

# MIDDLE EAST

## KEY RESULTS/CONSTRAINTS

### In 2013:

- ▶ amid constraints to humanitarian action, millions of people in the Syrian Arab Republic (hereafter Syria) affected by the armed conflict met most of their urgent needs through joint Syrian Arab Red Crescent/ICRC operations
- ▶ wounded and sick people received services thanks to National Society/ICRC action, although restrictions imposed on humanitarian action impeded many from receiving the care they needed in Syria and Yemen
- ▶ people fleeing the Syrian armed conflict benefited from National Society/ICRC emergency assistance provided in coordination with other actors on the ground, and including medical/surgical care, in Iraq, Jordan and Lebanon
- ▶ people deprived of their freedom in Bahrain, Iraq, Israel, Jordan, Kuwait, Lebanon, the occupied Palestinian territory, Qatar and Yemen benefited from regular ICRC visits and findings/input shared with the detaining authorities
- ▶ meetings and events held with influential actors helped gain respect for people not/no longer participating in hostilities/violence and support for neutral, impartial and independent humanitarian action, albeit with insufficient results
- ▶ while responding to humanitarian needs, the region's National Societies enhanced their emergency response capacities, for example during a regional event co-organized with the Qatar Red Crescent Society

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	7,195
RCMs distributed	4,859
Phone calls facilitated between family members	14,747
People located (tracing cases closed positively)	441
People reunited with their families	10
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	95,530
Detainees visited and monitored individually	6,928
Number of visits carried out	1,184
Number of places of detention visited	289
<b>Restoring family links</b>	
RCMs collected	3,338
RCMs distributed	2,568
Phone calls made to families to inform them of the whereabouts of a detained relative	5,858

ASSISTANCE	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)	
Food commodities	Beneficiaries 3,801,208
Essential household items	Beneficiaries 1,184,517
Productive inputs	Beneficiaries 354,785
Cash	Beneficiaries 74,270
Work, services and training	Beneficiaries 30,552
Water and habitat activities	Beneficiaries 23,509,538
<b>Health</b>	
Health centres supported	Structures 35
<b>WOUNDED AND SICK</b>	
<b>Hospitals</b>	
Hospitals supported	Structures 66
<b>Water and habitat</b>	
Water and habitat activities	Number of beds 2,294
<b>Physical rehabilitation</b>	
Centres supported	Structures 18
Patients receiving services	Patients 103,435

EXPENDITURE (in KCHF)	
Protection	44,663
Assistance	159,218
Prevention	24,192
Cooperation with National Societies	17,188
General	1,009
<b>246,271</b>	
<i>of which: Overheads 15,007</i>	

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>85%</b>
<b>PERSONNEL</b>	
Mobile staff	319
Resident staff (daily workers not included)	1,645

## DELEGATIONS

Egypt  
Iran, Islamic Republic of  
Iraq  
Israel and the Occupied Territories  
Jordan  
Lebanon  
Syrian Arab Republic  
Yemen

## REGIONAL DELEGATIONS

Kuwait





## MIDDLE EAST

In 2013, ICRC operations in the Middle East focused on addressing the humanitarian consequences of armed conflicts, other situations of violence and occupation in the region, notably in Iraq, Israel and the occupied territories, the Syrian Arab Republic (hereafter Syria) and Yemen – four of the organization's largest operations worldwide – and in neighbouring countries affected by the encroaching consequences of the Syrian armed conflict. To more effectively address people's needs, the ICRC adapted its humanitarian response, in nature and scale, to the opportunities and limitations afforded by the evolving situation in the countries affected and the region at large. It expanded its field presence, fully redeploying its delegation in Iraq, and establishing a new logistics centre and additional presence in Aleppo, Syria. It scaled up its response to the consequences of the Syrian armed conflict in Syria, Jordan and Lebanon and therefore appealed for additional donor funding in May.

The ICRC's main partners were the National Societies. It provided them with material, technical and financial support to help them strengthen their operational capacities, particularly in emergency preparedness/response and family-links services, and contributed to events with similar objectives, for example a regional workshop on disaster preparedness co-organized with the Qatar Red Crescent Society. Regular interaction with a large network of contacts helped facilitate acceptance of and support for National

Society/ICRC activities. In Syria and Yemen, however, restrictions imposed by parties to the conflict prevented the ICRC from reaching all those in need, and security incidents – such as the abduction of National Society/ICRC staff in the two countries and the killing of National Society volunteers in Syria – necessitated adjustments in activities and staff movements.

The organization developed its relations with State and *de facto* authorities, weapon bearers, traditional and religious leaders and other influential players to enlist their support for IHL and other applicable legal norms protecting the rights of people at all times, including during armed conflicts and other situations of violence. Whenever possible, the ICRC shared its humanitarian concerns with the parties, emphasizing their obligations under IHL and other applicable norms. In Syria, for example, discussions with the authorities and armed groups, although very limited, covered the need for all parties to respect IHL rules protecting all wounded and sick people, be they civilians or combatants, in detention or not. The ICRC pursued its confidential bilateral dialogue with the Israeli authorities and with the Palestinian authorities and armed groups regarding the protection of people not/no longer participating in hostilities and their property, as well as medical personnel/infrastructure. On Israeli occupation policies which it had had no dialogue with the Israeli authorities, the ICRC adapted its approach and started engaging the Israeli public in debate on the legality and humanitarian consequences thereof.



Amid the insecurity in the region, notably in Syria and Yemen, ICRC dialogue and training sessions with various players highlighted the importance of ensuring the safety of those seeking or providing medical/health care at all times – a goal supported by its global Health Care in Danger project. It documented abuses against the medical services – for example, the killing of Syrian Arab Red Crescent volunteers – and, whenever possible, submitted confidential representations to the parties concerned. Building on similar initiatives carried out in 2012, the ICRC co-organized an international workshop in Tehran, Islamic Republic of Iran, on the role of National Societies in providing medical care during armed conflicts.

National Society and ICRC teams also helped ensure that wounded and sick people throughout the region received appropriate care in a timely manner. First-aid teams, ambulance and emergency services, hospitals and field/mobile structures, including those in Iraq, Jordan, Lebanon, the occupied Palestinian territory, Syria and Yemen, received ICRC supplies and equipment, funding, rehabilitation support, technical advice and training, particularly in first aid and war surgery.

People wounded in violence received emergency care from National Society personnel and community volunteers trained in first aid, in line with the Safer Access Framework, at workshops in Egypt, Iraq, Lebanon, the occupied Palestinian territory and Yemen. Surgeons/nurses from Jordan and Lebanon, including those treating wounded Syrians, participated in war-surgery seminars.

In Syria, where first-aid training and war-surgery seminars could not take place, government restrictions and insecurity also thwarted the provision of health care, including the delivery of certain medical supplies, particularly in areas held by armed groups. Medical assistance could be delivered in such areas on four occasions only. Nevertheless, Health Ministry hospitals and other health facilities, particularly the National Society-run mobile health units, administered pre-hospital emergency care, inpatient treatment and primary health care to the wounded and sick using ICRC-donated medical supplies.

Border health posts and clinics in Jordan and hospitals in Lebanon attended to weapon-wounded people from Syria thanks to ICRC material and financial support. In Lebanon, the emergency medical services (EMS) of the Lebanese Red Cross provided medical evacuations and blood bank services, while the Palestine Red Crescent Society improved first-aid care in refugee camps.

In the occupied Palestinian territory, the Palestine Red Crescent operated its EMS, and patients in the Gaza Strip obtained treatment at hospitals supplied with some 140 tonnes of medical material. More sustainable support, such as staff training and infrastructure rehabilitation, helped improve hospital services. On-site technical guidance was provided to staff of selected hospitals in Iraq, Jordan and Yemen. Similar support helped health centres improve and strengthen their primary health care services in Iraq and Yemen. In both countries and in the Gaza Strip, over 103,000 disabled people benefited from ICRC support for rehabilitation services. Training and material support helped physical rehabilitation centres, device-manufacturing units and technical schools enhance the quality of their work. With a view to preventing mine-related injuries among the population, the Iranian and

Iraqi National Societies, working with the ICRC and local players, conducted risk-awareness/mitigation sessions. Jordan's mine-action programme received ICRC technical support.

Water and sanitation initiatives carried out with the local authorities helped improve people's living conditions, boosting access to clean water, improving hygiene and reducing people's vulnerability to disease. By working with the local authorities, the ICRC encouraged community ownership while building their capacities. Over 20 million people – almost 80% of Syria's pre-conflict population – benefited from large-scale ICRC emergency and other support for local water boards, which improved the drinking water supply and sanitation countrywide. Some 3 million people benefited from similar works in Iraq, the occupied Palestinian territory and Yemen. In Lebanon, the rehabilitation of pumping stations improved access to clean water for over 230,000 Lebanese residents and Syrian refugees. Emergency measures were taken to ensure people had access to clean drinking water, for example in Sa'ada Old Town (Yemen), where some 9,900 residents each had at least 15 litres of drinking water daily thanks to ICRC water-trucking operations, or in Syria, where some 621,000 IDPs received water distributed in 10-litre containers.

The emergency needs of particularly vulnerable people, especially IDPs, refugees and host families, and mainly in Iraq, Syria and Yemen, were met thanks to distributions – most often done with the National Society – of food and household/hygiene items. In Syria, over 3.5 million residents and IDPs received food rations to augment their diet. Distributions of household essentials eased the plight of people such as the victims of house destructions in the occupied Palestinian territory and Yemenis living in fighting-affected provinces. Covering needs unaddressed by other organizations in Iraq, Jordan and Lebanon, the ICRC gave similar assistance to refugees from Syria, including Palestinians.

People also regained some self-sufficiency thanks to inputs enabling them to establish or resume a livelihood. Households in Iraq, the occupied Palestinian territory and Yemen increased their incomes by participating in cash-for-work programmes or by using agricultural inputs to boost harvests. In Iraq, 875 disabled or female heads of household started small businesses using cash grants and other support. By engaging with the authorities on policies adversely affecting certain vulnerable groups of people, the ICRC also helped bolster community resources and resilience. Following representations to the Israeli authorities, 137 households affected by the routing of the West Bank barrier gained better access to their land. In Iraq, working with local NGOs, the ICRC helped 3,431 Iraqi female heads of household register for State-provided allowances, while encouraging the authorities concerned to improve the registration/disbursement process.

ICRC delegates visited detainees in Bahrain, Iraq, Israel, Jordan, Kuwait, Lebanon, the occupied Palestinian territory, Qatar and Yemen. In total, they visited 95,530 detainees according to the ICRC's standard procedures, monitoring the detainees' treatment and conditions and focusing in particular on respect for judicial guarantees and the principle of *non-refoulement*. Delegates shared their findings with the authorities in a confidential dialogue and made recommendations, particularly with regard to improving detainee health care. Discussions with the detaining authorities, including during round-tables and local/regional workshops, focused on issues such as administrative detention, judicial

guarantees and health in detention, including medical ethics. The ICRC pursued efforts to visit more detainees in the region, particularly in Egypt and Syria, with minimal progress so far. An agreement on comprehensive access to all detainees in Yemen awaited formal approval.

In the Gaza Strip, Iraq and Yemen, the ICRC provided technical advice and helped construct/rehabilitate prison infrastructure, improving detainees' living conditions. Former Syrian troops interned in a facility in Mafraq, Jordan, benefited from the complete overhaul of the facility's water/sanitation systems.

Residents, IDPs, detainees, refugees and asylum seekers maintained contact with their families through National Society/ICRC family-links services. Some 6,500 detainees, mainly Palestinians detained in Israel, were visited by their relatives, while Saudi and Yemeni families called relatives held in Afghanistan or in the US internment facility at Guantanamo Bay Naval Station in Cuba. In all, 19,463 former detainees, or their families, received ICRC-issued detention attestations, which often qualified them for State allowances. Over 3,200 people were reunited with their families or resettled in third countries thanks to ICRC travel documents. The ICRC also facilitated contact between Syrians in the occupied Golan and their relatives in Syria proper, and organized visits/reunifications between Palestinians living in different parts of the occupied Palestinian territory.

When asked to do so by the families, the ICRC submitted requests for information to the Syrian and Egyptian authorities on people allegedly arrested/detained. In Syria, a few cases were partially resolved, but the whereabouts of thousands of people remained unknown to their families in Syria and elsewhere, as the parties to the conflict were not ready to address their cases.

With the ICRC acting as a neutral intermediary between the countries concerned, efforts to clarify the fate of people missing in relation to the 1980–88 Iran–Iraq war and the 1990–91 Gulf War continued. The ICRC helped strengthen forensic and human remains management capacities in the Islamic Republic of Iran, Iraq, Kuwait and Lebanon. Joint excavations by Iranian and Iraqi experts, carried out with ICRC support, led to the recovery and repatriation of hundreds of human remains. Although several missions were conducted in Iraq and Kuwait, no remains were recovered in relation to the 1990–91 Gulf War. In Lebanon, collection of ante-disappearance data from the families of missing persons continued, despite the political situation delaying government action on ICRC recommendations based on an assessment of the families' needs.

The ICRC worked in partnership with the League of Arab States, based in Cairo, Egypt, and with the region's national IHL committees to raise awareness of IHL and international human rights law and to promote their implementation and incorporation into national law and the doctrine, training and operations of the region's armed/police forces. Civil society members, particularly journalists, lecturers and students, broadened their knowledge of and support for IHL, humanitarian principles and the Movement, including during events commemorating "150 years of humanitarian action".

The delegation in Jordan remained a key logistical hub for ICRC operations, contributing to the organization's humanitarian response in the Middle East and beyond. The regional training centre provided services to ICRC staff in the Middle East, the Balkans and the Caucasus. The regional resource and communication centre in Cairo helped organize regional IHL seminars and produced multimedia Arabic-language IHL material.

To maximize the impact of its activities, the ICRC coordinated with Movement components, UN agencies and other humanitarian practitioners.



## PROTECTION MAIN FIGURES AND INDICATORS

PROTECTION												
	CIVILIANS											
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	People reunited with their families	UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	People transferred/repatriated	Human remains transferred/repatriated	People located (tracing cases closed positively)	People to whom travel documents were issued	Detainees visited	of whom women	of whom minors
Egypt	29	38	6,814	5	1	1		33	2,692			
Iran, Islamic Republic of	139	79			5		82	66				
Iraq	208	293	374				324	40	257	39,563	1,014	1,540
Israel and the Occupied Territories	1,498	1,684	5			70	6	42		25,139	451	
Jordan	52	135	7,062	1	1			12	212	11,086	454	47
Lebanon	36	55	12	3	1			37	2	6,249	88	15
Syrian Arab Republic	8	6				32	1	142	49			
Yemen	4,996	2,350	363	1		141	25	61	60	5,986	175	156
Kuwait (regional)	229	219	117					8	6	7,507	962	175
<b>Total</b>	<b>7,195</b>	<b>4,859</b>	<b>14,747</b>	<b>10</b>	<b>8</b>	<b>244</b>	<b>438</b>	<b>441</b>	<b>3,278</b>	<b>95,530</b>	<b>3,144</b>	<b>1,933</b>

\* Unaccompanied minors/separated children

## PROTECTION

## PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees visited and monitored individually	of whom women	of whom minors	Detainees newly registered	of whom women	of whom minors	Number of visits carried out	Number of places of detention visited	RCMs collected	RCMs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	Detainees released and transferred/repatriated by/via the ICRC	People to whom a detention attestation was issued	
														Egypt
								53	111				623	Iran, Islamic Republic of
604	22	13	241	7	11	209	74	927	588	2,192	118		2,235	Iraq
4,127	37	348	2,613	22	326	695	130	1,909	1,705	2,508	6,501	2	10,427	Israel and the Occupied Territories
853	121	8	769	112	8	71	19	315	95	28	4		20	Jordan
771	88	15	625	84	12	139	29	122	65	1,120		1	26	Lebanon
													22	Syrian Arab Republic
59		4	37		3	42	17	12	4	10			6	Yemen
514	20	65	268	19	44	28	20				1		6,104	Kuwait (regional)
6,928	288	453	4,553	244	404	1,184	289	3,338	2,568	5,858	6,624	3	19,463	Total



## ASSISTANCE MAIN FIGURES AND INDICATORS

ASSISTANCE													
	CIVILIANS										PEOPLE DEPRIVED OF THEIR FREEDOM		
	Civilians - Beneficiaries						Health centres						
	Food commodities	Essential household items	Productive inputs	Cash	Work, services and training	Water and habitat activities	Health centres supported	Average catchment population	Consultations (patients)	Immunizations (doses)	Food commodities	Essential household items	Water and habitat activities
Egypt				121	2								
Iraq	8,466	20,540	18,648	17,829	30,550	807,448	13	292,590	387,019	139,575	4	16,150	2,150
Israel and the Occupied Territories		2,842	14,422	2,693		869,000						6,042	1,759
Jordan	202,028	15,310		5,000		335,000						21,710	2,158
Lebanon	12,591	34,716				231,491						3,000	
Syrian Arab Republic	3,567,485	1,066,212				20,000,000	6	6,692,750	31,020	704			
Yemen	10,638	44,897	321,715	48,627		1,266,599	16	217,775	162,055	142,811		3,496	1,653
<b>Total</b>	<b>3,801,208</b>	<b>1,184,517</b>	<b>354,785</b>	<b>74,270</b>	<b>30,552</b>	<b>23,509,538</b>	<b>35</b>	<b>7,203,115</b>	<b>580,094</b>	<b>283,090</b>	<b>4</b>	<b>50,398</b>	<b>7,720</b>
of whom women	31%	29%	26%	29%	28%	30%			202,101				
of whom children	39%	39%	53%	50%	44%	40%			224,981	277,421			
of whom IDPs	3,776,452	1,091,054	1,042	5,304	10	3,675,525							

# ASSISTANCE

## WOUNDED AND SICK

Hospitals				First aid			Physical rehabilitation							
Hospitals supported	of which provided data	Admissions (patients)	of whom weapon-wounded	First-aid posts supported	of which provided data	Wounded patients treated	Centres supported	Patients receiving services	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered	Patients receiving physiotherapy	
														Egypt
3							13	32,804	1,017	7,721	3,457	14,332	8,235	Iraq
17	8	194,873	692				1	2,495	90	286	162	328	681	Israel and the Occupied Territories
1				7										Jordan
24	19	2,839	2,839	11	3	441								Lebanon
18														Syrian Arab Republic
3	1	1,348	112	3		198	4	68,136	579	8,161	877	22,400	36,141	Yemen
66	28	199,060	3,643	21	3	639	18	103,435	1,686	16,168	4,496	37,060	45,057	Total
		585	406					20,518	319	3,114	599	6,801		of whom women
		349	28					38,588	211	8,134	457	18,924		of whom children
of which for victims of mine or explosive remnants of war											1,207	1,574		of whom IDPs



## KEY RESULTS/CONSTRAINTS

- ▶ over 1,600 injured people received first-aid treatment from emergency action teams of the Egyptian Red Crescent Society, consisting of 295 volunteers trained and equipped with International Federation and ICRC support
- ▶ local stakeholders enhanced their emergency preparedness, with journalists training to be first-responders and doctors honing their skills to manage potential influxes of weapon-wounded patients
- ▶ discussions with the authorities on the ICRC's offer of services to visit detainees in Egypt resumed in July, but failed to elicit the authorities' approval for such visits
- ▶ owing to insecurity and the political transition under way in the country, activities aimed at assisting migrants in the Sinai and promoting domestic IHL implementation were put on hold
- ▶ more than 2,600 foreign nationals without valid identification papers resettled in third countries with the help of ICRC-issued travel documents
- ▶ military and police officers learnt more about international human rights law and internationally recognized standards applicable to law enforcement and detention at ICRC-supported training/workshops

**2,160**

### IMPLEMENTATION RATE

PERSONNEL470 | ICRC ANNUAL REPORT 2013

## Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

ASSISTANCE		Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Cash	Beneficiaries		121
Work, services and training	Beneficiaries		2

## CONTEXT

Egyptian politics remained in transition, led by a military-backed interim government that assumed office after Mohammed Morsi's ouster in July. A constitutional referendum and elections were scheduled for 2014 as part of a transition plan.

Tensions surrounded Morsi's removal from office, with separate large-scale demonstrations mounted by his supporters and by those who had expressed discontent. Clashes between the two groups and between protesters and the police resulted in thousands of casualties and arrests. Unrest persisted in Cairo and other major cities. In response, the interim government passed a law in November that placed restrictions on demonstrations, and declared the Muslim Brotherhood a "terrorist" organization.

The military carried out operations to suppress crime and "terrorism" in Sinai, where attacks on security forces were reported. Bombings and other attacks also occurred outside Sinai, including in Cairo. Efforts to shut down tunnels leading into the Gaza Strip continued.

Egypt remained a transit and destination country for migrants, asylum-seekers and refugees, including people who had fled the armed conflict in the Syrian Arab Republic (hereafter Syria).

Cairo continued to host the headquarters of the League of Arab States (Arab League) and the Arab Inter-parliamentary Union.

## ICRC ACTION AND RESULTS

Given the continued instability in Egypt, the ICRC focused on working with the Egyptian Red Crescent Society to strengthen local emergency preparedness and response capacities. Together with the International Federation, it helped the National Society set up emergency action teams, which consisted of volunteers trained in first aid, the Safer Access Framework and the provision of family-links services. Using vehicles, protective equipment and medical supplies donated by the ICRC, these teams and others previously established provided first aid to people injured during clashes and evacuated those in need of more advanced care. To increase emergency treatment capacities outside the Movement, the National Society/ICRC trained journalists in first aid, as they were often at scenes of unrest. The ICRC also organized courses to help doctors hone their skills in managing potential influxes of weapon-wounded patients.

At the same time, the ICRC made family-links services available to refugees, migrants, asylum seekers and the families of Egyptians detained abroad, so that they could restore or maintain contact with their relatives. Third-country nationals stranded at a camp along the Egyptian-Libyan border since fleeing the 2011 armed conflict in Libya kept in touch with their families through the ICRC-supported National Society telephone service. ICRC travel documents helped foreigners without valid identification papers return home or resettle in third countries. Family reunifications were facilitated where appropriate.

Formal discussions with the authorities on the ICRC's offer of services to visit people deprived of their freedom resumed in July, but failed to elicit the authorities' approval for the ICRC to start such visits. Nevertheless, bilateral meetings with key decision-makers provided opportunities for helping to clarify their understanding of the humanitarian nature of the ICRC's activities for detainees.

Dialogue with the authorities regarding proposed activities to support health facilities in North Sinai remained suspended.

In view of the changes under way in Egypt, efforts to promote domestic implementation of IHL provisions were put on hold. Nonetheless, the ICRC continued its dialogue with the national IHL committee and the military's IHL integration review committee. Contacts with the Egyptian authorities and weapon bearers focused on increasing their awareness of humanitarian principles, internationally recognized standards applicable to law enforcement, IHL, and the ICRC's neutral, impartial and independent humanitarian action. Civil society members – particularly journalists, university lecturers and students – broadened their knowledge of these matters through ICRC lectures and resource materials.

At the regional level, the ICRC pursued its partnerships with the Arab League and the Arab Inter-parliamentary Union to promote and monitor IHL implementation. Together, they provided support for national IHL committees in the region and organized IHL-related events for officials from Arab governments and members of armed forces. With a regional military training centre, the ICRC helped peacekeeping forces develop their understanding of IHL.

The delegation's regional resource and communication centre supported the ICRC's efforts to increase knowledge of and respect for IHL throughout the Arabic-speaking world. It organized IHL courses, produced written and audiovisual materials in Arabic, and kept the ICRC's Cairo-based, Arabic-language website up to date.

## CIVILIANS

Although no formal dialogue was established with the authorities and weapon bearers on the ICRC's potential contribution to their efforts to ensure the protection of the population, including medical personnel, during situations of violence, the subject was highlighted during dissemination sessions and international events attended by government officials, police officers and military staff (see *Authorities, armed forces and other bearers of weapons, and civil society*).

### Injured people receive treatment from National Society first-aiders

Over 1,600 people wounded during demonstrations in Cairo and elsewhere in Egypt received timely first-aid treatment from National Society emergency action teams, which also transported those requiring more advanced care to ambulance stations and donated dressing kits to field hospitals. The teams included 29 established in 2013, bringing the total number to 59 and expanding their coverage countrywide. The 295 National Society staff/volunteers making up the new teams were trained in emergency care, the Safer Access Framework and the provision of family-links services, and learnt about IHL and the Movement at International Federation/ICRC-supported sessions. Members of the older teams upgraded their skills through refresher courses. The teams used first-aid supplies, vehicles, protective equipment and wireless handsets donated by the ICRC, helping to facilitate their deployment and ensure the safety of their members.

Helping increase the availability of capable first-responders during emergencies, journalists were trained in first aid (see *Authorities, armed forces and other bearers of weapons, and civil society*). Additionally, 56 doctors/surgeons became better prepared to

handle influxes of patients after attending weapon-wound and emergency room trauma management courses jointly organized by the Arab Medical Union and the ICRC.

### **Separated family members keep in touch**

Using ICRC family-links services, people across Egypt – including asylum seekers, migrants and refugees – restored /maintained contact with relatives detained abroad or living in countries affected by armed conflict. Over a thousand third-country nationals who had fled the 2011 armed conflict in Libya and were stranded at a UNHCR camp on the Egyptian-Libyan border kept in touch with their families; they made some 6,540 phone calls through the Egyptian Red Crescent telephone service supported by the ICRC. Meanwhile, Egyptian families exchanged news with relatives held in the US internment facility at Guantanamo Bay Naval Station in Cuba and the Parwan detention facility in Afghanistan, through video calls or messages relayed by ICRC delegates. One family visited a relative held in Parwan.

