

MEXICO CITY (regional)

COVERING: Costa Rica, Cuba, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama



ICRC regional delegation ICRC mission ICRC-supported prosthetic/orthotic centre

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

KEY RESULTS/CONSTRAINTS

In 2013:

- vulnerable migrants met their basic needs, including for family contact, thanks to ICRC support to National Society-run assistance posts in Guatemala, Honduras and Mexico and to church/NGO-managed facilities in the region
- the Mexican authorities received reports based on ICRC visits to migrants in retention centres, documenting the existing humanitarian needs, with recommendations to improve material conditions and health care in these facilities
- families of missing persons received assistance through: financial/logistical support for exhumations/burials in Guatemala; and in Mexico, the signing of an agreement with the authorities to facilitate their search for information
- with medical services and hygiene promotion, over 1,700 residents of Panama's Darién region suffering the spillover effects of the Colombian conflict had decreased health risks, notably a 42% lower incidence of acute diarrhoea
- following repair/rehabilitation work in prisons, more than 22,600 detainees in El Salvador and over 3,500 in Honduras benefited from improved living conditions and sanitation, and from better access to clean drinking water
- during international training events in Guatemala, Honduras and Mexico, medical personnel from various Latin American countries enhanced their skills in treating weapon wounds and providing pre-hospital care

EXPENDITURE (in KCHF)	
Protection	6,424
Assistance	3,422
Prevention	2,571
Cooperation with National Societies	1,094
General	-

13,511
of which: Overheads 825

IMPLEMENTATION RATE	
Expenditure/yearly budget	98%

PERSONNEL	
Mobile staff	26
Resident staff (daily workers not included)	82

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	4
Phone calls facilitated between family members	12,120
People located (tracing cases closed positively)	3
People reunited with their families	164
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	34,107
Detainees visited and monitored individually	79
Number of visits carried out	184
Number of places of detention visited	45
Restoring family links	
RCMs collected	13
RCMs distributed	1

ASSISTANCE	Targets	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme) ¹			
Food commodities	Beneficiaries	18,584	
Water and habitat activities	Beneficiaries	64,783	
Health			
Health centres supported	Structures	14	
WOUNDED AND SICK			
Physical rehabilitation			
Centres supported	Structures	7	8
Patients receiving services	Patients		6,350

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

CONTEXT

Violence persisted throughout the region, particularly in Mexico, where confrontations between security forces and groups involved in armed violence continued. Despite government efforts at political and social reform, large-scale protests took place in Mexico City.

Land disputes and socio-economic issues continued to spark violence in the Bajo Aguán region of Honduras. In El Salvador, the two main *maras* (gangs) renewed public commitments to reduce violence, maintaining a truce they had entered into in 2012. The region's armed forces were frequently deployed alongside police units to maintain law and order.

In Panama, the spillover of the Colombian conflict continued to affect people in the Darién border region. Cuba hosted peace talks between the Colombian government and the Revolutionary Armed Forces of Colombia – People's Army (see *Colombia*).

Migrants bound for the United States of America (hereafter US) remained at risk along their route, including from abduction, injury, death and other abuses. Families across the region continued to search for information about relatives missing as a consequence of armed conflict or other situations of violence, or for reasons related to migration.

ICRC ACTION AND RESULTS

The ICRC, in cooperation with the National Societies, continued to focus on responding to the humanitarian consequences of violence in the region. It stepped up its efforts to assist vulnerable migrants by: supporting National Society-run assistance facilities along the migratory route; contributing to the improvement of water-supply and sanitation facilities in migrant shelters; and making recommendations to the Mexican authorities regarding humanitarian needs in retention centres. The Mexico City regional delegation conducted joint field assessments with the American Red Cross and the Washington regional delegation to identify and document migration-related concerns, with a view to planning coherent responses to needs on both sides of the border.

The issue of missing persons remained a priority. In Guatemala, the ICRC assisted families of victims of the past armed conflict in attending exhumations, organizing proper burials for their relatives and claiming State compensation. Regionwide, it also advocated the creation of mechanisms for collecting information on missing persons, notably by signing an agreement with Mexico's Interior Ministry in this regard. It helped forensic services build their capacities and facilitated coordination and exchange of information among them at the regional level.

