

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

	Total
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

		2018 Targets (up to)	Achieved
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
Health			
Health centres supported	Structures	1	1

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

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



ICRC regional delegation

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



ICRC delegation

PROTECTION

CIVILIANS

Restoring family links

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>	<i>3</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	28
Detainees in places of detention visited	11,622
<i>of whom visited and monitored individually</i>	<i>812</i>
Visits carried out	76

Restoring family links

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

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
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Health

Health centres supported	Structures	8	5
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures		4
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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
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Health

Health centres supported	Structures	6	7
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures	3	3
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Physical rehabilitation

Projects supported	Projects	1	1
People benefiting from ICRC-supported projects	Aggregated monthly data	100	353

Water and habitat

Water and habitat activities	Beds	364	632
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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 Bandoro

The ICRC maintained its support for a hospital in Kaga Bandoro, 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>	<i>33</i>

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>	<i>751</i>
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

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

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

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



ICRC regional delegation ICRC sub-delegation ICRC mission

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>	74
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 security³				
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
Income support	Beneficiaries	470,000
Living conditions	Beneficiaries	2,088
Capacity-building ¹	Beneficiaries	15
Water and habitat		
Water and habitat activities	Beneficiaries	85,000
		185,132

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 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

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

CIVILIANS

Restoring family links	Total
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

CIVILIANS

Economic security		2018 Targets (up to)	Achieved
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

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

Water and habitat			
Water and habitat activities	Beds	1,500	250

- 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

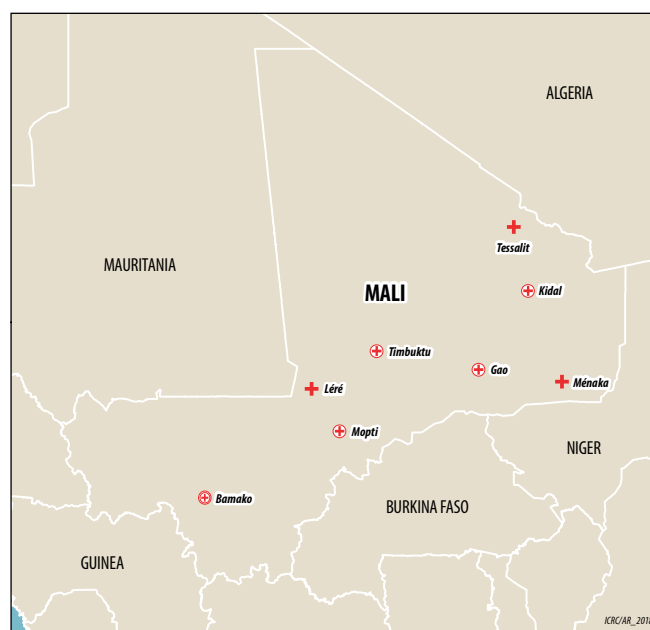
Protection	5,957
Assistance	33,367
Prevention	3,004
Cooperation with National Societies	1,972
General	321
Total	44,622
<i>Of which: Overheads</i>	<i>2,723</i>

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



ICRC regional delegation ICRC mission ICRC office ICRC regional logistics centre
*Map shows structures supporting ICRC operations in Yemen

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

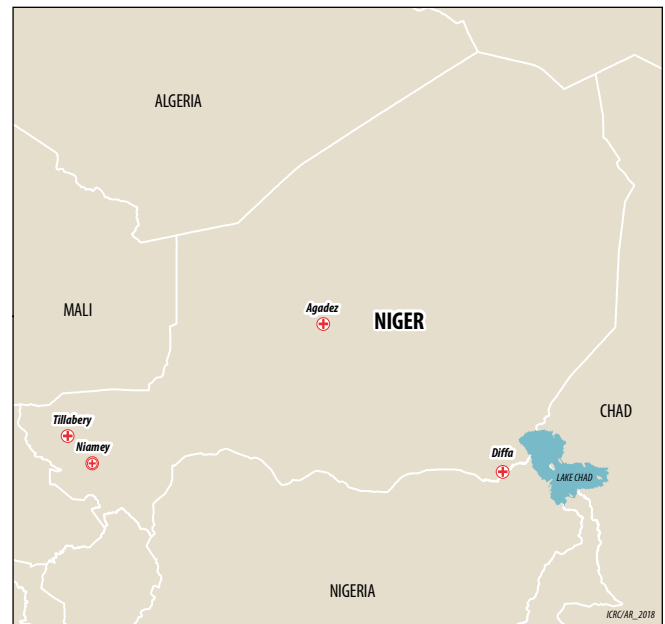
Protection	3,982
Assistance	25,999
Prevention	1,858
Cooperation with National Societies	1,165
General	215
Total	33,219
<i>Of which: Overheads</i>	<i>2,012</i>