### **Vulnerable foreigners resettle abroad or return home**

Over 2,690 foreigners without valid identification papers resettled in third countries or were repatriated using ICRC travel documents issued in coordination with IOM, UNHCR and the embassies concerned.

Unaccompanied foreign minors, particularly those without valid papers or awaiting family reunification, received legal, psychological and vocational assistance through an ICRC-supported initiative of the Africa and Middle East Refugee Assistance. Notably, those close to or past the age of majority – at which support ends – acquired skills to boost their self-sufficiency. Some restored contact with their families using ICRC family-links services.

A victim of human trafficking in Sinai located and subsequently rejoined his family in Ethiopia with the help of ICRC tracing services.

### **Palestinian refugees from Syria receive ad hoc support**

Four unaccompanied Palestinian minors who had fled from the Syrian armed conflict were reunited with their uncle in Switzerland with ICRC support.

Following their release from prisons in Alexandria, 118 Palestinian refugees (33 households) from Syria endured the winter season with the help of clothes and other essentials bought with ICRC assistance provided in coordination with the authorities and the Palestinian embassy in Egypt.

### **Assistance planned for migrants in northern Sinai stalls**

Projects with the Health Ministry for supporting health facilities in North Sinai and training the pertinent authorities in managing human remains were put on hold pending the resumption of discussions with the authorities on the proposed activities.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Detainees still not benefiting from ICRC visits**

The resumption in July of formal discussions on the ICRC's offer to visit detainees in Egypt enabled the organization to clarify among the pertinent authorities the humanitarian nature of its activities for people deprived of their freedom, and to raise their awareness of the ICRC's potential for contributing to their own efforts to ensure that inmates' treatment and living conditions were in line with internationally recognized standards. However,

these discussions had yet to elicit the authorities' approval for the ICRC to start visiting detainees.

At a workshop organized by the Interior Ministry, nine prison officers learnt more about international norms applicable to their duties and the ICRC's desired role in activities benefiting detainees.

### **Families seek news of relatives allegedly detained**

On their families' request, allegations of arrest of 16 individuals, including foreigners, were discussed with the authorities, with a view to ascertaining their whereabouts.

Two Egyptian nationals, repatriated after being held at the Guantanamo Bay internment facility, received ad hoc cash assistance to help ease their reintegration into society.

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

In view of the unrest in the country and the political transition in progress, contacts with the Egyptian authorities, weapon bearers and civil society members focused on enhancing their knowledge of international human rights law, IHL and the ICRC. Activities promoting the integration of IHL into domestic legislation and into the military's training, doctrine and operations were put on hold; but dialogue continued with the military's IHL integration review committee and with the national IHL committee, which sought the ICRC's advice in drafting its plan of action.

### **Weapon bearers enhance their awareness of international policing standards**

Through their participation in local and international events, members of the armed forces refreshed their knowledge of IHL and international legal norms applicable to law enforcement, including their obligation to respect medical services. For example, 30 members of the armed forces, which support/conduct law enforcement operations, discussed these subjects at a training session. Senior officers attended a Health Care in Danger workshop in Australia (see *International law and cooperation*) and a course in San Remo, with a view to briefing their colleagues afterwards.

Dialogue with the Ministry of Interior focused on ways to help increase the police's awareness of international human rights law and other norms applicable to law enforcement. During a round-table, 47 high-ranking police officers enriched their understanding of humanitarian principles, IHL and neutral, impartial and independent humanitarian action. Over 50 security operatives and nine prison officers benefited from similar ICRC-hosted workshops conducted by previously trained Interior Ministry instructors. Police officers, together with civilian and military judges, also displayed their knowledge of IHL in essay competitions organized with the pertinent ministries.

National authorities received technical support on issues of mutual concern, such as on law enforcement, judicial guarantees, the Arms Trade Treaty and the protection of medical services during situations of violence.

### **Journalists hone first-aid skills**

The media remained a key partner in promoting humanitarian principles and the Movement and in boosting the availability of first-responders during emergencies. Accordingly, following workshops, 165 journalists from traditional/social media outlets broadened their understanding of the Movement and of IHL, including



the protection it affords them when covering situations of violence. Meanwhile, 175 journalists acquired first-aid skills at workshops conducted with a local journalist association and the National Society. Media outlets enhanced their reporting through briefings and information published on the ICRC's Arabic-language website.

### Doctors discuss protection of medical services during emergencies

Through media reports and ICRC briefings, representatives of human rights, legal, medical and official Islamic groups improved their awareness of IHL and its similarities with Islamic law. Doctors discussed these subjects and the protection due to patients and medical workers during situations of unrest at courses (see *Civilians*) and lectures organized with a local medical association.

During a round-table, law professors discussed integrating IHL into their institutions' curricula. University students and lecturers attended lectures on IHL and consulted informational material distributed by the ICRC. Two academics participated in a regional course on IHL (see *Lebanon*).

### Regional organizations promote IHL integration

The Arab League, the Arab Inter-parliamentary Union and the ICRC continued working with national IHL committees in the region to promote and monitor IHL implementation in line with regional action plans adopted by the two multilateral bodies. Egyptian military officers and diplomats and their counterparts from 10 Arab countries discussed IHL and humanitarian principles at a seminar hosted by the Arab League and the ICRC in Cairo – one of several regional events they co-organized (see *Kuwait* and *Lebanon*).

Peacekeeping troops from the across the region were reminded of the basic principles of IHL at sessions conducted with a Cairo-based regional military training centre.

## RED CROSS AND RED CRESCENT MOVEMENT

The Egyptian Red Crescent, with support from Movement partners, helped address medical needs during periods of unrest, provided family-links services to stranded foreigners and strengthened its emergency preparedness (see *Civilians*). With ICRC support, it also repaired its youth centre and blood bank, damaged during clashes in Cairo.

A project to help the National Society reinforce its logistical set-up near Egypt's border with the Gaza Strip was cancelled.

### Egyptian Red Crescent establishes communication department

The National Society, with ICRC support, improved its capacity to promote humanitarian principles, IHL, the Movement, and its own activities. It established a communication department and produced a newsletter describing its response to situations of violence.

The National Society supported the Health Care in Danger project, including by attending an experts' workshop in the Islamic Republic of Iran (see *Iran, Islamic Republic of*) and participating in Movement reference groups.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		29		
RCMs distributed		38		
Phone calls facilitated between family members		6,814		
Reunifications, transfers and repatriations				
People reunited with their families		5		
People transferred/repatriated		1		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		110	30	26
People located (tracing cases closed positively)		34		
including people for whom tracing requests were registered by another delegation		1		
Tracing cases still being handled at the end of the reporting period (people)		177	54	42
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1		
Documents				
People to whom travel documents were issued		2,692		
Official documents relayed between family members across border/front lines		4		

\* Unaccompanied minors/separated children

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)				
Cash	Beneficiaries	121	22%	53%
Work, services and training	Beneficiaries	2	50%	

# IRAN, ISLAMIC REPUBLIC OF



The ICRC has been in the Islamic Republic of Iran, with some interruptions, since 1977. It seeks to clarify the fate of POWs registered during the Iran-Iraq war or identified through RCMs. It works in partnership with the Red Crescent Society of the Islamic Republic of Iran in the fields of tracing, physical rehabilitation, international relief efforts and IHL promotion, for which the national IHL committee is also an important partner. It is engaged in a dialogue about IHL and Islam. The ICRC supports mine-risk education.

## KEY RESULTS/CONSTRAINTS

### In 2013:

- ▶ Iranian and Iraqi authorities made progress in clarifying the fate of persons missing in relation to the 1980–88 Iran-Iraq war, notably by recovering/repatriating, with ICRC acting as a neutral intermediary, 406 sets of human remains
- ▶ with ICRC technical and training support, local experts honed their forensic skills by, for instance, participating in a regional workshop on forensic anthropology co-organized with the Legal Medicine Organization
- ▶ the Centre for Comparative Studies on Islam and IHL in Qom promoted IHL and its compatibility with Islamic jurisprudence by organizing events specifically for Iranian scholars and publishing resource materials
- ▶ while working to enhance its family-links services and emergency preparedness, the Red Crescent Society of the Islamic Republic of Iran hosted an international experts' workshop on health care delivery during armed conflict
- ▶ thousands of individuals, including refugees, became less vulnerable to the effects of weapon contamination through initiatives undertaken by the ICRC-supported Iranian Mine Action Centre and the National Society
- ▶ certain activities to assist vulnerable groups of people were postponed pending final approval from the authorities

## EXPENDITURE (in KCHF)

Protection	1,567
Assistance	-
Prevention	1,799
Cooperation with National Societies	449
General	-

**3,815**

of which: Overheads 233

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>82%</b>
---------------------------	------------

## PERSONNEL

Mobile staff	6
Resident staff (daily workers not included)	39

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	139
RCMs distributed	79
People located (tracing cases closed positively)	79

## CONTEXT

Despite measures implemented by the country's government and its new president, who was elected in June, to ease economic difficulties, Iranians continued to feel the effects of sanctions imposed by the international community. In November, the Iranian authorities agreed to a deal that promised relief from some of these sanctions in exchange for the suspension of parts of the country's nuclear programme.

Tensions persisted between the country and its neighbours, in particular with member States of the Gulf Cooperation Council, over diverging positions on the armed conflict in the Syrian Arab Republic. Pockets of violence were reported on border areas and in the west.

The Islamic Republic of Iran continued to host several million Afghan refugees and migrants, most of whom were undocumented and often without access to social services.

## ICRC ACTION AND RESULTS

The ICRC delegation in the Islamic Republic of Iran continued to: help address the humanitarian consequences of the 1980–88 Iran-Iraq war in relation to the issue of missing persons; promote IHL and its compatibility with Islamic jurisprudence; develop its cooperation with the Red Crescent Society of the Islamic Republic of Iran; support local efforts to minimize mine-related risks; restore family links; and foster acceptance of humanitarian principles. Challenges encountered in securing authorization from the national authorities and in implementing activities with local actors delayed or impeded some ICRC-proposed humanitarian initiatives.

Acting as a neutral intermediary, the ICRC contributed to the efforts of the Islamic Republic of Iran and Iraq to clarify the fates of persons still missing in relation to the past conflict. It helped facilitate, within the framework of agreements signed by the two countries, joint exhumations and the exchange of related technical information. It chaired the two tripartite committees created by the agreements, which were merged into one mechanism for missing persons to help streamline the process. Joint excavations by Iranian and Iraqi experts, with ICRC support, led to the recovery and repatriation of hundreds of human remains. More broadly, to help boost forensic capacities in the country, the ICRC worked with local institutions: for example, co-organizing a regional forensic course with the Legal Medicine Organization (LMO) and providing its staff with technical support.

Cooperation with and support for the national IHL committee, the Iranian Red Crescent and the Centre for Comparative Studies on Islam and IHL in Qom (Qom Centre) helped promote IHL and its compatibility with Islamic jurisprudence and strengthen acceptance of the ICRC among different stakeholders. Activities carried out with these organizations facilitated dialogue with the authorities and influential religious and academic leaders. Events co-organized with them and other local organizations, as well as the publication and distribution of resource materials, helped boost public awareness of IHL, humanitarian issues and Movement activities. Adaptation of Exploring Humanitarian Law modules to be included in textbooks was ongoing, as per an agreement reached with the Ministry of Education in 2012. Direct contact with the military on IHL matters did not take place.

Within the framework of a 2012 partnership agreement, the National Society and the ICRC continued their cooperation in restoring family links, helping address weapon contamination, promoting IHL and humanitarian values, physical rehabilitation, and the Health Care in Danger project. They co-organized a regional workshop on improving Movement family-links services for migrants and, as part of the Health Care in Danger project, an international experts' workshop on the role of National Societies in providing medical care during conflict.

Cooperation with the Iranian Mine Action Centre (IRMAC) and the National Society helped raise awareness of the risks of weapon contamination and the safe practices people should adopt to minimize exposure to these risks. IRMAC and the ICRC reinforced their partnership through a new cooperation agreement and an ongoing project to identify mine victims not covered by existing national assistance programmes. An assessment of the needs of the families of missing persons was postponed.

Iranian families, Afghan detainees and Afghan and Iraqi refugees restored/maintained contact with their relatives living or detained abroad through RCMs and tracing services provided by the National Society/ICRC. Vulnerable Afghan migrants received basic health care services through a project implemented by a local NGO and the National Society, with ICRC support.

## CIVILIANS

### Some 400 sets of human remains recovered in joint Iranian-Iraqi efforts

The Iranian and Iraqi governments continued their joint efforts to ascertain the fate of persons missing in relation to the 1980–88 Iran-Iraq war, in line with agreements they signed in 2004 and 2008, which had the ICRC acting as a neutral intermediary and chairing the two tripartite committees – one covering cases of former and presumed POWs still unaccounted for and another for cases of persons missing or killed in combat – created by the agreements. In June, the signing by both countries and the ICRC of documents officially merging the two committees into one tripartite committee on missing persons fulfilled an agreement reached in 2012.

Five joint excavations in the Al Fao peninsula and the Majnoon oil fields in Iraq, facilitated by the tripartite committee, led to the exhumation of 324 sets of human remains. These were handed over to the Iranian authorities through efforts by both States and under the auspices of the ICRC. Meanwhile, 82 sets of human remains exhumed from Iranian sites were repatriated to Iraq. Besides regularly exchanging technical information on the exhumations, Iranian experts helped the Iraqi authorities clear excavation sites of mines/explosive remnants of war. Based on discussions during ICRC-chaired technical meetings and on past experiences, the two countries agreed to develop a plan of action for future excavations and establish formal working procedures in line with ICRC technical recommendations.

### Iranians hone forensic expertise

Institutions involved in identifying recovered human remains improved their services, partly by drawing on ICRC expertise and training support. LMO staff enhanced their abilities to use the ICRC's ante/post-mortem data management software, including by translating it into Farsi. Eighteen local experts and nine from neighbouring countries honed their skills in forensic anthropology

and identification of human remains at a regional course co-organized with LMO. Preparations were ongoing for a meeting of the region's medico-legal institutes. At an ICRC-conducted workshop, members of the Islamic Countries Organization of Forensic Medicine shared best practices in forensics during conflict and disasters.

Within the framework of a mechanism agreed on by the Iranian authorities and the ICRC in 2004, Iranian officials received an updated list of Iraqi POWs still unaccounted for. Meanwhile, over 600 Iraqi former POWs could apply for State allowances after receiving attestations of captivity.

A planned assessment of the needs of the families of missing persons, in cooperation with the Janbazan Medical and Engineering Research Centre (JMERC), was put on hold in light of election-related changes.

### **Separated family members keep in touch**

Iranian families restored/maintained contact with their relatives detained in Afghanistan, Iraq or the US internment facility at Guantanamo Bay Naval Station in Cuba (see *Afghanistan, Iraq and Washington*) through RCMs and oral messages relayed by delegates. Afghan and Iraqi refugees, as well as Afghans detained in the Islamic Republic of Iran, exchanged news with their families using the same tracing services. The processing of family reunifications for some Afghan minors had yet to bear results.

Although requests by former members of the People's Mojahedin Organization of Iran (PMOI) to return home from Iraq were submitted to the authorities, no repatriations took place. The authorities had put on hold the provision – through a local NGO – of psychological support to previously repatriated former PMOI members.

### **National Society staff better equipped to provide family-links services**

Migrants and refugees stood to benefit from the National Society's initiatives to enhance and expand its family-links services with ICRC support. Selected branch officers explored solutions to professional challenges and refreshed their knowledge of the Restoring Family Links Strategy for the Movement at a National Society/ICRC-organized workshop. The Iranian Red Crescent hosted an international conference where representatives of various National Societies, the International Federation and the ICRC discussed ways to better coordinate and strengthen family-links services for migrants. Efforts were ongoing to help the National Society raise awareness of its services and enhance its capacity to manage human remains, with activities planned for 2014.

Irregular Afghan migrants living in Mashhad received basic health services, such as vaccinations, as part of a project launched by a local NGO, the National Society and the ICRC, which provided financial support.

### **IRMAC launches initiative to assist civilian mine victims**

People reduced their vulnerability to the effects of weapon contamination thanks to the concerted efforts of IRMAC, the National Society and the ICRC. They conducted mine-risk awareness and other activities, with the ICRC providing technical advice and support in line with existing agreements, including a new one signed with IRMAC in March. IRMAC, for example, received medical kits for 70 field personnel.

Hundreds of thousands of Iranians living in, and Afghan refugees transiting weapon-contaminated provinces in the east and the west learnt how to reduce their exposure to mine-related risks during first-aid training and dissemination sessions conducted by ICRC-trained National Society volunteers/staff. A review, led by the National Society itself, of its training needs in mine-risk education was under way.

Civilian mine victims not covered by national programmes participated in ongoing identification processes, led by IRMAC in Kurdistan province and by JMERC in Kermanshah, and aimed at referring those identified to a National Society physical rehabilitation centre.

## **AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPON, AND CIVIL SOCIETY**

Although no progress was made in formalizing the ICRC's legal status in the country, contact with the authorities in this regard was enhanced. Furthermore, efforts to strengthen acceptance of and support for IHL and the ICRC's activities and presence in the country continued. Based on input from the authorities, the national IHL committee finalized a study of IHL implementation in the Islamic Republic of Iran that outlined guidelines or model laws for incorporating ratified treaties in domestic legislation, and recommendations for treaties the country had not yet ratified.

Cooperation with Defence Ministry officials continued regarding people missing in relation to the 1980–88 Iran-Iraq war (see *Civilians*), but direct contact with the armed forces was limited and did not allow for the implementation of IHL-related activities.

The Iranian Red Crescent, the national IHL committee and the Qom Centre remained key partners in facilitating the ICRC's dialogue with the authorities and promoting IHL and its compatibility with Islamic jurisprudence. Although some courses/events were postponed owing to constraints in implementing these with local institutions, key stakeholders deepened their understanding of IHL and related norms during international conferences. Diplomats, for example, shared ideas about the protection due to people detained during armed conflict at a workshop held as part of the "Strengthening IHL" process (see *International law and cooperation*). Alongside national IHL committee and National Society members, some diplomats also refreshed their knowledge of IHL at the South Asian Teaching Sessions held in Bangladesh (see *Bangladesh*) and Nepal (see *Nepal*).

### **Scholars/researchers consider similarities between Islam and IHL**

Religious scholars and researchers contributed to the dialogue on the similarities between Islamic jurisprudence and IHL through initiatives of the Qom Centre, the focal point for studies on the topic, which received ICRC technical and financial support to host and attend events. Notably, scholars of Islamic jurisprudence deliberated on the subject during a workshop co-organized by the Qom Centre and a local research institute. More broadly, scholars and researchers found themselves with greater access to resource materials, following the launch, including in electronic formats, of the Qom Centre's English and Farsi publications on Islamic jurisprudence and IHL.

### **Experts discuss health care delivery during emergencies**

Local and international health and disaster management specialists shared their expertise in addressing medical needs during

armed conflict at a workshop co-organized with the National Society as part of the Health Care in Danger project. Participants, among them representatives of the Iranian Red Crescent and other National Societies, explored ways to address challenges that could prevent them from fulfilling their responsibilities.

### Civil society raises awareness of IHL and humanitarian concerns

Academics, NGOs, and other members of civil society discussed IHL and humanitarian concerns at meetings/fora organized with and by local institutions, including groups that had signed agreements with the ICRC to help it secure support for IHL. These events covered topics such as the Arms Trade Treaty, the Chemical Weapons Convention and the international law of the sea.

The general public enhanced its awareness of IHL and neutral, impartial and independent humanitarian action through the media's broad coverage of Movement activities and humanitarian issues – thanks partly to ICRC information campaigns, National Society-facilitated meetings with media representatives, and ICRC-sponsored participation by journalists in international workshops.

### Lecturers express interest in offering IHL courses

Integration of the Exploring Humanitarian Law programme into the national curriculum advanced; the adaptation/integration of modules in 10 textbooks was under way, as per an agreement signed by the Ministry of Education, the national IHL committee and the ICRC.

Some university lecturers expressed interest in teaching IHL courses, following regular dialogue with the ICRC and their participation in international courses. Students improved their knowledge of IHL at specific events, for example, by interpreting pertinent IHL rules during an exercise simulating a non-international armed conflict and at a workshop on nuclear weapons. They demonstrated their aptitude at international competitions (see *Bangkok* and *New Delhi*). Scholars embarked on IHL studies, and universities received IHL resource materials.

## RED CROSS AND RED CRESCENT MOVEMENT

In line with their 2012 partnership agreement, the Iranian Red Crescent and the ICRC worked together in restoring family links, helping address the humanitarian consequences of weapon contamination, promoting IHL and humanitarian values, physical rehabilitation and the Health Care in Danger project (see above).

Cooperation within the framework of a separate agreement on physical rehabilitation continued through joint initiatives abroad, including training in orthotic services in Iraq and workshops on making orthopaedic shoes in Côte d'Ivoire and Tanzania.

National Society staff/volunteers increased their capacity to assist vulnerable people, respond to emergencies and raise awareness of the Movement after attending ICRC-hosted courses on topics such as promoting the Fundamental Principles, providing family-links services and handling nuclear, radiological, biological and other emergencies.

MAIN FIGURES AND INDICATORS: PROTECTION	Total		
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
Red Cross messages (RCMs)		UAMs/SCs*	
RCMs collected	139		
RCMs distributed	79		
<b>Reunifications, transfers and repatriations</b>			
Human remains transferred/repatriated	82		
<b>Tracing requests, including cases of missing persons<sup>1</sup></b>		Women	Minors
People for whom a tracing request was newly registered	153	37	67
People located (tracing cases closed positively)	79		
<i>including people for whom tracing requests were registered by another delegation</i>	13		
Tracing cases still being handled at the end of the reporting period (people)	296	65	117
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>		Girls	Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	5	2	
<b>Documents</b>			
Official documents relayed between family members across border/front lines	13		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>			
<b>Restoring family links</b>			
RCMs collected	53		
RCMs distributed	111		
People to whom a detention attestation was issued	623		

\* Unaccompanied minors/separated children

<sup>1</sup> not including people missing as a consequence of the 1980–88 Iran-Iraq war





## KEY RESULTS/CONSTRAINTS

### In 2013:

- vulnerable households and communities in violence-affected and neglected areas, although fewer than planned for the year, received assistance thanks to expanded ICRC field presence and the support of local actors
- some 7,000 destitute households headed by farmers, disabled people or female breadwinners improved their living conditions with the help of higher incomes earned through small businesses and agricultural production
- people in violence-prone areas, including IDPs, women and children, enhanced their well-being after gaining access to clean water and to medical services at ICRC-supported facilities
- more than 20,000 people, mostly IDPs and Syrian refugees, eased their distress through emergency assistance in the form of food, hygiene items and household supplies
- detainees visited by the ICRC saw their detention conditions improve following measures taken by the authorities and rehabilitation and other projects directly supported by the ICRC
- 324 sets of human remains were repatriated, under ICRC auspices, to the Islamic Republic of Iran as part of the joint Iranian-Iraqi effort to clarify the fate of persons missing in relation to the 1980–88 Iran–Iraq war

EXPENDITURE (in KCHF)	
Protection	14,055
Assistance	32,862
Prevention	8,287
Cooperation with National Societies	1,278
General	-
	<b>56,481</b>
	<i>of which: Overheads 3,447</i>
IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>85%</b>
PERSONNEL	
Mobile staff	98
Resident staff (daily workers not included)	736

The ICRC has been present in Iraq since the outbreak of the Iran-Iraq war in 1980. Protection activities focus on people detained by the Iraqi government and the Kurdistan regional authorities and on efforts to clarify the fate/whereabouts of missing persons. Assistance activities involve helping IDPs and residents restore their livelihoods in remote and/or neglected areas prone to violence, primarily assisting households headed by women, supporting physical rehabilitation and primary health care centres and repairing and upgrading water, health and detention infrastructure. The ICRC continues to promote IHL among weapon bearers and to support the Iraqi Red Crescent Society.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	208
RCMs distributed	293
Phone calls facilitated between family members	374
People located (tracing cases closed positively)	40
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	39,563
Detainees visited and monitored individually	604
Number of visits carried out	209
Number of places of detention visited	74
<b>Restoring family links</b>	
RCMs collected	927
RCMs distributed	588
Phone calls made to families to inform them of the whereabouts of a detained relative	2,192

ASSISTANCE	Targets	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Food commodities	Beneficiaries 18,000	8,466
Essential household items	Beneficiaries 18,000	20,540
Productive inputs	Beneficiaries 63,000	18,648
Cash	Beneficiaries 34,200	17,829
Work, services and training	Beneficiaries	30,550
Water and habitat activities	Beneficiaries 1,266,000	807,448
<b>Health</b>		
Health centres supported	Structures 20	13
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures 2	3
<b>Physical rehabilitation</b>		
Centres supported	Structures 13	13
Patients receiving services	Patients	32,804

## CONTEXT

Iraq's political situation remained unstable, with controversial issues unresolved and key ministerial positions still vacant. Tensions persisted between the Iraqi central government and the Kurdistan regional government, despite joint attempts to resolve disagreements over the allocation of oil revenues and control of the disputed territories.

Intense and widespread violence occurred regularly, particularly between April and December. In central Iraq, the disputed territories and, to some extent, the generally calmer southern governorates, security incidents resulted in thousands of casualties and in similarly large numbers of people being driven from their homes. Tensions along the border shared with Turkey had reportedly eased.

Most Iraqis still lacked access to basic services and adequate infrastructure, especially in rural and neglected violence-prone areas. Vulnerable households continued to rely on government assistance to meet their needs.

Tens of thousands of refugees from the Syrian Arab Republic had settled in camps and host communities in the Iraqi Kurdistan region.

## ICRC ACTION AND RESULTS

The ICRC fully redeployed its delegation in Iraq in 2013, with the support office in Jordan closed in August. With its expanded field presence in central Iraq, Baghdad and the disputed territories, the ICRC was better placed to address the needs of vulnerable people and to coordinate with local authorities. However, it reached fewer beneficiaries than planned for the year because of constraints related to security and human resources.

