

AFRICA

KEY RESULTS/CONSTRAINTS IN 2017

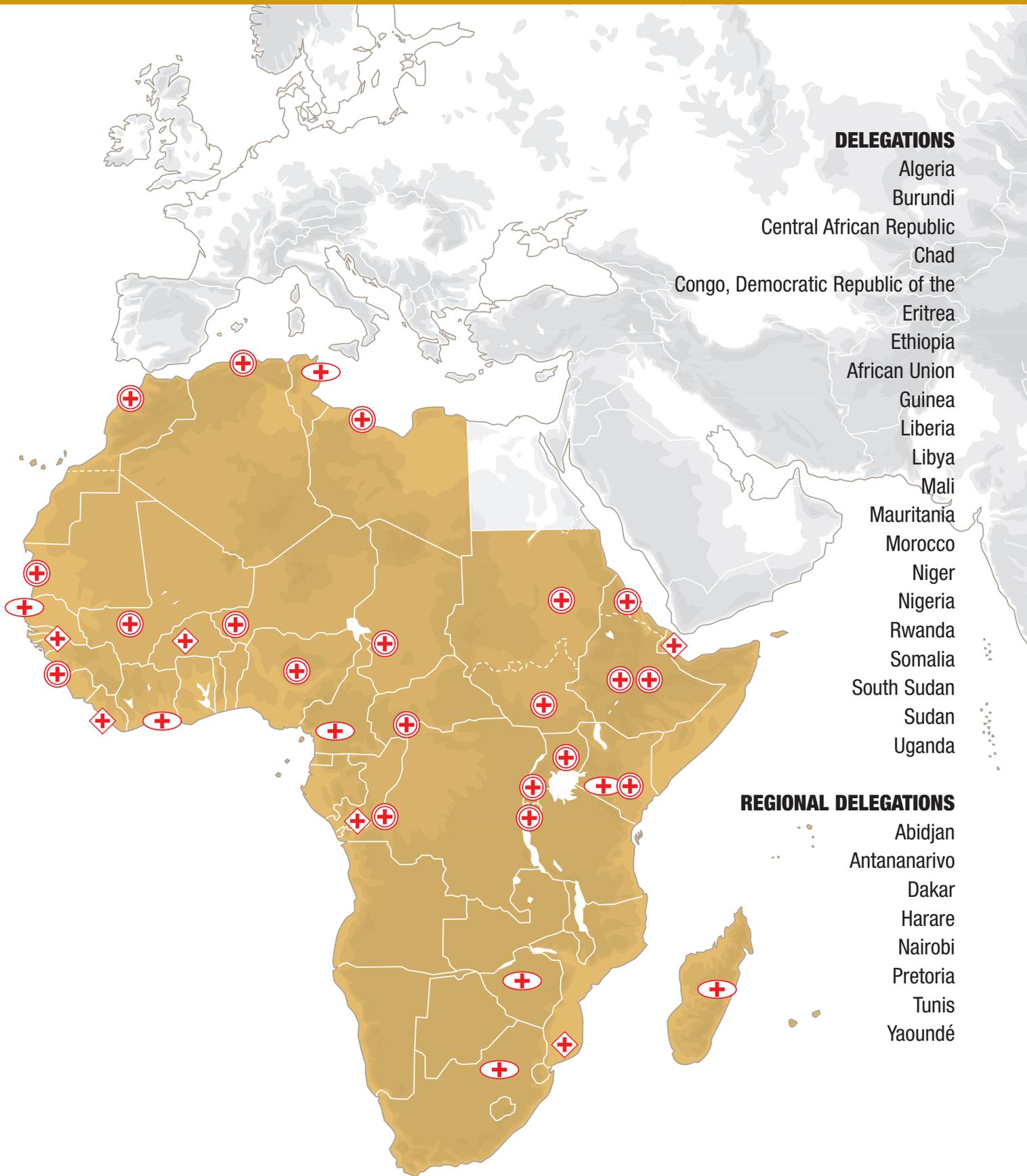
- ▶ The ICRC reminded parties to conflicts of their obligations under IHL to respect and protect civilians, and to facilitate ICRC access to beneficiaries, particularly in areas not accessible to other humanitarian organizations.
- ▶ In response to outbreaks of clashes and new waves of displacement or return, the ICRC scaled up its emergency response for the people affected, reaching more beneficiaries with food and household essentials than initially planned.
- ▶ Farmers and herders – including IDPs, residents and returnees – resumed, maintained or improved food production, thanks to ICRC-provided seed and tools and ICRC-supported local animal-health services and fodder banks.
- ▶ Weapon-wounded people were treated by ICRC surgical teams and staff at ICRC-supported facilities. Malnourished children received specialized treatment, and victims of sexual violence, medical services and psychosocial support.
- ▶ Detainees – including people held by national and international forces in relation to armed conflict – received ICRC visits. With ICRC support, the authorities worked to improve detainees' living conditions.
- ▶ With ICRC encouragement and/or support, several States advanced the implementation of the Convention on Cluster Munitions, the Convention on Enforced Disappearance, and the Treaty on the Prohibition of Nuclear Weapons.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	139,058
RCMs distributed	121,881
Phone calls facilitated between family members	624,398
Tracing cases closed positively (subject located or fate established)	2,898
People reunited with their families	959
<i>of whom unaccompanied minors/separated children</i>	791
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	531
Detainees in places of detention visited	340,705
<i>of whom visited and monitored individually</i>	20,456
Visits carried out	1,870
Restoring family links	
RCMs collected	8,492
RCMs distributed	4,659
Phone calls made to families to inform them of the whereabouts of a detained relative	4,813

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	1,578,500 2,180,482
Essential household items	Beneficiaries	1,052,700 1,216,485
Productive inputs	Beneficiaries	2,387,850 3,104,199
Cash	Beneficiaries	600,470 996,582
Vouchers	Beneficiaries	71,500 39,986
Services and training	Beneficiaries	1,280,990 1,395,608
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	5,887,174 5,192,863
Health		
Health centres supported	Structures	113 122
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	30 126
Water and habitat		
Water and habitat activities	Beds	2,474 3,156
Physical rehabilitation		
Projects supported	Projects	41 44
Patients receiving services	Patients	15,900 38,085

EXPENDITURE IN KCHF	
Protection	93,781
Assistance	480,606
Prevention	58,132
Cooperation with National Societies	39,918
General	4,590
Total	677,027
<i>Of which: Overheads</i>	<i>41,095</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	95%
PERSONNEL	
Mobile staff	1,042
Resident staff (daily workers not included)	5,092



DELEGATIONS

- Algeria
- Burundi
- Central African Republic
- Chad
- Congo, Democratic Republic of the
- Eritrea
- Ethiopia
- African Union
- Guinea
- Liberia
- Libya
- Mali
- Mauritania
- Morocco
- Niger
- Nigeria
- Rwanda
- Somalia
- South Sudan
- Sudan
- Uganda

REGIONAL DELEGATIONS

- Abidjan
- Antananarivo
- Dakar
- Harare
- Nairobi
- Pretoria
- Tunis
- Yaoundé

 ICRC delegation
  ICRC regional delegation
  ICRC mission



Nigeria, Maiduguri. A widow receives ICRC cash assistance – as many other female breadwinners have, in urban areas in north-eastern Nigeria – for setting up a small business.

HUMANITARIAN NEEDS AND RESPONSES

In 2017, the ICRC worked throughout Africa to address the protection concerns and material needs of people affected by armed conflict and other situations of violence, many of whom were also suffering the effects of severe droughts, extreme poverty, and limited resources and infrastructure. It launched emergency responses to outbreaks of violence, and sustained or expanded its activities addressing the consequences of protracted conflicts and the spillover effects of violence in certain countries. Its operations in the Central African Republic (hereafter CAR), the Democratic Republic of the Congo (hereafter DRC), Mali, Nigeria, Somalia and South Sudan remained some of its largest worldwide.

The ICRC continually adapted its operations to its dynamic working environment. It scaled up its activities in the Lake Chad region, to address the increased humanitarian needs brought about by the conflict there. These activities benefited, among others, people in isolated, previously inaccessible areas in Nigeria, and IDPs and refugees in Cameroon, Chad and Niger. This expansion, and increases in activities in Libya, Mozambique and Somalia, were supported by budget extension appeals. The ICRC also maintained a region-oriented approach in responding to the conflict in Mali and its spillover effects on neighbouring countries in the Sahel region, particularly Burkina Faso and Niger. It upgraded its office in Mopti, in central Mali, to a sub-delegation, and opened a new office in Kananga, Kasai-Central, DRC, to support its stepped-up activities for people affected by outbreaks of violence. Its operations in Liberia were integrated into the work of its regional delegation in Abidjan, Côte d'Ivoire.

Various constraints – such as security concerns in the DRC and logistical challenges in South Sudan – hampered the implementation

of some projects. The ICRC adjusted its working methods to overcome these challenges and sustain its assistance to violence-affected people, especially in areas not accessible to other humanitarian organizations. In South Sudan, it again used aircraft to reach people in isolated communities, airdropping food supplies that were collected and distributed by National Society and ICRC teams stationed at designated sites.

Across the region, the ICRC engaged in dialogue with parties to conflicts and interacted with community leaders and members, to secure their acceptance for its neutral, impartial and independent humanitarian action. It urged parties to conflicts to comply with IHL and other applicable law, emphasizing the need to protect civilians, facilitate people's access to essential services and humanitarian assistance, and safeguard medical personnel and facilities. It monitored the situation of vulnerable people and documented their concerns, including reported abuses; when possible, it shared these allegations with the parties concerned, with a view to preventing their recurrence. The ICRC complemented such dialogue with IHL information sessions, and briefings about its work and mandate, for weapon bearers, local authorities and community leaders capable of influencing parties to conflicts. Such interactions – along with the help of National Societies working in the region – enabled the ICRC to maintain or improve its proximity to vulnerable people.

The ICRC responded to the emergency needs of people affected by fresh outbreaks of violence, particularly those newly displaced, and of IDPs who had been displaced for some time, people who had recently returned to their places of origin, and those grappling with the combined effects of violence and drought. Over 2 million people across the region benefited from food, and over 1 million from household essentials, distributed by National Societies and

the ICRC. These relief items helped tide people in drought-affected areas over until the next harvest and enabled newly displaced people to set up temporary shelters. People who had access to functioning markets – for instance, in Burundi, the DRC and Nigeria – used ICRC-provided cash or vouchers to buy essential supplies. IDPs and other vulnerable people were provided with clean water for drinking.

The ICRC supplemented its relief efforts with initiatives that helped vulnerable people – particularly in areas where subsistence agriculture was the main means of survival – to maintain or bolster food production. Farmers resumed or sustained agricultural activities with the help of ICRC-provided seed and tools, and/or training. Herders maintained the health and market value of their livestock, using ICRC-supported fodder banks and local animal-health services; some benefited from destocking initiatives, whereby the ICRC purchased weak animals so that the herders could avoid further losses. Among these farmers and herders were IDPs, residents, returnees, refugees and drought-affected people. Households who had access to rivers and other bodies of water received fishing kits; in South Sudan, the kits distributed were designed to be easily carried by people needing to flee for safety. Other groups of particularly vulnerable people – such as victims of abuse, including sexual violence; relatives of missing persons; and female breadwinners – received ICRC cash grants, training and other support to secure their food supply or supplement their income.

Over 5 million people across Africa obtained access to water and other basic services thanks to ICRC projects, which were often undertaken with local entities. Agro-pastoralists obtained water for personal consumption and for their crops and livestock from ICRC-built or -repaired water points; some of these projects also sought to ease tensions arising from competition over limited resources. In urban areas, IDPs and residents had a supply of clean water after the ICRC upgraded key infrastructure, carried out training for maintenance and other staff, and/or donated equipment, tools or water-treatment chemicals. The ICRC also helped stem the spread of cholera in vulnerable areas, by digging wells, chlorinating water and promoting good hygiene practices, as in South Sudan, and by building sanitation facilities, including showers and latrines in IDP camps, settlements and rural areas.

People in conflict-affected areas had access to basic preventive and curative care – including vaccinations, and ante- and post-natal consultations – at primary-health-care centres that the ICRC supported with supplies, staff training and/or infrastructure upgrades. At some centres, malnourished children benefited from therapeutic feeding programmes, and victims of trauma received specialized care. Victims of sexual violence had access to medical services, including post-exposure prophylaxis, and psychosocial care. In Somalia, the ICRC supported or set up additional facilities offering specialized treatment, as malnutrition and cholera rates spiked owing to the combined effects of drought and violence.

Across the region, weapon-wounded people, including casualties of bombings and other emergencies, were given first aid on site and/or evacuated to hospital by ICRC-trained emergency responders, including National Society volunteers, community members and weapon bearers. In South Sudan, hundreds of people were airlifted by the ICRC to facilities providing higher-level care. The ICRC sustained its support to hospitals across the region, especially to those that received influxes of patients following surges in violence, and to facilities that were the only providers

of hospital-level services in their areas. Thus, seriously injured people and others in need of medical care received treatment at hospitals that maintained their services with supplies donated by and/or facilities upgraded or built by the ICRC. ICRC medical teams – deployed in some hospitals in the CAR, the DRC, Mali, Niger, Nigeria and South Sudan – continued to treat critically ill and injured patients and/or provide training for medical staff. Doctors and other medical professionals added to their technical capabilities during ICRC-organized war-surgery courses. The ICRC expanded its support for Libyan health services.

People with physical disabilities obtained rehabilitative care at ICRC-supported centres in Algeria, Burundi, the DRC, Ethiopia, Guinea-Bissau, Libya, Mali, Niger, South Sudan and Sudan. Training sessions, scholarships and other support were provided for local specialists and/or students, to help ensure the sustainability of these services. The ICRC promoted the social reintegration of people with physical disabilities, by providing them with psychosocial or livelihood support and/or facilitating their participation in sports. To help prevent further casualties in weapon-contaminated areas, the Moroccan Red Crescent conducted mine-risk education sessions for people in the Moroccan-administered parts of Western Sahara, with ICRC support. In Zimbabwe, mine-action authorities sought the ICRC's help to strengthen their capacities in such areas as mine-clearance training and quality control.

Across the continent, family members separated by violence, migration and other circumstances reconnected using Movement family-links services. IDPs, people who had fled violence in their home countries and were staying in neighboring countries, and migrants seeking passage to Europe made use of RCMs and phone call services to restore or maintain contact with their relatives; these services were facilitated by strong regional coordination between National Societies in the host and home countries and the ICRC. Unaccompanied minors across the region, including those formerly associated with weapon bearers, rejoined their families with ICRC support; where possible, their reintegration was monitored by ICRC delegates. Acting as a neutral intermediary, the ICRC facilitated the repatriation of 125 people released in South Sudan by an armed group to Sudan; it also assisted in the handover to the authorities of 82 girls who had been kidnapped in Nigeria in 2014.

The ICRC encouraged local efforts to help families ascertain the fate of relatives missing in relation to ongoing or past conflicts, or to migration. For example, the ICRC delegations in Morocco and Tunisia continued to coordinate discussions with the Moroccan authorities and Sahrawi/Polisario Front bodies/organizations on the fate of people missing since the Western Sahara conflict. With ICRC technical support, the Burundian authorities exhumed dozens of remains from past conflicts, after mass graves were discovered in two provinces.

In accordance with its standard procedures, the ICRC visited detainees, including people being held in relation to armed conflict and other violence, or by international forces and armed groups. It monitored the situation of particularly vulnerable people, including migrants, women and children. Based on its visits, the ICRC confidentially shared its findings, recommendations and other technical input with the detaining authorities, to help them improve detainees' living conditions and treatment, particularly in relation to respect for judicial guarantees and procedural safeguards. In Burundi, Madagascar and elsewhere, the ICRC drew the

authorities' attention to cases of people in prolonged pre-trial detention, with a view to speeding up their sentencing.

Drawing on various forms of ICRC support, the authorities worked to improve penitentiary services to better address issues related to detainees' living conditions, especially with regard to food supply and access to health care. Various training initiatives – for instance, an international seminar on prison management held in Dakar, Senegal – helped penitentiary officials in the region to improve their managerial skills, particularly regarding food services and infrastructure maintenance. In places with high malnutrition rates, the ICRC supported the authorities' efforts to improve prison food supply and health care. For instance, it helped them implement standardized menus, and provided technical, financial and material support for prison farms, where detainees grew crops to supplement their diets. Where gaps occurred, the ICRC provided sick and malnourished detainees with food supplements, and supplied facilities facing food shortages with contingency stocks. In many countries, the penitentiary authorities worked with the ICRC to upgrade water and sanitation, cooking and living facilities, and to conduct pest-control and hygiene campaigns.

With the National Societies concerned, the ICRC maintained – through dialogue and at various events – its interaction with government officials, diplomats and representatives of international/multilateral organizations, including the African Union (AU) and regional economic communities, to promote understanding of humanitarian issues and IHL, and to foster support for the Movement's work. Directly or with the AU, the ICRC encouraged State authorities to implement IHL provisions domestically, and offered its expertise in this regard. With the help of such efforts, Madagascar ratified the Convention on Cluster Munitions; the Seychelles became party and Gambia a signatory to the Convention on Enforced Disappearance; and Algeria, Comoros and Madagascar signed the Treaty on the Prohibition of Nuclear Weapons. At the first conference of States party to the African Union Convention on IDPs, organized by the AU, the ICRC presented the findings of a 2016 study that looked into the progress made by States to incorporate the Convention into domestic law.

Across the region, military and security forces, including troops bound for deployment in third countries or participating in AU and UN peace-support operations, reinforced their understanding of their responsibilities under IHL, international human rights law and other applicable international norms, at information sessions held by the ICRC and advanced courses abroad. Acting on ICRC technical advice, military commands furthered the integration of IHL into their operations and training.

At various ICRC-facilitated activities, religious and community leaders examined points of correspondence between Islamic law and IHL, journalists enhanced their understanding of humanitarian action, and students honed their proficiency in IHL.

PROTECTION MAIN FIGURES AND INDICATORS

AFRICA															
	CIVILIANS														
	RCMIs collected	RCMIs distributed	Phone calls facilitated between family members	Names published in the media	Names published on the ICRC family-links website	People reunited with their families	of whom UAMs/SC*	UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	People transferred or repatriated	Human remains transferred or repatriated	Tracing cases closed positively (subject located or fate established)	People to whom travel documents were issued	Places of detention visited	Detainees in places of detention visited	of whom women
Algeria	14	12	9							10		32	20,542	252	
Burundi	13,140	15,619	201			5	4	13	3	119		35	12,571	722	
Central African Republic	213	240	373			26	20	52	1	250		21	1,409	81	
Chad	612	624	47,504			34	34	155		115		11	4,180	95	
Congo, Democratic Republic of the	32,736	26,415	1,057	96		175	159	983	166	188		48	26,514	573	
Eritrea	445	1,706								43	1				
Ethiopia	3,229	2,431	72,145	584	589	4	3	26	1	245	6	32	49,098	1,888	
Guinea	16	25	36			1	1			17		13	3,531	158	
Liberia	44	23	670			15	13				15				
Libya		20	715					30		22	262	4	4,657	935	
Mali	303	183	5,967			14	14	11		57		29	4,253	127	
Mauritania	27	31	195					1		6		11	2,100	37	
Niger	404	343	17,290			58	57	64	56	162		19	4,978	188	
Nigeria	416	451	2,139			31	25	456	87	193		33	28,021	1,037	
Rwanda	3,560	3,858	69,513	204		42	42	1,115	18	97	3	30	70,529	4,591	
Somalia	37,766	33,547	49,375	7,812	4,390			1		465	20	21	2,842	57	
South Sudan	2,814	2,142	66,198		1,158	73	47	52	56	231		39	5,053	267	
Sudan	794	347	5,675			2	2	28		132					
Uganda	3,480	2,150	68,810			136	115	505	4	43	15	15	12,650	648	
Abidjan (regional)	289	162	841					14		24		27	17,554	439	
Antananarivo (regional)	22	24								1		25	15,504	891	
Dakar (regional)	10	115	2							8		8	3,092	63	
Harare (regional)	780	532	114					165		12	2	38	20,371	448	
Nairobi (regional)	36,950	30,227	209,678			329	241	1,118		89		6	1,109	45	
Pretoria (regional)	334	192	5,392					11		47	99	5	6,061	105	
Tunis (regional)	86	172	477					2		35		13	13,842	453	
Yaoundé (regional)	574	290	22			14	14	436		287	2	16	10,244	237	
Total	139,058	121,881	624,398	8,696	6,137	959	791	5,238	392	25	2,898	425	531	340,705	14,337

* Unaccompanied minors/separated children

PEOPLE DEPRIVED OF THEIR FREEDOM

<i>of whom minors</i>	Visits carried out	Detainees visited and monitored individually	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	Detainees newly registered	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	RCMs collected	RCMs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	Detainees released and transferred/repatriated by/via the ICRC	People to whom a detention attestation was issued	
67	32	184	13	1	3	134	12	1	2	34	4	281				Algeria
190	154	1,677	37	4	23	496	16	3	19	469	380	270			94	Burundi
64	107	104	1		7	65			7	166	73	76			1	Central African Republic
159	65	575	16	1	44	207	2		37	664	426	83			2	Chad
936	246	2,876	23	4	103	1,937	18	4	79	2,933	1,397	213			34	Congo, Democratic Republic of the
															3	Eritrea
1,603	53	271	22	5	10	192	18	5	8	248	211	480			51	Ethiopia
338	55	21	2		1	16	1			65	13	19				Guinea
																Liberia
234	12	304	43	1	17	294	34		17	159	58	38	6		3	Libya
197	265	859	10		45	673	9		40	158	48	721		1	1	Mali
95	16	34	1			21	1			14		11				Mauritania
266	106	1,846	37	14	68	447	14	10	21	358	120	273				Niger
827	92	8,071	477	70	493	3,312	332	56	299	256	81	35				Nigeria
404	78	163	13		4	83	10		3	1,640	1,151	390			319	Rwanda
270	43	45	1	1	2	29			1	15	2	18		10		Somalia
311	130	316	3		6	202	3		6	201	51	41		127	131	South Sudan
														125	48	Sudan
67	44	174	14		1	67	8		1	500	425	285	55		2	Uganda
481	78	308	14		2	174	11		2	170	80	201				Abidjan (regional)
865	56	124	9		13	77	6		13	53	5	347				Antananarivo (regional)
19	12	47	3			47	3			11	4	3			3	Dakar (regional)
120	117	80	1		3	20				6		71				Harare (regional)
46	15	31	2							154	38	639	36			Nairobi (regional)
4	17	21				16				7	2	1				Pretoria (regional)
39	32	630	53		2	371	26		2	150	61	158	5		1	Tunis (regional)
361	45	1,695	71	6	140	967	35	4	109	61	29	159	67		1	Yaoundé (regional)
7,963	1,870	20,456	866	107	987	9,847	559	83	666	8,492	4,659	4,813	169	263	694	Total

ASSISTANCE MAIN FIGURES AND INDICATORS

AFRICA														
	CIVILIANS											PEOPLE DEPRIVED OF THEIR FREEDOM		
	CIVILIANS - BENEFICIARIES							HEALTH CENTRES						
	Food commodities	Essential household items	Productive inputs	Cash	Vouchers	Services and training	Water and habitat activities	Health centres supported	Average catchment population	Consultations	Immunizations (patients)	Food commodities	Essential household items	Water and habitat activities
Burundi		900	10,518	8,400			64,298	4	127,385	32,699	14,627	10,560		10,378
Central African Republic	39,995	35,724	171,497	12,728		18	990,456	4	60,303	79,588	79,548		1,281	1,037
Chad	35,982	12,636	222,903	240		100	20,302					2,740		4,000
Congo, Democratic Republic of the	120,353	142,644	92,002	64,934	14,530	23,808	590,762	18	126,426	90,481	49,557	5,710	24,993	17,155
Eritrea			414,135	5,304			95,868							
Ethiopia	890	144,170	55,506	2,184			9,801						29,089	34,594
Guinea													1,149	3,200
Libya	275,536	283,680					63,417						189	
Mali	103,344	34,410	112,302	64,440		488,456	220,198	11	64,155	51,116	155,506	183	11,910	2,919
Mauritania							21,566					1,626	2,627	2,000
Niger	99,478	15,466	22,608	5,676		479,179	154,729	5	75,460	46,973	13,896	5,204		3,599
Nigeria	407,388	70,860	503,250	175,818		45	1,080,569	31	753,311	710,364	1,056,748	10,325	21,287	14,000
Rwanda	51	280		15										35,000
Somalia	510,643	110,729	547,068	584,632		349,023	1,296,530	32	725,536	528,193	207,678	5,805	5,476	7,580
South Sudan	511,847	226,857	816,750	573	16,800	564	383,787	12	149,387	87,424	34,840	3,559	1,488	3,248
Sudan	31	9,031		3,471	2,950									242
Uganda	43	4,400	4,721	56								5,150	12,413	
Abidjan (regional)		6,328			5,706	26,574	54,427						21,013	11,578
Antananarivo (regional)												2,340	1,962	12,225
Dakar (regional)	9	3,386	10,659	2,039		19,886	7,158							
Harare (regional)												17,037	13,691	7,400
Nairobi (regional)	8,370		7,380	50,844		7,919	18,963							350
Pretoria (regional)		72,852	84,616				36,072					8	8	
Tunis (regional)							810							10,102
Yaoundé (regional)	66,522	42,132	28,284	15,228		36	83,150	5	94,175	61,330	167,646	1,745		4,524
Total	2,180,482	1,216,485	3,104,199	996,582	39,986	1,395,608	5,192,863	122	2,176,138	1,688,168	1,780,046	71,992	148,818	184,889
<i>of whom women</i>	670,724	434,411	1,161,757	245,521	13,673	426,747	1,763,350					5,131	8,874	10,187
<i>of whom children</i>	1,023,655	479,517	1,104,471	548,664	18,152	587,494	2,306,088					2,300	2,898	3,383
<i>of whom IDPs</i>	1,006,538	765,480	633,067	351,950	14,037	20,747	340,332							

WOUNDED AND SICK

FIRST AID		HOSPITALS					PHYSICAL REHABILITATION							
Sessions	Participants (sum of monthly data)	Hospitals supported	including hospitals reinforced with or monitored by ICRC staff	SURGICAL ADMISSIONS			Projects supported	Patients receiving services (sum of monthly data)	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered	Patients receiving physiotherapy	
				Weapon-wound admissions	Non-weapon-wound admissions	Operations performed								
		6					1	4,694	27	735	36	1,221	4,763	Burundi
48	1,644	2	2	330	356	1,049	1	900	43	77	108	301	500	Central African Republic
														Chad
42	713	32	11	1,116	521	4,774	4	1,209	223	110	441	183	459	Congo, Democratic Republic of the
														Eritrea
		4					9	6,479	703	690	1,400	2,081	2,496	Ethiopia
														Guinea
58	1,156	47					2	594	230	237	224	270	251	Libya
		2	2	270	628	1,693	7	10,711	100	84	329	508	9,265	Mali
														Mauritania
		1	1	189	315	791	3	987	168	523	152	414	247	Niger
146	3,546	11	2	662	25	2,871	1	215	192	2	190	2		Nigeria
														Rwanda
58	1,274	7	4	4,445	5,152	21,789								Somalia
167	3,983	10	8	1,436	249	4,308	3	3,156	165	166	525	305	877	South Sudan
							11	5,878	678	638	1,494	1,478	5,748	Sudan
														Uganda
		3												Abidjan (regional)
														Antananarivo (regional)
							1	2,397	44	55	59	66	1,842	Dakar (regional)
														Harare (regional)
														Nairobi (regional)
														Pretoria (regional)
							1	865		22	19	89	662	Tunis (regional)
		1												Yaoundé (regional)
519	12,316	126	30	8,448	7,246	37,275	44	38,085	2,573	3,339	4,977	6,918	27,110	Total
								7,692	506	469	1,014	998	4,928	<i>of whom women</i>
								14,517	194	2,008	395	4,408	14,416	<i>of whom children</i>
														<i>of whom IDPs</i>

ALGERIA



ICRC/AR_2017
 + ICRC delegation + ICRC presence
 *Activities in Tindouf are run under the supervision of the Tunis regional delegation

The ICRC has been working in Algeria, with some interruptions, since the 1954–1962 Algerian war of independence. Aside from visiting people held in places of detention run by the Ministry of Justice and people remanded in police stations and *gendarmeries*, it supports the authorities in strengthening national legislation with regard to people deprived of their freedom and promotes IHL. The ICRC supports the Algerian Red Crescent in its reforms process and partners it in restoring links between separated family members.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Prison authorities continued to draw on ICRC support to improve detainees’ treatment and living conditions; they issued new guidelines, based on ICRC recommendations, for maintaining a hygienic food-supply system.
- ▶ People reconnected with their families using Movement family-links services. The cases of vulnerable migrants were referred to the appropriate services for assistance.
- ▶ The defence ministry and the ICRC organized a workshop for military medical personnel on the management of weapon wounds, as part of activities carried out under an agreement to cooperate in improving military education.
- ▶ Influential actors contributed to discussions of humanitarian issues and learnt more about the ICRC at various meetings and events, such as the screening of a film on the ICRC’s role during the Algerian war of independence.
- ▶ The Algerian Red Crescent and the ICRC signed a partnership agreement defining future cooperation in public communication, promotion of IHL, first aid and restoring family links.
- ▶ Algeria signed the Treaty on the Prohibition of Nuclear Weapons.

EXPENDITURE IN KCHF

Protection	1,359
Assistance	323
Prevention	767
Cooperation with National Societies	421
General	35
Total	2,905
<i>Of which: Overheads</i>	<i>177</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	18

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	14
RCMs distributed	12
Phone calls facilitated between family members	9
Tracing cases closed positively (subject located or fate established)	14
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	32
Detainees in places of detention visited	20,542
<i>of whom visited and monitored individually</i>	184
Visits carried out	32
Restoring family links	
RCMs collected	34
RCMs distributed	4
Phone calls made to families to inform them of the whereabouts of a detained relative	281

CONTEXT

Despite regional insecurity, and some degree of political and economic uncertainty within its own borders, Algeria remained relatively stable. It kept its borders closed – excluding that with Tunisia – and its military and security forces continued their operations against groups suspected of endangering the State, or of being associated with unregulated trade in various goods. These operations were said to result in arrests and casualties.

Migrants, including refugees and asylum seekers, continued to arrive in Algeria or pass through it on their way to other destinations; reportedly, more people were attempting to reach Italy or Spain by crossing the Mediterranean Sea from Algeria. State services and the Algerian Red Crescent helped some of the people who had fled violence in Mali or the Syrian Arab Republic to meet their immediate needs. There was no framework to regularize the status of migrants; many of them – reportedly thousands – were sent to neighbouring countries within the year, mostly to Mali and Niger.

Algeria continued to play an active role in multilateral forums, notably through its membership of the African Union Peace and Security Council and the UN Human Rights Council.

ICRC ACTION AND RESULTS

The ICRC's delegation in Algeria continued to visit detainees in prisons run by the police or the *gendarmerie*; it conducted these visits in accordance with its standard procedures. Foreign nationals, minors, vulnerable women, people in solitary confinement and other inmates with specific needs were monitored individually. After these visits, the ICRC communicated its findings and recommendations confidentially to the detaining authorities, to help them improve detainees' living conditions and treatment, within the context of Algeria's overall penitentiary reform. The authorities drew on these findings and recommendations to draft and issue new guidelines for ensuring a hygienic food-supply system in prisons.

Penitentiary and health authorities became more capable of addressing humanitarian issues related to detention after attending, with ICRC support, information sessions, workshops and conferences in Algeria and elsewhere. These included: a study visit to Switzerland, where they discussed with their counterparts ways to ensure respect for international human rights law in judicial police practice; and a series of workshops covering health issues in detention, such as the role of doctors in dealing with cases of solitary confinement.

RCMs, brief oral messages and other family-links services helped foreign detainees, and inmates held far from their homes, to stay in touch with their families. People separated from their relatives by migration or other circumstances also made use of the family-links services provided by the Algerian Red Crescent and the ICRC. Some families who had lodged tracing requests with the ICRC received news of their relatives. In coordination with other organizations concerned, the cases of vulnerable migrants were referred to appropriate services for assistance. The ICRC discussed migration-related issues with the consular offices of some migrants' countries of origin.

The ICRC continued to work with the authorities and others to increase understanding of IHL and other applicable norms and

standards and help ensure respect for them. The defence ministry and the ICRC carried out activities in fulfilment of an agreement signed in 2016 to cooperate in improving military education: for instance, they organized a workshop for military medical personnel on the management of weapon wounds. Other events organized by the ICRC – some with the national IHL committee – helped magistrates and other government officials strengthen their grasp of IHL and norms protecting vulnerable people, and more fully understand their role in promoting and ensuring compliance with these legal regimes. The national IHL committee used the ICRC's recommendations to draft its 2018 action plan; this was part of the effort to expand cooperation between the committee and the ICRC. ICRC support enabled Algerian officials to participate in a round-table on Africa's contribution to the Treaty on the Prohibition of Nuclear Weapons; Algeria signed the treaty in September.

The ICRC was in regular contact with persons and organizations facilitating humanitarian action – or wielding influence in these matters – in Algeria and elsewhere: for instance, the foreign ministry, the national human rights council, forensic institutions, and religious organizations. This helped to advance understanding of the ICRC's working methods and to promote its positions on various humanitarian issues. Government and military officials, and representatives from the private sector and civil society, learnt more about the ICRC's activities during Algeria's war of independence from an ICRC-produced film. Islamic scholars, university students and academics strengthened their grasp of IHL through courses, conferences and competitions organized by the ICRC.

The National Society reinforced its capacities in first aid and restoring family links, with the ICRC's financial and technical support. It continued to draw on the ICRC for guidance in such matters as observing the Fundamental Principles and coordinating with other Movement components. The National Society and the ICRC signed a partnership agreement defining future cooperation in first aid, restoring family links, promoting IHL, and public communication.

CIVILIANS

Members of separated families reconnect through Movement services

People separated from their families by armed conflict, migration, detention or other circumstances were able to restore contact with their relatives through RCMs, brief oral messages and other family-links services offered by the Algerian Red Crescent with the ICRC's technical support. One family sent parcels and made video calls every month to a relative held at the US internment facility at Guantanamo Bay Naval Station in Cuba. Other families were able to contact relatives detained in Iraq, Libya, Mali, Niger or Tunisia. The National Society and the ICRC dealt with tracing requests jointly; there were 38 new requests. Some requests were from National Societies assisting the families of foreigners in Algeria. Fourteen people were located and their families informed. An Ivorian migrant living in Algeria was able to talk to his mother for the first time in almost five years, after she had been located in a refugee camp in Guinea through the efforts of the ICRC delegations in Algeria and Guinea.

The National Society and the ICRC met regularly to discuss such matters as the difficulties the National Society had in delivering family-links services. They drafted a joint action plan to tackle those difficulties and improve the National Society's family-links services.

The National Society's coordinator for family-links services discussed various matters of common interest with colleagues from other National Societies at a regional meeting (see *Dakar*).

As part of Movement-wide efforts to improve family-links services for migrants in the region, an Algerian Red Crescent official attended ICRC workshops (for example, see *Abidjan*) and shared the organization's experiences.

Regular coordination between them enabled local associations, international organizations, and the ICRC and other humanitarian actors to develop a fuller understanding of the specific needs of migrants and other vulnerable foreigners in Algeria. It also facilitated the referral of vulnerable people to appropriate assistance services. For instance, several foreigners at risk of *refoulement*, having been released from detention after serving their sentences, had their cases forwarded, at their request, to the UNHCR. The ICRC met with the consular representatives of several migrants' countries of origin to discuss migration-related issues, such as the necessity of visiting those who had been detained and ensuring that they were able to communicate with their families. The consular representatives were also briefed on the ICRC's activities throughout the world in the areas of migration, detention and restoration of family links.

The ICRC remained ready to support the authorities in responding to the needs of the families of people missing in connection with past internal violence. Algerian authorities and the ICRC met to discuss how the ICRC could act as a neutral intermediary in the repatriation of Algerian nationals' remains. Despite the ICRC's invitations, no representative from Algerian organizations participated in ICRC forensic seminars outside Algeria.

PEOPLE DEPRIVED OF THEIR FREEDOM

Prison authorities issue new guidelines for maintaining a hygienic food supply

The ICRC visited places of detention, in accordance with its standard procedures, to monitor detainees' treatment and living conditions. It focused on 32 facilities – including 18 prisons run by the police or the *gendarmérie* – holding over 20,500 people. Some 180 detainees with specific needs – foreign nationals, minors, vulnerable women and people in solitary confinement – were monitored individually.

After these visits, the ICRC communicated its findings and recommendations confidentially to the detaining authorities, to help them improve detainees' living conditions and treatment, within the context of Algeria's overall penitentiary reform. The ICRC also discussed a number of issues with the authorities, such as solitary confinement and the importance of ensuring that detainees can contact their families. The national authorities, drawing in part on the ICRC's recommendations, drafted and issued new guidelines for maintaining a hygienic food-supply system in prisons.

Police and prison officials strengthen their grasp of international law and detention standards

With ICRC support, detaining authorities attended workshops, briefings and other events that helped them reinforce respect for international law and standards and learn more about best practices in prison management. The ICRC held several workshops on internationally recognized standards for detention, and briefings on its work, for some 500 students at the national prison administration school; instructors and school managers also attended these

sessions. During a study trip to Switzerland, ten Algerian representatives – police officials, including members of the judicial police, *gendarmérie* personnel, and civilian and military magistrates – discussed various subjects with their Swiss counterparts, such as: ensuring respect for international human rights law in judicial police practice, the treatment of vulnerable groups such as children and migrants, and incorporating the teaching of applicable norms and best practices in their training programmes. Staff and officers from national penitentiary and judicial agencies learnt more about internationally recognized standards for the treatment of prisoners at an event organized by the national prison administration and the ICRC.

In order to advance understanding of its work for detainees, and foster acceptance for these activities (see also *Actors of influence*), the ICRC organized briefings for staff members and officers at the places of detention that it visited, and distributed pertinent ICRC publications to them. The ICRC also conducted an information session on its activities for prison chaplains who regularly visited detainees, including foreign inmates.

Health and penitentiary officials learn more about handling medical issues in prisons

During its visits to detention facilities, the ICRC took note of inmates needing medical follow-up and referred them to the authorities concerned.

At a series of workshops organized by the national prison administration and the ICRC, about 90 people – officials from the justice ministry, prison directors, doctors, psychologists and dentists – learnt more about handling medical issues in places of detention. The workshops covered three main topics: documentation and management of incidents of violence; medical cases incompatible with detention; and the role of doctors in dealing with cases of solitary confinement. During the workshops, officials from the national prison administration shared their views on a number of matters, such as the importance of reviewing the law on the role of doctors with regard to cases of solitary confinement. Officials from the prison administration and the health ministry attended an ICRC seminar on health, held abroad (see *Jordan*): they discussed various aspects of their work, such as abiding by medical ethics and improving detainees' access to good-quality health care.

Foreigners and others detained far from home contact their families

People held far from their homes, or whose families were abroad, exchanged news with their relatives through RCMs and brief oral messages relayed by the Algerian Red Crescent and the ICRC, in coordination with the authorities. The ICRC helped over 80 detained foreigners to notify their consular representatives of their situation.

ACTORS OF INFLUENCE

The defence ministry and the ICRC act jointly to improve military education

The defence ministry and the ICRC carried out activities in fulfilment of an agreement reached in 2016 to cooperate in improving military education. Twenty-five doctors, surgeons and other medical professionals from various branches of the military updated their skills in the surgical management of weapon wounds at a workshop conducted by ICRC experts. The workshop also covered the issue of protection for medical services. The ICRC sponsored a number of army officers to attend workshops abroad,

such as one on international rules for military operations (see *International law and policy*) and another on teaching IHL (see *Morocco*).

Police authorities postponed most of their planned training activities with the ICRC to 2018.

Judges and other participants in past IHL-related training pass on their knowledge to others

The national IHL committee used the ICRC's recommendations to draft its 2018 action plan. This was part of the effort to expand cooperation between the committee and the ICRC. Together with the national training institute for magistrates, they also held a seminar, at which some 30 judges from across the country strengthened their grasp of IHL and other norms and standards, and of their role in ensuring respect for them. ICRC-trained Algerian judges helped facilitate the seminar. Other past participants in IHL courses – a judge, an army officer, and the legal adviser to the Algerian Red Crescent – were recruited to assist in a training seminar for IHL instructors, held in Morocco.

Government officials, including diplomats, learnt more about IHL at panel discussions organized by their training institutes and the ICRC, and at courses abroad (see *Lebanon* and *Tunis*).

Algeria signs treaty prohibiting nuclear weapons

The ICRC maintained regular contact with the government committee following up implementation of the Anti-Personnel Mine Ban Convention. It enabled Algerian officials to attend a conference on the updated Commentary on the First Geneva Convention (see *Brussels*) and a round-table on Africa's contribution to the Treaty on the Prohibition of Nuclear Weapons (see *Pretoria*), at which they discussed IHL and IHL-related treaties with their counterparts from other countries. Algeria signed the Treaty on the Prohibition of Nuclear Weapons in September.

Influential actors learn more about the ICRC, including its role in the Algerian war of independence

The ICRC was in regular contact with persons and organizations facilitating humanitarian action – or wielding influence in these matters – in Algeria and elsewhere: for instance, the foreign ministry, the national human rights council, forensic institutions, and religious organizations. This helped to advance understanding of the ICRC's working methods and to promote its positions on various humanitarian issues.

Some 250 government and military officials, and representatives from the private sector and civil society, learnt more about the ICRC's activities during Algeria's war of independence from an ICRC-produced film, and from other events connected to the film's release. The national archives and the ICRC made their final preparations for the public release – scheduled for 2018 – of ICRC documents pertaining to Algeria's war of independence.

Islamic leaders and scholars advanced their understanding of the points of correspondence between IHL and Islamic law at courses and conferences held in Algeria – including one organized with the national reference institution for Islam-related issues – and elsewhere (see *Lebanon* and *Niger*).