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>	45

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>	1,592
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
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People benefiting from ICRC-supported projects	Aggregated monthly data	250	255
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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 production ¹	Beneficiaries	65,000	48,140
Income support ¹	Beneficiaries	4,625	13,197
Living conditions	Beneficiaries	35,000	44,305
Capacity-building	Beneficiaries	2,400 ²	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

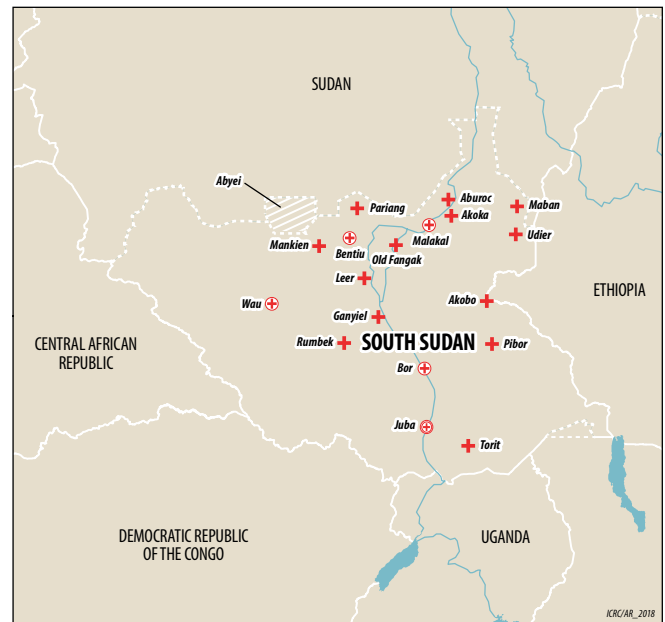
Protection	11,128
Assistance	99,904
Prevention	7,226
Cooperation with National Societies	8,290
General	643
Total	127,192
<i>Of which: Overheads</i>	<i>7,726</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Mobile staff	181
Resident staff (daily workers not included)	742



ICRC delegation ICRC sub-delegation ICRC office/presence

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>	<i>16</i>
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>	<i>256</i>
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 CIVILIANS

	Total
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 CIVILIANS

		2018 Targets (up to)	Achieved
Economic security			
Food consumption	Beneficiaries		18,000
Food production	Beneficiaries	204,000	107,996
Income support	Beneficiaries		2,980
Living conditions	Beneficiaries		5,460
Capacity-building	Beneficiaries	150	4,300

Water and habitat

Water and habitat activities	Beneficiaries	100,000	380,800
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Health

Health centres supported	Structures	2	
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WOUNDED AND SICK

Physical rehabilitation			
Projects supported	Projects	10	11
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>	458
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	1,000
		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. Infirmaries 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

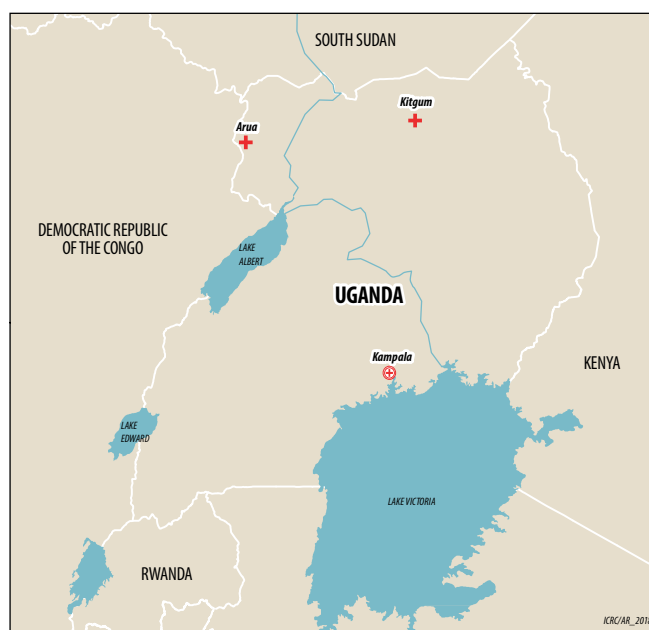
Protection	3,354
Assistance	39
Prevention	573
Cooperation with National Societies	594
General	98
Total	4,657
<i>Of which: Overheads</i>	<i>284</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	10
Resident staff (daily workers not included)	44



PROTECTION	Total
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	1,155
Water and habitat				
Water and habitat activities	Beneficiaries	35,000	10,500	10,500
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	12,726	707	183
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

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>	<i>9</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	17
Detainees in places of detention visited	13,286
<i>of whom visited and monitored individually</i>	<i>750</i>
Visits carried out	31

Restoring family links

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
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Water and habitat

Water and habitat activities	Beds		226
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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		