Amid the insecurity in the country, the ICRC maintained its dialogue and broadened its contact with central and regional authorities, weapon bearers and traditional and religious leaders to build acceptance for humanitarian principles and for the ICRC and its activities. These efforts helped secure safe access to vulnerable populations. Regularly held meetings with the armed forces focused on their obligations under IHL to respect civilians and on the integration of IHL provisions into military doctrine, training and operations. No progress was made in promoting the integration of IHL in domestic legislation and establishment of a national IHL committee.

On the basis of regular ICRC visits to detainees held by the Iraqi central government and by the Kurdistan regional government, delegates provided the authorities with confidential feedback and, when necessary, made recommendations regarding inmates' treatment and living conditions. They continued to pay particular attention to the treatment of inmates during the initial phase of detention, their access to health care, and the need to ensure respect for judicial guarantees. The authorities took some steps to improve detention conditions, with ICRC support.

The ICRC distributed food/essential items to IDPs and Syrian refugees in response to emergencies or unmet needs. It also donated medical supplies to health facilities in areas most affected by clashes. At the same time, the ICRC continued working alongside the authorities to restore or protect livelihoods and to strengthen local capacities for addressing the basic needs of the population in

a sustainable manner. It targeted those most vulnerable, such as IDPs and households headed by women or disabled persons.

Hundreds of female and disabled breadwinners started small businesses that helped them earn more money to cover their basic needs. Destitute farming households secured their livelihoods through infrastructure rehabilitation projects, donations of agricultural supplies/equipment and cash-for-work initiatives that helped boost their agricultural production. Households headed by women received financial support to help them register for government allowances, although fewer than planned were reached. This was owing to adjustments made to the process of assisting them amid limitations on the part of the State institutions to register ICRC-supported women.

People in violence-prone areas, including thousands of IDPs, enhanced their well-being after gaining access to clean water and improved primary health care services following projects implemented by the ICRC and the local authorities. These included the rehabilitation of water supply and distribution systems and provision of support to primary health care centres, including for upgrading their facilities.

The ICRC helped the Iraqi Red Crescent Society boost first-aid capacities countrywide and supported the emergency departments of three hospitals, helping ensure that wounded and sick people had access to medical services. It continued supporting physical rehabilitation centres treating disabled patients, and trained physical rehabilitation personnel, the staff of Iraq's only prosthetic/orthotic school and various instructors to help hone their skills.

With the ICRC acting as a neutral intermediary between the countries concerned, efforts to clarify the fate of people missing in relation to the 1980–88 Iran–Iraq war and the 1990–91 Gulf War continued. The ICRC provided technical and training support to help local institutions strengthen their forensic and data-management capacities.

The National Society and the ICRC strengthened their operational partnership, particularly in emergency response. Together with Movement partners, the ICRC helped the National Society draft a five-year strategic plan. Coordination with other humanitarian organizations helped maximize efforts, prevent duplication and address unmet needs.

## CIVILIANS

Contributing to the protection of the population and helping people cope with the humanitarian consequences of violence remained priorities for the ICRC. Authorities and weapon bearers were reminded of their obligations under IHL and other applicable norms to protect civilians, including patients and medical personnel/infrastructure, IDPs facing eviction-related violence, and foreigners at risk of *refoulement*. Reports of alleged violations were documented and followed up with the pertinent parties.

In particular, abuses committed against patients and medical services during clashes, as in Kirkuk in April, were monitored and analyzed, in line with the goals of the Health Care in Danger project. Through dialogue and activities carried out on this basis, pertinent stakeholders broadened their awareness of their obligations regarding health care. During a National Society-led workshop, local experts discussed ways to address impediments to health care access and delivery in Iraq.

### Displaced people receive food and household items

Over 14,700 individuals (some 4,600 households), including IDPs who had fled outbreaks of violence or natural disasters, covered their immediate needs using household supplies distributed by the National Society/ICRC. Of them, 4,228 individuals (763 households) also received food (usually for one month). With the ICRC filling in gaps in aid from other sources, nearly 5,700 Syrian refugees (over 1,000 households) in Anbar and the Iraqi Kurdistan region received hygiene kits and other essential items; more than 4,200 refugees (over 900 households) benefited from food aid.

While it provided emergency relief to the aforementioned groups, the ICRC used its expanded presence in violence-prone areas to work alongside the authorities to help vulnerable people regain self-sufficiency and enhance their well-being. However, fewer people than planned for 2013 benefited from such assistance initiatives owing to constraints – related to security and human resources – that delayed project assessment/implementation.

### Vulnerable households restore/increase self-sufficiency

Households who received livelihood support in 2011 and 2012 reported 15–30% increases in their annual income. Building on this result, over 6,500 destitute households (nearly 45,800 individuals) in Baghdad, central Iraq and the disputed territories boosted their agricultural production in 2013 through various forms of support, such as greenhouses and farming tools, or participation in cash-for-work initiatives repairing irrigation canals, thus benefiting the entire community. Similarly, 875 disabled or female heads of households (4,479 individuals) started small businesses using cash grants and other forms of support, helping them earn more and cover their essential needs independently.

Between 2011 and 2013, 55% of the 5,593 women-headed households supported – through a combination of relief and advocacy efforts – by the ICRC in applying for State allowance had completed their registration. Among them were 188 households who completed theirs in 2013 – out of the 3,431 women-headed households (some 13,700 individuals) who processed their applications during the year with the help of ICRC partner NGOs and of cash grants, which enabled them to cover basic expenses for six months. These were fewer beneficiaries than planned for the year, as the approach was adjusted in light of limitations on the part of State institutions that hindered the registration of ICRC-supported women. As part of advocacy efforts, dialogue with the authorities focused on finding an agreement on facilitating the registration of supported women.

### People in violence-affected communities reduce vulnerability to disease

Over 800,000 individuals, including 106,000 IDPs, became less vulnerable to disease after gaining access to clean water following the rehabilitation/construction of 33 water supply/distribution systems in violence-affected areas. Implementing all projects in coordination with the local authorities promoted community ownership and sustainability of results. During training, 24 technicians learnt how to operate/manage the facilities independently.

In violence-prone areas, people obtained quality primary health care at 13 State-run centres (estimated catchment population: 293,000). These centres improved their services, particularly maternal/child and emergency care, and their operational capacities, such as in drug storage/management, through training, on-site and material support provided by the ICRC as per an agreement

with the Health Ministry. Four of the centres were rehabilitated; those that treated people wounded during clashes received medical supplies. Dialogue with the health authorities helped reinforce cooperation with them and mobilize more support for the centres.

People minimized their exposure to the effects of weapon contamination in mine-infested areas through awareness-raising initiatives carried out by the National Society, with material/technical ICRC support, including for updating its mine-risk education programme. Mine/ERW victims stood to gain from the efforts of government institutions to improve the national assistance programme. Through meetings with the ICRC, the authorities and local/international companies broadened their awareness of the importance of mitigating the humanitarian consequences of weapon contamination.

### 324 sets of human remains handed over to Iranian authorities

With the ICRC acting as a neutral intermediary between the parties concerned, efforts to clarify the fate of persons missing in relation to the 1980–88 Iran-Iraq war (see *Iran, Islamic Republic of*) and the 1990–91 Gulf War (see *Kuwait*) continued. Following excavations in Iraq, 324 sets of human remains were handed over to the Iranian authorities, who transferred 82 sets of human remains exhumed from Iranian sites. No remains were found during missions to recover missing Kuwaitis.

Institutions involved in recovery and identification efforts drew on ICRC advice and support to boost their capacities. The staff of Baghdad's Medico-Legal Institute improved their technical and practical knowledge of forensic anthropology, laboratory management and DNA analysis, with the support of an ICRC adviser and through training by experts hired by the ICRC. Helping them boost their skills through first-hand observation, ten of the institute's scientists joined an ICRC-sponsored visit to Cyprus' Committee on Missing Persons and forensic anthropology laboratory. Discussions with Ministry of Human Rights officials helped raise their awareness of best practices in managing and recovering human remains.

Families of missing persons participated in an ongoing assessment of their psychosocial needs, aimed at supplementing ICRC efforts to persuade the authorities to address these needs.

People across Iraq, including Syrian refugees in Al Qaim, restored/maintained contact with their relatives using Movement family-links services. Over 250 individuals received ICRC travel documents, facilitating their resettlement in third countries.

### PEOPLE DEPRIVED OF THEIR FREEDOM

Over 39,500 detainees held by the Iraqi central government and the Kurdistan regional government in 74 detention facilities received 209 visits conducted according to standard ICRC procedures. Their treatment – particularly during the initial phase of detention and while under interrogation – and living conditions were monitored, with the situation of those particularly vulnerable, such as female detainees, followed up individually.

Detaining authorities received confidential oral/written feedback and, when necessary, recommendations for improvement. Dialogue with the central and regional authorities continued to focus on the need to ensure respect for judicial guarantees; judges in the Kurdistan region participated in round-tables on the subject.

## Detainees see concrete improvements in living conditions

Despite the lack of structural reforms at central or regional levels, detainees had better living conditions thanks to local authorities' efforts to: reduce overcrowding in detention facilities; ensure detainees' access to fresh air; and improve conditions for and duration of family visits. Additionally, 2,150 inmates benefited from ICRC-led upgrades to water supply and other facilities in three prisons; similar projects were ongoing in other prisons. Women, minors and foreigners received hygiene and educational/recreational items to help ease their confinement.

Discussions progressed on the need for joint action by detaining and health authorities to improve inmates' access to health services, including for psychological distress and physical disabilities. At the central government level, the Health Ministry's Public Health Department and the Justice Ministry approved in principle a joint assessment of detainees' health care needs. The Kurdistan regional Health Ministry committed to cooperating with the ICRC in institutionalizing initial medical screenings in detention facilities under its jurisdiction.

## Inmates inform family members of their whereabouts

Marked improvement was noted in cases of families being informed by the central detaining authorities when a relative was brought to temporary places of detention. Representations were made to the authorities, encouraging them to clarify the whereabouts of individuals allegedly arrested but not yet accounted for.

Detainees maintained contact with family members through RCMs or oral messages relayed by ICRC delegates; some 110 inmates received visits from their relatives. Planned family visits for selected Saudi detainees did not take place, as the Iraqi and Saudi authorities began direct talks on potential repatriations of detainees within the framework of a bilateral agreement.

With ICRC support, foreign detainees notified their embassies or UNHCR of their whereabouts; coordination with UNHCR continued to help ensure that the pertinent authorities respect the principle of *non-refoulement*. Former detainees became eligible to apply for administrative/legal proceedings after receiving ICRC-issued detention attestations.

## WOUNDED AND SICK

### Wounded people receive timely care from trained providers

People in violence-prone areas had access to emergency care partly owing to ICRC support for the National Society's first-aid programme and for hospitals. The number of first responders in these areas increased after volunteers, civil defence officers and local health workers trained in first-aid delivery at workshops led by ICRC-supported National Society instructors, 21 of whom were certified in 2013. National Society first-aiders made themselves more identifiable using ICRC-provided uniforms.

In Baghdad and Hilla, wounded people in need of higher-level care received treatment at three ICRC-supported hospitals. Staff of the hospitals' emergency units drew on the expertise of an ICRC surgeon to boost their capacities to manage mass casualties and emergency surgeries. An emergency care manual – developed with the management of a Baghdad hospital – was shared with the Health Ministry, which requested the ICRC to provide similar on-site support to other hospitals.

Patients at Al-Rashad Psychiatric Hospital received ICRC-sponsored occupational therapy, while staff members – through courses conducted by a Geneva-based hospital – developed their capacities to provide treatment unsupervised, in line with a project concluded in December. Provision of family-links services was discontinued owing to a lack of need for it.

### Doctors become more adept at orthotic patient care

Over 32,800 disabled patients obtained appropriate treatment at 10 State-run physical rehabilitation centres and one managed by the ICRC. Of them, 1,728 travelled to the centres with ICRC financial support.

Although the State-run centres, as well as one stand-alone crutch production unit, used ICRC-provided raw materials and received on-site support, the Health Ministry gradually assumed more managerial and financial responsibilities, notably by purchasing materials and covering the centres' operating costs. Efforts to encourage the central and the regional authorities to develop a long-term approach to physical rehabilitation continued, including through regular coordination.

	IRAQ CENTRAL GOVERNMENT	IRAQ KURDISTAN REGIONAL
<b>ICRC visits</b>		
Detainees visited	36,061	3,502
<i>of whom women</i>	1,010	4
<i>of whom minors</i>	1,538	2
Detainees visited and monitored individually	412	192
<i>of whom women</i>	18	4
<i>of whom minors</i>	11	2
Detainees newly registered	159	82
<i>of whom women</i>	4	3
<i>of whom minors</i>	9	2
Number of visits carried out	163	46
Number of places of detention visited	56	18
<b>Restoring family links</b>		
RCMs collected	885	42
RCMs distributed	568	20
Phone calls made to families to inform them of the whereabouts of a detained relative	2,143	49
Detainees visited by their relatives with ICRC/National Society support	118	
People to whom a detention attestation was issued	1,900	285



Helping boost local capacities, 14 doctors developed their expertise in treating patients requiring lower-limb orthoses at a workshop organized with the Health Ministry and the Red Crescent Society of the Islamic Republic of Iran. Physiotherapy instructors in Baghdad and Erbil updated their skills at seminars. With ICRC support, Iraq's only prosthetic/orthotic school and a physiotherapy school worked to meet internationally recognized standards; students advanced their skills through courses/events abroad.

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

### Officials facilitate provision of assistance to vulnerable people

Amid violence and security constraints in Iraq, dialogue and networking with central and regional authorities, armed/security forces and religious/traditional leaders remained crucial for facilitating ICRC activities. Their acceptance of and support for humanitarian principles, IHL and the ICRC helped secure safe access to beneficiaries in violence-affected areas.

Discussions with the authorities at all levels and with senior military/security officials focused on promoting respect for the population (see *Civilians*) and building support for the ICRC's activities for detainees and violence-affected people. At briefings supplementing this dialogue, over 2,000 security/police officers and government officials developed their knowledge of IHL, international human rights law and other applicable norms. Through networking, messages on these topics were passed on to members of armed groups.

### Various actors broaden their awareness of humanitarian issues

Religious/traditional leaders discussed humanitarian principles and enhanced their understanding of Movement activities

during meetings and local/international workshops. Two religious scholars discussed IHL and its compatibility with Islam at a course in Lebanon (see *Lebanon*). Public awareness of IHL, the humanitarian consequences of violence, and the ICRC developed thanks to broad media coverage of these matters and to ICRC dissemination sessions, particularly those for potential beneficiaries. Cooperation was maintained with local NGOs supporting women (see *Civilians*). Through ICRC briefings, foreign diplomats kept abreast of humanitarian issues, including those related to the Health Care in Danger project.

### Iraqi military expands pool of IHL trainers

Both central and Kurdistan regional armed forces took steps to incorporate IHL provisions in their doctrine and training, with a view to ensuring that officers respect IHL during operations.

The Iraqi armed forces began formally incorporating IHL in its doctrine, although ministerial approval for advancing the process remained pending. Backing this process, 47 officers trained to be IHL instructors while 131 Iraqi commanders discussed the legal framework operational application during a course on IHL integration.

With previously trained instructors already teaching IHL to fellow officers, the Kurdistan military worked to further develop its IHL training capacity. To this end, senior members of the Peshmerga IHL committee refined their knowledge of IHL in San Remo and at the Senior Workshop on International Rules Governing Military Operations held in Colombia (see *International law and cooperation*).

### Domestic implementation of IHL stalls

Attempts to encourage the central government to incorporate IHL provisions in domestic law and establish a national IHL committee

MAIN FIGURES AND INDICATORS: PROTECTION	Total		
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
<b>Red Cross messages (RCMs)</b>		UAMs/SCs*	
RCMs collected	208		
RCMs distributed	293		
Phone calls facilitated between family members	374		
<b>Reunifications, transfers and repatriations</b>			
Human remains transferred/repatriated	324		
<b>Tracing requests, including cases of missing persons<sup>1</sup></b>		Women	Minors
People for whom a tracing request was newly registered	127	24	31
People located (tracing cases closed positively)	40		
Tracing cases still being handled at the end of the reporting period (people)	2,379	40	110
<b>Documents</b>			
People to whom travel documents were issued	257		
Official documents relayed between family members across border/front lines	4		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>2</sup></b>			
<b>ICRC visits</b>		Women	Minors
Detainees visited	39,563	1,014	1,540
Detainees visited and monitored individually	604	22	13
Detainees newly registered	241	7	11
Number of visits carried out	209		
Number of places of detention visited	74		
<b>Restoring family links</b>			
RCMs collected	927		
RCMs distributed	588		
Phone calls made to families to inform them of the whereabouts of a detained relative	2,192		
Detainees visited by their relatives with ICRC/National Society support	118		
People to whom a detention attestation was issued	2,235		

\* Unaccompanied minors/separated children the 1980–88 Iran-Iraq

1. including people missing as a consequence of the 1990–91 Gulf War / not including people missing as a consequence of the 1980–88 Iran-Iraq war

2. all detainees notified by the authorities and followed up by the ICRC



did not progress, partly because of the authorities' preoccupation with security issues. Efforts to persuade the parliament to ratify an agreement formalizing some aspects of the ICRC's presence in the country also stalled, although new contacts were developed in this regard.

With the Ministry of Education announcing a directive to require IHL instruction in law faculties, the ICRC's approach to promoting IHL in universities was undergoing adjustments. University students and lecturers participated in discussions and regional courses on IHL and the Movement.

## RED CROSS AND RED CRESCENT MOVEMENT

### National Society steps up disaster preparedness

The Iraqi Red Crescent and the ICRC continued their operational cooperation in addressing the needs of violence-affected people (see *Civilians* and *Wounded and sick*). The National Society expanded its capacities in disaster management/response and IHL promotion and pursued efforts to reinforce its legal base, with the ICRC's technical, material and financial support.

Having evaluated its approach to disaster management/emergency preparedness, the National Society established a pool of instructors to boost its training programme. It created emergency response teams and trained them in first aid and in managing human remains. Selected staff/volunteers became specialists in conducting emergency needs-assessments and promoting IHL after attending specific courses. Some branches improved their working environments, thanks to infrastructure renovation and donated office equipment.

With Movement technical/financial support, the Iraqi Red Crescent reviewed its statutes and developed a five-year national strategic plan, which it launched in December. An agreement, together with regular meetings, facilitated coordination among Movement partners.

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	8,466	29%	51%
	<i>of whom IDPs</i>	3,019		
Essential household items	Beneficiaries	20,540	19%	25%
	<i>of whom IDPs</i>	5,386		
Productive inputs	Beneficiaries	18,648	30%	43%
	<i>of whom IDPs</i>	742		
Cash	Beneficiaries	17,829	34%	45%
	<i>of whom IDPs</i>	182		
Work, services and training	Beneficiaries	30,550	28%	44%
	<i>of whom IDPs</i>	10		
Water and habitat activities	Beneficiaries	807,448	30%	40%
	<i>of whom IDPs</i>	106,500		
<b>Health</b>				
Health centres supported	Structures	13		
Average catchment population		292,590		
Consultations	Patients	387,019		
	<i>of which curative</i>	Patients	108,416	148,543
	<i>of which ante/post-natal</i>	Patients	28,558	
Immunizations	Doses	139,575		
	<i>of which for children aged five or under</i>	Doses	134,766	
Referrals to a second level of care	Patients	7,420		
Health education	Sessions	272		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
Economic security, water and habitat (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	4		
Essential household items	Beneficiaries	16,150		
Water and habitat activities	Beneficiaries	2,150		
<b>Health</b>				
Number of visits carried out by health staff		63		
Number of places of detention visited by health staff		42		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	3		
<b>Physical rehabilitation</b>				
Centres supported	Structures	13		
Patients receiving services	Patients	32,804	3,996	9,257
New patients fitted with prostheses	Patients	1,017	190	48
Prostheses delivered	Units	3,457	394	126
	<i>of which for victims of mines or explosive remnants of war</i>	Units	1,164	
New patients fitted with orthoses	Patients	7,721	979	4,800
Orthoses delivered	Units	14,332	1,370	10,482
	<i>of which for victims of mines or explosive remnants of war</i>	Units	11	
Patients receiving physiotherapy	Patients	8,235	1,223	2,037
Crutches delivered	Units	893		
Wheelchairs delivered	Units	222		

# ISRAEL AND THE OCCUPIED TERRITORIES



## KEY RESULTS/CONSTRAINTS

### In 2013:

- ▶ confidential dialogue with all pertinent parties – Israeli and Palestinian – continued with representations aimed at ensuring respect for civilians, civilian infrastructure and medical services
- ▶ detainees held by the Israeli and Palestinian authorities benefited from ICRC visits to monitor their treatment and living conditions, with the authorities getting feedback and, where appropriate, recommendations for improvement
- ▶ through the ICRC's family-visit programme, 6,501 detainees held by Israel received a total of 57,079 visits from relatives living in the occupied Palestinian territory
- ▶ in the Gaza Strip, nearly 195,000 patients obtained quality health services at 8 ICRC-supported medical facilities, with residents also enjoying cleaner and safer environments after the rehabilitation of water/sanitation facilities
- ▶ over 2,500 individuals withstood extreme weather conditions using ICRC-donated essential items separately distributed by the Magen David Adom, the Palestine Red Crescent Society and the Gaza Strip *de facto* health authorities
- ▶ the ICRC began to engage in a constructive debate with the Israeli public on the legality and humanitarian consequences of Israel's core occupation policies, while maintaining confidential and bilateral dialogue on other issues

### EXPENDITURE (in KCHF)

Protection	15,357
Assistance	20,879
Prevention	4,108
Cooperation with National Societies	4,032
General	-

**44,375**

of which: Overheads **2,708**

### IMPLEMENTATION RATE

Expenditure/yearly budget	<b>95%</b>
---------------------------	------------

### PERSONNEL

Mobile staff	64
Resident staff (daily workers not included)	300

The ICRC has been present in Israel and the occupied territories since the 1967 Arab-Israeli war. It strives to ensure respect for IHL, in particular its provisions relative to the protection of civilians living under occupation. It monitors the treatment and living conditions of detainees held by the Israeli and Palestinian authorities and provides assistance to the Palestinian population, particularly during emergencies. As the lead agency for the Movement in this context, the ICRC coordinates the work of its Movement partners and supports the activities of the Magen David Adom and the Palestine Red Crescent Society.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	1,498
RCMs distributed	1,684
Phone calls facilitated between family members	5
People located (tracing cases closed positively)	43
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	25,139
Detainees visited and monitored individually	4,127
Number of visits carried out	695
Number of places of detention visited	130
<b>Restoring family links</b>	
RCMs collected	1,909
RCMs distributed	1,705
Phone calls made to families to inform them of the whereabouts of a detained relative	2,508

ASSISTANCE	Targets	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries 825	2,842
Productive inputs	Beneficiaries 5,850	14,422
Cash	Beneficiaries 200	2,693
Work, services and training	Beneficiaries 2,600	
Water and habitat activities	Beneficiaries 510,000	869,000
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures 8	17
<b>Water and habitat</b>		
Water and habitat activities	Number of beds	2,097
<b>Physical rehabilitation</b>		
Centres supported	Structures 1	1
Patients receiving services	Patients	2,495

## CONTEXT

Peace talks between Israel and the Palestinian Authority resumed in mid-2013, but had yet to produce breakthroughs.

The Palestinians remained politically divided. Despite bilateral discussions, there was reportedly no progress in the reconciliation process between Fatah and Hamas.

Palestinians continued to live in difficult circumstances. While the Gaza Strip was relatively calm, the humanitarian situation remained difficult. Its already stagnant economy suffered from the intermittent operation of the crossings points with Egypt and Israel and the closure of tunnels along the border with Egypt. Heavy rains and flooding in December exacerbated the situation.

In the West Bank, Palestinians had to contend with the consequences of the continued expansion and construction of Israeli settlements, as well as clashes between Israeli security forces and Palestinians, settler-related violence, and socioeconomic tensions among Palestinians.

Palestinian detainees, especially those on hunger strike, continued to receive media and public attention. Demonstrations in support of detainees regularly led to clashes and arrests.

Tensions, including sporadic cross-border exchange of fire, rose along Israel's borders with Lebanon and the Syrian Arab Republic (hereafter Syria).

## ICRC ACTION AND RESULTS

In 2013, the ICRC pursued efforts to promote the protection of civilians and to help alleviate the humanitarian situation of Palestinians living under occupation.

The ICRC began – through the visit of its president to Israel and the occupied Palestinian territory, and the publication of an article in the *International Review of the Red Cross* – to engage in a constructive debate with the Israeli public on the legality and humanitarian consequences of three occupation policies for which the ICRC had not had any dialogue with the Israeli authorities, namely: the routing of the West Bank barrier; the construction of settlements; and the annexation of East Jerusalem. For other issues such as the conduct of hostilities, the use of force in law enforcement, detention, and the restoration of family links, the ICRC maintained its bilateral and confidential dialogue with the Israeli authorities.

Dialogue with Palestinian authorities and armed groups emphasized the need to respect all people not/no longer participating in hostilities and their property and to ensure the safety of medical personnel/infrastructure. Dissemination sessions helped members of security services and armed groups enhance their awareness of IHL and humanitarian principles.

The ICRC worked with the Israeli and Palestinian authorities to help them ensure that detainees' treatment and living conditions were in line with internationally recognized standards. It monitored the situation of detainees on hunger strike and that of other vulnerable inmates. It supported the Palestinian detaining authorities in improving inmates' material and living conditions, including their access to health care. Detainees kept in touch with their relatives through ICRC family-links services, such as the family-visits programme for inmates in Israeli custody.