Students, teachers and scholars expanded their knowledge of IHL through study sessions and moot court competitions, including regional contests (see *Egypt*).

RED CROSS AND RED CRESCENT MOVEMENT

ICRC financial and technical support helped the Algerian Red Crescent to strengthen its organizational structure and its capacities in various areas. Staff and volunteers gained more skills and knowledge through local and overseas training sessions in restoring family links (see *Civilians*), doing their work in safety in line with the Safer Access Framework, and IHL promotion. The National Society drew on ICRC expertise to revise its first-aid manual, for instance by incorporating new internationally recognized standards for first aid in it; the National Society used the manual to train new first-aiders and first-aid instructors.

The leaders of 20 National Society branches added to their knowledge of IHL at a seminar organized by the National Society and the ICRC.

The ICRC continued to provide guidance to the National Society in such matters as observing the Fundamental Principles and coordinating with other Movement components. In December, the National Society and the ICRC signed a partnership agreement defining future cooperation in helping the National Society to expand its capacities and develop activities in the areas of first aid, promotion of IHL, public communication and restoring family links.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		14			
RCMs distributed		12			
Phone calls facilitated between family members		9			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		38	10	3	3
<i>including people for whom tracing requests were registered by another delegation</i>		3			
Tracing cases closed positively (subject located or fate established)		14			
<i>including people for whom tracing requests were registered by another delegation</i>		4			
Tracing cases still being handled at the end of the reporting period (people)		80	17	8	6
<i>including people for whom tracing requests were registered by another delegation</i>		14			
Documents					
Official documents delivered across borders/front lines		1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		32			
Detainees in places of detention visited		20,542	252	67	
Visits carried out		32			
			Women	Girls	Boys
Detainees visited and monitored individually		184	13	1	3
<i>of whom newly registered</i>		134	12	1	2
RCMs and other means of family contact					
RCMs collected		34			
RCMs distributed		4			
Phone calls made to families to inform them of the whereabouts of a detained relative		281			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Health				
Places of detention visited by health staff	Structures	8		

BURUNDI



ICRC delegation

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Some detainees, including the malnourished, had improved access to food thanks to produce grown on prison farms. Judicial authorities expedited the cases of some people in pre-trial detention, with technical support from the ICRC.
- ▶ IDPs and returnees received aid – from the ICRC or through the Burundi Red Cross – which helped them cope with their situation. In Bujumbura, people received money via ICRC cash-transfer or cash-for-work programmes.
- ▶ People in one area of Bujumbura had better access to safe drinking water, and were less at risk from water-borne diseases, after the local water authorities and the ICRC finished renovating their water-supply system.
- ▶ Victims of sexual violence received medical care and/or psychosocial support at four primary-health-care centres that the ICRC began supporting in August. Health staff were trained to provide integrated care for the victims.
- ▶ Burundian authorities sought to improve their ability to manage human remains. With ICRC technical support, they exhumed dozens of sets of remains from mass graves that were discovered in the provinces of Mwaro and Makamba.
- ▶ Authorities, weapon bearers and other actors learnt about the Movement at ICRC events aimed at facilitating the delivery of humanitarian aid. The National Society strove to enhance its capacity to respond to emergencies.

EXPENDITURE IN KCHF

Protection	2,970
Assistance	5,243
Prevention	1,058
Cooperation with National Societies	583
General	110
Total	9,964
<i>Of which: Overheads</i>	<i>608</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Mobile staff	25
Resident staff (daily workers not included)	85

The ICRC has been present in Burundi since 1962, opening its delegation there in 1992 to help people overcome the humanitarian consequences of armed conflict. It focuses on working with prison authorities to ensure that detainees' treatment and living conditions accord with internationally recognized standards, and on assisting violence-affected civilians. It reinforces local efforts to improve the quality and sustainability of physical rehabilitation services. It helps the Burundi Red Cross bolster its work, notably in terms of emergency preparedness and restoring links between separated family members, including refugees. It supports the armed forces in training their members in IHL.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	13,140
RCMs distributed	15,619
Phone calls facilitated between family members	201
Tracing cases closed positively (subject located or fate established)	125
People reunited with their families	6
<i>of whom unaccompanied minors/separated children</i>	5
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	35
Detainees in places of detention visited	12,571
<i>of whom visited and monitored individually</i>	1,677
Visits carried out	154
Restoring family links	
RCMs collected	469
RCMs distributed	380
Phone calls made to families to inform them of the whereabouts of a detained relative	270

ASSISTANCE	2017 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Essential household items	Beneficiaries	900	
Productive inputs	Beneficiaries	10,518	
Cash	Beneficiaries	10,750	8,400
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	89,000	64,298
Health			
Health centres supported	Structures	5	4
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	6	
Physical rehabilitation			
Projects supported	Projects	1	1
Patients receiving services	Patients	100	4,694

CONTEXT

Relative calm was marked by isolated instances of violence, including grenade attacks in the capital, Bujumbura. Police and military personnel were deployed to maintain public order. Political tensions, connected to the 2015 presidential elections, persisted. The process of amending the constitution, to eliminate limits to presidential terms, was set in motion.

The European Union and its Member States continued to withhold direct financial aid from Burundi, owing to reports of human rights violations. Cuts in the national budget continued, and some delays in disbursing funds were reported, which affected the delivery of basic services, including in prisons. Food scarcity brought on by drought in early 2017, fuel shortages, and difficulties in importing and exporting goods exacerbated the situation for the general population.

Hundreds of thousands of people, most of whom had fled Burundi in 2015, remained in neighbouring countries (see, for example, *Nairobi* and *Rwanda*). The scarcity of resources made it difficult for returnees, and people in communities receiving them, to meet their needs. Many people left the country in pursuit of better economic opportunities.

Burundi continued to contribute troops to the African Union Mission in Somalia and the UN Multidimensional Integrated Stabilization Mission in the Central African Republic.

ICRC ACTION AND RESULTS

Despite some constraints – including increasing scrutiny of humanitarian actors in Burundi – the ICRC intensified its efforts to assist detainees and people suffering the consequences of unrest. It worked to expand its assistance activities, often with the Burundi Red Cross, in priority zones identified outside of Bujumbura.

The ICRC continued to visit places of detention throughout the country, to monitor detainees' treatment and living conditions. The cases of some people in pre-trial detention were expedited after the ICRC gave technical advice to the judicial authorities at local and national levels. The ICRC provided material and other support to penitentiary authorities to help them address food shortages in prisons. Malnourished detainees received supplementary rations – produce cultivated in prison gardens – and therapeutic food, which helped them regain their health. The ICRC renovated detention facilities to improve detainees' living conditions. People held in places of temporary detention gained access to health-care services after the ICRC helped set up a referral system between police authorities and district hospitals.

Members of families separated by unrest, armed conflicts in neighbouring countries, and detention reconnected through the Movement's family-links services. People who had filed tracing requests were informed of their missing relatives' fate and, where possible, reconnected with them. Some unaccompanied and separated minors were reunited with their families, in Burundi and elsewhere. The authorities concerned and the ICRC resumed their discussion on how to go about reuniting demobilized children with their relatives.

Burundian authorities strove to improve their ability to manage human remains. With ICRC technical support, they exhumed dozens of sets of remains from mass graves, from past armed

conflict, that were discovered in the provinces of Makamba and Mwaro.

The ICRC distributed household essentials to some IDPs. It also gave the National Society food and household essentials for distribution to returnees without means to go back to their places of origin. The ICRC, with the National Society's help, provided people with livelihood support, enabling them to earn money: female heads of households used cash grants to restart small businesses, and other breadwinners worked on community projects in exchange for cash. Some households cultivated crops with seed from the ICRC. Local water authorities and the ICRC renovated the water-supply system in one commune in Bujumbura, improving people's access to potable water and reducing their exposure to health risks. The National Society helped contain cholera outbreaks, using ICRC-supplied water-treatment chemicals.

The ICRC gave hospitals medical supplies and training to prepare them in the event of a mass influx of patients. In August, the ICRC began supporting four primary-health-care centres, where victims of violence, including sexual violence, were able to get suitable medical care and psychosocial support. It trained medical personnel in integrated care for such victims. People with physical disabilities recovered or improved their mobility at the ICRC-supported Saint Kizito Institute in Bujumbura. The ICRC helped the institute prepare for the withdrawal of ICRC support at the end of the year.

The ICRC maintained regular dialogue with members of the military and security forces, to foster respect for IHL, international human rights law and/or other norms applicable to their duties. At dissemination sessions, key members of civil society and other influential parties advanced their understanding of the Movement and its activities. All these efforts were aimed at facilitating the delivery of humanitarian aid, particularly in view of the ICRC's plans to expand its activities in the country (see above).

The Burundi Red Cross continued to assist people in need. It strengthened its capacity to respond to emergencies, with financial, material and technical support, and training, from the ICRC. Movement components in Burundi met regularly to coordinate their activities.

CIVILIANS

People receive news from relatives who had fled Burundi

The ICRC monitored the situation in Burundi, and maintained dialogue with authorities, and military and security forces, on the ICRC's mandate and on specific humanitarian issues.

Members of families separated by unrest in Burundi, armed conflict or other violence in neighbouring countries, detention, or other circumstances restored and maintained contact through the Movement's family-links services. Some 120 tracing requests, opened in Burundi or filed with other ICRC delegations, were resolved: families were informed of the fate of their missing relatives and, where possible, were put in touch with them.

The Burundi Red Cross and the ICRC registered nine unaccompanied and separated minors, and helped them address their specific needs. Five children, including two from Rwanda, were reunited with their families. The authorities concerned and the ICRC began once more to discuss how to reunite demobilized children with their relatives.

First responders learn to manage human remains

Having included human remains management in the national emergency plan, and having created an emergency coordination mechanism at the end of 2016, Burundian authorities strove to develop their ability to manage human remains, with ICRC support. Notably, after the discovery of mass graves in Makamba and Mwaro (see *ICRC action and results*), the Truth and Reconciliation Commission (TRC) initiated the exhumation of dozens of sets of human remains. Exhumations were carried out by the emergency coordination mechanism, with guidance and oversight from ICRC forensic experts.

Roughly 100 first responders, representing various provincial authorities, attended an ICRC workshop on managing human remains during emergencies, which was held for the first time outside Bujumbura. Two police officials attended a course – with ICRC financial assistance – held in Islamabad, Pakistan (see *Pakistan*), at which they exchanged best practices in managing human remains with their peers. Members of the TRC participated at an annual conference organized by the African Society of Forensic Medicine in Bloemfontein, South Africa (see *Pretoria*).

Victims of violence receive psychosocial support

In August, the health ministry and the ICRC signed a memorandum of understanding, marking the start of ICRC support to four primary-health-care centres in Bujumbura. At these centres, some 590 vulnerable people were treated for common diseases. Around 120 victims of violence, including sexual violence, received suitable medical services and/or psychosocial support; 14 of them obtained post-exposure prophylactic treatment within 72 hours. The ICRC helped the centres recruit psychologists, and trained health staff in integrated care for victims of violence.

ICRC-trained National Society volunteers organized information sessions for community members, to prevent the stigmatization of victims of sexual violence and raise awareness of the services available to them.

Owing to various reasons, a referral programme, for helping wounded people in the provinces obtain medical services in Bujumbura, was cancelled. Funds allocated for this were redirected to finance repairs at the four centres mentioned earlier: triage areas, sanitation facilities, and refrigeration systems for ensuring the appropriate storage of medicines were renovated. Two centres received generators, to ensure that their refrigeration systems had a reliable supply of electrical power. Hygienists were recruited to improve sanitation in the centres.

Breadwinners are able to cover their families' needs

In Bubanza province, some 900 IDPs (150 households) received ICRC-supplied household essentials that the National Society distributed. The ICRC also gave the National Society food and household essentials for distribution to returnees stuck in border areas while the pertinent authorities sought means to send them back to their places of origin.

In Bujumbura, the ICRC and the National Society gave conditional cash grants to 400 displaced and other vulnerable households headed by women; 2,400 people benefited. Some 1,000 breadwinners (supporting about 6,000 people) received cash in exchange for their work on community projects. Such support enabled the recipients to pay off debts, restart small businesses and/or earn enough money to cover their families' basic expenses. Some 1,700 households (around 10,500 people) received seed to grow food.

People have better access to potable water

The ICRC sought to strengthen the National Society's ability to respond to water- and sanitation-related emergencies, through material support and by conducting workshops on specific subjects. Using ICRC-donated water and water-treatment chemicals, the National Society helped contain cholera outbreaks in Nyanza Lac, Makamba, and Rugombo, Cibitoke.

Despite delays caused by poor soil conditions and administrative difficulties, local water authorities and the ICRC completed a water project in the Musaga commune in Bujumbura. The project linked the area's water-supply system to a reservoir on the outskirts of the city; because of it, roughly 56,700 people had better access to clean water and were less at risk from water-borne diseases. In a rural area of Kirundo, some 7,500 people benefited from repairs to spring-water catchment systems and wells, carried out by the National Society with ICRC financial, material and technical support. Two similar projects were ongoing.

PEOPLE DEPRIVED OF THEIR FREEDOM

People in pre-trial detention receive help to expedite their cases

The ICRC visited, in accordance with its standard procedures, 11 prisons, 22 places of temporary detention and two re-education centres for minors, where it checked on detainees' living conditions and treatment, including respect for judicial guarantees. Particular attention was paid to vulnerable groups, including security detainees, women, minors and the sick. The ICRC also followed the situation of detainees transferred to Burundi from neighbouring countries. After these visits, it shared its findings and recommendations confidentially with the authorities concerned.

The ICRC referred the cases of some 80 people in pre-trial detention to judicial authorities at local and national levels, to help expedite their sentencing or release. A newly established commission under the justice ministry inspected places of detention throughout the country. The ministry welcomed the ICRC's referrals as useful and complementary to its ongoing endeavours.

In May, the legal departments of two provincial prisons finished systematizing the registration, archival and follow-up of detainees' files, with ICRC support. The ICRC gave the justice ministry and the directorate for prison affairs technical advice on prison management; it helped them install new registration software for the country's penitentiary system.

Some 4,300 detainees participated in sports and other activities, during events organized jointly by the NGO, Right to Play, and the ICRC. These events aimed to foster better relations among detainees and promote their social reintegration once released.

Some detainees reconnected with their relatives, in Burundi and elsewhere, using the Movement's family-links services.

Detainees have access to health-care services

The penitentiary authorities struggled to meet detainees' needs owing to financial constraints and a general lack of available goods. The ICRC gave them contingency stocks – beans, maize flour and cooking oil – to help them tackle food shortages in 11 prisons. Some 1,500 moderately and severely malnourished detainees received supplementary rations – produce from the vegetable gardens at four prisons that detainees and penitentiary authorities had planted, using supplies and tools from the ICRC;

the penitentiary authorities assumed responsibility for the gardens at the end of the year. Malnourished detainees were also given therapeutic food to help them regain their health. The ICRC assessed the prevalence of malnutrition at the 11 prisons; it trained some 30 health-service providers and prison social workers to help them tackle this issue in places of detention.

Dispensaries at 14 detention facilities were stocked with drugs and other medical supplies, and maintained acceptable working conditions, as the ICRC continued to provide help to prison authorities. Detainees with chronic diseases obtained suitable health-care services from health staff receiving ICRC financial and material support and training. Those in need of specialized care were referred to hospitals.

People held in places of temporary detention in the provinces gained access to medical services, after the ICRC helped set up a referral system between police authorities and district hospitals.

Detainees have improved living conditions after ICRC repairs to prison infrastructure

The penitentiary authorities identified issues in prison infrastructure, and, when necessary, worked with the ICRC to renovate facilities. Thus, some 5,800 people in six detention facilities had better living conditions and reduced exposure to health risks. Most renovation projects focused on ensuring that men, women and minors had separate quarters. Others aimed to improve vital infrastructure: kitchens and food storage areas, clinics, sanitation and water facilities, and family-visit areas. Sustainable rainwater-harvesting systems were installed to help irrigate the vegetable gardens at three prisons.

Extremely poor conditions at two detention facilities – holding some 650 people – prompted ICRC emergency assistance: reconstruction of one place of temporary detention and repairs to the sanitation system of one prison.

Inmates at the 11 prisons – which held roughly 10,200 people – received ICRC-supplied hygiene items and cleaning materials that the penitentiary authorities distributed. They learnt good hygiene practices at information sessions.

WOUNDED AND SICK

Hospital staff learn more about managing mass-casualty situations

Through ICRC technical support and training, staff at two hospitals in the communes of Kamenge and Kinindo, in Bujumbura, learnt more about managing emergency-room trauma cases, and how to properly maintain sterilization equipment provided by the ICRC. To prepare them in the event of a mass influx of patients, the two hospitals were given medical supplies, including kits for treating wounded people. The ICRC also gave such kits to a hospital in Kayanza and an MSF hospital in Bujumbura. A one-off distribution of medical supplies was made to two other hospitals – in Bujumbura and Ngozi province – which often received detainees as patients.

People with physical disabilities have access to good-quality physical rehabilitation services

Disabled people – most of them children – recovered or improved their mobility through physical rehabilitation services at the ICRC-supported Saint Kizito Institute, in Bujumbura.

Activities were undertaken to improve the institute's services for disabled people. With ICRC sponsorship, some staff participated in a pan-African meeting for prosthetists and orthotists in Cape Town, South Africa. A physiotherapy student was able to finish his studies at the University of Abomey-Calavi, in Benin, with ICRC support; the start of his employment at the institute was delayed owing to pending requirements at the university.

The ICRC gave the Saint Kizito Institute financial support for buying equipment for producing mobility devices. The institute's managers strengthened their ability to sustain operations, with ICRC training in fundraising and assistance in organizing awareness-raising activities to attract potential donors. This helped prepare them for the ICRC's withdrawal of support at the end of the year.

The health ministry signed a document elaborating the standards for accrediting physical rehabilitation centres in Burundi; in previous years, the ICRC had provided technical and financial support for the preparation and validation of this document.

ACTORS OF INFLUENCE

Weapon bearers learn more about rules and norms applicable to their duties

Members of the armed forces attended dissemination sessions, conducted by military instructors with ICRC support, where they reinforced their understanding of the differences between IHL and international human rights law; these sessions helped them determine the legal framework applicable to a given situation. Some 100 military officers, whose troops often lend support to police forces in maintaining public order, received training in the role of the military in law enforcement operations. They were reminded of their responsibility to protect civilians, and to ensure access to health services. Similar training sessions were organized for cadets at military academies.

Troops bound for peace-support operations (see *Context*) were briefed on IHL before their deployment. Training videos and brochures, translated into the local language, were shared with them to boost their understanding of the subject.

Police authorities in charge of places of temporary detention, prison administrators, judicial police officers, and candidates at police academies attended ICRC courses, where they were encouraged to meet internationally recognized standards of detention. Other topics covered by these courses included the use of force during arrests, the treatment of detainees, prison security and sexual violence.

Authorities are urged to respect the red cross emblem

The ICRC maintained regular contact with various authorities. Dialogue with them focused on the ICRC's mandate and on specific humanitarian issues (see *Civilians, People deprived of their freedom and Wounded and sick*).

Police and administrative authorities learnt more, at information sessions, about the necessity of respecting the red cross emblem. A bill, drafted by the National Society with ICRC technical advice, on the emblems protected by IHL was submitted to the authorities concerned.

Members of civil society advance their understanding of the ICRC and its work

Dissemination sessions, conducted in partnership with the National Society and reinforced by public-communication initiatives, helped

roughly 600 key members of civil society – local officials, members of youth groups, religious leaders and diplomats – and other influential parties to increase their understanding of the Movement and the ICRC's activities in Burundi. These efforts were aimed at facilitating the delivery of humanitarian aid, particularly in view of the ICRC's plans to expand its activities in the country, especially outside Bujumbura.

Media coverage of the ICRC's work – the inauguration of the capital's new water-supply system and the handover of responsibility for prison gardens to the local authorities (see *Civilians* and *People deprived of their freedom*) – increased the ICRC's visibility and broadened awareness of its activities in Burundi.

To stimulate academic interest in IHL, the ICRC donated reference materials to selected universities, and helped some students prepare dissertations on subjects of interest to the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society develops its ability to respond to emergencies

The Burundi Red Cross and the ICRC renewed their annual partnership agreement. With support from the ICRC and other

Movement partners, the National Society prepared a new strategic plan for 2018–2021, and strove to improve its organizational structure, management of finances, and public communication (see *Actors of influence*).

The National Society made use of various forms of ICRC support to strengthen its ability to respond to emergencies (see also *Civilians*). At training sessions, volunteers and staff improved their ability to administer first aid and manage stress associated with their work; others developed their ability to assess people's needs quickly, and to manage and coordinate humanitarian activities, specifically in case of mass displacement. The ICRC urged the National Society to apply the Safer Access Framework when carrying out its activities, especially in violence-prone areas.

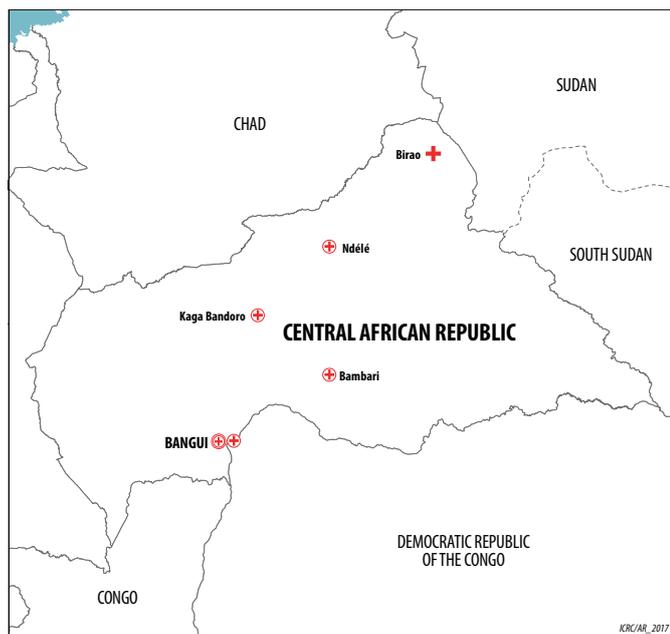
The National Society distributed relief items to IDPs at three camps. Volunteers continued to help the ICRC implement certain projects: for instance, the cash-transfer programme in Bujumbura and support for victims of violence (see *Civilians*).

With ICRC sponsorship, National Society representatives attended meetings and conferences, in Burundi and elsewhere. Movement components in the country met regularly to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		13,140	352		
RCMs distributed		15,619	407		
Phone calls facilitated between family members		201			
Reunifications, transfers and repatriations					
People reunited with their families		6			
	<i>including people registered by another delegation</i>	1			
People transferred or repatriated		3			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		152	25	35	18
	<i>including people for whom tracing requests were registered by another delegation</i>	3			
Tracing cases closed positively (subject located or fate established)		125			
	<i>including people for whom tracing requests were registered by another delegation</i>	6			
Tracing cases still being handled at the end of the reporting period (people)		207	60	49	29
	<i>including people for whom tracing requests were registered by another delegation</i>	38			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		9	3		
UAMs/SC reunited with their families by the ICRC/National Society		5	1		
	<i>including UAMs/SC registered by another delegation</i>	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		13	6		
Documents					
Official documents delivered across borders/front lines		44			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		35			
Detainees in places of detention visited		12,571	722	190	
Visits carried out		154			
			Women	Girls	Boys
Detainees visited and monitored individually		1,677	37	4	23
	<i>of whom newly registered</i>	496	16	3	19
RCMs and other means of family contact					
RCMs collected		469			
RCMs distributed		380			
Phone calls made to families to inform them of the whereabouts of a detained relative		270			
People to whom a detention attestation was issued		94			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	900	675	90
	<i>of whom IDPs</i>	900	675	90
Productive inputs	Beneficiaries	10,518	7,363	
Cash	Beneficiaries	8,400	6,900	
	<i>of whom IDPs</i>	4,440	3,690	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	64,298	19,289	25,719
Health				
Health centres supported	Structures	4		
Average catchment population		127,385		
Consultations		32,699		
	<i>of which curative</i>	27,346	5,726	16,274
	<i>of which antenatal</i>	5,353		
Immunizations	Patients	14,627		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	9,227		
Referrals to a second level of care	Patients	66		
	<i>of whom gynaecological/obstetric cases</i>	16		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	10,560	3,056	56
Productive inputs	Beneficiaries	3,884	32	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	10,378	726	104
Health				
Places of detention visited by health staff	Structures	14		
Health facilities supported in places of detention visited by health staff	Structures	14		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	6		
Physical rehabilitation				
Projects supported	Projects	1		
Patients receiving services (sum of monthly data)		4,694	211	4,169
New patients fitted with prostheses	Patients	27	10	8
Prostheses delivered	Units	36	14	13
	<i>of which for victims of mines or explosive remnants of war</i>	3		
New patients fitted with orthoses	Patients	735	39	603
Orthoses delivered	Units	1,221	28	1,106
	<i>of which for victims of mines or explosive remnants of war</i>	4		
Patients receiving physiotherapy	Patients	4,763	199	4,332
Walking aids delivered	Units	148	36	86
Wheelchairs or tricycles delivered	Units	2		

CENTRAL AFRICAN REPUBLIC



⊕ ICRC delegation
 ⊕ ICRC sub-delegation
 + ICRC office

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Wounded and critically ill people were treated at hospitals supported by the ICRC, including a surgical team assigned to Bangui; people in violence-affected areas obtained health-care services at ICRC-backed facilities.
- ▶ IDPs met their immediate needs for food and temporary shelter with ICRC emergency aid; IDPs and returnees sought to resume their livelihoods with ICRC assistance: seed and tools, and through various cash-for-work projects.
- ▶ People in rural and semi-urban violence-affected areas had better access to safe water after ICRC-backed infrastructural upgrades; IDPs in camps benefited from newly constructed sanitation facilities and water-trucking activities.
- ▶ The volatile security situation occasionally hampered the ICRC's ability to operate; for instance, owing to incidents of violence, it had, in some areas, to temporarily restrict the movement of staff and suspend its activities.
- ▶ Authorities and weapon bearers, during confidential dialogue with the ICRC, were reminded of their obligations under IHL, particularly to protect civilians, and safeguard their access to medical care and humanitarian aid.
- ▶ Detainees accessed medical care at prison clinics that received ICRC technical and material support; at one prison, malnourished detainees received specialized treatment under a programme set up by the ICRC.

EXPENDITURE IN KCHF

Protection	4,399
Assistance	34,138
Prevention	2,773
Cooperation with National Societies	1,560
General	332
Total	43,201
<i>Of which: Overheads</i>	<i>2,631</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	93
Resident staff (daily workers not included)	422

The ICRC opened a delegation in the Central African Republic in 2007, but has conducted activities in the country since 1983. It seeks to protect and assist people affected by armed conflict and other situations of violence, providing emergency relief and medical and psychological care, helping people restore their livelihoods and rehabilitating water and sanitation facilities. It visits detainees, restores links between separated relatives, promotes IHL and humanitarian principles among the authorities, armed forces, armed groups and civil society, and, with Movement partners, supports the Central African Red Cross Society's development.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	213
RCMs distributed	240
Phone calls facilitated between family members	373
Tracing cases closed positively (subject located or fate established)	498
People reunited with their families	52
<i>of whom unaccompanied minors/separated children</i>	44
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	21
Detainees in places of detention visited	1,409
<i>of whom visited and monitored individually</i>	104
Visits carried out	107
Restoring family links	
RCMs collected	166
RCMs distributed	73
Phone calls made to families to inform them of the whereabouts of a detained relative	76

ASSISTANCE	2017 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	20,700	39,995
Essential household items	Beneficiaries	20,000	35,724
Productive inputs	Beneficiaries	175,000	171,497
Cash	Beneficiaries	7,500	12,728
Services and training	Beneficiaries		18
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	754,130	990,456
Health			
Health centres supported	Structures	4	4
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	3	2
Water and habitat			
Water and habitat activities	Beds	70	731
Physical rehabilitation			
Projects supported	Projects	1	1
Patients receiving services	Patients		900

CONTEXT

In the Central African Republic (hereafter CAR), insecurity and socio-political tensions persisted in some regions; particularly in the south-east and in rural areas, violent clashes between armed groups and episodes of communal violence occurred more frequently than in the previous year.

Some of the hundreds of thousands of families displaced within and beyond the country began to return to their places of origin. However, hundreds of thousands more fled their homes because of renewed violence, straining resources in host communities. Access to health care, water and other public services continued to be limited. Attacks on medical personnel and humanitarian workers were reported.

The UN Multidisciplinary Integrated Stabilization Mission in the CAR (MINUSCA), whose mandate was extended to November 2018, remained operational throughout the country. Some French troops were still stationed in Bangui.

ICRC ACTION AND RESULTS

The ICRC endeavoured to help people in the CAR cope with the effects of armed conflict and other situations of violence; however, security and other constraints affected the implementation of some activities. Whenever possible, it worked with the Central African Red Cross Society. The ICRC sustained its dialogue with the parties to the conflict, with a view to maintaining access to communities in need.

The ICRC kept up its efforts to prevent violations of IHL. To that end, it promoted and urged respect for IHL and for international standards applicable to law enforcement, and strove to foster support for its humanitarian activities, among CAR soldiers, members of armed groups, and personnel attached to international forces. It reminded these groups of their obligation to protect civilians and medical services. The ICRC documented allegations of abuse reported to it and, whenever possible, shared these with parties concerned; it urged these parties to take measures to prevent the recurrence of such abuses.

The ICRC helped health-care providers ensure the continuity of their services, particularly in violence-affected areas. People obtained primary-health-care services at ICRC-supported centres; two additional health centres began receiving assistance. Wounded and critically ill people, including malnourished children, were treated at ICRC-backed hospitals and other facilities; some patients were transported to the hospitals, including by plane, with ICRC assistance. The ICRC surgical team assigned to the community hospital in Bangui continued to treat critically ill and wounded people; the ICRC increased support for the hospital in Kaga Bando. People suffering from violence-related trauma, including in relation to sexual violence, received appropriate care and psychosocial support at facilities supported by the ICRC. ICRC information sessions helped communities learn more about the importance of ensuring that victims of sexual violence received prompt and appropriate care. Displaced children shared their experiences at therapeutic group sessions, helping them manage their emotional distress. People with physical disabilities benefited from physiotherapy services at Bangui hospital and the services of a workshop – run by a local organization producing prostheses/orthoses – renovated by the ICRC.

The ICRC distributed household essentials, shelter materials, food and water to people displaced by violence, to help them meet their basic needs. Violence-affected people – particularly people who had returned to their places of origin – were given support for strengthening their resilience to the effects of violence: the ICRC helped them restore their livelihoods and rebuild their homes. Vulnerable farming households received plant cuttings, seed and tools to increase their harvests; livestock owned by herding households were vaccinated; and money earned through cash-for-work projects helped some households cover their expenses. In rural and urban areas, infrastructural improvements carried out by local authorities and the ICRC improved sanitation and gave people more reliable access to safe water and sanitation facilities.

National Society and ICRC family-links services helped members of dispersed families restore or maintain contact with each other. Unaccompanied minors, some of whom were formerly associated with armed groups, were reunited with their families. National Society volunteers received training in delivering family-links services, particularly in areas to which the ICRC had limited access.

During information sessions and other ICRC-organized activities, community members and local leaders learnt more about their role in protecting people affected by conflict and other violence. Members of the media, representatives of international organizations, and others were regularly updated on the ICRC's activities.

The ICRC visited detainees, in accordance with its standard procedures, and monitored their treatment and living conditions. It conveyed its findings and when necessary, its recommendations, confidentially to the detaining authorities. It supported the authorities' efforts to improve detainees' living conditions, including access to health care; at one prison, it set up a treatment programme for malnourished detainees.

The ICRC gave the National Society support for strengthening its ability to restore family links and respond to emergencies, and to help enhance its coordination with Movement partners.

CIVILIANS

The ICRC reminded the authorities and other weapon bearers, through confidential dialogue and briefings, of their obligations under IHL and other applicable law, particularly to protect civilians and medical services (see also *Actors of influence*). It documented allegations of abuses and, when appropriate, discussed these confidentially with the parties concerned; it urged them to take measures to prevent the occurrence of such misconduct. The ICRC urged the authorities to facilitate safe passage for IDPs wishing to return home.

Owing to the security situation and violent attacks on humanitarian personnel, the ICRC temporarily restricted the movement of staff and suspended its activities in certain areas; this affected the implementation of its activities.

Violence-affected people obtain health care at ICRC-supported clinics

To help ensure the continuity of primary-health-care services, particularly in violence-affected areas, the ICRC continued to provide two health-care centres with various forms of support – medical supplies, staff support and infrastructural upgrades – and began to support two more centres. These facilities gave 79,588 consultations

in all; 698 patients were referred to an ICRC-supported hospital for higher-level care (see *Wounded and sick*).

In Nana-Grébizi, young children were vaccinated under an ICRC-backed national programme. Children were also screened for malnutrition; therapeutic feeding was provided for the severely malnourished, including at an ICRC-supported facility in Bambari and a therapeutic feeding unit in Kaga Bandoro (see *Wounded and sick*). These children and their families were given financial assistance and food.

People, including children, availed themselves of free malaria testing under a national health programme; 14,989 people were treated for malaria by ICRC-trained community health workers. Diarrhoea treatment was incorporated in this programme, with ICRC support.

Victims of sexual violence receive appropriate care within 72 hours of their assault

Victims of sexual violence obtained suitable care at three of the health centres mentioned above; plans to provide the same services at a centre in Nana-Grébizi were cancelled because of security constraints. At these three centres, and at a counselling centre in Kaga Bandoro, victims of sexual violence received psychosocial support from ICRC-trained counsellors.

During ICRC-facilitated information sessions, community members deepened their awareness of the consequences of violence. The sessions aimed to prevent the stigmatization of victims of sexual violence and to encourage their referral for suitable care; they also highlighted the importance of post-exposure prophylactic treatment for such victims within 72 hours of an assault. Partly as a result of these efforts, 86% of the victims of sexual violence who sought treatment at ICRC-supported facilities received it within 72 hours of being assaulted, from an average of 78% in 2016.

Some 180 displaced children in Kaga Bandoro shared their experiences with their peers during therapeutic group sessions, which helped them cope with their emotional distress.

IDPs meet their immediate needs with help from ICRC emergency aid

Amid intensified violence, the ICRC stepped up its emergency-relief efforts. Some 30,000 IDPs (around 6,000 households) used hygiene kits, blankets, tarpaulins and other essential items to set up temporary shelters or help improve their living conditions. Some 27,670 people (5,500 vulnerable households) – including IDPs and residents in violence-affected areas – received food from the ICRC.

Some 5,700 people (around 1,140 households), originally displaced by violence, who had returned to their places of origin received shelter materials and tools to rebuild their homes.

Households in violence-affected areas grow more food

In violence-affected areas, some 28,200 farming households (around 139,000 people) – returnees and residents – used ICRC-provided tools, seed and disease-resistant cassava cuttings (see below) to grow more food. Around 6,500 herding households (some 32,500 people) maintained the health and market value of their livestock by having more than 158,200 of their animals vaccinated against disease, under a campaign organized by the

authorities and the ICRC. Eighteen National Society staff bolstered their abilities to carry out livelihood-support activities during ICRC training sessions.

Over 1,900 households in all (some 9,800 people) covered some of their expenses with money from cash-for-work activities: cultivating cassava cuttings, helping to renovate marketplaces, and building structures used during vaccination activities.

IDPs in camps have access to clean water and renovated sanitation facilities

Some 836,000 people in urban areas such as Bangui had broader access to safe water, after local water authorities repaired or constructed infrastructure with ICRC assistance and donated equipment; the ICRC also provided water-treatment chemicals.

Some 74,700 people staying in rural and semi-urban areas, including IDPs, had more water for household and livelihood purposes through water points constructed or refurbished by the ICRC, or maintained by the Central African Red Cross Society.

At IDP camps, some 75,000 people had better access to clean water and to sanitation facilities following water-trucking activities and ICRC infrastructure upgrades. People learnt more about disease-prevention measures through the National Society's hygiene-promotion activities.

Unaccompanied minors formerly associated with armed groups rejoin their families

Members of families separated by conflict or other violence, or detention, reconnected through RCMs and phone calls facilitated by the Central African Red Cross, National Societies in neighbouring countries, and the ICRC. In all, 44 unaccompanied minors, some of whom were formerly associated with armed groups, were reunited with their families in the CAR; 498 tracing cases were resolved. The National Society briefed people in violence-affected communities on ways to avoid losing contact with their relatives.

National Society volunteers received training and other support (see *Red Cross and Red Crescent Movement*) that helped them offer family-links services in areas to which the ICRC had limited access.

The ICRC engaged the authorities in dialogue on their role and responsibilities in providing answers to the families of missing persons, and in strengthening national forensic capacities. At training sessions, police officers and *gendarmes*, and morgue staff in Bangui, familiarized themselves with internationally recognized standards for managing human remains.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees contact their relatives through family-links services

The ICRC visited, in accordance with its standard procedures, places of detention run by the authorities, by armed groups and by MINUSCA; these places held some 1,400 people. Close attention was paid to 104 particularly vulnerable detainees, including those who were ill or held in relation to the conflict. After its visits, the ICRC communicated its findings and, as necessary, its recommendations for improving detainees' living conditions and treatment, confidentially to the authorities. The ICRC sought access to all detainees, including people held by armed groups.

Detainees exchanged messages with relatives using RCMs and oral messages relayed by ICRC delegates. With ICRC help, 28 foreign detainees notified their embassies or the UNHCR of their detention.

Malnourished detainees obtain appropriate treatment under an ICRC programme

The ICRC continued to make oral and written representations to draw the authorities' attention to matters pertaining to detainees' nutrition and their access to health care. Notably, it lobbied for detainees to be included in a national vaccination campaign.

The ICRC supported prison authorities' efforts to ensure detainees' access to health care, by providing them with medical supplies and equipment, and by giving prison medical staff expert advice; it also renovated an infirmary at one prison. Under an ICRC nutritional programme, 250 malnourished detainees at one prison received suitable care.

At workshops, detainees at the Bangui central prison learnt how to make liquid soap, which was distributed within the prison. Detainees at several prisons benefited from hygiene items provided by the ICRC, and had better sanitation conditions after the ICRC renovated their facilities.

WOUNDED AND SICK

The National Society and the ICRC conducted first-aid training sessions for some 7,600 people – including community members and weapon bearers – to help ensure that people requiring urgent treatment, such as those wounded in clashes, were stabilized until they could receive hospital care.

In August, the ICRC began providing support to a National Society health facility that stabilized patients needing emergency treatment and referred them for higher-level care; it helped renovate the facility with a view to ensuring that these services were available on a 24-hour basis.

Weapon-wounded people receive surgical care at the Bangui hospital

Critically wounded and seriously ill people were treated at the Bangui community hospital, where an ICRC surgical team performed 1,049 operations. Of these patients, 330 were weapon-wounded, and 176 were evacuated to the hospital on an ICRC aircraft. From January onwards, some patients at the hospital began to undergo physiotherapy (see below).

The hospital enhanced its services with ICRC technical and material assistance. Upgrades to the hospital's electrical and water-supply systems, trauma room, kitchen and laundry facilities helped improve conditions for staff and patients.

Some 690 patients – and their caretakers – received meals supplemented with ICRC-donated food items to help ensure these patients' recovery.

Hospital patients and their caretakers familiarized themselves with topics related to the protection of wounded and sick people (see *Actors of influence*).

Severely malnourished children are treated at an ICRC-run therapeutic feeding unit

After signing an agreement with the authorities at the Kaga Bandoro hospital in May, the ICRC expanded its support for the hospital; the

maternity and paediatric departments began to receive assistance. The ICRC upgraded infrastructure at the hospital, donated medical supplies, provided technical advice and training, and covered staff incentives and other costs; all these activities aimed to guarantee free health care for patients.

Malnourished children were treated at an ICRC-run temporary therapeutic feeding unit, while the hospital underwent renovations to expand its capacity.

Students in prosthetics and physiotherapy continue their education

People received physiotherapy at the Bangui hospital. Persons with disabilities also benefited from the services of a prosthesis/orthosis workshop – run by the Association Nationale de Rééducation et d'Appareillage de Centrafrique – renovated by the ICRC.

Eight students continued their studies in physiotherapy and prosthetics/orthotics, with ICRC assistance. Discussions with the authorities, on the possibility of constructing a new physical rehabilitation centre, continued.

ACTORS OF INFLUENCE

Weapon bearers familiarize themselves with their obligations under IHL

Some 340 members of the armed forces and international peace-keeping contingents, and almost 670 members of armed groups, advanced their understanding of IHL and other applicable law, and their obligations under them, during ICRC training sessions and briefings. At ICRC-facilitated training sessions, over 600 police officers, *gendarmes* and security forces personnel learnt more about internationally recognized standards pertinent to law enforcement. All the sessions and briefings emphasized the necessity of facilitating safe access to medical and humanitarian aid, and of protecting civilians – including from sexual violence – during armed conflict and other violence.

Officers from the armed forces learnt how to incorporate IHL more fully in their training and operations during an ICRC train-the-trainer session.

Eighteen people who had taken part in ICRC seminars and training held abroad, including justice ministry officials and academics, participated in a round-table on the challenges in IHL implementation. Ten members of a committee in charge of establishing a national IHL commission met to define the roles of the commission's members.

Communities learn more about their role in protecting violence-affected people

Dialogue with the authorities, weapon bearers, traditional leaders and community members focused on the humanitarian consequences of armed conflict and other violence, the necessity of protecting civilians, and the Movement's neutral, impartial and independent humanitarian action. Notably, local government officials in Bangui learnt more about the Movement's activities in their city and about protecting medical services. Members of the media, representatives of international organizations and others were regularly updated on the ICRC's activities.

Meetings and information sessions, and other dissemination activities, helped strengthen acceptance for the ICRC among communities – and facilitate its humanitarian activities – and

broaden awareness of the services available to violence-affected communities. Some 2,700 people including community and religious leaders, university students, and members of women's associations and youth groups – learnt more about the ICRC's work in the CAR and how they could contribute to ensuring the protection of people affected by violence and the safety of humanitarian personnel. Almost 4,300 patients at the Bangui community hospital, and the people accompanying them, learnt about issues related to the protection of people seeking or providing medical assistance.

