

# AMERICAS

## KEY RESULTS/CONSTRAINTS IN 2018

- In Colombia, people displaced or otherwise affected by intensified conflicts and violence restored their livelihoods, and migrants from the Bolivarian Republic of Venezuela met their urgent needs, with various forms of ICRC support.
- Violence-affected people in the region received ICRC assistance, such as cash and livelihood support, for easing their plight. They learnt how to reduce their safety risks and deal with the effects of armed violence, with the ICRC's help.
- Vulnerable migrants reconnected with their relatives and obtained lodging and health services at ICRC-supported facilities along the migration route or in countries where they had passed through or settled in the region.
- State authorities worked to clarify the fate of missing people and to address their families' needs. The families coped with their distress, with the help of material assistance or psychosocial support from the ICRC or ICRC-trained staff.
- Wounded and sick people, physically disabled people and victims of armed violence obtained treatment from ICRC-backed centres. The ICRC reminded the authorities and weapon bearers to ensure the safe delivery of health care.
- With support from their national IHL committees and the ICRC, State authorities advanced IHL implementation: for instance, five countries in the region became party to the Treaty on the Prohibition of Nuclear Weapons.

| PROTECTION  | Total   |
|---|---------|
| <b>CIVILIANS</b>  |         |
| <b>Restoring family links</b>   |         |
| RCMs collected  | 93      |
| RCMs distributed  | 102     |
| Phone calls facilitated between family members  | 287,310 |
| Tracing cases closed positively (subject located or fate established)                 | 314     |
| <b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>                 |         |
| <b>ICRC visits</b>  |         |
| Places of detention visited   | 102     |
| Detainees in places of detention visited  | 158,717 |
| <i>of whom visited and monitored individually</i>                                     | 320     |
| Visits carried out  | 231     |
| <b>Restoring family links</b>   |         |
| RCMs collected  | 681     |
| RCMs distributed  | 323     |
| Phone calls made to families to inform them of the whereabouts of a detained relative | 30      |

| EXPENDITURE IN KCHF                 |               |
|-------------------------------------|---------------|
| Protection                          | 35,411        |
| Assistance                          | 24,346        |
| Prevention                          | 21,649        |
| Cooperation with National Societies | 6,501         |
| General                             | 1,607         |
| <b>Total</b>                        | <b>89,513</b> |
| <i>Of which: Overheads</i>          | <i>5,463</i>  |

| IMPLEMENTATION RATE                         |      |
|---|------|
| Expenditure/yearly budget                   | 104% |
| <b>PERSONNEL</b>                            |      |
| Mobile staff                                | 156  |
| Resident staff (daily workers not included) | 681  |

| ASSISTANCE                                     | Total                         |
|--|-------------------------------|
| <b>CIVILIANS</b>                               |                               |
| <b>Economic security</b>                       |                               |
| Food consumption                               | Beneficiaries 14,806          |
| Income support                                 | Beneficiaries 14,537          |
| Living conditions                              | Beneficiaries 15,750          |
| Capacity-building                              | Beneficiaries 1,050           |
| <b>Water and habitat</b>                       |                               |
| Water and habitat activities                   | Beneficiaries 159,225         |
| <b>Health</b>                                  |                               |
| Health centres supported                       | Structures 10                 |
| <b>WOUNDED AND SICK</b>                        |                               |
| <b>Medical care</b>                            |                               |
| Hospitals supported                            | Structures 27                 |
| <b>Physical rehabilitation</b>                 |                               |
| Projects supported                             | Projects 23                   |
| People benefiting from ICRC-supported projects | Aggregated monthly data 1,298 |
| <b>Water and habitat</b>                       |                               |
| Water and habitat activities                   | Beds 3                        |

**DELEGATIONS**

Brasilia (regional)  
Caracas (regional)  
Colombia  
Lima (regional)  
Mexico City (regional)  
New York  
Washington (regional)



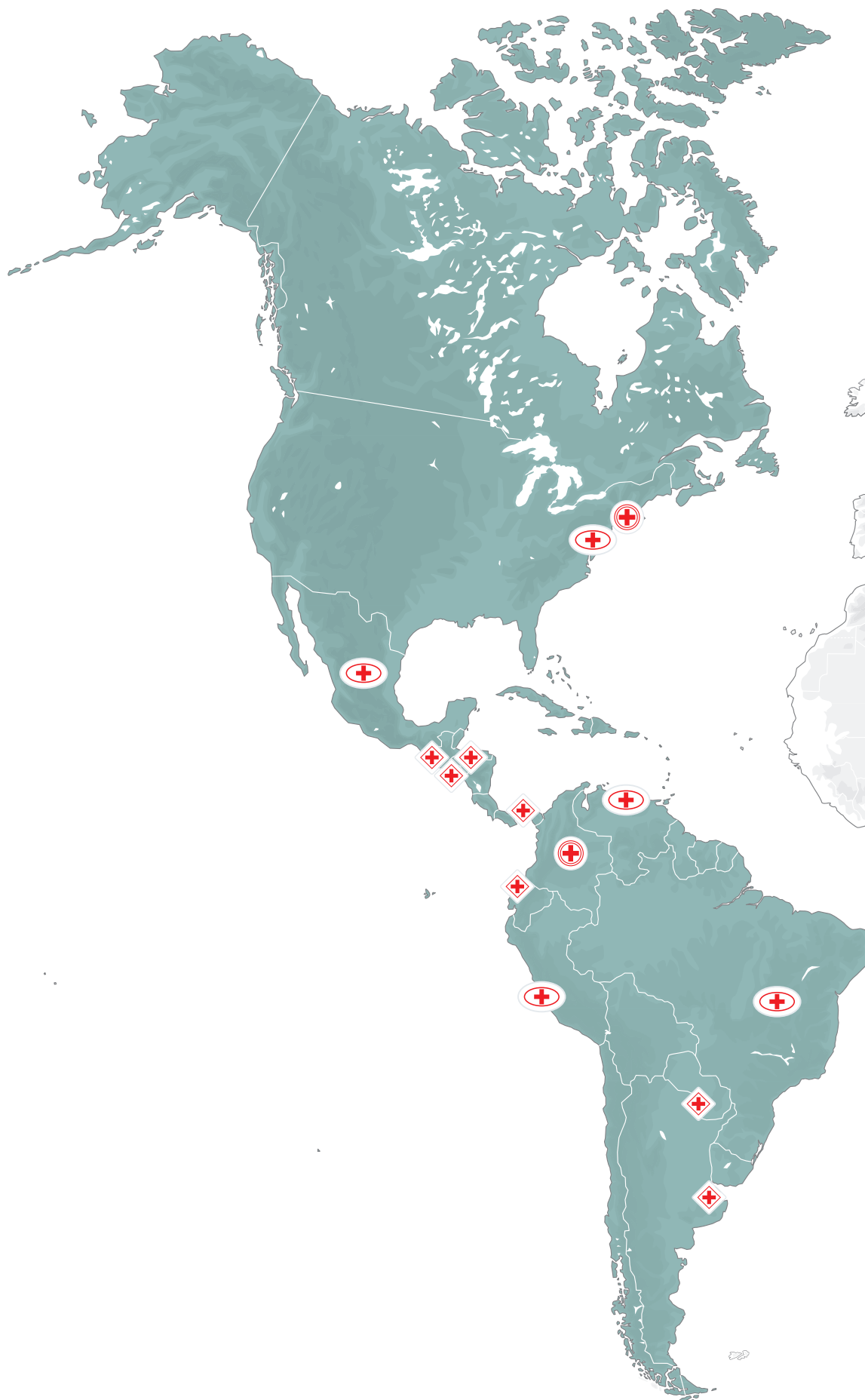
ICRC delegation



ICRC regional delegation



ICRC mission





**Colombia, Medellín.** An ICRC staff member speaks with a displaced woman living in a violence-affected neighborhood. She opened a small shop with assistance from the Colombian Red Cross.

## HUMANITARIAN NEEDS AND RESPONSES

In 2018, the ICRC helped people cope with the consequences of past and ongoing armed conflicts and other situations of violence in the region. It stepped up its activities for vulnerable people on the move from the Bolivarian Republic of Venezuela (hereafter Venezuela), or those travelling – including in caravans organized in late 2018 – through El Salvador, Guatemala, Honduras and Mexico. It continued to assist families of missing people, detainees and others in need. In most cases, it worked with local partners, including the National Societies operating in the region. In the light of operational shifts, it expanded its presence in Brazil, El Salvador, Honduras and Nicaragua, and wound up most of its assistance activities in Chile and Paraguay.

Colombia remained the ICRC's largest operation in the Americas. Despite the implementation of the 2016 peace agreement between the Colombian government and the Fuerza Alternativa Revolucionaria del Común (Common Alternative Revolutionary Force, the political successor of the Revolutionary Armed Forces of Colombia – People's Army, or FARC-EP), violent confrontations between government forces and other armed groups – and clashes among those armed groups – intensified and became more frequent, especially in urban areas. The ICRC encouraged the parties concerned to protect and assist civilians, in compliance with IHL and other

applicable norms. As a neutral intermediary, it continued to back implementation of the peace agreement, particularly in connection with the search for missing people.

In Colombia, the ICRC scaled up its response to humanitarian needs arising from intensified armed conflicts and armed violence in urban settings, and the massive wave of migration from Venezuela; it was thus able to help more people than originally planned. It provided support to Colombia's victim assistance unit and other institutions, but also directly intervened – whenever necessary – to supplement strained State services. Distributions of food, household essentials and cash helped migrants and IDPs affected by armed violence meet their immediate needs; migrants were also able to contact their families (see below). Emergency distributions of bottled water and hygiene kits, and upgrades to water infrastructure and other facilities, helped ease the plight of over 130,000 migrants and IDPs. Displaced breadwinners became more self-sufficient, thanks to the provision of livelihood support. Communities in weapon-contaminated areas learnt how to protect themselves against mines or explosive remnants of war.

Elsewhere in the region, vulnerable people coped with the consequences of armed violence, through various ICRC measures. People in Peru's Apurímac-Ene and Mantaro Valley (VRAEM) and in northern Paraguay obtained potable water.



Those in parts of El Salvador, Guatemala and Honduras had access to shelter, schools and/or other community infrastructure renovated by the ICRC. IDPs and others also received livelihood support, supplies for growing food to sell or consume, or cash and other ad hoc assistance for enhancing their living conditions. Community members, health workers and/or National Society volunteers in Chile, Guatemala, Mexico and Paraguay were trained by the ICRC in dealing with psychological distress and/or providing psychosocial support to others. ICRC-trained partners gave such support to victims/survivors of sexual and armed violence – such as those in Guatemala. The ICRC worked with the National Societies and/or local partners to help police officers in Belize and young people – for instance, in Jamaica, Mexico and Venezuela – build their resilience to the effects of armed violence or reduce their propensity to be drawn into it, through, educational, conflict-management and other initiatives. With ICRC technical support, municipal authorities in Brazil implemented measures to reduce safety risks for people while providing or obtaining basic services. The Nicaraguan Red Cross, aided by ICRC training, was able to reach and evacuate people who were injured during protests.

Vulnerable people in the region reconnected with their relatives using family-links services. The National Societies and/or the ICRC expanded the provision of such services, through which migrants made phone calls, accessed the internet and charged their communication devices. Notably, people traveling from Venezuela did so along the migration route and at border points or urban areas in Brazil, Colombia, Ecuador and Peru, whether they were passing through or settling. In El Salvador, Guatemala, Honduras and Mexico, in-transit, deported and returning migrants also benefited from material support: for instance, lodging at NGO-run shelters upgraded with ICRC assistance and increased access to medical care at National Society-run health facilities backed by the ICRC. They learnt where to get assistance and how to stay safe, through radio spots and informational materials along the migration route. The ICRC discussed the consequences of certain migration policies with the authorities of Mexico and the United States of America (hereafter US).

The plight of families of people missing in connection with past conflicts or military rule, ongoing conflicts and other circumstances remained a major concern in the region. The ICRC continued to back the efforts of the authorities and/or local partners to reinforce their capacities to search for missing persons and address their families' needs. With ICRC technical assistance, representatives from the missing persons search unit in Colombia informed missing people's families and other stakeholders of the search process, and the Mexican authorities developed strategies for implementing a national law on missing people and addressing their families' needs. In Brazil and Peru, the authorities created working groups to improve search processes; for example, the working group in Peru included missing people's families and the ICRC. As mandated by the governments of Argentina and the United Kingdom of Great Britain and Northern Ireland, the ICRC submitted to these parties the final report on the exhumation and identification of Argentine soldiers who had perished during the 1982 conflict between them; a total of 106 sets of human remains had been identified since 2017.

Missing people's families in the region benefited from psychological and psychosocial support from the ICRC or ICRC-trained staff; they also received material aid. In Colombia, such families worked to resume livelihood activities with ICRC-provided cash, training and supplies. Financial or logistical assistance helped those in Guatemala to organize burials and commemorative events and to send their children to school, and those in Peru to, for example, comply with administrative requirements and attend restitution ceremonies. The ICRC's public-communication initiatives and events sought to raise awareness of these families' needs. With ICRC training and/or technical assistance, forensic experts and first responders in the region developed their ability to manage human remains and related data, to help prevent disappearances.

The ICRC helped ensure that wounded and sick people, persons with physical disabilities and victims of sexual violence across the region obtained good-quality health care. In support of the goals of the Health Care in Danger initiative, the ICRC reminded the authorities and weapon bearers of their obligations to respect and facilitate the work of health-care services. Health workers – for instance, military doctors from Ecuador – were briefed on ways to protect themselves in unsafe environments, with the ICRC's technical support. The Colombian Red Cross and the ICRC distributed various materials bearing the protective emblem of the country's medical services – for marking facilities and vehicles – to various health structures. In parallel, the ICRC helped boost local capacities in the region to provide medical care directly. It increased its training and material support to enable Venezuelan Red Cross personnel, medical professionals and other first responders in violence-prone areas to respond to emergencies. ICRC-provided medical supplies and staff training in surgical care helped hospitals cope with influxes of patients – for example, following clashes in Colombia and in response to shortages of supplies in Venezuela. As part of a two-year project, the ICRC continued to provide staff training, supplies and equipment to a hospital in Honduras, to help it improve its treatment for victims of violence. Disabled people – including patients wounded by mines or in fighting, detainees, migrants, returnees and victims of armed violence – obtained appropriate treatment from ICRC-backed physical rehabilitation centres in Colombia, Guatemala, Honduras and Mexico.

The ICRC visited – where possible, in accordance with its standard procedures – detention facilities housing nearly 160,000 people, including security detainees and migrants, across the region. It began visiting certain immigration detention centres in Curaçao, Trinidad and Tobago, and the US, and gained access to detainees in Nicaragua. After security measures were modified, it resumed visits to adult inmates in prisons in El Salvador. Following the visits, the ICRC communicated its findings confidentially to the pertinent authorities. For example, expert advice for the Paraguayan authorities, on ensuring respect for judicial guarantees, enabled a few detainees to secure free legal services. Despite being unable to visit inmates in Venezuela, the ICRC engaged the authorities in dialogue and organized workshops with them on internationally recognized detention standards.

Penitentiary authorities across the region drew on ICRC material and technical assistance to improve detainees' treatment and living conditions, including by enabling them to contact their families. Eighty representatives from across the region attended an ICRC workshop on prison management and infrastructure held in Mexico. The Colombian authorities continued to pursue criminal justice reform to address overcrowding and other systemic issues affecting the country's penitentiary system, and sought to strengthen health services in prisons. In Ecuador, ICRC-trained instructors began conducting prison-management courses for prison staff. ICRC upgrades to water, sanitation and/or other facilities – as in the Plurinational State of Bolivia, Honduras and Panama – helped enhance detainees' living conditions.

The ICRC again engaged in dialogue with State weapon bearers, urging them to respect IHL and/or international human rights norms, and the principle of *non-refoulement*. It informed them of documented allegations of abuse, with a view to preventing their recurrence. Dialogue and briefings with military leaders overseeing operations in areas affected by armed violence – for instance, certain cities of Brazil, Peru's VRAEM and along the Ecuador–Colombia border – focused on the proper use of force and/or ensuring people's safe access to goods and services. At seminars and workshops, military and police forces drew on ICRC technical expertise in pursuing efforts to incorporate provisions of IHL and/or pertinent internationally recognized standards in their operations and training. Military and police officers and instructors – for example, in Chile, Nicaragua, Panama, Paraguay and Venezuela – refined their skills in teaching IHL, international policing standards and/or other relevant norms to their peers. Senior security officials from the region discussed ways to mitigate the impact of armed violence, particularly in urban settings, at an international conference in Peru. Discussions with the Canadian and US authorities centred on the need to uphold IHL and other applicable norms in countries where their armed forces operated, and to persuade the weapon bearers their forces supported to do the same.

With help from their national IHL committees and the ICRC, State authorities advanced IHL implementation: Costa Rica, Cuba, Mexico, Nicaragua and Uruguay became party to the Treaty on the Prohibition of Nuclear Weapons, and Brazil and Chile, to the Arms Trade Treaty; Peru ratified Additional Protocol III. The Organization of American States adopted resolutions on migration and other topics that incorporated the ICRC's recommendations. In its regular interactions with the UN and regional bodies, their Member States and other pertinent organizations, the ICRC called attention to topics of humanitarian concern worldwide, such as the protection of civilians, sexual violence in armed conflicts, threats to safe health-care delivery, new weapons technologies and peace-keeping. The UN Member States adopted the Global Compact for Safe, Orderly and Regular Migration, which incorporated some of the ICRC's views and recommendations on the issue of missing migrants and other topics. The ICRC endeavoured to ensure that UN counter-terrorism policies complied with IHL and did not impede principled humanitarian action.

To raise public awareness of and support for humanitarian principles and the Movement's activities worldwide, the ICRC launched public-communication initiatives and conducted events for academics, journalists and other members of civil society.

Together with the International Federation, the ICRC helped National Societies working in the region build their capacities to respond to emergencies and to assist migrants and victims of armed conflict and violence in line with the Safer Access Framework. Regular coordination meetings between Movement components and with UN agencies and other humanitarian entities helped improve humanitarian action.



