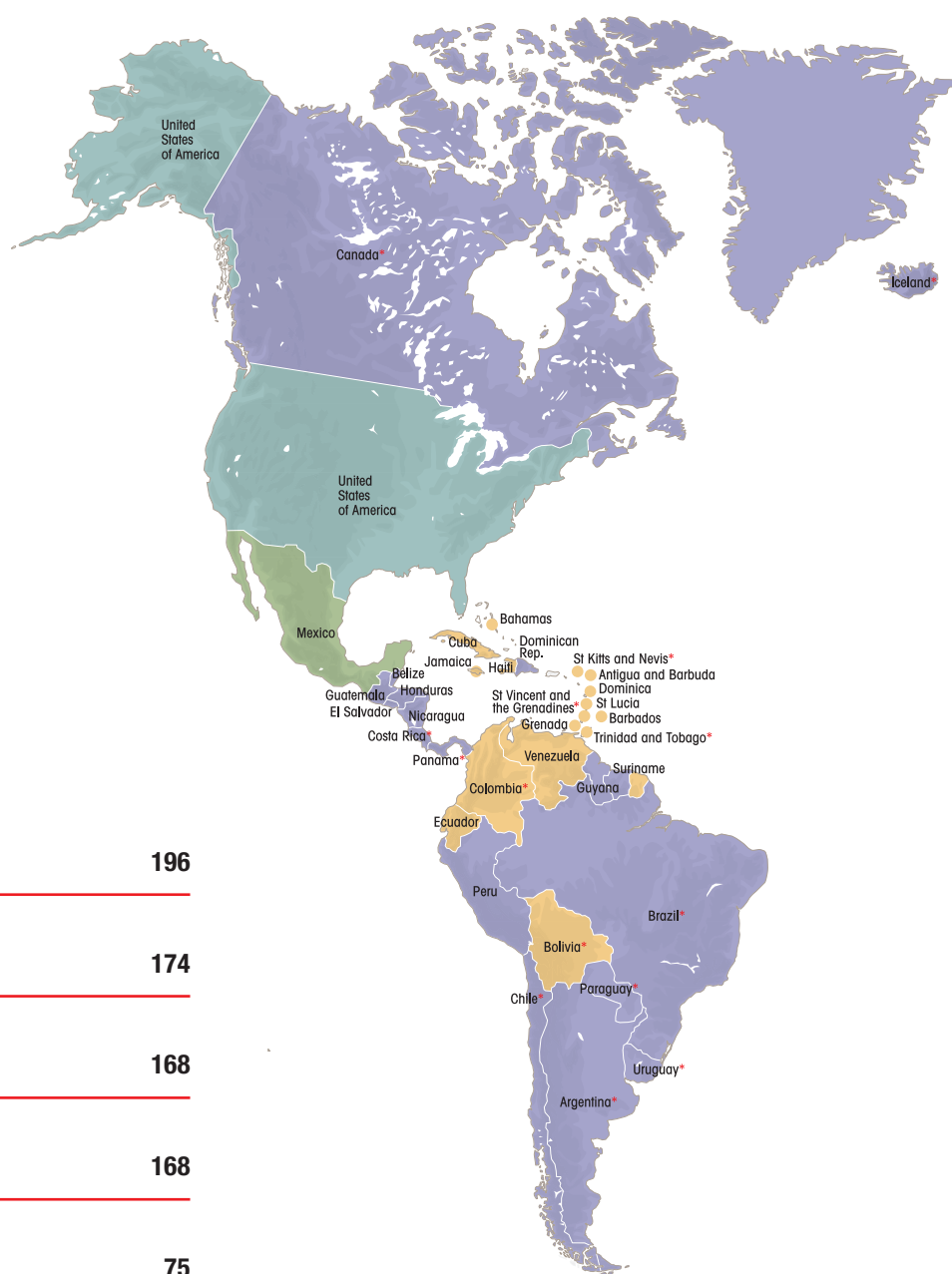
A total of 196 States are party to the 1949 Geneva Conventions. The number of States party to Additional Protocols I, II and III is 174, 168 and 75 respectively.

By 2018, 77 States have made declarations under Article 90 of Additional Protocol I, which provides for the establishment of an International Fact-Finding Commission to enquire into allegations of serious violations of humanitarian law.