Maintaining its emergency response capacity, the ICRC carried out initiatives to help Palestinians living under occupation meet their immediate needs in terms of health, economic security and water/habitat. In the Gaza Strip, it helped ensure a well-functioning emergency response and medical care system, enabling wounded and sick people to access medical services. Financial and other kinds of support helped the Palestine Red Crescent Society provide emergency medical services (EMS) across the occupied Palestinian territory. Key Gaza Strip hospitals received medical supplies/equipment, albeit in smaller quantities than in previous years, as the ICRC's focus shifted towards technical support for the health authorities. The ICRC supported the provision of emergency medical care in three hospitals through infrastructure rehabilitation and staff training. Physically disabled people received services at the ICRC-supported Artificial Limb and Polio Centre (ALPC).

Vulnerable Palestinians living in areas most affected by Israeli occupation policies protected or resumed their livelihoods with the help of grants, cash-for-work initiatives, agricultural inputs and ICRC representations to the Israeli authorities about people's access to farming/fishing areas. Furthermore, the ICRC worked with local water boards to rehabilitate, operate and maintain water and sanitation facilities.

Movement family-links services remained available for family members separated by past and current conflict in the region. Acting as a neutral intermediary, the ICRC helped Golan residents maintain contact with their relatives in Syria proper and transport their apples to Syrian markets.

The ICRC continued to facilitate Movement coordination and maintained partnerships with and support for the Magen David Adom and the Palestine Red Crescent Society. It helped both of them strengthen their abilities to address humanitarian needs, for instance during the extreme weather conditions that affected Israel and the occupied Palestinian territory in December.

## CIVILIANS

ICRC representations, based on documented allegations, aimed to persuade the Israeli authorities, the Palestinian Authority and the *de facto* authorities in the Gaza Strip to address the adverse situation of civilians in the occupied territories and Israel. All parties were urged to respect civilians, civilian infrastructure and medical services.

The Israeli authorities were reminded of the humanitarian consequences of their non-compliance with the 1949 Geneva Conventions. Based on direct ICRC observation and first-hand testimonies, over a hundred oral/written representations regarding IHL violations urged the Israeli authorities, *inter alia*, to:

- ▶ protect Palestinians and their property from settler violence and prosecute those responsible
- ▶ refrain from the disproportionate use of force in law enforcement, search and arrest operations in the West Bank and in and around the Gaza Strip, and apply the basic rules of IHL in the conduct of hostilities
- ▶ end all destruction of civilian property and establish planning/zoning mechanisms taking into consideration the needs of the Palestinian population
- ▶ find viable solutions for ensuring access to agricultural land/fishing areas and essential services for communities affected by the blockade of the Gaza Strip and routing of the West Bank barrier/buffer zones around settlements

- ensure that the situation of the population in the Israeli-occupied Golan was in line with relevant international law

Studies were ongoing on how Israel's movement restrictions and water-resource management policies in contravention of IHL and other norms affect the livelihoods of Palestinians; their content already supplemented the ICRC's dialogue with the Israeli authorities. They formed part of a shift in the ICRC's approach, which included progressively reducing direct assistance initiatives related to – but unable to counter – certain occupation policies and putting more emphasis on persuading Israel to fulfill its IHL obligations.

Dialogue with the Palestinian Authority, the *de facto* authorities in the Gaza Strip and armed groups focused on promoting respect for humanitarian norms, ending attacks against people not/no longer participating in hostilities and ensuring respect for medical personnel/infrastructure.

### **Direct victims of Israeli occupation improve their economic prospects**

Despite increased restrictions imposed by the Israeli authorities in the Jordan Valley, 416 individuals (67 households) whose houses had been destroyed/confiscated by the authorities in the West Bank coped with their displacement using shelter/household items distributed with the Palestine Red Crescent Society, which had independently provided similar assistance to a further 576 individuals (92 households). In the Gaza Strip, 46 individuals (six households) in similar circumstances received assistance. Over 2,500 individuals (500 households) withstood the extreme December weather using ICRC-donated essential items separately distributed by the Magen David Adom, the Palestine Red Crescent Society and the *de facto* Health Ministry in the Gaza Strip.

On the basis of need assessments, more vulnerable Palestinian families than initially planned restored/protected their livelihoods with ICRC support. Over 750 farmers (137 households) affected by the routing of the West Bank barrier gained better access to their land through ICRC representations to the Israeli authorities and increased their produce using agriculture inputs; a further 603 farmers (105 households) supplemented their incomes through cash-for-work initiatives. In Hebron's Old City, 34 individuals supported their families (271 individuals) through small businesses/other initiatives using grants and skills acquired through vocational training.

In Gaza Strip border areas, 329 households (some 2,000 individuals) increased their agricultural production using farming implements bought with ICRC cash grants. A further 2,202 households (some 13,400 individuals) boosted their yields using ICRC-provided seed/fertilizer.

### **Gaza Strip residents become less vulnerable to diseases**

Some 865,000 Gaza Strip residents enjoyed cleaner surroundings because of projects carried out with the local authorities: construction of a sewage line in Hawaber; rehabilitation of the Khan Yunis wastewater treatment plant; and repair of the Sheik Radwan water basin (not initially planned and serving some 500,000 people). Residents stood to benefit from ongoing projects: construction of a waste water treatment plant in Wadi Gaza and a water pipeline from Israel, and rehabilitation of two sewage pumping stations. Water authorities also repaired facilities damaged in 2012 and

developed operational/maintenance schemes, with ICRC material/technical support.

In the West Bank, 4,000 people accessed potable water through a joint water supply project with the Palestinian Water Authority. Efforts to persuade the water board to repair municipal wells (serving 6,000 people) were ongoing.

### **People overcome movement restrictions**

People in the occupied territories and Israel, including foreigners/irregular migrants, used ICRC services to: exchange family news via RCMs; reunite with relatives; transfer documents; and travel for humanitarian/medical reasons between the Israeli-occupied Golan and Syria proper, between Israel and Lebanon and between locations in the occupied Palestinian territory. Seven Lebanese civilians and the remains of six others were repatriated under ICRC auspices. Some Syrians receiving treatment in Israeli hospitals (see *Wounded and sick*) informed their families of their whereabouts.

Owing to Israel's ban on family visits and to the Syrian conflict, people's movement between Golan and Syria proper remained limited. Nevertheless, with the ICRC acting as a neutral intermediary between Israeli and Syrian authorities, 56 people – mostly students – crossed the demarcation line from Golan to Syria proper; 32 crossed it in the opposite direction. Some 7,000 people (1,320 households) increased their income by selling over 14,000 tonnes of apples in Syrian markets, with the ICRC acting as a neutral intermediary to transport the apples through the Quneitra crossing point.

The ICRC continued to remind Israel of its obligations under IHL to respect the right of families to receive their relatives' remains. No progress was made in clarifying the fate of Israelis missing in action or of Jordanians missing in Israel since the 1980s.

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

Palestinian and foreigners/migrants detained under Israeli custody in prisons, interrogation centres and provisional detention centres and those held by the Palestinian authorities in the Gaza Strip and the West Bank received regular visits, conducted according to standard ICRC procedures. Detaining authorities received confidential feedback on inmates' treatment and living conditions, including access to health care, at all stages of detention.

#### **Vulnerable detainees receive attention/assistance**

Detainees who joined hunger strikes, in Israeli and Palestinian prisons, received ICRC visits and benefited from reminders to the medical/detaining authorities on their responsibilities; this was part of the regular monitoring of detainees' access to health care and of the quality of medical treatment they received. Minors, migrants and other particularly vulnerable detainees received hygiene/medical supplies and educational/recreational items to help break the monotony of their incarceration.

In Israel, detainees with specific needs or in administrative detention, under interrogation, in prolonged solitary confinement, from the Gaza Strip, or vulnerable because they were minors or at risk of *refoulement* received particular attention during visits. In private interviews with ICRC delegates, Palestinian detainees released within the framework of the peace talks confirmed their consent to the conditions/place of their release.

Visits to detainees held by the Palestinian authorities focused on inmates' treatment, access to health care and basic judicial guarantees, particularly for those under interrogation or sentence of death. In-depth assessments were conducted of judicial guarantees accorded to detainees in the West Bank and of inmates' access to health care in the Gaza Strip, aimed at providing feedback/recommendations to the authorities.

### Inmates maintain contact with relatives

Using ICRC family-links services, detainees exchanged news/documents with their relatives. The foreigners/migrants among them restored contact with their families; upon their release, some resettled abroad using ICRC travel documents. Detainees in Gaza Strip/West Bank prisons had their families informed of their whereabouts.

In Israel, 6,501 detainees from East Jerusalem, the Gaza Strip, the Golan Heights and the West Bank received 57,079 visits from their relatives, through the ICRC's family-visits programme. Visitors included 155 sick/elderly people – some transported by ambulance. Follow-up with the authorities helped address delays in processing permits.

### Detainees in Palestinian prisons see marked improvement in living conditions

Detaining authorities in the Gaza Strip drew on ICRC advice on prison construction standards and support for structural rehabilitation/maintenance. Over 1,700 detainees had cleaner surroundings after the authorities created prison maintenance teams, per the ICRC's recommendation; the teams also received cleaning supplies.

Among the 1,700 detainees, some 400 detainees in Katiba prison had improved living conditions following repairs to sanitation and other facilities, while another 400 inmates in Middle Area prison enjoyed the benefits of renovated kitchens. A similar project in another prison was ongoing. Over 6,000 detainees in the Gaza Strip received hygiene kits/winter clothes, while 44 of them also benefited from educational material.

## WOUNDED AND SICK

Wounded and sick people, particularly those living in the Gaza Strip, relied on medical services/facilities that received ICRC financial, material and capacity-building support. To ensure people's access to medical care, the authorities and weapon bearers were reminded – through briefings/first-aid sessions and written representations based on documented cases – of their obligation to respect patients and medical services.

The Palestine Red Crescent Society's EMS responded to some 85,995 call-outs in the occupied Palestinian territory, with ICRC support, including for obtaining crossing/transport permits from the Israeli authorities. The *de facto* Health Ministry in the Gaza Strip maintained 62 of its ambulances with ICRC financial support. In Israel, 26 specialists, some from the Israel Defense Forces (IDF), honed their war-surgery skills at a seminar co-organized with the Magen David Adom.

### Gaza Strip residents receive medical care at ICRC-supported hospitals

In the Gaza Strip, while some hospitals received ad hoc support, nearly 195,000 patients obtained treatment at 8 hospitals among the 13 regularly supported – notably with some 141 tonnes of material such as drugs/disposables, haemodialysis equipment and generator spare parts – notwithstanding the ICRC's shift in focus to providing technical assistance to the authorities. In the Al Aqsa, European Gaza and Kama Edwan hospitals (total: 470 beds), patients received treatment in a safer/more orderly setting following the rehabilitation of emergency departments and training of 58 doctors, 121 nurses, 97 administrative personnel/guards and 28 community leaders. In Nasser Hospital (330 beds), incidents of service interruption linked to power failure decreased following upgrades to its electricity system.

Hospital staff discussed their concerns/challenges during ICRC monitoring visits; these were communicated to the Gaza Strip *de facto* and the Palestinian Authority Health Ministries. Pressed by the ICRC to assume their responsibilities, and with its support, the two ministries coordinated some of their activities, such as medical deliveries.

PEOPLE DEPRIVED OF THEIR FREEDOM	ISRAEL	PALESTINIAN TERRITORY
<b>ICRC visits</b>		
Detainees visited	21,045	4,094
<i>of whom women</i>	367	84
<i>of whom minors</i>	354	153
Detainees visited and monitored individually	2,743	1,384
<i>of whom women</i>	20	17
<i>of whom minors</i>	274	74
Detainees newly registered	1,629	984
<i>of whom women</i>	13	9
<i>of whom minors</i>	252	74
Number of visits carried out	393	302
Number of places of detention visited	47	83
<b>Restoring family links</b>		
RCMs collected	1,699	210
RCMs distributed	1,591	114
Phone calls made to families to inform them of the whereabouts of a detained relative	2,274	234
Detainees visited by their relatives with ICRC/National Society support	6,501	
Detainees released and transferred/repatriated by/via the ICRC	2	
People to whom a detention attestation was issued	9,852	575



### **Disabled patients access specialized services/treatment**

Some 2,500 disabled people in the Gaza Strip received physical rehabilitation services at the ALPC, which significantly boosted the quality and quantity of its prostheses/orthoses, with material and technical assistance from the Norwegian Red Cross/ICRC. Its pool of experts increased with the return of staff from ICRC-supported training abroad.

Patients requiring post-surgical physiotherapy had improved access to quality treatment following the completion of a five-year project that enhanced six Gaza Strip hospitals' physiotherapeutic capabilities. These hospitals organized their physiotherapy departments and took steps to ensure the availability of specialists and proper referrals.

### **Wounded Syrians receive ad hoc assistance**

Weapon-wounded Syrians evacuated to Israeli hospitals received monitoring visits. Some 100 received clothes and 80, hygiene kits; 20 were fitted with ICRC-donated devices to stabilize fractures.

### **AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPON, AND CIVIL SOCIETY**

Dialogue with the Israeli authorities, the Palestinian Authority, the *de facto* authorities in the Gaza Strip and all weapon bearers concentrated on operational and IHL-related concerns (see *Civilians*).

The ICRC began, through the visit of its president and the publication of an article in the *International Review of the Red Cross*, to engage in a constructive debate with the Israeli public on the legality and the humanitarian consequences of three occupation policies for which the ICRC had not had any dialogue with the Israeli authorities, namely: the routing of the West Bank barrier; the construction of settlements; and the annexation of East Jerusalem. For other issues, such as the conduct of hostilities, the use of force, detention and the restoration of family links, the ICRC maintained its bilateral and confidential dialogue with the Israeli authorities.

Moreover, Israeli lawyers discussed IHL during a course on the subject. Palestinian officials attended briefings on IHL implementation. Some 250 Islamic leaders discussed similarities between IHL and sharia law during round-tables. Over 800 representatives from NGOs attended briefings on/debated IHL issues related to their work. Media reports, using ICRC materials, raised the general public's awareness of ICRC activities and of the humanitarian consequences of the Israeli-Palestinian conflict.

### **IDF discusses opportunities for training support**

Besides confidential dialogue with the IDF field command, international law department and Military Advocate General Corps on the conduct of hostilities and use of force in law enforcement (see *Civilians*), regular discussions with the Defense Ministry's doctrine/training division focused on opportunities for training support, thematic dialogue and coordination during emergencies.

During over 30 briefings, some 450 military/police personnel, border guards and prison officers improved their knowledge of IHL and other applicable legal norms. Senior IDF officials and experts discussed IHL and its application at workshops organized with Israeli academic/research institutions.

### **Gaza Strip *de facto* Interior Ministry implements agreement on incorporating IHL**

Over 1,000 Palestinian security officers enhanced their understanding of internationally recognized standards/norms governing law enforcement and the treatment of detainees during 90 information sessions and capacity-building initiatives undertaken with the Palestinian security services and the Gaza Strip *de facto* and the Palestinian Authority Interior Ministries. In the Gaza Strip, the integration of applicable norms/standards into the security services' training/operations advanced within the framework of a memorandum of understanding with the *de facto* Interior Ministry.

Following networking and dialogue with armed groups, some 150 of their members learnt about IHL, humanitarian principles and the ICRC at dissemination/first-aid training sessions conducted with the Palestine Red Crescent Society.

### **Young people enhance their awareness of IHL**

Israeli and Palestinian students and professors updated their IHL knowledge at conferences and annual competitions, where the inclusion of IHL in university curricula was also promoted. Eight law/sharia faculties in the occupied Palestinian territory continued to teach IHL; other faculties were encouraged to follow suit. More than 1,100 Israeli and Palestinian youths participated in discussions/lectures on IHL and the Movement.

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

#### **National Societies boost emergency response capacities**

The Magen David Adom and the Palestine Red Crescent Society worked with the ICRC to boost their operational capacities to address needs arising from the conflict and other emergencies.

The Magen David Adom developed its capacity to respond to emergencies and provide family-links services, thanks in part to ICRC technical support, including for its EMS. It demonstrated its aptitude during disaster simulation exercises.

The Palestine Red Crescent Society, through staff/volunteer training, bolstered its capabilities in disaster management and dissemination of IHL; this helped it to, *inter alia*, provide emergency care, distribute relief and conduct first-aid training (see above).

Both National Societies contributed to the goals of the Health Care in Danger project at international events and promoted the initiative, alongside humanitarian principles, to various audiences.

The ICRC continued to facilitate Movement coordination and to support the monitoring of the 2005 cooperation agreement between the two National Societies.

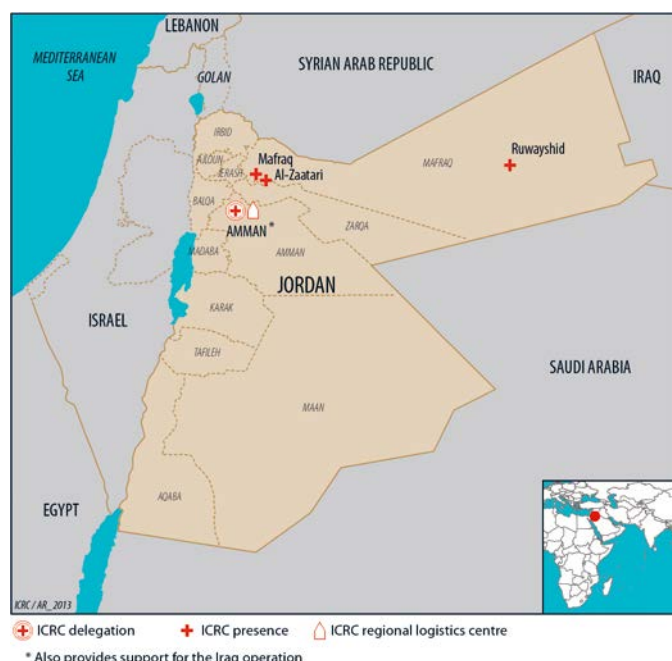
MAIN FIGURES AND INDICATORS: PROTECTION	Total		
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
<b>Red Cross messages (RCMs)</b>		UAMs/SCs*	
RCMs collected	1,498		
RCMs distributed	1,684		
Phone calls facilitated between family members	5		
<b>Reunifications, transfers and repatriations</b>			
People transferred/repatriated	70		
Human remains transferred/repatriated	6		
<b>Tracing requests, including cases of missing persons</b>		Women	Minors
People for whom a tracing request was newly registered	53	6	3
People located (tracing cases closed positively)	43		
<i>including people for whom tracing requests were registered by another delegation</i>	1		
Tracing cases still being handled at the end of the reporting period (people)	28	7	2
<b>Documents</b>			
Official documents relayed between family members across border/front lines	1,008		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>			
<b>ICRC visits</b>		Women	Minors
Detainees visited <sup>1</sup>	25,139	451	507
Detainees visited and monitored individually	4,127	37	348
Detainees newly registered	2,613	22	326
Number of visits carried out	695		
Number of places of detention visited	130		
<b>Restoring family links</b>			
RCMs collected	1,909		
RCMs distributed	1,705		
Phone calls made to families to inform them of the whereabouts of a detained relative	2,508		
Detainees visited by their relatives with ICRC/National Society support	6,501		
Detainees released and transferred/repatriated by/via the ICRC	2		
People to whom a detention attestation was issued	10,427		

\* Unaccompanied minors/separated children

1. All detainees known through the authorities' notifications and followed up by the ICRC

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	2,842	9%	15%
Productive inputs	Beneficiaries	14,422	34%	35%
	<i>of whom IDPs</i>	Beneficiaries	300	
Cash	Beneficiaries	2,693	34%	35%
	<i>of whom IDPs</i>	Beneficiaries	122	
Water and habitat activities	Beneficiaries	869,000	26%	47%
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	6,042		
Water and habitat activities	Beneficiaries	1,759		
<b>Health</b>				
Number of visits carried out by health staff		123		
Number of places of detention visited by health staff		34		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	17		
	<i>of which provided data</i>	Structures	8	
Admissions	Patients	194,873		
	<i>of whom weapon-wounded</i>	Patients	692	
	<i>of whom other surgical cases</i>	Patients	43,998	
	<i>of whom medical cases</i>	Patients	64,740	
	<i>of whom gynaecological/obstetric cases</i>	Patients	85,443	
Operations performed		40,519		
Outpatient consultations	Patients	512,490		
	<i>of which surgical</i>	Patients	223,046	
	<i>of which medical</i>	Patients	226,717	
	<i>of which gynaecological/obstetric</i>	Patients	62,727	
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	2,097		
<b>Physical rehabilitation</b>				
Centres supported	Structures	1		
Patients receiving services	Patients	2,495	402	1,070
New patients fitted with prostheses	Patients	90	12	5
Prostheses delivered	Units	162	33	14
New patients fitted with orthoses	Patients	286	13	266
Orthoses delivered	Units	328	22	287
Patients receiving physiotherapy	Patients	681	166	25
Crutches delivered	Units	147		
Wheelchairs delivered	Units	16		

# JORDAN



## KEY RESULTS/CONSTRAINTS

### In 2013:

- ▶ as of September, over 100,000 refugees from the Syrian Arab Republic recovered from their journey at collection points, before moving to a camp, thanks to juice and biscuits, and meals prepared by an ICRC-supported NGO
- ▶ wounded and sick Syrians received life-saving care at ICRC-supported health posts and clinics and, following an agreement with the Health Ministry, at Al-Mafrq Hospital, with on-site guidance from an ICRC surgical team
- ▶ people separated from their relatives, including Syrian refugees at the Al-Zaatari camp and elsewhere, contacted family members by phone and RCMs, with help from Jordan National Red Crescent Society volunteers
- ▶ people deprived of their freedom, including Palestinian and Syrian internees, received visits from ICRC delegates, who monitored their treatment and living conditions and provided them with ad hoc material assistance
- ▶ at the ICRC's invitation, members of Syrian armed groups learnt more about IHL and humanitarian principles during 7 two-day dissemination sessions conducted by the ICRC in Jordan
- ▶ the Jordanian Red Crescent, having provided relief and family-links services to Syrian refugees, improved its capacities at branch level while boosting its visibility and image as a humanitarian organization

### EXPENDITURE (in KCHF)

Protection	3,193
Assistance	4,292
Prevention	1,698
Cooperation with National Societies	1,075
General	754

**11,012**

of which: Overheads **672**

### IMPLEMENTATION RATE

Expenditure/yearly budget	<b>87%</b>
---------------------------	------------

### PERSONNEL

Mobile staff	33
Resident staff (daily workers not included)	116

The ICRC has been present in Jordan since the 1967 Arab-Israeli war. Its work largely consists of visiting detainees to monitor their treatment and living conditions, and providing tracing and RCM services to enable civilians, including refugees, and foreign detainees to restore contact with their family members. In a subsidiary role, it supports and assists refugees who have fled the conflict in the Syrian Arab Republic. In close cooperation with the Jordan National Red Crescent Society, it promotes IHL throughout Jordanian society. The delegation provides logistical support to ICRC relief operations in the region and beyond.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	52
RCMs distributed	135
Phone calls facilitated between family members	7,062
People located (tracing cases closed positively)	12
People reunited with their families	1
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	11,086
Detainees visited and monitored individually	853
Number of visits carried out	71
Number of places of detention visited	19
<b>Restoring family links</b>	
RCMs collected	315
RCMs distributed	95
Phone calls made to families to inform them of the whereabouts of a detained relative	28

ASSISTANCE	Targets	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 100,000	202,028
Essential household items	Beneficiaries 100,000	15,310
Cash	Beneficiaries 5,000	5,000
Work, services and training	Beneficiaries 68	
Water and habitat activities	Beneficiaries 92,400	335,000
<b>WOUNDED AND SICK</b>		
Hospitals		
Hospitals supported	Structures 1	1

### Comments

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

## CONTEXT

Jordan remained stable despite experiencing economic difficulties linked to high unemployment and inflation rates, a burgeoning national debt and budget deficit, and pressure from the International Monetary Fund for fiscal discipline. Social discontent, over the lifting of subsidies on essential goods and other austerity measures, persisted.

Jordan continued to feel the effects of the armed conflict in the neighbouring Syrian Arab Republic (hereafter Syria): some 600,000 people from Syria were reported to have entered the country since March 2011, two-thirds of whom were hosted in Jordanian communities. The World Bank approved funding to help cover the costs of hosting the refugees, but Jordan's resources and public services remained stretched.

Jordan maintained good relations with its neighbours. In December, Jordan was elected to a two-year term on the UN Security Council.

## ICRC ACTION AND RESULTS

The ICRC, in coordination with the Jordan National Red Crescent Society and other humanitarian actors on the ground, monitored the situation of people who had fled Syria for Jordan. Acting in a supporting role in relation to the Jordanian authorities and UN agencies, it helped fill the growing gaps in assistance for the refugees from Syria. In May, the ICRC appealed for and received additional funds from donors; it scaled up again its humanitarian response in the second half of 2013 in response to additional pressing needs, in particular at border collection points.

Travel-weary refugees arriving from Syria benefited from water, sanitation and shelter facilities made available by the ICRC at interception/collection points, managed by the Jordanian Armed Forces (JAF), in eastern Jordan on the border with Syria. This was complemented by food and essential household items, particularly hygiene kits. In cooperation with the Jordanian Red Crescent, the ICRC provided material/cash assistance for Syrian refugees living in local communities to help them cover needs not addressed by other organizations.

Wounded and sick people from Syria received immediate care at border health posts/clinics managed by the Jordanian Royal Medical Services, with ICRC support. A local hospital received on-site technical support from an ICRC surgical team after it had conducted a war-surgery seminar for Jordanian and Syrian doctors treating wounded Syrians.