## PROTECTION MAIN FIGURES AND INDICATORS

| AMERICAS               |                |                  |  |   |                                |                                       |   |   |                             |  |               |
|------------------------|----------------|------------------|--|---|--------------------------------|---------------------------------------|---|---|-----------------------------|--|---------------|
|                        | CIVILIANS      |                  |  |   |                                |                                       |   |   |                             |  |               |
|                        | RCMs collected | RCMs distributed | Phone calls facilitated between family members | UAM/SC* cases still being handled by the ICRC/National Society at the end of the reporting period | People transferred/repatriated | Human remains transferred/repatriated | Tracing cases closed positively (subject located or fate established) | People to whom travel documents were issued | Places of detention visited | Detainees in places of detention visited | of whom women |
| Brasilia (regional)    | 13             | 12               | 65,068   |   |                                |                                       | 4   |   | 14                          | 13,745                                   | 773           |
| Caracas (regional)     | 30             | 18               | 68   |   |                                |                                       | 1   | 1   | 3                           | 588                                      | 39            |
| Colombia               | 36             | 24               | 6,202  | 96  | 6                              | 49                                    | 107   |   | 21                          | 55,436                                   | 6,936         |
| Lima (regional)        | 4              | 33               | 52,748   |   |                                |                                       | 201   |   | 20                          | 42,720                                   | 2,741         |
| Mexico City (regional) | 10             | 13               | 162,952  |   |                                | 5                                     | 1   |   | 36                          | 40,476                                   | 4,621         |
| Washington (regional)  |                | 2                | 272  |   |                                |                                       |   |   | 8                           | 5,752                                    | 1,149         |
| <b>TOTAL</b>           | <b>93</b>      | <b>102</b>       | <b>287,310</b>                                 | <b>96</b>   | <b>6</b>                       | <b>54</b>                             | <b>314</b>  | <b>1</b>                                    | <b>102</b>                  | <b>158,717</b>                           | <b>16,259</b> |

\* Unaccompanied minors/separated children

## PEOPLE DEPRIVED OF THEIR FREEDOM

| <i>of whom minors</i> | Visits carried out | Detainees visited and monitored individually | <i>of whom women</i> | Detainees newly registered | <i>of whom women</i> | RCMs collected | RCMs distributed | Phone calls made to families to inform them of the whereabouts of a detained relative | Detainees visited by their relatives with ICRC/National Society support | Detainees released and transferred/repatriated by/via the ICRC | People to whom a detention attestation was issued |                        |
|-----------------------|--------------------|--|----------------------|----------------------------|----------------------|----------------|------------------|---|---|--|---|------------------------|
| 6                     | 33                 | 57   | 4                    | 1                          |                      |                |                  |   | 41  |  | 1   | Brasilia (regional)    |
|                       | 3                  | 6  | 1                    | 6                          | 1                    | 40             |                  | 3   | 7   |  |   | Caracas (regional)     |
| 358                   | 59                 | 25   | 1                    | 9                          |                      |                |                  |   | 9   | 3  | 1   | Colombia               |
|                       | 43                 | 186  | 46                   | 84                         | 11                   | 49             | 3                | 10  | 92  |  |   | Lima (regional)        |
| 3,073                 | 79                 | 16   | 1                    | 1                          | 1                    | 13             | 7                | 17  |   |  |   | Mexico City (regional) |
|                       | 14                 | 30   |                      |                            |                      | 579            | 313              |   |   |  |   | Washington (regional)  |
| <b>3,437</b>          | <b>231</b>         | <b>320</b>                                   | <b>53</b>            | <b>101</b>                 | <b>13</b>            | <b>681</b>     | <b>323</b>       | <b>30</b>   | <b>149</b>  | <b>3</b>   | <b>2</b>  | <b>TOTAL</b>           |



## ASSISTANCE MAIN FIGURES AND INDICATORS

### AMERICAS

|                        | CIVILIANS         |                |                   |                   |   |                          |               | PEOPLE DEPRIVED OF THEIR FREEDOM |                   |                              |  |
|------------------------|-------------------|----------------|-------------------|-------------------|---|--------------------------|---------------|----------------------------------|-------------------|------------------------------|--|
|                        | ECONOMIC SECURITY |                |                   |                   | WATER AND HABITAT                             | HEALTH                   |               | ECONOMIC SECURITY                |                   | WATER AND HABITAT            | HEALTH   |
|                        | BENEFICIARIES     |                |                   |                   |   |                          |               | BENEFICIARIES                    |                   |                              |  |
|                        | Food consumption  | Income support | Living conditions | Capacity-building | Beneficiaries of water and habitat activities | Health centres supported | Consultations | Living conditions                | Capacity-building | Water and habitat activities | Health facilities supported in places of detention visited by health staff |
| Brasilia (regional)    | 665               |                |                   | 1,050             | 664   |                          |               | 921                              | 68                | 586                          |  |
| Caracas (regional)     |                   |                |                   |                   |   |                          |               |                                  |                   |                              |  |
| Colombia               | 14,141            | 7,111          | 15,009            |                   | 130,905                                       |                          |               |                                  |                   | 3,944                        | 3  |
| Lima (regional)        |                   |                | 741               |                   | 1,952   |                          |               | 86,850                           |                   | 857                          |  |
| Mexico City (regional) |                   | 7,426          |                   |                   | 25,704  | 10                       | 29,183        |                                  |                   | 14,956                       | 2  |
| TOTAL                  | 14,806            | 14,537         | 15,750            | 1,050             | 159,225                                       | 10                       | 29,183        | 87,771                           | 68                | 20,343                       | 5  |
| of whom women          | 4,883             | 4,770          | 5,770             | 375               | 58,876  |                          |               | 6,149                            | 68                | 2,532                        |  |
| of whom children       | 5,557             | 4,449          | 4,969             | 405               | 27,822  |                          |               |                                  |                   | 173                          |  |
| of whom IDPs           | 6,083             | 3,171          | 6,843             |                   | 24,059  |                          |               |                                  |                   |                              |  |

1. Based on monthly aggregated data.

| WOUNDED AND SICK  |                                    |                     |  |                         |   |                                     |                      |                                   |                    |                        |
|-------------------|------------------------------------|---------------------|--|-------------------------|---|-------------------------------------|----------------------|-----------------------------------|--------------------|------------------------|
| FIRST AID         |                                    | HOSPITALS           |  | PHYSICAL REHABILITATION |   |                                     |                      |                                   |                    |                        |
|                   |                                    | HOSPITALS SUPPORTED |  |                         |   |                                     |                      |                                   |                    |                        |
| Training sessions | Participants of training sessions¹ | Hospitals supported | including hospitals reinforced with or monitored by ICRC staff | Projects supported      | People benefiting from ICRC-supported projects¹ | New patients fitted with prostheses | Prostheses delivered | New patients fitted with orthoses | Orthoses delivered |                        |
|                   |                                    |                     |  |                         |   |                                     |                      |                                   |                    | Brasilia (regional)    |
| 20                | 374                                | 14                  |  |                         |   |                                     |                      |                                   |                    | Caracas (regional)     |
| 21                | 501                                | 11                  |  | 18                      | 901   | 175                                 | 205                  | 176                               | 149                | Colombia               |
|                   |                                    |                     |  |                         |   |                                     |                      |                                   |                    | Lima (regional)        |
| 65                | 1,076                              | 2                   | 1  | 5                       | 397   | 21                                  | 86                   | 3                                 | 6                  | Mexico City (regional) |
| 106               | 1,951                              | 27                  | 1  | 23                      | 1,298   | 196                                 | 291                  | 179                               | 155                | TOTAL                  |
|                   |                                    |                     |  |                         | 177   | 25                                  | 38                   | 22                                | 22                 | of whom women          |
|                   |                                    |                     |  |                         | 126   | 6                                   | 32                   | 28                                | 49                 | of whom children       |

## BRASILIA (regional)

**COVERING:** Argentina, Brazil, Chile, Paraguay, Uruguay

The ICRC has been present in the region since 1975. It visits security detainees and responds to the needs of people affected by violence in the region, and those of vulnerable migrants. It works with the region's National Societies, supporting them in developing their capacities. It helps authorities identify human remains so as to provide families with information on their missing relatives. The ICRC promotes the incorporation of IHL into national legislation and the doctrine, training and operations of armed forces, and works with police forces to integrate international human rights law applicable to the use of force into theirs.

### YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

### KEY RESULTS/CONSTRAINTS IN 2018

- At ICRC workshops in Brazil, and in Chile and Paraguay, people providing health care and other basic services learnt how to protect themselves or to cope with stress, and to assist others to do so.
- In the Brazilian state of Roraima, migrants from the Bolivarian Republic of Venezuela reconnected with their relatives through phone calls and other family-links services mainly provided by the ICRC.
- In Paraguay, the authorities – drawing on ICRC support – enabled a few detainees to secure free legal services. ICRC-trained female detainees at one prison there produced chlorine for cleaning, to help improve their living conditions.
- In Chile and Paraguay, some joint projects with the National Societies – for vulnerable people, including detainees – were not carried out, because of administrative constraints.
- The ICRC concluded its activities in rural areas in Chile and Paraguay, in line with its decision to focus its humanitarian work in more densely populated urban areas. Thus, some of these activities reached fewer people than planned.
- With ICRC technical support, Brazil and Chile became party to the Arms Trade Treaty, and Uruguay to the Treaty on the Prohibition of Nuclear Weapons.

### EXPENDITURE IN KCHF

|                                     |              |
|-------------------------------------|--------------|
| Protection                          | 3,620        |
| Assistance                          | 2,011        |
| Prevention                          | 2,887        |
| Cooperation with National Societies | 744          |
| General                             | 111          |
| <b>Total</b>                        | <b>9,372</b> |
| <i>Of which: Overheads</i>          | <i>572</i>   |

### IMPLEMENTATION RATE

|                           |     |
|---------------------------|-----|
| Expenditure/yearly budget | 99% |
|---------------------------|-----|

### PERSONNEL

|   |    |
|---|----|
| Mobile staff                                | 11 |
| Resident staff (daily workers not included) | 74 |



| PROTECTION  | Total  |
|---|--------|
| <b>CIVILIANS</b>  |        |
| <b>Restoring family links</b>   |        |
| RCMs collected  | 13     |
| RCMs distributed  | 12     |
| Phone calls facilitated between family members                        | 65,068 |
| Tracing cases closed positively (subject located or fate established) | 4      |
| <b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>                               |        |
| <b>ICRC visits</b>  |        |
| Places of detention visited   | 14     |
| Detainees in places of detention visited                              | 13,745 |
| <i>of whom visited and monitored individually</i>                     | 57     |
| Visits carried out  | 33     |

| ASSISTANCE                   |               | 2018 Targets (up to) | Achieved |
|------------------------------|---------------|----------------------|----------|
| CIVILIANS                    |               |                      |          |
| Economic security            |               |                      |          |
| Food consumption             | Beneficiaries | 1,000                | 665      |
| Capacity-building            | Beneficiaries | 150                  | 1,050    |
| Water and habitat            |               |                      |          |
| Water and habitat activities | Beneficiaries | 555                  | 664      |

## CONTEXT

In urban areas of Brazil – such as the cities of Fortaleza and Rio de Janeiro – armed groups fought one another or clashed with the security forces. The federal army was assigned to oversee public security in Rio de Janeiro State. Numerous migrants from the Bolivarian Republic of Venezuela (hereafter Venezuela; see *Caracas*) poured into Roraima State, where they remained, spurring tensions with residents because of the scarcity of the resources that had to be shared; some migrants were resettled in other areas of Brazil. Many others travelled on to Argentina, Chile and Uruguay.

In northern Paraguay, the military and the police carried out joint operations against armed opposition groups. In the Araucanía region and elsewhere in southern Chile, tensions over land ownership persisted between Mapuches and other communities; the *carabineros* – the national police force – conducted security operations there. Public protests in Brazil, Chile and Paraguay turned violent on occasion.

Families throughout the region awaited news of relatives missing in connection with past conflict or military rule or more recent events. Identification of Argentine soldiers buried in the Falkland Islands/Islands Malvinas<sup>1</sup> – as mandated by the governments of Argentina and the United Kingdom of Great Britain and Northern Ireland (hereafter UK) in 2016 – continued.

Violence – in urban settings, for instance – caused injuries and deaths, and led to numerous arrests. It traumatized people and sometimes limited their access to basic services. Like migration and natural disasters, it also dispersed families.

## ICRC ACTION AND RESULTS

The regional delegation in Brasilia sought to address the protection and assistance needs of people throughout the region, including detainees, and to foster support for IHL, international human rights law and the Movement's activities. The ICRC conducted some of its humanitarian activities with the National Societies of the five countries covered, but administrative constraints limited the implementation of some joint efforts. Its decision to conclude its activities for vulnerable communities in northern Paraguay and southern Chile, and for detainees in Chile also limited the reach of some of its projects. This decision was in line with a shift in the ICRC's priorities for the region from 2019 onwards to focus its operations on densely populated urban areas, with a view to helping more people in need. In Brazil, in particular, the ICRC established a presence in Boa Vista, Roraima State, and opened an office in Fortaleza, Ceará State.

In Brazil, the ICRC continued to help the authorities reduce safety risks for people providing or obtaining basic services in four major municipalities. In northern Paraguay, it monitored the needs of vulnerable people, and where possible, documented allegations of abuse, to help the authorities prevent the recurrence of such misconduct; agricultural support and upgrades to water systems enabled some people there to become more self-sufficient. The ICRC helped health workers, teachers and community leaders – in Chile and Paraguay – to learn to cope with stress and to assist others to do so.

Expert assistance from the ICRC helped the Brazilian authorities to mount a more effective search for people who went missing during past military rule and more recent events, and to strengthen local capacities in managing human remains. Missing people's families participated in ICRC events to raise public awareness of their needs. As mandated by the Argentine and UK governments, the ICRC handed over to them the final report of the humanitarian forensic project in the Falklands/Malvinas; the process of identification, however, continues. The Argentine authorities informed the families concerned. Venezuelan migrants in Brazil – particularly in Roraima, and others separated from their families elsewhere in the region, restored contact with relatives through the Movement's family-links services. The ICRC arranged a family visit for an ex-detainee formerly held at the US detention facility at Guantanamo Bay Naval Station in Cuba and now resettled in Uruguay.

The ICRC visited detainees in Argentina, Chile and Paraguay in accordance with its standard procedures; its findings and recommendations were communicated confidentially to the detaining authorities, to help them improve detainees' treatment and living conditions. Conditions at the Buen Pastor women's prison in Paraguay improved: detainees learnt to make handicrafts, and had cleaner and safer surroundings. Expert advice for the Paraguayan authorities, on ensuring respect for judicial guarantees, enabled a few detainees to secure free legal services.

Military and police officials – particularly those conducting security operations in Brazil and Paraguay – drew on ICRC expertise to incorporate international policing standards more fully in their training and doctrine. Brazilian military and police officials learnt more about the rules governing the use of force to restore public order. The *carabineros* in Chile and the national police in Paraguay continued to train their personnel in applying these norms. In all five countries covered, the national IHL committees and the ICRC advised the authorities in implementing IHL; notably, Brazil, Chile and Uruguay acceded to certain IHL-related treaties. The ICRC sought to broaden support for its activities, and for Movement initiatives, among journalists, academics and other parties of influence.

Despite various constraints, National Societies in the region strove to improve their emergency response capacities, with support from the ICRC and the International Federation.

1. The designations employed in this document do not imply official endorsement or the expression of any opinion whatsoever on the part of the ICRC concerning the legal status of any territory, or concerning the delimitation of its frontiers or boundaries. Whenever a disputed territory is given different names by the parties concerned, the ICRC uses those names together, in alphabetical order.

## CIVILIANS

The ICRC reminded authorities in the region to ensure protection for civilians and safe access to humanitarian aid, and to health care and other basic services. It discussed these matters with Brazilian and Paraguayan military leaders involved in operations to restore public order (see *Actors of influence*), and with Brazilian representatives of a regional health organization. Violence-affected people in northern Paraguay, and residents and Venezuelan migrants in the Brazilian state of Roraima, discussed their concerns with the ICRC. The ICRC monitored the situation in Paraguay, and where possible, documented allegations of abuse.

### Health workers, teachers and community leaders build their resilience to the effects of violence

In Brazil, authorities in the municipalities of Duque de Caxias, Fortaleza, Porto Alegre and Rio de Janeiro drew on the ICRC for expert advice and other support to reduce safety risks for people providing or obtaining key public services. They maintained support groups for sharing strategies in managing crises and set up a system for recording data on incidents to help inform public policies. In Duque de Caxias and Rio de Janeiro, municipal and/or security authorities discussed the need to ensure the security of electronic communication between schools, health units and police officials (see also *Actors of influence*). In Rio de Janeiro, officials from the education secretariat drafted resolutions to ensure that schools were protected during outbreaks of violence; a law institutionalizing measures to promote safer access to basic services was passed in Duque de Caxias. At ICRC workshops, over 10,000 health staff, teachers and social workers learnt how to protect themselves. Officers from the youth and other secretariats of Fortaleza learnt how to provide basic psychological support. Local officials and others participated in ICRC-facilitated discussions on measures for ensuring their safety while working; some of them were trained to replicate these measures elsewhere.

Fourteen mental-health specialists in Chile completed an ICRC course, conducted with the National Society, in dealing with the psychological effects of violence. In Araucanía, the local mental-health office took over the task of assisting victims of violence previously aided by the ICRC. ICRC-trained mental-health workers provided psychosocial care for people in need, including some Mapuches. In northern Paraguay, students and teachers learnt how to cope with the psychological effects of violence at ICRC training sessions; ICRC-supported psychologists facilitated some of these sessions. On their own initiative, these teachers, and community leaders, organized activities that gave young people and others some relief from their psychological distress.

In Araucanía, various administrative constraints prevented the Chilean Red Cross from taking over the activities it was carrying out jointly with the ICRC (see also *Red Cross and Red Crescent Movement*); these activities included training first responders to provide first aid and psychosocial care, and helping health staff do their work in safety. Chilean Red Cross personnel evaluated their first-aid courses at a meeting facilitated by the ICRC.

### Violence-affected people in northern Paraguay have access to food and water

In northern Paraguay, the ICRC stepped up its assistance for helping particularly vulnerable people in two communities improve their access to food; this meant it was unable to extend the same support to other people in those communities. A total of 141 households (665 people) consumed or sold produce they had grown with seed and tools from the ICRC. To help maintain or increase farming activities in these communities, 1,050 people (227 households) – more people than planned – received agricultural training; the ICRC also increased its provision of greenhouses and equipment for vegetable farming to an agricultural school. Clean water for farming, and for household consumption, became available to 664 people after the ICRC repaired water systems; an ICRC workshop enabled members of local water boards to strengthen their ability to maintain these systems.

As it gradually transitioned its resources to assisting people in urban areas elsewhere in the region, and sought to conclude its activities in Paraguay, the ICRC decided not to undertake repairs to one school's water facilities, which would have benefited 55 students.

### Missing people's families in Brazil help raise public awareness of their plight

The ICRC provided expert advice for various Brazilian authorities on searching for people missing in connection with past military rule or more recent events, and on responding to the needs of the families concerned. A working group created by São Paulo State authorities drafted a report on the gaps in the existing search process and proposed measures for addressing them. The ICRC discussed the needs of missing people's families with associations and local organizations representing or supporting them, with a view to making pertinent recommendations to the authorities afterwards. Some missing people's families participated in psychosocial activities, as well as round-tables and other events organized by the ICRC to raise public awareness of their plight (see *Actors of influence*); the ICRC continued to help some of these families, and a local organization, to follow up missing-persons cases. Forensic authorities finalized guidelines for identifying human remains; staff involved in managing human remains developed their capacities at ICRC workshops.

The ICRC handed over the final report of the humanitarian forensic project in the Falklands/Malvinas to the Argentine and UK governments; it also shared best practices and lessons learnt with them. The Argentine authorities informed the families concerned. A few more sets of human remains were identified in 2018, bringing the total number of identified human remains since 2017 to 106.

### Migrants and other vulnerable people reconnect with their families

Migrants and others separated from their families restored contact with relatives through the Movement's family-links services. Notably, Venezuelan migrants in Roraima, Brazil made over 57,000 phone calls and accessed the internet, through services arranged mainly by the ICRC. Four tracing

cases including for migrants were resolved, while 66 were still being handled. In Argentina and Chile, the ICRC helped facilitate people's access to official documents. At ICRC training sessions, personnel from the Argentine, Brazilian, Paraguayan and Uruguayan National Societies developed their ability to provide family-links services. Over 100 Brazilian Red Cross volunteers were also trained, with a view to increasing the provision of such services.

The ICRC monitored the situation of people formerly held at the Guantanamo Bay detention facility and resettled in Uruguay; the ICRC arranged a family visit for one former detainee.