Law students learnt about IHL and the ICRC's activities at an information session and during a workshop, and law professors developed their ability to teach IHL, and discussed IHL in relation to local circumstances amongst each other.

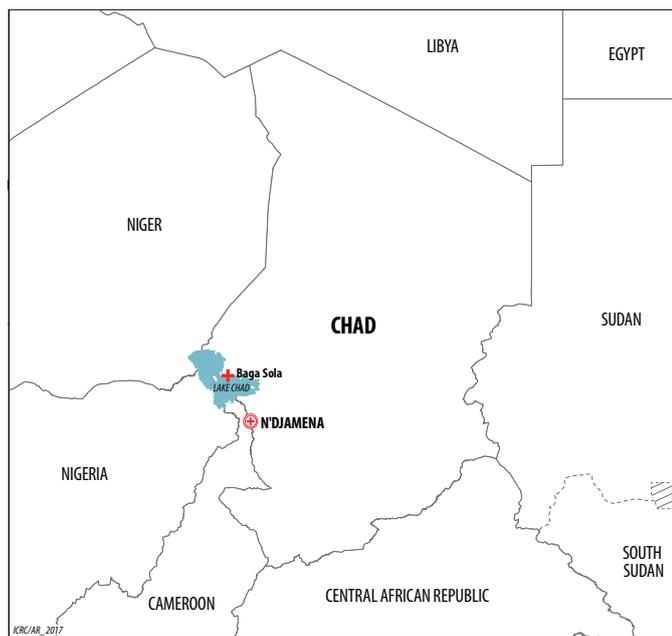
RED CROSS AND RED CRESCENT MOVEMENT

The Central African Red Cross Society continued to carry out its work, and to develop its operational and managerial capacities, with material, financial and technical support from the ICRC; its staff members and volunteers strengthened their readiness to respond to emergencies, and their capacities in restoring family links. Following a 2016 workshop on the Safer Access Framework, the National Society set up a steering group to oversee the development of projects in line with the framework.

During the first half of the year, the ICRC and the National Society reviewed their joint activities, and developed a plan of action that defined their roles and responsibilities. Regular meetings and bilateral dialogue helped ensure more effective coordination and collaboration between Movement components.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact		UAMs/SC		
RCMs collected	213	54		
RCMs distributed	240	61		
Phone calls facilitated between family members	373			
Reunifications, transfers and repatriations				
People reunited with their families	52			
<i>including people registered by another delegation</i>	26			
People transferred or repatriated	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	176	14	57	63
<i>including people for whom tracing requests were registered by another delegation</i>	95			
Tracing cases closed positively (subject located or fate established)	498			
<i>including people for whom tracing requests were registered by another delegation</i>	248			
Tracing cases still being handled at the end of the reporting period (people)	748	127	171	165
<i>including people for whom tracing requests were registered by another delegation</i>	303			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	21	8		
UAMs/SC reunited with their families by the ICRC/National Society	44	16		17
<i>including UAMs/SC registered by another delegation</i>	24			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	52	23		11
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Places of detention visited	21			
Detainees in places of detention visited	1,409	81	64	
Visits carried out	107			
Detainees visited and monitored individually		Women	Girls	Boys
	104	1		7
<i>of whom newly registered</i>	65			7
RCMs and other means of family contact				
RCMs collected	166			
RCMs distributed	73			
Phone calls made to families to inform them of the whereabouts of a detained relative	76			
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	39,995	21,114	9,001
	<i>of whom IDPs</i>	26,492	11,738	7,770
Essential household items	Beneficiaries	35,724	14,885	9,587
	<i>of whom IDPs</i>	30,030	12,041	8,695
Productive inputs	Beneficiaries	171,497	68,358	23,193
Cash	Beneficiaries	12,728	4,770	2,040
	<i>of whom IDPs</i>	978	159	348
Services and training	Beneficiaries	18	7	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	990,456	297,137	396,182
	<i>of whom IDPs</i>	99,045	29,713	39,618
Health				
Health centres supported	Structures	4		
Average catchment population		60,303		
Consultations		79,588		
	<i>of which curative</i>	72,786	13,728	49,585
	<i>of which antenatal</i>	6,802		
Immunizations	Patients	79,548		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	11,473		
Referrals to a second level of care	Patients	698		
	<i>of whom gynaecological/obstetric cases</i>	75		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	1,281	53	33
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	1,037	73	
Health				
Places of detention visited by health staff	Structures	4		
Health facilities supported in places of detention visited by health staff	Structures	1		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	2		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	330	34	6
	Non-weapon-wound admissions	356		
	Operations performed	1,049		
Gynaecological/obstetric admissions		1,883	1,829	54
Consultations		35,978		
Patients whose hospital treatment was paid for by the ICRC		12,583		
First aid				
First-aid training				
	Sessions	48		
	Participants (sum of monthly data)	1,644		
Water and habitat				
Water and habitat activities	Beds	731		
Physical rehabilitation				
Projects supported	Projects	1		
Patients receiving services (sum of monthly data)		900	182	217
New patients fitted with prostheses	Patients	43	4	
Prostheses delivered	Units	108	23	5
	<i>of which for victims of mines or explosive remnants of war</i>	11		
New patients fitted with orthoses	Patients	77	13	43
Orthoses delivered	Units	301	54	155
	<i>of which for victims of mines or explosive remnants of war</i>	1		
Patients receiving physiotherapy	Patients	500	115	272
Walking aids delivered	Units	979	200	126
Wheelchairs or tricycles delivered	Units	5		3



KRC/AR_2017
 ⊕ ICRC delegation + ICRC office

The ICRC has worked in Chad since 1978. It seeks to protect and assist people suffering the consequences of armed conflict in the region, follows up on the treatment and living conditions of detainees, and restores links between separated family members, including refugees from neighbouring countries. It also pursues longstanding programmes to promote IHL among the authorities, armed forces and civil society. It supports the Red Cross of Chad.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ The ICRC stepped up its efforts to document allegations of abuse in connection with the conflict in the wider Lake Chad region; it sought to discuss these with the parties concerned, in order to prevent their recurrence.
- ▶ The ICRC gained access to some communities in the Lac region unreachable by other humanitarian actors. It helped people resume their livelihoods by distributing seed and tools, and vaccinating livestock.
- ▶ People separated from their relatives by violence in neighbouring countries reconnected with them via the Movement's family-links services; two new phone sites were opened in camps for Sudanese refugees.
- ▶ Prison staff were trained in prison management, especially in areas related to improving health care and nutrition for detainees. Ailing and malnourished inmates were treated with medicines and therapeutic food from the ICRC.
- ▶ Military and security forces in Chad, including members of multinational forces and troops bound for peacekeeping missions abroad, learnt more about IHL and other applicable norms at ICRC briefings.

EXPENDITURE IN KCHF

Protection	2,732
Assistance	5,861
Prevention	1,595
Cooperation with National Societies	751
General	80
Total	11,018
<i>Of which: Overheads</i>	<i>672</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	99%
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PERSONNEL

Mobile staff	18
Resident staff (daily workers not included)	87

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	612
RCMs distributed	624
Phone calls facilitated between family members	47,504
Tracing cases closed positively (subject located or fate established)	218
People reunited with their families	39
<i>of whom unaccompanied minors/separated children</i>	38
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	11
Detainees in places of detention visited	4,180
<i>of whom visited and monitored individually</i>	575
Visits carried out	65
Restoring family links	
RCMs collected	664
RCMs distributed	426
Phone calls made to families to inform them of the whereabouts of a detained relative	83

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	35,982
Essential household items	Beneficiaries	14,400
Productive inputs	Beneficiaries	186,000
Cash	Beneficiaries	240
Services and training	Beneficiaries	100
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	39,500
		20,302

CONTEXT

Chad – together with Cameroon, Niger, and Nigeria – intensified its military operations against factions of the Nigeria-based armed group known as Boko Haram. The security situation improved somewhat in early 2017, but it remained generally precarious, as the group continued to raid Chadian territory intermittently, particularly the Lac region and surrounding areas. Many IDPs and Nigerian refugees remained unable to return home, which added to the strain on their hosts' already scarce resources. Insecurity in neighbouring countries, including the Central African Republic (hereafter CAR) and Sudan, brought more refugees and returnees to Chad, or kept them there.

To prevent incursions by other armed groups, Chad closed its borders with the CAR, Libya and Nigeria, disrupting trade and exacerbating underlying economic difficulties. Criminality and social unrest caused by economic frustrations increased. Former combatants, including minors, surrendered and returned home; protecting and reintegrating them became issues of concern.

N'Djamena, the capital, hosted the headquarters of the Multinational Joint Task Force (MNJTF) responding to conflict in the Lake Chad region, and that of Operation Barkhane, a French military response to armed groups in the Sahel region. Chad helped form the G5 Sahel Force, another military initiative against these groups.

Chadian troops remained in Mali. The joint Chadian-Sudanese force and the tripartite CAR-Chadian-Sudanese force were stationed along the countries' common borders.

ICRC ACTION AND RESULTS

Having opened an office in Baga Sola the previous year, in 2017 the ICRC stepped up its assistance and protection activities for people affected by the conflict in the Lake Chad region (see also *Niger, Nigeria and Yaoundé*); in June, it launched a budget extension appeal.¹ Intensified networking enabled the ICRC to gain access to some areas near Lake Chad that other humanitarian actors could not reach.

The ICRC monitored the condition of people affected by armed conflict and other situations of violence in neighbouring countries. The arrival of additional staff members helped it to step up its efforts to document civilians' allegations of abuse: IHL violations related to the conduct of hostilities, arrests and detention, and sexual violence. Based on these allegations, the ICRC made confidential representations to the authorities and weapon bearers concerned, with a view to preventing the recurrence of abuse. This was supplemented by dissemination sessions for armed forces and security forces personnel in Chad, including multinational and French military personnel, and peacekeepers bound for missions abroad.

In the Lac region, the ICRC sought to help displaced people and members of their host communities resume or improve their livelihoods. Some households began farming again with ICRC-supplied seed and tools. They were also given food to help them get through the lean season; women and children received nutritional supplements. Livestock owned by pastoral households were vaccinated and given treatment when required; the ICRC provided these services in cooperation with the livestock ministry and the Red Cross

of Chad. Together with the National Society, the ICRC also supplied household essentials to victims of fires and floods, and conducted hygiene-promotion sessions and distributed hygiene kits in areas vulnerable to the spread of disease. People had better access to water after the ICRC upgraded or built water points.

People separated from their relatives by conflict and other violence in the region reconnected with them through the Movement's family-links services. More were able to do so in 2017, partly because of the opening of new phone sites in camps for Sudanese refugees. The ICRC continued to process tracing requests, and helped unaccompanied children rejoin their families in Chad or Nigeria.

The ICRC continued to seek access to all detainees, especially security detainees; the growing number of arrests linked to the conflict lent particular urgency to its efforts. It visited people in 11 places of detention, in order to check on their treatment and living conditions, paying particular attention to security detainees and other extremely vulnerable groups. Confidential discussions between the ICRC and the authorities focused on challenges related to food security, access to health care and sanitation. Prison health staff strengthened their ability to deal with issues related to the health and nutrition of detainees; the ICRC provided training and other assistance to this end. Malnourished detainees were given therapeutic and supplementary food, and prison dispensaries received medicines and other supplies for treating ailing inmates. Detainees were able to protect their health more effectively after hygiene-promotion sessions organized by the ICRC, which also gave them hygiene kits.

Despite various organizational difficulties, the National Society was able to assist people in need. With Movement support, it bolstered its capacities in emergency response, first aid, restoration of family links and public communication. Movement partners met regularly to coordinate activities and avoid duplication of effort.

CIVILIANS

The ICRC monitored the situation of IDPs, returnees, refugees and members of host communities affected by the conflict in the Lake Chad region and other violence in neighbouring countries such as the CAR and Sudan. The arrival of additional staff members helped it to step up its efforts to document civilians' allegations of abuse: IHL violations related to the conduct of hostilities, arrests and detention, and sexual violence. On the basis of these allegations, the ICRC made confidential representations to the authorities and weapon bearers concerned, with a view to preventing the recurrence of abuse. It also reminded these parties to respect IHL and other applicable norms, particularly those concerning the protection due to people who were not, or were no longer, participating in fighting.

The ICRC also expanded its assistance activities for people in the Lac region. Intensified networking enabled it to gain access to areas unreachable by other humanitarian actors. It worked with the Red Cross of Chad whenever possible, and coordinated with other humanitarian actors.

Conflict-affected people resume farming and other livelihood activities

Displaced people and host communities sought to regain self-sufficiency with livelihood support from the National Society and the ICRC. Nearly 6,000 farming households (about 36,000 people) started growing crops – both for personal consumption and for

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/2EC80FBCFEBA4C98C125810C00207FB0/\\$File/PA2017_LakeChad_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/2EC80FBCFEBA4C98C125810C00207FB0/$File/PA2017_LakeChad_Final.pdf)

sale – using seed and agricultural tools donated by the ICRC. They were also provided with food to help tide them over during the lean season, and to obviate the necessity of consuming seed meant for planting; children and pregnant or lactating women were also given nutritional supplements. Another 500 households (3,000 people) started small vegetable gardens with similar support, and 300 more (1,800 people) received other forms of livelihood support, such as sheep for rearing and equipment for fishing. Some 40 households (240 people) got cash for working on small infrastructure projects.

In cooperation with the livestock ministry and the National Society, the ICRC vaccinated and/or treated the livestock of around 30,300 pastoral households (182,100 people) to improve their health and productivity; 100 community animal-health workers were equipped with veterinary kits and trained in disease-prevention and treatment techniques. The ICRC also built a modern slaughterhouse in Baga Sola, which served 40 villages in that area.

Some 2,100 households (12,600 people) affected by fires and floods obtained soap, jerrycans, tarpaulins, mosquito nets and other items from the ICRC and the National Society. This enabled them to cook, maintain personal hygiene, and protect themselves from the elements.

Roughly 20,300 people benefited from the ICRC's water and habitat initiatives. These included the upgrading of water points, and hygiene-promotion campaigns – conducted with the National Society, in some cases – in areas vulnerable to the spread of disease. They also received hygiene kits during these sessions. A few water and habitat projects were not implemented because of operational constraints.

Members of dispersed families reconnect through Movement family-links services

As violence continued to disperse families, efforts were made to improve the family-links services available in the Lake Chad region; to that end, the ICRC provided the National Society with material and technical support, and training.

Members of separated families reconnected through family-links services, such as phone calls and RCMs, offered at sites managed by the National Society and the ICRC. Refugees from Nigeria – including unaccompanied or separated minors – made use of these services at the main refugee camp on the Chadian shores of Lake Chad. Refugees and returnees from the CAR benefited from similar services at eight sites in southern Chad and in N'Djamena. Some people were able to call their relatives in Sudan from two newly opened ICRC phone sites in the Djabal and Goz Amer camps in eastern Chad. In all, over 47,000 phone calls were made in 2017, a significant increase over the roughly 9,800 calls made in the previous year.

A total of 38 unaccompanied children were reunited with their families within Chad or in Cameroon, the CAR, Niger or Nigeria. Some people filed tracing requests for their missing relatives; the fate or whereabouts of 218 people, many of whom were registered by other ICRC delegations and National Societies, was ascertained and the information relayed to their families.

PEOPLE DEPRIVED OF THEIR FREEDOM

The penitentiary system remained under pressure, owing to the increase in arrests linked to the conflict. The ICRC strove to secure access to all detainees within its purview; its efforts resulted in its

gaining access to people arrested by the Chadian national army and other Chadian forces, and to those held at places of temporary detention in N'Djamena.

The ICRC checked on the living conditions and treatment of detainees at ten prisons and places of temporary detention, where nearly 4,200 people were being held. Delegates paid particular attention to people arrested in connection with the conflict in the Lake Chad region, those held in remand, and people with specific needs, such as women, minors and foreigners. Findings and recommendations from these visits were communicated confidentially to the relevant authorities. The ICRC also monitored the situation of certain people, allegedly former combatants, who had surrendered to Chadian authorities or had returned to their communities.

Some detainees contacted their families via the ICRC's family-links services. When requested to do so by foreign inmates, the ICRC notified their consulates, embassies, and/or UNHCR of their detention.

Detainees have better access to health care

The ICRC provided the authorities with system-wide support for strengthening their capacities in prison management – especially in relation to improving food security, access to health care, and sanitation. It conducted training sessions for prison administrators, judicial officials and prison staff (cooks, nurses and others); at one prison, the Red Cross of Chad, with the ICRC's support, trained staff and detainees in hygiene and sanitation. The ICRC also urged the authorities concerned to do more to meet detainees' needs. National programmes for treating TB and/or HIV were adapted to include care for ailing detainees, and three hospitals signed agreements to treat detainees referred to them.

ICRC delegates paid special attention to the health and nutritional status of detainees at six places of detention, including the remote, high-security Koro Toro prison and the Bol prison in the Lac region. Roughly 2,700 malnourished detainees were treated with therapeutic and supplementary food from the ICRC. Some prison dispensaries and prison health staff treated ailing inmates with medicines from the ICRC. ICRC health staff provided check-ups for detainees at one prison; at five other prisons, detainees had consultations with health staff assigned to those facilities by the authorities. Financial assistance from the ICRC enabled 60 detainees to be tested and treated for TB, and 50, for HIV; at the ICRC's request, the authorities transferred them to hospitals for further treatment when that was needed.

Inmates lessen their risk of disease

Over 4,000 people benefited from ICRC projects to renovate or build various facilities: kitchens, storage areas, a dining room for malnourished inmates, an infirmary, and quarters for women and minors. They were also able to protect themselves more effectively against disease after attending National Society/ICRC awareness sessions on hygiene and sanitation. Several of these sessions were organized with prison authorities, and supplemented by distributions of hygiene kits.

ACTORS OF INFLUENCE

Particularly because of Chad's political and military influence in the region, the ICRC sought to maintain dialogue with the authorities, the military and security forces in Chad – including members of multinational forces and Operation Barkhane – and key members of civil society. Frequent contact with these actors helped to foster respect for IHL and other applicable norms, and to facilitate the Movement's activities.

Military and security forces strengthen their grasp of IHL

Chadian military personnel learnt more about IHL and other applicable norms through briefings held by the ICRC and, occasionally, by the military's IHL focal points. These personnel included soldiers deployed in the Lake Chad region – with the Chadian military or as part of the MNJTF – and those bound for a UN peacekeeping mission in Mali.

Security forces – such as members of an elite police unit and prison guards – and instructors/students at a police training institute learnt more about international standards for law enforcement and related matters at ICRC dissemination sessions. The ICRC initiated discussions with parties involved in projects – supported by the European Union – to reform the security sector; the aim was to contribute to these reforms by conducting dissemination sessions for those concerned.

Expanded dialogue with the National and Nomadic Guard – members of which took part in military and security operations, and served as prison guards – led to requests for additional training in IHL and international human rights law.

The ICRC urged the military and security forces present in Chad to incorporate IHL and other norms in their decision-making; it sponsored one legal adviser to attend a seminar abroad (see *African Union*).

Local leaders learn more about the Movement and its work

To broaden acceptance for the Movement and its work, the ICRC held briefings for administrative, traditional and religious leaders and for people who benefited from its assistance activities (see *Civilians*); the briefings covered its mandate, its activities in the region, and the Fundamental Principles.

At ICRC workshops, journalists learnt more about the Movement, the ICRC's working methods, and the role of the media during armed conflict and other violence. Press releases and reference materials on the ICRC website, and up-to-date information on its family-links website (familylinks.icrc.org), helped stimulate public interest in humanitarian affairs.

Various events organized jointly by the ICRC and the Red Cross of Chad – for instance, to mark World Red Cross and Red Crescent Day (May 8) – helped broaden public awareness of the Movement and its activities. At dissemination sessions, high school and university students from areas prone to violent protests learnt about humanitarian principles and the respect due to the emblems protected under IHL; first-aid training was also provided at these sessions. The ICRC organized a national moot-court competition, which was covered by major media organizations and which helped stimulate students' interest in IHL.

The ICRC urged the authorities to ratify, accede to or implement certain important treaties, such as the African Union Convention on IDPs; it also gave them expert advice on these matters. Some provisions of the Arms Trade Treaty were incorporated in Chad's penal code, and a law on the penitentiary system was passed.

RED CROSS AND RED CRESCENT MOVEMENT

Despite various organizational difficulties, the Red Cross of Chad remained an important partner in assisting people affected by violence and disasters (see *Civilians*). Financial, material and technical support from the ICRC and other Movement partners enabled it to bolster its capacities, particularly in emergency response, first aid, restoring family links and public communication.

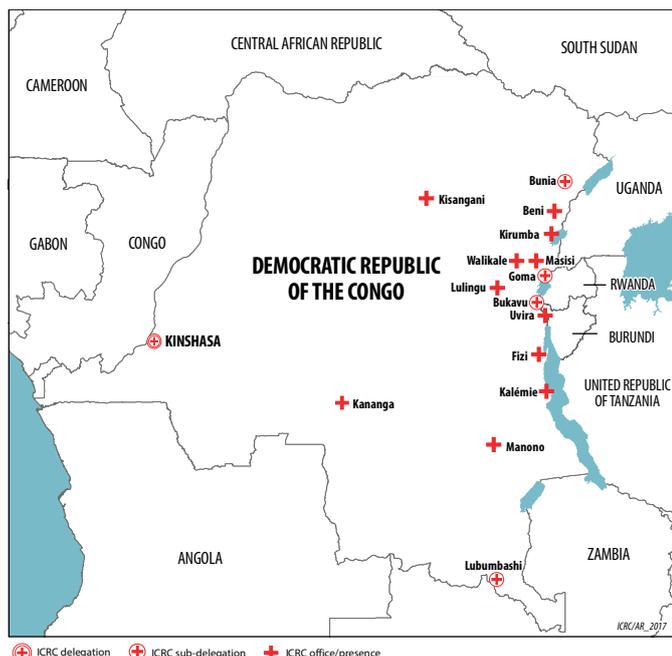
The ICRC trained first-aid instructors, who participated in dissemination sessions (see *Actors of influence*), and volunteers in six regions, who tended to over 1,300 victims of road accidents. Aided by the ICRC, the National Society prepared for emergencies in N'Djamena: it updated its contingency plans and organized a simulation exercise for personnel. National Society branches near the borders with the CAR, Cameroon and Libya evaluated themselves on the basis of the Safer Access Framework, and took action accordingly – for example, by organizing dissemination sessions in areas where they were not well known.

Movement partners met regularly to coordinate their activities and avoid duplication of effort. The ICRC facilitated the National Society's participation in meetings to coordinate Movement components' activities in the Lake Chad region (see also *Niger, Nigeria and Yaoundé*).

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		612	59		
RCMs distributed		624	33		
Phone calls facilitated between family members		47,504			
Reunifications, transfers and repatriations					
People reunited with their families		39			
	<i>including people registered by another delegation</i>	5			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		265	23	41	65
	<i>including people for whom tracing requests were registered by another delegation</i>	65			
Tracing cases closed positively (subject located or fate established)		218			
	<i>including people for whom tracing requests were registered by another delegation</i>	103			
Tracing cases still being handled at the end of the reporting period (people)		789	127	192	162
	<i>including people for whom tracing requests were registered by another delegation</i>	469			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		50	17		2
UAMs/SC reunited with their families by the ICRC/National Society		38	17		1
	<i>including UAMs/SC registered by another delegation</i>	4			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		155	47		3
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		11			
Detainees in places of detention visited		4,180	95	159	
Visits carried out		65			
			Women	Girls	Boys
Detainees visited and monitored individually		575	16	1	44
	<i>of whom newly registered</i>	207	2		37
RCMs and other means of family contact					
RCMs collected		664			
RCMs distributed		426			
Phone calls made to families to inform them of the whereabouts of a detained relative		83			
People to whom a detention attestation was issued		2			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	35,982	22,239	6,647
	<i>of whom IDPs</i>	32,853	20,362	5,909
Essential household items	Beneficiaries	12,636	7,115	1,675
	<i>of whom IDPs</i>	2,131	1,278	213
Productive inputs	Beneficiaries	222,903	86,724	69,938
	<i>of whom IDPs</i>	110,967	47,261	32,471
Cash	Beneficiaries	240		
	<i>of whom IDPs</i>	192		
Services and training	Beneficiaries	100		
	<i>of whom IDPs</i>	49		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	20,302	7,106	7,106
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	2,740	3	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	4,000	80	40
Health				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	5		

CONGO, DEMOCRATIC REPUBLIC OF THE



KEY RESULTS/CONSTRAINTS IN 2017

- ▶ People received suitable treatment at ICRC-supported health facilities. Wounded people were evacuated to hospital and received life-saving care, including from an ICRC team of surgeons and an ICRC-supported surgical team.
- ▶ Victims of trauma, including sexual violence, received psychosocial support at ICRC-backed counselling centres. Some of them were also given livelihood support, which helped them reintegrate into society.
- ▶ Some detainees met their dietary needs with the help of ICRC-supplied food. Ready-to-eat therapeutic food from the ICRC helped malnourished detainees recover their health.
- ▶ People received food and household essentials, or bought them with cash or vouchers from the ICRC. Communities had better access to water after the ICRC renovated water-supply systems.
- ▶ People, including children formerly associated with weapon bearers, reconnected with their relatives via the Movement's family-links services; minors who rejoined their families in the country were given food and hygiene items.
- ▶ Weapon bearers were reminded of their obligation under IHL to protect civilians and ensure their access to basic services. Key actors and community members learnt more about humanitarian principles and the Movement.

EXPENDITURE IN KCHF

Protection	15,437
Assistance	43,985
Prevention	4,600
Cooperation with National Societies	2,368
General	404
Total	66,793
<i>Of which: Overheads</i>	<i>4,030</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	112
Resident staff (daily workers not included)	755

Having worked in the country since 1960, the ICRC opened a permanent delegation in Zaire, now the Democratic Republic of the Congo, in 1978. It meets the emergency needs of conflict-affected people, assists them in becoming self-sufficient and helps those in need receive adequate health and medical care, including psychosocial support. It visits detainees, helps restore contact between separated relatives, reunites children with their families and supports the development of the Red Cross Society of the Democratic Republic of the Congo. It also promotes knowledge of and respect for IHL and international human rights law among the authorities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	32,736
RCMs distributed	26,415
Phone calls facilitated between family members	1,057
Tracing cases closed positively (subject located or fate established)	259
People reunited with their families	199
<i>of whom unaccompanied minors/separated children</i>	176
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	48
Detainees in places of detention visited	26,514
<i>of whom visited and monitored individually</i>	2,876
Visits carried out	246
Restoring family links	
RCMs collected	2,933
RCMs distributed	1,397
Phone calls made to families to inform them of the whereabouts of a detained relative	213

ASSISTANCE	2017 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	67,500	120,353
Essential household items	Beneficiaries	117,500	142,644
Productive inputs	Beneficiaries	88,000	92,002
Cash	Beneficiaries	1,300	64,934
Vouchers	Beneficiaries	66,500	14,530
Services and training	Beneficiaries		23,808
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	560,000	590,762
Health			
Health centres supported	Structures	10	18
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	5	32
Water and habitat			
Water and habitat activities	Beds	400	288
Physical rehabilitation			
Projects supported	Projects	4	4
Patients receiving services	Patients	1,000	1,209

CONTEXT

In the Democratic Republic of the Congo (hereafter DRC), especially in North Kivu and South Kivu, the fragmentation and proliferation of armed groups, and fighting among them, continued. Ethnic violence spread in Haut-Katanga and Tanganyika. Clashes between government forces and armed groups in six provinces previously considered stable – Kasai, Kasai-Central, Kasai-Oriental, Lomami, Lualaba and Sankuru – added to the DRC's deteriorating security situation. Civilians bore the brunt of the fighting: many were displaced, wounded or killed, and their livelihood and properties, destroyed. Logistical and security constraints sometimes hindered the delivery of humanitarian aid.

Implementation of the Peace, Security and Cooperation Framework for the Democratic Republic of the Congo and the Region, and of the Nairobi Declaration for peace in eastern DRC, continued at a slow pace. Little progress was made in implementing two demobilization processes – a national one for members of armed groups, and another, managed by the UN Stabilization Mission in the DRC (MONUSCO), for foreign combatants.

Political crises in neighbouring countries – Burundi, the Central African Republic (hereafter CAR) and South Sudan – caused people to flee to or remain in the DRC; some 400,000 refugees were reportedly in the country.

Tensions linked to the presidential elections – set for December 2018 – resulted in sporadic instances of unrest, especially in Kinshasa.

ICRC ACTION AND RESULTS

Despite some security incidents that prompted the temporary halt of some of its activities, the ICRC helped people affected by armed conflict and other situations of violence in the DRC, using a multi-disciplinary approach. The ICRC opened an office in Kananga, Kasai-Central, so that it could respond quickly and effectively to the needs of people affected by clashes in Kasai and surrounding provinces (see *Context*).

The ICRC maintained dialogue with all pertinent authorities and weapon bearers, reminding them of their obligation to protect civilians and ensure their access to health services. Dissemination sessions were organized to reinforce respect for IHL and humanitarian principles among weapon bearers; regular contact with key actors and violence-affected communities broadened acceptance for neutral, impartial and independent humanitarian action.

People maintained access to good-quality health services at primary-health-care centres receiving ICRC infrastructural, material and technical support and training. The ICRC evacuated wounded people to hospital; some were treated by an ICRC surgical team at a hospital in Goma, North Kivu, or by an ICRC-supported team of local surgeons in Bukavu, South Kivu. People with physical disabilities obtained physical rehabilitation services at ICRC-supported centres; they regained some mobility after being fitted with prosthetic or orthotic devices.

Victims of conflict-related trauma, including sexual violence, received psychosocial support at ICRC-backed counselling centres, and when necessary, were referred to health facilities nearby for medical treatment. Information sessions for community members made people aware of the availability of these services; they also sought to prevent the stigmatization of victims.

People affected by conflict and other violence met their immediate needs with emergency aid from the Red Cross Society of the Democratic Republic of the Congo and the ICRC. When the security situation permitted it, the ICRC gave people cash transfers and vouchers – in order to reduce the amount of material aid it gave, allow people to determine their needs themselves, and help strengthen the local economy. Some households earned money by cultivating crops and through fish-farming activities, with supplies and equipment from the ICRC. Victims of sexual violence received financial and material support and training, to start income-generating activities and facilitate their social reintegration. The ICRC repaired and/or constructed water infrastructure, including hand pumps, which improved people's access to clean water.

The ICRC visited places of detention and checked on detainees' treatment and living conditions. Afterwards, it shared its findings and recommendations confidentially with the detaining authorities. The pertinent authorities and the ICRC continued to discuss the need to release prison funds in a timely manner, and to develop concrete measures for addressing overcrowding in prisons. ICRC-supplied food helped detainees meet their dietary needs; malnourished detainees received therapeutic food. At a number of prisons, ICRC initiatives – material and technical support for health facilities, distribution of hygiene items, and renovation of infrastructure – enhanced detainees' living conditions, including their access to health services. Improved sanitation and access to clean water reduced detainees' exposure to health hazards.

Members of families separated by detention, or by conflict or other violence – in the DRC or elsewhere (see *Context*) –reconnected through the Movement's family-links services. Where appropriate, children, including those formerly associated with weapon bearers, were reunited with their families in the DRC or elsewhere; they also received support for easing their social reintegration and avoiding future recruitment.

The National Society, a key ICRC partner, was given support to enhance its capacities in public communication, emergency response and restoring family links. Movement partners, and other humanitarian actors, coordinated their activities to prevent duplication of effort.

CIVILIANS

People approached the ICRC with reports of abuses committed by weapon bearers, such as sexual violence, child recruitment and attacks against medical facilities. The ICRC made representations to weapon bearers, based on these allegations, and reminded them of their obligation under IHL, international human rights law and/or other applicable norms, to protect civilians and ensure their access to health and other services. Some parties took steps to improve the training of personnel under their command and establish disciplinary measures to prevent the recurrence of abuses.

Demobilized children rejoin their families

The National Society and the ICRC worked together to improve their delivery of family-links services and adapt them to people's needs. Refresher training sessions were organized, in particular, for volunteers in Ituri and Haut-Uele who were reconnecting South Sudanese refugees with their relatives. Five provincial tracing coordinators attended a training course organized by the National Society and the ICRC; this was supplemented by on-the-job coaching.

Members of families dispersed by conflict or other violence reconnected through the Movement's family-links services; some used tracing services to find their relatives. A total of 176 children – of whom 93 had been associated with weapon bearers – rejoined their families, in the DRC or elsewhere.

Nearly 160 children who returned home to the DRC received food to supplement their households' food supply; 94 of them also received hygiene kits. Using materials provided by the ICRC, 93 children undertook vocational activities. The ICRC conducted follow-up visits to monitor their welfare.

Transitional centres and communities hosting separated and/or demobilized children were given food and household essentials for covering the children's needs; some transitional centres also received financial and infrastructural support. Demobilized children and community members attended awareness-raising sessions on the risks to these children even after they return home. Recreational activities for these children and community-based initiatives, including workshops for community leaders, advanced their social reintegration and helped prevent further recruitment.

Victims of sexual violence obtain medical care and psychosocial support

People had access to primary-health-care services at 17 ICRC-supported centres and one mobile clinic. At these facilities: people, mostly children, were vaccinated; women were given antenatal consultations; patients in need of further treatment were referred to higher-level care; and destitute patients, including pregnant women, were treated for free. Five of the primary-health-care centres received material support during emergencies, including displacement or instances of looting.

In the Kivu provinces, access to psychosocial support improved after the ICRC repaired or constructed four counselling centres. Almost 5,000 people suffering from conflict-related trauma received psychosocial support, for the first time, at 27 ICRC-backed counselling centres; they included some 3,400 victims of sexual violence, half of whom were referred to health facilities for medical treatment. At information sessions aimed at preventing the stigmatization of victims of sexual abuse, community members learnt of the services available to them and the importance of prompt post-exposure prophylactic treatment. Disabled people also sought and obtained psychosocial support (see *Wounded and sick*).

Communities have better access to potable water

Some 33,000 people gained better access to potable water after the ICRC constructed five water-supply systems in rural areas of the Kivu provinces, and installed hand pumps in rural areas of Haut-Katanga, Haut-Lomami, Lualaba and Tanganyika. Beneficiary communities identified their water needs and established committees in charge of maintaining the infrastructure; this increased local responsibility and helped ensure sustainability of the infrastructure. Local water authorities and the ICRC worked together to ensure access to water in urban areas. They repaired a main water line in Bunia, Ituri, and upgraded the water-supply system in Walikale, North Kivu; this benefited some 495,000 people. The ICRC helped water authorities in Goma by training 34 of their engineers to maintain the electric panels that powered the city's water-supply system. ICRC-backed National Society projects broadened access to water for some 4,300 people.

The ICRC built four bridges in South Kivu, which eased access to services and economic infrastructure for roughly 8,900 people; some of these people also benefited from the above-mentioned water projects.

The ICRC provided water-treatment chemicals to help contain a cholera outbreak in South Kivu and Tanganyika, to the benefit of some 50,000 people.

Civilians receive support for starting income-generating activities

In Kasai-Central, the Kivu provinces, Kwilu and Tanganyika, around 118,000 people (some 23,600 households) received food from the National Society and the ICRC, and over 139,800 people (some 28,000 households) were given household essentials.

When the security situation permitted it, the ICRC gave people cash transfers and vouchers – in order to avoid having to provide material assistance, allow people to determine their needs themselves, and help strengthen the local economy. Cash transfers enabled over 12,800 households (some 64,000 people) to buy food, essential household items, and supplies and equipment with which to pursue their livelihoods. In South Kivu, some 2,900 households (around 14,500 people) used vouchers for buying household essentials from local traders.

Almost 18,300 breadwinners (supporting nearly 91,600 people) earned money by cultivating crops and through fish-farming activities; the ICRC supplied them with disease-resistant cassava cuttings, fast-growing tilapia fingerlings and/or tools. They, and over 4,700 members of local associations, underwent training on these livelihood activities.

Some 500 victims of sexual violence who sought psychosocial support at ICRC-backed counselling centres, received cash, training and material support to start income-generating activities; this also facilitated their social reintegration.

PEOPLE DEPRIVED OF THEIR FREEDOM

Penitentiary authorities are given assistance to meet detainees' needs

ICRC delegates visited 48 detention facilities in accordance with the ICRC's standard procedures – including places of temporary detention and facilities run by MONUSCO – to check on the treatment and living conditions of detainees. They paid particular attention to vulnerable people, including security detainees, foreigners, women and minors. After visits, delegates shared their findings and recommendations confidentially with the authorities concerned. The ICRC urged detaining authorities to respect judicial guarantees, and engaged them in dialogue on other matters, such as the necessity of preventing ill-treatment of detainees and ensuring their access to health care. The ICRC urged penitentiary authorities at the local and national levels to create committees in charge of tackling overcrowding in prisons and improving the management of funds and maintenance of facilities.

Judicial authorities acted on individual cases brought up by the ICRC, contributing to the release of some inmates, including some whose pre-trial detention had exceeded the legal limit. Over 60 foreigners requested the ICRC to notify their consular representatives of their detention. International child protection agencies and the ICRC continued to discuss how to make demobilization easier for children formerly associated with weapon bearers.

Detainees communicated with their relatives through the Movement's family-links services. Following their release, seven former detainees returned home with the ICRC's financial assistance.

Malnourished detainees receive therapeutic food

Implementation of the legal framework governing the incorporation of prison health care in civilian health services continued. Inmates at ten prisons availed themselves of the care they needed at health facilities, including dispensaries; prison health staff continued to receive ICRC material and technical support.

Insufficient funds for prisons, and delays in the release of allocated funds, affected the penitentiary authorities' means to meet detainees' needs, including food, and contributed to the deterioration of detainees' health. The ICRC monitored the malnutrition rate, and the management of food supply in 11 prisons. Acutely and moderately malnourished detainees were given ready-to-eat therapeutic food, which helped them recover their health. Some 5,700 detainees received supplementary rations, enabling them to meet their dietary needs.

The ICRC repaired kitchens and sanitation and water facilities at 12 prisons, which were maintained by ICRC-trained teams; consequently, detainees at these prisons – roughly 17,000 people in all – had better access to clean water and were less at risk from diseases like cholera. About 23,300 detainees, including some held in places of temporary detention, benefited from soap and cleaning items from the ICRC, which were occasionally distributed after hygiene-awareness sessions. Some vulnerable detainees also received household essentials from the ICRC.

WOUNDED AND SICK

Wounded people receive appropriate medical treatment

More than 400 National Society volunteers in six provinces were trained in life-saving care. At events, including some organized with the National Society, around 700 people – weapon bearers, health personnel and community members – learnt first aid, which enabled them to treat wounded people during clashes.

Over 200 wounded people were brought to hospital by the ICRC. Wounded people – civilians and weapon bearers – received surgical and other medical care at 11 hospitals for which the ICRC provided supplies, equipment and staff training regularly. The ICRC also provided support for 21 other hospitals.

An ICRC surgical team remained at a hospital in Goma, operating on wounded people and training local doctors and nurses in war-surgery techniques adapted to the context. A team of local surgeons at a hospital in Bukavu continued to receive ICRC financial and technical support. The team also relieved the ICRC surgeons of some of their heavy workload – for example, by taking charge of 25 patients transferred from North Kivu. At these two hospitals, some 1,000 patients received surgical care free of charge.

Patients had better services at some health facilities, including counselling centres (see *Civilians*), after the ICRC made repairs to the facilities. For instance, the entrance to the operating theatre at a hospital in Goma was renovated, and latrines were installed at a hospital in Manono, Tanganyika.

People with physical disabilities regain some mobility

People – most of them disabled as a consequence of armed conflict – obtained good-quality services free of charge at three physical rehabilitation centres in Bukavu, Goma and Kinshasa; mobility devices were made using the parts produced by disabled people at a workshop in Kinshasa. The centres received ICRC material and technical support. Patients were fitted with prosthetic and orthotic devices, or given wheelchairs and tricycles, which helped them regain some mobility. Some of them participated in sports and other activities that promoted their social inclusion. Some 790 disabled people benefited from psychosocial support provided at two of the centres and at hospitals in Bukavu and Goma.

Four staff members from ICRC-supported centres and from a medical institution in Kinshasa attended a three-year prosthetics and orthotics course in Lomé, Togo, with ICRC financial assistance; one of them graduated in August and returned to work at the Goma centre. Sponsored by the ICRC, five students began to study physiotherapy, as part of a project – under the ICRC's Programme for Humanitarian Impact Investment, carried out in partnership with the private sector – for making physical rehabilitation services more widely accessible in the DRC. Key technicians and specialists from various organizations, academic institutions and government bodies attended conferences and workshops, in the DRC and elsewhere. Such initiatives helped strengthen the country's physical rehabilitation sector.

ACTORS OF INFLUENCE

Weapon bearers strengthen their grasp of rules and norms applicable to their duties

Weapon bearers of all ranks furthered their understanding of IHL and the Movement at ICRC-organized events, which covered key messages on the prevention of sexual violence and the protection of health care during conflict and other violence.

Roughly 4,600 military personnel and 350 other weapon bearers attended training sessions, which were accompanied sometimes by sessions on first aid (see *Wounded and sick*). This helped them understand the necessity of complying with IHL and respecting humanitarian principles; it also helped secure access for the Movement to people in need. Particular efforts were made to reach military officers in charge of operational decision-making in conflict-affected provinces and at headquarters level. Dialogue with officials at the armed forces' headquarters, on incorporating IHL in military planning and operations, was supplemented by workshops on the subject; sessions on IHL and the ICRC were included in several military training curricula. A senior military officer attended an advanced IHL course in Mexico City, Mexico (see *International law and policy*).

Some 1,200 police officers learnt more about international law enforcement standards for the use of force and crowd control at dissemination sessions in Kinshasa and in Haut-Katanga, Ituri, North and South Kivu, and Tanganyika. Some senior officers in charge of operations in Kinshasa and Kananga strengthened their grasp of international policing standards.