STATES PARTY TO THE GENEVA CONVENTIONS

This map shows which States were party to the 1949 Geneva Conventions and to their Additional Protocols, as at 31 December 2018. It also indicates which States had made the optional declaration under Article 90 of Additional Protocol I, recognizing the competence of the International Fact-Finding Commission.

N.B. The names of the countries given on this map may differ from their official names



States party to the 1949 Geneva Conventions: **196**

States party to the 1949 Geneva Conventions and to Additional Protocol I: **174**

States party to the 1949 Geneva Conventions and to Additional Protocol II: **168**

States party to the 1949 Geneva Conventions and to both 1977 Additional Protocols: **168**

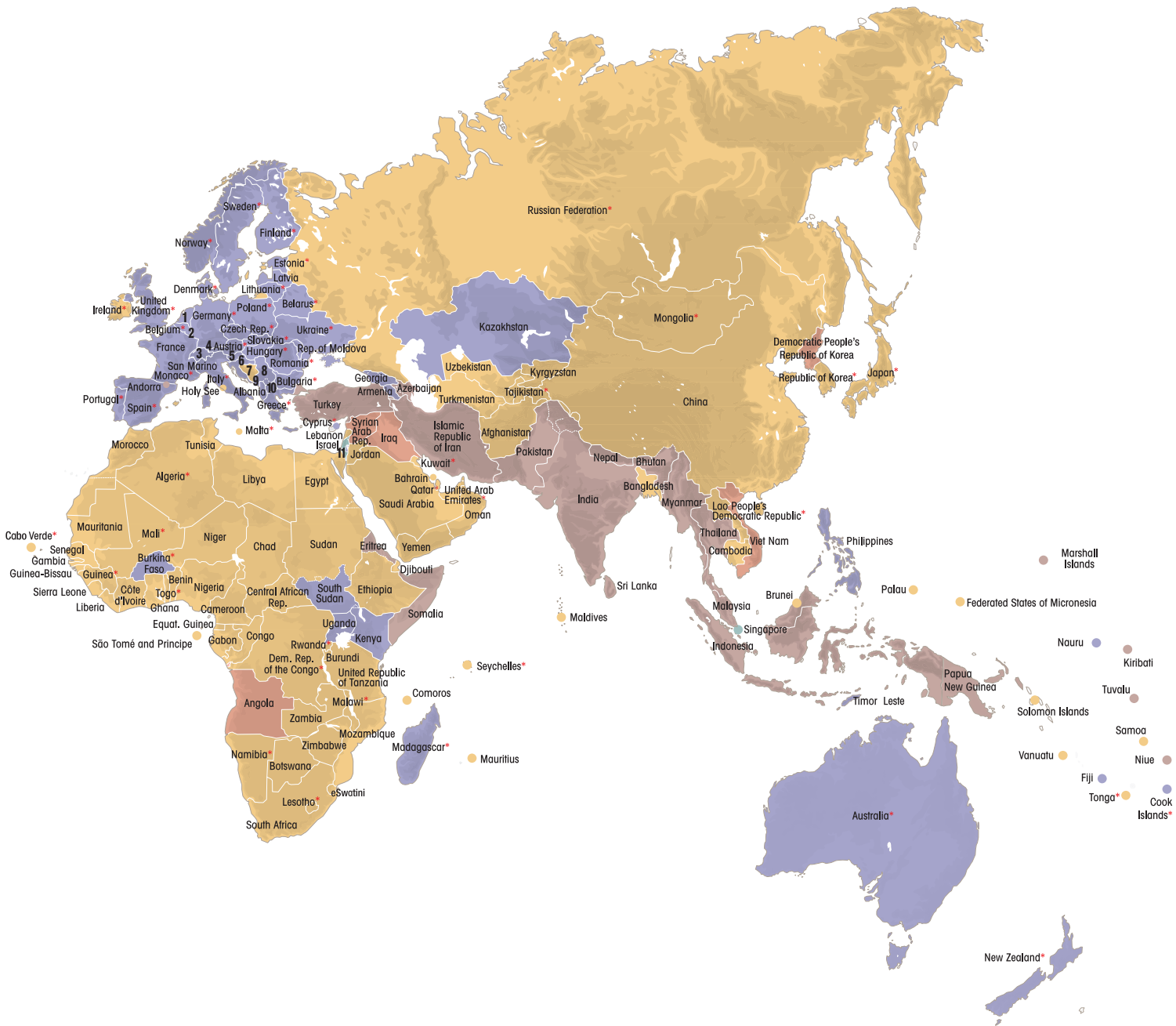
States party to the 1949 Geneva Conventions and to Additional Protocol III: **75**