## PEOPLE DEPRIVED OF THEIR FREEDOM

### A few detainees in Paraguay gain access to free legal services

The ICRC visited places of detention in accordance with its standard procedures, mainly in Chile and Paraguay, and assessed detainees' treatment and living conditions. It monitored the following people individually: in Chile, Mapuches; in Argentina, one alleged member of a Paraguayan armed group; and in Paraguay, alleged members of armed groups and people held in connection with land-tenure or political issues. Afterwards, the ICRC communicated its findings confidentially to the authorities to help them improve detainees' treatment and living conditions – for instance, access to health care in Paraguay. Expert advice from the ICRC, for the Paraguayan authorities on ensuring respect for judicial guarantees, helped a few detainees gain access to legal services from public lawyers; the ICRC contributed to the drafting of a protocol on the parole process. In line with its decision to conclude its activities in Chile, the ICRC informed the penitentiary authorities and detainees that it would stop visiting detention facilities at the end of the year.

Argentine, Brazilian and Paraguayan prison officials developed their capacities in prison management at a regional workshop in Mexico (see *Mexico City*).

Forty-one security detainees in Paraguay were visited by their families, thanks to ICRC support.

### Female detainees in Paraguay improve their living conditions

The Paraguayan prison authorities continued to draw on ICRC support to improve facilities in overcrowded prisons. At the Buen Pastor women's prison, over 540 detainees and children accompanying them benefited from new electrical and fire-detection systems installed by the ICRC and the authorities. Administrative constraints delayed similar upgrades at the Tacumbu prison, which the authorities resumed in October. Because of the authorities' decision to focus on such upgrades and the ICRC's reduction of its activities in Paraguay, contingency plans for dealing with fires in prisons were not drawn up.

At ICRC training sessions, 30 inmates at Tacumbu and some from Buen Pastor learnt how to dispose of solid waste and/or – together with prison staff – how to produce chlorine. Those from Buen Pastor regularly produced chlorine for cleaning common areas; the authorities acknowledged this work and reduced their sentences with respect to the amount of time they

spent doing it. At the ICRC's recommendation, the authorities transferred the surplus chlorine produced at Buen Pastor to Tacumbu. Detainees and children in Buen Pastor, and 10 inmates at another prison, received ICRC-distributed hygiene kits.

In Paraguay, prison health staff and an ICRC doctor discussed health services in prisons. Medical consultations were provided for some detainees, and the doctor followed up the notably ill among them. At Buen Pastor, 68 inmates learnt how to make handicrafts through an ICRC-financed project, which was run by the Paraguayan Red Cross in coordination with the authorities; the project aimed to ease the social reintegration of detainees after their release. The ICRC shared its recommendations for improving the project with the authorities and the Paraguayan Red Cross, with a view to helping them take full responsibility for it after 2018.

## ACTORS OF INFLUENCE

### Military forces conducting public security operations learn more about the applicable norms

Government forces in Brazil, Chile and Paraguay were given expert guidance, training and material support for incorporating IHL and other applicable norms more fully in their training, doctrine and operations, particularly in urban areas (see *Civilians*). Officials from the military and civilian police forces – including senior officers – from Fortaleza and Rio de Janeiro in Brazil, and from Paraguay, learnt more about international law enforcement standards at various courses and train-the-trainer sessions. Paraguayan police officials developed their ability to draft protocols for operations to restore public order and manage crises. The *carabineros* in Chile trained thousands of personnel and numerous human-rights instructors in international policing standards; in Paraguay, the national police provided such training for a number of instructors.

Senior police officials from Argentina, Brazil, Chile and Paraguay attended an ICRC conference in Peru, on armed violence in urban settings (see *Lima*). ICRC financial and technical support enabled senior military officers and defence ministry officials to add to their knowledge of IHL and the ICRC: a senior military official from Brazil attended an IHL course abroad.

### Brazil, Chile and Uruguay implement IHL-related treaties

The authorities in the five countries covered took steps to implement IHL-related treaties and legislation; they were supported by the ICRC and – in Argentina, Brazil and Chile – by the national IHL committees. Notably, Brazil and Chile became party to the Arms Trade Treaty, and Uruguay to the Treaty on the Prohibition of Nuclear Weapons. The Argentine and Brazilian authorities drew on the ICRC's expertise to advance the implementation of legislation enforcing respect for the emblems protected under IHL. Guided by the ICRC, the national IHL committee in Brazil established a sub-commission on IHL and new technologies of war; the ICRC sponsored one committee member and two university professors to attend IHL training abroad. Brazilian policy-makers were given expert advice for drafting a bill to create a national registry of missing people. Members of the national IHL committee in Argentina learnt more about IHL implementation at ICRC workshops, and helped organize conferences on IHL in military academies.



Plans to conclude most of its activities in Paraguay notwithstanding, the ICRC signed a headquarters agreement in May with the government of Paraguay that would formalize its status in the country and help it implement its remaining activities more effectively. The agreement awaited ratification by the parliament.

### **Journalists and universities broaden public awareness of IHL and humanitarian issues**

Universities joined the ICRC in raising its profile and broadening awareness of IHL. For instance, the “IHL observatory” created by the University of Buenos Aires published newsletters featuring ICRC initiatives; and together with the ICRC, it organized a moot court competition that drew students from Brazil and Uruguay. Academics from Brazil participated in ICRC-supported courses on IHL and international human rights law in Peru and Portugal (see *Lima* and *Paris*).

ICRC training enabled Brazilian and Chilean National Society personnel to strengthen their capacities in public communication. Social-media campaigns, initiatives involving traditional media, and other efforts helped broaden support among beneficiary communities and the general public for the ICRC’s activities, and drew attention to pressing humanitarian issues; the ICRC made expert contributions to events hosted by the authorities in the region. In Brazil, the ICRC organized an exhibit and a digital campaign to highlight the issue of missing people and the plight of their families; Brazilian and Mexican journalists participated in an ICRC exchange programme to cover the issue of missing people. In Brazil, the ICRC drew attention to migration and other issues of regional interest at an international forum. The ICRC’s forensic work in the Falklands/Malvinas continued to receive broad media coverage.

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

The ICRC provided technical and financial assistance for the National Societies in the countries covered to strengthen their ability to respond to needs engendered by violence. However, various administrative constraints – particularly for the Brazilian, Chilean and Paraguayan National Societies – made it difficult for them to bolster their organizational capacities and assume certain responsibilities, such as taking the lead in restoring family links.

The Argentine Red Cross drafted guidelines for its personnel to work in safety; and with the ICRC and the International Federation, engaged the authorities in dialogue about the adoption of a law on the emblem (see *Actors of influence*). With the ICRC’s help, it instructed Brazilian Red Cross volunteers in first aid and helped the Brazilian, Chilean and Uruguayan National Societies take steps to improve their first-aid programmes. Key Uruguayan Red Cross personnel attended a leadership workshop – organized by the ICRC and the International Federation – and visited the Argentine Red Cross to learn how to conduct first-aid training; 11 new National Society first-aid instructors were trained. Financial support from the ICRC enabled the Paraguayan Red Cross to circulate its new statutes among all its branches.

## MAIN FIGURES AND INDICATORS: PROTECTION

| CIVILIANS   | Total  |                |               |             |
|---|--------|----------------|---------------|-------------|
| <b>RCMs and other means of family contact</b>                                 |        | <b>UAMs/SC</b> |               |             |
| RCMs collected  | 13     |                |               |             |
| RCMs distributed  | 12     |                |               |             |
| Phone calls facilitated between family members                                | 65,068 |                |               |             |
| <b>Tracing requests, including cases of missing persons</b>                   |        | <b>Women</b>   | <b>Girls</b>  | <b>Boys</b> |
| People for whom a tracing request was newly registered                        | 35     | 2              | 6             | 6           |
| Tracing cases closed positively (subject located or fate established)         | 4      |                |               |             |
| Tracing cases still being handled at the end of the reporting period (people) | 66     | 6              | 7             | 4           |
| <b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>                                       |        |                |               |             |
| <b>ICRC visits</b>  |        | <b>Women</b>   | <b>Minors</b> |             |
| Places of detention visited   | 14     |                |               |             |
| Detainees in places of detention visited                                      | 13,745 | 773            | 6             |             |
| Visits carried out  | 33     |                |               |             |
|   |        | <b>Women</b>   | <b>Girls</b>  | <b>Boys</b> |
| Detainees visited and monitored individually                                  | 57     | 4              |               |             |
| <i>of whom newly registered</i>   | 1      |                |               |             |
| <b>RCMs and other means of family contact</b>                                 |        |                |               |             |
| Detainees visited by their relatives with ICRC/National Society support       | 41     |                |               |             |
| People to whom a detention attestation was issued                             | 1      |                |               |             |

## MAIN FIGURES AND INDICATORS: ASSISTANCE

| CIVILIANS                                   |                     | Total | Women | Children |
|---|---------------------|-------|-------|----------|
| <b>Economic security</b>                    |                     |       |       |          |
| Food consumption                            | Beneficiaries       | 665   | 200   | 332      |
|   | <i>of whom IDPs</i> | 215   | 65    | 107      |
| Capacity-building                           | Beneficiaries       | 1,050 | 375   | 405      |
| <b>Water and habitat</b>                    |                     |       |       |          |
| Water and habitat activities                | Beneficiaries       | 664   | 199   | 126      |
| <b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>     |                     |       |       |          |
| <b>Economic security</b>                    |                     |       |       |          |
| Living conditions <sup>2</sup>              | Beneficiaries       | 921   | 921   |          |
| Capacity-building                           | Beneficiaries       | 68    | 68    |          |
| <b>Water and habitat</b>                    |                     |       |       |          |
| Water and habitat activities                | Beneficiaries       | 586   | 522   | 23       |
| <b>Health</b>                               |                     |       |       |          |
| Places of detention visited by health staff | Structures          | 2     |       |          |

2. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

## CARACAS (regional)

**COVERING:** Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, Bolivarian Republic of Venezuela, Curaçao, Dominica, Grenada, Guyana, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago

The Caracas regional delegation was established in 1971. It reinforces the capacities of the region's National Societies in the fields of emergency response, assistance to victims of violence, restoring family links and IHL promotion. It seeks to visit detainees in Venezuela and monitors the humanitarian situation along the Venezuelan border with Colombia. It supports the incorporation of IHL into national legislation and into the operational procedures and training of the region's armed forces, as well as the inclusion of human rights standards in police manuals and training.

### YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

### KEY RESULTS/CONSTRAINTS IN 2018

- Venezuelan medical professionals sharpened their skills in wound surgery and emergency-room trauma management at ICRC courses. Some 14 hospitals received medical supplies from the ICRC for treating wounded patients.
- Violence-affected people learnt self-protection methods and first aid from the Venezuelan Red Cross and the ICRC. The Jamaica Red Cross, with ICRC assistance, provided psychosocial support and educational activities for the youth.
- Vulnerable communities in Venezuelan states bordering Colombia learnt about good health practices, and preventing the transmission of disease, at information sessions conducted by the Venezuelan Red Cross and the ICRC.
- People on the move used family-links services – made available at five sites set up by the Venezuelan Red Cross and the ICRC along the migration route – to restore or maintain contact with their families.
- Venezuelan prison officials attended ICRC prison-management workshops. The ICRC remained unable to visit detainees in Venezuelan prisons; it gained access to detained migrants in Curaçao, and Trinidad and Tobago.
- At ICRC meetings, training sessions and workshops, military and police personnel in four countries discussed IHL and/or international standards for the use of force during law enforcement operations.

### EXPENDITURE IN KCHF

|                                     |              |
|-------------------------------------|--------------|
| Protection                          | 2,858        |
| Assistance                          | 1,168        |
| Prevention                          | 1,747        |
| Cooperation with National Societies | 1,320        |
| General                             | 107          |
| <b>Total</b>                        | <b>7,201</b> |
| <i>Of which: Overheads</i>          | <i>439</i>   |

### IMPLEMENTATION RATE

|                           |      |
|---------------------------|------|
| Expenditure/yearly budget | 100% |
|---------------------------|------|

### PERSONNEL

|   |    |
|---|----|
| Mobile staff                                | 13 |
| Resident staff (daily workers not included) | 33 |



ICRC/AR\_2018  
ICRC regional delegation

The boundaries, names and designations used in this report do not imply official endorsement nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

| PROTECTION  | Total    |
|---|----------|
| <b>CIVILIANS</b>  |          |
| <b>Restoring family links</b>   |          |
| RCMs collected  | 30       |
| RCMs distributed  | 18       |
| Phone calls facilitated between family members  | 68       |
| Tracing cases closed positively (subject located or fate established)                     | 1        |
| <b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>   |          |
| <b>ICRC visits</b>  |          |
| Places of detention visited   | 3        |
| Detainees in places of detention visited  | 588      |
| <i>of whom visited and monitored individually</i>   | <i>6</i> |
| Visits carried out  | 3        |
| <b>Restoring family links</b>   |          |
| RCMs collected  | 40       |
| Phone calls made to the families to inform them of the whereabouts of a detained relative | 3        |

| ASSISTANCE              | 2018 Targets (up to) | Achieved |
|-------------------------|----------------------|----------|
| <b>WOUNDED AND SICK</b> |                      |          |
| <b>Medical care</b>     |                      |          |
| Hospitals supported     | Structures           | 14       |

## CONTEXT

The Bolivarian Republic of Venezuela (hereafter Venezuela) continued to endure the effects of chronic violence and a deteriorating socio-economic situation – particularly, shortages of food and other essential goods, hyperinflation and constraints in the delivery of health and other basic services. Small-scale demonstrations, mainly in relation to socio-economic issues, were a frequent occurrence and led to casualties and arrests. Organized armed violence and criminality persisted in some urban settings and border areas. The police were usually aided by the military police during law enforcement operations.

These circumstances led people to search for better living conditions and income-generating opportunities in border areas, neighbouring countries – particularly Brazil, Colombia and Ecuador – or nearby Caribbean islands such as Aruba, Curaçao, and Trinidad and Tobago. Food, water and health care were not readily available to people on the move; migrants with irregular status and people passing through dangerous border areas – for instance, on either side of the Venezuela–Colombia border, where armed groups and government forces often skirmished – were especially vulnerable to exploitation, sexual violence, forced recruitment into armed groups and other abuses. The influx of people put pressure on the limited resources of host communities and destination countries. Many migrants were detained, mostly in places with inadequate facilities, or deported.

High levels of gang violence and crime continued to be a major issue in a number of countries of the Caribbean Community (CARICOM). Police and military forces often conducted joint law enforcement operations. The return of some people – who were alleged to have participated in fighting abroad – to Trinidad and Tobago caused some concerns.

## ICRC ACTION AND RESULTS

Together with the National Societies in the countries covered, the ICRC bolstered its response to the humanitarian needs of people affected by violence and/or on the move, in line with the Fundamental Principles and the Safer Access Framework. The ICRC maintained its support for the National Societies in the region, mainly the Venezuelan Red Cross, to build their capacities in preparing for and responding to emergencies, restoring family links and broadening acceptance for the Movement's activities. Regular coordination among Movement partners in the region helped ensure effective implementation of projects.

The ICRC increased its efforts to help boost the emergency response capacities of first responders – including Venezuelan Red Cross staff and medical professionals in violence-prone areas – through material and infrastructural support, and training. Several hospitals, including those of the Venezuelan Red Cross, were given wound-surgery kits and other supplies. Renovations at some emergency-room facilities were ongoing at year's end. ICRC workshops were organized to help personnel at public and military hospitals develop their capacities in wound surgery and/or emergency-room trauma management. The ICRC also sponsored some public-health professionals to attend a Health Emergencies in Large Populations (HELP)

course held abroad. Projects run by the Venezuelan Red Cross and the ICRC – to promote good health practices and prevent the transmission of disease among vulnerable communities along the Venezuela–Colombia border – continued.

With the ICRC's assistance, the Venezuelan Red Cross set up sites at bus terminals along the migration route where the Movement's tracing and other family-links services were made available. The ICRC provided ad hoc financial assistance for vulnerable migrants, such as unaccompanied or separated minors and destitute families stranded in bus terminals. The ICRC continued to work with the National Societies in the region to strengthen their capacities in restoring family links.

In Venezuela, Belize and Jamaica, the ICRC supported or carried out projects to help vulnerable people, particularly young people, to build their resilience to the consequences of violence. Together with the Venezuelan Red Cross, the ICRC instructed teachers on strategies for reducing their exposure to violence, which they could share with their students and the wider community; with a local NGO, it provided vocational training to some vulnerable young people. Guided by the ICRC, the Jamaica Red Cross provided psychosocial support for young people and their parents; and sought to mitigate the impact of violence on young people by making educational activities available to them. The Belize Red Cross Society conducted workshops in dispute management for police officers and community members.

The ICRC remained unable to visit detainees in Venezuela; however, it continued to engage penitentiary officials in dialogue, and to cultivate a working relationship with them – for instance, through workshops on internationally recognized standards for detention. The ICRC gained access to some immigration detention centres in Curaçao, and Trinidad and Tobago. It discussed migration-related issues with the authorities concerned, with a view to developing a suitable response.

Efforts to promote respect for international policing standards and IHL throughout the region were sustained. Venezuelan military officials and instructors attended ICRC training sessions and workshops on IHL in Venezuela and elsewhere.

## CIVILIANS

The ICRC bolstered its response to the growing needs of people in Venezuela and the wider region. It worked with Movement and other partners to tackle the needs of people affected by violence and/or on the move. Its field presence and expanded dialogue with key parties enabled the ICRC to acquire a better grasp of these people's plight and broaden acceptance for the Movement's activities in Venezuela and beyond.

Matters of common concern were brought up by the ICRC with key actors in the region – at meetings, round-tables and other events. These were supplemented by seminars and courses for military and police personnel on IHL, international standards for the use of force and pertinent legal norms (see *Actors of influence*). Dialogue with the authorities in Aruba, Curaçao, and Trinidad and Tobago focused on issues related to the protection of migrants, immigration detention and missing

people. The humanitarian concerns of Trinbagonian nationals who were alleged to have participated in fighting and/or detained in the Middle East – such as their need for family-links services – were discussed with the authorities.

### **Vulnerable people strengthen their resilience to the effects of violence**

People in violence-prone areas of Venezuela, including along the Venezuela–Colombia border, strengthened their emergency preparedness at workshops held by the Venezuelan Red Cross, a local NGO and the ICRC. Around 70 teachers at one school took part in workshops on safe practices where they learnt how to protect themselves and their students more effectively against violence. Some of them were also trained in first aid, together with other community members (see *Wounded and sick*). In Venezuelan border areas where health-care services were often not readily available, community members learnt good health practices and how to prevent the transmission of disease, at information sessions conducted by the Venezuelan Red Cross and/or the ICRC.

In Venezuela, Belize and Jamaica, the ICRC worked with the National Societies or other local partners to alleviate the impact of armed violence on young people – for instance, by reintegrating them into the educational system and boosting their chances of getting jobs. In Jamaica, more than 70 young people attended schools run by the Jamaica Red Cross with ICRC support: here they began or continued to learn reading, writing and basic arithmetic, and/or acquire vocational skills. These students and their parents were also given psychosocial support. In Belize, nearly 100 police officers and some young people learnt more about effective ways to deal with disputes at workshops organized by the Belize Red Cross Society and the ICRC; some of them were given training to conduct such workshops for others. Around 15 violence-affected young people in Venezuela attended vocational training conducted by the ICRC with a local NGO. The ICRC assessed mental-health and psychosocial needs in violence-affected communities in Caracas, with a view to developing a suitable response.

### **Members of separated families reconnect with each other**

The ICRC worked closely with National Societies in the region to enable people to communicate with or search for relatives separated from them by violence, migration or other circumstances.

The Venezuelan Red Cross and the ICRC set up five sites along the migration route (at bus terminals in Caracas and along border areas) where people could use the Movement's tracing and other family-links services, including internet and mobile phone-charging services, to contact their relatives. At these sites, vulnerable people were given valuable information on how to avoid danger and prevent loss of family contact while on the move. Particularly vulnerable people, such as unaccompanied minors and destitute families stranded in bus terminals, were given ad hoc financial support by the ICRC for covering the costs of their food, transportation and/or temporary lodgings.