The ICRC also monitored the protection issues faced by the refugees from Syria, including Palestinians, particularly the protection afforded to them under the principle of *non-refoulement*. Delegates interviewed people who reported abuses or arrests in Syria and forwarded documented cases to the ICRC delegation in Damascus, Syria, for follow-up.

Detainees in Jordan, including Palestinian and Syrian internees, continued to receive ICRC visits aimed at helping the authorities ensure that detainees' treatment and living conditions were in line with applicable law and internationally recognized standards. Security detainees and other vulnerable inmates received particular attention, and all detainees visited were offered help in contacting their families, embassies or UNHCR. A camp hosting former

Syrian servicemen benefited from water and sanitation initiatives undertaken by the ICRC, in coordination with the authorities concerned. Detainees/internees received ad hoc material support in the form of food and hygiene/educational/recreational items.

Family members separated by past or current conflicts throughout the region, including people fleeing the Syrian armed conflict, restored/maintained contact through the Movement's family-links services. Jordanian Red Crescent volunteers joined the ICRC in providing such services to Syrian refugees in the Al-Zaatari camp. Particularly vulnerable groups received help in obtaining specific assistance from other organizations, while recognized refugees lacking identity papers resettled or joined relatives in third countries, using ICRC-issued travel documents.

Despite the frequent changes within the government, the ICRC continued promoting IHL implementation through the national IHL committee and JAF training programmes. Government officials and military/security personnel, including members of foreign armed forces, attended courses/presentations on IHL, international peacekeeping standards and the ICRC's neutral, impartial and independent humanitarian action. The ICRC also supported the country's mine-action programme and disseminated information on IHL and the ICRC among members of Syrian armed groups.

Contact with a variety of civil society actors raised awareness of humanitarian issues/principles among a broad audience, and helped generate more support for the Movement.

The ICRC supported the National Society in building its capacities in emergency response and family-links services, particularly in connection with the refugees from Syria. It coordinated its activities with those of Movement partners, UN agencies and other humanitarian actors to identify unmet needs, avoid duplication of effort and maximize its impact.

The delegation remained a key logistical hub for ICRC operations, contributing to the organization's humanitarian response in the Middle East and beyond. In addition, Amman continued to host the main training centre for ICRC staff members working in the Middle East, the Balkans and the Caucasus.

## CIVILIANS

Refugees from Syria had their protection concerns and living situation monitored by ICRC delegates, who regularly visited border areas, refugee camps and host communities. In partnership with the Jordanian Red Crescent, the ICRC addressed the growing gaps in the assistance refugees were receiving from other humanitarian organizations and the Jordanian authorities. The border areas received particular attention because of the mid-year spike in new arrivals and the absence of humanitarian actors.

### Travel-weary refugees access essential services at the Jordanian-Syrian border

Some 335,000 people crossing the eastern and western border into Jordan or back to Syria benefited from essential services made available at four interception and two collection points, fully equipped by the ICRC with water and sanitation facilities and 31 shelter caravans, and managed by JAF border guards. Those crossing the border in the west accessed similar services, through water tanks/dispensers, sanitation caravans fitted with toilets and heaters, and waste containers provided by the ICRC, in



coordination with the Interior Ministry and UNHCR, to the Raba'a Al-Sarhan transit facility. The wounded and sick among the new arrivals were treated at prefabricated clinics built by the ICRC (see *Wounded and sick*).

As of September, in response to increasing needs, some 102,000 refugees from Syria – before being moved to a refugee camp – obtained respite from their journey at border posts with biscuits and juice packs or, for 78,764 of them, with one cooked meal provided by a local charity at certain collection points, with ICRC financial support for 500 to 700 meals every day. Over 15,000 also eased their situation using ICRC-donated hygiene items, jackets/clothes, blankets/mattresses and other essentials.

In October, some 10,000 Syrian refugees at collection points, waiting to enter Jordan, received high-energy biscuits and water/juice packs.

### **Syrian families not staying in refugee camps also receive assistance**

In Amman and northern Jordan, some 100,000 Syrians (20,000 households) living with local communities coped with their circumstances by means of food and hygiene parcels distributed by the National Society. In Mafraq, 1,000 Syrian households (5,000 people) covered their rent and other expenditures for three months through cash grants.

Vulnerable Syrian women – 69 in all – boosted their livelihood opportunities after completing vocational training courses provided by the National Society, with ICRC financial support.

In December, 174 individuals (25 households) living in two improvised tent settlements outside Amman endured the after-effects of a severe snowstorm following the distribution of tarpaulins and blankets.

### **Fleeing Syrians keep in touch with relatives**

Syrians, mainly at the Al-Zaatari camp, maintained/re-established contact with relatives, including some left behind in Syria, using phone services provided by the National Society/ICRC. Some especially vulnerable people at other facilities in northern Jordan, including separated/unaccompanied minors and the elderly, were referred to other organizations for specific types of assistance. Under ICRC auspices, a 16-year-old travelled from Lebanon to be reunited with his family at the Al-Zaatari camp.

People reported the arrest of their relatives in Syria to ICRC delegates; 432 such allegations were documented. Through expanded networking with Syrians in Jordan, the ICRC gathered first-hand information on potential IHL violations committed in Syria. These allegations were communicated to the ICRC delegation in Syria, which submitted representations to the parties concerned whenever possible (see *Syrian Arab Republic*).

Cases of foreign nationals fearing persecution in their home countries if deported were regularly passed on to the Jordanian authorities; this sometimes took the form of oral interventions with the border guard forces.

### **Jordanians and foreign nationals contact relatives abroad**

Other people in Jordan, nationals and foreigners alike, located relatives abroad – mostly detainees held in Iraq, Israel or the occupied Palestinian territory – and exchanged news through RCMs, and

sent and received parcels and official documents. Those unable to travel to the ICRC office availed themselves of family-links services during home visits conducted by delegates. People in Jordan could not visit their relatives detained in Israel owing to lack of Israeli authorization and difficulties encountered by the Jordanian Foreign Ministry and the ICRC in arranging such visits. In total, 212 refugees without valid identity papers resettled or joined their families in third countries using ICRC travel documents issued in coordination with IOM, UNHCR and the embassies concerned.

Despite the ICRC's unceasing efforts, the fate of 18 Jordanians missing in Israel since the 1980s remained unresolved.

The National Society received ICRC support for bolstering its capacities to provide the services mentioned above (see *Red Cross and Red Crescent Movement*).

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

Detainees in the custody of the General Intelligence Department (GID) or held in Correction and Rehabilitation Centres (CRCs) under the authority of the Public Security Directorate (PSD) of the Interior Ministry, as well as Palestinians and Syrians interned under the authority of the Interior Ministry, received regular visits, conducted according to standard ICRC procedures; 853 of them received individual monitoring visits. Delegates monitored detainees' treatment and living conditions, with a particular focus on security detainees and other vulnerable groups such as inmates sentenced to death, women and migrants/foreigners, including administrative detainees.

The detaining authorities were informed of the ICRC's findings and recommendations through confidential oral/written reports. In addition, some 170 CRC personnel learnt more about applicable law and internationally recognized standards related to their duties during ICRC briefings at the CRC training centre; new PSD officers, including criminal and anti-narcotics investigators, participated in three dissemination sessions. During a workshop, senior Interior Ministry officials discussed the Crime Prevention Act, IHL and other relevant norms and the ICRC's humanitarian activities for refugees from Syria.

At meetings with the Jordanian authorities, the ICRC regularly brought up the need to uphold the principle of *non-refoulement* for foreign detainees who feared persecution in their home countries, including Iraqis awaiting deportation, Syrian-Palestinians and former members of the Syrian military/security forces.

Some 20 recently released detainees, or their families, received ICRC-issued attestations of detention, making some of them eligible for State benefits. One foreign detainee began his asylum application process after the ICRC, at his request, notified UNHCR of his case.

### **Detaining authorities work on improving health care for inmates**

Medical ethics remained the focus of the ICRC's regular dialogue/interaction with the Health Ministry, the Royal Medical Services and health staff working in places of detention. As part of the ongoing effort to improve coordination between the Health and Interior Ministries, the former's health-in-detention unit organized workshops for CRC health staff, to facilitate knowledge-sharing and discussions on operational issues. It also launched a series of meetings with directors of health services at governorate

level to obtain their proactive commitment to ensuring adequate health care for CRC inmates.

Representatives of the Jordanian Medical Association learnt more about best practices in providing health care for detainees at a three-day regional seminar held in Amman and attended by medical professionals from 12 Middle Eastern countries. Three Health Ministry officials on a study tour observed how inmates of a Swiss prison were provided health services.

#### **Detainees and internees restore contact with their relatives**

Some detainees, mainly those under GID authority, and foreign detainees/internees, including Palestinians and Syrians, stayed in touch with their relatives through RCMs and oral messages relayed by ICRC delegates. The ICRC lobbied for more frequent phone calls for security detainees and foreign detainees not receiving family visits. With ICRC assistance, Iraqi detainees received visits from relatives living in Iraq. In accordance with their wishes, 286 foreign detainees obtained consular protection/advice after the ICRC notified their embassies or UNHCR of their detention. Officials from various Asian countries gathered for a round-table on administrative detention of migrant workers in Jordan to discuss, among other things, enhancing family-links services for foreigners.

#### **Detainees and internees, including Palestinians and Syrians, receive assistance**

People regularly visited included some 2,200 former members of the Syrian military/security forces interned at a facility in Mafrqa governorate and around 900 Palestinians and Syrians interned in Irbid governorate. Those held at the Mafrqa facility, besides receiving hygiene kits and other essentials regularly, were protected against health problems arising from unsanitary surroundings by the complete overhaul of the facility's water and sanitation systems, which included installation of showers and water tanks/dispensers. They also had access to sufficient quantities of water because the ICRC coordinated or covered the cost of the delivery of water for six months. At the Irbid facility, particularly vulnerable people, such as unaccompanied minors/separated children, received special attention.

Other vulnerable Syrian detainees received essential household items, and CRC inmates received educational/recreational items, which helped ease their situation. Particularly vulnerable detainees, such as women held for their own protection – against so-called 'honour crimes' – and some administrative and foreign detainees, obtained assistance from local NGOs after referral by the ICRC. Former inmates were referred to other organizations for psychological/reintegration support when needed.

#### **WOUNDED AND SICK**

##### **Wounded and sick refugees from Syria receive life-saving care at border health posts and clinics**

Among the hundreds of thousands who had entered Jordan from Syria were wounded and sick people needing urgent care upon arrival and a more ambitious ICRC response than initially planned. They received the necessary care from Royal Medical Services personnel at health posts along the border, and, beginning in August, they also obtained basic medical services at two prefabricated clinics installed by the ICRC along the eastern border where people crossed over. These health facilities – along with one other clinic – regularly received supplies and equipment from the ICRC, facilitating life-saving first aid and stabilization for hospital evacuation.

Syrian patients admitted to the Ruwayshid hospital benefited from five examination beds and bed steps supplied by the ICRC. At a seminar co-organized with the King Abdullah University Hospital, 38 Jordanian and Syrian doctors treating weapon-wounded Syrians sharpened their war-surgery skills. Following this seminar and a subsequent agreement with the Health Ministry, in November, an ICRC surgical team began assisting Al-Mafrqa hospital staff in treating Syrian patients.

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

##### **National IHL committee and mine action receive a boost**

While frequent changes in the government continued to affect the ratification/implementation of IHL treaties, Jordan's national IHL committee actively promoted the implementation of IHL, including weapon-related treaties, among key stakeholders. With ICRC support, it organized two workshops at which the heads of the 12 governorates discussed IHL enforcement at all administrative levels. It also published its biannual IHL magazine. With ICRC sponsorship, two committee members took part in a conference on legal protection for detainees during armed conflict (see *International law and cooperation*).

The National Committee for Demining and Rehabilitation (NCDR), having announced the complete demining of all known minefields in Jordan in 2012, went on with clearance-verification exercises. The NCDR's director received advice on operational matters from an ICRC specialist, who also provided technical input during a meeting with the NCDR and other stakeholders. A cooperation agreement between the NCDR and the ICRC on mine-risk education for Syrian refugees was formalized in September. Volunteers at the Al-Zaatari camp, including prospective Syrian returnees, learnt about weapon contamination during training sessions on disaster preparedness.

##### **Jordanian armed/security forces and Syrian armed groups learn more about IHL**

Around 1,800 military officers/personnel participated in ICRC-conducted IHL courses/presentations. Over 2,000 military/police/gendarmerie personnel took part in IHL refresher sessions before being deployed to UN- or NATO-led missions. Personnel from the region's armed forces learnt more about IHL and international peacekeeping standards, and the goals of the Health Care in Danger project, during events held at the Royal Jordanian Command and Staff College.

As part of the JAF's effort to attain full autonomy in IHL training, over 20 military instructors participated in a two-week train-the-trainer course. Nine military/gendarmerie legal advisers attended an IHL workshop; discussions about the incorporation of IHL in the gendarmerie training curriculum were in progress. Senior officers represented the JAF at IHL workshops/seminars in Jordan and abroad, including the Senior Workshop on International Rules Governing Military Operations in Colombia (see *International law and cooperation*).

At the ICRC's invitation, some 140 members of Syrian armed groups increased their understanding of IHL and humanitarian principles at seven two-day dissemination sessions conducted by the ICRC in Jordan.

## Key actors increase their awareness of the Movement

During World Red Cross and Red Crescent day celebrations, through events organized by the National Society, with International Federation/ICRC support, government officials and media outlets learnt about the Movement and about the ICRC and its humanitarian activities, including those encompassed by the Health Care in Danger project. A wider audience learnt about Movement activities and ICRC operations in Jordan through Ramadan greeting cards, Arabic and English leaflets, and calendars and publications, including the Arabic-language quarterly *Al-Insani*.

National media covered ICRC activities in Jordan and worldwide, using ICRC informational materials. The ICRC sponsored the participation of two senior editors in a regional workshop in Cairo (see *Egypt*); other media professionals took part in field trips.

During a round-table co-organized with the Middle East University in Amman, and with media professionals of the future in mind, 30 university lecturers on journalism discussed the inclusion of IHL in university journalism curricula. Lecturers on law

from Al al-Bayt University were brought up to date on the practice of IHL, for the benefit of future lawmakers. A lecturer on law attended a regional IHL train-the-trainer course, and two others advanced their knowledge at the annual Arab regional course in IHL in Lebanon (see *Lebanon*).

Members of the Islamic Action Front and Islamic humanitarian organizations learnt more about Movement activities at a seminar.

## RED CROSS AND RED CRESCENT MOVEMENT

Regular meetings ensured coordination among Movement components, particularly those in Jordan to assist Syrians.

The Jordanian Red Crescent received ICRC technical/material/financial support to strengthen its capacities in emergency preparedness/response, including first aid, in disseminating IHL and Movement principles, and in providing family-links services, particularly for Syrian refugees (see *Civilians*). Its volunteers' active involvement in assisting Syrians in Jordan reinforced the National Society's visibility and image as a relevant humanitarian actor; it also broadened the skills of branch volunteers.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		52		
RCMs distributed		135		
Phone calls facilitated between family members		7,062		
Reunifications, transfers and repatriations				
People reunited with their families		1		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		432	5	16
People located (tracing cases closed positively)		12		
Tracing cases still being handled at the end of the reporting period (people)		510	4	17
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		2	1	
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1	1	
Documents				
People to whom travel documents were issued		212		
Official documents relayed between family members across border/front lines		2		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		11,086	454	47
Detainees visited and monitored individually		853	121	8
Detainees newly registered		769	112	8
Number of visits carried out		71		
Number of places of detention visited		19		
Restoring family links				
RCMs collected		315		
RCMs distributed		95		
Phone calls made to families to inform them of the whereabouts of a detained relative		28		
Detainees visited by their relatives with ICRC/National Society support		4		
People to whom a detention attestation was issued		20		

\* Unaccompanied minors/separated children

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)				
Food commodities	Beneficiaries	202,028	55%	20%
	<i>of whom IDPs</i>	202,028		
Essential household items <sup>1</sup>	Beneficiaries	15,310	19%	14%
	<i>of whom IDPs</i>	10,167		
Cash <sup>1</sup>	Beneficiaries	5,000	55%	20%
	<i>of whom IDPs</i>	5,000		
Water and habitat activities	Beneficiaries	335,000	40%	30%
	<i>of whom IDPs</i>	335,000		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items <sup>1</sup>	Beneficiaries	21,710		
Water and habitat activities	Beneficiaries	2,158		
Health				
Number of visits carried out by health staff		9		
Number of places of detention visited by health staff		8		
WOUNDED AND SICK <sup>1</sup>				
Hospitals				
Hospitals supported	Structures	1		
First aid				
First-aid posts supported	Structures	7		

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

# LEBANON



## KEY RESULTS/CONSTRAINTS

### In 2013:

- ▶ wounded evacuees from the Syrian Arab Republic (hereafter Syria) received emergency surgical care at Lebanese hospitals thanks to ICRC financial support
- ▶ with financial/technical/material support from the ICRC, the emergency medical services of the Lebanese Red Cross provided first-aid treatment, medical evacuations and blood bank services to wounded people from Syria
- ▶ people fleeing the Syrian armed conflict had their protection needs addressed, with gaps in the assistance being provided to them by the Lebanese government, the UN and their partners filled in part by the ICRC
- ▶ Lebanese residents and Syrian refugees living in the Bekaa Valley and Tripoli enjoyed improved access to water following the rehabilitation of water pumps and other projects carried out by the ICRC with the local authorities
- ▶ detainees benefited from regular ICRC visits to monitor their treatment and living conditions, and from confidential feedback and recommendations for improvement submitted to the authorities
- ▶ collection of ante-disappearance data from the families of missing persons continued, despite the political situation delaying government action on ICRC recommendations based on an assessment of the families' needs

## EXPENDITURE (in KCHF)

Protection	3,771
Assistance	10,974
Prevention	1,344
Cooperation with National Societies	2,208
General	-

**18,297**

of which: Overheads **1,106**

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>108%</b>
---------------------------	-------------

## PERSONNEL

Mobile staff	23
Resident staff (daily workers not included)	70

The ICRC has been present in Lebanon since the 1967 Arab-Israeli war. With the Lebanese Red Cross, it works to protect and assist civilians affected by armed conflict and other situations of violence. In a subsidiary role, it facilitates access to medical care and water, and provides other relief to refugees who fled the armed conflict in the Syrian Arab Republic. It visits detainees to monitor their treatment and living conditions; provides family-links services, notably to foreign detainees and refugees; works with those concerned to address the plight of the families of the missing; and promotes IHL compliance across Lebanon.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

## PROTECTION

	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	36
RCMs distributed	55
Phone calls facilitated between family members	12
People located (tracing cases closed positively)	40
People reunited with their families	3
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	6,249
Detainees visited and monitored individually	771
Number of visits carried out	139
Number of places of detention visited	29
<b>Restoring family links</b>	
RCMs collected	122
RCMs distributed	65
Phone calls made to families to inform them of the whereabouts of a detained relative	1,120

## ASSISTANCE

		Targets	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>			
Food commodities	Beneficiaries	12,500	12,591
Essential household items	Beneficiaries	50,000	34,716
Water and habitat activities	Beneficiaries	300,000	231,491
<b>WOUNDED AND SICK</b>			
<b>Hospitals</b>			
Hospitals supported	Structures	10	24
<b>Water and habitat</b>			
Water and habitat activities	Number of beds		10



## CONTEXT

The armed conflict in the Syrian Arab Republic (hereafter Syria) seriously affected the humanitarian, security and political environment in Lebanon. In April, Hezbollah's secretary-general confirmed its forces' participation in the armed conflict in Syria.

The number of people entering from Syria posed a challenge to the Lebanese economy, host communities and actors working to address the crisis, particularly in the absence of camps formally established by the government. Close to a million refugees had sought shelter across Lebanon by year-end. Besides regular spillovers along the border, the Syrian armed conflict also aggravated the security situation inside Lebanon, notably in Beirut, the Bekaa Valley, Saida and Tripoli, where more frequent outbursts of violence, criminality and bomb attacks occurred. The Lebanese Armed Forces (LAF) routinely intervened to pacify these areas.

At year-end, a new government had yet to be formed despite the appointment of a new prime minister in March. Palestinians continued to contend with difficult living conditions and persistent tensions in refugee camps.

Hundreds of cases of people missing in relation to past conflicts in Lebanon remained unsolved and continued to cause deep anguish for the families concerned.

## ICRC ACTION AND RESULTS

The ICRC's humanitarian action Lebanon in 2013 was largely shaped by the effects of the Syrian armed conflict. Its response to the needs of refugees and Lebanese returnees from Syria – while remaining complementary to the efforts of the Lebanese government and UN agencies, and their partners – increased steadily. Therefore, the ICRC launched a budget extension appeal for Lebanon in May. In close coordination with those actors, it provided emergency relief, consisting of essential household items and food, for refugees and returnees whose needs remained unaddressed. Similarly, it cooperated with the local authorities to improve availability of water for both refugees and host communities in poorly served areas, which helped ease the pressure on residents and the potential for tensions.

The ICRC regularly visited people who had fled the conflict – mostly Syrians taking refuge in northern Lebanon and the Bekaa Valley – to monitor their situation and, when necessary, raise their protection concerns with the relevant authorities. Refugees from Syria, as well as some Lebanese families, also benefited from ICRC family-links services.

To help the wounded – be they injured in Syria or during clashes in Lebanon – access emergency care, the ICRC regularly supplied drugs, dressing materials and other consumables to first-aid posts and hospitals receiving casualties; covered the costs of surgery for hundreds of critically wounded Syrians; and provided financial support to the emergency medical services (EMS) and blood bank of the Lebanese Red Cross, which remained its main operational partner. Overall emergency preparedness/response capacities were also enhanced through training for first-aiders, surgeons and other medical personnel, and strategically pre-positioned surgical kits. However, technical problems hindered the implementation of some activities for the benefit of weapon-wounded patients.

The ICRC continued to visit detainees to monitor their treatment and living conditions and enable them to exchange news with their families. It continued working with the detaining and central authorities – including through a seminar, round-tables and material/technical support – to ensure better health care for detainees.

Continuing its work on behalf of families of missing persons, the ICRC notably submitted to the authorities a report on an assessment of the families' needs, and recommendations for meeting them. Although the socio-political environment delayed government action on these recommendations, the ICRC proceeded with identifying potential partners for implementing some of them. It also continued collecting information on missing persons through interviews with their families, with a view to preserving key data to facilitate a future identification process. The government's signing of an agreement on the proposed collection of biological reference samples from families was delayed.

The political climate in Lebanon and the challenges posed by the effects of the Syrian armed conflict hindered progress in IHL integration and the functioning of the national IHL committee. Nevertheless, the Ministry of Foreign Affairs prepared a draft law on incorporating the Convention on Cluster Munitions into national legislation.

To facilitate understanding/acceptance of the Movement's work, the ICRC pursued dialogue with the authorities, the LAF and other weapon bearers, and other actors, including in Palestinian refugee camps. It highlighted messages of the Health Care in Danger project, promoted respect for IHL and humanitarian principles and enlisted support for neutral, impartial and independent humanitarian action. The media helped these messages reach influential leaders and the wider public.

Regular coordination meetings among Movement partners and with UN agencies and other organizations operating in Lebanon helped maximize the humanitarian response and avoid duplication of efforts.

## CIVILIANS

### Syrian refugees cope with displacement

People fled to Lebanon from Syria in increasing numbers. With the Lebanese government, UN agencies and their partners providing the primary response, the ICRC – in a complementary role and in coordination with those actors – stepped in, more than initially planned, to meet unaddressed needs.

As a result, some 35,000 people – among them Lebanese returnees and Palestinian and Syrian refugees unassisted by other organizations – alleviated their situation with the help of ICRC-provided blankets/mattresses, kitchen sets, and hygiene kits; some 12,500 of them augmented their diet with one-month food parcels. By year-end, better coverage of needs by other organizations led to a decrease in assistance requests to the ICRC, and thus fewer beneficiaries than planned, for essential household items.

### Syrian refugees and resident communities enjoy better access to water

The refugees' presence put additional strain on resident communities' access to water, which relied on dilapidated infrastructure. In response, the local authorities and the ICRC began working on improving the water supply in affected locations.

Thus, over 230,000 people in the Bekaa Valley and Tripoli improved their access to clean water thanks to eight projects, mainly rehabilitating pumping stations.

### **Authorities reminded of obligations under IHL towards people fleeing Syria**

Refugees reported abuses suffered in Syria or the arrest of their relatives. These allegations were shared with the ICRC delegation in Syria, which submitted representations to the parties concerned whenever possible (see *Syrian Arab Republic*).

The Lebanese authorities were reminded of their obligations under international law, particularly concerning the principle of *non-refoulement*, towards people seeking refuge in Lebanon. Discussions with the LAF and other weapon bearers emphasized the need to protect civilians, including medical personnel (see *Wounded and sick*).

### **Separated family members restore contact**

A few dozen people exchanged news with their relatives, including those detained abroad, through ICRC family-links services. Families filed 777 tracing requests to locate their relatives, including over 650 of whom were believed to have been arrested in Syria.

Under ICRC auspices, one Israeli national was reunited with his family in Israel; seven Lebanese nationals and the remains of six others were repatriated from Israel (see *Israel and the occupied territories*).

Some people eligible for resettlement abroad travelled from Syria through Lebanon and the body of a foreign national from Syria was repatriated, with the ICRC facilitating their transit. The ICRC covered the costs of transportation to the border for Syrian patients released from hospital, and of transferring the remains of Syrians who had died in Lebanese hospitals to their families. A South Sudanese citizen who had been released from a retention center, and a Syrian minor, joined relatives abroad using ICRC-issued travel documents.