Several multidisciplinary projects aided residents of violence-stricken neighbourhoods in El Salvador, Guatemala, Honduras and Mexico in coping with their situation. Training in livelihood skills or first aid and provision of psychological support – sometimes in combination with rehabilitation of water-supply facilities – equipped community members to mitigate the effects of violence. Public health projects and hygiene promotion sessions in Bajo Aguán, Honduras, and Darién, Panama, increased residents' access to medical services and helped them improve their sanitation practices, thereby reducing health risks.

The ICRC also organized/supported training courses throughout the region to hone medical professionals' skills in treating weapon

wounds and providing pre-hospital care. In line with the Health Care in Danger project, several events in Mexico focused on the issue of protection for health workers and facilities, and their patients, during emergencies. Efforts were also made to incorporate the subject in medical curricula.

In El Salvador, Honduras, Mexico and Panama, delegates visited detainees in accordance with ICRC standard procedures, monitoring their treatment and living conditions and providing confidential feedback to the authorities. Rehabilitation and construction work in some prisons in El Salvador and Honduras contributed to the improvement of detainees' living conditions.

Training provided to police and armed forces in the region emphasized the integration of applicable legal norms and internationally recognized standards on the use of force into their doctrine, training and operations. The Mexico City Police Department, with ICRC input, began to revise its operational doctrines and protocols to align them more closely with applicable legal norms. This was also a major theme in the ICRC's dialogue with regional organizations like the Conference of Central American Armed Forces (CFAC), the Central American Integration System (SICA) and bodies affiliated to the Organization of American States (OAS).

The ICRC sustained its dialogue with national authorities, particularly the region's national IHL committees, on promoting and implementing IHL. Contacts with the media and academia helped foster public awareness of humanitarian issues and support for Movement/ICRC activities.

With Movement/ICRC support, the region's National Societies reinforced their capacities, especially in the fields of emergency response and restoring family links. Coordination mechanisms and agreements among Movement partners in the region mutually enhanced the coherence of their responses to humanitarian needs.

CIVILIANS

Violence-affected people and their concerns remained the focus of the ICRC's dialogue with the authorities, including in relation to the integration of applicable legal norms and internationally recognized standards on the use of force into the doctrine, training and operations of the armed forces and police (see *Authorities, armed forces and other bearers of weapons, and civil society*). This complemented the provision of direct assistance to families of missing persons, vulnerable migrants and residents of violence-affected communities.

Families receive information on missing relatives

Forensic experts and NGO staff from El Salvador, Guatemala, Honduras and Mexico developed their skills in handling human remains and using ante/post-mortem data management software. National Societies strengthened their family-links capacities (see *Red Cross and Red Crescent Movement*), while forensic institutions throughout the region exchanged information on best practices – at a meeting in Mexico of the Ibero-American Network of Legal Medicine and Forensic Science Institutions, for instance.

In Guatemala, the families of over 400 victims of the past armed conflict attended exhumations and/or held dignified burials for their relatives with financial/logistical ICRC assistance. With ICRC material support, more than 60 people were able to reunite with their families, while around 1,300 relatives of missing persons received legal, administrative and logistical support for claiming

State compensation. The working group facilitating this process continued, with the ICRC's technical input, to explore ways to help such families.

An agreement between the Mexican Interior Ministry and the ICRC paved the way for specific measures to facilitate the search for information about missing persons. A new federal-level working group facilitated coordination and policy-making, on such matters as establishing an adequate legal framework and assistance mechanisms.

With the ICRC's technical support, Panama's Committee of Understanding worked on measures to resolve cases of missing persons. In El Salvador, dialogue on this issue did not develop, owing to human resources constraints and the ICRC's focus on addressing urgent humanitarian concerns in places of detention (see *People deprived of their freedom*).

After assessing the needs of the families of missing migrants in Honduras, the ICRC prepared a report for presentation to the authorities in 2014. Similar assessments got under way in El Salvador, Guatemala and Mexico.

Migrants meet basic needs and re-establish family links

Vulnerable migrants in Guatemala, Honduras and Mexico contacted their relatives, met their immediate needs for drinking water and medical attention, and learnt how to protect themselves from potential hazards during their journey. These services were provided by National Society-run assistance posts located at key

points along the migratory route, where more than 3,300 migrants in Guatemala, around 7,800 in Honduras, and 895 in Mexico called their families using ICRC-funded phone stations. In the same facilities, migrants attended over 22,900 medical consultations and received information on ways to ensure their personal safety. More than 62,200 migrants received clean drinking water, which helped lower their health risks.