The National Society branches in Aruba, the Bahamas, Belize, Curaçao, Jamaica, Trinidad and Tobago, and Venezuela strengthened their ability to provide family-links and other humanitarian services to migrants, including those who had been detained; this was made possible by ICRC training and/or technical and material support. CARICOM National Societies also learnt how to promote the Movement's family-links services for people at risk of losing contact with their families among the authorities and other stakeholders, to help expand their dialogue with them on migration-related issues.

### **Forensic services in Venezuela develop their ability to manage human remains**

Forensic institutions in Venezuela strengthened their capacities in managing human remains, with ICRC support. The ICRC urged central forensic authorities to improve their data collection and management mechanisms. Forensic services were given supplies and equipment for handling human remains – body bags and gloves, for instance – for use in emergencies; it could not organize workshops for them owing to operational constraints. The ICRC sponsored a forensic authority to attend a meeting on the management of human remains, held abroad, with other experts in the region. The ICRC helped some families in Venezuela to take possession of the remains of their relatives who had died abroad and/or to cover funeral costs.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Migrants in immigration detention centres receive ICRC visits**

Partly because of increased efforts to engage in dialogue with local authorities, the ICRC gained access to two immigration detention centres in Curaçao, and one in Trinidad and Tobago; about 600 migrants in total were being held in these centres. It checked on the treatment and living conditions of migrants detained there and communicated its findings, confidentially, to the authorities concerned. Respect for migrants' rights and judicial guarantees, and internationally recognized standards for detention, were among the subjects discussed. Some migrants availed of family-links services during ICRC visits.

### **Venezuelan officials bolster their capacities in prison management**

In Venezuela, the ICRC continued to engage the defence and penitentiary affairs ministries in dialogue – to explain the humanitarian nature of its detention-related activities and its standard procedures for prison visits – but it remained unable to visit detainees there. Nevertheless, the ICRC maintained its efforts to develop its relations with the authorities; it held several technical meetings with them to discuss measures to ensure respect for judicial guarantees, ways to alleviate overcrowding, and other issues of pertinence.

Some Venezuelan authorities strengthened their capacities in prison management, with ICRC support – in particular, through workshops on prison management and infrastructure, including one held in Mexico (see *Mexico City*), and training courses in international standards for the use of force and firearms in connection with people under surveillance or in custody. After a fire at a police station, detaining authorities requested for technical and material support from the



Venezuelan Red Cross and the ICRC for dealing with injured or deceased detainees under their custody; detainees informed their families of their situation through RCMs collected by the National Society, or phone calls made by the ICRC.

Some detainees and their families received psychosocial and/or material support from the ICRC; some families were financially supported to visit their detained relatives.

## WOUNDED AND SICK

### People injured during violence have better access to suitable treatment

In Venezuela, the ICRC increased its efforts to help ensure good-quality care for injured people amid shortages of medicines. Over 370 community members, including students, teachers and public-transportation drivers, in violence-prone areas of Apure and Caracas learnt first aid through training organized by the Venezuelan Red Cross and the ICRC; some of them were given first-aid kits.

About 250 health professionals from some 40 public and military hospitals were trained in emergency-room trauma management; some of these courses were conducted by their peers who had already been trained by the ICRC. Some 90 doctors sharpened their skills in wound surgery at ICRC seminars, and five public-health professionals attended a HELP course held abroad, with ICRC support.

The ICRC donated wound-surgery kits and other medical items on an ad hoc basis to 14 hospitals, seven of which were run by the National Society; renovations to emergency rooms at some hospitals were ongoing at year's end.

### The Venezuelan Red Cross reinforces its emergency preparedness

The Venezuelan Red Cross continued to strengthen its capacities in preparing for and responding to emergencies, such as outbreaks of violence, in line with the Safer Access Framework (see *Red Cross and Red Crescent Movement*); the ICRC provided comprehensive support for this. National Society volunteers from branches throughout the country were trained in first aid; others were trained to use motorcycles to evacuate wounded and sick people. The ICRC repaired ambulances and other vehicles used by the National Society. Some National Society branches updated their contingency plans, and developed protocols to mitigate security risks, with ICRC technical support.

During the events mentioned above, the ICRC drew attention to the issue of violence against health services, and emphasized the rights and duties of health authorities and personnel.

## ACTORS OF INFLUENCE

The ICRC had bilateral discussions about its mandate and activities with senior officials from Venezuela and several CARICOM Member States, and with the Aruban and Curaçaoan authorities. Such efforts helped broaden support for its work in the region, and enabled it to expand its activities (see *People deprived of their freedom*).

### Police and military personnel learn more about international policing standards and IHL

ICRC workshops enabled weapon bearers in Venezuela, Belize, Jamaica, and Trinidad and Tobago, to strengthen their grasp of international norms applicable to their work. Around 150 military and police officers in Venezuela attended courses in IHL and international standards for the use of force during law enforcement operations; some of these courses were organized jointly by the Venezuelan armed forces and the ICRC. Subsequently, these officers conducted similar courses for several hundreds of personnel in the field. Workshops on the applicability of international human rights law to police procedures were held at the national university for security forces in Venezuela; university officials were given technical assistance to conduct these workshops. With ICRC support, military and police personnel from Jamaica, and/or Trinidad and Tobago, attended workshops held abroad on international rules governing military operations (see *International law and policy*) and the use of force in law enforcement operations in the context of violence in urban settings (see *Lima*).

During its discussions with them, the ICRC advised military and/or police officials in Belize, Jamaica, and Trinidad and Tobago to incorporate IHL and international standards for law enforcement in their regulatory frameworks. A working group set up by the Belizean security forces was given expert assistance to draft guidelines for joint border operations.

The ICRC continued to provide technical support to the national IHL committee in Venezuela for drafting a statute, which they began to do in 2015 but had yet to be finalized, to facilitate its work. With ICRC financial support, members of the committee attended a regional meeting on challenges and good practices in implementing the Montreux Document in the region.

### Members of Venezuelan civil society familiarize themselves with the Fundamental Principles

The ICRC and the Venezuelan Red Cross strengthened their public communication – by producing online and print materials, and meeting with journalists – to broaden awareness among members of civil society and the general public of the Movement's Fundamental Principles and humanitarian activities. It used the same means to inform people on the move – and others affected by the situation in Venezuela – of ICRC activities in their behalf. The ICRC trained National Society staff and volunteers throughout the region to communicate the Movement's neutral, impartial and independent humanitarian approach accurately in all their public communication.

### CARICOM States and the ICRC discuss implementation of legal frameworks on migration

In view of increased migration throughout the region, the ICRC organized bilateral meetings and round-tables with the authorities in Aruba, the Bahamas, Curaçao, and Trinidad and Tobago to discuss the incorporation of legal frameworks on migration in domestic legislation. The ICRC advised the Trinbagonian authorities to take IHL, international human rights law and other applicable norms into account in the treatment of returnees who were alleged to have participated in fighting abroad, and in addressing the protection-related concerns of their families.



The ICRC met with representatives of the CARICOM Implementation Agency for Crime and Security, to discuss issues of common interest: the implementation of the Arms Trade Treaty, counter-terrorism strategies and their implications on humanitarian action, and regulating private military security companies; it offered them technical support for drafting legislation on the latter topic.

## RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region continued to receive financial, material and technical support from the ICRC and other Movement partners to improve their organizational set-up and strengthen their capacity to respond to emergencies, the consequences of violence, and the needs of people on the move (see *Civilians* and *Wounded and sick*). ICRC support for the Venezuelan Red Cross also included workshops to help them develop security guidelines, and material assistance – such as food stocks, air-conditioners, telecommunication equipment, all-terrain vehicles, tents, vests and uniforms – for its relief departments.

At ICRC workshops on the Safer Access framework, around 180 Venezuelan Red Cross staff and volunteers from the National Society branches in the Bahamas, Belize, Curaçao, Guyana, Jamaica, and Trinidad and Tobago learnt how to deliver aid safely, especially in areas prone to violence. ICRC training helped other staff and volunteers to develop their capacities in restoring family links (see *Civilians*) and explaining the Movement's activities to the general public (see *Actors of influence*).

Movement partners throughout the region shared experiences and explored possibilities for cooperation during meetings and peer-to-peer sessions facilitated by the ICRC. Partnership agreements between the ICRC, the Venezuelan Red Cross and the International Federation – and between the ICRC and the Jamaica Red Cross – on dealing with the consequences of violence and responding to emergencies were signed.

## MAIN FIGURES AND INDICATORS: PROTECTION

| CIVILIANS   | Total |                |               |             |
|---|-------|----------------|---------------|-------------|
| <b>RCMs and other means of family contact</b>   |       | <b>UAMs/SC</b> |               |             |
| RCMs collected  | 30    |                |               |             |
| RCMs distributed  | 18    |                |               |             |
| Phone calls facilitated between family members  | 68    |                |               |             |
| <b>Tracing requests, including cases of missing persons</b>                           |       | <b>Women</b>   | <b>Girls</b>  | <b>Boys</b> |
| People for whom a tracing request was newly registered                                | 9     | 1              |               |             |
| Tracing cases closed positively (subject located or fate established)                 | 1     |                |               |             |
| Tracing cases still being handled at the end of the reporting period (people)         | 11    | 1              |               |             |
| <b>Documents</b>  |       |                |               |             |
| People to whom travel documents were issued   | 1     |                |               |             |
| <b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>   |       |                |               |             |
| <b>ICRC visits</b>  |       | <b>Women</b>   | <b>Minors</b> |             |
| Places of detention visited   | 3     |                |               |             |
| Detainees in places of detention visited  | 588   | 39             |               |             |
| Visits carried out  | 3     |                |               |             |
|   |       | <b>Women</b>   | <b>Girls</b>  | <b>Boys</b> |
| Detainees visited and monitored individually  | 6     | 1              |               |             |
| <i>of whom newly registered</i>   | 6     | 1              |               |             |
| <b>RCMs and other means of family contact</b>   |       |                |               |             |
| RCMs collected  | 40    |                |               |             |
| Phone calls made to families to inform them of the whereabouts of a detained relative | 3     |                |               |             |
| Detainees visited by their relatives with ICRC/National Society support               | 7     |                |               |             |

## MAIN FIGURES AND INDICATORS: ASSISTANCE

| WOUNDED AND SICK   |                                    | Total | Women | Children |
|--|------------------------------------|-------|-------|----------|
| <b>Hospitals</b>   |                                    |       |       |          |
| Hospitals supported  | Structures                         | 14    |       |          |
| <b>Services at hospitals not monitored directly by ICRC staff</b>  |                                    |       |       |          |
| Surgical admissions (weapon-wound and non-weapon-wound admissions) |                                    | 253   |       |          |
| Weapon-wound admissions (surgical and non-surgical admissions)     |                                    | 89    | 17    |          |
| <b>First aid</b>   |                                    |       |       |          |
| First-aid training   |                                    |       |       |          |
|  | Sessions                           | 20    |       |          |
|  | Participants (sum of monthly data) | 374   |       |          |

# COLOMBIA

In Colombia since 1969, the ICRC strives to protect and assist victims of armed conflicts and other situations of violence, secure greater compliance with IHL by all weapon bearers, and promote integration of IHL and international human rights norms into the security forces' doctrine, training and operations. It visits detainees and assists the authorities in addressing systemic issues affecting the penitentiary system. It supports efforts to address the needs of families of missing persons, provides aid to violence-affected people, and helps ensure their access to health care. It runs a comprehensive mine-action programme. It works closely with the Colombian Red Cross and other Movement components.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

## KEY RESULTS/CONSTRAINTS IN 2018

- The ICRC reminded authorities and weapon bearers of their obligation under IHL to protect civilians; security considerations limited dialogue with armed groups in rural areas.
- The ICRC scaled up its activities in response to intensified violence and a massive wave of migration from the Bolivarian Republic of Venezuela, enabling IDPs to restore their livelihoods and migrants to meet their urgent needs.
- Vulnerable migrants and residents improved their living conditions with the help of hygiene items and other essentials donated by the ICRC; they also benefited from ICRC upgrades to shelters and water, sanitation and other facilities.
- Missing people's families obtained livelihood, psychosocial and other support after the ICRC referred them to the pertinent services.
- Penitentiary authorities drew on ICRC expertise to reform the criminal justice system and address systemic issues in prisons, such as overcrowding, respect for procedural safeguards and access to health care.
- Wounded, sick and physically disabled migrants, IDPs and other violence-affected people received emergency and rehabilitative care at ICRC-supported facilities.

## EXPENDITURE IN KCHF

|                                     |               |
|-------------------------------------|---------------|
| Protection                          | 11,686        |
| Assistance                          | 10,770        |
| Prevention                          | 3,234         |
| Cooperation with National Societies | 2,033         |
| General                             | 725           |
| <b>Total</b>                        | <b>28,447</b> |
| <i>Of which: Overheads</i>          | <i>1,736</i>  |

## IMPLEMENTATION RATE

|                           |      |
|---------------------------|------|
| Expenditure/yearly budget | 103% |
|---------------------------|------|

## PERSONNEL

|   |     |
|---|-----|
| Mobile staff                                | 63  |
| Resident staff (daily workers not included) | 291 |



## PROTECTION

Total

### CIVILIANS

#### Restoring family links

|   |       |
|---|-------|
| RCMs collected  | 36    |
| RCMs distributed  | 24    |
| Phone calls facilitated between family members                        | 6,202 |
| Tracing cases closed positively (subject located or fate established) | 110   |

### PEOPLE DEPRIVED OF THEIR FREEDOM

#### ICRC visits

|   |        |
|---|--------|
| Places of detention visited                       | 21     |
| Detainees in places of detention visited          | 55,436 |
| <i>of whom visited and monitored individually</i> | 25     |
| Visits carried out                                | 59     |

## ASSISTANCE

2018 Targets (up to)

Achieved

### CIVILIANS

#### Economic security

|                                |               |       |        |
|--------------------------------|---------------|-------|--------|
| Food consumption               | Beneficiaries | 750   | 14,141 |
| Income support                 | Beneficiaries | 3,270 | 7,111  |
| Living conditions              | Beneficiaries | 750   | 15,009 |
| Capacity-building <sup>1</sup> | Beneficiaries | 1,600 |        |

#### Water and habitat

|                              |               |        |         |
|------------------------------|---------------|--------|---------|
| Water and habitat activities | Beneficiaries | 21,000 | 130,905 |
|------------------------------|---------------|--------|---------|

### WOUNDED AND SICK

#### Medical care

|                     |            |  |    |
|---------------------|------------|--|----|
| Hospitals supported | Structures |  | 11 |
|---------------------|------------|--|----|

#### Physical rehabilitation

|  |                         |     |     |
|--|-------------------------|-----|-----|
| Projects supported                             | Projects                | 10  | 18  |
| People benefiting from ICRC-supported projects | Aggregated monthly data | 334 | 901 |

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

## CONTEXT

The Colombian government and the Fuerza Alternativa Revolucionaria del Común (Common Alternative Revolutionary Force, the political successor of the Revolutionary Armed Forces of Colombia – People's Army, or FARC-EP), continued to work towards implementing the terms of their 2016 peace agreement; the missing persons search unit, established as part of this agreement, began receiving State funding in August after the Constitutional Court confirmed its humanitarian mandate.

In August, the Colombian government suspended peace talks with the National Liberation Army (ELN).

Violent confrontations between government forces and armed groups – and clashes among armed groups – especially in urban areas, intensified and became more frequent. Armed groups and organized crime syndicates were also active in rural areas.

Injuries and deaths among civilians, unlawful conduct against them, and attacks or threats against medical personnel and facilities were reported in urban and rural areas affected by armed conflict or other situations of violence. These, and other consequences of the violence – such as the presence of mines and explosive remnants of war (ERW) – restricted people's movement, impeded access to health care and other basic services, and prevented the pursuit of livelihoods.

Many victims of past and ongoing hostilities, particularly in remote areas, found themselves unable to avail themselves of the benefits or compensation they were entitled to. This was partly because of budgetary constraints and other difficulties confronting the State's victim assistance unit.

State authorities worked towards criminal justice reform, following the Constitutional Court's 2015 declaration that the state of affairs in places of detention was unconstitutional. A follow-up hearing was held by the court in November, at which a consensus among lawmakers was reached on the necessity of speeding up the reforms to criminal law.

Colombia hosted an estimated 935,000 migrants fleeing the crisis in the Bolivarian Republic of Venezuela (hereafter Venezuela) (see *Caracas*). Migrants, particularly in northern Colombia and Bogotá, had little or no access to basic services, and were at risk of destitution and exploitation or of losing contact with their families.

## ICRC ACTION AND RESULTS

The ICRC scaled up its response to humanitarian needs arising from intensified armed conflicts, armed violence in urban areas, and the massive wave of migration from Venezuela. Together with the Colombian Red Cross, it made victims of violence and migrants aware of the State services available to them. It provided logistical and other support for the State's victim assistance unit and other bodies, but also intervened directly, whenever necessary, to address the immediate needs

of Venezuelan migrants and of people displaced by violence within Colombia. The ICRC discussed the protection-related concerns of violence-affected people with the authorities and armed groups and other weapon bearers, and reminded them of their obligations under IHL and other pertinent norms.

By stepping up its assistance activities, particularly near the Colombia–Venezuela border, the ICRC was able to help more people than originally planned. Migrants and IDPs were given food, hygiene items and other essentials – or cash for buying them. Cash for transportation and accommodation expenses enabled migrants, IDPs and missing people's families to obtain the necessary State services. ICRC water-and-habitat projects – renovating water and sanitation facilities, community infrastructure, and migrant shelters; and distributing bottled water and hygiene items – helped ease the situation of migrants near the border and violence-affected communities. Missing people's families and other vulnerable households were given livelihood assistance – cash, vocational training, salary subsidies, and farming supplies – to help them restore their self-sufficiency.

The ICRC continued to remind the authorities and others of the necessity of ascertaining the fate of missing people, particularly for the families concerned. It assisted missing people's families to meet their legal, economic, psychological and other needs, and provided technical support for the missing persons search unit. It organized workshops on human remains management for the authorities, forensic experts and other stakeholders, and urged them to adopt forensic best practices in order to prevent disappearances.

The ICRC and the National Society broadened awareness of the protection due to those seeking or providing health-care services. ICRC training in first aid and surgical care, for a broad range of medical professionals and volunteers, increased the likelihood of people receiving suitable care during emergencies. ICRC-supported facilities provided migrants, victims of violence and disabled people with the health-care services that they needed.

The ICRC visited detainees to monitor their treatment and living conditions. It gave the authorities technical and material support for addressing systemic issues in prisons; its expertise aided their efforts to reform the criminal justice system.

Military and police forces were enabled to strengthen their grasp of IHL and other applicable norms. Academics, journalists and members of the general public learnt more about IHL and humanitarian issues in Colombia through various ICRC initiatives.

The ICRC and the National Society worked together to assist migrants, missing people's families, and people affected by violence, particularly in urban areas. The National Society received support for boosting its operational capacities in line with the Safer Access Framework.

## CIVILIANS

The ICRC engaged the authorities and armed groups in dialogue on their obligations under IHL – more specifically, on such topics as: the protection of civilians; the principle of precaution and the use of force; the involvement of minors with armed groups; allegations of sexual violence; and the safe delivery of health care. ICRC briefings and round-tables enabled military and police personnel to learn more about IHL provisions and international policing standards regulating the use of force, and about the prevention of sexual violence. The security situation restricted dialogue with armed groups in rural areas. The ICRC offered to serve as a neutral intermediary between the Colombian government and the ELN in their peace talks; however, these talks were suspended in August.