States party to the 1949 Geneva Conventions, to the 1977 Additional Protocols and to Additional Protocol III: **71**

States having made the declaration under Article 90 of Additional Protocol I: **77**

AND THEIR ADDITIONAL PROTOCOLS

States party to the 1949 Geneva Conventions only	States party to the 1949 Geneva Conventions and to 1977 Additional Protocol I and II	State * States having made the declaration under Article 90 of 1977 Additional Protocol I
States party to the 1949 Geneva Conventions and to 1977 Additional Protocol I only	States party to the 1949 Geneva Conventions, to both 1977 Additional Protocols and to 2005 Additional Protocol III	
States party to the 1949 Geneva Conventions and to 2005 Additional Protocol III only	States party to the 1949 Geneva Conventions, 1977 Additional Protocol I and 2005 Additional Protocol III	



- 1 Netherlands*
- 2 Luxembourg*
- 3 Switzerland*
- 4 Liechtenstein*
- 5 Slovenia*
- 6 Croatia*
- 7 Bosnia and Herzegovina*
- 8 Serbia*
- 9 Montenegro*
- 10 Republic of North Macedonia*
- 11 Palestine*

ABBREVIATIONS

R/A/S =

Ratification: a treaty is generally open for signature for a certain time following the conference that has adopted it. However, a signature is not binding on a State unless it has been endorsed by ratification. The time limits having elapsed, the Conventions and the Protocols are no longer open for signature. The States that have not signed them may at any time accede or, in the appropriate circumstances, succeed to them.

Accession: instead of signing and then ratifying a treaty, a State may become party to it by the single act called accession.

Succession (declaration of): a newly independent State may declare that it will abide by a treaty which was applicable to it prior to its independence. A State may also declare that it will provisionally abide by such treaties during the time it deems necessary to examine their texts carefully and to decide on accession or succession to some or all of the said treaties (declaration of provisional application of the treaties). At present no State is bound by such a declaration.

R/D = **Reservation/Declaration:** unilateral statement, however phrased or named, made by a State when ratifying, acceding or succeeding to a treaty, whereby it purports to exclude or to modify the legal effect of certain provisions of the treaty in their application to that State (provided that such reservations are not incompatible with the object and purpose of the treaty).

D90 = **Declaration** provided for under article 90 of Protocol I (prior acceptance of the competence of the International Fact-Finding Commission).

DATES

The dates indicated are those on which the Swiss Federal Department of Foreign Affairs received the official instrument from the State that was ratifying, acceding to or succeeding to the Conventions or Protocols or accepting the competence of the Commission provided for under Article 90 of Protocol I. They thus represent neither the date on which ratification, accession, succession or acceptance of the Commission was decided upon by the State concerned nor that on which the corresponding instrument was sent.

N.B.: The dates given for succession to the Geneva Conventions by **Congo, Democratic Republic of the Congo, Jamaica, Madagascar, Mauritania, Niger, Nigeria, Rwanda, Senegal, and Sierra Leone** used to be those on which the corresponding instruments had been officially adopted. They have now been replaced by the dates on which the depositary received those instruments.

ENTRY INTO FORCE

Except as mentioned in footnotes at the end of the tables, for all States the entry into force of the Conventions and of the Protocols occurs six months after the date given in the present document; for States which have made a declaration of succession, entry into force takes place retroactively, on the day of their accession to independence. The 1949 Geneva Conventions entered into force on 21 October 1950. The 1977 Additional Protocols entered into force on 7 December 1978. The 2005 Additional Protocol III entered into force on 14 January 2007.

NAMES OF COUNTRIES

The names of countries given in the following list may differ from the official names of States.