Migrants awaiting deportation/repatriation in Mexican retention centres received visits from ICRC delegates to identify their needs. The National Institute of Migration received reports based on these visits, with recommendations to improve the inmates' living conditions and access to health care.

In seven church-run shelters and two NGO-managed soup kitchens in Mexico, nearly 700 migrants had improved access to potable water and better living conditions. These were made possible by the installation of water purification systems, repairs/construction of living quarters and sanitation facilities and, in one shelter, the construction of a physical rehabilitation room that benefited 60 disabled/injured migrants.

Following their deportation from Mexico, 164 unaccompanied migrant children in a transit shelter in Guatemala were reunited with their families with Guatemalan Red Cross/ICRC support.

In Honduras, 11 repatriated migrants who had suffered injuries or amputations reintegrated into their communities by establishing livelihoods through microeconomic initiatives.

CIVILIANS	EL SALVADOR	GUATEMALA	HONDURAS	MEXICO	PANAMA
Red Cross messages (RCMs)					
RCMs collected				4	
Phone calls facilitated between family members		3,337	7,888	895	
Reunifications, transfers and repatriations					
People reunited with their families		164			
Tracing requests, including cases of missing persons					
People for whom a tracing request was newly registered	4			7	
<i>of whom women</i>	3				
People located (tracing cases closed positively)	2			1	
Tracing cases still being handled at the end of the reporting period (people)	3			8	1
<i>of whom women</i>	2			1	
<i>of whom minors at the time of disappearance</i>				1	
UAMs/SCs*, including unaccompanied demobilized child soldiers					
UAMs/SCs newly registered by the ICRC/National Society				1	
UAM/SC cases still being handled at the end of the reporting period				3	

* Unaccompanied minors/separated children

CIVILIANS		GUATEMALA	HONDURAS	MEXICO	PANAMA
Economic security, water and habitat¹					
Food commodities	Beneficiaries		18,584		
Water and habitat activities	Beneficiaries	2,708	19,255	41,039	1,781
<i>of whom IDPs</i>	Beneficiaries			94	
Health¹					
Health centres supported	Structures	1	6	5	2
Average catchment population			3,629		1,750
Consultations	Patients	49	3,199	21,874	674
<i>of which curative</i>	Patients	49	3,101	21,874	644
<i>of which ante/post-natal</i>	Patients		98		30
Immunizations	Doses		61	2	717
<i>of which for children aged five or under</i>	Doses		11		185
Referrals to a second level of care	Patients	4	38	123	9
Health education	Sessions				12

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

Facilitating a coherent response on both sides of the Mexico-US border, the American Red Cross and the ICRC's Mexico City and Washington regional delegations conducted joint field missions to gain a better understanding of migrants' concerns, including those related to deportation/repatriation procedures (see *Washington*).

Vulnerable communities reinforce their resilience to the effects of violence

Through community-based projects, residents of violence-prone urban and rural areas throughout the region strengthened their ability to cope with the consequences of violence. These projects applied a multidisciplinary approach, combining such activities as emergency response, livelihood training, and psychological assistance.

By participating in vocational training and recreational activities, residents of Hábitat Confién (San Salvador, El Salvador), San Francisco (Tegucigalpa, Honduras) and Santa Isabel II (Guatemala City, Guatemala) acquired livelihood skills and acquainted themselves with basic humanitarian principles. This encouraged them, particularly the young people among them, to help mitigate the effects of violence in their neighbourhoods.

Guatemalan government staff and social workers, as well as Honduran and Mexican teachers and National Society volunteers, were trained to assist people traumatized by violence. As a result, some 100 teachers from El Limón (Guatemala City), 3,915 people in five neighbourhoods in Tegucigalpa, and 1,575 residents of Ciudad Juárez, Mexico, received psychological support.

About 40,300 secondary-school students and teachers in Ciudad Juárez and Guerrero state, Mexico, received first-aid training, thereby equipping themselves to deal with emergencies. People in other violence-stricken Mexican communities, including 94 IDPs staying in Guerrero, gained better access to safe drinking water, thus reducing health and safety risks that often arose as a consequence of violence.