Victims of violence were told about the State compensation available to them and/or given material assistance (see below). Violence-affected communities in Medellín were also briefed on self-protection measures and positive coping mechanisms. In weapon-contaminated areas, 6,253 people – teachers, community leaders and students – learnt how to protect themselves against mines/ERW. Contingency plans, developed with the ICRC's assistance, were drafted for schools in six rural areas, to protect students during intensified violence.

### Migrants, IDPs and other vulnerable people meet some of their most urgent needs

Following outbreaks of violence and influxes of migrants (see *Context*), the ICRC scaled up its assistance activities, particularly in areas near Bogotá, Medellín and the border with Ecuador and Venezuela. It provided logistical and other support for the State's victim assistance unit, regional/municipal authorities, and other institutions, but – often with the Colombian Red Cross – it also directly intervened, where necessary, to supplement strained State services.

In all, 14,141 people (3,924 households) met their immediate food needs with ICRC assistance: 10,209 migrants received food rations, and 3,932 IDPs – and relatives of missing people – were given food or cash to buy it.

ICRC material assistance enabled 15,009 people (4,746 households) – migrants, IDPs, missing people's relatives and formerly detained minors – to improve their living conditions or to help them travel to urban areas to access State services. A total of 8,955 migrants and 2,623 IDPs received hygiene kits, bedding, raincoats and other essentials; and 1,884 others, including members of missing people's families and migrants with infants among them, were given cash to buy these items, cover transportation costs, and pay for lodgings. Cash allowances were also given to 441 violence-affected households (956 people) – mainly from rural areas – and 252 families of missing people (532 people), to facilitate their access to legal, economic and mental-health assistance from the State. ICRC cash assistance enabled 15 families (15 people) to pay for funeral services after the remains of their missing relatives were recovered, identified and handed over to them. Transport allowances helped 44 demobilized minors to attend vocational training.

### Violence-affected people work towards self-sufficiency

The ICRC provided livelihood support for 1,723 households (7,111 people) – including missing people's families. Roughly 730 people became more employable after completing vocational training. Some 200 breadwinners found employment; the ICRC covered 30% of their wages for six months. The ICRC gave about 380 families cash or construction materials to bolster their businesses. Seed and/or farming tools were provided to some 260 families; floods had disrupted the livelihoods of many of these families.

### Communities benefit from health-care services supported by the ICRC

The National Society and the ICRC distributed signboards, flags and badges bearing the protective emblem of the country's medical services – for marking buildings and vehicles and for identifying medical personnel – to 29 health facilities. Roughly 1,000 health workers and community volunteers were briefed about the rights and duties of those delivering health-care services; 524 local officials attended train-the-trainer sessions on the Health Care in Danger initiative. The ICRC also made 1,430 victims of violence aware of the health-care services available to them.

In total, 226 relatives of missing people and 201 victims of violence, including 129 victims/survivors of sexual violence, were referred by the ICRC to mental-health service providers for psychological counselling and psychosocial support. Some 200 migrants benefited from group counselling at an ICRC-supported centre. Roughly 900 National Society and community volunteers were trained in psychological self-care and basic counselling. The ICRC trained five psychologists and three social workers to assist missing people's families.

### Migrants and underserved communities have access to water and sanitation

Nearly 105,000 migrants and IDPs benefited from the ICRC's emergency water-and-habitat initiatives. They included roughly 88,000 migrants who received bottled water and hygiene items, and some 10,000 others who benefited from hydration points, sanitation facilities, community kitchens and a health post set up or renovated by the ICRC. Three shelters for migrants – capable of accommodating about 5,000 people – were also renovated.

In violence-affected rural and urban areas, the ICRC provided communities and local authorities with financial and material support for repairing water and sanitation facilities and street lights; some 15,000 people benefited. About 7,000 people benefited from the construction of community infrastructure, such as a hostel for students and a communal centre for vocational training and recreational and educational activities. Improvements were made to the premises of three National Society offices (total capacity: about 3,300 people), so that migrants and victims of violence could be assisted in more suitable surroundings.



### **Efforts to clarify the fate of missing people and prevent disappearances continue**

The ICRC's dialogue with the authorities, the former FARC-EP, and armed groups – on the necessity of informing families of the fate of their missing relatives – continued. Recovered human remains were forwarded to the authorities for identification, and 49 sets subsequently handed over to the families concerned. The ICRC continued to urge the authorities to make State services more readily available to missing people's families in remote areas; some families received ICRC material assistance and psychosocial support (see above).

The missing persons search unit received expert advice from the ICRC as it prepared to formally carry out its work (see *Context*); upon the ICRC's recommendations, representatives from the unit visited missing people's families and other stakeholders to explain the search process.

ICRC training helped the authorities, victims' organizations and former members of FARC-EP to learn how to manage information about missing people.

The ICRC sought to ensure that recovered human remains could be identified at some point. It therefore provided expert advice, whenever necessary, for authorities, forensic experts, academics and others, and urged them to standardize forensic procedures, ensure closer coordination among parties concerned, and adopt best practices in forensics. With these ends in mind, it sponsored their participation in workshops and seminars. A morgue in Nariño was renovated with ICRC support.

### **Migrants and demobilized child soldiers restore contact with their families**

Minors previously associated with armed groups reconnected with their families through Movement family-links services. The ICRC arranged for Venezuelan migrants to phone their families; 6,202 phone calls were made. It gave the National Society technical and material support to strengthen its ability to provide family-links services for migrants.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

The ICRC visited, in accordance with its standard procedures, 21 detention facilities holding roughly 55,400 detainees. These visits focused on determining how best to support the central authorities' efforts to address structural issues, including overcrowding. The ICRC communicated its findings and recommendations confidentially to the authorities, to help them align detainees' living conditions and treatment with national and internationally recognized standards.

The ICRC financed family visits for some detained minors or vocational training after their release (see *Civilians*).

### **Authorities take steps to address issues affecting the entire penitentiary system**

ICRC expertise continued to aid the authorities' efforts to reform the criminal justice system. The ICRC's dialogue with judicial and penitentiary authorities focused on: addressing overcrowding; implementing alternatives to incarceration, particularly for women and minors; promoting respect for

existing procedural safeguards; and facilitating access to health care, including for mentally ill or physically disabled detainees, in line with national policies for public health in prisons.

Roughly 80 prison health staff and health ministry personnel – including members of working groups on public health in prisons – learnt more about strengthening health-care provision in prisons, including mental-health care. The ICRC also shared with the health and detaining authorities the findings from its assessment of detainees' health-related concerns at 11 prisons. The ICRC sponsored a study tour for three mental-health professionals to learn about best practices in providing mental-health care for detainees (see *London*). Sixty people referred by the National Training Service (SENA) attended an ICRC train-the-trainer course in prison health services.

The ICRC participated in working-group meetings and round-tables on the proper use of force, and provided recommendations for implementing a tool to monitor allegations of ill-treatment, prolonged solitary confinement and sexual violence. A pilot project on implementing existing mechanisms for regulating or modifying the execution of a sentence was being discussed with judicial authorities at year's end.

ICRC-supported training helped some 400 people, including prison guards and trainers from the National Penitentiary School, to strengthen their grasp of the various norms and international policing standards regulating the use of force. The authorities were preparing, with the ICRC's help, a handbook on the subject.

At a regional workshop (see *Mexico City*), Colombian authorities and their peers discussed best practices in designing and maintaining prisons. The ICRC renovated quarantine areas for TB patients at the Cúcuta prison (capacity: 3,232 detainees). As a result of the ICRC's infrastructural work at two other prisons, health, sanitation and sports facilities became more accessible to 712 physically disabled detainees.

### **WOUNDED AND SICK**

A total of 844 people, including victims of violence and people from rural areas, obtained urgently needed State medical services; the ICRC covered their transportation expenses. The ICRC served as a neutral intermediary in the medical evacuation of six wounded civilians and weapon bearers. Medical supplies from the ICRC enabled 11 hospitals to deal effectively with patient influxes, mainly migrants and people wounded during clashes.

To help ensure that people receive life-saving care during emergencies, the Colombian Red Cross and the ICRC provided first-aid training for some 500 health workers, National Society volunteers, community members, and weapon bearers.

The ICRC trained 80 medical professionals from violence-affected areas in weapon-wound surgery; it also sought to develop local capacities in emergency care. To that end, it arranged seminars on war surgery, which 120 university students and teachers attended; and organized a symposium, at which 46 trauma surgeons exchanged best practices.

### Physically disabled people receive rehabilitative care and other assistance

Disabled people – including migrants, detainees and former members of FARC-EP – obtained rehabilitative care at ten physical rehabilitation centres receiving raw materials and technical guidance from the ICRC. The ICRC helped 842 patients<sup>2</sup> to obtain physical rehabilitation services; 241 of them received cash to cover transportation and/or accommodation expenses. Prosthetists/orthotists from ICRC-supported centres provided services to 122 disabled detainees at seven places of detention. ICRC training and technical support helped health authorities, SENA, three medical professional associations, two training institutes and a university to develop their capacities in rehabilitative care and/or in designing their own training courses for physical rehabilitation professionals.

The ICRC sponsored about 100 physical rehabilitation professionals to attend ICRC courses and workshops, for example, on wheelchair prescription and amputation. ICRC-trained staff of local organizations guided parents in providing suitable care for their children with cerebral palsy.

A working group – composed of health ministry officials and members of an association of prosthetists/orthotists – was set up with ICRC support, to define national professional standards for prosthetists/orthotists.

The ICRC promoted the social inclusion of disabled people. Three wheelchair basketball teams (12 people in Cali and 22 detainees at two prisons in Cali and Medellín), received training, equipment, uniforms and sport wheelchairs. In addition, 25 disabled people were referred for ICRC economic-security assistance.

## ACTORS OF INFLUENCE

### Authorities and weapon bearers strengthen their grasp of IHL

In July, the Special Jurisdiction for Peace (JEP) – a transitional justice mechanism established in line with the terms of the peace agreement between the Colombian government and the FARC-EP – formally provided the ICRC with confidentiality and immunity guarantees for carrying out its work as a neutral intermediary in connection with the aforementioned peace agreement. JEP members learnt more about IHL through ICRC training.

Military and police forces, including their legal advisers, and FARC defence lawyers broadened their knowledge of IHL, international human rights law, and other norms through ICRC workshops, round-tables and training sessions. The army incorporated ICRC recommendations in three internal regulations on the use of force.

Sponsored by the ICRC, a senior Colombian military official attended an IHL workshop in the United Arab Emirates (see *International law and policy*), and Colombian police personnel attended a conference on law enforcement during armed violence in urban areas (see *Lima*).

The ICRC helped the authorities and legal experts to broaden their knowledge of IHL: for instance, it distributed IHL-themed newsletters to lawyers and organized a meeting for authorities, judges, and members of civil society to discuss IHL-related issues, including the necessity of respecting the principle of *non-refoulement* in connection with migrants. Aided by the ICRC, the national IHL committee organized its annual IHL course for government officials.

### The general public learn more about humanitarian issues and ICRC activities

ICRC factsheets, news releases and interviews helped foster awareness of the ICRC's activities for migrants, conflict-affected rural communities, and urban communities enduring armed violence. The ICRC expanded its engagement with migrants and the general public through social media.

Migrants were informed of the services available to them through leaflets, videos and a radio spot produced by the National Society and the ICRC, and through mobile phone messages. The ICRC surveyed the needs of Venezuelan migrants in order to engage more effectively with them.

An online ICRC course enabled 210 journalists to learn about IHL and the protection it affords them during armed conflict. Other members of the media went on field trips organized by the ICRC to encourage more accurate coverage of humanitarian issues, such as the plight of missing people's relatives.

Universities sought the ICRC's advice for incorporating IHL in their curricula; with the ICRC's support, one university launched Colombia's first master's degree programme in IHL. Law students and researchers attended ICRC seminars (see *Lima*) on IHL and issues of humanitarian concern.

## RED CROSS AND RED CRESCENT MOVEMENT

The Colombian Red Cross – which was undergoing reorganization at year's end – remained the ICRC's main partner in responding to humanitarian needs in the country (see *Civilians and Wounded and sick*). Comprehensive support from the ICRC enabled the National Society to build up its capacities in providing family-links services, implementing economic-security activities in urban communities affected by armed violence, raising mine-risk awareness and addressing the needs of missing people's families.

The ICRC maintained its support for the National Society's efforts to incorporate the Safer Access Framework in its activities, particularly in violence-prone areas; National Society volunteers from 23 branches completed a train-the-trainer course on the framework.

The National Society and the ICRC strengthened their partnership by developing strategies for joint activities, including in response to the influx of migrants from Venezuela.

2. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.



## MAIN FIGURES AND INDICATORS: PROTECTION

| CIVILIANS  | Total  |                |               |                             |
|--|--------|----------------|---------------|-----------------------------|
| <b>RCMs and other means of family contact</b>  |        | <b>UAMs/SC</b> |               |                             |
| RCMs collected   | 36     | 12             |               |                             |
| RCMs distributed   | 24     | 5              |               |                             |
| Phone calls facilitated between family members   | 6,202  |                |               |                             |
| <b>Reunifications, transfers and repatriations</b>   |        |                |               |                             |
| People transferred or repatriated  | 6      |                |               |                             |
| Human remains transferred or repatriated   | 49     |                |               |                             |
| <b>Tracing requests, including cases of missing persons</b>                                      |        | <b>Women</b>   | <b>Girls</b>  | <b>Boys</b>                 |
| People for whom a tracing request was newly registered   | 581    | 70             | 56            | 130                         |
| <i>including people for whom tracing requests were registered by another delegation</i>          | 6      |                |               |                             |
| Tracing cases closed positively (subject located or fate established)                            | 110    |                |               |                             |
| <i>including people for whom tracing requests were registered by another delegation</i>          | 3      |                |               |                             |
| Tracing cases still being handled at the end of the reporting period (people)                    | 1,895  | 171            | 186           | 389                         |
| <i>including people for whom tracing requests were registered by another delegation</i>          | 8      |                |               |                             |
| <b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b> |        | <b>Girls</b>   |               | <b>Demobilized children</b> |
| UAMs/SC newly registered by the ICRC/National Society  | 3      | 1              |               |                             |
| UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period | 96     | 52             |               | 92                          |
| <b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>  |        |                |               |                             |
| <b>ICRC visits</b>   |        | <b>Women</b>   | <b>Minors</b> |                             |
| Places of detention visited  | 21     |                |               |                             |
| Detainees in places of detention visited   | 55,436 | 6,936          | 358           |                             |
| Visits carried out   | 59     |                |               |                             |
|  |        | <b>Women</b>   | <b>Girls</b>  | <b>Boys</b>                 |
| Detainees visited and monitored individually   | 25     | 1              |               |                             |
| <i>of whom newly registered</i>  | 9      |                |               |                             |
| <b>RCMs and other means of family contact</b>  |        |                |               |                             |
| Detainees visited by their relatives with ICRC/National Society support                          | 9      |                |               |                             |
| Detainees released and transferred/repatriated by/via the ICRC                                   | 3      |                |               |                             |
| People to whom a detention attestation was issued  | 1      |                |               |                             |

## MAIN FIGURES AND INDICATORS: ASSISTANCE

| CIVILIANS  |   | Total   | Women  | Children |
|--|---|---------|--------|----------|
| <b>Economic security</b>   |   |         |        |          |
| Food consumption   | Beneficiaries   | 14,141  | 4,683  | 5,225    |
|  | <i>of whom IDPs</i>   | 5,868   | 2,034  | 2,329    |
| Income support   | Beneficiaries   | 7,111   | 2,369  | 2,866    |
|  | <i>of whom IDPs</i>   | 2,891   | 995    | 1,150    |
| Living conditions  | Beneficiaries   | 15,009  | 5,397  | 4,875    |
|  | <i>of whom IDPs</i>   | 6,843   | 2,400  | 2,766    |
| Capacity-building <sup>3</sup>   | Beneficiaries   |         |        |          |
| <b>Water and habitat</b>   |   |         |        |          |
| Water and habitat activities   | Beneficiaries   | 130,905 | 49,760 | 23,605   |
| <b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>                                    |   |         |        |          |
| <b>Water and habitat</b>   |   |         |        |          |
| Water and habitat activities   | Beneficiaries   | 3,944   |        |          |
| <b>Health</b>  |   |         |        |          |
| Places of detention visited by health staff                                | Structures  | 11      |        |          |
| Health facilities supported in places of detention visited by health staff | Structures  | 3       |        |          |
| <b>WOUNDED AND SICK</b>  |   |         |        |          |
| <b>Hospitals</b>   |   |         |        |          |
| Hospitals supported  | Structures  | 11      |        |          |
| <b>First aid</b>   |   |         |        |          |
| First-aid training   |   |         |        |          |
|  | Sessions  | 21      |        |          |
|  | Participants (aggregated monthly data)                            | 501     |        |          |
| <b>Physical rehabilitation</b>   |   |         |        |          |
| Projects supported   | Projects  | 18      |        |          |
| People benefiting from ICRC-supported projects                             | Aggregated monthly data   | 901     | 143    | 124      |
|  | <i>of whom beneficiaries of physical rehabilitation services</i>  | 842     | 143    | 124      |
|  | <i>of whom beneficiaries referred to economic programmes</i>      | 25      |        |          |
|  | <i>of whom beneficiaries of sporting activities</i>               | 34      |        |          |
| New patients fitted with prostheses  | Patients  | 175     | 24     | 6        |
| Prostheses delivered   | Units   | 205     | 32     | 30       |
|  | <i>of which for victims of mines or explosive remnants of war</i> | 241     | 33     | 24       |
| New patients fitted with orthoses  | Patients  | 176     | 22     | 28       |
| Orthoses delivered   | Units   | 149     | 21     | 49       |
|  | <i>of which for victims of mines or explosive remnants of war</i> | 48      | 3      | 2        |
| Patients receiving physiotherapy   | Patients  | 172     | 38     | 17       |
| Walking aids delivered   | Units   | 58      | 15     | 3        |
| Wheelchairs or tricycles delivered   | Units   | 267     | 61     | 65       |

3. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

## LIMA (regional)

**COVERING:** Plurinational State of Bolivia, Ecuador, Peru

The delegation in Lima opened in 1984, becoming a regional delegation in 2003. The ICRC visits detainees, addresses the issue of missing persons, and monitors the humanitarian situation in violence-prone areas in Peru and along Ecuador's border with Colombia. It seeks to address the needs of people affected by violence and those of vulnerable migrants. It helps the region's National Societies reinforce their capacities. It assists security forces in integrating human rights norms into their training and operations, and the armed forces in doing the same with IHL. It promotes the incorporation of IHL into national legislation.

### YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

### KEY RESULTS/CONSTRAINTS IN 2018

- Peruvian officials, with ICRC advice, made progress in clarifying the fate of missing people. Missing people's families participated in the search process with the ICRC's help; ICRC-trained professionals gave them psychosocial care.
- Vulnerable people in the Apurímac, Ene and Mantaro Valley in Peru improved their living conditions with food and other ICRC assistance. They also benefited from ICRC upgrades to water and sanitation facilities.
- Numerous migrants from the Bolivarian Republic of Venezuela reconnected with their relatives using the Movement's family-links services provided at border points and some urban areas in Ecuador and Peru.
- Military officials leading operations in violent areas of Peru and Ecuador had discussions with the ICRC on the use of force. Armed personnel in these areas learnt more about international policing standards at ICRC workshops.
- With ICRC technical advice, Peru ratified Additional Protocol III; however, it decided it would not sign the Montreux Document despite the ICRC's encouragement.