UPDATE SINCE 31.12.2018

196 States are party to the four Geneva Conventions of 1949.

Ratifications, accessions or successions to Additional Protocol I: 0

Ratifications, accessions or successions to Additional Protocol II: 0

Ratifications, accessions or successions to Additional Protocol III: 2

TOTALS:

Number of States party to the 1949 Geneva Conventions: 196

Number of States party to Additional Protocol I: 174

Number of States having made the declaration under Article 90: 77

Number of States party to Additional Protocol II: 168

Number of States party to Additional Protocol III: 75

Number of States Members of the United Nations: 193

States party to the Geneva Conventions but not members of the United Nations: **Cook Islands, Holy See and Palestine.**

STATES PARTY TO THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS

COUNTRY	GENEVA CONVENTIONS			PROTOCOL I			PROTOCOL II			PROTOCOL III		
	R/A/S		R/D	R/A/S		R/D D90	R/A/S		R/D	R/A/S		R/D
Afghanistan	26.09.1956	R		10.11.2009	A		10.11.2009	A				
Albania	27.05.1957	R	X	16.07.1993	A		16.07.1993	A		06.02.2008	A	
Algeria	20.06.1960 03.07.1962	A		16.08.1989 16.08.1989	A	X 16.08.1989	16.08.1989 16.08.1989	A A				
Andorra	17.09.1993	A										
Angola	20.09.1984	A	X	20.09.1984	A	X						
Antigua and Barbuda	06.10.1986	S		06.10.1986	A		06.10.1986	A				
Argentina	18.09.1956	R		26.11.1986	A	X	26.11.1986	A	X	16.03.2011	R	X
Armenia	07.06.1993	A		07.06.1993	A		07.06.1993	A		12.08.2011	A	
Australia	14.10.1958	R	X	21.06.1991	R	X	21.06.1991	R		15.07.2009	R	
Austria	27.08.1953	R		13.08.1982	R	X	13.08.1982	R	X	03.06.2009	R	
Azerbaijan	01.06.1993	A										
Bahamas	11.07.1975	S		10.04.1980	A		10.04.1980	A				
Bahrain	30.11.1971	A		30.10.1986	A		30.10.1986	A				
Bangladesh	04.04.1972	S	X	08.09.1980	A		08.09.1980	A				
Barbados	10.09.1968	S	X	19.02.1990	A		19.02.1990	A				
Belarus	03.08.1954	R		23.10.1989	R		23.10.1989	R		31.03.2011	A	
Belgium	03.09.1952	R		20.05.1986	R	X	20.05.1986	R		12.05.2015	R	
Belize	29.06.1984	A		29.06.1984	A		29.06.1984	A		03.04.2007	A	
Benin	14.12.1961	S		28.05.1986	A		28.05.1986	A				
Bhutan	10.01.1991	A										
Bolivia, Plurinational State of	10.12.1976	R		08.12.1983	A		08.12.1983	A				
Bosnia and Herzegovina	31.12.1992	S		31.12.1992	S		31.12.1992	S				
Botswana	29.03.1968	A		23.05.1979	A		23.05.1979	A				
Brazil	29.06.1957	R		05.05.1992	A		05.05.1992	A		28.08.2009	R	
Brunei Darussalam	14.10.1991	A		14.10.1991	A		14.10.1991	A				
Bulgaria	22.07.1954	R		26.09.1989	R		26.09.1989	R		13.09.2006	R	
Burkina Faso	07.11.1961	S		20.10.1987	R		20.10.1987	R		07.10.2016		
Burundi	27.12.1971	S		10.06.1993	A		10.06.1993	A				
Cabo Verde	11.05.1984	A		16.03.1995	A		16.03.1995	A				
Cambodia	08.12.1958	A		14.01.1998	A		14.01.1998	A				
Cameroon	16.09.1963	S		16.03.1984	A		16.03.1984	A				
Canada	14.05.1965	R		20.11.1990	R	X	20.11.1990	R	X	26.11.2007	R	X
Central African Republic	01.08.1966	S		17.07.1984	A		17.07.1984	A				
Chad	05.08.1970	A		17.01.1997	A		17.01.1997	A				
Chile	12.10.1950	R		24.04.1991	R		24.04.1991	R		06.07.2009	R	
China	28.12.1956	R	X	14.09.1983	A	X	14.09.1983	A	X			
Colombia	08.11.1961	R		01.09.1993	A		14.08.1995	A				
Comoros	21.11.1985	A		21.11.1985	A		21.11.1985	A				
Congo	04.02.1967	S		10.11.1983	A		10.11.1983	A				
Congo, Democratic Republic of the	24.02.1961	S		03.06.1982	A		12.12.2002	A				
Cook Islands	07.05.2002	S		07.05.2002	A		07.05.2002	A		07.09.2011	A	
Costa Rica	15.10.1969	A		15.12.1983	A		09.12.1999	A		30.06.2008	R	
Côte d'Ivoire	28.12.1961	S		20.09.1989	R		20.09.1989	R				
Croatia	11.05.1992	S		11.05.1992	S		11.05.1992	S		13.06.2007	R	
Cuba	15.04.1954	R		25.11.1982	A		23.06.1999	A				
Cyprus	23.05.1962	A		01.06.1979	R		14.10.2002	A		27.11.2007	R	
Czech Republic	05.02.1993	S		05.02.1993	S		02.05.1995	S		23.05.2007	R	
Denmark	27.06.1951	R		17.06.1982	R	X	17.06.1982	R		25.05.2007	R	
Djibouti	06.03.1978	S		08.04.1991	A		08.04.1991	A				
Dominica	28.09.1981	S		25.04.1996	A		25.04.1996	A				
Dominican Republic	22.01.1958	A		26.05.1994	A		26.05.1994	A		01.04.2009	R	
Ecuador	11.08.1954	R		10.04.1979	R		10.04.1979	R				
Egypt	10.11.1952	R		09.10.1992	R	X	09.10.1992	R	X			
El Salvador	17.06.1953	R		23.11.1978	R		23.11.1978	R		12.09.2007	R	
Equatorial Guinea	24.07.1986	A		24.07.1986	A		24.07.1986	A				
Eritrea	14.08.2000	A										
Estonia	18.01.1993	A		18.01.1993	A		20.02.2009	A		28.02.2008	R	
eSwatini	28.06.1973	A		02.11.1995	A		02.11.1995	A				