The ICRC maintained regular contact with parties involved in security sector reform, such as the Congolese authorities, the European Union and MONUSCO.

Members of civil society learn about humanitarian principles and issues

Regular contact with the ICRC, including during presentations in several provinces, helped some 25,000 people – local authorities, traditional and religious leaders, and representatives of youth groups and civil society – familiarize themselves with the Movement and its work. This also helped broaden acceptance for the National Society and the ICRC, and facilitated the delivery of humanitarian aid.

Around 1,600 university students attended conferences and moot court competitions (see, for example, *Abidjan*); this helped to stimulate academic interest in IHL. At a round-table, 15 university lecturers shared best practices in teaching IHL and discussed the obstacles to implementing IHL and IHL-related treaties.

Journalists drew on ICRC public communication material to report on humanitarian issues, such as the plight of victims of sexual violence, the living conditions of displaced people and the difficulties faced by wounded people trying to reach medical facilities.

The authorities are encouraged to ratify IHL treaties

During dialogue with the pertinent authorities, the ICRC emphasized the importance of ratifying IHL treaties and of adopting related legislative measures, such as the bill on the emblems protected under IHL and the bills authorizing the ratification of Additional Protocol III and adherence to the Arms Trade Treaty; these bills remained on the parliament's agenda.

Twenty-five magistrates attended a course, which helped them enhance their capacity to deal with violations of IHL (see *Dakar*).

RED CROSS AND RED CRESCENT MOVEMENT

The National Society and the ICRC strengthened their partnership by planning joint activities and incorporating the Safer Access Framework in them. The National Society received ICRC financial, material and technical support and training to carry out its activities safely (see *Civilians and Wounded and sick*).

The ICRC covered various expenses for certain National Society branches and local committees in the eastern DRC and in Kasai and surrounding provinces: the salaries of key staff, incentives for volunteers, operating expenses and/or the cost of equipment (internet connection, vehicles and solar panels). Some 3,000 volunteers received insurance coverage from the ICRC.

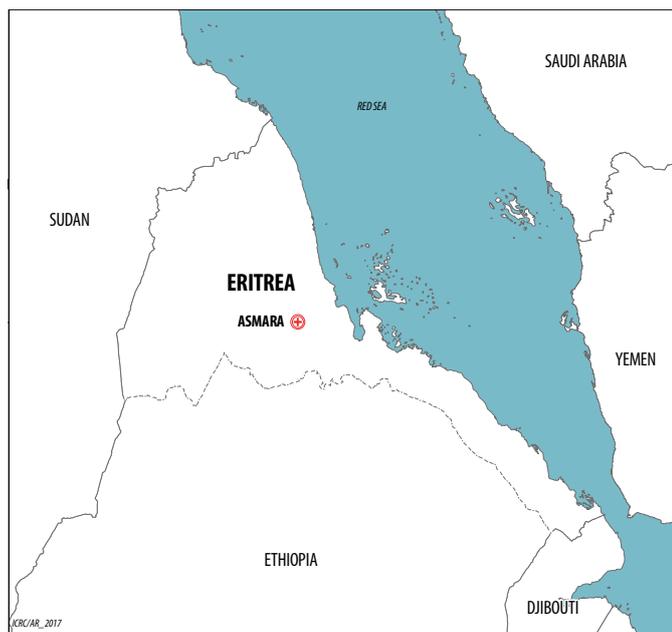
Discussions with the National Society covered numerous subjects: its legal status, strategic plan for 2014–2018 and a new partnership agreement with the ICRC covering the years from 2017 to 2019. With ICRC support, the National Society continued to reorganize its structure, in line with the redrawing of the DRC's provincial boundaries in June 2015.

National Society representatives attended the statutory meetings of the Movement, with ICRC sponsorship. Movement components met regularly to maximize impact and prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		32,736	1,253		
RCMs distributed		26,415	475		
Phone calls facilitated between family members		1,057			
Names published in the media		96			
Reunifications, transfers and repatriations					
People reunited with their families		199			
	<i>including people registered by another delegation</i>	24			
People transferred or repatriated		166			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		458	82	120	99
	<i>including people for whom tracing requests were registered by another delegation</i>	143			
Tracing cases closed positively (subject located or fate established)		259			
	<i>including people for whom tracing requests were registered by another delegation</i>	71			
Tracing cases still being handled at the end of the reporting period (people)		361	47	97	66
	<i>including people for whom tracing requests were registered by another delegation</i>	138			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		683	276		112
UAMs/SC reunited with their families by the ICRC/National Society		176	53		93
	<i>including UAMs/SC registered by another delegation</i>	17			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		983	430		63
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		48			
Detainees in places of detention visited		26,514	573	936	
Visits carried out		246			
			Women	Girls	Boys
Detainees visited and monitored individually		2,876	23	4	103
	<i>of whom newly registered</i>	1,937	18	4	79
RCMs and other means of family contact					
RCMs collected		2,933			
RCMs distributed		1,397			
Phone calls made to families to inform them of the whereabouts of a detained relative		213			
People to whom a detention attestation was issued		34			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	120,353	48,223	41,160
	<i>of whom IDPs</i>	58,616	25,359	18,187
Essential household items	Beneficiaries	142,644	59,248	43,481
	<i>of whom IDPs</i>	91,645	41,195	23,779
Productive inputs	Beneficiaries	92,002	38,693	23,891
	<i>of whom IDPs</i>	30,593	13,320	7,012
Cash	Beneficiaries	64,934	27,501	19,141
	<i>of whom IDPs</i>	45,280	20,264	11,673
Vouchers	Beneficiaries	14,530	4,359	7,265
	<i>of whom IDPs</i>	581	174	291
Services and training	Beneficiaries	23,808	10,599	5,395
	<i>of whom IDPs</i>	19,500	8,775	3,900
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	590,762	177,229	236,305
Health				
Health centres supported	Structures	18		
Average catchment population		126,426		
Consultations		90,481		
	<i>of which curative</i>	76,947	10,048	33,040
	<i>of which antenatal</i>	13,534		
Immunizations	Patients	49,557		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	34,807		
Referrals to a second level of care	Patients	3,464		
	<i>of whom gynaecological/obstetric cases</i>	601		

PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	5,710	138	395
Essential household items	Beneficiaries	24,993	467	488
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	17,155	858	172
Health				
Places of detention visited by health staff	Structures	11		
Health facilities supported in places of detention visited by health staff	Structures	10		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	32		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	11		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	1,116	153	98
	(including those related to mines or explosive remnants of war)	2		
	Non-weapon-wound admissions	521		
	Operations performed	4,774		
Medical (non-surgical) admissions		1,635	468	26
Gynaecological/obstetric admissions		1,726	1,509	24
Consultations		7,574		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		273		
Weapon-wound admissions (surgical and non-surgical admissions)		316	66	22
Weapon-wound surgeries performed		273		
Patients whose hospital treatment was paid for by the ICRC				
		3,029		
First aid				
First-aid training				
	Sessions	42		
	Participants (sum of monthly data)	713		
Water and habitat				
Water and habitat activities	Beds	288		
Physical rehabilitation				
Projects supported	Projects	4		
Patients receiving services (sum of monthly data)		1,209	242	136
New patients fitted with prostheses	Patients	223	52	26
Prostheses delivered	Units	441	102	71
	<i>of which for victims of mines or explosive remnants of war</i>	10	5	
New patients fitted with orthoses	Patients	110	36	16
Orthoses delivered	Units	183	50	37
	<i>of which for victims of mines or explosive remnants of war</i>	1	1	
Patients receiving physiotherapy	Patients	459	107	73
Walking aids delivered	Units	1,147	188	119
Wheelchairs or tricycles delivered	Units	36	7	6



ICRC/AR_2017
ICRC delegation

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

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Vulnerable communities, such as people in border areas, grew food crops and kept their livestock healthy with ICRC livelihood support; they obtained water through newly constructed or repaired solar-powered systems.
- ▶ People of Ethiopian origin renewed their residence permits and covered other expenses with ICRC assistance; those repatriated under a government programme used such ICRC aid to cover their administrative and transport costs.
- ▶ The ICRC's access to and activities for people affected by past conflict remained limited. It sought to increase acceptance for its mandate and work through discussions with the authorities, and by other means.
- ▶ Beneficiary communities, law students and the authorities learnt more about IHL and the Movement through various dissemination activities. Students demonstrated their grasp of IHL during an ICRC-organized essay-writing contest.
- ▶ In September, the "Red Cross Society of Eritrea" suspended its activities on instructions from the Eritrean government. It had not yet resumed operations at the time of reporting; the ICRC stood ready to assist it in doing so.

EXPENDITURE IN KCHF

Protection	913
Assistance	2,549
Prevention	347
Cooperation with National Societies	378
General	55
Total	4,242
<i>Of which: Overheads</i>	<i>259</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	83%
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PERSONNEL

Mobile staff	2
Resident staff (daily workers not included)	45

The ICRC opened a delegation in Eritrea in 1998 in the context of the 1998–2000 international armed conflict between Eritrea and Ethiopia, and continues to respond to the needs remaining from that two-year war. Its priorities are to help improve the resilience of the population concerned and to ensure compliance with IHL with regard to any persons protected by the Third and Fourth Geneva Conventions. The ICRC supports the "Red Cross Society of Eritrea".

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

PROTECTION

	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	445
RCMs distributed	1,706
Tracing cases closed positively (subject located or fate established)	94
People reunited with their families	1

ASSISTANCE

	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries 10,000	
Productive inputs	Beneficiaries 499,000	414,135
Cash	Beneficiaries 3,600	5,304
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 57,085	95,868

CONTEXT

Tensions between Eritrea and Ethiopia persisted. The dispute regarding the sealed Eritrea–Ethiopia border remained stalled, and both countries maintained a military presence in the disputed areas.

No progress was made in the demarcation of the Djibouti–Eritrea border, or in the implementation of the mediation agreement signed by the two countries in 2010.

People in Eritrea continued to feel the effects of past violence. Many struggled to recover their livelihoods, and had difficulty accessing public services.

Humanitarian assistance remained limited, following the government's request in 2011 that international humanitarian agencies terminate or curtail their activities. The government continued to implement agreements, signed in 2013, to resume cooperation with the European Union and the UN.

ICRC ACTION AND RESULTS

The ICRC maintained its dialogue with the authorities; it also kept up other efforts to foster understanding of its mandate and activities, and support for them. Operating within limitations imposed on its movements and activities (see *Context*), it worked to help vulnerable people cope with their circumstances, particularly people affected by the border dispute between Eritrea and Ethiopia, and by the past conflict with Djibouti.

Vulnerable communities, especially in rural areas near the border with Ethiopia, were given help to rebuild their livelihoods. Farming households – most of them headed by women – grew food crops with seed and tools provided by the ICRC. Together with the authorities, the ICRC carried out a vaccination and treatment campaign to protect the health, and maintain the productivity, of herding households' livestock; it also constructed livestock ponds for these households. Communities had more sustainable access to safe water through solar-powered systems that were upgraded by the ICRC, or constructed and maintained by the authorities with ICRC support.

The ICRC continued to monitor the situation of Ethiopians living in Eritrea to help ensure that their rights were respected, and that they were treated – in such matters as voluntary repatriation in humane conditions – in line with internationally recognized standards; permission for the ICRC to facilitate the voluntary repatriation of civilians was withdrawn in 2009. The ICRC helped to cover administrative fees and transport costs for Ethiopian repatriates, and fees for residence permits and medical care for those who wished to stay in Eritrea. It also helped released detainees of Ethiopian origin cover some of their expenses for food and accommodation.

In areas to which it had access, the ICRC helped members of families dispersed by conflict, migration or other circumstances to reconnect through RCMs. It continued to follow up, with the pertinent authorities, requests for information from the families of people reported missing in connection with the 1998–2000 conflict between Eritrea and Ethiopia. The ICRC also continued to appeal to the authorities, on behalf of the families concerned, for information on 13 Djiboutian soldiers reported missing by their government after the hostilities between Djibouti and Eritrea in June 2008.

The ICRC and the “Red Cross Society of Eritrea” signed an agreement in January that outlined a framework for further cooperation, for example, in developing the latter's family-links services and emergency-response activities. In September, the “Red Cross Society of Eritrea” suspended its activities on the instructions of the government. It had not yet resumed operations by year-end; the ICRC stood ready to assist it in doing so.

CIVILIANS

The ICRC continued to provide assistance, within the limits set for international humanitarian organizations (see *Context*), to people affected by violence. It cultivated dialogue with the Eritrean authorities to foster acceptance among them for its mandate, and to get their permission to broaden the scope of its activities in the country.

Households affected by past violence grow food crops with donated seed and tools

Vulnerable households affected by past conflict, including people living in areas near the border with Ethiopia, used ICRC support to restore and/or improve their livelihoods – and, in the process, strengthen their resilience to the effects of past violence. The ICRC stood ready to provide assistance in the event of emergencies; it maintained a stock of essential household items.

Herding communities in Anseba, Debub, Gash Barka and Northern Red Sea, had only limited access to veterinary services for their livestock. Some 81,300 households (around 406,400 people) among them maintained the health – and thus the productivity and market value – of their herds (roughly 2.5 million heads of livestock) by having them vaccinated and treated against disease, under a campaign which was implemented through vaccination and treatment services provided by the authorities and the ICRC. Herding households in Anseba and Gash Barka also benefited from four livestock ponds constructed by the ICRC.

Around 1,550 farming households (some 7,760 people), in rural areas of Anseba, Debub and Gash Barka, resumed farming or increased their yields with seed, foot pumps, portable solar pumps, and tools distributed by the ICRC. Many of these households were headed by women.

Eight personnel from the agriculture ministry developed their ability to plan and implement livelihood-support projects through ICRC training.

Newly constructed, repaired or upgraded water points broaden households' access to water

In rural border areas – where communities had limited or no access to safe water – and in semi-urban areas, some 91,300 people had a more reliable water supply through solar-powered systems. Six systems were constructed and maintained by the authorities with ICRC support that included expert advice and the donation of spare parts; by coordinating closely with the authorities and with communities, the ICRC was able to repair or upgrade 18 systems in all – more than initially forecast for the year – benefiting more people than planned. The environmentally friendly solar water supply systems minimized running and maintenance costs, which was particularly important as fuel was scarce in Eritrea.

Eighteen technicians learnt to install and repair these structures during training sessions, and some communities received material

support from the ICRC for maintaining the systems; these activities contributed to the sustainability of the local water supply.

Vulnerable people of Ethiopian origin renew their residence permits

The Eritrean authorities continued to repatriate people of Ethiopian origin through Sudan; permission for the ICRC to facilitate the voluntary repatriation of civilians across the Eritrea–Ethiopia border was withdrawn in 2009. The ICRC continued to monitor the situation of Ethiopians living in Eritrea to help ensure that their rights were respected, and that they were treated – in such matters as voluntary repatriation in humane conditions – in line with internationally recognized standards.

Particularly vulnerable Ethiopians – including women, minors, former detainees and elderly people – coped with their circumstances with financial assistance from the ICRC. For example, some 4,450 people were able to renew their residence permits, which helped them claim government benefits, and seven people covered their medical expenses. The ICRC paid part of the administrative fees and transport costs involved in the repatriation of 730 people under a government programme; it provided similar assistance in the repatriation of one person to Somalia. Eight former detainees of Ethiopian and Eritrean origin were helped to cover their food and accommodation expenses.

Members of families separated by past conflict reconnect

The family-links services run by the “Red Cross Society of Eritrea” were suspended in 2012. The ICRC had provided these services since then, to a limited extent, in areas to which it had access.

Members of families dispersed by armed conflict, migration or other circumstances used RCMs to reconnect with each other. People had documents such as academic transcripts and attestations of detention sent across the border, which helped them pursue employment or further studies, or meet legal requirements.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC continued its discussions with the authorities, with a view to conducting visits to detainees in Eritrea, including any POWs, civilian detainees of Ethiopian origin and other detainees of concern to the ICRC.

Requests to the Eritrean government, for information on the whereabouts of 13 Djiboutian soldiers reported missing by their government after the 2008 Djibouti–Eritrea conflict, remained unanswered.

ACTORS OF INFLUENCE

Given the restrictions on its activities (see *Context*), the ICRC’s dialogue with national and local authorities continued to focus on fostering their acceptance and support for IHL, particularly the 1949 Geneva Conventions, and for the ICRC’s neutral, impartial and independent humanitarian activities. By organizing meetings with government officials – and involving them in the planning and implementation of its activities – the ICRC created opportunities to discuss humanitarian issues and the possibility of broadening its access to people affected by violence, including detainees (see *People deprived of their freedom*).

Beneficiaries of its activities learn more about the ICRC

Beneficiaries of ICRC projects, the authorities, and law academics familiarized themselves with IHL and with the ICRC’s activities through dissemination sessions and other events.

Members of the general public learnt about IHL, and about the ICRC and the Movement, through ICRC briefings at national book fairs, from copies of ICRC publications distributed at these fairs, and through published articles. Young people, including law students, attended ICRC briefings and other IHL-related events. University students demonstrated their grasp of IHL by joining an essay-writing contest organized by the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

In January, the “Red Cross Society of Eritrea” and the ICRC – which had resumed cooperation in March 2016 – signed a two-year agreement establishing a framework for joint activities. Under the agreement, the ICRC would help to develop the capacities of the former organization in such areas as provision of family-links services.

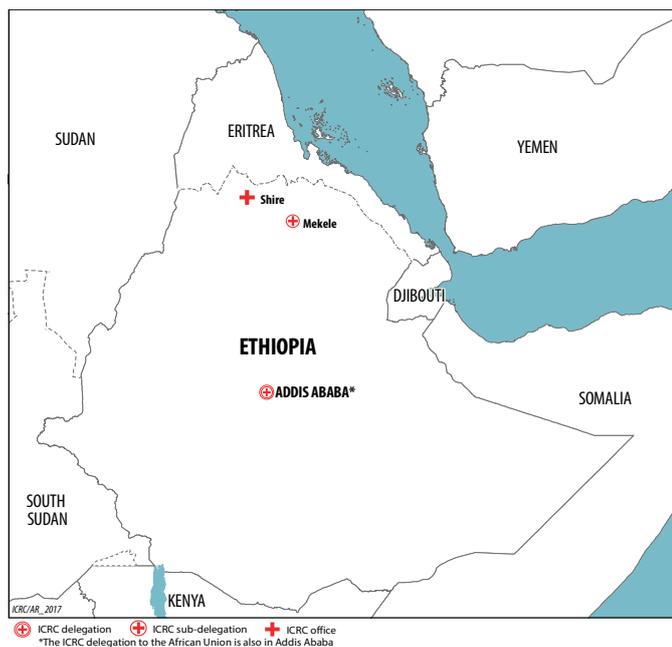
The “Eritrean Red Cross”, aided by ICRC training (see *Civilians*), strengthened its ability to carry out livelihood-improvement projects; it also boosted its emergency preparedness by stocking essential household items that had been donated to it.

In September, the “Red Cross Society of Eritrea” suspended its activities on instructions from the government, and had yet to resume them by the end of the reporting period. The ICRC stood ready to provide technical and other assistance to the organization to help it resume its operations.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		445			
RCMs distributed		1,706			
Reunifications, transfers and repatriations					
People reunited with their families		1			
	<i>including people registered by another delegation</i>	1			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		101	30	14	18
	<i>including people for whom tracing requests were registered by another delegation</i>	28			
Tracing cases closed positively (subject located or fate established)		94			
	<i>including people for whom tracing requests were registered by another delegation</i>	51			
Tracing cases still being handled at the end of the reporting period (people)		395	48	10	32
	<i>including people for whom tracing requests were registered by another delegation</i>	276			
Documents					
People to whom travel documents were issued		1			
Official documents delivered across borders/front lines		23			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Productive inputs	Beneficiaries	414,135	310,097	
Cash	Beneficiaries	5,304	3,471	540
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	95,868	52,727	19,174

ETHIOPIA



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

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ People affected by intensified violence in Oromia benefited from increased ICRC emergency assistance: they received household items and shelter materials and, at IDP camps, benefited from ICRC-built sanitation facilities.
- ▶ Vulnerable households in Oromia produced more food and sustained their livestock with seed and tools, and animal fodder, from the ICRC. Families in Tigray started small businesses with cash loans and other ICRC support.
- ▶ Detainees had better access to good-quality health-care services because of measures taken by the authorities, with ICRC support; they also benefited from ICRC-supported improvements to water and other infrastructure at prisons.
- ▶ Persons with physical disabilities continued to obtain free physiotherapy and prosthetic/orthotic devices at ICRC-supported centres; transport and other costs for particularly vulnerable patients were covered by the ICRC.
- ▶ Members of the police and the special forces familiarized themselves with internationally recognized standards – applicable to arrests, detention and the use of force – at ICRC training sessions.

EXPENDITURE IN KCHF

Protection	4,254
Assistance	10,523
Prevention	2,774
Cooperation with National Societies	1,051
General	220
Total	18,822
<i>Of which: Overheads</i>	<i>1,149</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	37
Resident staff (daily workers not included)	146

Continuously present in Ethiopia since 1977, the ICRC prioritizes protecting and assisting people detained, displaced or otherwise affected as a result of the 1998–2000 international armed conflict between Eritrea and Ethiopia or other armed conflicts. It helps preserve the livelihoods of conflict-affected communities, which often also grapple with natural disaster, and supports physical rehabilitation services. It visits detainees and restores family links, particularly for relatives separated by the closed Ethiopia–Eritrea border, ensuring compliance with IHL with regard to any persons protected by the Third and Fourth Geneva Conventions. It supports the Ethiopian Red Cross Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	3,229
RCMs distributed	2,431
Phone calls facilitated between family members	72,145
Tracing cases closed positively (subject located or fate established)	286
People reunited with their families	6
<i>of whom unaccompanied minors/separated children</i>	5
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	32
Detainees in places of detention visited	49,098
<i>of whom visited and monitored individually</i>	271
Visits carried out	53
Restoring family links	
RCMs collected	248
RCMs distributed	211
Phone calls made to families to inform them of the whereabouts of a detained relative	480

ASSISTANCE	2017 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	890	
Essential household items	Beneficiaries	48,000	144,170
Productive inputs	Beneficiaries	66,600	55,506
Cash	Beneficiaries	1,290	2,184
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	20,000	9,801
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	4	
Physical rehabilitation			
Projects supported	Projects	9	9
Patients receiving services	Patients	6,000	6,479

CONTEXT

Tensions between Ethiopia and Eritrea persisted, and the Ethiopia-Eritrea border remained sealed; both countries maintained a military presence in disputed areas.

Communal and political tensions – for example, in Amhara and Oromia – gave rise to outbreaks of armed violence. Violent clashes between ethnic groups, and among armed groups on the border between Oromia and the Somali Regional State (SRS), were significantly more frequent and more intense than last year; the fighting resulted in casualties and the displacement of hundreds of thousands of people. Federal and regional police forces, and sometimes the Ethiopian National Defence Force (ENDF), responded to incidents of violence. A state of emergency declared by the Ethiopian government in October 2016 was in effect until August 2017.

Ethiopia continued to host more than 840,000 refugees who had fled instability and violence in neighbouring countries, particularly Eritrea, Somalia, South Sudan and Sudan. Most refugees stayed in camps in border areas.

ENDF troops were deployed to a number of missions overseas: for instance, they were part of the UN peacekeeping contingent in Abyei, an area disputed by South Sudan and Sudan.

ICRC ACTION AND RESULTS

In Ethiopia, the ICRC assisted people affected by armed conflict and other situations of violence, and engaged the authorities in dialogue to strengthen acceptance for its mandate and activities. It stood ready to resume selected activities in the SRS.

In response to clashes in Oromia (see *Context*), the ICRC, in cooperation with the Ethiopian Red Cross Society, stepped up its assistance to people affected by the fighting. It helped them meet their immediate needs by distributing household items and shelter materials, and by constructing sanitation facilities in temporary IDP camps; and to broaden access to medical care, the ICRC donated supplies to hospitals in violence-affected areas.

The ICRC continued to help people affected by conflict and other violence – primarily in Oromia and Tigray – to restore their livelihoods. Households produced more food and sustained their livestock with seed, tools and animal fodder distributed by the National Society and the ICRC. Vulnerable households in Tigray availed themselves of cash loans, provided under a National Society and ICRC-run programme, to start income-generating activities; some Ethiopians recently repatriated from Eritrea benefited from similar support. ICRC expertise aided local water authorities' efforts to improve access to water.

Members of separated families – including IDPs in Oromia, refugees, Ethiopians abroad and returnees – reconnected through the Movement's family-links services. People used RCMs to contact their relatives across the sealed Ethiopia-Eritrea border.

The ICRC continued to visit detainees in federal and regional prisons, in accordance with its standard procedures, to monitor their treatment and living conditions; among those visited were people held in relation to the state of emergency and then transferred to civilian prisons. It communicated its findings and, where necessary, its recommendations confidentially to the authorities.

It engaged them in dialogue on, among other issues, access to other detainees, particularly those held for security reasons.

The ICRC continued to aid the authorities' efforts to construct new prisons and improve their management of existing facilities, by giving them expert guidance and other support. It also helped them implement projects for ensuring detainees' access to good quality health-care services, for instance by donating medical supplies to prison clinics and training prison health staff. A hygiene-promotion programme, carried out in certain prisons, helped reduce detainees' risk of contracting disease. The ICRC augmented the authorities' efforts by donating household items and carrying out infrastructural improvements in prisons.

People with physical disabilities, including those wounded in armed violence, received free physical rehabilitation services at ICRC-supported centres. The ICRC worked with the authorities to help ensure the quality and sustainability of these services, particularly by providing training for prosthetists and orthotists. To promote the social inclusion of disabled people, it helped host wheelchair basketball training camps and tournaments, and discussed the establishment of a wheelchair basketball association with the Ethiopian Basketball Federation. Owing to persistent administrative delays, the ICRC discontinued its support for local efforts to establish a bachelor's degree course in prosthetics and orthotics.

The ICRC continued to promote IHL and humanitarian principles among the authorities, the police and the armed forces. It organized training sessions for police forces on internationally recognized standards pertinent to their duties, and for troops bound for peace-support operations on IHL. Events, such as dissemination sessions, raised public awareness of humanitarian issues and Movement activities. Students demonstrated their grasp of IHL at moot court competitions; ICRC training enhanced lecturers' ability to teach IHL.

The National Society and the ICRC continued to develop their partnership at the strategic, operational and technical levels. The ICRC provided training and financial, material and technical support for the National Society to strengthen its capacities in restoring family links, emergency response and promoting humanitarian principles, and to bolster its coordination with Movement partners.

CIVILIANS

People displaced by violence in Oromia receive emergency assistance

Owing to intensified violence in Oromia (see *Context*), the ICRC ramped up its provision of emergency aid for the people affected by the fighting. In all, some 27,000 households (around 144,000 people) received household items and shelter materials from the National Society and the ICRC. The ICRC was able to help more people than originally planned partly by, towards the end of the year, reallocating unspent funds from other projects to prioritize emergency assistance. At some of the temporary camps set up for people displaced by the violence, the ICRC set up sanitation facilities. Some displaced households were given support for restoring their livelihoods (see below).

To help strengthen the primary-health-care services available to people displaced by the fighting, the ICRC donated essential medicines to hospitals in violence-affected areas (see also *Wounded and sick*).

Violence-affected households produce more food using ICRC agricultural supplies

With support from the National Society and the ICRC, violence-affected households – including people living in border areas – started or resumed livelihood activities. Over 7,400 households (some 44,700 people) used seed and tools to grow more food. To help them maintain the health and productivity of their herds, 1,820 pastoralist households (10,920 people) were given fodder for their animals. Some 200 households (1,200 people) in Tigray and 14 households (84 people) in Mekele – Ethiopians recently repatriated from Eritrea – used cash loans and donated items to start income-generating activities. ICRC training helped National Society staff to bolster their ability to implement livelihood-support activities.

With ICRC support, water authorities in Tigray mapped water resources and entered the information into an online database; they then drew on that information to plan the construction of new water points, and allocate their budget accordingly.

Migrants reconnect with their relatives abroad

People in Ethiopia contacted their relatives within the country and elsewhere through the Movement's family-links services. The National Society continued to bolster its family-links capacities with ICRC financial and technical support – for instance, through training in the use of new software and – at a regional meeting of National Societies held in Ethiopia – by coordinating their response to the increased need for family-links services among refugees.

Members of families separated by the sealed Ethiopia–Eritrean border contacted relatives through RCMs. Some 890 Ethiopians repatriated from Eritrea were given food and water, and household items; in addition, their transportation costs were also covered; 650 of them made phone calls to notify their families of their safe arrival. The ICRC, together with the National Society, delivered personal documents – including across the border with Eritrea – to 37 people, to help them pursue further studies or meet various legal requirements.

Refugees in camps across Ethiopia were able to contact their families through RCMs and phone calls. To help relatives locate them, South Sudanese refugees had their photos published in booklets made available in South Sudan and to South Sudanese communities elsewhere. Over 1,500 Somali refugees in the SRS had the names of their missing relatives read out on the radio via the BBC's Somali service (see *Somalia*).

People abroad approached the ICRC for help in finding and contacting their families in Ethiopia, or in informing their families of their detention. Some unaccompanied Ethiopian minors, returning to Ethiopia after attempts to migrate, made phone calls to notify their families of their return. Ethiopian migrants who had returned from Saudi Arabia made over 23,000 phone calls to their relatives.

During a commemorative event for missing persons held in Tigray, which the local authorities attended, the families of people unaccounted for since the past conflict shared their experiences and voiced their concerns.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees contact their relatives through family-links services

The ICRC visited federal and regional prisons throughout Ethiopia, not including the SRS, in accordance with its standard procedures. These facilities held over 49,000 detainees in all; they included around 3,000 people held in relation to the state of emergency, who had been transferred to the prisons from places of temporary detention. The ICRC also visited some people being held in pre-trial detention by the Federal Police Commission in Amhara, Harar and Tigray. A total of 271 detainees, including 34 Eritreans, were followed up individually.

After these visits, findings and, if applicable, recommendations were communicated confidentially to the authorities concerned. The ICRC engaged these authorities in dialogue on ensuring that detainees' treatment and living conditions met internationally recognized standards; to enhance these discussions, the ICRC held training sessions for prison administrators and staff on topics such as prison management, and for federal penitentiary authorities, on prison inspections.

Detainees restored or maintained contact with relatives through RCMs and short messages relayed by ICRC delegates. Through the ICRC, nine foreigners notified their respective embassies of their detention. At their request, the ICRC gave 51 released detainees, including ten POWs detained in 2016, certificates attesting to their detention which helped them to apply for State benefits or get through legal procedures.

Penitentiary authorities develop plans for improving prison maintenance

Penitentiary authorities, at regional and federal levels, maintained their efforts to construct new prisons and improve the management of detention facilities; they drew on the ICRC's recommendations and expertise to align detention conditions with internationally recognized standards.

Federal penitentiary authorities and the ICRC organized a workshop, at which they took stock of their joint activities and defined priority areas for further cooperation, including developing plans for emergencies and for improving prison maintenance. In preparation for the opening of four prisons, the federal prison administration continued to develop operating and maintenance procedures and manuals, and to train technicians, with ICRC assistance. Prison management staff in Amhara and the Southern Nations, Nationalities and Peoples' Region (SNNPRS) boosted their capacities through training sessions.

In Amhara, Harar, the SNNPRS and Tigray, the authorities continued their construction of 19 new detention facilities, with the ICRC's support. They learnt more about the process during workshops, received technical advice on prison design and construction from the ICRC and, in the SNNPRS, continued to benefit from the expertise of an ICRC engineer.

Detainees have better access to good-quality health-care services

Detaining authorities and prison health staff, with technical and material support from the ICRC, took steps to improve the availability and quality of health services in prisons.

Some 30,300 detainees in all, at 16 regional and federal prisons, obtained health-care services from facilities that received drugs and other medical supplies from the ICRC. Around 50 detainees were given specialized care and/or prosthetic or orthotic devices by ICRC-supported service providers (see *Wounded and sick*).

To help ensure the availability of good-quality mental-health care in federal and regional prisons, health staff from 17 federal and regional prisons trained to identify and assist detainees with mental health problems. Drawing on the lessons learnt from a pilot hygiene-improvement programme completed in 2016, the authorities implemented an infection-control programme in eight prisons, with ICRC support.

In Amhara, detainees at the Dessie prison continued to receive secondary-level health care at a clinic that was constructed and equipped by the ICRC, under a 2015 agreement between the regional penitentiary authorities. The prison's health staff developed their ability to manage detainees' health information, and learnt about the provision of mental-health care, through training sessions held by the authorities and the ICRC.

The ICRC supported the authorities' efforts to ease detainees' living conditions. Some 29,000 detainees received blankets, mattresses and other essentials. Over 34,000 detainees had better access to water and sanitation facilities after the ICRC repaired or constructed water and sewage infrastructure in their prisons.

WOUNDED AND SICK

People wounded during border clashes in Gambella and communal violence in Oromia obtained medical care at hospitals that received supplies – such as wound-dressing kits – from the ICRC.

Persons with disabilities receive free physical rehabilitation services

Persons with physical disabilities had access to free rehabilitation services – for instance prosthetic/orthotic devices, and physiotherapy – at nine ICRC-supported physical rehabilitation centres. The ICRC covered transportation, food and administrative costs for some 590 of the most vulnerable patients.

The rehabilitation centres maintained their services with the help of raw materials, equipment and technical assistance from the ICRC, which continued to monitor the quality of the services and assistive devices provided by the centres through technical assessments and interviews with beneficiaries.

The authorities, local partners and the ICRC worked to promote the social inclusion of disabled people through sports. Notably, over 90 wheelchair basketball coaches, referees and players from six regions participated in training camps. The Ethiopian Basketball Federation and the ICRC held a national wheelchair basketball tournament, and discussed the establishment of a national wheelchair basketball association.

Prosthetists and orthotists expand their skills

The authorities sought to ensure the sustainability of physical rehabilitation services, particularly by developing the pool of qualified professionals. Physical rehabilitation service providers expanded their skills at training sessions held by the labour and social affairs ministry and the ICRC, in partnership with a national association of prosthetists and orthotists.

The ICRC sought to continue its support for local efforts to develop a bachelor's degree programme in prosthetics and orthotics; however, owing to persistent administrative delays, it decided to end its support for this activity.

ACTORS OF INFLUENCE

Troops bound for peace-support operations overseas learn more about IHL

At training sessions, some 300 military personnel added to their knowledge of IHL. About 400 officers from the regional police forces and the special police forces – including riot-control officers – learnt more about internationally recognized standards applicable to arrests, detention and the use of force, the last being of particular pertinence in light of the intensified violence in Oromia; these training sessions were organized by the ICRC with regional police commissions. Members of the army's special forces, which are sometimes deployed to peace-support operations, also familiarized themselves with such matters at ICRC briefings.

The authorities continued to incorporate international standards pertinent to policing in the training of their officers. Twenty-five officers from regional and federal training institutes learnt more about ways to improve their teaching of courses at train-the-trainer sessions. The Ethiopian Police University College, with the ICRC's support, translated guidelines relating to arrest, police custody and pre-trial detention into the local language; it prepared similar documents on international human rights law. Both sets of documents were then published and distributed to federal and regional police training centres.

Ninety-three military legal advisers and judges advanced their understanding of IHL provisions pertinent to their duties during information sessions held by the ICRC.

A total of 45 personnel from the ENDF's Combat Engineering Division underwent ICRC training in demining – which followed up training conducted in 2016 – thus strengthening the division's capacity to clear contaminated areas of anti-personnel mines. After their training, some of these people were deployed to peace-support missions abroad.

Law students demonstrate their grasp of IHL at moot court competitions

The ICRC engaged the authorities in dialogue to foster their understanding of and support for IHL and neutral, impartial and independent humanitarian action – and thus gain access to the communities most affected by violence, particularly in Amhara. More than 1,000 local authorities, community leaders, students and National Society volunteers in violence-prone areas learnt more about the basic principles of IHL, the Movement's work and the protection due to the emblem at National Society and ICRC dissemination sessions.

Parliamentarians and government officials added to their knowledge of IHL and were brought up to date on Movement activities during briefings and other events. At ICRC-organized public lectures, law students and teachers learnt more about contemporary issues involving IHL. Articles posted online helped broaden public awareness of the Movement's activities; journalists reporting on humanitarian issues enhanced their coverage by using information from briefings and interviews with the ICRC.

At a national moot court competition organized by an Ethiopian university with ICRC support, and a competition abroad, law students demonstrated their understanding of IHL. University lecturers developed their skills in teaching IHL during ICRC-led training sessions.

RED CROSS AND RED CRESCENT MOVEMENT

The Ethiopian Red Cross Society assisted communities affected by violence (see *Civilians*), provided family-links services (see *Civilians*), and broadened awareness of humanitarian principles and the protection due to the emblem (see *Actors of influence*). It strove to strengthen its operational and managerial capacities, with material, technical and financial support, and training, from the ICRC.

With the ICRC's support, the National Society enhanced its preparedness for emergencies: it stocked up on household items, first-aid kits and jackets marked with the emblem, and imported

50 new ambulances. It also held training sessions in first aid – for first-aid trainers, police officers and others. The National Society maintained its activities related to the application of the Safer Access Framework: for instance, it incorporated materials related to the framework in its training for new board members and staff, and held workshops for them on the framework.

National Society staff, sponsored by the ICRC, attended workshops on management and other kinds of training in specific administrative duties. The salaries of key personnel were partly covered by the ICRC.

The National Society and other Movement components met regularly to synchronize their activities, particularly in connection with responding to incidents of violence, internal displacement, and drought; these meetings enhanced the National Society's coordination with Movement partners.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		3,229			
RCMs distributed		2,431			
Phone calls facilitated between family members		72,145			
Names published in the media		584			
Names published on the ICRC family-links website		589			
Reunifications, transfers and repatriations					
People reunited with their families		6			
	<i>including people registered by another delegation</i>	2			
People transferred or repatriated		1			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		953	208	237	187
	<i>including people for whom tracing requests were registered by another delegation</i>	77			
Tracing cases closed positively (subject located or fate established)		286			
	<i>including people for whom tracing requests were registered by another delegation</i>	41			
Tracing cases still being handled at the end of the reporting period (people)		1,127	253	304	209
	<i>including people for whom tracing requests were registered by another delegation</i>	92			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		2	2		
UAMs/SC reunited with their families by the ICRC/National Society		5	1		
	<i>including UAMs/SC registered by another delegation</i>	2			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		26	4		
Documents					
People to whom travel documents were issued		6			
Official documents delivered across borders/front lines		37			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		32			
Detainees in places of detention visited		49,098	1,888	1,603	
Visits carried out		53			
			Women	Girls	Boys
Detainees visited and monitored individually		271	22	5	10
	<i>of whom newly registered</i>	192	18	5	8
RCMs and other means of family contact					
RCMs collected		248			
RCMs distributed		211			
Phone calls made to families to inform them of the whereabouts of a detained relative		480			
People to whom a detention attestation was issued		51			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	890	308	317
Essential household items	Beneficiaries	144,170	79,705	19,401
	<i>of whom IDPs</i>	143,280	79,397	19,082
Productive inputs	Beneficiaries	55,506	17,581	
Cash	Beneficiaries	2,184	1,070	317
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	9,801	4,901	2,450
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	29,089	3,332	303
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	34,594	3,113	346
Health				
Places of detention visited by health staff	Structures	14		
Health facilities supported in places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	4		
Physical rehabilitation				
Projects supported	Projects	9		
Patients receiving services (sum of monthly data)		6,479	1,397	1,383
New patients fitted with prostheses	Patients	703	123	62
Prostheses delivered	Units	1,400	236	125
	<i>of which for victims of mines or explosive remnants of war</i>	143		1
New patients fitted with orthoses	Patients	690	171	252
Orthoses delivered	Units	2,081	449	1,059
	<i>of which for victims of mines or explosive remnants of war</i>	9	2	1
Patients receiving physiotherapy	Patients	2,496	590	379
Walking aids delivered	Units	4,331	890	425
Wheelchairs or tricycles delivered	Units	442	101	88

The ICRC, in its capacity as an official observer to the African Union (AU), works with Member States to draw attention to problems requiring humanitarian action and to promote greater recognition of IHL and its integration into AU decisions and policies, as well as wider implementation of IHL throughout Africa. It also aims to raise awareness of and acceptance for the ICRC's role and activities within the AU Commission and other AU bodies. It endeavours to build strong relations with AU-accredited intergovernmental organizations, NGOs and UN agencies in Addis Ababa.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ The African Union (AU), aided by ICRC expertise, worked on its framework for promoting compliance with IHL in peace-support operations, which included measures to enforce discipline among troops and prevent sexual abuse.
- ▶ Experts from the AU Commission on International Law took part in conducting regional IHL courses, organized by the ICRC to help AU Member States incorporate provisions of IHL and related legal instruments in domestic law.
- ▶ The AU Peace and Security Council referred to IHL in some of its communiqués, following open sessions at which the ICRC drew attention to IHL-related concerns, the particular vulnerabilities of migrants and other pressing issues.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

EXPENDITURE IN KCHF

See under *Ethiopia*

PERSONNEL

See under *Ethiopia*

CONTEXT

The African Union (AU) continued to back diplomatic and military efforts to tackle the consequences, throughout Africa, of armed conflict and political unrest. It sustained its peacekeeping operations, such as those of the AU–UN Mission in Darfur (Sudan), and the AU Mission in Somalia (AMISOM), both of which had been in existence for slightly more than ten years. As per a UN Security Council resolution, AMISOM announced that it would reduce its military troops in Somalia and deploy more police personnel in support of Somali security forces. The AU continued to support regional military coalitions carrying out operations against armed groups, for example in the Lake Chad and Sahel regions. The AU continued to implement a five-year development plan for the African Standby Force (ASF), which included training in IHL.

Armed violence, political instability and other factors continued to displace large numbers of people in various parts of Africa; tackling issues linked to migration was thus among the AU's key priorities.

ICRC ACTION AND RESULTS

The ICRC continued to work with the AU to promote implementation of IHL throughout Africa and broaden awareness of issues of humanitarian concern. It also sought to boost support for the Movement's activities in Africa among AU officials, State authorities and others.