### EXPENDITURE IN KCHF

|                                     |              |
|-------------------------------------|--------------|
| Protection                          | 2,872        |
| Assistance                          | 524          |
| Prevention                          | 1,741        |
| Cooperation with National Societies | 452          |
| General                             | 103          |
| <b>Total</b>                        | <b>5,692</b> |
| <i>Of which: Overheads</i>          | <i>347</i>   |

### IMPLEMENTATION RATE

|                           |      |
|---------------------------|------|
| Expenditure/yearly budget | 108% |
|---------------------------|------|

### PERSONNEL

|   |    |
|---|----|
| Mobile staff                                | 2  |
| Resident staff (daily workers not included) | 42 |



| PROTECTION  | Total  |
|---|--------|
| <b>CIVILIANS</b>  |        |
| <b>Restoring family links</b>   |        |
| RCMs collected  | 4      |
| RCMs distributed  | 33     |
| Phone calls facilitated between family members  | 52,748 |
| Tracing cases closed positively (subject located or fate established)                 | 201    |
| <b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>   |        |
| <b>ICRC visits</b>  |        |
| Places of detention visited   | 20     |
| Detainees in places of detention visited  | 42,720 |
| <i>of whom visited and monitored individually</i>                                     | 186    |
| Visits carried out  | 43     |
| <b>Restoring family links</b>   |        |
| RCMs collected  | 49     |
| RCMs distributed  | 3      |
| Phone calls made to families to inform them of the whereabouts of a detained relative | 10     |

| ASSISTANCE                   | 2018 Targets (up to) | Achieved |
|------------------------------|----------------------|----------|
| <b>CIVILIANS</b>             |                      |          |
| <b>Economic security</b>     |                      |          |
| Living conditions            | Beneficiaries        | 741      |
| <b>Water and habitat</b>     |                      |          |
| Water and habitat activities | Beneficiaries        | 1,500    |
|                              |                      | 1,952    |

## CONTEXT

In Peru, government forces continued to pursue military operations against the Militarized Communist Party of Peru (PCP-M) in the Apurímac, Ene and Mantaro Valley (VRAEM). They also conducted anti-drug trafficking operations there and near the Peru–Colombia border. In northern Ecuador, fighting between government forces and armed groups took place sporadically along the border with Colombia; this intensified after an armed group killed three Ecuadorean journalists. Armed violence – particularly in the VRAEM and in northern Ecuador – led to some casualties and arrests, damaged property, displaced people and sometimes endangered health workers. Moreover, basic goods and services became less accessible.

Numerous migrants from the Bolivarian Republic of Venezuela (hereafter Venezuela; see *Caracas*) crossed into Ecuador and Peru, often losing contact with their relatives during their journey; access to water and shelter was limited at remote border points in these countries. Many Venezuelan migrants also passed through these countries on their way to other destinations.

The Peruvian government continued to implement a 2016 law on the search for persons missing in connection with the 1980–2000 armed conflict; in May, it announced that 20,329 people had gone missing during that conflict. As a result of the ongoing search process, it handed over the identified remains of some people to the families concerned and organized burials afterwards. To facilitate future identification of such remains, it passed a law requiring the creation of a database of DNA samples from missing people's families.

## ICRC ACTION AND RESULTS

The ICRC's regional delegation in Lima strove to protect and assist violence-affected people in the VRAEM and along the Ecuador–Colombia border; together with the National Societies concerned, it began to extend this support to Venezuelan migrants in the region. The ICRC reminded the Peruvian and Ecuadorean authorities to ensure safe access for vulnerable people to essential goods and services, including health care. Military and security personnel deployed in violent areas strengthened their grasp of international policing standards and pertinent legal norms. The ICRC continued to provide vulnerable people in the VRAEM with food, household essentials and other supplies. Infrastructural upgrades made clean water and/or shelter available to them. Aided by the ICRC, National Societies in the region reinforced their family-links services and other activities for Venezuelan migrants and other vulnerable people in the region.

In Peru, the ICRC continued to support the authorities' efforts to ascertain the fate of people missing in connection with the 1980–2000 conflict and to address their families' needs; it helped staff of government and other agencies involved in the search process to strengthen their forensic capacities and their provision of psychological and psychosocial care. The ICRC provided financial and/or logistical support for families wishing to take part in the search for their missing relatives;

it also organized events to raise public awareness of these families' plight. In the Plurinational State of Bolivia (hereafter Bolivia) and Peru, ICRC support helped National Society personnel and other first responders to develop their capacities in managing human remains; in Ecuador, medico-legal professionals learnt more about forensic archaeology at an ICRC workshop.

The ICRC visited – in accordance with its standard procedures – places of detention in Bolivia, Ecuador and Peru, including facilities where security detainees were held. Findings and recommendations were communicated confidentially to the authorities, and technical and other support provided. Regular dialogue and workshops on addressing increasing overcrowding in the three countries were held. The aim was to help the authorities improve detainees' living conditions and treatment, implement protocols and respect internationally recognized detention standards. In Ecuador and Peru, family visits were arranged for detainees held far from their homes. The ICRC also helped upgrade water, sanitation, and cooking facilities at certain Bolivian prisons.

Together with the pertinent National Societies, the ICRC provided support for authorities and national IHL committees to implement – and foster respect and support for – IHL; Peru ratified Additional Protocol III. With the Peruvian authorities, it hosted an international conference on the humanitarian consequences of armed violence particularly in urban settings. Public-communication initiatives helped broaden support for the ICRC's mandate and the Movement's activities – particularly those for migrants – among students, journalists and other members of civil society.

The ICRC strengthened its partnership with the Bolivian, Ecuadorean and Peruvian National Societies, and helped them reinforce their organizational capacities and learn how to carry out their activities – especially in violence-prone areas – in accordance with the Safer Access Framework.

## CIVILIANS

### The authorities work to protect and assist people in violent areas

The ICRC sought to help or persuade the Peruvian and Ecuadorean authorities to improve the situation of vulnerable people and ensure their safe access to basic goods and services, including health care. People affected by violence in the VRAEM reported their concerns to ICRC delegates, who relayed them – along with the concerns of health workers in the area – to the armed and security forces, judicial officials and other authorities concerned. The ICRC monitored the needs of violence-affected people along the Ecuador–Colombia border. It began to follow the situation of Venezuelan migrants in Ecuador and Peru, particularly migrants in remote border areas.

Military commanders, military legal advisers, and the ICRC discussed the proper use of force during operations in the VRAEM and along the Ecuador–Colombia border; armed personnel deployed to these areas strengthened their grasp of international policing standards and pertinent legal norms (see *Actors of influence*). In Ecuador, doctors and nurses from

the military and security forces developed their ability to treat wounded people, and learnt more about the Health Care in Danger initiative (HCiD), at an ICRC course. Health workers in the VRAEM and National Society personnel furthered their understanding of HCiD at local and regional workshops organized with ICRC support. The Peruvian health ministry continued to disseminate standardized guidelines produced with ICRC advice for working safely in dangerous or insecure environments.

Violence-affected communities – and journalists and members of civil society – learnt about the ICRC's mandate, and the Movement's activities for migrants and for people in violent areas, through information sessions and public-communication campaigns conducted by the National Societies and the ICRC.

### **Vulnerable people in Peru have access to clean water**

In the VRAEM, 144 displaced people and other victims of violence (17 households) improved their living conditions with food, household essentials and other supplies, or cash, provided by the ICRC on an ad hoc basis. The ICRC also made them aware of other humanitarian services available to them. In all, 1,952 people obtained clean water through water-supply and water-treatment facilities installed by the ICRC, in coordination with the authorities and other organizations.

In border areas of northern Ecuador, the ICRC began upgrading water and shelter facilities for residents and Venezuelan migrants; it finished these upgrades in early 2019.

### **Venezuelan migrants and others restore contact with their relatives**

Financial, material and technical support, and training, from the ICRC helped National Societies in the region to provide more effective family-links services to people separated due to migration, natural disasters and other circumstances. The Ecuadorean Red Cross enabled migrants at border points, or passing through urban areas, to contact their relatives; some of its personnel attended an ICRC workshop, held abroad, on data protection. Aided by the ICRC and the International Federation, the Peruvian Red Cross began offering family-links services at a government centre along the Peru–Ecuador border; migrants at two hospitals in Lima were informed of these services by ICRC and National Society personnel. All these efforts helped people – mainly Venezuelan migrants – make at least 52,000 phone calls, including by accessing the internet, and charge their mobile phones for free.

### **Missing people's families in Peru are given psychosocial care and other support**

The Peruvian authorities endeavoured to help families clarify the fate of relatives missing in connection with the 1980–2000 armed conflict and address these families' needs, including by involving them in the search process (see *Context*). They created a working group which included associations of missing people's families, other members of civil society and the ICRC. Relatives of missing people and government representatives attended an ICRC-funded course run by a human-rights institute, where they learnt more about search

mechanisms and other subjects linked to transitional justice. Forensic professionals reinforced their skills at ICRC-organized workshops. At an ICRC conference in Kyiv (see *Ukraine*), the Peruvian vice-minister for justice and human rights described Peru's experiences in developing policies and practices to improve the process of searching for missing people.

To enable them to participate throughout the search process and to help ease their situation, missing people's families received cash or logistical support from the ICRC: 597 people travelled to exhumation sites, complied with administrative requirements, or attended restitution ceremonies held by the authorities. A total of 201 tracing cases were resolved. To help these families cope with emotional distress, the Peruvian government – with ICRC technical advice – designed protocols for health staff and other professionals accompanying them in the search process. Many health workers became more adept in providing psychological and psychosocial care through training supported by the ICRC; around 340 missing people's families benefited from such care. Through communication campaigns and other initiatives (see *Actors of influence*), the ICRC helped broaden public awareness of the importance of addressing these families' needs.

### **First responders in Bolivia and Peru learn to manage human remains**

National Society personnel and military and civil-defence officials in Peru attended workshops organized by the Peruvian Red Cross and the ICRC to improve their skills in managing human remains during natural disasters and other emergencies. In Bolivia, the ICRC distributed booklets on managing human remains to first responders.

To strengthen their ability to identify human remains, medico-legal professionals in Ecuador attended an ICRC workshop on basic standards applicable to forensic archaeology. Local authorities and the ICRC began assessing a cemetery near the Ecuador–Colombia border, where human remains of some missing people were reportedly buried.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

The ICRC visited – in accordance with its standard procedures – places of detention in Bolivia, Ecuador and Peru. It monitored people held on security-related charges individually: in Ecuador, people detained in connection with the situation in Colombia; and in Peru, alleged members of armed groups. Findings and recommendations from these visits were communicated confidentially to the authorities, with a view to helping them improve detainees' treatment and living conditions. For instance, the ICRC requested the Peruvian authorities to transfer some detainees to prisons situated closer to their families.

The ICRC gave financial assistance for families to visit 92 detained relatives in Ecuador and Peru, and to help nine people return home after their release.



### **Penitentiary authorities seek to bolster local capacities in prison management**

Penitentiary authorities in Bolivia, Ecuador and Peru promoted training manuals on human rights and protocols that integrated internationally recognized standards for detention, during ICRC workshops and training sessions for prison managers and staff. In Peru, the ICRC continued to help the authorities distribute copies of government regulations requiring comprehensive treatment for female detainees; it also helped monitor – at six prisons – the enforcement of these regulations. Prison officials, state agencies focused on addressing women's and children's concerns, lawyers and/or others in Peru discussed the implementation of measures to improve detainees' treatment. In Ecuador, ICRC-trained instructors began to conduct courses in prison management for prison staff.

Penitentiary authorities in the region improved their knowledge of prison management and design at an ICRC workshop in Mexico (see *Mexico City*). In Bolivia, they also learnt about an ICRC online platform for facilitating discussions among prison officials about overcrowding; at ICRC conferences, penitentiary and judicial officials from Peru explored possibilities for reducing detainees' sentences. The ICRC's aim throughout was to help authorities in the region devise means to reduce overcrowding or mitigate its effects.

### **Bolivian authorities upgrade prison infrastructure**

In Bolivia, the authorities received technical and material support from the ICRC to improve detainees' living conditions. A total of 857 detainees benefited from ICRC-backed renovations to water and sewage systems and to sanitation and cooking facilities. The authorities finalized plans for responding to fire emergencies at two prisons.

Thanks to the efforts of the national library, the penitentiary authorities and the ICRC, inmates could borrow books from mobile libraries.

## **ACTORS OF INFLUENCE**

### **Security officials share practices in mitigating the impact of violence in urban settings**

Military and police officials from Bolivia, Ecuador and Peru – including those conducting joint operations in violent areas – advanced their understanding of IHL and/or other applicable norms, and worked on incorporating them in their doctrine, training and operations – with financial, material and technical support from the ICRC. Ecuadorean officials also learnt more about ensuring the safe delivery of health services (see *Civilians*). ICRC workshops enabled many Peruvian officials to become more capable of instructing others in the subjects mentioned above. Senior military officials from the region attended an advanced IHL course organized by the ICRC abroad (see *International law and policy*). Officials from defence and interior ministries in the region drew on ICRC expertise to draft or update manuals for military or security operations. To help them investigate misconduct during these operations, the Peruvian authorities compiled a book of international policing standards and domestic laws implementing IHL, for distribution to public prosecutors. These prosecutors strengthened their grasp of these norms and standards through ICRC training.

Senior security officials from 15 countries attended an international conference – held in Cusco, Peru, in October – about mitigating the impact of armed violence particularly in urban settings. Participants exchanged best practices from their operations; and the ICRC explained which norms applied and described its activities for vulnerable people.

### **Peru ratifies Additional Protocol III**

Aided by ICRC expertise, national IHL committees and the authorities – together with National Societies – worked towards implementing IHL-related treaties or legislation. They strove to incorporate provisions on war crimes in their criminal codes, and – at ICRC seminars or workshops – they learnt about international criminal law and the necessity of banning nuclear weapons. Peru became party to Additional Protocol III, while in Ecuador, members of the national IHL committee attended ICRC conferences on implementing it. Ecuadorean and Peruvian authorities drew on ICRC expertise to clarify the legal framework applicable along the Ecuador–Colombia border, and standardize reparations for incidental damages and clearing abandoned ordnance in the VRAEM, respectively. The Peruvian government decided it would not sign the Montreux Document in 2018 despite the ICRC's encouragement.

With ICRC technical support, the Peruvian authorities contributed to a resolution on missing people adopted by the Organization of American States (see *Washington*).

### **Students from the region test their knowledge of IHL at local and international competitions**

Academics in Bolivia, Ecuador and Peru added to their knowledge of IHL and humanitarian issues at various ICRC seminars, which helped them to shape public discussions and cultivate support for IHL and the Movement's activities. Lecturers and researchers from eight countries discussed the interplay among IHL, other applicable norms and security-related issues at a seminar organized by a university with ICRC support in Lima, Peru, in October.

Students from the region tested their knowledge of IHL and other norms at local and international competitions organized by the ICRC. Universities in Ecuador and Peru drew on ICRC expertise to publish IHL-related materials; together with the ICRC, these universities conducted an online course on the proper use of force, for students, government officials and military and police personnel, respectively.

In Peru, the authorities and the ICRC helped missing people's families understand their rights, under the applicable domestic and international law. They also organized photo exhibits to draw attention to these families' needs. One of these exhibits was staged in a museum in Chile. Associations of missing people's families, academics, forensic specialists and others attended an international seminar on taking a humanitarian approach to the search for missing people; the seminar was organized by the Peruvian authorities with ICRC support.

## RED CROSS AND RED CRESCENT MOVEMENT

### National Societies strengthen their ability to respond to emergencies

The Bolivian, Ecuadorean and Peruvian National Societies worked to strengthen their organizational and operational capacities, with financial and technical support from the International Federation and the ICRC. They signed cooperation agreements with the ICRC, to reinforce joint emergency response activities and family-links services for migrants, and other violence-affected people (see *Civilians*). The ICRC covered the salaries of key personnel of the three National Societies; it also provided the Bolivian Red Cross with legal and managerial advice, as the National Society transitioned to a new leadership.

At ICRC workshops on the Safer Access Framework, staff and over 120 volunteers from the National Societies in the region learnt how to mitigate security risks while carrying out their work, or to instruct others in doing so.

National Societies in the region carried out activities with the ICRC to foster support for the Movement (see *Civilians*) and promote IHL implementation (see *Actors of influence*). The Ecuadorean Red Cross and the ICRC ensured that their communication strategies – for reporting on the situation along the Ecuador–Colombia border – were in agreement.

Movement components in Peru formed an ad hoc committee for developing contingency plans for natural disasters. Regular meetings helped ensure coordination among Movement components in the region.

## MAIN FIGURES AND INDICATORS: PROTECTION

| CIVILIANS   | Total  |                |               |             |
|---|--------|----------------|---------------|-------------|
| <b>RCMs and other means of family contact</b>   |        | <b>UAMs/SC</b> |               |             |
| RCMs collected  | 4      |                |               |             |
| RCMs distributed  | 33     |                |               |             |
| Phone calls facilitated between family members  | 52,748 |                |               |             |
| <b>Tracing requests, including cases of missing persons</b>                             |        | <b>Women</b>   | <b>Girls</b>  | <b>Boys</b> |
| People for whom a tracing request was newly registered                                  | 77     | 20             | 3             | 3           |
| Tracing cases closed positively (subject located or fate established)                   | 201    |                |               |             |
| Tracing cases still being handled at the end of the reporting period (people)           | 1,006  | 220            | 48            | 11          |
| <i>including people for whom tracing requests were registered by another delegation</i> | 1      |                |               |             |
| <b>Documents</b>  |        |                |               |             |
| People to whom official documents were delivered across borders/front lines             | 2      |                |               |             |
| <b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>   |        |                |               |             |
| <b>ICRC visits</b>  |        | <b>Women</b>   | <b>Minors</b> |             |
| Places of detention visited   | 20     |                |               |             |
| Detainees in places of detention visited  | 42,720 | 2,741          |               |             |
| Visits carried out  | 43     |                |               |             |
|   |        | <b>Women</b>   | <b>Girls</b>  | <b>Boys</b> |
| Detainees visited and monitored individually  | 186    | 46             |               |             |
| <i>of whom newly registered</i>   | 84     | 11             |               |             |
| <b>RCMs and other means of family contact</b>   |        |                |               |             |
| RCMs collected  | 49     |                |               |             |
| RCMs distributed  | 3      |                |               |             |
| Phone calls made to families to inform them of the whereabouts of a detained relative   | 10     |                |               |             |
| Detainees visited by their relatives with ICRC/National Society support                 | 92     |                |               |             |

## MAIN FIGURES AND INDICATORS: ASSISTANCE

| CIVILIANS                               |               | Total  | Women | Children |
|---|---------------|--------|-------|----------|
| <b>Economic security</b>                |               |        |       |          |
| Living conditions                       | Beneficiaries | 741    | 373   | 94       |
| <b>Water and habitat</b>                |               |        |       |          |
| Water and habitat activities            | Beneficiaries | 1,952  | 878   | 683      |
| <b>PEOPLE DEPRIVED OF THEIR FREEDOM</b> |               |        |       |          |
| <b>Economic security</b>                |               |        |       |          |
| Living conditions <sup>1</sup>          | Beneficiaries | 86,850 | 5,228 |          |
| <b>Water and habitat</b>                |               |        |       |          |
| Water and habitat activities            | Beneficiaries | 857    | 514   |          |

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

# MEXICO CITY (regional)

**COVERING:** Costa Rica, Cuba, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama

The Mexico delegation opened in 1998, becoming a regional delegation in 2002. It helps the region's National Societies strengthen their capacities and works with them to address the most urgent humanitarian needs of vulnerable migrants and of persons affected by organized violence; endeavours to clarify the fate of missing persons; and monitors detainees' conditions. It encourages the integration of IHL in armed forces' doctrine and in universities' curricula, and human rights norms applicable to the use of force in the doctrine, training and operations of security forces. The delegation hosts the regional advisory service on IHL.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

## KEY RESULTS/CONSTRAINTS IN 2018

- Migrants obtained health care, family-links services and other aid from National Societies and other local partners supported by the ICRC, which increased this support in response to the migrant caravans organized in late 2018.
- The ICRC worked with the authorities and/or National Societies to carry out educational and other projects in urban areas; these aimed to help young people reduce their vulnerability to the consequences of violence.
- With the ICRC's help, the Mexican government sought to implement a law, adopted in 2017, that aimed to address disappearances and the needs of missing people's families. In Guatemala, such families received ICRC financial aid.
- Violence-affected people received psychosocial support, physical rehabilitation and other services from ICRC-supported providers. The ICRC began to support a hospital in El Salvador; the agreement was pending at year's end.
- The ICRC resumed visits to adult detainees in El Salvador in September, after modifications to security measures that had started in 2016. Latin American officials exchanged best practices in prison management at regional workshops.
- At ICRC-organized workshops, military and police forces from across the region continued to discuss rules and standards governing the use of force by law enforcement authorities.