	GENEVA CONVENTIONS			PROTOCOL I			PROTOCOL II			PROTOCOL III		
COUNTRY	R/A/S		R/D	R/A/S		R/D D90	R/A/S		R/D	R/A/S		R/D
Ethiopia	02.10.1969	R		08.04.1994	A		08.04.1994	A				
Fiji	09.08.1971	S		30.07.2008	A		30.07.2008	A		30.07.2008	A	
Finland	22.02.1955	R		07.08.1980	R	X 07.08.1980	07.08.1980	R		14.01.2009	R	
France	28.06.1951	R		11.04.2001	A	X	24.02.1984	A	X	17.07.2009	R	
Gabon	26.02.1965	S		08.04.1980	A		08.04.1980	A				
Gambia	20.10.1966	S		12.01.1989	A		12.01.1989	A				
Georgia	14.09.1993	A		14.09.1993	A		14.09.1993	A		19.03.2007	R	
Germany	03.09.1954	A	X	14.02.1991	R	X 14.02.1991	14.02.1991	R	X	17.06.2009	R	
Ghana	02.08.1958	A		28.02.1978	R		28.02.1978	R				
Greece	05.06.1956	R		31.03.1989	R	X 04.02.1998	15.02.1993	A		26.10.2009	R	
Grenada	13.04.1981	S		23.09.1998	A		23.09.1998	A				
Guatemala	14.05.1952	R		19.10.1987	R		19.10.1987	R		14.03.2008	R	
Guinea	11.07.1984	A		11.07.1984	A	20.12.1993	11.07.1984	A				
Guinea-Bissau	21.02.1974	A	X	21.10.1986	A		21.10.1986	A				
Guyana	22.07.1968	S		18.01.1988	A		18.01.1988	A		21.09.2009	A	
Haiti	11.04.1957	A		20.12.2006	A		20.12.2006	A				
Holy See	22.02.1951	R		21.11.1985	R	X	21.11.1985	R	X			
Honduras	31.12.1965	A		16.02.1995	R		16.02.1995	R		08.12.2006	R	
Hungary	03.08.1954	R		12.04.1989	R	23.09.1991	12.04.1989	R		15.11.2006	R	
Iceland	10.08.1965	A		10.04.1987	R	X 10.04.1987	10.04.1987	R		04.08.2006	R	
India	09.11.1950	R										
Indonesia	30.09.1958	A										
Iran, Islamic Republic of	20.02.1957	R	X									
Iraq	14.02.1956	A		01.04.2010	A							
Ireland	27.09.1962	R		19.05.1999	R	X 19.05.1999	19.05.1999	R	X			
Israel	06.07.1951	R	X							22.11.2007	R	X
Italy	17.12.1951	R		27.02.1986	R	X 27.02.1986	27.02.1986	R		29.01.2009	R	
Jamaica	20.07.1964	S		29.07.1986	A		29.07.1986	A				
Japan	21.04.1953	A		31.08.2004	A	X 31.08.2004	31.08.2004	A				
Jordan	29.05.1951	A		01.05.1979	R		01.05.1979	R				
Kazakhstan	05.05.1992	S		05.05.1992	S		05.05.1992	S		24.06.2009	A	
Kenya	20.09.1966	A		23.02.1999	A		23.02.1999	A		28.10.2013	R	
Kiribati	05.01.1989	S										
Korea, Democratic People's Republic of	27.08.1957	A	X	09.03.1988	A							
Korea, Republic of	16.08.1966	A	X	15.01.1982	R	X 16.04.2004	15.01.1982	R				
Kuwait	02.09.1967	A	X	17.01.1985	A	21.06.2013	17.01.1985	A				
Kyrgyzstan	18.09.1992	S		18.09.1992	S		18.09.1992	S				
Lao People's Democratic Republic	29.10.1956	A		18.11.1980	R	30.01.1998	18.11.1980	R				
Latvia	24.12.1991	A		24.12.1991	A		24.12.1991	A		02.04.2007	R	
Lebanon	10.04.1951	R		23.07.1997	A		23.07.1997	A				
Lesotho	20.05.1968	S		20.05.1994	A	13.08.2010	20.05.1994	A				
Liberia	29.03.1954	A		30.06.1988	A		30.06.1988	A				
Libya	22.05.1956	A		07.06.1978	A		07.06.1978	A				
Liechtenstein	21.09.1950	R		10.08.1989	R	X 10.08.1989	10.08.1989	R	X	24.08.2006	R	
Lithuania	03.10.1996	A		13.07.2000	A	13.07.2000	13.07.2000	A		28.11.2007	R	
Luxembourg	01.07.1953	R		29.08.1989	R	12.05.1993	29.08.1989	R		27.01.2015	R	
Madagascar	18.07.1963	S		08.05.1992	R	27.07.1993	08.05.1992	R		10.07.2018	R	
Malawi	05.01.1968	A		07.10.1991	A	10.01.2014	07.10.1991	A				
Malaysia	24.08.1962	A										
Maldives	18.06.1991	A		03.09.1991	A		03.09.1991	A				
Mali	24.05.1965	A		08.02.1989	A	09.05.2003	08.02.1989	A				
Malta	22.08.1968	S		17.04.1989	A	X 17.04.1989	17.04.1989	A	X			
Marshall Islands	01.06.04	A										
Mauritania	30.10.1962	S		14.03.1980	A		14.03.1980	A				
Mauritius	18.08.1970	S		22.03.1982	A	X	22.03.1982	A	X			
Mexico	29.10.1952	R		10.03.1983	A					07.07.2008	R	
Micronesia, Federated States of	19.09.1995	A		19.09.1995	A		19.09.1995	A				
Moldova, Republic of	24.05.1993	A		24.05.1993	A		24.05.1993	A		19.08.2008	R	X
Monaco	05.07.1950	R		07.01.2000	A	26.10.2007	07.01.2000	A		12.03.2007	R	
Mongolia	20.12.1958	A		06.12.1995	R	X 06.12.1995	06.12.1995	R				