The ICRC supported the AU in developing measures to foster respect for IHL and other applicable norms in AU peace-support operations, primarily by seconding a legal adviser to the AU Peace and Security Department. For example, aided by ICRC expertise, the AU worked on its legal framework for ensuring compliance with IHL and international human rights law, which included measures to enforce discipline among military personnel and prevent sexual violence. At a round-table organized by the ICRC, AU officials and representatives of UN missions in Africa discussed challenges and best practices in the treatment of detainees, and of people who had surrendered to the authorities, within the context of multinational operations.

The AU and the ICRC jointly organized various events to help States ratify and implement IHL treaties and other related legal instruments. Experts from the AU Commission on International Law (AUCIL) took part in conducting regional IHL courses organized by the ICRC. At the first conference of States party to the African Union Convention on IDPs, convened by the AU, the ICRC presented the findings of a 2016 study that looked into the progress made by States to incorporate the Convention in domestic law. At the 13th AU–ICRC seminar on IHL, the applicability of IHL in counter-terrorism operations was discussed by representatives from AU Member States, States and international organizations working with the AU, NGOs and think-tanks.

The ICRC sought to draw attention to humanitarian issues and reinforce acceptance for its work in Africa. To that end, it took part in AU-organized multilateral forums and met with officials from the AU Peace and Security Council (PSC) and other pertinent AU bodies and with diplomatic representatives in Addis Ababa. The importance of preserving a humanitarian space during situations of violence, the specific needs of migrants, including those detained, and the protection of health-care services were among the key issues discussed on these occasions.

ACTORS OF INFLUENCE

The ICRC sought – through its engagement with the AU and diplomatic representatives of its Member States – to promote the implementation of IHL and other relevant norms, broaden awareness of humanitarian issues arising from armed conflict and other situations of violence, and strengthen support for the Movement's neutral, impartial and independent action in Africa.

The AU continues to develop measures to enforce compliance with IHL in its peace-support operations

The ICRC continued to support the AU in developing measures to ensure that its current and future peace-support operations were carried out in compliance with IHL and other applicable norms. An ICRC legal adviser, seconded to the AU Peace and Security Department, provided guidance for incorporating IHL and international human rights law in the general policies and mission-specific documents, including rules of engagement, of AU peace-support operations and other security interventions. Aided by ICRC expertise, the AU worked on its framework for promoting compliance with IHL and international human rights law, which included measures to enforce discipline among military personnel and prevent sexual violence. ICRC representatives were invited to participate in the AU Police Strategic Support Group; they helped to draft guidelines for future peace-support operations.

Dialogue on detention-related issues of humanitarian concern remained a key priority. At a two-day round-table organized by the ICRC, representatives from the AU and from UN missions in Africa discussed challenges and best practices in the treatment of detainees, and of people who had given themselves up to the authorities, within the context of multinational operations. The African Court on Human and Peoples' Rights (ACHPR), the Tanzanian police and the ICRC jointly produced a Swahili translation of the Luanda Guidelines on arrests, police custody and pre-trial detention; senior East African police officials advanced their understanding of these guidelines through an ICRC course.

Officials from the AU Peace Support Operations Division (PSOD) were sponsored to attend courses abroad on international norms applicable to peace-support missions; this helped them develop the capacities necessary to incorporate IHL in normative frameworks and training curricula for peace-support forces. The ICRC took part in a PSOD workshop for standardizing the training for ASF troops; during the workshop, the ICRC drew attention to pertinent issues of humanitarian concern.

AU organs and States strive to promote respect for IHL and international human rights law

The AU and the ICRC organized events to promote the ratification and implementation of IHL treaties and other related instruments among AU Member States, and to draw attention to issues of humanitarian concern arising from contemporary modes of warfare. Legal experts from the AUCIL took an active part in conducting regional courses organized by the ICRC for State representatives and humanitarian professionals.

At the first conference of States party to the African Union Convention on IDPs, convened by the AU, the ICRC presented the findings of a 2016 study that looked into the progress made by States to incorporate the Convention in domestic law. States drew on the findings of the study to draft and adopt a plan of action to ensure the effective implementation of the Convention.

The 13th AU–ICRC seminar on IHL, which gathered representatives from AU Member States, States and international organizations working with the AU, NGOs and think-tanks, shed light on overcoming the obstacles to ensuring respect for IHL in counter-terrorism operations, particularly in connection with the protection of civilians, and emphasized the need for principled humanitarian action. At an event commemorating the 40th anniversary of the adoption of the 1977 Additional Protocols, the AU and the diplomatic community in Addis Ababa reaffirmed the relevance of these instruments and identified the difficulties in adhering to IHL in contemporary armed conflicts.

Legal staff from the ACHPR and the East African Court of Justice strengthened their grasp of IHL and international human rights law, including provisions on IDP and refugee issues, at an ICRC seminar.

AU forums draw attention to humanitarian issues

To further broaden awareness of issues of humanitarian concern, and bolster support for principled humanitarian action, the ICRC took part in multilateral forums and interacted in various ways with AU officials, representatives of AU Member States and diplomats based in Addis Ababa. At open sessions of the AU PSC, the ICRC delivered statements on: the necessity of providing humanitarian workers with safe access to people affected by violence linked to counter-terrorism operations; the specific vulnerabilities of migrants, especially children and those detained for migration-related reasons; and the role of women in mitigating risks to safety. Following these sessions, the AU PSC issued communiqués referring to IHL and drawing attention to the issues raised by the ICRC. At a panel discussion on the protection of civilians, the ICRC urged AU Member States to take steps to prevent attacks against patients and health-care personnel and facilities.

The ICRC organized briefings for AU PSC officials and representatives of other AU bodies on the humanitarian situation in key contexts, such as Niger and Mali, and on the ICRC’s response. Defence attachés of AU Member States, and of other States working with the AU, learnt more about the ICRC’s operations, particularly in Nigeria, South Sudan and the Sahel region, at an information session conducted by the ICRC. A training session organized by the AU and the ICRC enabled AU personnel to learn about the dangerousness of anti-personnel mines and the safety measures to take in mine-affected areas; they also learnt what had to be done to tackle weapon contamination. The ICRC sponsored the publication of a study, produced by African Committee of Experts on the Rights and Welfare of the Child, on the impact of armed conflict and other crises on children in Africa.

Media coverage and various communication materials produced by the ICRC drew public attention to issues of concern to both the AU and the ICRC.

GUINEA

COVERING: Guinea, Sierra Leone



⊕ ICRC delegation ⊕ ICRC sub-delegation
*Sierra Leone is covered by the ICRC delegation in Guinea

The ICRC has worked in Guinea since 1970, opening its delegation in 2001. It seeks to protect violence-affected people and restore links between separated relatives. It visits detainees, monitoring their treatment and living conditions, and supports the authorities' efforts to improve their well-being. It promotes IHL and humanitarian principles among the armed/security forces, authorities and civil society. Since 2009, the delegation has overseen ICRC cooperation and prevention activities in Sierra Leone. The ICRC works with each National Society to help it strengthen its capacities, including in emergency response, and to promote the Movement.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Guinean authorities, with ICRC support, acted to improve detainees' living conditions, nutrition and access to health care; two ministries signed an agreement, revised with the ICRC's help, on the provision of health care in prisons.
- ▶ People in violence-prone areas learnt more about the Movement's neutral, impartial and independent humanitarian approach through dissemination sessions conducted by the Red Cross Society of Guinea and the ICRC.
- ▶ Guinean police officers and members of the *gendarmerie* strengthened their grasp of international policing standards, and military officers added to their knowledge of IHL, through ICRC training.
- ▶ With comprehensive assistance from the ICRC, the National Societies of Guinea and Sierra Leone reinforced their operational capacities and pursued organizational development.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	16
RCMs distributed	25
Phone calls facilitated between family members	36
Tracing cases closed positively (subject located or fate established)	17
People reunited with their families	1
<i>of whom unaccompanied minors/separated children</i>	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	13
Detainees in places of detention visited	3,531
<i>of whom visited and monitored individually</i>	21
Visits carried out	55
Restoring family links	
RCMs collected	65
RCMs distributed	13
Phone calls made to families to inform them of the whereabouts of a detained relative	19

EXPENDITURE IN KCHF

Protection	1,902
Assistance	1,234
Prevention	799
Cooperation with National Societies	943
General	92
Total	4,969
<i>Of which: Overheads</i>	<i>303</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	100%
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PERSONNEL

Mobile staff	10
Resident staff (daily workers not included)	69

CONTEXT

Guinea and Sierra Leone continued to recover from the 2014–2015 Ebola epidemic.

Guinea continued to deal with violence linked to ethnic, political, religious and socio-economic tensions. Long-delayed local elections, postponed from October 2016 to February 2017, were put off again, to February 2018. The police and *gendarmerie* took part in security operations carried out in response to protests and violent incidents.

Floods and mudslides took place in Freetown, the capital of Sierra Leone, in August.

Guinea continued to contribute troops to the UN Multidimensional Integrated Stabilization Mission in Mali.

Presidential elections in Sierra Leone were scheduled for 2018.

ICRC ACTION AND RESULTS

The ICRC continued to scale back its operational presence in Guinea, having concluded its emergency-response activities there. During dialogue with the Guinean authorities, particularly the police and the *gendarmerie*, the ICRC continued to emphasize the necessity, during security operations, of protecting people in accordance with international law and certain internationally recognized standards. It also held dissemination sessions on these rules and standards for the security forces on the provisions of international law, and the internationally recognized standards, applicable to their work. The Red Cross Society of Guinea and the ICRC continued to urge the media to cover their activities and promote the Movement's neutral, impartial and independent humanitarian approach in violence-prone areas, including places where humanitarian workers had been met with hostility while responding to the 2014–2015 Ebola outbreak.

In the final phase of its support for the Guinean water authorities, the ICRC donated equipment to operate and maintain water infrastructure for people in communities at risk of violence. Water-related ICRC assistance in Guinea ended at year's end.

The ICRC monitored detainees' treatment and living conditions through visits conducted in accordance with its standard procedures. Findings and recommendations from these visits were communicated confidentially to the authorities; the ICRC also provided them with technical and material support for improving conditions of detention. Detainees at nine prisons – around 75% of Guinea's prison population – benefited from various forms of assistance; in coordination with prison officials, the ICRC carried out activities to improve sanitation, nutrition and health-care access at these prisons. It continued to encourage the authorities to assume full responsibility for providing adequate nutrition for detainees. ICRC efforts, lasting several years, contributed to the health and justice ministries signing a revised agreement that defined their responsibilities in providing health care to detainees that met internationally recognized standards for detention.

The ICRC maintained its support for the incorporation of IHL in domestic law, military operations and the curricula of law faculties in the two countries covered. It sponsored government officials from Guinea and Sierra Leone, and a senior Guinean military

officer, to attend IHL-related events abroad. In Guinea, it held a seminar for judges on key provisions of the code of criminal procedure and the penal code – both of which had been revised in 2015, with the ICRC's aid, and adopted in 2016. The ICRC continued to urge the Guinean justice ministry to set up a national IHL committee, but the ministry was unable to do so because of other priorities.

The ICRC maintained its support for the National Societies of Guinea and Sierra Leone to reinforce their operational capacities, including their family-links services, and to pursue organizational development.

Certain plans of action that did not address urgent humanitarian needs were postponed or cancelled, as the ICRC began to wind down its work in the country; beginning in 2018, the delegation in Guinea would become a mission reporting to the regional delegation in Abidjan, in Côte d'Ivoire.

CIVILIANS

The authorities discuss protection for people during security operations

The ICRC continued to remind Guinean authorities, particularly in the police and the *gendarmerie*, of their responsibility to protect people – in accordance with international law and certain internationally recognized standards – during law enforcement operations carried out in response to protests and violent incidents, and to facilitate access to medical treatment for injured people. Besides discussions with the authorities, the ICRC also conducted dissemination sessions for security forces on pertinent international norms and standards (see *Actors of influence*). Where necessary, the ICRC documented allegations of unlawful conduct and discussed them confidentially with the authorities.

With technical and material assistance from the ICRC, the Red Cross Society of Guinea further developed its family-links services, and its ability to manage human remains; it also incorporated family-links services and management of human remains in its emergency response plans. People affected by floods and mudslides in Sierra Leone benefited from family-links services provided by the Sierra Leone Red Cross Society, which received ICRC support.

The ICRC donated equipment to the Guinean water authorities for operating and maintaining water infrastructure serving violence-prone communities. Water-related ICRC assistance in Guinea ended at year's end.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees have better access to medical care and are treated for malnutrition

Detainees at 13 places of detention under the authority of the justice ministry, police or *gendarmerie* were visited by the ICRC in accordance with its standard procedures. ICRC delegates monitored their treatment and living conditions; 21 detainees were followed up individually. Visits in the second half of the year focused on nine priority prisons holding about 75% of Guinea's prison population. After its visits, the ICRC communicated its findings and recommendations confidentially to the authorities.

RCMs and ICRC phone services enabled some detainees to get in touch with their families.

The ICRC continued to urge the authorities to assume full responsibility for providing adequate nutrition for detainees; as budgetary and administrative constraints prevented them from doing so, the ICRC maintained its support for managing the penitentiary food supply and treating malnourished inmates. It monitored the nutritional status of some 12,000 detainees at the nine priority prisons; about 500 detainees with vitamin deficiencies, and 100 severely malnourished detainees, were treated by prison health staff with ICRC assistance. When a budgetary shortfall affected the food supply at two prisons in December, the ICRC stepped in and funded the provision of food for around 510 detainees.

Aided by the ICRC, the health and justice ministries revised a 2004 agreement defining their responsibilities in providing health care to detainees that met internationally recognized standards for detention. The revised agreement was signed by officials from both ministries in May. The ICRC provided medicines for the nine priority prisons; 3,500 detainees benefited. Health staff at four of the prisons were given expert advice for managing diseases, administering medicines and keeping records; this helped them give thousands of medical consultations. In coordination with prison officials, the ICRC ensured that detainees with TB or HIV/AIDS were included in the national programmes providing treatment for those medical conditions.

One Guinean doctor, sponsored by the ICRC, attended a course in France on health care in prisons. The authorities and the ICRC organized several courses for prison officials – on prison management, food-supply management and other subjects.

Fumigation of the premises by the ICRC, and distribution of cleaning materials, resulted in cleaner surroundings for some 3,200 detainees at the nine priority prisons. Maintenance and hygiene committees were set up at the prisons, with ICRC support. At five of the prisons, around 1,100 detainees benefited from books, board games and/or sports equipment from the ICRC.

ACTORS OF INFLUENCE

Personnel responding to violent incidents learn more about international policing standards

In Guinea, ICRC training helped some 260 police officers and 700 members of the *gendarmérie* to strengthen their grasp of international law enforcement standards and internationally recognized standards for detention, and to understand the necessity of respecting the emblems protected under IHL. Twenty-seven police instructors took part in an ICRC train-the-trainer workshop on humanitarian principles and pertinent international norms and standards.

The Guinea Red Cross and the ICRC conducted dissemination sessions for local officials, traditional leaders and young people in violence-prone areas, including places where humanitarian workers had met with hostility while responding to the 2014–2015 Ebola outbreak. Various subjects were discussed at these sessions, such as: the Movement's neutral, impartial and independent humanitarian approach; and the necessity of protecting medical personnel. Junior journalists and journalism students took part in an ICRC-sponsored competition on humanitarian reportage.

Government officials and military officers add to their knowledge of IHL

The ICRC continued to promote the incorporation of IHL in domestic legislation, military decision-making and the curricula

of law faculties in the two countries covered. Senior government officials from Guinea and Sierra Leone, sponsored by the ICRC, attended a regional meeting on IHL implementation organized by the Economic Community of West African States and the ICRC (see *Nigeria*). In Guinea, 15 judges attended an ICRC seminar on key provisions of the revised code of criminal procedure and the revised penal code. One Guinean representative, sponsored by the ICRC, attended a regional conference on the common ground between Islamic law and IHL (see *Niger*). The ICRC continued to urge the Guinean justice ministry to establish a national IHL committee, but the ministry was unable to do so because of other priorities.

In Guinea, 20 military officers took part in an ICRC workshop on IHL. ICRC predeployment briefings enabled some 1,000 military officers bound for Mali to learn more about IHL and other pertinent norms. The ICRC sponsored a senior military officer to attend an advanced IHL workshop in Mexico (see *International law and policy*).

Fifteen law professors from six Guinean universities attended an ICRC course to develop their ability to teach IHL; they were also given instructional materials. Roughly 1,000 law students from eight universities attended ICRC seminars on IHL. Law students from six universities participated in an annual moot court competition organized by the ministries of higher education and justice and the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

With technical, material, logistical and financial assistance from the ICRC, the Guinean Red Cross continued to strengthen its operational capacities, incorporate the Safer Access Framework in its activities, and pursue organizational development. The ICRC trained and equipped first-aid teams, and helped National Society branches organize simulation exercises to improve coordination with local health authorities. National Society personnel drew on ICRC support to design and produce public-communication materials.

Some 240 Guinean Red Cross managers attended ICRC workshops on governance and the management of funds and personnel. Three branch offices were built with ICRC support; this improved working conditions for roughly 300 staff and volunteers.

With ICRC support, the Sierra Leonean Red Cross broadened awareness of the Fundamental Principles, and respect for the emblems protected under IHL; it did so through radio broadcasts and through dissemination sessions for the police, the military, community leaders, students and journalists. In preparation for the presidential elections in 2018, it discussed emergency response plans with Movement partners, including the International Federation and the ICRC, and conducted first-aid training for volunteers.

Representatives of the two National Societies, sponsored by the ICRC, attended the Movement's statutory meetings and other events abroad. Movement components in Guinea coordinated their activities through monthly meetings.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		16			
RCMs distributed		25			
Phone calls facilitated between family members		36			
Reunifications, transfers and repatriations					
People reunited with their families		1			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		111	32	33	17
<i>including people for whom tracing requests were registered by another delegation</i>		1			
Tracing cases closed positively (subject located or fate established)		17			
Tracing cases still being handled at the end of the reporting period (people)		129	33	36	28
<i>including people for whom tracing requests were registered by another delegation</i>		1			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		1	1		
UAMs/SC reunited with their families by the ICRC/National Society		1	1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		13			
Detainees in places of detention visited		3,531	158	338	
Visits carried out		55			
			Women	Girls	Boys
Detainees visited and monitored individually		21	2		1
<i>of whom newly registered</i>		16	1		
RCMs and other means of family contact					
RCMs collected		65			
RCMs distributed		13			
Phone calls made to families to inform them of the whereabouts of a detained relative		19			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities ¹	Beneficiaries			
Essential household items	Beneficiaries	1,149	17	15
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,200	64	160
Health				
Places of detention visited by health staff	Structures	9		
Health facilities supported in places of detention visited by health staff	Structures	4		

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

LIBERIA



KRC/AR_2017

ICRC delegation

The ICRC has worked in Liberia since 1970, opening its delegation in 1990. It supports the Liberia National Red Cross Society to help it strengthen its operational capacities. With the National Society, the ICRC works to protect and assist people affected by armed conflict and other situations of violence, including refugees, notably by restoring links between separated relatives.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ With technical assistance from the ICRC, penitentiary officials became more capable of improving detainees' treatment and living conditions, including their diet and access to health care.
- ▶ Police officers learnt about the goals of the Health Care in Danger project, the issue of sexual violence, and the Movement's work through ICRC dissemination sessions, and were trained in first aid by the Liberian Red Cross.
- ▶ The national IHL committee reconvened and, with ICRC assistance, made preparations to help advance implementation of the 1949 Geneva Conventions and their 1977 Additional Protocols.
- ▶ The Liberian Red Cross developed its ability to deliver humanitarian assistance to people during and after emergencies, and took steps to strengthen its governance and management.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	44
RCMs distributed	23
Phone calls facilitated between family members	670
People reunited with their families	15
<i>of whom unaccompanied minors/separated children</i>	13

EXPENDITURE IN KCHF

Protection	581
Assistance	277
Prevention	886
Cooperation with National Societies	1,252
General	55
Total	3,052
<i>Of which: Overheads</i>	<i>186</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Mobile staff	2
Resident staff (daily workers not included)	33

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Water and habitat		
<i>(in some cases provided within a protection or cooperation programme)</i>		
Water and habitat activities	Beneficiaries	637

CONTEXT

The Liberian economy continued to recover, albeit slowly, from the effects of the 2014–2015 Ebola outbreak. The national budget reflects the country's continuing economic difficulties.

Refugees from Côte d'Ivoire, previously displaced by the 2011 Ivorian conflict or by other violence, returned home from south-eastern Liberia under a voluntary repatriation programme led by the UNHCR, which ended in December. Several thousand refugees settled permanently in Liberia.

General elections were held in October, and a presidential run-off took place in December.

The withdrawal of the UN Mission in Liberia (UNMIL) got under way; it was expected to be completed by March 2018.

ICRC ACTION AND RESULTS

The ICRC continued to scale back its presence in Liberia, having concluded its emergency-response activities there. In July, the ICRC delegation in Liberia became a mission that reported to the regional delegation in Abidjan, in Côte d'Ivoire (see *Abidjan*).

The ICRC continued to help the Liberia National Red Cross Society reinforce its family-links services. Ivorian refugees made use of National Society and ICRC family-links services. Unaccompanied Ivorian minors were reunited with their families, or benefited from other long-term solutions.

The ICRC completed its water- and hygiene-related activities in Liberia in March; these activities, initially set for completion by the end of 2016, had been delayed by the rains that year.

Between January and April, the ICRC gave the penitentiary authorities expert advice for improving detainees' living conditions – in particular, for preparing the annual penitentiary budget, improving food-supply management, and assessing and monitoring prisons. The ICRC concluded its activities for detainees in Liberia in April.

The National Society prepared for the possibility of electoral violence by training security forces personnel in first aid; and the ICRC organized information sessions for them on the goals of the Health Care in Danger project, the issue of sexual violence, and the Movement's activities.

The ICRC continued to promote the incorporation of IHL in domestic law, military operations and university curricula. It provided technical assistance for the national IHL committee, which reconvened after a period of inactivity and made preparations to help advance implementation of the 1949 Geneva Conventions and their 1977 Additional Protocols. It conducted several IHL-related events for the armed forces, including a working session at which officers drafted a code of conduct in armed conflict. At the ICRC's urging, the law school of the University of Liberia included IHL in its curriculum as an elective course.

The National Society continued to develop its operational capacities with ICRC support. With the assistance of the government and Movement partners, it carried out reforms in response to an internal crisis in 2015–2016.

CIVILIANS

Ivorian refugees get in touch with their relatives

The Liberian Red Cross continued – with technical and financial support from the ICRC – to develop its family-links services and to incorporate them in its emergency response plans. Ivorian refugees got in touch with their relatives through phone services provided by the National Society and the ICRC, and RCMs. The National Society and the ICRC reunited 13 unaccompanied Ivorian children with their families and found other long-term solutions for some 40 children.

In March, the National Society and the ICRC completed their water- and hygiene-related activities for communities in south-eastern Liberia that had hosted or were still hosting Ivorian refugees; these activities, initially set for completion by the end of 2016, had been delayed by the rains that year. The ICRC assessed the impact of its water-and-habitat programme in Liberia since its launch in 2014; beneficiaries reported improvement in their health and quality of life.

PEOPLE DEPRIVED OF THEIR FREEDOM

Prison officials are helped to improve detainees' living conditions

Between January and April, the Bureau of Correction and Rehabilitation drew on ICRC expertise for establishing standard procedures to ensure detainees' access to health care, water and sanitation facilities and fresh air, and for providing and distributing food in prisons. The ICRC also gave prison officials expert assistance for preparing their annual budget, improving food-supply management, and assessing and monitoring prisons. Discussions between these officials and the ICRC covered various areas, such as: life-skills and vocational training for detainees; ensuring detainees' contact with the outside world; addressing sexual exploitation in prisons; responding to the needs of vulnerable inmates; setting up recreational areas; and preparing detainees for their release.

With the ICRC's encouragement, the health ministry strengthened its ability to provide health care for detainees.

The ICRC trained prison maintenance teams to improve infrastructure at places of detention, and donated medicines to several prison clinics.

The ICRC concluded its activities for detainees in Liberia in April.

ACTORS OF INFLUENCE

Police officers and the general public learn more about the Movement's activities

The Liberian Red Cross prepared for the possibility of electoral violence by training around 6,800 security forces personnel in first aid; the ICRC provided assistance for this. The ICRC conducted information sessions for some 3,500 security forces personnel, mostly police and immigration officers, on the goals of the Health Care in Danger project, the issue of sexual violence, and the Movement and its activities.

With technical, financial and material assistance from the ICRC, the National Society continued to broaden public awareness of its work through a radio programme and other means. The ICRC organized field trips for local journalists as an inducement to report on humanitarian issues and the Movement's work.

The ICRC continued to promote the incorporation of IHL in university curricula. At the ICRC's urging, the law school of the University of Liberia included IHL in its curriculum as an elective course. The ICRC also conducted information sessions at medical institutions, where it discussed the respect due to medical workers and facilities during armed conflict and other situations of violence, the treatment of victims of sexual violence, and the Movement's activities. Plans to hold a moot court competition for students fell through, owing to various constraints.

The national IHL committee resumes its work

Together with the African Union and the Economic Community of West African States (ECOWAS), the ICRC continued to promote the incorporation of IHL in domestic law. In discussions with the Liberian authorities, the ICRC focused on the implementation of the 1949 Geneva Conventions and their 1977 Additional Protocols and of the Arms Trade Treaty, and the ratification of the African Union Convention on IDPs. Two Liberian representatives, sponsored by the ICRC, took part in a regional meeting on IHL implementation organized by ECOWAS and the ICRC (see *Nigeria*). The national IHL committee, which had last met in 2015, held a meeting towards the end of the year, and made preparations to help advance implementation of the 1949 Geneva Conventions and their 1977 Additional Protocols. The ICRC gave the committee technical assistance.

Through meetings and other events, the ICRC kept representatives of the international community informed about the Movement's activities in Liberia and elsewhere.

Military officers draft a code of conduct in armed conflict

The ICRC advocated further incorporation of IHL in the armed forces' doctrine, training and sanctions system. At a working

session facilitated by the ICRC, military officers drafted a code of conduct in armed conflict for the Liberian armed forces, in line with IHL. Twenty officers attended an ICRC course on incorporating IHL in military operational planning. Some 30 military medics learnt more about IHL and the Movement through an ICRC information session, which included refresher training in first aid.

RED CROSS AND RED CRESCENT MOVEMENT

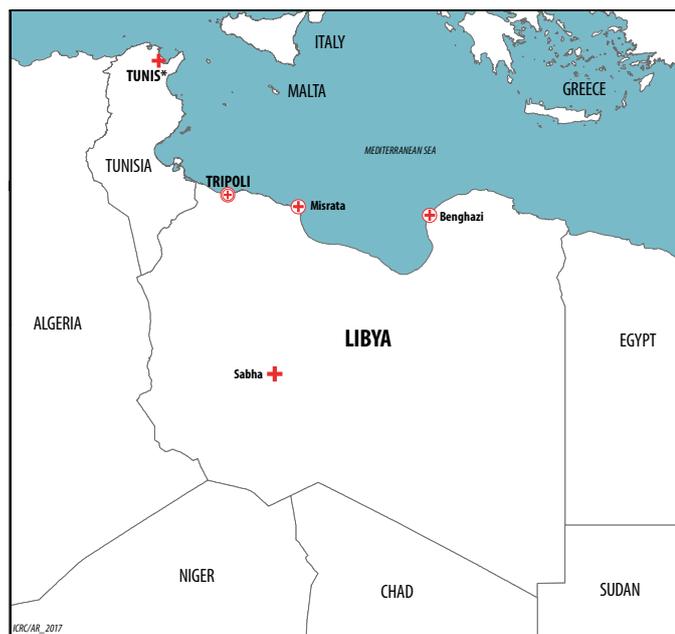
The Liberian Red Cross responded to an internal crisis in 2015–2016 by carrying out reforms, including changes in its governance, management and financial stewardship, with support from the government and from the ICRC and other Movement partners.

The National Society continued to develop its operational capacities, particularly its preparedness for emergencies, in line with the Safer Access Framework. With ICRC support, it conducted refresher training in first aid and emergency response for its staff and volunteers, and provided victims of a fire and of a rainstorm with materials for rebuilding their homes. The ICRC also donated emergency kits and three motorcycles to the National Society.

With the ICRC's support, the National Society provided psychosocial support and vocational training for some 200 vulnerable women, who had been affected by or were at risk of sexual violence, to assist their emotional recovery and help them become financially self-sufficient.

Periodic meetings with Movement partners helped the National Society coordinate its activities with them.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		44	12		
RCMs distributed		23	9		
Phone calls facilitated between family members		670			
Reunifications, transfers and repatriations					
People reunited with their families		15			
Tracing requests, including cases of missing persons			Women	Girls	Boys
Tracing cases still being handled at the end of the reporting period (people)		1			1
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC reunited with their families by the ICRC/National Society		13	6		
Documents					
People to whom travel documents were issued		15			



KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Hundreds of thousands of IDPs, returnees and residents – including those in previously inaccessible areas – met their basic needs with food and household items distributed by the ICRC, at times with the Libyan Red Crescent.
- ▶ People wounded in clashes were treated at health facilities for which the ICRC provided medical supplies, either regularly or in response to emergencies; such support was expanded and benefited more facilities than last year.
- ▶ IDPs and other vulnerable people in various parts of Libya had access to basic health care, either at centres for which the ICRC provided medical supplies or from ICRC-backed National Society mobile health clinics.
- ▶ People with physical disabilities obtained assistive devices from an ICRC-supported rehabilitation centre in Misrata, which also started providing physiotherapy services, and from a centre in Benghazi.
- ▶ Migrants held in retention centres restored contact with their relatives through ICRC family-links services. Some of them also received hygiene items and other essential supplies.
- ▶ The ICRC maintained contact with government officials and local authorities; this helped facilitate its emergency response activities. Direct dialogue with armed groups on IHL-related matters developed, but remained limited.

EXPENDITURE IN KCHF

Protection	2,822
Assistance	25,185
Prevention	3,033
Cooperation with National Societies	2,476
General	43
Total	33,559
<i>Of which: Overheads</i>	<i>2,048</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	102%
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PERSONNEL

Mobile staff	23
Resident staff (daily workers not included)	145

The ICRC opened a delegation in Libya in 2011 after social unrest escalated into armed conflict. It works to respond to the emergency needs of violence-affected people, including migrants, in terms of emergency relief, family contact and medical care. It works closely with the Libyan Red Crescent and supports it in developing its capacities. It also seeks to assist forensic authorities through technical advice, and to resume visits to people detained in relation to past and ongoing violence. It promotes IHL and humanitarian principles.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs distributed	20
Phone calls facilitated between family members	715
Tracing cases closed positively (subject located or fate established)	43
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	4
Detainees in places of detention visited	4,657
<i>of whom visited and monitored individually¹</i>	304
Visits carried out	12
Restoring family links	
RCMs collected	159
RCMs distributed	58
Phone calls made to families to inform them of the whereabouts of a detained relative/detained relative	38

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

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 306,000	275,536
Essential household items	Beneficiaries 264,000	283,680
Vouchers	Beneficiaries 5,000	
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 186,000	63,417
Health		
Health centres supported ¹	Structures 6	
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 10	47
Water and habitat		
Water and habitat activities	Beds 450	
Physical rehabilitation		
Projects supported	Projects 2	2
Patients receiving services	Patients 594	

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

CONTEXT

Libya remained the site of numerous armed conflicts and other situations of violence; the front lines shifted throughout the year. Clashes between armed groups persisted, particularly in urban areas, and often involved the use of heavy weapons. The violence in Benghazi declined towards the end of the year, but clashes in the city centre reportedly continued. Communal tensions remained high in southern Libya, and sometimes took a violent turn. Attacks against civilians and vital infrastructure were reported throughout the country.

All this resulted in large numbers of injuries and deaths; major displacements added to the hundreds of thousands of IDPs from previous years. Obtaining basic services and essential commodities was difficult for most people, owing to the persistent violence and worsening economic conditions. People who had returned to their communities, where fighting had subsided, often found their houses looted or destroyed.

Three governments continued to compete for power and legitimacy; the resulting political uncertainty complicated efforts to address humanitarian needs. Security or financial constraints hindered the authorities, and most international and local organizations, from delivering adequate assistance.

Migrants from other parts of Africa and from the Middle East, including refugees and asylum seekers, continued to pass through Libya to Europe. During their journey, they were susceptible to arrest, loss of contact with families and certain kinds of abuse. Many migrants died in maritime disasters, particularly in the Mediterranean Sea.

ICRC ACTION AND RESULTS

As humanitarian needs grew because of the continued fighting, the ICRC scaled up its emergency activities for the people affected, particularly those newly displaced, those who had returned home and those injured during clashes. To support its expanded operations, the ICRC launched a budget extension appeal¹ in July. It maintained its partnership with the Libyan Red Crescent, which received various forms of assistance for developing its capacities, particularly in distributing aid, managing human remains and providing first aid. The countrywide presence of the National Society – and dialogue with local authorities and armed groups – helped the ICRC to broaden its access to people in need, and reach previously inaccessible areas. The ICRC carried out its activities through four offices in Libya and a support unit in Tunisia.

IDPs, returnees and vulnerable residents – especially the elderly and households headed by women – met their immediate needs with food and household essentials distributed by the ICRC, at times with the National Society. In December, the ICRC initiated a cash assistance project for returnee households, instead of distributing vouchers, as originally planned. Local authorities received material support for maintaining water quality and for carrying out repairs to water-supply infrastructure and at health facilities and schools.

To help ensure that injured or sick people had access to the treatment they needed, the ICRC expanded its support for providers of basic health services, first aid and hospital-level care. It donated medical supplies to primary-health-care centres and enabled the National Society, through material and other support, to send mobile health units to communities without access to health facilities. Six hospitals were given medical supplies regularly, and 41 other facilities benefited from emergency donations of such supplies. The ICRC helped first-aiders and doctors develop their ability to provide emergency care, through courses that incorporated messages about the goals of the Health Care in Danger project. It began to provide first-aid training for armed groups, which enabled hundreds of their members to also learn about basic IHL provisions and the Movement's Fundamental Principles.

Misrata University and the ICRC continued to cooperate in improving the quality of physical rehabilitation services in Libya. People with physical disabilities acquired assistive devices from the university's physical rehabilitation centre, which also began providing physiotherapy services. In April, the ICRC signed a memorandum of understanding with a physical rehabilitation centre in Benghazi; the centre restarted its services in October, with ICRC support.

The ICRC visited migrants at three retention centres and foreign detainees at one prison. It helped them contact their relatives or consular representatives and gave them material assistance when necessary. Owing to the prevailing situation, the ICRC did not resume its activities for people detained in relation to past and ongoing violence.

Members of separated families maintained or restored contact via ICRC family-links services. The ICRC broadened its criteria for opening tracing cases. As a result, there were more requests for help in locating migrants separated from their families or allegedly detained.

The ICRC continued working to broaden awareness of the importance of the Movement's neutral, impartial and independent approach to humanitarian action. It did so through news releases and other initiatives on various platforms, and during aid distributions and training courses. Systematic dialogue with some parties to the conflicts – on IHL and other issues related to the protection of civilians – developed, but remained limited. Some government officials and members of armed groups attended ICRC courses in IHL in Libya and elsewhere.

CIVILIANS

The ICRC monitored the situation in violence-affected places; it took note, in particular, of violations of norms protecting people who were not or were no longer participating in the fighting, and of abuses against medical professionals and facilities.

The ICRC maintained its partnership with the Libyan Red Crescent, and continued to interact and coordinate its activities with local authorities, civil society groups and other humanitarian agencies or organizations in Libya and elsewhere (see *Actors of influence*). This, along with the improved security conditions in certain areas, enabled the ICRC to: maintain its proximity to people in need; reach previously inaccessible areas, such as Kufra and the Nafusa Mountains; implement most of its assistance activities directly; and prevent gaps in aid and duplication of effort.

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/DE060D3B3F1C4522C125815B00329C0E/\\$File/BEA2017_Libya_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/DE060D3B3F1C4522C125815B00329C0E/$File/BEA2017_Libya_Final.pdf)

Newly displaced people and returnees receive emergency aid

Following shifts in front lines and major displacements caused by the fighting (see *Context*), the ICRC scaled up its emergency provision of food and household supplies to those affected. It also expanded the scope of such assistance to include the increased number of people returning to places where fighting had subsided.

Some 215,800 IDPs, returnees and vulnerable residents benefited from ICRC distributions of food supplies, enough for two meals per day for a month. More than 203,500 people received hygiene supplies, shelter materials, kitchen sets and other household essentials. The ICRC also donated food supplies for some 59,700 people, and household essentials for some 80,100 people, to the National Society for it to distribute. Their improved operational capacities enabled the National Society and the ICRC to deliver material assistance in a timely manner – during the initial stages of displacement or return – to particularly vulnerable people, including the elderly and households headed by women.

In December, the ICRC launched a cash transfer project – instead of distributing vouchers, as originally planned – to help returnee households in Tripoli pay for basic expenses.

National Society personnel developed their capacities in warehouse and stock management at ICRC workshops (see *Red Cross and Red Crescent Movement*).

Benghazi residents have a more sanitary environment and access to good-quality water

The ICRC donated materials and tools for water authorities in Benghazi to restore water-supply and sewage-evacuation services, and to maintain water quality, for some 63,000 people. It also provided cement and other materials for repairing water and sanitation systems at a health centre in Tripoli, and at two schools in the Nafusa Mountains, to help ensure that educational and health services in these areas can continue to function.

Fewer projects than planned under the budget extension (see *ICRC action and results*) were implemented, owing to managerial constraints; however, several of the planned projects were under way by year's end.

Families restore contact with detained or interned relatives

Members of dispersed families restored or maintained contact through the Movement's family-links services. They exchanged news with relatives detained abroad – like those held at the US internment facility at Guantanamo Bay Naval Station in Cuba – via phone or video calls and brief oral messages relayed by ICRC staff members or National Society volunteers; one family sent food parcels to a detained relative. The ICRC enabled a Libyan family to visit a relative who had been resettled in Senegal from the Guantanamo Bay internment facility.

Some 260 people – most of them migrants – received ICRC-issued travel documents, usually through the IOM or UNHCR; the documents helped facilitate their journey out of Libya. As migrants continued to arrive in Libya (see *Context*), the ICRC broadened its criteria for opening tracing cases to include migration-related cases: of the 190 new tracing requests that were made, 96 concerned migrants who had lost contact with their families or had allegedly been detained.

With ICRC technical and financial support, the National Society continued to develop its ability to deliver family-links services, especially for migrants held in retention centres.

First responders and authorities learn good practices in managing human remains

National Society personnel helped manage the remains of people who had died in clashes on land or accidents at sea (see *Context*). The ICRC trained them to provide basic counselling and psycho-social care, and gave them – and several hospitals as well – body bags and other equipment.

Judicial and health authorities and the ICRC continued to discuss issues related to the management of human remains, and means to address them effectively; findings from an ICRC assessment in western and southern Libya helped shape these discussions. The ICRC also organized training courses, at which six Libyan officials and four representatives from local NGOs learnt more about good practices and international standards for managing human remains. Two Libyan forensic experts attended, with the ICRC's help, an international conference on the role of forensic medicine in public health.

PEOPLE DEPRIVED OF THEIR FREEDOM

Because of the political and security situation in Libya, and the limitations of its current set-up, the ICRC did not resume its activities for people detained in relation to past and ongoing violence. Instead, it focused on providing family-links services to migrants held at three retention centres – in Misrata, Tripoli and Zawiya – and foreign security detainees at a prison in Tripoli. The ICRC also maintained contact with the Department for Combating Illegal Migration in Tripoli, and with the authorities in charge of retention centres in Misrata and Tripoli. It discussed its access to detained migrants with them, and its efforts to help address these migrants' concerns.

Migrants and foreign detainees restore contact with relatives

Many of the people in the facilities mentioned above contacted their relatives through phone calls, RCMs, or brief oral messages relayed by the ICRC. The ICRC also helped 288 migrants to notify their consular representatives – or UNHCR and other UN agencies – of their situation.

Some 180 people, including women and children, received clothes, hygiene items, mats and other essential items from the ICRC; some of these items were distributed jointly with the National Society. Migrants at the retention centre in Misrata were protected more effectively from the elements after the ICRC installed windows there.

WOUNDED AND SICK

Uncertain security conditions and political instability continued to hamper health services in Libya. The ICRC sought to ensure access to medical care by drawing attention to the protection afforded by IHL to patients, health personnel and medical facilities – for instance, during the training courses it organized (see below) and in its public communication (see *Actors of influence*). It expanded its support for first-aid, hospital, physical rehabilitation and other health services, in response to increased needs and in light of developments in its working environment and operational capacities (see also *Civilians*).

IDPs and other vulnerable people have access to basic health care and first aid

People in parts of southern and western Libya, including the Nafusa Mountains, had access to primary health care at facilities provided with medical equipment and essential drugs by the ICRC. In Benghazi, people without access to health facilities used mobile health units; these were operated by the Libyan Red Crescent, with ICRC financial, material and technical support. Community members learnt about health risks and basic first aid at sessions conducted by National Society volunteers running the mobile clinics.

The National Society, with ICRC technical and material assistance, continued to reinforce its pre-hospital services, particularly its first-aid programme; this enabled it to provide emergency care in violence-affected areas. ICRC training sessions helped some 120 volunteers to develop their first-aid and other emergency response capacities, and 36 others to become first-aid instructors. The newly trained instructors later organized sessions throughout Libya, and helped nearly 700 volunteers develop their first-aid skills. Several National Society branches received medical supplies and/or ambulances from the ICRC.

Members of armed groups learnt how to administer first aid at ICRC sessions that also covered basic IHL and the Movement's Fundamental Principles.

People wounded in clashes are treated at ICRC-backed hospitals

Wounded people requiring higher-level care were treated at six hospitals – in Benghazi, Misrata, Sabha, Sirte and Tripoli – that the ICRC regularly supplied with medicines, surgical equipment and other materials.