### **Government action, on recommendations regarding needs of missing people's families, delayed**

Thousands of families remained without news of relatives missing in connection with past conflicts in Lebanon. The Lebanese authorities, including at the highest level, received a confidential report on an assessment of the families' needs. Through dialogue, the government was encouraged to commit itself to implementing the report's recommendations, such as the creation of a national mechanism for clarifying the fate of missing persons. Progress was minimal as the caretaker government focused on running the country amid the current situation (see *Context*). The ICRC continued to mobilize support for the families of the missing – for instance, by mapping local NGOs and family associations that could implement some of the report's recommendations. A public version of the report helped bring recognition for the families' plight.

With a view to preserving key information in a database for possible comparison with post-mortem data as part of a future identification process, the ICRC continued collecting ante-disappearance data on missing persons through over 580 interviews with their families. Aided by a new ICRC forensic advisor, dialogue with the authorities on the collection of biological reference samples for future DNA testing continued, while awaiting the signing of the requisite agreement. A review of the related training programme

of the scientific police of the Internal Security Forces (ISF) was scheduled for 2014.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Detainees' treatment and living conditions monitored**

Over 6,200 detainees in 29 places of detention received visits conducted according to standard ICRC procedures, with delegates checking whether detainees' treatment and living conditions were in line with relevant law and internationally recognized standards. Some 770 detainees – of whom 625 were newly registered, including Syrians arrested by Lebanese security forces – were followed up individually.

The authorities received confidential feedback based on these visits, including recommendations where necessary. Discussions with the detaining and judicial authorities tackled prison construction standards and overcrowding and respect for judicial guarantees. Foreign detainees at risk of *refoulement* had their cases brought to the authorities' attention; written representations alerted the authorities to these and other issues.

Detainees or their families received attestations of detention, in some cases qualifying them for State welfare allowances. Vulnerable inmates, including women and minors, were shown particular attention, receiving mattresses, clothes and hygiene kits to ease their situation.

### **Authorities work to improve health care for detainees**

Cooperation with the authorities on improving health care for detainees continued. At nine ICRC-facilitated round-tables, ISF decision-makers discussed the progress made in the prison health care system and developed new recommendations for improving prison health services, including mobilizing various ISF departments. At a seminar co-organized by the ISF and the ICRC, representatives from the ISF, the LAF, the General Security Directorate and the Ministries of Health, Justice and Social Affairs, as well as penitentiary health staff, discussed issues such as hunger strikes and solitary confinement. Participants made a commitment to follow up the seminar's recommendations. At an ICRC-organized study tour on prison health care in Switzerland, three senior ISF managers observed best practices in health care in detention.

Detainees at the Roumieh Central Prison – Lebanon's largest – were served by the prison's medical centre, which received hygiene-promotion support, technical advice based on interviews with detainees and material support, including an X-ray machine. An assessment of primary/mental health care in Lebanese prisons was cancelled in order to focus on other health priorities in prison.

### **Detainees maintain family links**

Detainees exchanged news with relatives in Lebanon or abroad through RCMs and over 1,120 short oral messages, or *salamats*, relayed by ICRC delegates. Additionally, 237 foreign detainees informed their embassies of their detention, and 165 others informed the UNHCR of their whereabouts, via the ICRC.

## **WOUNDED AND SICK**

### **Wounded people receive timely treatment**

Weapon-wounded people – mainly Syrian refugees, but also casualties of violence in Tripoli and other cities – received treatment at 11 first-aid posts and 24 hospitals regularly supported by the ICRC with drugs, dressing materials and other consumables and, in some cases, basic medical equipment. In addition, 835 critically

wounded Syrians underwent ICRC-sponsored surgery; 33 were fitted with prostheses. Syrian patients – during and after their treatment/surgery – had their situation monitored and their protection concerns addressed by ICRC delegates and surgeons, who regularly visited ICRC-supported hospitals.

Following the influx of wounded people in Aarsal in north-eastern Lebanon owing to the escalation of the fighting across the border in Syria, a health facility set up by Syrian doctors in Aarsal received support through the installation of a heating system and donation of surgical instruments.

A project to provide treatment for Syrian patients at the Qobayat hospital – via a team of Lebanese surgeons supervised by an ICRC surgeon – was discontinued after about two weeks because some of the patients were carrying multi-drug-resistant bacteria, which posed a high risk of cross-infection. At year-end, the expansion of ICRC support to weapon-wounded people from both Lebanon and Syria was being studied.

### **National Society EMS boosts its capacities**

Medical evacuations of wounded Lebanese and Syrians were carried out mainly by the National Society's EMS. Regular dialogue with the relevant authorities, weapon bearers, local communities and other actors on the ground directly contributed to patients' safe and timely transfer; it also raised awareness of the need to respect medical personnel/facilities and to provide unhindered access to medical care.

As a key responder and the ICRC's main operational partner, the National Society received support for its core services (see *Red Cross and Red Crescent Movement*). In light of the increased need for emergency care, its EMS also stepped up its capacities, thanks to ICRC financial support, by hiring additional staff to ensure round-the-clock coverage of its operating rooms; its blood bank served the needs of Syrian patients, with 3,180 additional blood bags provided by the ICRC.

### **Emergency responders hone their skills**

Volunteers among the Syrian refugees, weapon bearers in Palestinian camps and other first-responders in the tension-prone main cities – trained at National Society/ICRC-supported sessions – helped ensure timely first-aid response in various parts of the country. As a precautionary measure against exposure to chemical weapons, 31 members of the National Society received training/equipment for self-protection and decontamination. Similarly, 18 participants from six ambulance-service providers trained in self-protection/management of patients.

Surgical kits for treating up to 600 weapon-wounded people were strategically pre-positioned throughout Lebanon, and dressing modules for up to 300 patients stocked.

Through ICRC-conducted triage and trauma courses, medical personnel from ICRC-supported hospitals, Syrian doctors and nurses, and LAF health personnel became more adept at treating weapon-wounded patients. Over 230 people participated in four war-surgery seminars and a training session on first aid for the weapon-wounded.

Coordination with other actors, notably the UN Relief and Works Agency (UNRWA), tackled the needs of Palestinian refugees from Syria and the response required from the humanitarian community.

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

### **Key actors encouraged to support neutral, impartial and independent humanitarian action**

Regular interaction with various actors aimed to secure acceptance of the Movement and facilitate its work in Lebanon. Dialogue with the authorities, including at community level, focused on operational and IHL-related concerns (see *Civilians, People deprived of their freedom and Wounded and sick*). During first-aid training sessions, weapon bearers, Palestinians in refugee camps, Syrian volunteers and recovering patients also learnt about ICRC activities in Lebanon and elsewhere, IHL and humanitarian principles, and the goals of the Health Care in Danger project.

Briefings sensitized over 400 LAF personnel to IHL and the ICRC's mandate, and some 300 ISF officers to international human rights standards applicable to their duties and ICRC activities for detainees. Some 350 officers from the UN Interim Force in Lebanon attended ICRC briefings as part of their predeployment training.

The media helped relay humanitarian messages to key leaders, decision-makers and the public. Through interviews and other informational material, Lebanese bloggers and local/international media reported on National Society/ICRC activities in Lebanon, Syria and elsewhere, increasing public awareness of humanitarian issues and the Movement's work.

### **Armed/security forces draw on ICRC expertise**

The inclusion of IHL in the LAF's training programme helped bolster the ICRC's operational dialogue, particularly with the LAF's national IHL office. The ISF and the LAF continued to teach IHL at their training institutes, where the ICRC regularly held presentations that helped deepen officers' knowledge of IHL application in armed conflict.

An ICRC assessment of the ISF's code of conduct and the LAF's law enforcement training, particularly in relation to crowd-control operations, enabled the ICRC to gain further insight into their training needs and, pending discussions, adapt existing technical support. Cooperation on the ongoing security sector reform was also explored.

### **Foreign Affairs Ministry seeks ICRC feedback on draft law**

Although other concerns (see *Context*) took precedence over the operations of the national IHL committee and IHL integration, the Ministry of Foreign Affairs prepared a draft law on incorporating the Convention on Cluster Munitions into national legislation, and submitted it to the ICRC for feedback.

Representatives from various ministries, civil servants from the region, researchers from a Hezbollah-affiliated think-tank and a university lecturer participated in the 15th Arab regional IHL course and a regional train-the-trainer course. Both courses were co-organized with the Centre for Legal and Judicial Studies of the League of Arab States to advance IHL implementation and promote peer-to-peer learning.

Young people learnt basic IHL principles through briefings for new EMS volunteers and activities at local schools/universities, including an ICRC presentation at a regional course sponsored by an Islamic university. An IHL competition was postponed to 2014.

## RED CROSS AND RED CRESCENT MOVEMENT

The Lebanese Red Cross, through its EMS, remained the country's primary emergency service provider and the ICRC's main partner in assisting wounded Syrians (see *Wounded and sick*). It drew on significant financial/material/technical support from the ICRC to: develop its strategic plan; modernize/develop/maintain its EMS equipment, vehicles, and stations; cover the costs of fuel and other consumables and salaries for key staff, including for fundraising; and train EMS volunteers to maintain its pool of skilled responders.

A newly designated focal point for family-links services received training, with a view to building a team to develop the National Society's family-links capacity.

The EMS had its five-year strategy approved at its National Congress in August, with further planning to follow. Due to the late election of a new governing board, little progress was made towards a draft law on use of the emblem and the revision of the National Society's statutes.

A new health strategy for the Palestine Red Crescent Society was being developed at year-end.

Regular coordination meetings helped strengthen partnerships within the Movement and ensure a unified approach towards external partners.

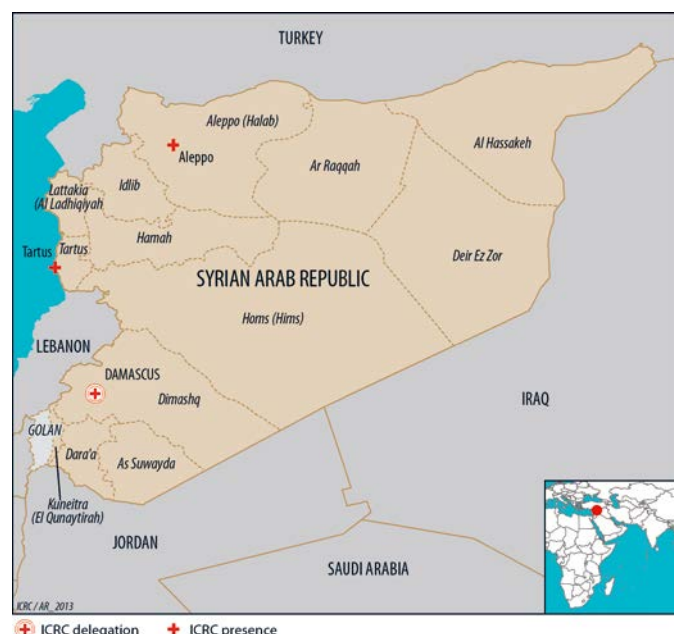
MAIN FIGURES AND INDICATORS: PROTECTION	Total		
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
Red Cross messages (RCMs)		UAMs/SCs*	
RCMs collected	36		
RCMs distributed	55		
Phone calls facilitated between family members	12		
<b>Reunifications, transfers and repatriations</b>			
People reunited with their families	3		
<b>Tracing requests, including cases of missing persons</b>		Women	Minors
People for whom a tracing request was newly registered	777	52	88
People located (tracing cases closed positively)	40		
<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)	840	46	88
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>		Girls	Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1		
<b>Documents</b>			
People to whom travel documents were issued	2		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>			
<b>ICRC visits</b>		Women	Minors
Detainees visited	6,249	88	15
Detainees visited and monitored individually	771	88	15
Detainees newly registered	625	84	12
Number of visits carried out	139		
Number of places of detention visited	29		
<b>Restoring family links</b>			
RCMs collected	122		
RCMs distributed	65		
Phone calls made to families to inform them of the whereabouts of a detained relative	1,120		
Detainees released and transferred/repatriated by/via the ICRC	1		
People to whom a detention attestation was issued	26		

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	12,591	25%	50%
Essential household items	Beneficiaries	34,716	23%	46%
Water and habitat activities	Beneficiaries	231,491	20%	60%
	<i>of whom IDPs</i>	231,491		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	3,000		
<b>Health</b>				
Number of visits carried out by health staff		34		
Number of places of detention visited by health staff		11		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	24		
	<i>of which provided data</i>	19		
Patients whose hospital treatment has been paid for by the ICRC	Patients	868		
Admissions	Patients	2,839	399	24
	<i>of whom weapon-wounded</i>	2,839	399	24
	<i>(including by mines or explosive remnants of war)</i>	4		
Operations performed		9		
<b>First aid</b>				
First-aid posts supported	Structures	11		
	<i>of which provided data</i>	3		
Wounded patients treated	Patients	441		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	10		



# SYRIAN ARAB REPUBLIC



The ICRC has been present in the Syrian Arab Republic since the 1967 Arab-Israeli war. It works with the National Society to help people affected by armed conflict receive emergency relief and access safe water and medical care. It aims to visit all people held in relation to the conflict. It fosters respect for IHL by all parties, notably in relation to sick and wounded patients and medical services. It acts as a neutral intermediary for issues of humanitarian concern between the Israeli-occupied Golan and the Syrian Arab Republic. It helps separated relatives maintain contact.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS

### In 2013:

- ▶ dialogue with the Syrian government, armed groups and key actors of influence, and public communication repeatedly emphasized all parties' obligations under IHL, including the respect due to medical/humanitarian workers
- ▶ Syrian government restrictions and insecurity, including in areas held by armed groups, regularly impeded Syrian Arab Red Crescent/ICRC activities for conflict-affected people, particularly in besieged areas
- ▶ wounded and sick people obtained medical care with the help of surgical/first-aid materials given to hospitals and National Society facilities, although only to a very limited extent in areas controlled by armed groups
- ▶ more than 20 million people accessed clean water, over 3.5 million people received food, and over 1 million received household essentials including hygiene kits, through joint National Society/ICRC action
- ▶ lack of authorization precluded ICRC detention visits and dialogue with Syrian military/security forces, while insecurity on the ground and divisions among armed groups stymied the IHL briefings planned for their members
- ▶ the Syrian authorities responded partially to 271 inquiries about people allegedly arrested/detained, but had not replied to over 1,500 similar requests for information submitted to them on behalf of the families concerned

### EXPENDITURE (in KCHF)

Protection	1,788
Assistance	71,611
Prevention	2,043
Cooperation with National Societies	5,841
General	-

**81,283**

of which: Overheads **4,948**

### IMPLEMENTATION RATE

Expenditure/yearly budget	<b>80%</b>
---------------------------	------------

### PERSONNEL

Mobile staff	31
Resident staff (daily workers not included)	105

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	8
RCMs distributed	6
People located (tracing cases closed positively)	239

ASSISTANCE	Targets	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	4,050,000
Essential household items	Beneficiaries	1,350,000
Cash	Beneficiaries	25,000
Work, services and training	Beneficiaries	25,000
Water and habitat activities	Beneficiaries	12,500,000
<b>Health</b>		
Health centres supported	Structures	9
<b>WOUNDED AND SICK</b>		
Hospitals		
Hospitals supported	Structures	18

### Comments

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

## CONTEXT

The armed conflict in the Syrian Arab Republic (hereafter Syria) opposing government forces and various armed groups continued; since March 2011, over 100,000 people had reportedly been killed and millions displaced.

Fears of the conflict spreading throughout the region persisted. With no political solution imminent, the international community failed to reach a consensus on a response to the situation.

Reports of IHL violations and other abuses were rife: indiscriminate attacks; direct attacks against civilians, including patients and health staff; torture; hostage-taking; extrajudicial killings; sexual violence; child recruitment; disregard for human remains; and restrictions on access to basic services and on the passage of humanitarian relief.

Industrial paralysis, loss of jobs and inaccessibility of agricultural fields severely disrupted livelihoods and made millions of people completely dependent on aid. Hospitals/clinics were looted or targeted; those that still functioned risked being targeted, staff and patients included. Sectarian violence and the rate of crime grew.

## ICRC ACTION AND RESULTS

In partnership with the Syrian Arab Red Crescent, the ICRC scaled up its humanitarian operations to keep up with the needs of conflict-affected people – to the extent permitted by the prevailing insecurity and Syrian government restrictions, and in coordination with Movement partners and other organizations. It launched a budget extension appeal in May that enabled it to double the volume of its food assistance as of July, and help twice as many beneficiaries as in the January–June period. It established a logistics centre in Tartus and a permanent presence in Aleppo, and provided the Syrian Red Crescent with extensive support to help it develop its operational capacities at headquarters and branch levels.

Contact with the Syrian authorities and representatives of armed groups in Syria and abroad, and coordination with local authorities and community leaders helped facilitate the National Society/ICRC's humanitarian activities. All dialogue, including confidential representations based on documented allegations of abuses against civilians and civilian objects, as well as public communication, emphasized all parties' obligations under IHL. However, dialogue with the direct participants in the hostilities was not possible: the Syrian authorities prohibited direct interaction with the Syrian military/security forces, while insecurity on the ground and internal divisions among armed groups prevented structured dialogue with their members.

Syrian government restrictions and insecurity did not allow the impartial delivery of humanitarian aid, including surgical/first-aid supplies. Undeterred, National Society/ICRC teams focused on ensuring that the most vulnerable conflict-affected IDPs/residents met their emergency needs for food, water and other daily essentials. Vulnerable people were not, however, always accessible, particularly across front lines.

Over 3.5 million IDPs/residents received food, and over 1 million received essential household items through National Society/ICRC distributions, with the ICRC facilitating access into affected areas. Over 20 million people benefited from clean water and sanitation through the ICRC's countrywide, multi-pronged support for

local water boards, facilitated by the Ministry of Water Resources and the National Society. This support included: providing consumable chemicals and spare parts for water treatment facilities; rehabilitating water installations and essential facilities in IDP hosting centres (e.g. schools, public buildings); water-trucking; and distributing bottled water.

Health Ministry hospitals and other health facilities, particularly the National Society-run mobile health units, administered pre-hospital emergency care, inpatient treatment and primary health care to wounded/sick people using ICRC-donated medical supplies. Unfortunately, support for casualty care reached areas under the control of armed groups on only four occasions because of Syrian government restrictions and the constant insecurity on the ground.

Since the visit to detainees held at the Aleppo central prison in 2012, dialogue with the Syrian authorities, confined to the Interior Ministry, on further ICRC visits to detainees did not move forward. The ICRC, acting on behalf of the families concerned, continued to submit requests for information on people allegedly arrested/detained by government forces; it forwarded to the families the very few replies it received, confirming the arrest/detention of some of their relatives. The ICRC continued to remind the authorities of their obligation to notify families of the whereabouts of their detained relatives and to facilitate family links. It started submitting similar requests to armed groups. During its dialogue with these groups, the ICRC communicated key humanitarian messages on the treatment of detainees; it was not possible to visit people held by any of them.

Movement family-links services facilitated some contact between dispersed family members, including for people with relatives living/detained abroad. The ICRC maintained its neutral intermediary role to facilitate humanitarian travel between the Israeli-occupied Golan and Syria proper. The National Society received support to enhance its family-links services and human remains management.

Domestic and international media used ICRC news releases and operational updates to increase awareness of the Movement's neutral, impartial and independent approach to humanitarian action in Syria and elsewhere.

## CIVILIANS

### Insecurity and government restrictions jeopardize aid delivery

Government restrictions, for example on the delivery of certain medical materials (see *Wounded and sick*), and the prevailing insecurity, including in areas held by armed groups, prevented humanitarian assistance from reaching all those in need, most notably in areas besieged by governmental forces or held by armed groups. The ICRC's monthly assistance targets – as of July, food parcels for 90,000 households and household essentials for 30,000 – were not always met. In August, the National Society/ICRC suspended aid distribution in Aleppo and Idlib because the government systematically blocked the impartial provision of assistance. In Al Raqqa, aid distribution, having resumed in October following a six-month suspension, had been suspended by year-end. However, whenever security conditions allowed wider access or increased mobility, the National Society/ICRC exceeded their monthly targets, resulting in a monthly average, from July to December, of 80,000 households receiving food and 22,000 households receiving essential items.

A logistics centre in Tartus and a permanent presence in Aleppo, established after lengthy administrative procedures, also helped increase the frequency/volume of assistance distribution.

### **Millions survive with the help of emergency relief**

Over 3.5 million vulnerable IDPs and residents (715,297 households) enhanced their daily diet with ICRC food parcels; over 1 million (213,242 households) received household essentials like mattresses/blankets, kitchen sets, buckets, candles and hygiene items, easing their living conditions. The National Society carried out most distributions, with the ICRC facilitating access into affected areas.

Income-support projects in Lattakia, through cash grants and cash-for-work, were still being discussed with the authorities. Elsewhere, the situation remained unfavourable for cash-based relief and livelihood-recovery activities.

### **IDPs/residents access clean water despite widespread destruction**

In total, over 20 million people – almost 80% of Syria's pre-conflict population – benefited from large-scale ICRC emergency support – facilitated by the Ministry of Water Resources and the National Society – to local water boards, which improved drinking water supply and sanitation countrywide.

Some 10 million people regained access to water following repairs to damaged infrastructure. Activities carried out with National Society staff/volunteers benefited over 810,000 IDPs: 108,250 IDPs were supplied with water by trucks in Deir Ez Zor, Homs and rural Damascus; 80,500 IDPs in 452 hosting centres had housing and water/sanitation facilities rehabilitated/upgraded; and some 621,250 IDPs received bottled water, distributed in 10-litre containers as an emergency measure.

In cities/towns where water distribution systems were functioning, millions more – residents and IDPs – accessed potable water after the ICRC supplied the spare parts and chemicals required to operate water treatment plants, such as 500 tonnes of aluminium sulphate and 1 million litres of sodium hypochlorite.

In Aleppo and Idlib, where rubbish had accumulated, over 3.1 million residents/IDPs benefited from waste-management and pest-control programmes that were implemented in addition to water projects.

### **Parties to the conflict urged to respect IHL**

Efforts to engage the parties to the conflict in regular and substantive discussions were undermined by the inaccessibility of the Syrian military/security forces and by the multiplicity of armed groups in Syria (see *Authorities, armed forces and other bearers of weapons, and civil society*). In the limited dialogue possible, the ICRC highlighted the abuses reported by people in Syria and abroad or that it had observed itself, and encouraged the parties to stop/prevent such abuses. Issues emphasized included all parties' obligations under IHL to take constant care to spare people not/no longer participating in hostilities and protect them from abuse, including sexual violence; to respect the prohibition against indiscriminate attacks on civilians/civilian objects, including the use of explosive weapons in densely populated areas; to ensure civilians' safe access to goods essential for their survival, including medical care and humanitarian aid; and to respect and protect medical/humanitarian workers and the red cross/red crescent emblems (see *Wounded and sick*).

### **Some people restore contact with relatives**

A few people, including those who had sought refuge in neighbouring countries, contacted relatives through the Movement's family-links network. Some maintained contact with relatives detained/interned abroad, including in Iraq, Israel, Lebanon, Libya and the US internment facility at Guantanamo Bay Naval Station in Cuba. About 50 people, mainly Palestinians, resettled abroad with ICRC travel documents issued in cooperation with IOM and UNHCR. Families of Syrians presumed missing in the Mediterranean Sea received help in requesting news through the National Societies concerned. The whereabouts of thousands of people, including people allegedly arrested/detained, remained unknown to their families in Syria and elsewhere, as the parties to the conflict were not ready to address their cases (see *People deprived of their freedom*).

The prevailing situation hindered the resolution of cases of people missing in connection with past conflicts in the region.

### **Volunteers develop family-links and other capacities**

The National Society/ICRC regularly reviewed their working processes to maximize safety and efficiency. The National Society also developed its volunteers' response capacities in several areas, with ICRC support.

During joint workshops, volunteers from National Society branches exchanged best practices in needs assessment and relief distribution, within the Safer Access Framework. Some 30 volunteers, representing 12 National Society branches, learnt the basics of family-links services and human remains management; they also received donations of equipment (e.g. body bags, protective kits) for the management of remains.

No training was carried out with local NGOs owing to the security climate.

### **Golan apple-growers increase their incomes**

Travel between the Israeli-occupied Golan and Syria proper remained restricted, preventing people living on either side of the demarcation line from visiting their relatives. Nevertheless, with the ICRC acting as a neutral intermediary between the Israeli and Syrian authorities, 56 people, mostly students, crossed the demarcation line from Golan to Syria proper; 32 crossed it in the opposite direction. Golan residents also exchanged official documents with their relatives across Kuneitra. Golan apple-growers increased their incomes by selling their harvest (over 14,000 tonnes) in Syrian markets, after the ICRC facilitated the transport of their apples across the demarcation line.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Detainees, including those held in relation to the current conflict, remain without ICRC visits**

Despite repeated requests, the ICRC was unable to visit people deprived of their freedom. The Syrian authorities did not permit further ICRC visits to detainees following those conducted in Adra and Aleppo central prisons in 2011 and 2012, respectively. They also did not respond to a plan of action, submitted following meetings in May 2013, to visit detainees in Interior Ministry-run prisons by year-end. In December, the ICRC renewed its request to visit all people detained by the Syrian authorities and facilitate family contact, regardless of the specific ministry or security forces holding them.

During discussions with representatives of some armed groups, the ICRC asked to visit people held by them; it also communicated key humanitarian messages on the treatment of detainees, including their right to family contact. The security situation did not allow delegates to access areas where detainees could, in principle, have been visited.

### **Detainees trapped by fighting receive help**

Exceptionally, the ICRC helped broker an agreement between government forces and armed groups fighting for control of Aleppo central prison. During agreed pauses in the fighting, detainees received hot meals, clothing and medical items from the National Society. Detainees who had completed their sentences were released.