	GENEVA CONVENTIONS			PROTOCOL I			PROTOCOL II			PROTOCOL III		
COUNTRY	R/A/S		R/D	R/A/S		R/D D90	R/A/S		R/D	R/A/S		R/D
Montenegro	02.08.2006	A		02.08.2006	A		02.08.2006	02.08.2006	A			
Morocco	26.07.1956	A		03.06.2011	R			03.06.2011	R			
Mozambique	14.03.1983	A		14.03.1983	A			12.11.2002	A			
Myanmar	25.08.1992	A										
Namibia	22.08.1991	S		17.06.1994	A	X	21.07.1994	17.06.1994	A	X		
Nauru	27.06.2006	A		27.06.2006	A			27.06.2006	A		04.12.2012	R
Nepal	07.02.1964	A										
Netherlands	03.08.1954	R		26.06.1987	R	X	26.06.1987	26.06.1987	R	X	13.12.2006	R
New Zealand	02.05.1959	R		08.02.1988	R	X	08.02.1988	08.02.1988	R	X	23.10.2013	R
Nicaragua	17.12.1953	R		19.07.1999	R			19.07.1999	R		02.04.2009	R
Niger	21.04.1964	S		08.06.1979	R			08.06.1979	R			
Nigeria	20.06.1961	S		10.10.1988	A			10.10.1988	A			
North Macedonia, Republic of	01.09.1993	S	X	01.09.1993	S	X	01.09.1993	01.09.1993	S		14.10.2008	R
Norway	03.08.1951	R		14.12.1981	R		14.12.1981	14.12.1981	R		13.06.2006	R
Oman	31.01.1974	A		29.03.1984	A	X		29.03.1984	A	X		
Pakistan	12.06.1951	R	X									
Palau	25.06.1996	A		25.06.1996	A			25.06.1996	A			
Palestine	02.04.2014	A		02.04.2014	A		26.03.2018	04.01.2015	A		04.01.2015	A
Panama	10.02.1956	A		18.09.1995	R		26.10.1999	18.09.1995	R		30.04.2012	R
Papua New Guinea	26.05.1976	S										
Paraguay	23.10.1961	R		30.11.1990	A		30.01.1998	30.11.1990	A		13.10.2008	R
Peru	15.02.1956	R		14.07.1989	R			14.07.1989	R		09.10.2018	R
Philippines	06.10.1952	R		30.03.2012	R	X		11.12.1986	A		22.08.2006	R
Poland	26.11.1954	R		23.10.1991	R		02.10.1992	23.10.1991	R		26.10.2009	R
Portugal	14.03.1961	R	X	27.05.1992	R	X	01.07.1994	27.05.1992	R	X	22.04.2014	R
Qatar	15.10.1975	A		05.04.1988	A	X	24.09.1991	05.01.2005	A			
Romania	01.06.1954	R		21.06.1990	R		31.05.1995	21.06.1990	R		15.05.2015	R
Russian Federation	10.05.1954	R	X	29.09.1989	R	X	29.09.1989	29.09.1989	R	X		
Rwanda	05.05.1964	S		19.11.1984	A		08.07.1993	19.11.1984	A			
Saint Kitts and Nevis	14.02.1986	S		14.02.1986	A		17.04.2014	14.02.1986	A			
Saint Lucia	18.09.1981	S		07.10.1982	A			07.10.1982	A			
Saint Vincent and the Grenadines	01.04.1981	A		08.04.1983	A		04.11.2013	08.04.1983	A			
Samoa	23.08.1984	S		23.08.1984	A			23.08.1984	A			
San Marino	29.08.1953	A		05.04.1994	R			05.04.1994	R		22.06.2007	R
Sao Tome and Principe	21.05.1976	A		05.07.1996	A			05.07.1996	A			
Saudi Arabia	18.05.1963	A		21.08.1987	A	X		28.11.2001	A			
Senegal	18.05.1963	S		07.05.1985	R			07.05.1985	R			
Serbia	16.10.2001	S		16.10.2001	S		16.10.2001	16.10.2001	S		18.08.2010	R
Seychelles	08.11.1984	A		08.11.1984	A		22.05.1992	08.11.1984	A			
Sierra Leone	10.06.1965	S		21.10.1986	A			21.10.1986	A			
Singapore	27.04.1973	A									07.07.2008	R
Slovakia	02.04.1993	S		02.04.1993	S		13.03.1995	02.04.1993	S		30.05.2007	R
Slovenia	26.03.1992	S		26.03.1992	S		26.03.1992	26.03.1992	S		10.03.2008	R
Solomon Islands	06.07.1981	S		19.09.1988	A			19.09.1988	A			
Somalia	12.07.1962	A										
South Africa	31.03.1952	A		21.11.1995	A			21.11.1995	A			
South Sudan	25.01.2013	A		25.01.2013	A			25.01.2013	A		25.01.2013	A
Spain	04.08.1952	R		21.04.1989	R	X	21.04.1989	21.04.1989	R		10.12.2010	R
Sri Lanka	28.02.1959	R										
Sudan	23.09.1957	A		07.03.2006	A			13.07.2006	A			
Suriname	13.10.1976	S	X	16.12.1985	A			16.12.1985	A		25.06.2013	A
Sweden	28.12.1953	R		31.08.1979	R	X	31.08.1979	31.08.1979	R		21.08.2014	R
Switzerland	31.03.1950	R		17.02.1982	R		17.02.1982	17.02.1982	R		14.07.2006	R
Syrian Arab Republic	02.11.1953	R		14.11.1983	A	X						
Tajikistan	13.01.1993	S		13.01.1993	S		10.09.1997	13.01.1993	S			
Tanzania, United Republic of	12.12.1962	S		15.02.1983	A			15.02.1983	A			
Thailand	29.12.1954	A										
Timor-Leste	08.05.2003	A		12.04.2005	A			12.04.2005	A		29.07.2011	R
Togo	06.01.1962	S		21.06.1984	R		21.11.1991	21.06.1984	R			
Tonga	13.04.1978	S		20.01.2003	A		20.01.2003	20.01.2003	A			