Forty-one other hospitals and medical facilities received emergency material donations that enabled them to deal with influxes of people wounded in clashes or to stabilize patients for referral to hospitals. The hospital in the besieged city of Derna also received fuel and medicines for people with chronic illnesses. Two treatment centres were able to sustain their services for people with diabetes, having replenished their stocks with insulin and syringes from the ICRC. Donations of materials helped facilitate repairs to water and sanitation systems at a hospital in Tripoli.

ICRC-organized courses enabled 56 doctors, including 5 from the National Society, and 1 from a local NGO, to expand their capabilities in emergency-room trauma management; the courses were led by instructors who had been trained by the ICRC. Four instructors developed their ability to teach the course and organize training for other doctors in Libya. Thirty-six Libyan surgeons and anaesthesiologists, including six from the National Society, refreshed their skills in treating wounded people.

Disabled people receive physiotherapy at an ICRC-supported centre

Misrata University and the ICRC maintained their efforts to improve physical rehabilitation services in Libya, and to make them more widely available. Two specialists hired by the university ran its prosthetics and orthotics workshop; they received financial incentives and technical advice from the ICRC. The university's workshop used materials donated by the ICRC to produce assistive devices; patients – who in the past had to be referred to another facility – also received physiotherapy.

To help ensure the workshop's sustainability, the ICRC sponsored three university students to study abroad.

In April, the ICRC signed a memorandum of understanding with a physical rehabilitation centre in Benghazi, which restarted its services in October, with the ICRC's support. The ICRC also donated wheelchairs and spare parts to a disabled people's sports club in the city.

ACTORS OF INFLUENCE

Particularly because it was seeking to secure acceptance for its activities in a challenging working environment and a complex political situation, the ICRC strove to raise awareness – and explain the importance – of the Movement's neutral, impartial and independent approach to humanitarian action. It was in regular contact with various stakeholders (see *Civilians*), and maintained its dialogue with parties to the conflicts, including government representatives and certain armed groups. However, systematic dialogue with some parties – on IHL and other matters concerning the protection of civilians – remained limited. The ICRC sought to further expand its network of contacts among armed groups, and among people capable of influencing them, such as community or religious leaders.

Government representatives, military officials and members of civil society learn more about IHL

The ICRC discussed IHL-related issues with representatives of the authorities – in Tripoli, Misrata and Benghazi – and gave them training and reference materials. Government representatives, members of armed groups, community leaders, university and religious scholars, and members of civil society learnt more about IHL at courses and seminars in Libya and elsewhere (see also *Lebanon* and *Tunis*).

The ICRC helped law faculties improve their teaching of IHL – for instance, by providing them with pertinent publications. Around 50 law students from universities in Benghazi and Misrata expanded their knowledge of IHL at ICRC information sessions; these sessions were organized with the help of professors who had attended an IHL course with ICRC support.

The ICRC also carried out public-communication initiatives to raise awareness among a wide audience – including people outside Libya – of the humanitarian needs in the country and of what the Libyan Red Crescent and the ICRC were doing to address them. These initiatives also drew attention to the basic provisions of IHL, the dangers posed by explosive remnants of war, and the goals of the Health Care in Danger project. They included interviews, photos and videos released on various media platforms, presentations during aid distributions and courses for health-care professionals. Journalists and other members of the media familiarized themselves with IHL and the ICRC through ICRC seminars in Benghazi, Misrata and Tripoli.

With ICRC technical support, the National Society continued to bolster its capacities in public communication. Some 40 National Society volunteers developed related skills – conducting interviews, for example – at ICRC seminars, which also covered matters related to IHL and the Movement.

RED CROSS AND RED CRESCENT MOVEMENT

The Libyan Red Crescent and the ICRC reinforced their partnership to provide emergency assistance to violence-affected people and to help ensure their access to essential services (see *Civilians* and

Wounded and sick). They signed an agreement to deploy mobile health units for IDPs and other vulnerable people unable to access health facilities in Benghazi.

The National Society – with ICRC technical, material and financial support – continued to build its operational capacities and emergency preparedness. National Society volunteers and staff members developed their ability to restore family links, administer first aid, and manage warehouses and stocks. Through ICRC-organized information sessions on the Safer Access Framework, they also learnt how to protect themselves while doing their work.

The National Society leant on ICRC expertise to pursue organizational development. It continued to revise its statutes and restructure

most of its departments. It also drafted financial procedures and other guidelines for joint activities with the ICRC. Funds from the ICRC helped the National Society's headquarters to cover its operating and other costs.

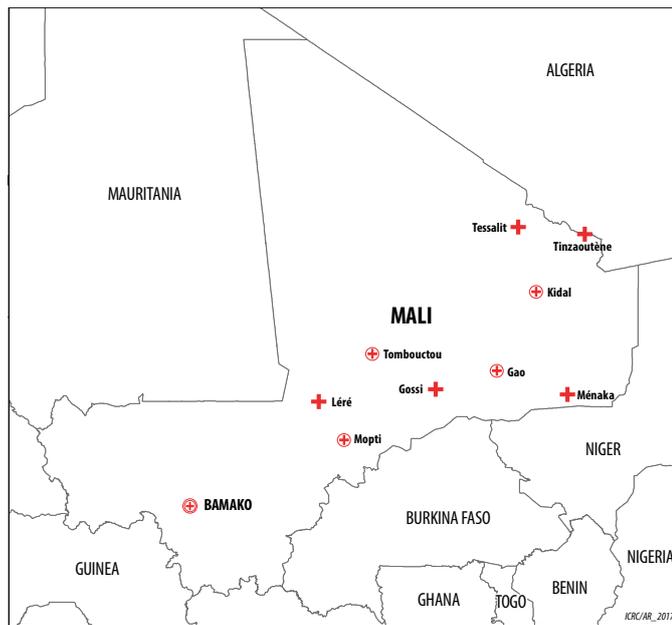
In May, the Libyan Red Crescent, the International Federation, the ICRC and several other National Societies working in Libya signed a Movement coordination agreement, with a view to facilitating the sharing of information and ensuring effective coordination of activities. With support from the ICRC and the International Federation, the Libyan Red Crescent began assessing its operational and organizational capacities, to help it set priorities for strategic planning. ICRC sponsorship enabled it to attend regional and international Movement meetings and conferences.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs distributed		20			
Phone calls facilitated between family members		715			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		190	36	36	19
<i>including people for whom tracing requests were registered by another delegation</i>		93			
Tracing cases closed positively (subject located or fate established)		43			
<i>including people for whom tracing requests were registered by another delegation</i>		21			
Tracing cases still being handled at the end of the reporting period (people)		1,645	74	55	59
<i>including people for whom tracing requests were registered by another delegation</i>		135			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		30	14		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		30	13		
Documents					
People to whom travel documents were issued		262			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		4			
Detainees in places of detention visited		4,657	935	234	
Visits carried out		12			
			Women	Girls	Boys
Detainees visited and monitored individually ¹		304	43	1	17
<i>of whom newly registered</i>		294	34		17
RCMs and other means of family contact					
RCMs collected		159			
RCMs distributed		58			
Phone calls made to families to inform them of the whereabouts of a detained relative		38			
Detainees visited by their relatives with ICRC/National Society support		6			
People to whom a detention attestation was issued		3			

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

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	275,536	82,823	110,052
	<i>of whom IDPs</i>	130,142	39,203	51,895
Essential household items	Beneficiaries	283,680	85,251	113,290
	<i>of whom IDPs</i>	109,216	32,925	43,525
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	63,417	19,025	19,025
	<i>of whom IDPs</i>	12,683	3,805	3,805
Health				
Health centres supported ¹	Structures			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	189	70	40
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	47		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		9,259		
Weapon-wound admissions (surgical and non-surgical admissions)		2,658	86	83
Weapon-wound surgeries performed		6,998		
First aid				
First-aid training				
	Sessions	58		
	Participants (sum of monthly data)	1,156		
Water and habitat				
Water and habitat activities	Beds	450		
Physical rehabilitation				
Projects supported	Projects	2		
Patients receiving services (sum of monthly data)		594	96	128
New patients fitted with prostheses	Patients	230	46	9
Prostheses delivered	Units	224	44	11
	<i>of which for victims of mines or explosive remnants of war</i>	56		1
New patients fitted with orthoses	Patients	237	31	111
Orthoses delivered	Units	270	32	139
	<i>of which for victims of mines or explosive remnants of war</i>	1		
Patients receiving physiotherapy	Patients	251	37	62
Walking aids delivered	Units	144	24	2

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



ICRC delegation ICRC sub-delegation ICRC office/presence

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Security incidents forced the ICRC to temporarily suspend or scale down some of its activities. It pursued dialogue with weapon bearers and other influential figures to urge respect for IHL and obtain safe access for its staff.
- ▶ Thousands of people – including weapon-wounded people, children, pregnant women and victims of sexual violence – obtained quality care at ICRC-supported hospitals, health centres and physical rehabilitation centres.
- ▶ Households affected by drought and/or violence sustained their livelihoods with support from the ICRC. Emergency provisions helped displaced and other vulnerable households meet their immediate needs.
- ▶ Thousands of people gained access to water for personal consumption or agro-pastoral use after the ICRC and local authorities upgraded or built water infrastructure; however, security constraints delayed some projects.
- ▶ Detainees, including those held in relation to the conflict, received ICRC visits. Some of them benefited from efforts by the authorities and the ICRC to improve their health, food supply and living spaces.
- ▶ Members of separated families, including migrants and unaccompanied minors, reconnected with one another via the Movement's family-links services. Children formerly associated with armed groups were reunited with their families.

EXPENDITURE IN KCHF

Protection	4,450
Assistance	30,788
Prevention	3,168
Cooperation with National Societies	1,391
General	293
Total	40,090
<i>Of which: Overheads</i>	<i>2,447</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	72
Resident staff (daily workers not included)	368

Continually working in the country since 1982, the ICRC opened a delegation in Mali in 2013 in response to the consequences of fighting between government forces and armed groups and of other situations of violence. It seeks to protect and assist violence-affected people, who often also struggle with adverse climatic conditions, and visits detainees, providing them with aid where necessary. It promotes IHL among the armed/security forces and armed groups, and encourages its implementation by the authorities. The ICRC works closely with the Mali Red Cross and helps it develop its operational capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	303
RCMs distributed	183
Phone calls facilitated between family members	5,967
Tracing cases closed positively (subject located or fate established)	76
People reunited with their families	15
<i>of whom unaccompanied minors/separated children</i>	15
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	29
Detainees in places of detention visited	4,253
<i>of whom visited and monitored individually</i>	859
Visits carried out	265
Restoring family links	
RCMs collected	158
RCMs distributed	48
Phone calls made to families to inform them of the whereabouts of a detained relative	721

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 18,000	103,344
Essential household items	Beneficiaries 30,000	34,410
Productive inputs	Beneficiaries 138,120	112,302
Cash	Beneficiaries 102,780	64,440
Services and training	Beneficiaries 570,000	488,456
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 632,400	220,198
Health		
Health centres supported	Structures 12	11
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 2	2
Water and habitat		
Water and habitat activities	Beds 174	84
Physical rehabilitation		
Projects supported	Projects 4	7
Patients receiving services	Patients 800	10,711

CONTEXT

Despite efforts by the government and some armed groups to implement a 2015 peace accord, little progress was made in this regard as clashes between the signatory armed groups persisted, mainly in Kidal. Violent confrontations continued to take place in northern and central Mali, between various armed groups and Malian and international forces, including the French armed forces and the UN Multidimensional Integrated Stabilization Mission in Mali (MINUSMA). Malian and international forces continued to arrest people in connection with the conflict; armed groups also held some people.

Communal violence – exacerbated by recurrent drought and competition over limited resources – added to the volatility. The political and security void in some areas also led to a rise in criminality, which affected both local populations and humanitarian organizations, including the ICRC.

These circumstances hindered the resumption of State services in certain areas and disrupted people's livelihoods and access to basic services. Thousands of people were forced to flee their homes in search of safety or better prospects within Mali or elsewhere; Malian refugees in neighbouring countries remained unable to return home. Migrants passing through Mali on their way to Europe also risked being attacked or abused.

ICRC ACTION AND RESULTS

The ICRC continued to address the humanitarian needs engendered by protracted conflict and other violence in Mali, particularly in the northern and central regions. In response to the deteriorating situation in central Mali, it expanded its activities and upgraded its presence in Mopti from an office to a sub-delegation to support its operations. With the Mali Red Cross and other local partners, the ICRC reached communities accessible to few or no other humanitarian organizations. However, a series of security incidents forced it to temporarily suspend or scale down its activities, and restrict the movements of its staff in certain areas, until security guarantees were renewed. To implement its projects, it enlisted more support from the National Society, community members, and local officials and service providers. It also kept up its dialogue with a wide network of influential parties, particularly weapon bearers and community leaders, in order to maintain or secure access to violence-affected communities. It reiterated the necessity of respecting IHL and humanitarian principles, emphasizing the need to facilitate safe access for those seeking or providing medical services and other humanitarian aid. This was reinforced by IHL training courses for military and security forces.

Vulnerable households sustained their livelihoods with material and other assistance from the ICRC and its partners: livestock vaccination campaigns; seed and tools for farmers; cash-for-work projects; and grants for small businesses. The ICRC repaired or built wells and irrigation facilities in areas affected by violence and/or drought, thus improving communities' access to water for personal consumption and agro-pastoral use; in some cases, this reduced the need for herders to collect water in unsafe areas.

Thousands of people, driven from their homes by recurrent clashes and other violence, and by extreme weather conditions, faced precarious living conditions. The ICRC provided them with food, shelter materials and basic household items to alleviate their circumstances. In areas most affected by drought, households were

given food to tide them over the lean season and additional fodder for their livestock; to prevent further losses to herders, the ICRC bought their weakened animals.

People in northern Mali obtained primary-health-care services – including curative and antenatal consultations, vaccinations and referrals for further care – at health centres supported by the ICRC. Victims of sexual violence and other trauma received psychosocial support and other specialized treatment from trained personnel; in May, such support was expanded to include Kidal. Weapon-wounded people and others needing hospital care obtained timely treatment at two facilities that received comprehensive support; an ICRC surgical team was stationed at each facility. People with physical disabilities received good-quality services at ICRC-backed physical rehabilitation centres.

Detainees received visits conducted according to standard ICRC procedures. The ICRC checked on their treatment and living conditions, paying particular attention to those held in connection with the conflict. It gave the detaining authorities expert advice for carrying out systemic reforms, for example, with regard to prison budgets and judicial guarantees. It worked with them to implement a standardized menu at more detention facilities, and maintained support for two prison farms to help ensure that detainees had adequate nutrition. It also helped ease detainees' living conditions by upgrading water and sanitation infrastructure and by providing inmates with hygiene items and other essentials. Where it had access, the ICRC visited people held by armed groups within days of their capture.

Members of families dispersed by violence, migration or other circumstances – including unaccompanied minors and children formerly associated with armed groups – reconnected through the Movement's family-links services.

The National Society reinforced its operational capacities with ICRC support – replenishment of emergency stocks, upgrades to branch offices, training in the Safer Access Framework – and through joint activities with the ICRC.

CIVILIANS

The ICRC continued to remind weapon bearers to respect IHL and other applicable norms (see *Actors of influence*). Violence-affected people reported abuses to the ICRC, which documented and relayed these allegations confidentially to the parties concerned so that they could take steps to prevent their occurrence.

Together with local partners, the ICRC continued to assist communities accessible to few or no other humanitarian organizations. However, several security incidents forced it to temporarily suspend or scale down some of its activities until it obtained renewed security guarantees from the parties concerned.

Given the security situation, the ICRC enlisted more support from the Mali Red Cross, local officials and service providers, and community members to implement its projects – for which National Society personnel and other local partners received training. Close coordination with the authorities, UN agencies and other parties was maintained.

Herders and farmers sustain livelihoods amid conflict and recurrent drought

Vulnerable households in northern and central Mali established, preserved or expanded their sources of income with the ICRC's help.

Livestock belonging to 80,820 herding households (484,850 people) – about 1.3 million animals in all – were vaccinated against disease during campaigns organized by the livestock ministry and the ICRC, and/or at ICRC-built vaccination centres (see below). In areas most severely affected by drought, 6,010 households (36,300 people) maintained their herds with additional fodder from the ICRC, and 3,214 households (19,284 people) benefited from a destocking programme, whereby the ICRC purchased weakened animals at competitive prices so that the herders could avoid further losses. Where appropriate, the meat from these animals was distributed to vulnerable households – for instance, those with malnourished children.

Farmers affected by recurrent drought received assistance for growing food or cultivating market gardens: 11,791 households (70,746 people) received seed, fertilizer, tools and equipment, and 2,016 households (12,102 people) were given cash to purchase those items. They also benefited from the renovation of gardening and irrigation infrastructure (see below).

Over 5,500 households (33,054 people) boosted their income with ICRC financial support; among them were households headed by women, some of whom were victims of sexual violence. Breadwinners earned money for food and other essentials through cash-for-work projects which involved working on fish ponds, livestock fences and agricultural structures that benefited the wider community. Others generated income from small businesses that they had set up with ICRC grants. Some households received materials or training related to their chosen ventures, such as bookkeeping, food preservation and basic livestock treatment. Household representatives and National Society volunteers responsible for monitoring these projects also received training, for example, in marketing concepts and accessing credit.

Displaced households receive emergency relief

Emergency assistance from the ICRC enabled people displaced or otherwise affected by the conflict, floods and/or recurrent drought to cope with their precarious circumstances. Over 103,340 people (17,224 households) – IDPs, residents and returnees – were given food, and some 34,400 people (5,735 households) received tarpaulins, kitchen sets, hygiene items and other household essentials, enabling them to set up temporary shelters. Although it had initially planned to give beneficiaries cash to buy these items, the ICRC shifted to in-kind distributions owing to the security situation and the lack of access to the necessary financial structures or of local suppliers in the areas where the IDPs had settled.

Fifteen vulnerable migrants in northern Mali were transported to safer areas by the National Society and given food and other essentials.

Violence-affected communities gain access to water

Access and security constraints, particularly in Gao, Kidal, Mopti and Tombouctou, led to delays in implementing planned projects; some were still in progress at year's end, while others had been cancelled. In all, 220,198 people benefited from projects completed in 2017.

A total of 165,140 people affected by violence and/or drought obtained water for personal consumption or agro-pastoral use from boreholes, wells and other infrastructure upgraded or built by local authorities, the ICRC and participants in ICRC cash-for-work projects (see above). In Kidal, for instance, some 15,000 residents had clean drinking water

again after the ICRC restored the water network, which it then handed over to the local authorities for operation and maintenance. In some cases, the newly built water points reduced the need for herders to travel to violence-prone areas in search of watering holes.

Newly constructed livestock vaccination pens also helped herding households (55,058 people) maintain their livestock's health (see above).

People coping with violence-related trauma receive psychosocial support

The ICRC, in cooperation with local health authorities, provided 11 primary-health-care centres in northern Mali with comprehensive support: supplies, equipment, training and supervision of personnel and, where needed, infrastructural repairs.

Thousands of patients benefited from the centres' services: 51,116 curative and antenatal consultations took place, most of them for women and children; and 155,506 people were vaccinated. The ICRC covered transportation expenses for patients referred for further care, including pregnant women.

ICRC-trained personnel provided psychosocial support and other specialized help for people suffering from violence-related trauma in Gao, Tombouctou and, from May onwards, Kidal. Over 570 people availed themselves of such assistance, including 59 victims of sexual violence, some of whom had received post-exposure prophylactic treatment within 72 hours. About 30,700 people learnt about the availability of such services – and how they can protect themselves from the violence – at National Society and ICRC community information sessions.

Separated family members restore contact

Members of families dispersed by violence, migration or other circumstances – including unaccompanied minors and separated children – restored or maintained contact with one other through the family-links network run by the Mali Red Cross, National Societies in countries hosting Malian refugees and asylum seekers, and the ICRC. People made thousands of phone calls to relatives in Mali or abroad. Others filed tracing requests to locate their relatives; the fate or whereabouts of 76 people were established. Fifteen children, most of them formerly associated with armed groups, were reunited with their families. The ICRC continued to monitor the welfare of 31 previously resettled minors.

PEOPLE DEPRIVED OF THEIR FREEDOM

Conflict-related detainees receive visits from the ICRC

The ICRC visited 29 places of detention in accordance with its standard procedures. It checked on detainees' treatment and living conditions and monitored 859 of them individually; they included minors, women, mentally disabled detainees, security detainees, and people serving sentences under the UN Mechanism for International Criminal Tribunals (MICT). People held in connection with the conflict were visited shortly after their arrest and followed up; one detainee was released by French forces and handed over to his family under the auspices of the ICRC. Where it had access, the ICRC visited people held by armed groups within days of their capture.

Inmates stayed in touch with their relatives through RCMs and other family-links services. Foreign detainees notified their consular representatives of their situation with the ICRC's help. Some released detainees returned home with ICRC financial support.

PEOPLE DEPRIVED OF THEIR FREEDOM	Mali authorities	Mali armed groups	French forces	MINUSMA	MICT
ICRC visits					
Places of detention visited	22	3	2	1	1
Detainees in places of detention visited	4,058	39	141	2	13
<i>of whom women</i>	127				
<i>of whom minors</i>	159	14	24		
Visits carried out	158	5	97	2	3
Detainees visited and monitored individually	668	37	139	2	13
<i>of whom women</i>	10				
<i>of whom boys</i>	10	14	21		
Detainees newly registered	498	35	138	2	
<i>of whom women</i>	9				
<i>of whom boys</i>	7	14	19		
Restoring family links					
RCMs collected	96	2	57	2	1
RCMs distributed	44		3		1
Phone calls made to families to inform them of the whereabouts of a detained relative	600		121		
Detainees released and transferred/repatriated by/via the ICRC			1		
People to whom a detention attestation was issued		1			

The authorities continue working on penitentiary reforms

Detaining authorities continued to work on systemic reforms, drawing on various forms of ICRC support, such as the findings and recommendations communicated confidentially to them after ICRC prison visits, and technical input during a round-table on planning prison budgets. The ICRC also offered expert advice during meetings of a working group tasked by the justice ministry in 2016 to recommend means of improving detainees' health and nutrition, infrastructure, and respect for judicial guarantees. Two senior penitentiary officials discussed challenges and best practices in prison infrastructure maintenance and food-supply management with their counterparts at a regional ICRC workshop in Senegal (see *Dakar*).

The ICRC monitored detainees' nutritional status and continued working with the authorities to implement a standardized menu at more facilities. With the justice ministry, it provided financial and technical support, as well as seed, fertilizer and tools, for two prison farms, on which detainees grew crops to supplement their diets.

The ICRC also monitored health-care services at seven places of detention. It urged the authorities to refer severely ill or injured detainees to the appropriate services, donated medicines to help them deal with supply shortages, and covered 10 detainees' treatment costs. Malnourished inmates received supplementary food rations and/or therapeutic food, and follow-up care from prison health workers supported by the ICRC.

In all, 2,919 detainees benefited from ICRC projects to improve their living conditions and access to water; these included an anti-scabies campaign and upgrades to the sanitation system at the central prison. Over 11,900 detainees received bedding, clothes and hygiene items.

WOUNDED AND SICK

Conflict-affected people obtain good-quality medical care and physical rehabilitation services

Wounded and sick people in violence-affected areas received timely medical treatment at two ICRC-supported facilities: the Gao regional hospital and the Kidal referral centre, which was the only facility providing hospital services in its region. These facilities provided quality services with comprehensive ICRC

support: supplies, equipment, training and financial incentives for staff, assistance for maintaining and upgrading infrastructure, and on-site supervision from two ICRC surgical teams. Nearly 1,700 operations were performed, including on people wounded by weapons. Fifty surgeons-in-training improved their ability to treat conflict-related injuries – a little-known field in Mali – at a war-surgery course in Bamako, organized by the African and Malagasy Council for Higher Education and the ICRC.

People with disabilities obtained physical rehabilitation services – including custom-made prostheses and physiotherapy – at seven centres directly or indirectly supported by the ICRC. Four centres – two in Bamako and one each in Gao and Tombouctou – received assistance in the form of supplies, equipment, training and on-site support from ICRC ortho-prosthetists; one of them redistributed materials to three satellite centres in Kayes, Ségou and Sikasso. Services at two centres improved following ICRC-backed infrastructural upgrades. Dozens of vulnerable patients, many of whom had traveled hundreds of kilometres for treatment, were given food or financial assistance. To expand the pool of physical rehabilitation specialists in the country, the ICRC sponsored four students to attend a three-year training programme in Lomé, Togo. The authorities and the ICRC signed a memorandum of understanding to establish a new physical rehabilitation centre in Mopti under the ICRC's Programme for Humanitarian Impact Investment.

Owing to the prevailing security conditions, some planned seminars for hospital staff and some infrastructural projects at physical rehabilitation centres did not take place.

ACTORS OF INFLUENCE

Dialogue with parties to the conflict emphasizes safe access to people in need

The ICRC pursued – within the bounds of various logistical and security constraints – dialogue with a broad network of people and groups capable of facilitating timely delivery of humanitarian aid, and of ensuring the safety of medical and humanitarian workers. It intensified its efforts to obtain security guarantees in light of several security incidents that affected its operations (see above).

Malian military and security forces personnel were reminded of their obligations under IHL during ICRC briefings and training courses; some of these were organized with the European Union

Training Mission in Mali and the Bamako Peacekeeping School. The ICRC sponsored the participation of four senior Malian military officers in advanced courses in San Remo, Italy, and Salon-de-Provence, France, on the application of IHL and its integration into military decision-making.

Through information sessions and bilateral discussions, the ICRC urged members of armed groups to respect IHL principles, especially the need to facilitate access to health care and other basic services. It also explained its mandate to them in order to secure acceptance for its activities and safe passage for its staff.

Regular interaction with influential members of civil society – both lay and religious – helped broaden understanding of and acceptance for the ICRC among communities. During meetings and information sessions, local leaders learnt more about humanitarian principles and the organization's activities in Mali; they also discussed public perceptions of the ICRC and the Mali Red Cross. Representatives of youth associations, women's groups and NGOs became more familiar with the Movement and its neutral, impartial and independent approach, through awareness-raising sessions conducted by the National Society and the ICRC.

Journalists help broaden public awareness of humanitarian issues

Two journalists added to their knowledge of IHL, and strengthened their skills in reporting on humanitarian issues, at ICRC workshops. Members of the media and the general public stayed abreast of the Movement's activities in Mali through press releases, newsletters and other materials produced by the ICRC or with its support; the delegation's social media accounts enabled people to interact directly with the organization. Articles and radio programmes, produced with the ICRC's assistance, helped raise public awareness of the risks associated with the presence of unexploded ordnance, and of the ICRC's activities for people injured by these weapons (see *Wounded and sick*).

Academics strengthened their grasp of IHL, and of its points of correspondence with Islamic law, at ICRC events. Students enriched their knowledge of IHL at a national moot competition and at IHL conferences; four teachers bolstered their ability to teach the subject through regional ICRC courses (see *Tunis* and *Niger*). University libraries were given IHL reference materials in Arabic.

The authorities assessed State progress in implementing IHL treaties; one parliamentarian participated in the annual review meeting organized by the ICRC and the Economic Community of West African States in Abuja, Nigeria (see *Nigeria*).

RED CROSS AND RED CRESCENT MOVEMENT

With support from the ICRC, the Mali Red Cross continued to strengthen its ability to help people affected by armed conflict and other violence. Its personnel became even more involved in implementing joint projects with the ICRC (see *Civilians*), and received training in assessing nutrition, monitoring microeconomic initiatives, restoring family links and administering first aid. Joint planning workshops facilitated these efforts.

To help the National Society strengthen its emergency response capacities, the ICRC provided its branches in Gao, Kidal, Mopti and Tombouctou with essential household kits for their emergency stocks, and helped renovate or construct National Society offices in Kidal, Mopti and Tessalit. It supported the creation of a water and sanitation department within the National Society by donating toolboxes and training seven technicians, in cooperation with local authorities. Training sessions on the Safer Access Framework were held at various branches, and a steering committee established to enhance the National Society's ability to aid people safely.

In line with a tripartite agreement among them, the National Society, the International Federation and the ICRC reinforced their security measures and coordinated their activities to maximize impact and prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		303	8		
RCMs distributed		183	4		
Phone calls facilitated between family members		5,967			
Reunifications, transfers and repatriations					
People reunited with their families		15			
	<i>including people registered by another delegation</i>	1			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		111	19	12	19
	<i>including people for whom tracing requests were registered by another delegation</i>	28			
Tracing cases closed positively (subject located or fate established)		76			
	<i>including people for whom tracing requests were registered by another delegation</i>	19			
Tracing cases still being handled at the end of the reporting period (people)		311	24	15	32
	<i>including people for whom tracing requests were registered by another delegation</i>	23			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		29			26
UAMs/SC reunited with their families by the ICRC/National Society		15	1		14
	<i>including UAMs/SC registered by another delegation</i>	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		11			8
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		29			
Detainees in places of detention visited		4,253	127	197	
Visits carried out		265			
			Women	Girls	Boys
Detainees visited and monitored individually		859	10		45
	<i>of whom newly registered</i>	673	9		40
RCMs and other means of family contact					
RCMs collected		158			
RCMs distributed		48			
Phone calls made to families to inform them of the whereabouts of a detained relative		721			
Detainees visited by their relatives with ICRC/National Society support					
Detainees released and transferred/repatriated by/via the ICRC		1			
People to whom a detention attestation was issued		1			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	103,344	34,691	22,842
	<i>of whom IDPs</i>	26,112	10,077	8,567
Essential household items	Beneficiaries	34,410	11,768	12,079
	<i>of whom IDPs</i>	28,860	9,997	10,346
Productive inputs	Beneficiaries	112,302	36,735	19,174
Cash	Beneficiaries	64,440	23,927	18,064
	<i>of whom IDPs</i>	240	223	
Services and training	Beneficiaries	488,456	202,386	107,839
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	220,198	66,059	110,099
Health				
Health centres supported	Structures	11		
Average catchment population		64,155		
Consultations		51,116		
	<i>of which curative</i>	44,799	13,397	20,736
	<i>of which antenatal</i>	6,317		
Immunizations	Patients	155,506		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	55,912		
Referrals to a second level of care	Patients	244		
	<i>of whom gynaecological/obstetric cases</i>	61		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	183		
Essential household items	Beneficiaries	11,910	20	
Productive inputs	Beneficiaries	60		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	2,919		
Health				
Places of detention visited by health staff	Structures	7		
Health facilities supported in places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	2		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	270	11	8
	<i>(including those related to mines or explosive remnants of war)</i>	14	4	
	Non-weapon-wound admissions	628		
	Operations performed	1,693		
Medical (non-surgical) admissions		655	162	317
Gynaecological/obstetric admissions		938	935	3
Consultations		30,856		
Water and habitat				
Water and habitat activities	Beds	84		
Physical rehabilitation				
Projects supported	Projects	7		
Patients receiving services (sum of monthly data)		10,711	2,577	5,317
New patients fitted with prostheses	Patients	100	23	16
Prostheses delivered	Units	329	72	41
	<i>of which for victims of mines or explosive remnants of war</i>	6		2
New patients fitted with orthoses	Patients	84	17	46
Orthoses delivered	Units	508	113	285
Patients receiving physiotherapy	Patients	9,265	2,237	4,766
Walking aids delivered	Units	232	86	21
Wheelchairs or tricycles delivered	Units	21	6	

MAURITANIA



The ICRC has worked in Mauritania since 1970, opening a delegation there in 2013. It visits detainees and helps improve their living conditions, particularly their access to health care. It offers them and other people in need, including refugees, family-links services. In a subsidiary role, it works to meet the basic needs of refugees who have fled conflict elsewhere in the region. It promotes IHL and humanitarian principles among the armed and security forces, authorities and civil society, and supports the development of the Mauritanian Red Crescent.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Refugees and residents in Bassiknou and Fassala had more water after the ICRC renovated boreholes. ICRC-built water points in rural areas provided herders with more convenient water sources for their animals.
- ▶ Aided by the ICRC, penitentiary authorities prepared a leaflet on detention norms for their staff, to serve as a reference on detainees' rights and as a framework for monitoring abuse.
- ▶ Malian refugees in Bassiknou, detainees and others restored or maintained contact with their families through family-links services offered by the Mauritanian Red Crescent and other Movement components.
- ▶ Military personnel, such as those stationed near the Mali-Mauritania border in Bassiknou and those bound for overseas missions, learnt about IHL at ICRC briefings. The defence ministry approved an IHL manual for troops.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	27
RCMs distributed	31
Phone calls facilitated between family members	195
Tracing cases closed positively (subject located or fate established)	6
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	11
Detainees in places of detention visited	2,100
<i>of whom visited and monitored individually</i>	34
Visits carried out	16
Restoring family links	
RCMs collected	14
Phone calls made to families to inform them of the whereabouts of a detained relative	11

EXPENDITURE IN KCHF

Protection	1,201
Assistance	1,647
Prevention	624
Cooperation with National Societies	467
General	67
Total	4,007
<i>Of which: Overheads</i>	<i>245</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	36

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Water and habitat		
<i>(in some cases provided within a protection or cooperation programme)</i>		
Water and habitat activities	Beneficiaries	13,000
		21,566

CONTEXT

Mauritania endured the consequences of a poorly performing economy and persistent socio-political tensions. In August, the senate was abolished in a referendum that was widely protested and boycotted by the political opposition. The country remained vulnerable to the spillover effects of insecurity in the Sahel and the greater region. Mauritanian troops conducted military and security operations along the Mauritania-Mali border and participated in the newly established joint G5 Sahel force and in UN peacekeeping missions.

About 50,000 people who had fled violence in Mali in years past remained in the Bassiknou region; they lived in UNHCR's M'bera camp or among host communities; very few returned to Mali because of the precariousness of the situation in that country (see *Mali*). The border town of Fassala, a main point of entry into Mauritania, hosted refugees from Mali, including new arrivals. Local resources were limited, and insufficient to meet the needs of both Malian refugees and residents. As both groups depended heavily on herding for food and income, and on the same water sources and pastures, tensions between them persisted.

Erratic rainfall worsened agro-pastoral conditions that were already difficult.

ICRC ACTION AND RESULTS

The ICRC continued to help improve access to basic services for residents and refugees in Bassiknou. The ICRC and the water authorities upgraded water systems – notably boreholes – in Bassiknou and Fassala, making more water available to people there; in addition, the ICRC and the Mauritanian Red Crescent urged people to adopt good practices for water management and sanitation. The ICRC constructed water points along herding routes and in remote areas, which helped ensure that pastoralists had more convenient sources of water for their animals.

The National Society continued, with ICRC support, to develop its capacities, particularly in administering first aid and restoring family links. Together with other Movement components, it provided Malian refugees in Bassiknou, detainees and other people with the means to restore and maintain contact with their families.

The ICRC visited detainees in accordance with its standard procedures, paying particular attention to security detainees and to foreigners, women and other vulnerable inmates. Findings from these visits were communicated confidentially to the authorities, to help them improve detainees' living conditions and treatment, including respect for judicial guarantees. Prison reforms advanced, but at a sluggish pace. The penitentiary authorities drew on ICRC expertise to produce a leaflet summarizing domestic and international norms pertinent to detention; this will serve as a reference for penitentiary staff and prison guards on detainees' rights and as a framework for monitoring abuse. The ICRC continued to give the penitentiary authorities advice for improving the provision of health care and food, and for maintaining infrastructure; it also provided training, equipment and/or supplies to help them strengthen their capacities in these areas. The ICRC donated kitchen equipment to some prisons and renovated kitchens and pantries; it also supported efforts at those prisons to maintain a sanitary environment. Some malnourished detainees received food supplements; severe cases were treated with therapeutic feeding.

The justice ministry opened a new prison for female detainees, for which the ICRC continued to provide material and infrastructural support.

The authorities, guided by the ICRC, strove to reinforce respect for IHL and international human rights law among military personnel. Some progress was made in updating training manuals for government forces: the defence ministry approved the IHL manual for military forces. Briefings conducted by the ICRC fostered respect for IHL and other pertinent norms among military personnel, including those stationed near the Mali-Mauritania border in Bassiknou and those bound for overseas missions. The ICRC continued to urge authorities to implement IHL-related treaties, and gave them the guidance necessary. It worked to foster support for IHL and the Movement's activities among influential parties and the general public, through various events and public-communication initiatives with journalists or through social media. The ICRC held briefings on its mandate and activities for local leaders and troops, and helped Islamic scholars and clerics – influential in Mauritania and beyond – to familiarize themselves with the points of correspondence between IHL and Islamic law.

CIVILIANS

Refugees and residents in Bassiknou benefit from upgraded water systems

In Bassiknou, 15,000 people, both residents and Malian refugees, had more clean water after the local water authorities and the ICRC drilled a borehole and equipped it with a water treatment unit, and renovated four other boreholes. In Fassala, the ICRC repaired a borehole and equipped it with a pumping system powered by solar panels and a back-up generator; this helped ensure that residents of that village, and Malians seeking refuge in Mauritania, had enough water (about 5,300 beneficiaries). Another 1,250 people benefited from the ICRC's construction of water points along herding routes: herders had more convenient sources of water for their animals. During briefings conducted by it in both rural and urban areas, with ICRC support, the Mauritanian Red Crescent urged people to adopt good practices for water management and sanitation.

Members of dispersed Malian families reconnect

Malian refugees in Bassiknou restored or maintained contact with their families through the regional family-links network managed by the Mauritanian Red Crescent, National Societies in other countries hosting Malian refugees, and the ICRC. People sent RCMs or made phone calls, or made tracing requests; seven people were put in touch with their families.

PEOPLE DEPRIVED OF THEIR FREEDOM

Prison authorities create a reference for staff

The ICRC visited detainees at 11 places of detention in accordance with its standard procedures. It paid particular attention to security detainees and to foreigners, women and other vulnerable inmates. Findings from these visits were communicated confidentially to the authorities, to help them improve detainees' living conditions and treatment, and advance prison reforms. Post-visit discussions between the authorities and the ICRC touched on various subjects: ensuring respect for judicial guarantees, overcrowding, budgetary constraints and infrastructural issues. To compensate for the absence of standardized guidelines, the penitentiary authorities, guided by the ICRC, produced a leaflet summarizing domestic and international norms pertinent to detention. This will serve as a reference for penitentiary staff

and national guards – who, in Mauritania, are in charge of prison security – on detainees’ rights and as a framework for monitoring abuse. During an ICRC workshop, some 40 penitentiary staff and national guards exchanged best practices in keeping prisons secure without impairing detainees’ living conditions; their discussions took in such subjects as detainees’ access to open air.

Vulnerable detainees sent RCMs and brief oral messages to their families. Two foreign detainees contacted their consular representatives with the ICRC’s help.

Detainees have better access to health care and food

The ICRC continued to give the authorities advice for improving penitentiary services, notably the provision of health care and food, and for maintaining infrastructure. Health and penitentiary authorities were urged to coordinate their efforts to ensure that detainees received health care both inside and outside places of detention. Penitentiary staff strengthened their capacities: the director of the penitentiary services and a high-ranking national guard officer, sponsored by the ICRC, attended a workshop on managing prison infrastructure (see *Dakar*); and health staff at the six largest prisons, holding some 2,000 people, were provided with supplies, equipment and training to treat and prevent common illnesses.

Detainees at six prisons benefited from the staff’s expanded capacities, a consequence of the ICRC donating kitchen equipment and briefing staff and detainees on measures to improve food management; at three of these prisons, the ICRC also renovated kitchens and pantries. Over 150 malnourished detainees were given food supplements, and 26 severe cases were treated with therapeutic food supplied by the ICRC. At the same six prisons, the authorities and the ICRC distributed hygiene and cleaning items and carried out two fumigation campaigns. This, together with briefings on good hygiene practices, helped reduce the risk of hygiene-related diseases for detainees.

The justice ministry opened a new prison exclusively for female detainees. The ministry acquired the building in 2016, and, with ICRC support – renovation of water infrastructure and provision of equipment – adapted it to this new purpose.

ACTORS OF INFLUENCE

Military and security forces learn more about applicable international norms

The authorities maintained their efforts to reinforce respect for applicable international norms among military personnel. Some progress was made in updating training manuals for government forces, a process that began in 2012 with guidance from the ICRC: at the end of the year, the defence ministry approved the IHL manual for military forces, after numerous checks, for example, for compatibility with Islamic law; the manual on international human rights law for security forces was still under consideration by the interior ministry. Two senior officers, sponsored by the ICRC, attended IHL courses abroad (see *Egypt*).

Briefings conducted by the ICRC – whenever possible, with officers who had undergone ICRC training in IHL instruction – fostered respect for IHL and other applicable norms among: 515 military personnel, including those stationed near the Mali-Mauritania border in Bassiknou, and military cadets; and 50 officers from the military and 150 from the *gendarmerie* bound for the Central

African Republic. These briefings emphasized the protection due to people who were not or were no longer taking part in hostilities during armed conflict and other situations of violence and their right to medical and humanitarian assistance, and the necessity of preventing sexual violence.

The ICRC continued to urge authorities to implement IHL-related treaties, and gave them the guidance necessary. It engaged the Permanent Secretariat of the G5 Sahel in dialogue on training members of the joint G5 Sahel force in IHL and international human rights law.

Islamic clerics and scholars learn more about IHL

Through meetings and various events and public-communication initiatives with journalists, or through social media, the ICRC broadened awareness of the humanitarian situation in the region – notably the plight of detainees and of people affected by armed conflict or other violence – and cultivated support for IHL and the Movement’s activities, among influential parties and the general public. The ICRC briefed military personnel, local authorities, and community and religious leaders in rural Bassiknou on its mandate and on its activities there.

Islamic clerics and scholars, influential in Mauritania and beyond, reached a fuller understanding of IHL through various ICRC-supported events. The ICRC discussed the points of correspondence between IHL and Islamic law with: 36 *imams* in Ayoun, in southern Mauritania; and with some 70 students at two Islamic universities, during ICRC briefings and a Mauritanian Red Crescent course in first aid. Four lecturers from those two universities and an Islamic cleric, sponsored by the ICRC, attended IHL events abroad (see *Lebanon, Morocco, Niger and Tunis*).