People in Honduras' Bajo Aguán region attended some 2,100 medical consultations, which were provided through a Honduran Red Cross/ICRC public health project. They also learnt good health care practices during information sessions conducted by Ministry of Health staff, for whom the ICRC facilitated safe access to the area.

With the construction/rehabilitation of houses, schools and health facilities and the installation of rainwater collection systems in seven communities in Darién, Panama, over 1,700 people coped more effectively with the spillover effects of the Colombian conflict. Residents benefited from more than 640 curative consultations during two health brigades organized with the Health Ministry, and learnt better hygiene practices at dissemination sessions conducted by 21 community members who had received ICRC training. All this contributed to a 42% decrease in the incidence of acute diarrhoea in these communities.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in El Salvador, Honduras, Mexico and Panama, including people held in connection with conflict/violence, received visits, in accordance with standard ICRC procedures, to monitor their treatment and living conditions. Findings from these visits, including to migrants in Mexican retention centres (see *Civilians*), and recommendations on improving detention conditions were shared confidentially with the authorities. Owing to human resources constraints, the ICRC was unable to assess humanitarian needs in Guatemalan prisons.

For 35 North Korean sailors held in Panama, visits from ICRC delegates helped ensure compliance with internationally recognized standards in detention, access to basic services and contact with their families.

In Honduras, Mexico and Panama, detainees maintained contact with their relatives through family visits and, in Panama, RCMs. Basic hygiene items and, in Panama, food or cash were distributed to those without family support.

PEOPLE DEPRIVED OF THEIR FREEDOM		EL SALVADOR	HONDURAS	MEXICO	PANAMA
ICRC visits					
Detainees visited		22,862	7,091	4,097	57
	<i>of whom women</i>	2,844	89	268	
	<i>of whom minors</i>	147		34	
Detainees visited and monitored individually			1	21	57
	<i>of whom women</i>			3	
Detainees newly registered				1	38
	<i>of whom women</i>			1	
Number of visits carried out		83	52	27	22
Number of places of detention visited		15	12	16	2
Restoring family links					
RCMs collected				9	4
RCMs distributed					1
Detainees visited by their relatives with ICRC/National Society support			5	1	4
People to whom a detention attestation was issued				3	

PEOPLE DEPRIVED OF THEIR FREEDOM		EL SALVADOR	HONDURAS	MEXICO	PANAMA
Economic security, water and habitat					
Food commodities	Beneficiaries				125
Essential household items	Beneficiaries	14		4	160
Cash	Beneficiaries				4
Water and habitat activities	Beneficiaries	22,614	3,533		

Following rehabilitation/construction work in 13 prisons in El Salvador, including waterproofing of one sector of La Esperanza prison, more than 22,600 detainees – among whom were some TB and psychiatric patients – improved their sanitation/hygiene conditions, access to drinking water and general living standards. The Salvadorean Red Cross Society having cancelled its health brigades initiative, the ICRC helped ease the plight of 14 detainees with specialized needs by providing them with assistive devices and medicines.

Basic repairs and rehabilitation work in Honduran prisons resulted in better material conditions, access to potable water and, following improvements in the kitchen of El Progreso prison, safer food preparation for some 3,500 detainees and guards. Prison directors received training in first aid and risk management at a workshop organized with the Honduran Red Cross.

At a juvenile detention facility in Chilpancingo, Mexico, 17 minors learnt first aid and basic humanitarian principles.

WOUNDED AND SICK

Over 6,300 patients with injured/amputated limbs, including 62 migrants, received prostheses/orthoses and other assistive devices at eight ICRC-supported institutions in Guatemala, Honduras and Mexico. Through an agreement with the National Rehabilitation Institute in Mexico, migrants with such needs were referred to facilities in Mexico City for treatment.

Laying the groundwork for the improvement of such services regionwide, Honduran and Mexican physiotherapists and technicians underwent further training.

Health professionals prepare to better handle emergency cases

At seminars/conferences in Guatemala, Honduras, and Mexico, including one in Mexico attended by over 200 Latin American health workers, medical personnel enhanced their skills in treating weapon wounds and providing pre-hospital care. Guatemalan firefighters underwent similar training, prompting key players in the health sector to initiate an effort to organize an integrated emergency medical service in the country.