COUNTRY	GENEVA CONVENTIONS			PROTOCOL I			PROTOCOL II			PROTOCOL III		
	R/A/S		R/D	R/A/S		R/D D90	R/A/S		R/D	R/A/S		R/D
Trinidad and Tobago	24.09.1963	A		20.07.2001	A	20.07.2001	20.07.2001	A				
Tunisia	04.05.1957	A		09.08.1979	R		09.08.1979	R				
Turkey	10.02.1954	R										X
Turkmenistan	10.04.1992	S		10.04.1992	S		10.04.1992	S				
Tuvalu	19.02.1981	S										
Uganda	18.05.1964	A		13.03.1991	A		13.03.1991	A		21.05.2008	A	
Ukraine	03.08.1954	R		25.01.1990	R	25.01.1990	25.01.1990	R		19.01.2010	R	
United Arab Emirates	10.05.1972	A		09.03.1983	A	X 06.03.1992	09.03.1983	A	X			
United Kingdom of Great Britain and Northern Ireland	23.09.1957	R	X	28.01.1998	R	X 17.05.1999	28.01.1998	R	X	23.10.2009	R	X
United States of America	02.08.1955	R	X							08.03.2007	R	
Uruguay	05.03.1969	R	X	13.12.1985	A	17.07.1990	13.12.1985	A		19.10.2012	R	
Uzbekistan	08.10.1993	A		08.10.1993	A		08.10.1993	A				
Vanuatu	27.10.1982	A		28.02.1985	A		28.02.1985	A				
Venezuela, Bolivarian Republic of	13.02.1956	R		23.07.1998	A		23.07.1998	A				
Viet Nam	28.06.1957	A	X	19.10.1981	R							
Yemen	16.07.1970	A	X	17.04.1990	R		17.04.1990	R				
Zambia	19.10.1966	A		04.05.1995	A		04.05.1995	A				
Zimbabwe	07.03.1983	A		19.10.1992	A		19.10.1992	A				