### **Families await information on detained relatives**

Requests for information about some 1,300 people were submitted to the Syrian authorities on behalf of the families concerned, including from families abroad. A total of 271 partial replies were received from the authorities and forwarded to the families, while awaiting further information. The ICRC reminded the authorities of their obligation to notify families of the whereabouts of their arrested/detained relatives and to facilitate contact between them. Over 1,500 inquiries regarding alleged cases of arrest/detention remained unanswered despite reminders to the authorities.

The ICRC began forwarding similar requests for information to some armed groups regarding people allegedly held by them.

## **WOUNDED AND SICK**

Widespread insecurity and government restrictions (see *Civilians*) thwarted the provision of health care, including the delivery of certain medical supplies, particularly in areas held by armed groups. The Syrian authorities permitted the delivery of medical supplies to National Society branches situated in areas held by armed groups on four occasions only; all other attempts to provide medical aid, particularly surgical supplies, to non-Health Ministry facilities were blocked or rendered impossible by the constant insecurity on the ground.

Permission was also denied for the deployment of a mobile surgical team or the organization of war-surgery seminars, although a number of Syrian doctors participated in such seminars abroad.

### **Disregard for medical services persists**

Attacks on health facilities and abuses against patients and medical staff continued unabated. Thirty-three Syrian Arab Red Crescent workers, several of them first-aiders, had been killed since March 2011, and many others injured. Dozens were arrested while carrying out their humanitarian duties. Humanitarian supplies and ambulances were confiscated/looted, diverted or blocked and volunteers threatened or shot at, and weapon bearers routinely entered hospitals to forcibly remove weapon-wounded patients. On 13 October, unidentified armed men abducted a team of six ICRC staff members and one National Society volunteer. Four team members were released the following day, but three ICRC staff members were still in the abductors' custody by year-end.

### **All actors encouraged to respect right to safe and unhindered access to health care**

Although the ICRC documented the abuses mentioned above, possibilities for discussing them with weapon bearers remained limited. Nevertheless, the ICRC persisted in working with actors

from all sides and at various levels to widen National Society/ICRC outreach across front lines and to obtain their cooperation in protecting the basic right of wounded and sick people to receive timely and unhindered treatment without any conditions. ICRC news releases, while seeking support for the goals of the Health Care in Danger project, conveyed reminders of these obligations to all weapon bearers.

### **Owing to severe restrictions, mainly people in government-held areas benefit from ICRC support for health services**

National Society volunteers, with ICRC support, administered first aid to the wounded, evacuating them to referral facilities when necessary. People's chances of obtaining medical care increased – almost exclusively in government-held areas – as a result of surgical/first-aid supplies and drugs for chronic diseases provided by the ICRC to public/private hospitals and medical facilities run by the National Society. Nineteen hospitals (in Damascus, Hama, Homs, Rural Damascus and Kuneitra) received drugs and surgical supplies, for treating weapon-wounded patients in particular, while the Health Ministry received intravenous fluids. On four occasions only, medical/surgical materials reached health teams across front lines in areas of Aleppo, Al Houleh and rural Idlib. Altogether, these medical supplies allowed for the full surgical treatment of over 800 wounded people; the infusion sets were sufficient for treating over 9,000 wounded.

Vulnerable IDPs/residents benefited from services provided by six ICRC-supported mobile health units (average catchment population: 6.7 million people) operated by National Society volunteers in Hama, Homs, Idlib, Tartus and Rural Damascus. Outbreaks of infectious diseases were prevented through action taken by the health teams, who also improved the collection of data on diseases and child malnutrition. People also received services at a polyclinic (1,000 consultations monthly) in Hama, which began receiving ICRC support in June. To contend with increased needs, additional health units were equipped for immediate deployment to three other governorates.

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

### **Parties to the conflict maintain limited dialogue with the ICRC**

Contacts with the Syrian authorities and representatives of armed groups in Syria and abroad, and coordination with the local authorities and community leaders, helped facilitate the National Society/ICRC's humanitarian activities. The ICRC took every possible opportunity to share its humanitarian concerns with the parties to the conflict, emphasizing their obligations under IHL with regard to protecting all wounded and sick people, be they civilians or combatants, in detention or not, and to humanitarian aid and Movement emblems. It explained its exclusively humanitarian mission and working procedures.

Lack of authorization prevented direct ICRC contact and dialogue with the armed/security forces from taking place. No progress was made regarding the ICRC's offer of IHL training for government forces.

Interaction with segments of armed groups, mainly through electronic means but also during meetings abroad, enabled the ICRC to increase their understanding of the Movement and IHL principles. Encounters with armed groups in the field, although frequent, did not offer opportunities to develop structured discussions in this regard but permitted the sharing of key humanitarian messages on



the treatment of detainees (see *People deprived of their freedom*). An offer of IHL training/dissemination sessions, based on those conducted by the ICRC in Jordan, was discussed with one major alliance of armed groups. However, the constant reorganization among these groups precluded such sessions from taking place.

### Humanitarian issues communicated in a complex environment

Seminars/workshops could not be organized and contact with specific sections of civil society could not be established owing to insecurity and limited human resources. Nevertheless, people and organizations in Syria and abroad were kept abreast of key humanitarian developments in Syria by ICRC operational updates, press releases, news articles, videos and social media updates. The ICRC's positions on IHL/humanitarian issues were widely covered, by local and international media, thereby increasing people's awareness of the Movement's neutral, impartial and independent approach to humanitarian action in Syria and abroad. The Syrian Red Crescent, with ICRC support, also increased its capacity with regard to effective public communication.

### RED CROSS AND RED CRESCENT MOVEMENT

With the material, financial and technical support of and in partnership with the ICRC, the Syrian Red Crescent sustained and expanded its capacity to deliver humanitarian assistance in

response to growing needs. ICRC support covered the National Society's operating costs at headquarters and branch levels, for additional personnel, armoured vehicles, trucks, ambulances, wheelchairs and office/warehouse space.

The National Society built its response centre at its Suwayda branch, and was building additional centres at its Aleppo, Homs, Rural Damascus and Raqqa branches. It expanded its radio system and established a joint channel with the ICRC to enhance field communication and security. It created additional communication, administration and safety and risk management positions.

Training activities, including for first aid and mine action, did not take place owing to logistical and security constraints. The work on emblem legislation and the National Society statutes was set aside in favour of emergency/operational priorities.

Movement components continued to coordinate their activities through regular meetings and Movement-wide conferences at field, regional and international levels. This coordination enhanced the Movement's external communication, mainstreamed complementary capacities and maximized its overall action and positioning. The National Society also received support to maintain its neutrality, independence and accountability, particularly in relation to organizations outside the Movement.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		8		
RCMs distributed		6		
Reunifications, transfers and repatriations				
People transferred/repatriated		32		
Human remains transferred/repatriated		1		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		747	126	127
People located (tracing cases closed positively)		239		
	<i>including people for whom tracing requests were registered by another delegation</i>	97		
Tracing cases still being handled at the end of the reporting period (people)		873	113	125
Documents				
People to whom travel documents were issued		49		
Official documents relayed between family members across border/front lines		24		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Restoring family links				
People to whom a detention attestation was issued		22		

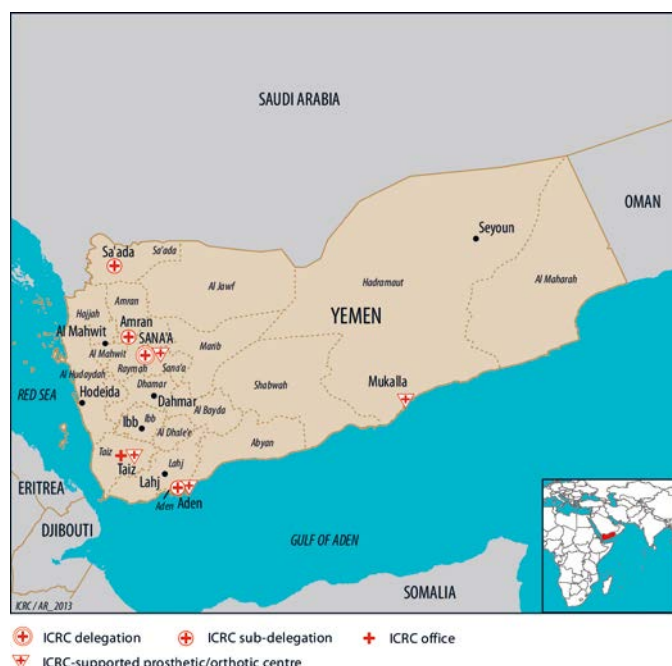
\* Unaccompanied minors/separated children

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)				
Food commodities	Beneficiaries	3,567,485	30%	40%
	<i>of whom IDPs</i>	Beneficiaries		
Essential household items	Beneficiaries	1,066,212	30%	40%
	<i>of whom IDPs</i>	Beneficiaries		
Water and habitat activities	Beneficiaries	20,000,000	30%	40%
	<i>of whom IDPs</i>	Beneficiaries		
Health <sup>1</sup>				
Health centres supported	Structures	6		
Average catchment population		6,692,750		
Consultations	Patients	31,020		
	<i>of which curative</i>	Patients	8,672	13,676
Immunizations	Doses	704		
	<i>of which for children aged five or under</i>	Doses		
WOUNDED AND SICK <sup>1</sup>				
Hospitals				
Hospitals supported	Structures	18		

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



# YEMEN



## KEY RESULTS/CONSTRAINTS

### In 2013:

- ▶ insecurity, access constraints and restrictions imposed by local authorities hampered the implementation of certain activities, leading the ICRC in some cases to modify its operations, including by reducing staff movements
- ▶ through contacts with authorities, weapon bearers, community leaders and the wider public, the ICRC sought to gain access to people in need, acceptance for its mandate and support for the goals of the Health Care in Danger project
- ▶ 143 people critically wounded during fighting in Dammaj, Sa'ada province, received appropriate medical treatment after being evacuated to hospital by the ICRC, acting as a neutral intermediary, in 5 cross-line operations
- ▶ people in conflict-affected areas accessed good-quality health/medical care at ICRC-supported facilities, including Al-Razi hospital, which an ICRC surgical team supported until its withdrawal in May following security incidents
- ▶ people newly affected by conflict received emergency aid, with others benefiting from early-recovery initiatives that included livelihood support and the restoration of basic health and water services
- ▶ an agreement granting the ICRC comprehensive access to detainees held by various Yemeni authorities was approved by the Council of Ministers, but pending signature at year's end

EXPENDITURE (in KCHF)	
Protection	2,854
Assistance	18,346
Prevention	2,637
Cooperation with National Societies	1,228
General	-
	<b>25,065</b>
	<i>of which: Overheads 1,530</i>
IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>74%</b>
PERSONNEL	
Mobile staff	49
Resident staff (daily workers not included)	214

The ICRC has been working in Yemen since the civil war in 1962. The ICRC responds to the armed conflicts and other situations of violence in the country by: helping secure the water supply; providing emergency relief, livelihood support and medical assistance to civilians; monitoring the treatment and living conditions of people held in relation to the situation; and enabling them, other nationals and refugees restore contact with their family members, including those abroad. The ICRC promotes respect for humanitarian principles and IHL, primarily among weapon bearers. The Yemen Red Crescent Society is the ICRC's main partner.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	4,996
RCMs distributed	2,350
Phone calls facilitated between family members	363
People located (tracing cases closed positively)	64
People reunited with their families	1
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	5,986
Detainees visited and monitored individually	59
Number of visits carried out	42
Number of places of detention visited	17
<b>Restoring family links</b>	
RCMs collected	12
RCMs distributed	4
Phone calls made to families to inform them of the whereabouts of a detained relative	10

ASSISTANCE	Targets	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Food commodities	Beneficiaries 21,000	10,638
Essential household items	Beneficiaries 42,000	44,897
Productive inputs	Beneficiaries 252,000	321,715
Cash	Beneficiaries	48,627
Water and habitat activities	Beneficiaries 1,229,000	1,266,599
<b>Health</b>		
Health centres supported	Structures 20	16
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures	3
<b>Water and habitat</b>		
Water and habitat activities	Number of beds	187
<b>Physical rehabilitation</b>		
Centres supported	Structures 5	4
Patients receiving services	Patients	68,136

## CONTEXT

Overlapping armed conflicts and other situations of violence continued throughout Yemen even as the National Dialogue Conference – an opportunity for different groups to resolve the political stalemates in the country – was under way.

In the north, fighting between Salafi supporters and the Houthis intensified towards the latter part of the year, notably in the village of Dammaj, the only part of Sa'ada province not under Houthi control. The Houthis laid siege to Dammaj and its residents, including thousands of foreigners at the religious school, while Salafi supporters cut supply roads leading to Sa'ada, with the fighting spreading to nearby districts.

In the south, particularly in Aden, demonstrations by the Al-Hirak separatist movement sometimes escalated into armed clashes with security forces. State measures and US-backed air strikes against armed groups such as Al-Qaeda in the Arab Peninsula (AQAP) and Ansar al-Sharia (AAS) reportedly intensified. Government-sanctioned militias known as Popular Committees maintained security in some areas.

All this exacerbated existing socio-economic difficulties, disrupted supply lines and basic services, severed family links, and caused large-scale displacement, injury, death and, reportedly, arrests.

Reports of attacks against health-care services were frequent, including one on the Ministry of Defence compound that killed staff at the military hospital. The increased risk of kidnapping and the abduction of three ICRC staff members in May, among other security incidents, also had an adverse impact on humanitarian activities.

## ICRC ACTION AND RESULTS

The shifting dynamics of the armed conflicts and other situations of violence in Yemen made it necessary for the ICRC to adapt to the prevailing situation, adjusting its operations to the population's differing needs while ensuring the security of its own staff.

Amidst the fighting, the ICRC urged all actors with bearing on the conflicts or unrest to abide by their obligations under IHL or other applicable norms, emphasizing the need to protect people not or no longer participating in hostilities, including humanitarian workers and those seeking or providing medical care. It worked continuously to secure access to communities and gain acceptance for its neutral, impartial and independent humanitarian action among authorities, weapon bearers, community leaders and the public. Even so, the volatility of the situation, security incidents, access constraints and restrictions imposed by local authorities hindered the implementation of certain activities, in some cases leading to their cancellation, and prompted the ICRC to limit staff movements in some areas. In December, security threats led to the temporary closing of the Amran sub-delegation.

Nevertheless, the ICRC maintained its capacity to address needs triggered by sudden bouts of fighting, distributing food and household essentials or trucking in fresh water for residents and IDPs in several provinces. Where the situation permitted, it focused on helping communities recover from the consequences of the conflicts/violence, in cooperation with the authorities. Livelihood-support activities – provision of agricultural inputs, livestock vaccinations, cash-for-work programmes, micro-economic initiatives – enabled residents and returnees to restore their

self-sufficiency and contribute to boosting community resources. The rehabilitation/construction of water storage/distribution facilities, undertaken with local water boards, helped over 1,200,000 people gain long-term water services. Regular provision of drugs, equipment and training for staff at primary health care centres, and support for immunization campaigns, helped raise the quality of preventive/curative care, including for women and children.

First-aid courses for health staff, weapon bearers and Yemen Red Crescent Society volunteers, as well as war-surgery seminars for local surgeons, increased the likelihood that those injured in the violence would receive timely and appropriate treatment. Hospital care in and near Abyan province improved with regular medical supplies and hands-on training at Al-Razi hospital, which was assisted by an ICRC surgical team until security incidents forced the team to pull out in May. Responding to emergency needs, the ICRC provided health/medical facilities with ad hoc supplies and surgical kits to help them deal with sudden influxes of patients, and set up a mobile clinic in Abyan. In Dammaj, acting as a neutral intermediary, the ICRC evacuated critically wounded people to hospital through cross-line operations. It retrieved the remains of people killed in the fighting and handed them over to the authorities concerned.

The ICRC visited detainees under the purview of the Interior Ministry, as well as people held by other authorities, including a first visit to the Sa'ada Central Prison. With a view to securing access to all detainees in Yemen, it proposed a detention framework agreement to the Yemeni presidency; this was approved by the Council of Ministers but pending signature at year's end. Dialogue with the relevant actors enabled it to visit people held in relation to fighting in Sa'ada province.

National Society/ICRC family-links services helped separated family members – including detainees, people with relatives detained abroad, refugees and asylum seekers – to stay in touch.

Coordination among Movement partners and with other humanitarian actors helped meet the population's needs and avoid duplication.

## CIVILIANS

Amidst the fighting, air strikes and other violence, the ICRC urged the various authorities, weapon bearers and other actors with bearing on the conflicts or unrest to abide by their respective obligations under IHL, international human rights law or other applicable norms. Based on reported violations, they were reminded orally and in writing to: respect the principles of distinction, proportionality and precaution; protect those not or no longer participating in hostilities, including those seeking or providing medical care (see *Wounded and sick*); and exercise restraint when using force during law enforcement operations.

### Residents/IDPs rely on trucked-in water/emergency relief

IDPs and vulnerable residents grappling with the consequences of fighting in several provinces met their basic needs with National Society/ICRC assistance. Over 10,500 people (1,772 households) improved their diet, mainly through one-off food distributions. Some 44,900 people (6,712 households) set up temporary homes with tarpaulins, blankets, mattresses, hygiene kits and other household items. In Taiz, 16 Syrian refugee families (112 individuals) received food and cash.

Approximately 9,900 residents in Sa'ada Old Town each had at least 15 litres of drinking water daily through ICRC water-trucking operations. These went on until repairs to the urban water supply system, conducted in coordination with local authorities, provided a sustainable solution as of June. Similarly, in Mandaba camp near Sa'ada's border with Saudi Arabia, some 2,500 IDPs and migrants had 44,000 litres of water trucked in daily. Originally undertaken as a provisional measure, ICRC water-trucking ended in November owing to a lack of direct access to the area and of authorization to work with local communities on developing sustainable water sources.

### **Local water boards contribute to restoring water supply**

Elsewhere, local water boards and the ICRC repaired damaged or neglected water storage/distribution facilities or constructed new ones, thereby ensuring long-term services for communities. Such cooperation also provided opportunities to discuss responsibilities regarding water management. In all, over 1,200,000 people in Abyan, Aden, Sa'ada and Taiz gained access to sufficient water through various projects. For example, electromechanical equipment provided and installed in Aden improved the water supply of some 855,000 people; in Abyan, flood-protection mechanisms complemented the rehabilitation of floodwater storage and irrigation systems for 42,000 people; and work with local water boards notably in Sa'ada and Taiz benefited 68,000 and 90,000 people respectively.

### **Struggling communities work towards self-sufficiency**

Where access and security permitted, returning IDPs/other vulnerable residents participated in initiatives aimed at restoring their self-sufficiency by increasing their food supply and securing their livelihoods.

In Abyan, 7,864 households (55,048 people) resumed farming and increased their yields with donated seed and fertilizer. Over 330 households (2,359 people) cultivated fruit trees and honey bees, also with ICRC-provided supplies and equipment. The rehabilitation of an irrigation system through a cash-for-work programme in southern Abyan enabled farmers to tend their fields again, benefiting 26,372 people. In Abyan and Taiz, 190 households (1,330 individuals) with a disabled family member received cash, including as support for livelihood activities, to ease the extra hardships they faced.

In Amran, 3,000 households (21,000 people) farmed more productively with newly acquired/repaired tractors. Through a vaccination campaign organized with the Ministry of Agriculture, 32,137 households (224,952 individuals) protected their livestock (over 710,000 animals) against endemic diseases. In Al Sawad district, 50 women-headed households (350 people) had their cows treated for various diseases.

In Sa'ada, 65 families (455 individuals) augmented their household incomes by participating in a cash-for-work programme. Some 600 families (4,265 people) in Sa'ada's old city earned income from small businesses they launched using ICRC cash grants, and 20 heads-of-household (100 people) gained employable skills at vocational centres supported by the ICRC with training materials and equipment. Planned agricultural initiatives were cancelled owing to restrictions imposed by local authorities.

### **Women and children receive good-quality preventive/curative care**

Some 220,000 people, including women and children, accessed good-quality primary health care at 11 health centres regularly supported by the ICRC in Abyan, Amran, Sa'ada and Sana'a provinces; rehabilitation work in six of them translated into 406 additional consultations per day. On-site supervision and drug/equipment donations helped the centres provide consultations and mother/child care. Health staff took training courses regularly, strengthening their ability to manage pharmacies, maintain hygiene standards, observe proper waste management, treat diarrhoea or malaria cases and administer first aid.

Vaccinations carried out through the 11 centres (in all, over 142,000 doses) benefited mainly children. They included some 7,800 children vaccinated against polio and some 7,200 against measles in Amran's Harf Sufyan district, a result of cooperation with the Health Ministry focusing on controlling the spread of communicable diseases. In Sana'a, thousands received mosquito nets.

Other health centres benefited from ad hoc support. For example, in response to an outbreak of violence in Al Bayda, one health centre and one mobile clinic responded to the needs of IDPs in remote areas with ICRC-provided medical materials for two months.

Some centres did not receive support as planned owing to difficulties accessing them, including because of limitations put in place by the local authorities. Discussions continued with the Health Ministry on allowing the ICRC more opportunities to assess supported centres.

### **Families learn the fate of relatives**

Refugees and asylum seekers, mainly from the Horn of Africa, contacted their families at home or elsewhere through RCMs. Yemeni nationals used the same to contact relatives detained/interned abroad, including in Afghanistan and the US internment facility at Guantanamo Bay Naval Station, Cuba; they also made ICRC-facilitated phone/video calls and sent food parcels.

Families approached the ICRC for help in locating missing relatives, including those allegedly arrested but whose whereabouts remained unknown (see *People deprived of their freedom*); 64 cases were resolved.

An Aden-based humanitarian organization was trained in the proper handling of human remains to facilitate future identification efforts.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Some detainees remain inaccessible to the ICRC**

Following a deterioration in access in 2012, the ICRC pursued dialogue aimed at securing comprehensive access to all detainees in Yemen, including those held in connection with the ongoing armed conflicts/other situations of violence. To this end, it proposed a framework agreement on detention visits to the president of Yemen; this was approved by the Council of Ministers but had yet to be signed at year's end.

The ICRC continued visiting, in accordance with its standard procedures, detainees under the responsibility of the Interior Ministry. It also visited detainees held by the First Armoured Brigade in Sana'a and, for the first time, those held in Sa'ada Central Prison

and by the Popular Committee in Jaar, Abyan. Delegates assessed detainees’ treatment and living conditions, including respect for their judicial guarantees, in relation to applicable international law/internationally recognized standards, and shared their findings and recommendations confidentially with the authorities concerned. Individuals held by armed groups in relation to fighting in Sa’ada province also received visits.

Detainees visited by the ICRC contacted their families through Movement family-links services. Some families requested assistance in ascertaining the whereabouts of relatives who had allegedly been arrested; dialogue with the relevant authorities and armed groups helped resolve 30 such cases.

**Detainees see improved living conditions**

Approximately 1,650 detainees benefited from infrastructure upgrades. They included: 613 detainees in four remand prisons in Sana’a who had more water for general use following improvements to the prisons’ water-storage capacities; some 200 detainees in one prison who benefited from a newly constructed kitchen; and 150 detainees in a facility run by the Criminal Investigation Department who enjoyed outdoor exercise after a new yard was constructed. All other planned work remained pending.

Detainees in places of detention under the Interior Ministry gained access to health services after the authorities established prison clinics as recommended by the ICRC, which contributed logistical equipment. A health-in-detention workshop for medical personnel of the Interior Ministry and the Political Security Organization was postponed.

Irregular migrants held in Sana’a while awaiting deportation saw improved sanitation conditions after the installation of additional latrines and shower facilities, in response to a sharp increase in their numbers. They relied on monthly food rations (until September when the authorities took over), hygiene items and other ad hoc assistance provided through the National Society or the authorities. Plans to provide similar assistance for vulnerable detainees in central prisons fell through owing to other operational priorities.

**WOUNDED AND SICK**

**Dialogue urges respect for medical services**

Dialogue with the authorities and weapon bearers emphasized the importance of protecting the wounded/sick, medical personnel/transport/facilities, and humanitarian workers from threats,

including from patients and their families – sentiments echoed by staff at Al-Razi hospital in Abyan. All actors concerned were constantly reminded of the need to allow unhindered access to those in need of medical care.

**Wounded people are stabilized and referred to higher-level care**

Over 200 potential first-responders, including Health Ministry representatives, weapon bearers and National Society volunteers, underwent first-aid training, increasing the likelihood of people obtaining timely treatment. Staff at all ICRC-supported health centres (see *Civilians*) were trained in stabilizing patients before their transfer to hospitals.

During clashes in Dammaj (see *Context*), 143 critically wounded people were evacuated by the ICRC – acting as a neutral intermediary – to hospitals in Sa’ada and Sana’a in five cross-line operations conducted during temporary ceasefires negotiated by a presidential mediation committee. Delegates checked up on them on subsequent hospital visits. ICRC teams also retrieved the remains of people killed in the fighting and handed them over to the appropriate authorities.

The provision of drugs, medical supplies and surgical kits helped three hospitals cope with sudden influxes of patients, including during intensified violence in the north and after an attack on the Defence Ministry’s compound.

**On-site support improves service delivery**

People in Abyan and the surrounding areas benefited from improved hospital care, partly owing to the deployment of an ICRC surgical team to Al-Razi hospital.

Under the team’s guidance, Al-Razi staff performed complex operations and strengthened their surgical capacities, enabling them to treat more patients and refer fewer cases to hospitals in other provinces. They enriched their skills through continuous medical education sessions and two war-surgery seminars co-organized by the hospital and attended by 120 hospital personnel from Abyan, Al Bayda, Sa’ada and Taiz. Such support helped staff provide better care for patients; improvements were also observed in the organization of the operating theatre and wards and in the maintenance of hygiene and nursing standards. Drug/material provisions and infrastructure rehabilitation (restoring 187 bed spaces) complemented these activities.