RED CROSS AND RED CRESCENT MOVEMENT

Backed by ICRC financial, material and technical support, the Mauritanian Red Crescent responded to emergencies – it assigned volunteers to sporting and religious events and assisted disaster-affected people in southern Mauritania – and built its operational and financial capacities.

The National Society organized a training camp for 100 volunteers, from all over the country, to develop their ability to administer first aid, restore family links and raise awareness of IHL and the Fundamental Principles. Twenty-one volunteers underwent training in first-aid instruction; this helped to enlarge the country’s supply of certified first-aiders. At an ICRC-supported workshop on the Safer Access Framework, National Society volunteers learnt how to protect themselves in violence-prone areas.

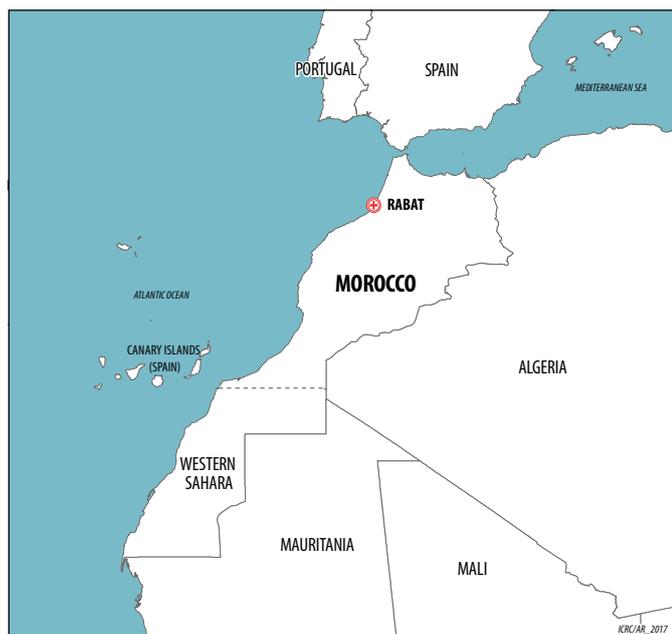
The National Society, aided by the ICRC, continued to develop strategies for managing its finances. It generated some funds by conducting first-aid courses for international organizations and NGOs. It kept the public informed of its activities through bulletins published with the ICRC’s assistance.

Movement components in the region met regularly to coordinate their activities – particularly in connection with restoring family links.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		27			
Phone calls facilitated between family members		31			
Names published on the ICRC family-links website		195			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		4			2
Tracing cases closed positively (subject located or fate established)		6			
Tracing cases still being handled at the end of the reporting period (people)		68	7	2	8
<i>including people for whom tracing requests were registered by another delegation</i>		4			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1	1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		11			
Detainees in places of detention visited		2,100	37	95	
Visits carried out		16			
			Women	Girls	Boys
Detainees visited and monitored individually		34	1		
<i>of whom newly registered</i>		21	1		
RCMs and other means of family contact					
RCMs collected		14			
Phone calls made to families to inform them of the whereabouts of a detained relative		11			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	21,566	3,235	4,313
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	1,626		
Essential household items	Beneficiaries	2,627	42	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	2,000	100	200
Health				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	6		

MOROCCO



ICRC delegation

The ICRC’s work in Morocco dates back to 1975, during the Western Sahara conflict. Opened in 2015, the delegation aims to encourage cooperation with the Moroccan authorities, so as to facilitate IHL promotion and implementation at the national level. It also seeks to support the Moroccan Red Crescent in building its operational capacities, particularly in the areas of restoring family links and mine-risk education.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ The Moroccan Red Crescent encountered constraints in offering phone services to migrants. Migrants were however kept informed of other family-links services available to them; some 175 migrants acquired first-aid skills.
- ▶ About 20,000 people learnt how to better protect themselves from mines. Government and military officials acquainted themselves with integrated approaches to mine action during an ICRC-facilitated study visit abroad.
- ▶ Detaining authorities and others learnt more about the ICRC’s activities for people deprived of their freedom; they included the ICRC in a task force set up to develop protocols for managing hunger strikes.
- ▶ The ICRC cultivated relationships with the authorities, armed forces and other key actors, which facilitated discussions on forensic protocols and jointly organized training in IHL for military and security forces.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

EXPENDITURE IN KCHF

Protection	562
Assistance	371
Prevention	588
Cooperation with National Societies	254
General	28
Total	1,804
<i>Of which: Overheads</i>	<i>110</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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PERSONNEL

Mobile staff	6
Resident staff (daily workers not included)	14

CONTEXT

The country remained largely stable, despite volatility in the wider region. There were, however, a number of mass protests over economic and political issues; the largest of these took place in the north. Security forces continued to conduct operations against persons or groups pursued under anti-terrorism legislation. These operations, and those conducted by the police, led to numerous arrests.

The Moroccan government continued to contribute troops to peacekeeping missions and international coalitions, including in Yemen. In April, a new government was sworn in after months of negotiations between the various political parties. Morocco was readmitted to the African Union in January 2017.

The status of Western Sahara remained a point of contention between Morocco and the Polisario Front. The UN Mission for the Referendum in Western Sahara (MINURSO) was extended to April 2018. Hundreds of people were still waiting for news of relatives missing since the 1975–1991 conflict. Mines and explosive remnants of war (ERW) continued to threaten the safety of people in some areas of the Moroccan-administered parts of Western Sahara.

Because of Morocco's geographical situation, and despite tighter controls at its borders, thousands of migrants on their way to Europe, including asylum seekers and refugees – those fleeing the Syrian Arab Republic, for example – continued to arrive in the country. From late 2016 to early 2017, Morocco allowed some 20,000 migrants to apply for residence permits; it continued to update its migration policies. Morocco was appointed, along with Germany, to chair the Global Forum on Migration and Development until December 2018.

ICRC ACTION AND RESULTS

The ICRC delegation in Morocco continued to focus on consolidating its relations with influential actors who could advance the humanitarian agenda; it sought to broaden acceptance for its activities among them, and further their understanding of IHL. It shared its views on regional issues of humanitarian concern at various events – for instance, at a national consultation process for migration-related issues. It briefed government officials and others concerned with detention, on numerous occasions, to acquaint them with its activities for detainees and to urge them to support the conduct of ICRC visits to detainees in the future. The ICRC participated in a task force set up by the national human rights committee to develop a protocol for handling hunger strikes in places of detention. Together with the national IHL committee, it provided training in IHL and other applicable norms for military and security forces personnel. With ICRC financial assistance, government officials and other policy makers, members of the military/security forces, academics and Islamic scholars attended IHL-related training and events held abroad.

The ICRC continued to help the Moroccan Red Crescent improve its activities for vulnerable people. It assisted the National Society to train its volunteers in the restoration of family links and to resolve issues related to the operation of phone stations for migrants. The National Society and the ICRC continued to conduct first-aid training sessions for migrants; they also sought to understand migrants' plight more fully in order to plan activities that matched their needs. The ICRC discussed existing forensic protocols and practices with government officials, and members

of the national human rights committee and of the national forensic doctors' association; it also facilitated their participation in seminars abroad, with a view to helping expand national capacities for resolving cases of missing persons and preventing their recurrence. The ICRC's delegations in Morocco and Tunisia (see *Tunis*) continued to coordinate their discussions – on the fate of people missing since the Western Sahara conflict – with the Moroccan national human rights committee and Sahrawi/Polisario Front bodies and organizations.

At information sessions conducted by the Moroccan Red Crescent, people in weapon-contaminated areas of the Moroccan-administered parts of Western Sahara learnt more about the risk to them from mines/ERW and about means of self-protection. In line with its efforts to support coordinated mine action, the ICRC organized a study visit to the Lebanon Mine Action Centre for representatives from the health and social welfare ministries, the armed forces and the Moroccan Red Crescent.

CIVILIANS

People contact their relatives through the Movement's family-links services

The families of detainees held abroad – for instance in Iraq or Libya, or at the US internment facility at Guantanamo Bay Naval Station in Cuba – restored or maintained contact with their relatives through video calls, RCMs or oral messages.

The families of migrants – including those who were thought to be on boats that had capsized, or who had fled to Europe or to Morocco – sought the help of Movement partners to locate their relatives.

Owing to internal constraints, the Moroccan Red Crescent stopped operating phone stations at key entry and exit points on the migration routes; these stations had previously enabled migrants to contact their families abroad. The ICRC urged the National Society to resume the phone services and offered its assistance for resolving operations issues and improving the National Society's other family-links services (see below). Movement family-links services were promoted at first-aid training seminars for migrants, National Society/ICRC briefings with private organizations and government departments concerned with migration, ad hoc meetings in multilateral forums, and through leaflets printed for the purpose.

Some 175 migrants were given first-aid training by the National Society and the ICRC. During these training sessions, the migrants – some of whom were asylum seekers and refugees – also described their experiences on the migration route. This helped the National Society and the ICRC to understand their situation more fully, plan future activities accordingly, and refer them to government agencies capable of addressing their specific needs and providing suitable services. At meetings and other events, the ICRC discussed migration-related issues of humanitarian concern with regional and national authorities, and with others in a position to address these issues (see *Actors of influence*).

With the ICRC's support, the National Society continued to reinforce its family-links network: some 20 new volunteers completed their initial training in the various family-links services and procedures; in addition to on-the-job training, experienced volunteers also benefited from a refresher course; and, at a training session, 20 members of the National Society's emergency team

learnt about family-links services and about preventing the separation of families during emergencies. The National Society and the ICRC continued to distribute printed materials on preventing the loss of family contact along the migration route.

Forensic professionals develop their ability to manage human remains

Government officials, and members of the national human rights committee and of the national forensic doctors' association continued to exchange views with ICRC experts on existing forensic protocols and best practices for managing human remains and related data; the aim was to strengthen national capacities for addressing and preventing cases of missing persons. Two forensic doctors attended ICRC training seminars in Pakistan and South Africa (see *Pakistan* and *Pretoria*), where they learnt more about managing human remains during emergencies; 35 members of the National Society's emergency team received materials and training for the proper handling of human remains. The ICRC's delegations in Morocco and Tunisia (see *Tunis*) continued to coordinate discussions – on the fate of people missing since the Western Sahara conflict – with the Moroccan national human rights committee and Sahrawi/Polisario Front bodies and organizations.

Government and National Society representatives add to their knowledge of mine-risk education and mine action

At information sessions conducted by Moroccan Red Crescent volunteers, some 20,000 people in weapon-contaminated areas of the Moroccan-administered parts of Western Sahara learnt more about the risk to them from mines/ERW and about means of self-protection. Six National Society branches continued to receive ICRC support for organizing these information sessions and for planning and managing other activities benefiting people in weapon-contaminated areas. The National Society and the ICRC also began discussions on improving coordination with and among actors concerned with mine action. In line with these efforts to support coordinated mine action, the ICRC organized a study visit to the Lebanon Mine Action Centre; six representatives from the health and social welfare ministries, the armed forces and the National Society joined the trip and learnt more about the importance of using an integrated approach to address the effects of weapon contamination.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC continued to brief government officials and others concerned with detention to acquaint them with its activities for people deprived of their freedom, with a view to gaining their support for ICRC visits to detainees in the future.

The national human rights committee and the ICRC maintained their partnership to help penitentiary authorities develop a protocol for handling hunger strikes in places of detention. The committee set up a task force for this purpose; it consisted of central penitentiary officials and representatives from the health ministry and the ICRC.

At an ICRC workshop in Jordan (see *Jordan*), two prison doctors discussed with their peers from other countries issues pertaining to the provision of health care in detention. With ICRC sponsorship, two prison officials participated in a seminar, held in Senegal (see *Dakar*), on penitentiary infrastructure.

ACTORS OF INFLUENCE

Through meetings and other means, the ICRC continued to familiarize influential actors with its work and cultivate its relationships with them; its aim was to gain their support for its activities, particularly the development of activities for people deprived of their freedom. It shared its views on regional issues of humanitarian concern at various events; for example, at the invitation of the Moroccan government, it made a presentation – on the subject of addressing migration-related issues – at a national consultation process for Morocco's participation in the Global Compact for Migration.

The national IHL committee and the ICRC worked closely on activities and events to broaden awareness of IHL among Moroccan military and security forces personnel, the authorities, the media and academics. For instance, they organized training sessions – covering IHL, international human rights law and other related norms – for various units of the military and security forces. Some 530 officers, including those bound for peacekeeping missions, benefited from these sessions. At ICRC workshops, instructors from police training institutes developed their ability to teach IHL-related subjects; one institute continued to draw on the ICRC for help in strengthening instruction in IHL, and organized – for the second time – an ICRC-led seminar for their trainers.

Close to 40 participants – representing national IHL committees, government ministries, Islamic organizations, academic institutions and National Societies from Morocco and 12 other countries – learnt more about teaching IHL at a regional course, in Morocco, organized by the League of Arab States and the ICRC. Moroccan government officials, policymakers, Islamic scholars and judges attended ICRC-organized conferences and courses abroad (see *Egypt*, *Kuwait*, *Nairobi* and *Niger*) where they took part in discussions on IHL and its compatibility with Islamic law.

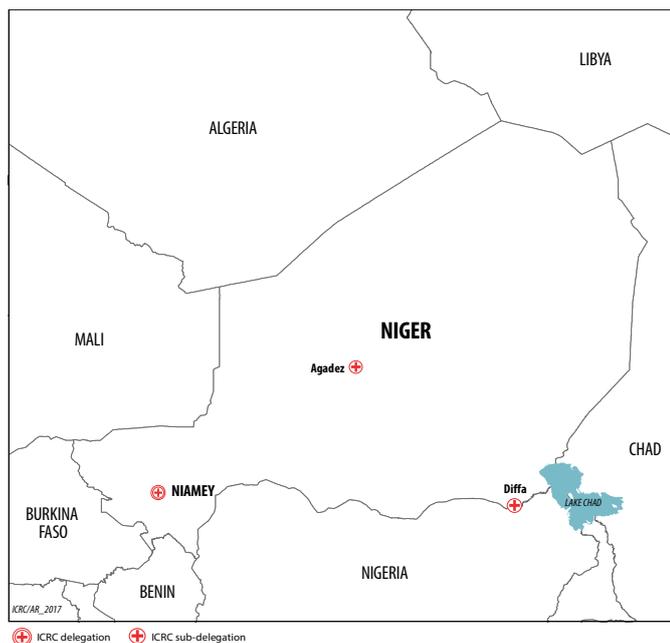
Moroccan law students tested their grasp of IHL at moot court competitions; they took part in a regional competition for the first time (see *Egypt*). ICRC support enabled several law professors and other academics to attend two advanced courses abroad (see *Lebanon* and *Tunis*), where they enhanced their understanding of IHL.

Moroccan Red Crescent staff participated in a training session with the ICRC on promoting humanitarian principles and the Movement's work.

RED CROSS AND RED CRESCENT MOVEMENT

The Moroccan Red Crescent continued to receive ICRC support for strengthening its capacities in restoring family links and conducting mine-risk education (see *Civilians*). In addition, with the ICRC's help, the National Society's first-aid team acquired equipment for first-aid training and an emergency kit for disaster response. With ICRC technical support, the National Society continued to work on incorporating the Safer Access Framework in its operations.

NIGER



KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Tens of thousands of conflict-stricken people in the Diffa region had a stable supply of food and clean water, after the ICRC and the National Society distributed rations and bottled water, and the ICRC upgraded water points.
- ▶ People obtained surgical care at a hospital in Diffa, where an ICRC team was working, and primary health care at five clinics in Agadez, Diffa and Tillabery. These facilities received supplies, equipment and other ICRC support.
- ▶ The ICRC visited detainees and reported its findings to the authorities, to help them improve detainees' treatment and living conditions. After discussions with the ICRC, the health ministry expanded the health staff in two prisons.
- ▶ Vulnerable residents continued to receive livelihood support from the National Society and the ICRC. Notably, farmers and herders bought grain and animal feed at affordable prices from ICRC-backed cooperatives.
- ▶ Migrants in Agadez benefited from the Movement's family-links services; the French Red Cross, with financial assistance from the ICRC, gave them medical and psychosocial support.
- ▶ Military and security forces learnt more about their obligations under IHL and international policing standards at ICRC-led sessions. Some of their instructors honed their skills to teach these topics, at more advanced courses.

EXPENDITURE IN KCHF

Protection	2,870
Assistance	25,348
Prevention	1,671
Cooperation with National Societies	1,045
General	243
Total	31,176
<i>Of which: Overheads</i>	<i>1,919</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	36
Resident staff (daily workers not included)	191

The ICRC has been present in Niger since 1982. It seeks to protect and assist people suffering the consequences of armed conflict in the region, as well as those affected by communal violence. It monitors the treatment and living conditions of detainees; promotes IHL among the armed/security forces and other weapon bearers; and encourages IHL implementation by the national authorities. It works closely with the Red Cross Society of Niger and helps it develop its operational capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	404
RCMs distributed	343
Phone calls facilitated between family members	17,290
Tracing cases closed positively (subject located or fate established)	163
People reunited with their families	59
<i>of whom unaccompanied minors/separated children</i>	58
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	19
Detainees in places of detention visited	4,978
<i>of whom visited and monitored individually</i>	1,846
Visits carried out	106
Restoring family links	
RCMs collected	358
RCMs distributed	120
Phone calls made to families to inform them of the whereabouts of a detained relative	273

ASSISTANCE	2017 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	147,000	99,478
Essential household items	Beneficiaries	39,000	15,466
Productive inputs	Beneficiaries	42,480	22,608
Cash	Beneficiaries	14,400	5,676
Services and training	Beneficiaries	539,660	479,179
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	212,260	154,729
Health			
Health centres supported	Structures	5	5
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	1	1
Water and habitat			
Water and habitat activities	Beds	100	80
Physical rehabilitation			
Projects supported	Projects	2	3
Patients receiving services	Patients		987

CONTEXT

Niger continued to be affected by the ongoing conflict between State forces in the Lake Chad region (see *Chad, Nigeria and Yaoundé*) and factions of the armed group that calls itself Islamic State's West Africa Province (also known as Jama'atu Ahlis Sunna Lidda'awati wal-Jihad or Boko Haram). Violent encounters took place occasionally, particularly in border areas: clashes in Tillabery caused civilian and military casualties. Military and security operations also led to arrests. Niger participated in regional military coalitions, including one established recently by the G5 Sahel countries.

The security situation and other matters of concern prevented many people from returning to their communities – thousands of displaced people stayed in camps – and derailed efforts to improve or resume livelihood activities, particularly farming and herding. Tens of thousands of people struggled with food shortages and remained dependent on humanitarian assistance, especially in Diffa. Scarcity of resources exacerbated communal tensions in several areas.

Migrants passed through Niger on their way north; several thousands of them were deported from Libya and Algeria to Niger.

ICRC ACTION AND RESULTS

The ICRC worked with the Red Cross Society of Niger and other Movement partners to protect and assist people affected by armed conflict and other situations of violence in the country. As in the past, it strove to foster support for IHL and the Movement among the authorities, weapon bearers and members of civil society, particularly in order to ensure access for vulnerable people to essential services and/or humanitarian aid. Allegations of abuse were relayed to the parties concerned, to urge them to prevent the recurrence of such misconduct; the ICRC also sought to establish dialogue with armed groups. It supplemented these efforts with briefings and training events for weapon bearers on IHL and international policing standards.

Responding to food insecurity and other urgent needs, the ICRC scaled up its assistance operations in the Lake Chad region, and launched a budget extension appeal in May.¹ The ICRC focused on providing emergency aid to IDPs and vulnerable residents in Diffa; these people regularly received rations for 10 months, instead of the planned 6 months, owing to their prolonged displacement and to the lack of new arrivals. They also had sufficient clean water for drinking or other purposes, after the ICRC distributed bottled water to them and repaired or constructed water points.

Vulnerable residents continued to receive National Society and ICRC support to boost their livelihoods. Notably, farmers and herders bought grain and animal feed at affordable prices from ICRC-backed cooperatives or were provided with them directly; three associations of women farmers received milling machines. Free livestock vaccination services were available through an ICRC-supported campaign; this helped herders to maintain the health and market value of their animals. Some vulnerable women ran small businesses established with ICRC cash grants. However, fewer people than planned benefited from the above-mentioned assistance, as the region's security situation hampered the return of displaced people from Diffa and livelihood activities.

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applc/extranet/rexdonors.nsf/0/2EC80FBCFEBA4C98C125810C00207FB0/\\$File/PA2017_LakeChad_Final.pdf](https://xnet.ext.icrc.org/applc/extranet/rexdonors.nsf/0/2EC80FBCFEBA4C98C125810C00207FB0/$File/PA2017_LakeChad_Final.pdf)

Support for health-care services was also reinforced. The Diffa regional hospital, supported by an ICRC medical team, continued to provide services, including treatment for wounded people. While urging the authorities to increase the size of the hospital's staff, the ICRC added three more specialists to its medical team there. Physically disabled people accessed physical rehabilitation services at facilities supported by the ICRC; these included a hospital in Zinder and the Diffa regional hospital's physiotherapy department, which were more accessible to people in southern Niger. The ICRC continued to support local clinics in providing primary health care for people in Agadez, Diffa and Tillabery; the French Red Cross, who offered these services to migrants, were also given such support.

Members of families separated by armed conflict or other violence, detention or migration stayed in touch through family-links services provided by the National Society with financial and technical support from the ICRC; 58 unaccompanied minors were reunited with their families.

The ICRC visited places of detention in accordance with its standard procedures; it conveyed its findings confidentially to the authorities concerned, to help them improve detainees' treatment and living conditions. It urged the health, interior and justice ministries to cooperate more closely in providing health services to detainees; the health ministry increased the number of health staff at two prisons. The ICRC also provided penitentiary food and health services with food supplements and medicines, to help them ensure the well-being of detainees. Inmates at several prisons had better access to clean water, air and sanitation facilities after the penitentiary authorities and the ICRC upgraded infrastructure. Briefings on good hygiene practices and provision of hygiene items helped improve detainees' living conditions.

Coordination with local authorities, community representatives, the National Society and other humanitarian organizations was crucial for preventing gaps in assistance.

CIVILIANS

The ICRC documented allegations of abuse – including sexual violence and attacks on health services – which occurred in Niger and elsewhere. Where possible, these allegations were discussed confidentially with the parties concerned, who were urged to prevent their recurrence. At an ICRC workshop, officials from the defence, health and interior ministries devised measures to ensure conflict-affected people's access to health services; the ICRC provided officials with further advice to implement these measures.

Conflict-affected households in Diffa have a stable supply of food

In Diffa, over 79,100 displaced people and residents (13,200 households) received monthly rations – including enriched cereal for children and pregnant women – from the ICRC and the National Society since March; these people continued to receive rations for 10 months instead of the planned 6 months, owing to these people's prolonged displacement and to the lack of new arrivals.

Over 92,100 people in Agadez, Diffa and Tillabery accessed clean water for drinking or agro-pastoral purposes (see below) from water points and other infrastructure constructed or upgraded by the ICRC. In Diffa, ICRC upgrades to camps of displaced people improved access to water and living conditions for about 13,000 people, some of whom were also provided with bottled water.

Some displaced households in Diffa, and about 1,500 flood-affected others (7,500 people) across Niger, received household essentials from the ICRC or the National Society.

Farmers and herders maintain their sources of food and income with the ICRC's help

Support for veterinary services in Agadez, Diffa and Tillabery helped increase the quality and market value of pastoralist households' herds. Community animal-health workers treated or vaccinated some 1.7 million heads of livestock belonging to nearly 79,800 herding households (about 478,800 people); ICRC support for this campaign included veterinary supplies, clothes, bedding and staff training, and the construction of several livestock pens. A livestock laboratory measured the impact of the campaign, by using ICRC-provided equipment to test treated livestock.

Even during the hunger gap period, farmers and herders had access to affordable and good-quality grain and animal feed from ICRC-supported cooperatives. With ICRC-provided seed and stocks, advice and some construction essentials, communities established: 18 cereal banks in Agadez, Diffa and Tillabery, which sold enough millet and maize to feed nearly 3,400 households (20,200 people); and 8 fodder banks in Tahua and Tillabery, which sold wheat bran to 1,900 households (11,500 people). The ICRC provided business training to scores of these cooperatives' managers, with a view to ensuring these cooperatives' sustainability.

In Agadez, Diffa and Tillabery, some 1,610 households (11,190 people) received seed – for staples and fodder – and other agricultural supplies; some of them learnt advanced farming practices through ICRC-supported courses. All this helped them grow more food. In addition, 817 breadwinners (supporting around 4,900 people) participated in an ICRC cash-for-work project to rehabilitate about 16 km of irrigation channels; this added to their income, and improved community infrastructure.

The ICRC gave milling machines to three associations of women farmers (about 150 members), which reduced the time and effort needed to grind cereals. Around 130 vulnerable women earned income from small businesses that they had established with ICRC cash grants; 15 physically disabled among them set up tailoring shops with additional training and supplies.

However, fewer people than planned benefited from the above-mentioned assistance, as the region's security situation hampered the return of displaced people from Diffa and livelihood activities.

IDPs, residents and migrants obtain primary health care

Primary-health-care services, including immunization and curative care, were available at two clinics in Tillabery and one each in Agadez, Diffa and Tahua. Staff at these five facilities gave nearly 47,000 consultations and facilitated hundreds of childbirths. The ICRC provided these clinics with technical guidance and equipment, and regular supplies of drugs; the clinic in Diffa was also given infrastructural and staffing support.

In Diffa, at ICRC information sessions for them, 60 female community workers were encouraged to refer women, including victims of sexual violence, to reproductive-health services.

Migrants passing through Agadez obtained health care and psycho-social support from the French Red Cross, which was assisted financially by the ICRC.

Unaccompanied minors reunite their families

Families separated by armed conflict or other violence, or by migration, reconnected through the National Society's family-links network. Notably, 58 minors – 45 of whom were formerly associated with armed groups – rejoined their families in Niger or in neighbouring countries; the ICRC followed up on those in Niger. The National Society and the ICRC closed over 160 tracing cases; some families received news of their missing relatives (see *People deprived of their freedom*). In Diffa, radio spots in four languages and posters at ten IDP/refugee sites informed potential beneficiaries of available family-links services.

The ICRC organized events which enabled the exchange of best practices in managing human remains, and helped government personnel to train in basic ante- and post-mortem data collection. These efforts helped ensure that the remains of people who had died during armed conflict or migration could be identified, and their families notified.

PEOPLE DEPRIVED OF THEIR FREEDOM

In accordance with its standard procedures, the ICRC visited detainees at 19 places of detention – including facilities run by the police, military or *gendarmierie*, and one holding members of armed groups who had surrendered to the government. Detainees held in relation to conflict and those with specific vulnerabilities were monitored individually. Afterwards, the ICRC shared its findings and recommendations confidentially with the authorities, to help them improve detainees' treatment and living conditions; it provided further guidance for senior penitentiary officials through a workshop. The ICRC continued its dialogue with the authorities on formalizing its access to detainees.

Inmates exchanged news with their relatives in Niger and elsewhere through the Movement's RCM and phone services. Over 40 minors made phone calls regularly to their families. Allegations of arrest were relayed to the detaining authorities, who confirmed some; thus, the families of nearly 100 detainees learnt their relatives' whereabouts. With the ICRC's financial assistance, 179 detainees returned home after their release.

The health ministry appoints additional health personnel at two prisons

In its discussions with national authorities, the ICRC emphasized the need for the health, interior and justice ministries to coordinate in providing health services to detainees. The health ministry subsequently appointed an official to deal with these matters, and expanded the health staff at the Kollo and Koutakalé prisons; however, a shortage of personnel continued to limit health care in other prisons. Government officials began drafting a decree to formalize cooperation between the health and justice ministries in providing health care for detainees.

The ICRC supported penitentiary food and health services in ensuring the well-being of detainees in four prisons. Over 1,600 malnourished detainees benefited from therapeutic feeding by the authorities, and at the Kollo prison, detainees' meals were fortified with ICRC-supplied foodstuffs. The ICRC sourced its supplies locally, to facilitate the authorities' full takeover of these activities. During emergencies, the ICRC provided medicines at several prisons; it also refurbished the infirmaries at the Kollo and Niamey prisons.

The penitentiary authorities and the ICRC upgraded infrastructure at five places of detention holding nearly 3,600 detainees. Inmates there had better access to clean water, air and sanitation facilities. Repairs to storage facilities helped maintain or improve the quality of food. The ICRC supported prison hygiene committees with advice and some supplies; all this led to more sanitary living conditions.

WOUNDED AND SICK

In remote areas of Tillabery, first responders, including National Society volunteers, were given first-aid training (see *Red Cross and Red Crescent Movement*), to help ensure that casualties can receive on-site care. A few people wounded during clashes in Tillabery (see *Context*) received life-saving care within 48 hours at a health centre and/or at a hospital in Niamey, after the ICRC had facilitated their evacuation.

Casualties in Diffa receive care

The Diffa regional hospital, aided by an ICRC medical team, performed 791 operations; 189 of these were for wounded people. The ICRC added a surgeon, a physiotherapist and a laboratory technician to its medical team while urging the health authorities to expand the hospital's staff. Training for staff and the renovation of key facilities – such as a surgical ward and the physiotherapy department – further bolstered the hospital's capacities. At the ICRC's suggestion, hospital staff established a committee for managing waste, which helped reduce the risk of contagion.

Medical personnel sharpened their skills through ICRC-supported training: a five-day study visit to the Diffa hospital for three doctors from Tillabery, and a war-surgery course at a Niamey university for 33 civilian and military surgeons. A medical student researched war-surgery techniques – drawing on cases treated at the Diffa hospital – with ICRC financial support.

In remote areas, disabled people regain some mobility

Physically disabled people – notably amputees – received assistive devices and/or physical rehabilitation services either from a hospital in Niamey, which took in patients from remote areas, or from an association of disabled people in Agadez. People in southern Niger could more easily access these services at an ICRC-supported hospital in Zinder or at the Diffa hospital's physiotherapy department (see above). The ICRC provided these centres with supplies, equipment, and staff training, regularly. It covered food, transport and accommodation expenses for 69 people being treated at these centres for wounds caused by gunshots, mines or explosive remnants of war.

The ICRC urged the authorities to better reflect disabled peoples' needs in public-health policies. NGOs, the national sports federation and the ICRC discussed ways to promote disabled people's social inclusion.

ACTORS OF INFLUENCE

Members of multinational forces familiarize themselves with IHL

In cooperation with the military and police authorities, the ICRC organized training sessions, for officers of various ranks, on IHL and international policing standards. It also maintained dialogue with parties who could relay humanitarian messages to armed groups. Through these activities, the ICRC promoted the protection for people who were not or were no longer involved in hostilities.

About 3,600 military and security forces personnel stationed in Diffa and elsewhere – including members of Nigerien special forces and of the G5 Sahel joint military force, and some 300 Chadian troops – attended ICRC briefings on IHL. Advanced IHL courses were organized for 370 military cadets. Three military officers, sponsored by the ICRC, attended a course abroad, at which they learnt how to incorporate IHL more fully in operational planning.

Some 120 instructors from the police, *gendarmerie* and national guard took part in an advanced course on teaching international policing standards – notably those concerning the use of force during arrests and detention, and protection for civilians, including migrants. This helped them train security forces personnel to apply these standards.

The Nigerien authorities continued to draw on the ICRC for advice in drafting a bill regulating the sale of weapons, which would include provisions of the Arms Trade Treaty and of a regional convention on small arms that Niger had already ratified. A number of government officials, sponsored by the ICRC, attended a regional meeting on IHL implementation and one on prohibiting nuclear weapons (see *Nigeria* and *Pretoria*). The authorities also drew on ICRC expertise to review existing legislation and State policies protecting health-care services. Overall progress in IHL implementation remained limited.

Religious and community leaders examine the points of correspondence between Islamic law and IHL

To foster support for IHL and the Movement, and facilitate the provision of humanitarian aid to vulnerable people, the ICRC sought to be in regular contact with the authorities, weapon bearers and members of civil society. Over 1,000 community and religious leaders took part in ICRC conferences on IHL in Diffa, Maradi, Tillabery and Zinder; these events focused on the necessity of protecting civilians and ensuring their access to essential services, such as health care and provision of clean water. The Islamic University of Niger and the ICRC organized a regional conference in November; for the second consecutive year, the event brought together Islamic scholars and clerics – 36 from 16 countries – to discuss the issues mentioned above within a context that included both Islamic law and IHL. University students tested their knowledge of IHL at a moot court competition abroad (see *Abidjan*).

Around 30 members of the media, including radio journalists from Diffa, learnt about humanitarian principles and Movement activities, and about the situation in Niger, during a workshop organized by the National Society and the ICRC. Radio stations broadcast programmes produced by the ICRC to remote areas, which helped ensure that conflict-affected people there knew of the humanitarian services available to them. One such radio station in Bosso resumed broadcasting, after the ICRC repaired the damage inflicted on it by the fighting.

RED CROSS AND RED CRESCENT MOVEMENT

The Red Cross Society of Niger assisted people affected by armed conflict or disasters. As its main partner in the country, the ICRC supported its activities through various means. For example, financial and infrastructural support from the ICRC enabled the National Society to establish an office in Diffa, to facilitate its activities for IDPs there. The ICRC also helped fund the National Society's response to a hepatitis E outbreak in areas along the Niger–Nigeria border, including Bosso and supplied it with stretchers for evacuating casualties of emergencies.

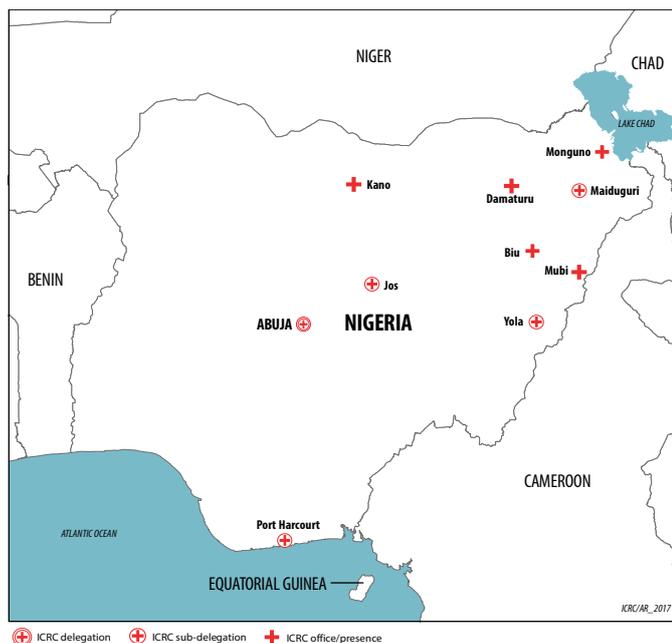
Financial and technical assistance from the ICRC enabled the National Society to organize workshops on the Safer Access Framework for first-aiders assigned to religious and cultural events in Tillabery and Tahua, and to provide insurance coverage for some 1,000 volunteers; National Society volunteers were safer because of these measures. The various Movement components in Niger met regularly to coordinate their activities and adapt them to evolving security conditions and humanitarian needs.

The National Society and the ICRC promoted humanitarian principles and the Movement's work. With technical guidance from the ICRC and other Movement partners, the National Society completed the revision of its statutes and its other internal regulations.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		404	91		
RCMs distributed		343	70		
Phone calls facilitated between family members		17,290			
Reunifications, transfers and repatriations					
People reunited with their families		59			
	<i>including people registered by another delegation</i>	1			
People transferred or repatriated		56			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		285	26	34	33
	<i>including people for whom tracing requests were registered by another delegation</i>	18			
Tracing cases closed positively (subject located or fate established)		163			
	<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)		314	31	53	62
	<i>including people for whom tracing requests were registered by another delegation</i>	61			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		87	11		58
UAMs/SC reunited with their families by the ICRC/National Society		58	2		45
	<i>including UAMs/SC registered by another delegation</i>	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		64	20		10
Documents					
Official documents delivered across borders/front lines		29			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		19			
Detainees in places of detention visited		4,978	188	266	
Visits carried out		106			
			Women	Girls	Boys
Detainees visited and monitored individually		1,846	37	14	68
	<i>of whom newly registered</i>	447	14	10	21
RCMs and other means of family contact					
RCMs collected		358			
RCMs distributed		120			
Phone calls made to families to inform them of the whereabouts of a detained relative		273			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	99,478	24,882	49,714
	<i>of whom IDPs</i>	68,830	17,211	34,408
Essential household items	Beneficiaries	15,466	5,782	4,857
	<i>of whom IDPs</i>	46	15	16
Productive inputs	Beneficiaries	22,608	7,002	9,236
	<i>of whom IDPs</i>	1,050	263	524
Cash	Beneficiaries	5,676	754	208
	<i>of whom IDPs</i>	3,649	472	182
Services and training	Beneficiaries	479,179	136,749	222,427
	<i>of whom IDPs</i>	3		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	154,729	78,912	46,419
	<i>of whom IDPs</i>	26,303	13,415	7,891
Health				
Health centres supported	Structures	5		
Average catchment population		75,460		
Consultations		46,973		
	<i>of which curative</i>	39,784	7,789	26,542
	<i>of which antenatal</i>	7,189		
Immunizations	Patients	13,896		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	9,463		
Referrals to a second level of care	Patients	333		
	<i>of whom gynaecological/obstetric cases</i>	74		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	5,204	56	82
Cash	Beneficiaries	179	4	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,599	108	72
Health				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	1		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound cases	189	5	13
	Non-weapon-wound cases	315		
Operations performed		791		
Consultations		1,187		
Patients whose hospital treatment has been paid for by the ICRC		430		
Water and habitat				
Water and habitat activities	Beds	80		
Physical rehabilitation				
Projects supported	Projects	3		
Patients receiving services	Patients	987	166	425
New patients fitted with prostheses	Patients	168	36	15
Prostheses delivered	Units	152	29	17
	<i>of which for victims of mines or explosive remnants of war</i>	69	4	4
New patients fitted with orthoses	Patients	523	71	317
Orthoses delivered	Units	414	49	297
Patients receiving physiotherapy	Patients	247	51	31
Walking aids delivered	Units	220	19	21
Wheelchairs or tricycles delivered	Units	60	16	6

NIGERIA



KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Returnees in the north-east resumed farming with seed and tools from the National Society and the ICRC. Widows and other vulnerable women in Maiduguri and Port Harcourt started small businesses with ICRC cash grants.
- ▶ Some isolated IDPs and residents benefited from aid distributions, which the National Society and the ICRC extended to newly accessible parts of the north-east that others could not easily reach. Security remained a concern.
- ▶ More people obtained health services, such as antenatal care and treatment for acute malnutrition, as the ICRC scaled up support for clinics in the north-east. ICRC-trained personnel counselled victims of conflict-related trauma.
- ▶ People in the north-east and Middle Belt – IDPs and residents – benefited from water, sanitation and shelter facilities repaired or built by the ICRC. In the south, such projects helped lessen tensions over limited resources.
- ▶ The ICRC acted as a neutral intermediary in the handover, to the authorities, of 82 girls who had been kidnapped from Chibok in 2014. It also advised the authorities on the social reintegration of all 104 girls in their care.
- ▶ The ICRC visited detainees, including people held in connection with the conflict, to check on their well-being. It helped the authorities when necessary, for example, by giving food for malnourished inmates.

EXPENDITURE IN KCHF

Protection	7,737
Assistance	76,618
Prevention	4,075
Cooperation with National Societies	6,604
General	386
Total	95,419
<i>Of which: Overheads</i>	<i>5,725</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

Mobile staff	111
Resident staff (daily workers not included)	470

Active in Nigeria during the Biafran war (1966–1970), the ICRC established a delegation in the country in 1988. It seeks to protect and assist the people affected by emergencies throughout the country, paying particular attention to those caught up in the conflict in the north-east; it also visits detainees. It works closely with the National Society and supports its capacity-building efforts in emergency preparedness and restoring family links. Working with the authorities, the armed forces and the police, civil society and the Economic Community of West African States, the ICRC promotes awareness of IHL and its implementation at national level.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	416
RCMs distributed	451
Phone calls facilitated between family members	2,139
Tracing cases closed positively (subject located or fate established)	206
People reunited with their families	72
<i>of whom unaccompanied minors/separated children</i>	65
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	33
Detainees in places of detention visited	28,021
<i>of whom visited and monitored individually</i>	8,071
Visits carried out	92
Restoring family links	
RCMs collected	256
RCMs distributed	81
Phone calls made to families to inform them of the whereabouts of a detained relative	35

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 300,000	407,388
Essential household items	Beneficiaries 150,000	70,860
Productive inputs	Beneficiaries 480,000	503,250
Cash	Beneficiaries 60,000	175,818
Services and training	Beneficiaries 12,000	45
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 1,610,000	1,080,569
Health		
Health centres supported	Structures 25	31
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 1	11
Water and habitat		
Water and habitat activities	Beds 820	500
Physical rehabilitation		
Projects supported	Projects 2	1
Patients receiving services	Patients	215

CONTEXT

The conflict between Nigerian forces and factions of the armed group known as Boko Haram, 'Islamic State's West Africa Province' and/or Jama'atu Ahlus-Sunnah Lidda'Awati Wal Jihad continued. Skirmishes and bombings occurred in Nigeria's north-eastern states – mainly Adamawa, Borno and Yobe – and neighbouring countries (see *Chad, Niger and Yaoundé*). The humanitarian consequences included: mass and repeated displacement; alleged abuses; disrupted livelihoods; severe food insecurity; and injuries, deaths and arrests. Cameroon, Chad and Niger also continued to fight the group, individually and as members of the Multinational Joint Task Force.

Parts of the north-east continued to be retaken by Nigerian forces. Some people attempted to return home, and more communities became accessible to humanitarian organizations. However, security constraints still limited access to some areas, and a large number of people remained displaced within Nigeria – mostly in host communities – or in neighbouring countries.

Communal violence, due mainly to disputes over resources, continued to take place in states in or near Nigeria's Middle Belt. Violence related to criminality, and to resurgent militancy and secessionism, persisted in the south.

Economic and other domestic challenges notwithstanding, Nigeria continued to play a key role in addressing regional peace and security issues, through the Economic Community of West African States (ECOWAS).