NOTES

Djibouti

Djibouti's declaration of succession in respect of the First Geneva Convention was dated 26.01.1978.

France

On accession to Additional Protocol II, France made a communication concerning Additional Protocol I.

Ghana

Entry into force of Additional Protocols I and II on 07.12.1978.

Namibia

An instrument of accession to the Geneva Conventions and the 1977 Additional Protocols was deposited by the United Nations Council for Namibia on 18.10.1983. In an instrument deposited on 22.08.1991, Namibia declared its succession to the Geneva Conventions, which were previously applicable pursuant to South Africa's accession on 31.03.1952.

Niue

Pursuant to New Zealand law at the time of accession, and consistent with customary international law, the Geneva Conventions apply to Niue by virtue of New Zealand's accession, on 02.05.1959, to the four 1949 Geneva Conventions.

Philippines

The First Geneva Convention was ratified on 07.03.1951.

Republic of Korea

The Geneva Conventions entered into force on 23.09.1966, the Republic of Korea having invoked Art.62/61/141/157 common respectively to the First, Second, Third and Fourth Conventions (immediate effect).

Sri Lanka

Accession to the Fourth Geneva Convention on 23.02.1959 (Ceylon had signed only the First, Second, and Third Geneva Conventions).

Switzerland




Entry into force of the Geneva Conventions on 21.10.1950.

Trinidad and Tobago

Accession to the First Geneva Convention on 17.03.1963.

Mission

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.

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