At an international seminar in Toluca, Mexico, 78 representatives from National Societies, government bodies and civil society groups identified best practices for ambulance/pre-hospital services in high-risk situations, and mental-health specialists developed their capacities to provide psychological first aid.

Mexico's health sector works to ensure safe delivery of medical aid

In line with the objectives of the Health Care in Danger project, over 500 Mexican medical professionals/students and National Society staff/volunteers familiarized themselves with risk-reduction measures and their rights and duties during emergencies. Mexican Red Cross emergency responders and other medical workers shared their experiences with their counterparts from the Colombian Health Ministry and the Colombian Red Cross at a workshop on protecting health services.

The University of Guerrero completed a study on protecting health workers; medical schools in Guerrero and Nueva Leon made preparations to include the subject in their curricula.

AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPONS, AND CIVIL SOCIETY

Military and police take steps to better regulate the use of force

Mexico City's Police Department, with ICRC input, began to revise its operational doctrines, including protocols for riot control operations and arrests, to align them more closely with applicable human rights norms.

Police and military units deployed in support of law enforcement operations – including 240 personnel from Guatemala's national police, 50 from Honduras' National Preventive Police, 1,200 from Mexico's state and municipal police, and 105 from Panama's border security and aero-naval forces – enhanced their knowledge of international legal norms applicable to the use of force. The police forces of these countries, aided by around 80 officers trained as instructors, prepared to conduct such training themselves.

Following the signing of an agreement between Mexico's National Defence Secretariat and the ICRC, over 7,000 Mexican army

WOUNDED AND SICK		EL SALVADOR ¹	GUATEMALA	HONDURAS	MEXICO	NICARAGUA ¹
Physical rehabilitation						
Centres supported	Structures		3	3	2	
Patients receiving services	Patients	26	6,198	82	40	4
	<i>of whom women</i>		13	6	6	
	<i>of whom children</i>		360		3	
New patients fitted with prostheses	Patients	7	25	34	7	1
	<i>of whom women</i>			2	1	
	<i>of whom children</i>		7			
Prostheses delivered	Units	7	53	66	9	2
	<i>of which for women</i>		1	6	1	
	<i>of which for children</i>		7		1	
	<i>of which for victims of mines or explosive remnants of war</i>		26		1	
New patients fitted with orthoses	Patients		363			
	<i>of whom women</i>		10			
	<i>of whom children</i>		350			
Orthoses delivered	Units		549			
	<i>of which for women</i>		13			
	<i>of which for children</i>		510			
	<i>of which for victims of mines or explosive remnants of war</i>		17			
Patients receiving physiotherapy	Patients				3	1
Crutches delivered	Units		5		2	1
Wheelchairs delivered	Units				1	1

1. Subsidized patients

and navy personnel acquired greater familiarity with IHL and human rights norms and with the ICRC's mandate and working procedures. Through workshops and dissemination sessions in their countries, some 300 Guatemalan and 700 Mexican soldiers preparing for deployment in support of law enforcement operations reinforced their knowledge of internationally recognized standards on the use of force.

Military personnel from CFAC member countries honed their knowledge about the application of IHL, internationally recognized standards on the use of force and the proper handling of human remains. At a round-table organized jointly with the SICA Secretariat General and the Costa Rican government, representatives of SICA member States drafted a declaration that laid the groundwork for the adoption of a model legal framework to regulate the use of force.

States and regional bodies bolster IHL integration and implementation

Progress was made in dialogue on IHL implementation and humanitarian issues throughout the region, including with OAS bodies based in Central America (see *Washington*). Costa Rica and Mexico ratified the Arms Trade Treaty; El Salvador, Guatemala, Honduras and Panama signed it.

At a conference hosted by Costa Rica, representatives of national IHL committees from the Americas adopted conclusions and recommendations, particularly on drafting laws regulating the use of force in law enforcement and on addressing the legal needs of missing persons' families. These committees played a key role

in the implementation of IHL treaties: for instance, in drafting domestic legislation to implement the Rome Statute in Guatemala and in the inclusion of penalties for war crimes in Honduras' penal code. The Costa Rican, Salvadorean, Guatemalan and Honduran IHL committees drew up five-year plans to strengthen the protection of cultural property in armed conflict.