## EXPENDITURE IN KCHF

|                                     |               |
|-------------------------------------|---------------|
| Protection                          | 12,072        |
| Assistance                          | 9,471         |
| Prevention                          | 3,615         |
| Cooperation with National Societies | 1,536         |
| General                             | 402           |
| <b>Total</b>                        | <b>27,097</b> |
| <i>Of which: Overheads</i>          | <i>1,654</i>  |

## IMPLEMENTATION RATE

|                           |      |
|---------------------------|------|
| Expenditure/yearly budget | 109% |
|---------------------------|------|

## PERSONNEL

|   |     |
|---|-----|
| Mobile staff                                | 52  |
| Resident staff (daily workers not included) | 200 |



| PROTECTION  | Total   |
|---|---------|
| <b>CIVILIANS</b>  |         |
| <b>Restoring family links</b>   |         |
| RCMs collected  | 10      |
| RCMs distributed  | 13      |
| Phone calls facilitated between family members  | 162,952 |
| Tracing cases closed positively (subject located or fate established)                 | 1       |
| <b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>   |         |
| <b>ICRC visits</b>  |         |
| Places of detention visited   | 36      |
| Detainees in places of detention visited  | 40,476  |
| <i>of whom visited and monitored individually</i>                                     | 16      |
| Visits carried out  | 79      |
| <b>Restoring family links</b>   |         |
| RCMs collected  | 13      |
| RCMs distributed  | 7       |
| Phone calls made to families to inform them of the whereabouts of a detained relative | 17      |

| ASSISTANCE                                     | 2018 Targets (up to)    | Achieved |
|--|-------------------------|----------|
| <b>CIVILIANS</b>                               |                         |          |
| <b>Economic security</b>                       |                         |          |
| Food consumption                               | Beneficiaries           | 1,000    |
| Income support                                 | Beneficiaries           | 7,426    |
| <b>Water and habitat</b>                       |                         |          |
| Water and habitat activities                   | Beneficiaries           | 59,750   |
| <b>Health</b>                                  |                         |          |
| Health centres supported                       | Structures              | 10       |
| <b>WOUNDED AND SICK</b>                        |                         |          |
| <b>Medical care</b>                            |                         |          |
| Hospitals supported                            | Structures              | 2        |
| <b>Physical rehabilitation</b>                 |                         |          |
| Projects supported                             | Projects                | 5        |
| People benefiting from ICRC-supported projects | Aggregated monthly data | 250      |
| <b>Water and habitat</b>                       |                         |          |
| Water and habitat activities                   | Beds                    | 3        |

## CONTEXT

Armed violence persisted throughout the region, particularly in El Salvador, Guatemala, Honduras and Mexico; military troops usually aided law enforcement operations. People in violence-affected areas were at risk of displacement, abduction, injury and death; health care, education and other basic services were not readily accessible. Young people were especially vulnerable to recruitment by non-State armed actors.

People continued to seek safety and better opportunities elsewhere. Migrants – including the thousands who organized themselves in caravans in late 2018 – heading to or deported from Mexico and the United States of America were at risk of physical abuse and other dangers along their route and on their return. Strict migration policies in transit and destination countries complicated or ended migrants' journeys.

Throughout the region, people were detained in connection with organized armed violence and drug-related offences. In El Salvador, the “extraordinary” security measures that had been imposed at six prisons in 2016 were modified: some measures were integrated into penitentiary legislation, but the ICRC was allowed to resume visits in 2018.

People continued to seek information about relatives missing in connection with migration, past armed conflict, and ongoing situations of violence.

In April, protests broke out in Nicaragua, resulting in arrests, injuries and deaths.

## ICRC ACTION AND RESULTS

The ICRC's regional delegation in Mexico City continued to focus on: protecting and/or assisting migrants, missing people's families, detainees and other violence-affected people; and promoting respect for international laws and norms, and humanitarian principles. It continued to cooperate closely with National Societies and helped them strengthen their ability to safely aid violence-affected people. To extend its operational reach, the ICRC opened an office each in San Pedro Sula, Honduras and San Salvador, El Salvador, and deployed a delegate to Managua, Nicaragua; however, in Mexico, discussions with the authorities on the opening of new offices were still ongoing.

The ICRC sought to reinforce dialogue with the authorities, including military and security forces, on the necessity of respecting international laws and standards, and humanitarian principles, applicable to their duties. Workshops for military and security forces supplemented these discussions.

Migrants travelling through El Salvador, Guatemala, Honduras and Mexico received aid from National Societies and other local partners supported by the ICRC, which gave additional assistance when migrant caravans were organized in late 2018. They received family-links and health services, temporary shelter,

and water; they were also given informational materials on reducing the risks to their safety and on where to get assistance. Some projects to improve access to water were hindered by security constraints.

Vulnerable IDPs, deported migrants, residents and other violence-affected people in El Salvador, Guatemala and Honduras, received ad hoc assistance, such as cash for food or shelter. To help young people in these three countries and Mexico reduce their vulnerability to the consequences of violence, the ICRC carried out educational and other projects with the authorities and/or National Societies concerned.

To help ensure the availability of health services, the ICRC supported primary-health-care facilities in Honduras and Mexico, a hospital in Honduras, and physical rehabilitation centres in Guatemala, Honduras and Mexico. It began to support another hospital in El Salvador, though the formal agreement with it was not yet finalized. Potential first responders were trained in first aid.

The ICRC continued to support local efforts to locate missing people and help their families, for instance, by assisting forensic services in developing their ability to properly manage and identify human remains. In Mexico, it helped promote a national law on missing persons (adopted in 2017) and develop strategies for its implementation. In Guatemala, families whose relatives had gone missing were given financial assistance, for instance, for conducting burials.

The ICRC visited, in accordance with its standard procedures, detainees in El Salvador, Guatemala, Honduras, Mexico and Panama to check on their treatment and living conditions; they included migrants in detention facilities in Mexico and Panama, and, following the modifications in the security measures, adult inmates in El Salvador. The authorities drew on the ICRC's support for their efforts to improve detainees' health care and living spaces. The ICRC also organized regional workshops on prison management for officials from the region. In December, the ICRC was given access to detainees in Nicaragua; the first visits were scheduled for January 2019.

Throughout the region, the ICRC promoted international laws and norms, and humanitarian principles, protecting vulnerable people. It maintained dialogue with and/or organized activities for representatives of governments and international organizations, and academics; it also engaged in dialogue with them during multilateral forums and processes. Together with National Societies, it broadened awareness of humanitarian issues, and the Movement's response to them, among these audiences and the general public.

Governments in the region drew on the ICRC's expertise to further IHL implementation. Costa Rica, Cuba, Mexico and Nicaragua became parties to the Treaty on the Prohibition of Nuclear Weapons.



## CIVILIANS

The ICRC strengthened dialogue with the authorities, including armed and security forces, on the necessity of respecting international laws and norms, and humanitarian principles, applicable to their duties. The rights of displaced people, migrants, and deportees were emphasized. Key topics included the principle of *non-refoulement*; the use of force by law enforcement authorities; safe access to health care, education and other basic services; and addressing sexual violence. The ICRC documented and confidentially relayed allegations of violations to the authorities concerned, so that they could take steps to prevent them.

The coordination of humanitarian assistance, including the establishment of referral systems and promotion of existing ones, was discussed with the authorities and with civil-society organizations and UN agencies.

### **Migrants, including members of the caravans, contact their families and obtain health care**

In El Salvador, Guatemala, Honduras and Mexico, in-transit, deported and returning migrants benefited from comprehensive assistance – in some cases, multiple times – provided by National Societies and other local actors supported by the ICRC. The ICRC increased this support when migrant caravans were organized in late 2018.

Migrants received medical advice, and information on safety risks and the location of assistance points, from radio spots and National Society-distributed leaflets. They contacted their relatives through the Movement's family-links services at dozens of phone/internet stations, some of which had docks that enabled them to charge their mobile phones. Roughly 162,000 free phone calls – an increase from 91,000 last year – were made, 15,700 by members of the caravans. People also registered themselves as “safe and well” and/or sought news of relatives via the Movement's family-links website ([familylinks.icrc.org](http://familylinks.icrc.org)).

People obtained free consultations and medical treatment at ten mobile or fixed health facilities (one in Honduras and nine in Mexico) run by the National Societies concerned. At these ICRC-supported facilities, over 29,000 consultations were given; the ICRC also covered the expenses of 201 people who were referred to other medical facilities for specialized care. In late 2018, it gave extra assistance to local partners helping members of the migrant caravans. For instance, with financial support from the ICRC, a medical team from the Mexican Red Cross went on a one-month mission to help migrants at four shelters. The ICRC also donated medical supplies to two shelters in Mexico and to Guatemalan Red Cross teams. Psychosocial support was provided to National Society volunteers in Honduras and Mexico.

In Mexico, some 5,100 migrants in transit obtained potable water thanks to chlorine tablets from the National Society and the ICRC, but security constraints prevented more people from being reached. The ICRC helped some NGOs to renovate or upgrade their shelters, enabling them to continue offering

free temporary accommodations for some 18,400 people. A similar project in Guatemala was cancelled because of a land-ownership issue.

### **IDPs, deportees and residents benefit from emergency support**

In El Salvador, Guatemala and Honduras, the ICRC helped meet the urgent needs of vulnerable IDPs, deported migrants, residents and other violence-affected people: 549 people received ad hoc assistance, such as cash for food or housing, and transport to safer areas; and households that lacked access to State services (another 192 people in all) were given grants for starting small businesses. After the ICRC renovated it, a Salvadoran shelter was able to provide refuge for some 450 IDPs at a time; a similar project in Honduras was underway at year's end. Ad hoc medical assistance was given to 46 IDPs.

During protests in Nicaragua, the Nicaraguan Red Cross – with technical support from the ICRC – broadcasted self-protection messages to help people stay safe during protests. After a volcano erupted in Guatemala, the Guatemalan Red Cross and the national forensic institute used ICRC technical and material assistance to better manage human remains and to provide family-links services and psychosocial support to survivors.

Plans to distribute food to displaced people in Mexico were cancelled, as needs were already covered by the authorities.

### **Violence-affected schoolchildren and teachers work to reduce their vulnerability to violence**

In El Salvador, Guatemala, Honduras and Mexico, the ICRC worked with the authorities and/or the National Societies concerned to carry out educational and other projects in urban areas; these aimed to help young people reduce their vulnerability to the consequences of violence, and to cope with/protect themselves from its effects. Of note, 62 Guatemalan and Mexican schools participated in efforts to create “safer educational spaces” for students and teachers. ICRC support included equipment for and training on emergency preparedness, and workshops on topics such as resolving interpersonal conflict. The ICRC also helped renovate schools and other community infrastructure serving roughly 650 people in Mexico and 800 in El Salvador.

Training sessions on self-care and/or basic psychosocial support were given to several people, including teachers, medical personnel and National Society volunteers at 11 health facilities and schools in Guatemala and Mexico; and government and NGO staff supporting the families of missing people. In all, ICRC-trained/supported personnel counselled roughly 500 violence-affected people, including 23 IDPs in Honduras and 76 victims/survivors of sexual violence in Guatemala, and 792 relatives of missing people.

### **States work on implementing mechanisms to expedite the search for missing people**

In El Salvador, Guatemala, Honduras and Mexico, government bodies and NGOs drew on material support and technical expertise from the ICRC for their efforts to search for missing people and assist their families. With the ICRC's help, States



worked on reforms such as: the development of strategies for implementing a national law, adopted in 2017, on missing people and the needs of their families in Mexico; and the development and promotion of national guidelines for forensic identification in Guatemala. Forensic personnel received training and other support for their efforts to manage human remains and related data. To facilitate the storage of unidentified remains, the ICRC helped repair or construct burial niches and morgues in El Salvador, Guatemala and Honduras. Public-communication initiatives helped raise awareness of the plight of missing people's families, and of forensic identification and possibilities for participating in the search process.

In Guatemala, families with missing relatives (6,685 people in all) were given financial assistance – for instance, to conduct dignified burials and commemorative events. This included support for the schooling of 90 children.

### PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, people in 36 places of detention (housing around 40,400 detainees) in El Salvador, Guatemala, Honduras, Mexico and Panama. They included people held in Mexican federal penitentiaries; migrants in Mexico and Panama; and adult inmates in El Salvador, for whom visits resumed after security measures were modified (see *Context*). Findings from its visits were discussed confidentially with the authorities concerned. Key areas included: alternatives to detention for migrants; judicial guarantees; and the specific concerns of juvenile and female detainees. In December, the ICRC was given access to detainees in Nicaragua; the first visits were scheduled for 2019.

Detainees reconnected with their relatives through the ICRC's family-links services; 50 of them received ICRC-facilitated family visits.

#### Inmates in El Salvador, Honduras and Panama have better living conditions

The authorities concerned drew on ICRC input for their efforts to improve prison management and detainees' treatment and living conditions.

In April, at an ICRC regional workshop in Mexico, 80 officials from Latin American countries discussed national standards for prison management and infrastructure, and other related matters. A second regional workshop – on the health needs of female detainees – was held in November. The ICRC also organized local workshops on such topics.

ICRC health delegates visited 26 prisons; 12 of these were regularly provided with material and technical support for improving detainees' access to health care. It also sought to facilitate coordination between health and justice ministries on the inclusion of detainees in national health programmes; in El Salvador, the resumption of ICRC visits led to renewed discussions on how to improve nutrition and TB management for detainees. In Mexico, the authorities permitted the ICRC to assess the mental-health needs of detainees in one prison for women; this was scheduled for 2019.

Nearly 15,000 detainees benefited from ICRC-backed upgrades to prison infrastructure in El Salvador, Honduras and Panama, though projects in Guatemala did not push through as the necessary agreements were not in place. Officials in charge of prison maintenance also received technical advice and other support from the ICRC. Furthermore, 672 of the aforementioned detainees benefited from a vector-control campaign at one prison in Honduras; a hygiene-promotion project at one prison in Panama was cancelled because of operational constraints.

### WOUNDED AND SICK

To help improve the chances of wounded people getting life-saving care, the National Societies and the ICRC trained over 1,000 potential first responders (community members, paramedics, police, teachers, etc.) in El Salvador and Mexico in first aid.

Under an ICRC project that began in 2016, staff of the surgical ward of the Tegucigalpa Teaching Hospital in Honduras improved their ability to treat victims of violence thanks to supplies, equipment and coaching from an ICRC medical team. An agreement on a similar project with Hospital Zacamil in El Salvador was still being finalized at year's end, because of delays connected with internal staffing constraints. Nevertheless, the ICRC began to give the hospital some support – equipment, training and minor infrastructure upgrades – in the second half of 2018.

In Guatemala, Honduras and Mexico, 397 people with physical disabilities<sup>1</sup> obtained services at five physical rehabilitation centres, which the ICRC provided with funding, equipment, supplies, and technical guidance and training for staff and managers. A total of 112 people had their transport and/or accommodation expenses covered, and 34 received psycho-social assistance. The ICRC supported disability sports by providing wheelchairs, and in other ways as well, to help advance the social inclusion of disabled people.

### ACTORS OF INFLUENCE

#### Security forces and the ICRC discuss standards governing the use of force in law enforcement

The ICRC sought to help military and security forces in the region promote respect for international laws and norms, particularly those on the use of force in law enforcement operations. In El Salvador, Guatemala, Honduras and Mexico, various personnel – police officers and military personnel with law enforcement duties, and instructors from army and police training institutes – discussed these subjects at workshops organized by the ICRC. Moreover, police officers from El Salvador, Guatemala, Honduras and Nicaragua were sponsored to attend an international conference (see *Lima*), where they exchanged best practices in mitigating the impact of armed violence in urban settings.

1. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

The ICRC also organized seminars (two in Mexico in June and November, and one in Nicaragua) on international rules governing military operations; at these events, senior army officers from Latin America discussed challenges related to the application of IHL and international human rights law – particularly provisions on the use of force – in their respective operational contexts. Seminars on IHL were also held at military academies in Mexico.

### **States take steps to advance the implementation of IHL-related treaties**

Governments, including their national IHL committees, drew on ICRC support to further the implementation of IHL-related treaties and to adopt domestic legislation seeking to address humanitarian issues, such as the law on the missing in Mexico. Costa Rica, Cuba, Mexico and Nicaragua ratified the Treaty on the Prohibition of Nuclear Weapons. The Mexican foreign ministry sought the ICRC's input as it developed its position on weapons-related issues.

The ICRC continued to raise humanitarian issues at multi-lateral forums and processes, such as the Organization of American States (see *Washington*) and the Conference of Defense Ministers of the Americas, which, in 2018, was held in Mexico. It conducted a workshop on the issue of missing migrants during the intergovernmental Regional Conference on Migration. Dialogue was also maintained with the Inter-American Court of Human Rights, with which the ICRC jointly published a booklet, with references to jurisprudence, on issues such as missing persons, migration, and detention.

### **Traditional and social media help broaden awareness of humanitarian issues in the region**

Humanitarian issues – such as the plight of violence-affected people, particularly the families of the missing, and migrants, including members of the caravans – and the Movement's activities thereon were discussed with government officials and diplomats in the region. The general public also learnt more about these topics through the communication efforts of the National Societies and the ICRC. These included media briefings, joint dissemination sessions, participation in cultural events, and content produced for the internet and radio; workshops were also organized for journalists covering humanitarian topics.

Events for university professors and students, and donations to one school's library, helped academics stay abreast of developments in IHL.

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

Support from Movement partners helped National Societies in the region strengthen their ability to respond to emergencies. This included training for hundreds of volunteers in the Safer Access Framework and/or in providing family-links services during disasters; such training helped the Nicaraguan Red Cross to reach and evacuate people injured during protests, and helped the Guatemalan Red Cross to assist victims of a volcanic eruption. The Haitian Red Cross received support for its crisis-management efforts during protests in the country. In Cuba, the health ministry, the National Society and the ICRC organized a Health Emergencies in Large Populations (HELP) course, which was attended by 22 health staff from Cuba, and 11 others from elsewhere.

Expert advice from the ICRC helped National Societies in the region to strengthen their capacities in public communication (see *Actors of influence*) and to advance the revision of their statutes.

Movement components in the region continued to coordinate their activities.