	YEMEN	ARMED GROUPS
<b>ICRC visits</b>		
Detainees visited	5,969	17
	<i>of whom women</i>	175
	<i>of whom minors</i>	156
Detainees visited and monitored individually	42	17
	<i>of whom minors</i>	4
Detainees newly registered	20	17
	<i>of whom minors</i>	3
Number of visits carried out	40	2
Number of places of detention visited	15	2
<b>Restoring family links</b>		
RCMs collected	12	
RCMs distributed	4	
Phone calls made to families to inform them of the whereabouts of a detained relative	10	
People to whom a detention attestation was issued	6	



Serious security incidents in May (see *Context*), however, prompted the ICRC to restrict staff movements and modify its activities, leading to the surgical team's withdrawal from Al-Razi. ICRC teams continued to visit the hospital to supervise and support non-surgical activities.

Over 68,000 people with disabilities, including conflict amputees, accessed good-quality services at four State-run physical rehabilitation centres in Aden, Mukalla, Sana'a and Taiz, which the ICRC supported with materials, staff training/reinforcement and quality-control supervision. Ten local technicians, including six women, enhanced their skills at a specialist school in India with ICRC support.

Patients and staff at the Aden and Taiz centres benefited from renovations to the facilities. Plans to set up a centre in Sa'ada met delays related mainly to access, ownership and administrative issues. The project was in the preliminary design stage at year's end.

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

### Weapon bearers increase understanding of IHL and humanitarian action

In light of the situation in Yemen, stressing respect for IHL and other applicable norms, and securing acceptance for neutral, impartial and independent humanitarian action were all the more crucial. Continuous dialogue with authorities, weapon bearers and community leaders – including those participating in the National Dialogue Conference and field units deployed at checkpoints – clarified the ICRC's mandate, paved the way for activities to take place and promoted key messages of the Health Care in Danger project (see *Civilians* and *Wounded and sick*).

During dissemination sessions, over 2,000 army officers from Aden, Amran, Sana'a and Taiz and 200 members of armed groups in Al Dhalée, Shabwa and Taiz learnt about IHL and Movement activities. Penitentiary authorities attended a lecture on the Movement and ICRC activities for detainees. The armed forces' monthly magazine, read by Yemeni military personnel and embassy staff worldwide, published 12 articles on IHL, the ICRC and related topics. A colonel gained more insight into IHL at a course in San Remo, Italy, which added to the military's expertise in the subject.

### Media draw attention to dangers facing health-care services

Journalists learnt to report accurately on humanitarian issues through local and regional workshops. They relayed the difficulties confronting people affected by conflict/violence, and the humanitarian response to their plight, to a wider audience, serving as a vector for ICRC access and acceptance among communities. Notably, State radio in Aden and Sana'a and a military-run station for the armed forces broadcast features on the importance of respecting health-care services. Various media outlets passed on the ICRC's calls to protect the population during bouts of unrest (see *Civilians*).

### Influential figures point out compatibility of Islam and IHL

Sessions on the compatibility of Islam and IHL helped reinforce acceptance for IHL among current and future decision-makers. Participants included around 100 people affiliated with the Houthis, including Executive Council members, in Sa'ada; and over 200 academics and religious leaders, including women and AAS/AQAP-affiliated preachers, in Aden and Sana'a. Representatives from the Military Judicial Department, the High Judicial Institute and Al-Rashad, a Salafi political party, tackled the subject at a regional course (see *Lebanon*).

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected	4,996			
RCMs distributed	2,350			
Phone calls facilitated between family members	363			
Reunifications, transfers and repatriations				
People reunited with their families	1			
People transferred/repatriated	141			
Human remains transferred/repatriated	25			
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered	111	16		22
People located (tracing cases closed positively)	64			
including people for whom tracing requests were registered by another delegation		3		
Tracing cases still being handled at the end of the reporting period (people)		140	25	28
Documents				
People to whom travel documents were issued	60			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited	5,986	175		156
Detainees visited and monitored individually	59			4
Detainees newly registered	37			3
Number of visits carried out	42			
Number of places of detention visited	17			
Restoring family links				
RCMs collected	12			
RCMs distributed	4			
Phone calls made to families to inform them of the whereabouts of a detained relative	10			
People to whom a detention attestation was issued	6			

\* Unaccompanied minors/separated children



## Authorities explore domestic IHL implementation

Contacts with the authorities also created space to promote the incorporation of IHL in domestic law and to encourage officials to move forward in this regard. At workshops/lectures: 24 representatives from several ministries, the parliament and the bar association practised drafting domestic legislation to include IHL; 25 Ministry of Human Rights representatives refreshed their knowledge of IHL principles and mechanisms for its implementation; and over 100 lawyers, future diplomats and university students familiarized themselves with IHL. The libraries of the Diplomatic Institute and the High Judicial Institute received various IHL-related publications.

## RED CROSS AND RED CRESCENT MOVEMENT

The National Society signed a partnership framework agreement with the ICRC in May. It assisted conflict/violence-affected people (see *Civilians* and *Wounded and sick*) and drew on ICRC technical, material, training and financial support to boost its capacities, particularly in responding to emergencies, communicating on its activities and the Fundamental Principles and applying/teaching the Safer Access Framework; it drafted its contingency plan with ICRC input. The National Society also strove to strengthen its legal base, internal management and security; to this end, it approved guidelines for its elections and adopted new security measures.

Movement components met regularly to coordinate their activities and avoid duplication.

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	10,638	25%	55%
	<i>of whom IDPs</i>	3,920		
Essential household items	Beneficiaries	44,897	24%	50%
	<i>of whom IDPs</i>	9,289		
Productive inputs	Beneficiaries	321,715	26%	54%
Cash	Beneficiaries	48,627	25%	55%
Water and habitat activities	Beneficiaries	1,266,599	29%	42%
	<i>of whom IDPs</i>	2,534		
<b>Health</b>				
Health centres supported	Structures	16		
Average catchment population		217,775		
Consultations	Patients	162,055		
	<i>of which curative</i>		47,716	62,762
	<i>of which ante/post-natal</i>		8,739	
Immunizations	Doses	142,811		
	<i>of which for children aged five or under</i>	141,951		
Referrals to a second level of care	Patients	691		
Health education	Sessions	88		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)<sup>1</sup></b>				
Essential household items	Beneficiaries	3,491		
Water and habitat activities	Beneficiaries	1,653		
<b>Health</b>				
Number of visits carried out by health staff		56		
Number of places of detention visited by health staff		11		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	3		
	<i>of which provided data</i>	1		
Admissions	Patients	1,348	186	325
	<i>of whom weapon-wounded</i>	112	7	4
	<i>of whom other surgical cases</i>	1,236		
Operations performed		1,005		
<b>First aid</b>				
First-aid posts supported	Structures	3		
Wounded patients treated	Patients	198		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	187		
<b>Physical rehabilitation</b>				
Centres supported	Structures	4		
Patients receiving services	Patients	68,136	16,120	28,261
New patients fitted with prostheses	Patients	579	117	158
Prostheses delivered	Units	877	172	317
	<i>of which for victims of mines or explosive remnants of war</i>	43		
New patients fitted with orthoses	Patients	8,161	2,122	3,068
Orthoses delivered	Units	22,400	5,409	8,155
	<i>of which for victims of mines or explosive remnants of war</i>	1,563		
Patients receiving physiotherapy	Patients	36,141	8,432	16,907
Crutches delivered	Units	3,114		
Wheelchairs delivered	Units	148		

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

# KUWAIT (regional)

**COVERING:** member States of the Gulf Cooperation Council, namely Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, United Arab Emirates



The ICRC has been in Kuwait since the 1990–91 Gulf War. It focuses on humanitarian needs remaining from that war or arising from current armed conflicts and other situations of violence in the wider region. Its work includes activities for people deprived of their freedom in the countries covered and the promotion of IHL and its own role as a neutral, impartial and independent humanitarian organization, among governments and other circles. Strengthening partnerships with the Red Crescent Societies of the region is another priority, along with resource mobilization and coordination with other actors.

## KEY RESULTS/CONSTRAINTS

### In 2013:

- ▶ detainees in Bahrain, Kuwait and Qatar had their treatment and living conditions monitored during ICRC visits, with the pertinent authorities confidentially receiving feedback and, where appropriate, recommendations afterwards
- ▶ penitentiary officers/health staff in Bahrain and Kuwait bolstered their knowledge of internationally recognized detention standards, particularly for health care provision, at seminars/dissemination sessions
- ▶ the region's National Societies enhanced their emergency preparedness and other operational capacities, including through a regional course in responding to large-scale emergencies hosted by the Qatar Red Crescent Society/ICRC
- ▶ the region's authorities and civil society, particularly Islamic groups, increased their understanding of humanitarian principles and IHL by participating in regional/local events and interacting with the ICRC
- ▶ senior military officers discussed ways to expand IHL instruction within their respective armed forces at a regional IHL integration workshop – the first of its kind – jointly organized by the Qatari authorities and the ICRC

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	229
RCMs distributed	219
Phone calls facilitated between family members	117
People located (tracing cases closed positively)	11
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	7,507
Detainees visited and monitored individually	514
Number of visits carried out	28
Number of places of detention visited	20

## EXPENDITURE (in KCHF)

Protection	1,581
Assistance	201
Prevention	1,287
Cooperation with National Societies	458
General	255

**3,782**

of which: Overheads 231

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>98%</b>
---------------------------	------------

## PERSONNEL

Mobile staff	10
Resident staff (daily workers not included)	23

## CONTEXT

The member States of the Gulf Cooperation Council (GCC) remained stable despite the growing tensions in the wider region. They pursued joint initiatives, particularly in connection with security. Bahrain, however, saw bouts of unrest linked to the pace and eventual suspension of negotiations between the government and those calling for reforms. Law enforcement operations to quell demonstrations in the country often led to arrests. Most GCC member States started implementing tighter policies on economic migration.

GCC member States continued to exert influence in the region and beyond. Kuwait, Qatar and Saudi Arabia, for instance, reached out to countries experiencing armed conflict, other situations of violence or political transition. Most GCC governments and National Societies carried out joint and individual humanitarian responses to assist people affected by the armed conflict in the Syrian Arab Republic (hereafter Syria), including those who had fled to neighbouring countries. Relations between GCC member States and the Islamic Republic of Iran remained strained owing to diverging views on regional issues.

Saudi Arabia continued to host the secretariats of the GCC and of the Organization of Islamic Cooperation (OIC) and its Humanitarian Affairs Department (ICHAD).

## ICRC ACTION AND RESULTS

The ICRC regional delegation in Kuwait focused on building awareness of and support for IHL and the Fundamental Principles. It did so through contacts with and activities involving government officials, armed forces, National Societies and influential members of civil society in the region. It also continued helping authorities enhance the living conditions of detainees and address the issue of persons missing in relation to the 1990–91 Gulf War.

The ICRC developed its dialogue with the authorities – including at high-level meetings in Kuwait and Qatar – and with members of civil society, particularly Islamic circles, NGOs and the media. It organized and attended courses/events with these stakeholders to help reinforce their understanding of and secure their support for humanitarian principles, IHL and the ICRC's work in the region and beyond. To reach a wider audience and maximize its impact, it pursued coordination with the OIC, ICHAD and the Arab Red Cross and Red Crescent Organization (ARCO), as well as other regional bodies and humanitarian organizations. The ICRC continued to support the region's authorities in adopting measures to integrate IHL into domestic law and military doctrine, training and operations. Notably, it enabled senior military officers to discuss IHL integration at a regional seminar it co-organized with Qatar. Through dissemination sessions, it helped police officers in Bahrain, Kuwait and Qatar to learn more about legal norms applicable to their duties.

Detainees in Bahrain, Kuwait and Qatar received ICRC visits to monitor their treatment and living conditions. Expanded access to detainees in Bahrain and Qatar furthered the ICRC's understanding of the situation of detainees in these countries and helped enhance the quality of the feedback it provided to the authorities. The ICRC continued to work with the Bahraini and Kuwaiti authorities, with a view to helping them ensure that detainees' treatment and living conditions were in line with applicable norms and internationally recognized standards. In addition to receiving

confidential reports with the necessary recommendations, prison officials in both countries developed their knowledge and competencies in international law and internationally recognized standards for law enforcement, prison management and health care services in detention facilities, including with regard to medical ethics. Plans to hold a regional workshop on prison health care did not materialize.

The ICRC, together with the region's National Societies, organized and supported capacity-building initiatives to help them reinforce their capabilities to restore family links, disseminate IHL, respond to emergencies and raise awareness of the issues related to the Health Care in Danger project. The ICRC helped the Qatar Red Crescent Society to organize the third Health Emergencies in Large Populations (H.E.L.P.) course in the region, for instance. Contacts with the region's National Societies concentrated on strengthening cooperation and on the importance of conducting humanitarian action in accordance with the Fundamental Principles. They also focused on responding to the needs of migrants. The Kuwait Red Crescent Society, for instance, provided ad hoc assistance to migrants in embassy-run shelters and initiated a process to assist those in government-run deportation centres.

National Society/ICRC family-links services remained available, enabling families in GCC member States to keep in touch with relatives detained abroad or held at the US internment facility at Guantanamo Bay Naval Station in Cuba.

The ICRC continued to chair and act as a neutral intermediary within the Tripartite Commission handling the issue of persons missing in connection with the 1990–91 Gulf War. Members of the Commission exchanged updates at ICRC-chaired meetings and facilitated exploratory missions.

## CIVILIANS

### Some separated family members keep in touch

People in the GCC member States, including migrants, restored/maintained contact with relatives detained abroad or living in countries affected by violence or natural disasters, through the family-links services offered jointly by the region's National Societies and the ICRC. Through RCMs, oral messages relayed by ICRC delegates and phone or video calls, families exchanged news with relatives held in Afghanistan, Iraq, Lebanon or the Guantanamo Bay internment facility. Families also sent parcels containing food/recreational items to their relatives held at the Guantanamo Bay internment facility and the Parwan detention facility in Afghanistan.

One family in Saudi Arabia visited a relative detained in Afghanistan; another visited a relative in Spain, where he had resettled after his release from the Guantanamo Bay internment facility. A family based in Kuwait visited a relative held at the Parwan detention facility. Planned visits by families in Saudi Arabia to their relatives detained in Iraq did not take place, as Iraqi and Saudi authorities began direct talks on potential repatriations of detainees within the framework of a bilateral agreement. Six people traveled or were resettled abroad with the help of ICRC travel documents.

The National Societies maintained regular interaction with the ICRC and drew on its advice/support to improve their services, particularly family-links services for migrants (see *Red Cross and Red Crescent Movement*). Some migrants in Kuwait had their

situation monitored and assessed by the Kuwaiti Red Crescent and the ICRC, in line with the latter's efforts to find ways to address the needs of particularly vulnerable migrants in the region. Some 450 Sri Lankan migrants awaiting deportation and living in a shelter run by their embassy benefited from hygiene items provided by the National Society, which was also developing a system for distributing such items to migrants in Interior Ministry-run deportation centres.

### Efforts to ascertain the fate of missing persons continue

With the ICRC chairing and acting as a neutral intermediary within the Tripartite Commission comprising Iraq, Kuwait and former coalition States (France, Saudi Arabia, the United Kingdom of Great Britain and Northern Ireland, and the United States of America), the parties involved continued working to clarify the fate of persons missing in connection with the 1990–91 Gulf War. At one ICRC-chaired meeting of the Tripartite Commission and five meetings of the Technical Sub-Committee, the parties concerned discussed their work – progress made and obstacles encountered – particularly in light of new information on the location of potential gravesites in Iraq and Kuwait. No human remains were recovered during missions in the two countries in 2013. The member countries and the ICRC discussed the request of the UN Assistance Mission for Iraq to join the Tripartite Commission as an observer.

## PEOPLE DEPRIVED OF THEIR FREEDOM

### Detainees in Bahrain, Kuwait and Qatar receive ICRC visits

Over 7,500 detainees in Bahrain, Kuwait and Qatar received visits conducted according to standard ICRC procedures to monitor their treatment and living conditions, with especially vulnerable inmates followed up individually. Among them were 855 inmates – including five held in connection with a failed coup attempt in 1996 – in a Qatari central prison, where the ICRC carried out a first complete visit in December, in line with its efforts to expand its activities for detainees in the region.

On the basis of observations made during visits, ICRC delegates gave the authorities confidential feedback and, where appropriate, made recommendations for improving detainees' treatment and living conditions, including during arrest and the initial stages of detention. In Kuwait, delegates paid particular attention to the situation of security detainees and migrants, and discussed with the authorities the importance of ensuring that detainees have contact with relatives. Expanded access to different categories of detainees in Bahrain and Qatar enabled the ICRC to further its understanding of their situation, and helped enhance the quality of feedback/recommendations it provided to the authorities.

### Prison officers in Bahrain and Kuwait learn more about internationally recognized detention standards

Work with the pertinent authorities in Bahrain and Kuwait focused on detainees' treatment and living conditions, with a view to helping the authorities ensure that detention conditions were in line with applicable law and internationally recognized standards.

In this framework, four penitentiary officers – two each from Bahrain and Kuwait – shared their experiences and best practices in prison management at an international training course in Geneva, Switzerland. Fifty Bahraini prison officers improved their understanding of legal norms applicable to their duties at two dissemination sessions, which were organized as a first step of a process initiated with the Ministry of Interior to enhance training for all prison staff in these matters.

In Bahrain, dialogue with the authorities covered prison management and issues such as overcrowding. Dialogue with the authorities in Bahrain and Kuwait emphasized the importance of ensuring detainees' access to health care services. Although a planned regional workshop on the subject did not materialize, prison managers and health staff in both countries developed their knowledge of relevant norms and internationally recognized standards on the provision of health care to detainees,

PEOPLE DEPRIVED OF THEIR FREEDOM	BAHRAIN	KUWAIT	QATAR
<b>ICRC visits</b>			
Detainees visited	2,958	3,694	855
<i>of whom women</i>	229	638	95
<i>of whom minors</i>	160	15	
Detainees visited and monitored individually	466	44	4
<i>of whom women</i>	6	14	
<i>of whom minors</i>	60	5	
Detainees newly registered	222	44	2
<i>of whom women</i>	5	14	
<i>of whom minors</i>	39	5	
Number of visits carried out	21	6	1
Number of places of detention visited	16	3	1
<b>Restoring family links</b>			
Detainees visited by their relatives with ICRC/National Society support		1	
People to whom a detention attestation was issued		6,104	

PEOPLE DEPRIVED OF THEIR FREEDOM	BAHRAIN	KUWAIT	QATAR
<b>Economic security, water and habitat</b>			
<b>Health</b>			
Number of visits carried out by health staff	8	1	1
Number of places of detention visited by health staff	3	1	1

including with respect to medical ethics, at locally organized seminars on health in detention. Detainees in Bahrain and Kuwait learnt about hygiene and health practices through information campaigns organized by the authorities, as per ICRC recommendations. Bahrain and other countries in the region were encouraged to follow Kuwait's lead in transferring the responsibility for detainees' health care in Interior Ministry-run prisons to the Health Ministry.

#### **Iraqi former POWs helped by attestations of captivity**

Some 6,100 Iraqi former POWs who had been held in Saudi Arabia during the 1990–91 Gulf War received attestations of captivity, which enabled them to apply for financial assistance in Iraq or helped facilitate legal procedures in third countries where they had resettled.

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

Throughout the region, awareness of humanitarian principles, IHL and the ICRC's activities grew through contact with government officials, armed forces and civil society. High-level officials in Kuwait and Qatar conferred with the ICRC president – during his visits to those countries – on armed conflict and other situations of violence around the world and on the need to ensure respect for IHL and safe access to victims. They also discussed ways to strengthen cooperation with ICRC in providing humanitarian assistance.

#### **Authorities and civil society learn more about IHL and humanitarian issues**

Government officials and members of civil society deepened their understanding of IHL and humanitarian principles by attending or organizing local/international events. Most GCC member States sent representatives from various fields, particularly Islamic scholars and academics, to discuss IHL at regional courses (see *Lebanon*). Judges learnt more about IHL at a regional course organized with the Kuwait Institute for Judicial and Legal Studies. In the United Arab Emirates, judges benefited from an IHL training session – one of several events for various audiences hosted by the national IHL committee, partner institutions and the ICRC. Kuwaiti diplomats participated in similar training sessions conducted at the request of their Foreign Ministry.

The media continued to help raise awareness of humanitarian issues. Journalists enhanced their coverage of these issues and ICRC activities with the help of ICRC briefings and reference materials. At an ICRC presentation in Qatar, media representatives learnt about the legal protection due them during armed conflict. Kuwaiti, Qatari and Saudi journalists attended regional IHL workshops.

#### **Islamic organizations boost awareness of IHL, humanitarian principles and ICRC activities**

Expanded networking with members of Islamic circles, particularly the OIC, helped introduce the ICRC and neutral, impartial and independent humanitarian action to a wider audience and to secure their support for promoting humanitarian principles among the public. Although interaction with the GCC secretariat remained limited, contact with Islamic charities and NGOs in Kuwait, Qatar and Saudi Arabia focused on enhancing their awareness of the ICRC's mandate and on exploring possibilities for cooperation.

Islamic scholars and NGO representatives discussed challenges to humanitarian action around the world, points of similarity between IHL and Islamic law, and related subjects at a workshop organized in Jeddah, Saudi Arabia, by the International Islamic Relief Organization, ICHAD and the ICRC. Saudi government officials, academic institutions and representatives of Arab National Societies attended an IHL dissemination event organized by ARCO in Jeddah.

#### **Military officers discuss IHL integration at regional seminar**

Military officers in Bahrain and Qatar, some trained by the ICRC, organized dissemination sessions for their colleagues and other audiences, in cooperation with National Societies on some occasions. Technical support for the two countries' efforts in this regard continued; armed forces in other countries were encouraged to expand IHL instruction within their ranks. To this end, high-ranking military officers took part in the first regional seminar on IHL integration, organized with Qatar. Military officers also learnt more about humanitarian principles and the ICRC during presentations at a Kuwaiti military college. Bahrain decided not to go through with its initial idea of hosting an IHL workshop for senior Gulf military officers.

Contact with the Bahraini authorities focused on international norms applicable to law enforcement (see *People deprived of their freedom*). Police forces in Bahrain, Kuwait and Qatar bolstered their understanding of international human rights law at dissemination sessions.

#### **Domestic IHL implementation continues**

Contact continued with national IHL committees in the region, with a view to helping them implement action plans and promote the ratification of IHL treaties. Bahrain drew on ICRC expertise for establishing its own national IHL committee.

Promotion of the inclusion of IHL instruction in university curricula continued, primarily through dialogue with and IHL seminars involving academics and students from law faculties in Bahrain, Kuwait, Oman and Qatar. Key universities received IHL reference materials.

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

Coordination with the region's National Societies resulted in joint activities in areas of common interest, particularly family-links services (see *Civilians*), IHL dissemination and emergency preparedness. Contact with them, including at senior levels with the Saudi Arabian Red Crescent Society and the Red Crescent Society of the United Arab Emirates, focused on jointly identified priorities for further cooperation and on the importance of conducting humanitarian action in accordance with the Fundamental Principles. Some joint capacity-building initiatives, however, were delayed, partly because the National Societies were concentrating on their international humanitarian activities, particularly their response to the conflict in Syria.

#### **Qatari Red Crescent hosts regional disaster preparedness workshops**

Together with members of civil society, over 150 staff/volunteers from GCC and other National Societies in the wider region honed their capacities in IDP camp management and disaster preparedness/response at a Qatari Red Crescent/ICRC-organized workshop. They learnt more about the Safer Access Framework



and the Restoring Family Links Strategy for the Movement during ICRC presentations. The 36 participants at the H.E.L.P. course, hosted by the Qatari Red Crescent with support from a Canadian university and the ICRC, developed competence to respond to health emergencies and learnt about IHL, including the protection it extends to medical services during conflict. The National Societies discussed some of these subjects at a regional humanitarian partnership meeting attended by the ICRC.

### National Societies enhance their family-links services

The region's National Societies pursued individual initiatives to enhance their operational capacities, with ICRC support. The Kuwaiti Red Crescent updated its disaster management plan

and the Saudi Red Crescent boosted its capacities in various areas, for instance. During ICRC-hosted training sessions, staff/volunteers from the Bahraini, Emirati, Kuwaiti and Qatari National Societies reinforced their capacities to restore family links, with the Kuwaiti Red Crescent focusing on assisting migrants (see *Civilians*). The Bahraini and Emirati National Societies benefited from IHL training sessions, which also covered the Health Care in Danger project.

The region's National Societies continued to endeavour to strengthen their legal bases and to become more capable in the area of public communication.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		229		
RCMs distributed		219		
Phone calls facilitated between family members		117		
Tracing requests, including cases of missing persons <sup>1</sup>			Women	Minors
People for whom a tracing request was newly registered		15	3	
People located (tracing cases closed positively)		11		
including people for whom tracing requests were registered by another delegation		3		
Tracing cases still being handled at the end of the reporting period (people)		113	9	6
Documents				
People to whom travel documents were issued		6		
Official documents relayed between family members across border/front lines		1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses) <sup>2</sup>				
ICRC visits			Women	Minors
Detainees visited		7,507	962	175
Detainees visited and monitored individually		514	20	65
Detainees newly registered		268	19	44
Number of visits carried out		28		
Number of places of detention visited		20		
Restoring family links				
Detainees visited by their relatives with ICRC/National Society support		1		
People to whom a detention attestation was issued		6,104		

\* Unaccompanied minors/separated children

1. Not including people missing as a consequence of the 1990–91 Gulf War

2. Bahrain, Kuwait, Qatar

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses) <sup>1</sup>				
Health				
Number of visits carried out by health staff		10		
Number of places of detention visited by health staff		5		

1. Bahrain, Kuwait, Qatar