In Mexico, government officials and judicial personnel developed their expertise in IHL and related bodies of international law, particularly through courses organized with the Supreme Court and the national IHL committee. Cuba's Ministry of Foreign Affairs and the ICRC, continuing a dialogue begun in 2012, discussed ways to deepen their cooperation on IHL promotion and integration, among other issues of common interest.

In line with its efforts to strengthen the overall response to migrants' needs, the Regional Conference on Migration granted the ICRC permanent observer status and welcomed its input on humanitarian concerns.

Humanitarian issues remain high on the public agenda

Through media campaigns and other means, the general public was kept informed of topics of humanitarian interest, including the search for missing persons, the safe delivery of health care, issues affecting migrants and the Movement's neutral, impartial and independent humanitarian work. In parallel, contacts with universities throughout the region fostered IHL teaching and research. All this contributed to increasing public awareness and acceptance of the Movement and its activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		4		
Phone calls facilitated between family members		12,120		
Reunifications, transfers and repatriations				
People reunited with their families		164		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		11	3	
People located (tracing cases closed positively)		3		
Tracing cases still being handled at the end of the reporting period (people)		12	3	1
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		3		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits¹			Women	Minors
Detainees visited		34,107	3,201	181
Detainees visited and monitored individually		79	3	
Detainees newly registered		39	1	
Number of visits carried out		184		
Number of places of detention visited		45		
Restoring family links²				
RCMs collected		13		
RCMs distributed		1		
Detainees visited by their relatives with ICRC/National Society support		10		
People to whom a detention attestation was issued		3		

* Unaccompanied minors/separated children

1. El Salvador, Honduras, Mexico and Panama

2. Honduras, Mexico and Panama

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies of El Salvador, Guatemala, Honduras, Mexico and Panama, with Movement/ICRC support, strove to improve their humanitarian response, particularly to the needs of vulnerable migrants and violence-affected communities, and to strengthen their legal bases and IHL-promotion capacities.

The Mexican Red Cross/ICRC trained 1,200 volunteers to instruct health/humanitarian personnel in the Safer Access Framework, while the Guatemalan Red Cross formulated a plan of action to implement the Framework. In preparation for presidential elections in their countries in 2014, the Salvadorean Red Cross and the Red Cross Society of Panama devised contingency plans for responding to emergencies.

The Cuban Red Cross, with the Latin American Centre for Disaster Medicine and the ICRC, organized the second course on Health Emergencies in Large Populations to be held in Cuba; at this course, 24 health professionals from six countries sharpened their skills in all aspects of emergency response. Cuba also hosted a meeting of National Societies from the Americas, at which ways to improve family-links services were discussed.

Coordination mechanisms and agreements among Movement partners in the region enhanced the coherence of their responses to humanitarian needs.

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)¹				
Food commodities ²	Beneficiaries	18,584	27%	15%
Water and habitat activities ³	Beneficiaries	64,783	16%	3%
	<i>of whom IDPs</i>	94		
Health³				
Health centres supported	Structures	14		
Average catchment population		5,379		
Consultations	Patients	25,796		
	<i>of which curative</i>		4,450	2,158
	<i>of which ante/post-natal</i>		128	
Immunizations	Doses	780		
	<i>of which for children aged five or under</i>	407		
Referrals to a second level of care	Patients	174		
Health education	Sessions	12		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Food commodities ⁴	Beneficiaries	125		
Essential household items ⁵	Beneficiaries	178		
Cash ⁴	Beneficiaries	24		
Water and habitat activities ⁶	Beneficiaries	26,147		
WOUNDED AND SICK				
Physical rehabilitation⁷				
Centres supported	Structures	8		
Patients receiving services	Patients	6,350	25	363
New patients fitted with prostheses	Patients	74	3	7
Prostheses delivered	Units	137	8	8
	<i>of which for victims of mines or explosive remnants of war</i>	27		
New patients fitted with orthoses	Patients	363	10	350
Orthoses delivered	Units	549	13	510
	<i>of which for victims of mines or explosive remnants of war</i>	17		
Patients receiving physiotherapy	Patients	4		
Crutches delivered	Units	8		
Wheelchairs delivered	Units	2		

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

2. Honduras

3. Guatemala, Honduras, Mexico and Panama

4. Panama

5. El Salvador, Mexico and Panama

6. El Salvador and Honduras

7. El Salvador (subsidized patients), Guatemala, Honduras, Mexico and Nicaragua (subsidized patients)