## MAIN FIGURES AND INDICATORS: PROTECTION

| CIVILIANS   | Total   |                |               |             |
|---|---------|----------------|---------------|-------------|
| <b>RCMs and other means of family contact</b>   |         | <b>UAMs/SC</b> |               |             |
| RCMs collected  | 10      | 1              |               |             |
| RCMs distributed  | 13      | 1              |               |             |
| Phone calls facilitated between family members  | 162,952 |                |               |             |
| <b>Reunifications, transfers and repatriations</b>                                    |         |                |               |             |
| Human remains transferred or repatriated  | 5       |                |               |             |
| <b>Tracing requests, including cases of missing persons</b>                           |         | <b>Women</b>   | <b>Girls</b>  | <b>Boys</b> |
| People for whom a tracing request was newly registered                                | 469     | 45             | 111           | 40          |
| Tracing cases closed positively (subject located or fate established)                 | 1       |                |               |             |
| Tracing cases still being handled at the end of the reporting period (people)         | 546     | 56             | 116           | 48          |
| <b>Documents</b>  |         |                |               |             |
| People to whom official documents were delivered across borders/front lines           | 1       |                |               |             |
| <b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>   |         |                |               |             |
| <b>ICRC visits</b>  |         | <b>Women</b>   | <b>Minors</b> |             |
| Places of detention visited   | 36      |                |               |             |
| Detainees in places of detention visited  | 40,476  | 4,621          | 3,073         |             |
| Visits carried out  | 79      |                |               |             |
|   |         | <b>Women</b>   | <b>Girls</b>  | <b>Boys</b> |
| Detainees visited and monitored individually  | 16      | 1              |               |             |
| <i>of whom newly registered</i>   | 1       | 1              |               |             |
| <b>RCMs and other means of family contact</b>   |         |                |               |             |
| RCMs collected  | 13      |                |               |             |
| RCMs distributed  | 7       |                |               |             |
| Phone calls made to families to inform them of the whereabouts of a detained relative | 17      |                |               |             |

## MAIN FIGURES AND INDICATORS: ASSISTANCE

| CIVILIANS  |   | Total   | Women | Children |
|--|---|---------|-------|----------|
| <b>Economic security</b>   |   |         |       |          |
| Income support   | Beneficiaries   | 7,426   | 2,401 | 1,583    |
|  | <i>of whom IDPs</i>   | 280     | 119   | 38       |
| <b>Water and habitat</b>   |   |         |       |          |
| Water and habitat activities   | Beneficiaries   | 25,704  | 8,039 | 3,408    |
|  | <i>of whom IDPs</i>   | 24,059  | 7,218 | 2,588    |
| <b>Health</b>  |   |         |       |          |
| Health centres supported   | Structures  | 10      |       |          |
| Average catchment population   |   | 21,750  |       |          |
| Consultations  |   | 29,183  |       |          |
|  | <i>of which curative</i>  | 29,056  | 2,829 | 873      |
|  | <i>of which antenatal</i>   | 127     |       |          |
| Referrals to a second level of care  | Patients  | 201     |       |          |
|  | <i>of whom gynaecological/obstetric cases</i>                         | 26      |       |          |
| <b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>                                    |   |         |       |          |
| <b>Water and habitat</b>   |   |         |       |          |
| Water and habitat activities   | Beneficiaries   | 14,956  | 1,496 | 150      |
| <b>Health</b>  |   |         |       |          |
| Places of detention visited by health staff                                | Structures  | 27      |       |          |
| Health facilities supported in places of detention visited by health staff | Structures  | 2       |       |          |
| <b>WOUNDED AND SICK</b>  |   |         |       |          |
| <b>Hospitals</b>   |   |         |       |          |
| Hospitals supported  | Structures  | 2       |       |          |
|  | <i>including hospitals reinforced with or monitored by ICRC staff</i> | 1       |       |          |
| <b>Services at hospitals reinforced with or monitored by ICRC staff</b>    |   |         |       |          |
| Consultations  |   | 123,888 |       |          |
| <b>Services at hospitals not monitored directly by ICRC staff</b>          |   |         |       |          |
| Surgical admissions (weapon-wound and non-weapon-wound admissions)         |   | 4,511   |       |          |
| Weapon-wound admissions (surgical and non-surgical admissions)             |   | 109     | 18    | 12       |
| Weapon-wound surgeries performed   |   | 71      |       |          |
| <b>Patients whose hospital treatment was paid for by the ICRC</b>          |   |         |       |          |
|  |   | 3       |       |          |
| <b>First aid</b>   |   |         |       |          |
| First-aid training   |   |         |       |          |
|  | Sessions  | 65      |       |          |
|  | Participants (aggregated monthly data)                                | 1,076   |       |          |
| <b>Water and habitat</b>   |   |         |       |          |
| Water and habitat activities   | Beds  | 3       |       |          |
| <b>Physical rehabilitation</b>   |   |         |       |          |
| Projects supported   | Projects  | 5       |       |          |
| People benefiting from ICRC-supported projects                             | Aggregated monthly data   | 397     | 34    | 2        |
|  | <i>of whom beneficiaries of physical rehabilitation services</i>      | 397     | 34    | 2        |
| New patients fitted with prostheses  | Patients  | 21      | 1     |          |
| Prostheses delivered   | Units   | 86      | 6     | 2        |
| New patients fitted with orthoses  | Patients  | 3       |       |          |
| Orthoses delivered   | Units   | 6       | 1     |          |
| Patients receiving physiotherapy   | Patients  | 246     | 19    |          |
| Walking aids delivered   | Units   | 19      | 1     |          |
| Wheelchairs or tricycles delivered   | Units   | 6       | 1     |          |

## NEW YORK

The multiple tasks and activities of the UN often have implications of a humanitarian nature. Operating since 1983, the ICRC delegation to the UN serves as a support and a liaison for ICRC operational and legal initiatives. The delegation conveys the ICRC's viewpoint and keeps updated on trends and developments relating to humanitarian issues and promotes IHL.

### YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

**HIGH**

### EXPENDITURE IN KCHF

|                                     |              |
|-------------------------------------|--------------|
| Protection                          | -            |
| Assistance                          | -            |
| Prevention                          | 3,478        |
| Cooperation with National Societies | -            |
| General                             | 76           |
| <b>Total</b>                        | <b>3,555</b> |
| <i>Of which: Overheads</i>          | 217          |

### IMPLEMENTATION RATE

|                           |      |
|---------------------------|------|
| Expenditure/yearly budget | 112% |
|---------------------------|------|

### PERSONNEL

|   |    |
|---|----|
| Mobile staff                                | 5  |
| Resident staff (daily workers not included) | 11 |



## CONTEXT

The UN and the international community dealt with numerous, and mostly protracted and/or transnational, armed conflicts and other situations of violence throughout the world – amid shifting power dynamics, growing geopolitical tensions and challenges to multilateralism. While each situation presented specific challenges – in relation to the conduct of hostilities and the search for a long-term solution – they all gave rise to many of the same issues of humanitarian concern (see below). Despite some breakthroughs in UN mediation efforts, in most cases, negotiations between parties to conflicts were at an impasse.

After an intensive two-year process of consultations and negotiations, UN Member States adopted the Global Compacts for migration and on refugees, thereby reaffirming their commitment to address these matters comprehensively.

UN peacekeeping missions were deployed in several countries; some were authorized to use force to fulfil their mandate, particularly to protect civilians. Internal reforms, initiated in 2017, were under way at the UN; these included restructuring the UN peace and security architecture.

## ICRC ACTION AND RESULTS

### **The ICRC promotes the humanitarian perspective in UN discussions and decision-making**

The ICRC was in regular contact with influential parties in New York, to draw attention to pressing issues of humanitarian concern and urge greater respect for IHL. It drew on its legal expertise and long-established presence in conflict-affected areas to influence the drafting of UN policy documents, guidelines and resolutions, in a bid to secure the inclusion of humanitarian considerations in such processes. Such interaction also enabled the ICRC to foster support for its principled humanitarian action among various decision-makers.

ICRC delegates paid close attention to matters of particular concern to the organization, such as: threats to the safe delivery of health care; sexual violence in armed conflict; new weapons technologies; the implication of sanctions regimes and counter-terrorism measures to humanitarian action; and the inaccessibility of basic goods and essential services during conflict. They also followed international debates and shifts in policy on international law – particularly in connection with arms control – and other legal matters with a bearing on humanitarian action. The delegation's work fed into the ICRC's broader efforts to streamline its humanitarian diplomacy and operational practices and policies, institutionally or in pertinent contexts.

At the General Assembly's regular session, the Economic and Security Council's Humanitarian Affairs Segment, and other events, the ICRC – through its role as a permanent observer at the UN – drew attention to the humanitarian issues mentioned above. It served as an expert briefer during the Security Council's open debate on the protection of civilians. The ICRC also sought direct engagement with UN officials and representatives of Member States, such as monthly meetings with the president of the Security Council, and the annual meeting of Security Council members with the ICRC's president. The ICRC's president took part in ten high-level events on the sidelines of the General Assembly's regular session and discussed relevant subjects such as humanitarian negotiation and international mediation. When the opportunity arose, the ICRC gave its views on contexts where it had large-scale operations, particularly in Africa and the Middle East; it shared with Security Council members its reading of the situation in conflict zones and humanitarian needs it observed first-hand on the ground.

Some 120 diplomats strengthened their understanding of various detention-related issues – including in the context of peacekeeping and counter-terrorism efforts – at the annual IHL seminar organized by the New York University School of Law and the ICRC. Such events on international law gave the ICRC an opportunity to set up meetings on IHL with UN Member States' legal advisers.

### **UN documents on migration and counter-terrorism take into account ICRC recommendations**

The ICRC participated in various multilateral mechanisms and drew attention to: the need for better protection and assistance mechanisms for migrants, including asylum seekers and refugees; the applicability of IHL to counter-terrorism operations; and the importance of safeguarding the space for principled humanitarian action. For example, the ICRC voiced institutional and legal positions – on such matters as responding to the issue of missing people – during the inter-governmental negotiations on the Global Compact for Safe, Orderly and Regular Migration; some of its recommendations were incorporated in the adopted compact. It actively participated in the review of the UN Global Counter-Terrorism Strategy; the resulting resolution reaffirmed the necessity for States to ensure that their counter-terrorism policies comply with IHL and do not impede humanitarian activities. The ICRC also promoted legal and humanitarian considerations in the drafting of UN documents in relation to the treatment of people who were alleged to have participated in fighting abroad and of their families, such as an addendum to the Madrid Guiding Principles.

**The DPKO and the OLA discuss peacekeeping and IHL with the ICRC**

ICRC cooperation with the Department of Peacekeeping Operations (DPKO) and the Office of Legal Affairs (OLA) continued. The ICRC provided them with observations and recommendations on IHL-related matters within the context of peacekeeping operations – on such matters as respect for the principle of *non-refoulement* and the mandates of UN peacekeeping troops in some African countries. It provided feedback on DPKO draft policies on the protection of civilians and detention, and contributed to the preparation of a handbook on the Vancouver Principles on peacekeeping and the prevention of the recruitment of children into fighting forces. The ICRC discussed the applicability of IHL to peacekeeping operations with commanders of UN military forces.

**Future decision-makers and the general public learn more about IHL**

The ICRC organized – jointly with think-tanks or universities – and/or spoke at events that enabled decision-makers and members of the academic community to advance their knowledge of humanitarian affairs. UN-accredited media and other news agencies made use of the ICRC's press releases, and presentations by its senior staff on key issues, to report on the organization's activities worldwide. By strengthening its presence on social media, the ICRC was able to reach a much broader audience.

The ICRC kept in regular contact with Movement partners, and other organizations and NGOs in the humanitarian and development field; it promoted coherent and well-coordinated responses to humanitarian issues among them.

# WASHINGTON (regional)

**COVERING:** Canada, United States of America, Organization of American States (OAS)

Established in 1995, the Washington regional delegation engages in a regular dialogue on IHL and issues of humanitarian concern with government officials and bodies, academic institutions and other interested groups in Canada and the United States of America. The delegation heightens awareness of the ICRC's mandate and priorities within the OAS. It mobilizes political and financial support for ICRC activities and secures support for IHL implementation. It visits people held at the US detention facility at Guantanamo Bay Naval Station in Cuba. It works closely with the American Red Cross and the Canadian Red Cross Society.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

| EXPENDITURE IN KCHF                         |              |
|---|--------------|
| Protection                                  | 2,302        |
| Assistance                                  | 402          |
| Prevention                                  | 4,945        |
| Cooperation with National Societies         | 417          |
| General                                     | 83           |
| <b>Total</b>                                | <b>8,150</b> |
| <i>Of which: Overheads</i>                  | <i>497</i>   |
| IMPLEMENTATION RATE                         |              |
| Expenditure/yearly budget                   | 98%          |
| PERSONNEL                                   |              |
| Mobile staff                                | 10           |
| Resident staff (daily workers not included) | 30           |

| PROTECTION  | Total |
|---|-------|
| CIVILIANS   |       |
| <b>Restoring family links</b>                               |       |
| RCMs distributed  | 2     |
| Phone calls facilitated between family members <sup>1</sup> | 272   |
| PEOPLE DEPRIVED OF THEIR FREEDOM                            |       |
| <b>ICRC visits</b>  |       |
| Places of detention visited                                 | 8     |
| Detainees in places of detention visited                    | 5,752 |
| <i>of whom visited and monitored individually</i>           | 30    |
| Visits carried out  | 14    |
| <b>Restoring family links</b>                               |       |
| RCMs collected  | 579   |
| RCMs distributed  | 313   |

1. Phone or video calls facilitated between people held at the Guantanamo detention facility and their families abroad.

## CONTEXT

The United States of America (hereafter US) remained influential in international affairs. It maintained its involvement in military operations overseas – notably in Afghanistan, and around Africa and the Middle East. In Iraq and the Syrian Arab Republic, it led an international military coalition that launched air strikes against the remnants of the Islamic State group and provided technical and other support to security forces and armed groups.

People continued to be held in the US detention facility at the Guantanamo Bay Naval Station in Cuba.

Canada continued to raise its international profile. Its troops conducted medical evacuations as part of UN peacekeeping operations in Mali. Canada assumed command of a NATO training mission in Iraq, and continued to train military forces in Ukraine. Under its chairmanship, G7 countries committed to urging their partners in military operations to comply more effectively with IHL.

The number of families and unaccompanied minors – among others – trying to enter the US through its southern border with Mexico, increased; the US tightened its migration policies. Many migrants sought asylum and were from Central America (see *Mexico City*). They risked loss of contact with their families, arrest and detention, deportation, injury, and even death.

## ICRC ACTION AND RESULTS

### Guantanamo Bay detainees cope with their situation

The ICRC visited people held at the Guantanamo Bay detention facility and monitored their treatment and living conditions. It communicated its findings and recommendations confidentially to the pertinent authorities on the importance of meeting internationally recognized standards for detention. It emphasized the need to facilitate the transfer or resettlement of eligible detainees and to respect procedural safeguards and the principle of *non-refoulement* while doing so.

Detainees contacted their families through RCMs and phone or video calls (272 calls facilitated). The ICRC delivered parcels of food and other items to detainees from their relatives. Detainees had access to recreational spaces, and to a library for which the ICRC provided multimedia materials in various languages. The ICRC continued to monitor detainees' health needs and to share with the authorities its observations on the provision of medical care in line with medical ethics.

The ICRC also maintained its confidential dialogue with the US authorities about other detainees within its purview who were being held in countries where the US conducted military operations.

### Authorities are apprised of vulnerable migrants' needs

The ICRC visited – on an ad hoc basis – several immigration detention facilities housing over 5,000 people near or along the US's southern border. It communicated its findings and recommendations – particularly on migrants' access to health care and means of contacting their families – confidentially to the pertinent authorities.

Migrants reconnected with their relatives using phone and internet services provided by the American Red Cross, with ICRC technical support, at shelters near the southern border. The ICRC discussed the consequences of certain migration policies with the US authorities; it attended meetings on migrants' concerns with other organizations. It made expert contributions at a summit organized by the US authorities on the issue of missing migrants. An ICRC mental-health specialist assessed the needs of missing migrants' relatives and service providers at the southern border, with a view to facilitating their access to psychosocial care. A university in the US continued to exhume unidentified human remains near the same border with ICRC material assistance, to help clarify the fate of missing migrants.

### Authorities and the ICRC discuss protection for civilians in conflict-affected areas

The ICRC urged the authorities to: protect civilians and ensure their safe access to basic goods and services in countries where Canadian and US armed forces operated; and persuade the weapon bearers their forces supported to do the same. The ICRC arranged meetings with decision-makers, and briefings and training exercises for military commanders and troops. On these occasions, it emphasized the importance of addressing humanitarian concerns arising from overseas military operations – including in connection with detention practices; it also sought to gather support for its neutral, impartial and independent humanitarian action. The US defence authorities and the ICRC focused on the applicability of IHL to the US's military operations in Afghanistan and the Middle East, and the situation of people allegedly involved in fighting abroad. The US's military engagement in Somalia and other contexts – and that of Canada in Mali – was also discussed. US military legal advisers drew on ICRC expertise to finalize a manual on the conduct of hostilities.

## Members of civil society reaffirm their support for humanitarian action

The ICRC urged the Canadian and US governments, and the Organization of American States (OAS), to take IHL into account in their policy-making and activities. It reinforced its position as a key source of reference on IHL: in the US, it helped arrange workshops on IHL-related issues – such as the use of artificial intelligence in warfare – for government officials, academics, journalists, and private or non-governmental organizations from the region and elsewhere. Its expertise in matters concerning migration, detention, missing people and armed violence in urban settings enriched its dialogue with the OAS and the Inter-American Development Bank. Notably, the OAS adopted resolutions which incorporated the ICRC's input on some of these subjects. The Canadian Red Cross and the ICRC made expert contributions during parliamentary discussions pertinent to Canada's accession to the Arms Trade Treaty. The ICRC launched public-communication initiatives and organized

events with the American and Canadian National Societies. These efforts aimed to broaden awareness – particularly among civil society – of certain issues associated with armed conflict: sexual violence; threats to health-care delivery; respect for cultural property; and the use of autonomous weapons. Dialogue with the World Bank centred on humanitarian needs and support for the ICRC's operations in contexts with active conflicts.

To promote disabled people's social inclusion, the ICRC helped organize training in adaptive sports worldwide.

The ICRC developed its relationship with the American and Canadian National Societies, and sought to fundraise with them. The American Red Cross and the ICRC discussed incorporating digital tools in humanitarian initiatives. The Canadian Red Cross contributed staff to the ICRC's operations; some of them attended an ICRC-supported orientation course in Canada.

## MAIN FIGURES AND INDICATORS: PROTECTION

| CIVILIANS                                      | Total |                |               |             |
|--|-------|----------------|---------------|-------------|
| <b>RCMs and other means of family contact</b>  |       | <b>UAMs/SC</b> |               |             |
| RCMs distributed                               | 2     |                |               |             |
| Phone calls facilitated between family members | 272   |                |               |             |
| <b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>        |       |                |               |             |
| <b>ICRC visits</b>                             |       | <b>Women</b>   | <b>Minors</b> |             |
| Places of detention visited                    | 8     |                |               |             |
| Detainees in places of detention visited       | 5,752 | 1,149          |               |             |
| Visits carried out                             | 14    |                |               |             |
|  |       | <b>Women</b>   | <b>Girls</b>  | <b>Boys</b> |
| Detainees visited and monitored individually   | 30    |                |               |             |
| <b>RCMs and other means of family contact</b>  |       |                |               |             |
| RCMs collected                                 | 579   |                |               |             |
| RCMs distributed                               | 313   |                |               |             |

## MAIN FIGURES AND INDICATORS: ASSISTANCE

| PEOPLE DEPRIVED OF THEIR FREEDOM            | Total      | Women | Children |
|---|------------|-------|----------|
| <b>Health</b>                               |            |       |          |
| Places of detention visited by health staff | Structures | 7     |          |