ICRC ACTION AND RESULTS

The ICRC scaled up its activities for people in north-eastern Nigeria, where it was one of the main humanitarian actors, and continued to provide some assistance in the Middle Belt and the south; it often worked with the Nigerian Red Cross Society and the authorities. It launched a budget extension appeal¹ for its activities in the north-east.

The ICRC documented allegations of violations of IHL and other unlawful conduct. It relayed them to the pertinent parties to prevent their recurrence, when such misconduct had taken place. It also reminded these parties of their obligations, under IHL and other norms, with regard to the conduct of hostilities and the necessity of protecting civilians and providing or facilitating access to basic services, especially health care.

IDPs, residents and returnees received emergency relief from the ICRC and the National Society, which prioritized isolated communities in areas that other organizations had difficulty reaching; in places with functioning markets, people were given cash instead of or in addition to in-kind assistance. Where feasible, the ICRC helped people strengthen their resilience to the effects of violence, by supporting income-generating activities: returnee farmers were given seed and tools, and widows and other vulnerable breadwinners, cash grants for businesses. Targets for some assistance activities, such as distributions of household essentials, were not met because resources were reallocated to food and other more urgent needs.

Other initiatives improved people's access to water, sanitation and shelter facilities. For example, the ICRC upgraded facilities in IDP camps and some violence-affected host communities in the north-east and Middle Belt, and provided returnees with materials for rebuilding their homes. In Port Harcourt, such projects helped mitigate risks to people's safety. Other projects were still underway at year's end because of administrative and security constraints.

The ICRC increased its support for clinics in the north-east, which helped widen the availability of health services, such as antenatal care and treatment for severe malnutrition. ICRC-trained volunteers counselled people suffering from conflict-related trauma, including sexual violence. ICRC-trained responders, mainly National Society personnel, administered first aid throughout Nigeria. Wounded people were treated at ICRC-supported hospitals: ICRC medical personnel performed operations and trained staff at the hospital in Maiduguri.

In coordination with Movement components in neighbouring countries, the National Society and the ICRC expanded family-links services in the north-east. Some unaccompanied minors were reunited with their families. The ICRC also supported the authorities' efforts to establish a registry of missing people and revise policies for managing human remains.

The ICRC acted as a neutral intermediary in the handover, to the authorities, of 82 girls kidnapped from Chibok in 2014. Afterwards, it visited these girls, and the 22 others from Chibok who had been handed over previously and were in the government's care; it also gave the authorities technical support for the girls' social reintegration.

The ICRC visited detainees, in accordance with its standard procedures, and monitored their well-being, paying particular attention to security detainees; it also continued to seek access to all detainees. With ICRC assistance, penitentiary authorities transferred inmates' case files into a database, to expedite judicial procedures. The ICRC also gave food for malnourished inmates and helped the authorities upgrade prison infrastructure.

Briefings for officials, weapon bearers, community leaders, the media and other key parties broadened awareness of, and helped facilitate, the Movement's work. The ICRC continued to work with Nigerian officials and ECOWAS to advance IHL implementation in Nigeria and throughout the region. The African Union Convention on IDPs was a subject of discussion with lawmakers.

The National Society strengthened its capacities with ICRC support.

CIVILIANS

The ICRC scaled up its activities for people affected by the conflict in north-eastern Nigeria, where it was one of the main humanitarian actors, and continued to provide some assistance to those affected by violence in the Middle Belt and the south; it often worked with the National Society and the authorities, including the agriculture, health and water ministries.

Communities discuss their protection concerns with the ICRC

The ICRC continued to strengthen its efforts to document the protection concerns of civilians, particularly in the north-east

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/2EC80FBCFEBA4C98C125810C00207FB0/\\$File/PA2017_LakeChad_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/2EC80FBCFEBA4C98C125810C00207FB0/$File/PA2017_LakeChad_Final.pdf)

and south, in order to prevent the recurrence of unlawful conduct alleged to have taken place. It gave the parties concerned written and oral reports about their obligations under IHL and other norms with regard to the conduct of hostilities and the necessity of: protecting civilians, especially women and children; facilitating access to or improving the provision of basic services; and safeguarding medical personnel and facilities. Concerns were also raised during events (see *Actors of influence*) for weapon bearers, government officials and traditional or religious leaders; discussions with lawmakers covered the implementation of the African Union Convention on IDPs.

The ICRC worked with selected communities in Maiduguri and Port Harcourt to identify the main threats to their safety and activities to mitigate these; it then gave support for these activities, including cash grants for vulnerable women, upgrades to water infrastructure, and first-aid seminars.

Aid distributions help people in newly accessible communities meet some immediate needs

The National Society and the ICRC provided material aid to isolated communities in newly accessible areas of north-eastern Nigeria that other organizations had difficulty reaching. Activities for people assisted by the ICRC in 2016 were handed over to the WFP and other organizations.

Around 407,300 IDPs, returnees and residents (67,900 households) received up to six months' worth of food, and in some cases, therapeutic food for acute malnutrition; in places with functioning markets, about 44,000 people (7,300 households) were given cash instead of or in addition to in-kind assistance, which allowed them to choose what to buy and stimulated local commerce. Post-distribution evaluations conducted by other organizations showed that the households were able to diversify their diet and mitigate their risk of malnutrition. Vulnerable children were referred to ICRC-supported clinics for treatment (see below).

Some 70,800 people (11,800 households) received essential items – tarpaulins, blankets and hygiene products – that helped them ease their living conditions.

Returnees resume farming and women in urban areas start small businesses with the ICRC's help

Where feasible, the ICRC sought to strengthen communities' resilience to the effects of violence by supporting income-generating activities. As thousands of IDPs returned home, the ICRC gave them seed and tools, or vouchers for these, enabling around 83,800 households (503,200 people) to resume farming. Roughly 22,000 households (131,700 people) in urban areas of north-eastern and south-eastern Nigeria – most of which were headed by widows and other vulnerable breadwinners – received cash grants for small businesses.

The ICRC carried out its economic security activities using electronic tools for data collection and other new technologies – which helped it work more efficiently, for instance, by speeding up distributions. Targets for some assistance activities, such as distributions of household essentials, were not met because resources were reallocated to food and other more urgent needs, given the evolution of the situation.

IDPs, returnees and residents gain access to water and sanitation facilities

The ICRC worked with the National Society and the authorities to improve the living conditions of people throughout Nigeria. Roughly 1,080,000 people benefited from their initiatives – in some cases, from numerous activities. Other projects were still underway at year's end because of administrative and security constraints.

At IDP camps in north-eastern Nigeria, the ICRC's efforts resulted in better access to water for around 335,000 people, and more sanitary living conditions for 109,000. The ICRC renovated or built water-supply systems, showers, latrines and kitchen facilities; provided fuel and maintained generators; and conducted hygiene- and sanitation-promotion campaigns. Occasionally, it also trucked in water until facilities were renovated or constructed.

In host communities in the north-east and the Middle Belt, around 42,000 returnees and residents had better access to water after solar-powered pumps and other items of infrastructure were upgraded or installed, and committees for maintaining these facilities and promoting hygiene, established. The ICRC also trained technicians in maintenance. In Maiduguri, it helped upgrade the electrical system of a water-treatment plant; 500,000 people benefited. In Port Harcourt, about 16,000 people also benefited from improvements to water facilities, which mitigated tensions caused by disputes over resources, and the installation of street lights, which helped reduce safety risks.

The ICRC put up tents and other provisional shelters for about 74,000 people at camps and in host communities. Some 17,400 returnees in Adamawa and the Middle Belt repaired or rebuilt their homes with tools and materials from the ICRC, such as stabilized-soil bricks.

Malnourished children and victims of trauma receive specialized care

The ICRC continued to expand its assistance for primary-health-care facilities in newly accessible areas of north-eastern Nigeria. This enabled people to obtain health services at 31 fixed or mobile health centres, where roughly 581,800 curative and 128,000 antenatal consultations took place. Furthermore, around 2,300 people were referred to nearby hospitals for further care; among them were 20 victims of sexual violence, who received post-exposure prophylactic treatment before being referred. Also at these centres, roughly 9,700 children under the age of five received outpatient treatment for severe acute malnutrition. Around 400 malnourished children were admitted to an ICRC-run stabilization centre in Biu.

Support for these centres included equipment, furniture, and supplies, and financial incentives and training for their staff. The ICRC also made improvements to infrastructure at six centres – for instance, by installing incinerators for the sanitary disposal of medical waste – and set up temporary structures for four mobile clinics. In cooperation with the authorities and the Swiss Tropical and Public Health Institute, the ICRC trained staff at some facilities in the use of mobile device-based software containing standardized disease-management protocols that aimed to enhance the quality of care for children under the age of five; about 3,300 children were treated with the help of this tool.

To help people reduce their risk of disease, the ICRC helped the centres establish committees for ensuring sanitation and promoting public-health messages. ICRC delegates and ICRC-trained National Society and community volunteers conducted awareness-raising campaigns to help the authorities protect people from meningitis after an outbreak was declared in March.

Roughly 9,100 people – including patients at an ICRC-supported hospital (see *Wounded and sick*) and National Society personnel who had responded to emergencies – were counselled by ICRC staff or ICRC-trained community and National Society volunteers. This helped them cope with traumatizing conflict-related experiences, including sexual violence.

Unaccompanied minors are reunited with their families

The National Society and the ICRC, in coordination with Movement components in the Lake Chad region (see *Chad, Niger and Yaoundé*), continued to expand family-links services in the north-east; 65 children were reunited with their families.

The ICRC acted as a neutral intermediary in the handover, to the authorities, of 82 girls kidnapped from Chibok in 2014. Afterwards, it visited these girls, and the 22 others from Chibok who had been handed over previously and were in the government's care; it also gave the authorities technical support for the girls' social reintegration.

The ICRC provided IT equipment, expert advice and other support for the national committee in charge of establishing a database of missing persons. With a view to helping resolve missing-persons cases, the ICRC provided a working group on forensics with support for developing national guidelines and policies for managing human remains.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited people held by the Nigerian Prisons Service (NPS), the police and the military; 8,074 particularly vulnerable detainees, such as security detainees, were monitored individually. Findings and recommendations from these visits, which were conducted in line with standard ICRC procedures, were communicated confidentially to the authorities, to help them improve detainees' living conditions and treatment, including respect for judicial guarantees and procedural safeguards. The ICRC also continued to seek access to more detainees, including others held in connection with the conflict, through dialogue with the authorities concerned.

Joint ICRC-NPS working groups strove to improve health care in detention and prison infrastructure, and promote respect for judicial guarantees. At one prison, ICRC-trained staff transferred detainees' case files into a database, to expedite judicial procedures. NPS personnel attended workshops on internationally recognized standards for treating detainees, and for maintaining prison infrastructure; at three prisons, the ICRC helped establish technical committees for dealing with such matters.

Malnourished inmates receive supplementary rations and therapeutic food

When necessary, the ICRC gave the authorities material support for dealing with emergencies and for improving detainees' living conditions. The ICRC provided supplementary rations and therapeutic food for roughly 10,300 detainees suffering from or at risk of malnutrition. About 14,000 people benefited from various

water and habitat projects; for instance, the ICRC installed septic tanks, built outdoor areas, renovated prison infirmaries and kitchens, and conducted sanitation- and hygiene-promotion campaigns. Around 21,200 detainees also received blankets, hygiene supplies, basic medicines, and other essentials.

Detainees contacted their relatives through ICRC family-links services.

WOUNDED AND SICK

Thousands of casualties of bombings and other emergencies were attended to and/or evacuated by ICRC-trained first responders, mainly National Society and community volunteers. Some 3,500 people throughout Nigeria – National Society personnel, community members, weapon bearers, and members of religious organizations – trained in first aid at ICRC-organized courses and simulation exercises.

ICRC teams continue to provide surgical treatment

A growing number of people were referred from various parts of Borno and Yobe to the State Specialist Hospital in Maiduguri (SSH-M); the ICRC thus focused on supporting this facility so that weapon-wounded people could get treatment. This support included supervision and training from two ICRC surgical teams and upgrades to the facilities of the SSH-M for instance, the ICRC renovated the mortuary and 62-bed paediatric ward, and installed an incinerator for waste disposal. The two teams also made outreach visits to host communities near ICRC-supported facilities (see *Civilians*) to identify prospective patients, who were referred to the SSH-M; occasionally, the teams also went to other hospitals to help them deal with mass-casualty situations.

Elsewhere, nine hospitals were provided with medical supplies for mass-casualty emergencies; upgrades to their facilities were postponed because of the need to prioritize SSH-M. At an ICRC-supported physical rehabilitation centre at a hospital in Kano, 192 people were fitted with prostheses.

ICRC seminars enabled 230 doctors to develop their capacities in trauma management and war surgery.

ACTORS OF INFLUENCE

Contact with various actors helped to cultivate support for the ICRC and facilitate its work. Tens of thousands of people – community members, traditional and religious leaders, local officials and weapon bearers – learnt more about the Movement and its activities in Nigeria through information sessions and other events organized by the ICRC, in some cases, with the Nigerian Red Cross Society. Members of the local and the international media used briefings and communication materials from the ICRC to broaden public awareness of its work – for instance, its role in the handover of the girls kidnapped from Chibok (see *Civilians*).

Military and security forces personnel learn about IHL

The situation in the north-east, the Middle Belt and the south made it more necessary than ever to promote respect for IHL and other applicable norms among all parties concerned. However, some obstacles remained in place, particularly in relation to dialogue with armed groups in the north-east.

At ICRC information sessions throughout Nigeria, some 12,000 military and police personnel – including troops in the north-east – developed their understanding of IHL and/or

international law enforcement standards. Some of these sessions were combined with first-aid training (see *Wounded and sick*). Such sessions were also held for 34 senior officials from the ECOWAS Standby Force.

Messages related to the Health Care in Danger project were incorporated in first-aid workshops and other events (see above). A working group in Rivers state took steps to promote these messages, and to gather data on attacks against health-care workers. In Abuja, the ICRC also organized a round-table on these topics for medical staff, local officials and others concerned.

Senior officials and the ICRC discuss implementation of the African Union Convention on IDPs

In its discussions with the authorities, the ICRC stressed the importance of implementing the African Union Convention on IDPs. To support the authorities' efforts, the ICRC continued to share a report that it published in 2016 – which contained concrete recommendations in this regard – with members of the National Assembly and officials at local and national levels.

ECOWAS and the ICRC hosted an annual seminar to promote implementation of IHL and IHL-related treaties, including the Arms Trade Treaty. At the seminar, they presented a joint report on States' progress in treaty implementation to approximately 80 ambassadors, parliamentarians and other officials from ECOWAS Member States and donor countries; participants were also briefed on regional issues of humanitarian concern and the activities of ECOWAS and the ICRC.

Lecturers and students from several universities received support for teaching and studying IHL. Some scholars, sponsored by the ICRC, attended events abroad (see *Niger*, for instance) on the points of correspondence between IHL and Islamic law.

RED CROSS AND RED CRESCENT MOVEMENT

The Nigerian Red Cross strengthened its operational capacities with the ICRC's support, which included workshops and/or on-the-job training for National Society personnel in such areas as: the Safer Access Framework, at fifteen branches; providing first aid, family-links services and psychosocial support; implementing economic-security and water-and-sanitation activities; and addressing weapon contamination. The ICRC also donated nine vehicles and helped the National Society renovate, construct and/or furnish 15 offices.

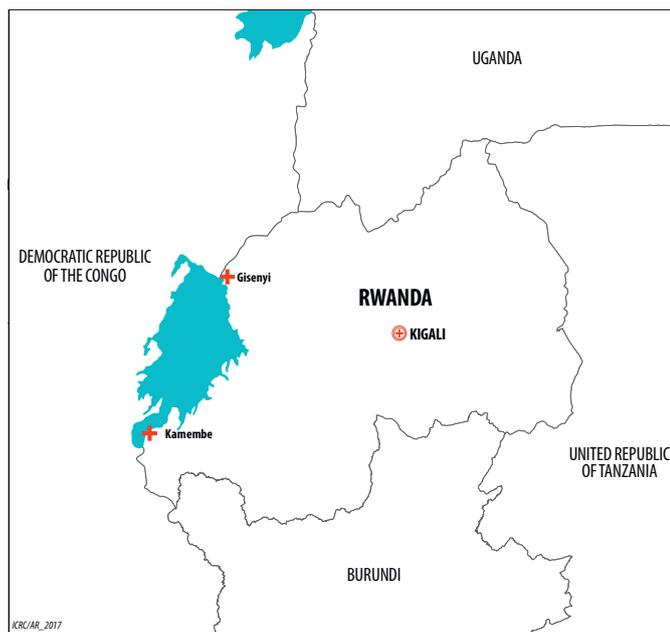
To support the National Society's organizational development, the ICRC trained its personnel in financial management, and helped it implement systems for managing and reporting on projects and for managing its volunteer database. National Society representatives, sponsored by the ICRC, attended Movement events abroad – such as a conference on the Health Care in Danger project, and a meeting of legal advisers. The National Society also received support for strengthening its public-communication capacities.

The ICRC, the International Federation and other Movement components in the Lake Chad region coordinated their activities, with a view to improving communication and cooperation within the Movement, including in connection with fundraising and cross-border activities. The ICRC also gave the International Federation financial support for its activities in north-eastern Nigeria, and helped the National Society engage other Movement components to discuss joint initiatives.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		416	41		
RCMs distributed		451	17		
Phone calls facilitated between family members		2,139			
Reunifications, transfers and repatriations					
People reunited with their families		72			
	<i>including people registered by another delegation</i>	41			
People transferred or repatriated		87			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		8,650	1,021	2,427	1,211
	<i>including people for whom tracing requests were registered by another delegation</i>	41			
Tracing cases closed positively (subject located or fate established)		206			
	<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)		13,376	1,328	4,379	3,458
	<i>including people for whom tracing requests were registered by another delegation</i>	100			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		166	73		
UAMs/SC reunited with their families by the ICRC/National Society		65	17		11
	<i>including UAMs/SC registered by another delegation</i>	40			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		456	176		23
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		33			
Detainees in places of detention visited		28,021	1,037	827	
Visits carried out		92			
			Women	Girls	Boys
Detainees visited and monitored individually		8,071	477	70	493
	<i>of whom newly registered</i>	3,312	332	56	299
RCMs and other means of family contact					
RCMs collected		256			
RCMs distributed		81			
Phone calls made to families to inform them of the whereabouts of a detained relative		35			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	407,388	150,084	164,406
	<i>of whom IDPs</i>	138,541	49,989	57,825
Essential household items	Beneficiaries	70,860	18,041	38,692
	<i>of whom IDPs</i>	48,728	11,562	27,466
Productive inputs	Beneficiaries	503,250	146,522	201,718
	<i>of whom IDPs</i>	15,394	5,377	6,238
Cash	Beneficiaries	175,818	61,252	80,378
	<i>of whom IDPs</i>	131,335	47,651	58,309
Services and training	Beneficiaries	45	15	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	1,080,569	551,090	529,479
Health				
Health centres supported	Structures	31		
Average catchment population		753,311		
Consultations		710,364		
	<i>of which curative</i>	581,834	170,663	316,474
	<i>of which antenatal</i>	128,530		
Immunizations	Patients	1,056,748		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	771,811		
Referrals to a second level of care	Patients	2,382		
	<i>of whom gynaecological/obstetric cases</i>	529		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	10,325	476	792
Essential household items	Beneficiaries	21,287	3,260	813
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	14,000	280	280
Health				
Places of detention visited by health staff	Structures	9		
Health facilities supported in places of detention visited by health staff	Structures	6		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	11		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	2		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	662	97	174
	Non-weapon-wound admissions	25		
	Operations performed	2,871		
Gynaecological/obstetric admissions		669	365	6
Consultations		2,010		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		916		
Weapon-wound admissions (surgical and non-surgical admissions)		227	23	48
Weapon-wound surgeries performed		173		
Patients whose hospital treatment was paid for by the ICRC		553		
First aid				
First-aid training				
	Sessions	146		
	Participants (sum of monthly data)	3,546		
Water and habitat				
Water and habitat activities	Beds	500		
Physical rehabilitation				
Projects supported	Projects	1		
Patients receiving services (sum of monthly data)		215	31	16
New patients fitted with prostheses	Patients	192	27	14
Prostheses delivered	Units	190	27	13
New patients fitted with orthoses	Patients	2		2
Orthoses delivered	Units	2		2
Walking aids delivered	Units	131	22	12

RWANDA



KRC/AR_2017
 ⊕ ICRC delegation ⊕ ICRC office/presence

Having worked in the country since 1960, the ICRC opened a delegation in Rwanda in 1990. It visits detainees held in central prisons and places of temporary detention such as police stations and military facilities, while supporting the authorities in improving detainees' living conditions. It helps reunite children and their families who were separated in relation to the genocide and its aftermath, or to violence in neighbouring countries, such as Burundi or the Democratic Republic of the Congo. The ICRC works with the authorities to incorporate IHL into domestic legislation. It supports the development of the Rwandan Red Cross.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ People who had fled Burundi, including minors, and others separated from their families contacted or rejoined their relatives through the Movement's family-links services.
- ▶ Detainees benefited from ICRC-supported projects at central prisons to renovate or build/install biogas systems, cooking stoves, kitchens, toilets and sleeping spaces.
- ▶ To improve health care in prisons, detaining authorities, with the ICRC's help, trained health staff in such areas as managing health-related data; they also urged the health ministry to include detainees in its national programmes.
- ▶ Government officials and other key actors learnt more about IHL and humanitarian issues in the region, at ICRC events; during a conference in Rwanda, they called for better protection for civilians during conflicts in urban areas.
- ▶ The Rwandan Red Cross, aided by the ICRC, became more capable of providing family-links and emergency services; its staff and volunteers were trained in various areas, including the Safer Access Framework.

EXPENDITURE IN KCHF

Protection	2,589
Assistance	1,486
Prevention	789
Cooperation with National Societies	498
General	55
Total	5,417
<i>Of which: Overheads</i>	<i>330</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	15
Resident staff (daily workers not included)	69

PROTECTION

	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	3,560
RCMs distributed	3,858
Phone calls facilitated between family members	69,513
Tracing cases closed positively (subject located or fate established)	119
People reunited with their families	51
<i>of whom unaccompanied minors/separated children</i>	51
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	30
Detainees in places of detention visited	70,529
<i>of whom visited and monitored individually</i>	163
Visits carried out	78
Restoring family links	
RCMs collected	1,640
RCMs distributed	1,151
Phone calls made to families to inform them of the whereabouts of a detained relative	390

ASSISTANCE

	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	51
Essential household items	Beneficiaries	280
Cash	Beneficiaries	15

CONTEXT

Rwanda continued to host people who had fled neighbouring countries, notably Burundi. About 90,000 people from Burundi were said to be in Rwanda – mainly at four transit centres and the Mahama refugee camp in the Eastern Province or in the city of Kigali and the Huye district. Some 75,000 refugees from the Democratic Republic of the Congo (hereafter DRC; see *Congo, Democratic Republic of the*) were also in Rwanda.

Former weapon bearers of Rwandan origin, including children, continued to be repatriated from the DRC, as part of the demobilization process there. Ex-members of the M23 armed group from the DRC were accommodated in facilities run by the Ministry of Disaster Management and Refugee Affairs (MIDIMAR).

The security and justice sector reforms announced in 2016 passed into law: responsibility for the Rwanda National Police (RNP) and the Rwanda Correctional Service (RCS) shifted from the interior to the justice ministry; the new legislation also required the establishment of an investigation bureau, forensic laboratory, and law enforcement academy.

Rwanda continued to contribute troops to various peace-support missions in the Central African Republic, Haiti, Mali, South Sudan and Sudan. It continued to cooperate closely with other countries in security matters: for instance, it hosted a military exercise for 14 countries contributing troops to the African Capacity for Immediate Response to Crises, and took part in joint/regional military exercises.

ICRC ACTION AND RESULTS

The ICRC's delegation in Rwanda continued to focus on: visiting detainees and working with the authorities to improve detainees' treatment and living conditions; and restoring family links, jointly with the Rwandan Red Cross, which was also given help to strengthen its operational capacities.

The ICRC visited detainees in prisons and police facilities in accordance with its standard procedures, to monitor their treatment and living conditions. ICRC delegates followed up some of them individually: certain inmates detained on security-related charges and former weapon bearers, including minors. Detaining authorities were given technical support and training to ensure that inmates' treatment and living conditions were in line with internationally recognized standards; the ICRC also urged them to work with health and judicial bodies on detention-related concerns. The RCS advocated the inclusion of detainees in national health strategies and programmes; this led to the health ministry agreeing to conduct medical screening and vaccination campaigns in prisons. With encouragement and technical support from the ICRC, the RCS moved towards developing a national penitentiary policy; it held discussions with the health ministry on drafting guidelines for managing malnutrition in prisons.

Detainees benefited from projects – undertaken with ICRC support – to improve facilities at the central prisons. With ICRC assistance, the RCS continued to implement a project at two pilot sites to improve nutrition and hygiene, and to prevent and control the spread of disease; it renovated and expanded health facilities at the two sites. ICRC training enabled health staff from all the

central prisons to develop their ability to manage health-related data, deal with mental-health issues among detainees, and administer vaccines.

Detainees contacted their families – or consular representatives, in the case of foreigners – through the Movement's family-links services.

Members of families separated by past or ongoing conflicts or other situations of violence in the region – including former weapon bearers and people who had fled Burundi – also contacted their relatives through Movement family-links services. The ICRC monitored the welfare of unaccompanied minors – including those previously associated with fighting forces – while their families were being traced; where possible and appropriate, it reunited them with their relatives. ICRC support enabled some wounded people fleeing Burundi to receive medical attention.

Dialogue with the authorities, including military and police officials, had two main aims: to raise further support for IHL, international standards for law enforcement and internationally recognized standards for detention; and to expand cooperation in training activities. At ICRC briefings, military officers and troops added to their knowledge of IHL before departing for peace-support missions abroad. The ICRC organized training sessions, conferences and other events to help government officials and other influential parties reach a fuller understanding of IHL and humanitarian issues in the region, and of the Movement's work. At an ICRC conference in Rwanda, political figures, military officials, diplomats, humanitarian personnel, academics and members of civil society – from throughout Africa – called on their governments to protect civilians more effectively during conflicts in urban areas.

Students, teachers and the general public learnt about issues of humanitarian concern and the Movement's Fundamental Principles and activities through various means, such as: information sessions, competitions and other events, and audiovisual materials, including those produced by the National Society with ICRC support.

The ICRC continued to help the National Society expand its operational capacities, particularly in emergency response and restoring family links. The Rwandan Red Cross and other National Societies in the region took steps to incorporate the Safer Access Framework in their activities.

CIVILIANS

Minors and others who fled Burundi re-establish contact with relatives

People separated from their families by events in Burundi and the DRC, migration or other circumstances, as well as members of families dispersed by the 1994 genocide in Rwanda, restored or maintained contact with relatives in Rwanda and elsewhere. They did so by means of RCMs, phone calls and other family-links services provided by the Rwandan Red Cross and the ICRC – for instance, those available on the ICRC's family-links website (familylinks.icrc.org). Burundian and Congolese refugees in Rwanda, relatives of Rwandan refugees abroad, and former weapon bearers repatriated to Rwanda, including children (see *People deprived of their freedom*), were among the people who used these services.

At the request of their relatives, some 200 missing people's names were broadcast on national radio; some people's whereabouts were ascertained by this means. New tracing requests were filed for about 150 people; close to 120 people were found through the tracing service.

The National Society and the ICRC continued to provide family-links services for Burundian people who sought refuge in Rwanda, while monitoring the situation and adjusting their activities to meet changing needs. A total of 252, mainly Burundian, unaccompanied or separated minors were registered. They and thousands of other people fleeing violence made over 69,500 phone calls to their families back home or elsewhere; people who had their own mobile phones made use of phone-charging services and free SIM cards offered at transit centres and refugee camps by the ICRC and its partners.

Children rejoin their families

National Society and ICRC family-links services also enabled 51 children to rejoin their families. They were given aid – food and transportation, and lodgings on the way there – for their journey home, and household items to ease their return to family life. They also received follow-up visits from the ICRC to monitor their reintegration.

The ICRC continued to follow over 1,100 cases of unaccompanied minors in Rwanda; special attention was paid to around 30 children formerly associated with weapon bearers. Some children's families were located through Movement tracing services. The National Society and the ICRC maintained close coordination with MIDIMAR and humanitarian agencies involved in child protection, to ensure that unaccompanied children received proper attention and that their particular needs were met.

The National Society continued to improve its family-links services, which were a crucial element of its emergency response capacities. It received material and financial support from the ICRC – notably for starting work, at the Mahama refugee camp, on a building for housing various Movement services; it also received training and guidance from the ICRC, particularly during joint visits to and activities at refugee camps and transit centres. The National Society coordinated these activities with the local authorities, other National Societies or ICRC delegations, and other humanitarian organizations. It helped to shape the Movement's family-links strategy by serving as a member of a committee on the matter.

Wounded Burundians obtain medical care

ICRC support enabled some wounded Burundians to receive medical attention. The ICRC covered treatment costs for 22 people, and facilitated wounded people's access to secondary or tertiary care. Some hospitals were given expert guidance, with a view to bolstering their ability to treat wounded people. MIDIMAR, other humanitarian actors and the ICRC continued to make use of a referral system that was established in 2016 to ensure that wounded people received care. Rwandan government departments and the ICRC continued to discuss their roles in assisting patients, particularly those who had crossed into Rwanda from other countries.

The ICRC initiated dialogue with key institutions tasked with managing human remains following emergencies, such as MIDIMAR, the RNP forensic laboratory and institutions offering forensic training, to identify needs in relation to humanitarian

forensics. It also assessed the forensic capacities of public and academic institutions.

PEOPLE DEPRIVED OF THEIR FREEDOM

During visits to 30 detention facilities under the authority of the RCS and the RNP – conducted in accordance with standard ICRC procedures – delegates monitored detainees' treatment and living conditions, paying particular attention to: people held for reasons related to State security; former weapon bearers, including minors, in camps run by the Rwanda Demobilization and Reintegration Commission, and ex-M23 fighters housed in Rwanda; and detainees with special needs, such as the elderly, foreigners and vulnerable women. Delegates also visited people convicted by the Special Court for Sierra Leone and serving their sentences in Rwanda. The ICRC engaged the authorities in dialogue to gain access to all detainees within its purview.

After these visits, ICRC delegates communicated their findings and recommendations confidentially to the authorities concerned. They also provided material support and expert advice – to ensure respect for judicial guarantees, for example – for the authorities, to help them take further action to bring detainees' living conditions and treatment in line with internationally recognized standards.

The ICRC issued attestations of detention on an ad hoc basis and as part of an initiative with the RCS and the National Public Prosecution Authority, to enable some inmates to have their detention status reviewed by the authorities.

Detainees, including minors at the Nyagatare rehabilitation centre and women at the Ngoma and Nyamagabe central prisons, restored or maintained contact with their families through RCMs and oral messages relayed by ICRC delegates. Foreign detainees notified their consular representatives of their detention through the ICRC. The ICRC checked on the welfare of some detainees after their release.

The RCS pursues initiatives to improve detention conditions and develop a national penitentiary policy

Having established a coordination mechanism in 2016, the RCS and the ICRC met to review progress in implementing their joint plan of action to improve detainees' treatment and living conditions. The ICRC also encouraged the RCS to take steps to develop a national penitentiary policy, and offered technical and financial assistance to this end. With ICRC support, the RCS hosted a conference that gathered representatives from correctional services, academic institutions, governments and civil-society organizations from across Africa to discuss strategies for improving penitentiary systems according to internationally recognized standards; it also held events to commemorate Nelson Mandela, and thus broaden awareness of detainees' rights and humanitarian needs. Around 170 prison staff and managers learnt more about internationally recognized standards for detention during information sessions held in various prisons and at the RCS training school. The ICRC provided technical support to prison authorities for transferring some 5,000 detainees to the newly constructed Mageragere central prison.

Detainees in RCS facilities have better access to health care

Vegetables and other food for detainees was grown on farms at some RCS facilities; the farms used natural fertilizer produced through biogas systems previously installed by the ICRC.

With the ICRC's encouragement and support, the RCS took steps to ensure that the health needs of detainees were addressed. ICRC training enabled health staff from all 14 central prisons to develop their ability to manage health-related data, deal with mental-health issues among detainees, and administer vaccines, particularly for strains of hepatitis.

The RCS advocated the inclusion of detainees in national health strategies and programmes; this led to the health ministry providing 58,000 nets for inmates and staff to protect them from mosquito-borne diseases, and agreeing to conduct medical screening and vaccination campaigns in prisons. The RCS also assessed the health needs of detainees at the central prisons and the state of the prison health system as a whole; together with the health ministry, it also drafted guidelines for managing and preventing malnutrition in prisons.

As the period covered by a five-year strategic plan to improve prison health services entered its last year, the RCS, with ICRC assistance, continued to implement a project to tackle issues related to nutrition, hygiene and disease prevention and control at two pilot sites (the Huye and Ngoma central prisons; the latter held only women, some of whom had their children with them). The laboratory at Huye, and the health facilities at both Huye and Ngoma, were renovated. The infirmaries at both prisons were supplied with medicines and other medical consumables, and mobility aids.

The ICRC provided material assistance for the Ngoma district hospital, which served as the referral hospital for women from the Ngoma prison, and their children, who needed second-level care; the Rwanda Military Hospital also received assistance for treating trauma cases.

Foreign detainees and ex-members of the M23 armed group obtained ICRC-funded medical treatment and physical rehabilitation.

Detainees benefit from improvements to sanitation and other infrastructure

Some 35,000 detainees at the central prisons benefited from ICRC-supported projects to renovate or build/install biogas systems, cooking stoves, kitchens, toilets and sleeping spaces. After a fire at the Gasabo central prison, the ICRC set up temporary shelters and installed a water source for detainees. With ICRC support, the RCS assessed its production facilities at the Huye central prison – which manufactured soap, chlorine, biogas, saucepans and cooking stoves for use throughout the prison system – and trained 15 staff members to manage them.

ACTORS OF INFLUENCE

Military and peacekeeping units take steps to incorporate IHL in their operations and training

The ICRC continued to engage the authorities in dialogue on humanitarian issues in the region, and on the Movement's work. Interaction with police and military officials had two main aims: to raise further support for IHL, international standards for law enforcement and internally recognized standards for detention; and to expand cooperation in training activities, besides the regular predeployment briefings for peace-support units (see below). The justice ministry and the ICRC continued to discuss possibilities for cooperation, particularly in view of the ongoing changes in Rwanda's justice sector.

The Rwanda Defence Force, aided by the ICRC, drafted a plan for implementing the International Committee of Military Medicine's recommendations for protecting the delivery of health care; it had yet to put the plan into effect. It also received ICRC support for incorporating IHL in training for its staff.

At predeployment briefings conducted by the ICRC, hundreds of personnel bound for peace-support missions learnt more about the ICRC's work and about IHL provisions applicable to their duties; such issues as sexual violence in armed conflict and the protection of medical services were also discussed. The ICRC gave the Rwanda Peace Academy expert advice for incorporating IHL and various issues of humanitarian concern in courses covering peace-support operations; the ICRC made several presentations on IHL during the courses.

Government bodies and the National Society work on laws to implement IHL

A project to harmonize domestic legislation with IHL, undertaken jointly by the Rwanda Law Reform Commission and the ICRC, entered its implementation phase; both parties decided that it was no longer necessary to seek other partners for the project. The ministries concerned had not yet responded to a draft law submitted to them, on the Rwandan Red Cross's status as an auxiliary to the government, and on the proper use of the emblems protected under IHL; the National Society had prepared the draft with the ICRC's help. At an ICRC-supported workshop, government officials reviewed the progress that had taken place in fulfilling pledges made at the 32nd International Conference, including the establishment of a national IHL committee.

Senior government officials and other key actors across Africa call for better protection of civilians

At an ICRC conference in Rwanda, some 150 senior government officials and military officers, and political figures, diplomats, humanitarian personnel, academics and members of civil society – from throughout Africa – called on their governments to renew commitments to protect civilians more effectively during conflicts in urban areas. The conference, which was streamed live on the internet to reach a broader audience, drew attention to current crises in the region and their consequences in humanitarian terms. It helped the ICRC establish more contacts among people and organizations capable of influencing the humanitarian agenda, and opened up opportunities for working with them to organize similar events to promote IHL and humanitarian action.

Lecturers and civil-society representatives added to their knowledge of IHL at ICRC courses and training sessions, including some held outside Rwanda (see *Dakar* and *Nairobi*). Other teachers, students and the general public learnt about issues of humanitarian concern and the Movement's Fundamental Principles and activities through various events – such as those held to mark World Red Cross and Red Crescent Day (8 May) – information sessions, and audio-visual materials, including those produced by the National Society. Students tested their knowledge of IHL at competitions, including some held abroad.

RED CROSS AND RED CRESCENT MOVEMENT

The Rwandan Red Cross continued to develop its ability to respond to emergencies and raise support for the Movement, with financial, technical and material support from the ICRC. Members of the National Society's countrywide network of emergency teams – including 30 new teams (with 540 members in all) – were trained

to provide first aid and psychosocial services, notably during the annual genocide remembrance ceremonies.

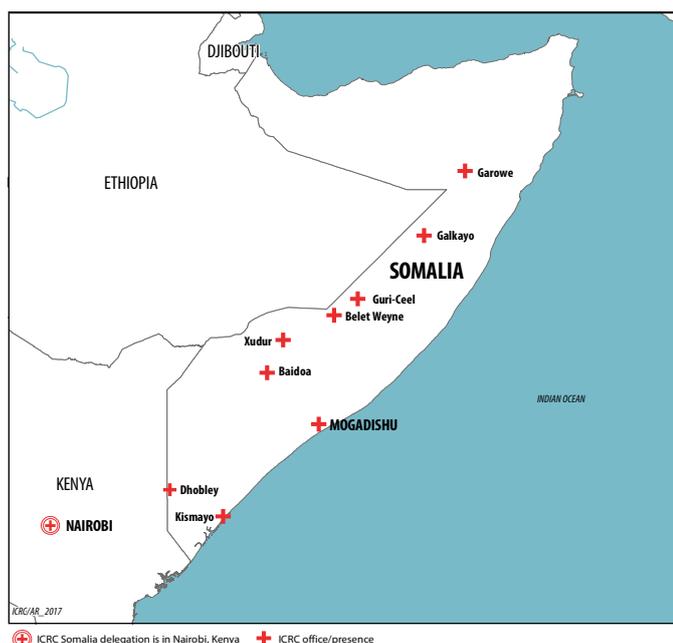
National Society volunteers participated in a countrywide simulation exercise to enhance their readiness for emergencies and coordination with others. National Society staff and volunteers attended various IHL-related training sessions, including some held outside Rwanda.

Over 300 volunteers and staff from National Society branches and headquarters, and from partner National Societies, learnt how to do their work safely at information sessions and practical exercises on the Safer Access Framework. Leaders and staff from National Societies in neighbouring countries also learnt more about the Framework through assessment and planning workshops arranged by the ICRC delegation in Rwanda.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		3,560	777		
RCMs distributed		3,858	414		
Phone calls facilitated between family members		69,513			
Names published in the media		204			
Reunifications, transfers and repatriations					
People reunited with their families		51			
	<i>including people registered by another delegation</i>	9			
People transferred or repatriated		18			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		149	18	44	36
	<i>including people for whom tracing requests were registered by another delegation</i>	16			
Tracing cases closed positively (subject located or fate established)		119			
	<i>including people for whom tracing requests were registered by another delegation</i>	22			
Tracing cases still being handled at the end of the reporting period (people)		324	36	105	91
	<i>including people for whom tracing requests were registered by another delegation</i>	102			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		252	79		1
UAMs/SC reunited with their families by the ICRC/National Society		51	19		
	<i>including UAMs/SC registered by another delegation</i>	9			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1,115	292		29
Documents					
People to whom travel documents were issued		3			
Official documents delivered across borders/front lines		3			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		30			
Detainees in places of detention visited		70,529	4,591	404	
Visits carried out		78			
			Women	Girls	Boys
Detainees visited and monitored individually		163	13		4
	<i>of whom newly registered</i>	83	10		3
RCMs and other means of family contact					
RCMs collected		1,640			
RCMs distributed		1,151			
Phone calls made to families to inform them of the whereabouts of a detained relative		390			
People to whom a detention attestation was issued		319			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	51		51
Essential household items	Beneficiaries	280		280
Cash	Beneficiaries	15		15
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	35,000	2,800	350
Health				
Places of detention visited by health staff	Structures	13		
Health facilities supported in places of detention visited by health staff	Structures	2		

SOMALIA



KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Millions of people, including in places reached by few other humanitarian organizations, benefited from one or more types of assistance from the ICRC.
- ▶ People coped with the immediate effects of conflict and/or drought with food, water, cash, and household and hygiene items from the ICRC; ICRC-supported centres treated thousands of people for malnutrition and cholera.
- ▶ Communities became more resilient to the effects of conflict or drought, after their access to water was broadened by the renovation or construction of water facilities, and veterinary services for their livestock improved.
- ▶ Detainees benefited from the penitentiary authorities' efforts, aided by the ICRC, to improve the provision of health care, and to curb malnutrition and outbreaks of diseases such as cholera, scabies and TB.
- ▶ Members of families separated by armed conflict or other situations of violence, or other circumstances, reconnected through the Movement's family-links services.
- ▶ Weapon bearers learnt about humanitarian principles and IHL and other norms during meetings, workshops and information sessions with the ICRC.

EXPENDITURE IN KCHF

Protection	4,012
Assistance	82,655
Prevention	3,510
Cooperation with National Societies	2,442
General	275
Total	92,895
<i>Of which: Overheads</i>	<i>5,659</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	99%
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PERSONNEL

Mobile staff	48
Resident staff (daily workers not included)	191

The ICRC has maintained a presence in Somalia since 1982, basing its delegation in Nairobi, Kenya, since 1994. Working with the Somali Red Crescent Society to implement many of its activities, it focuses on providing emergency aid to people affected by armed conflict, runs an extensive first-aid, hospital and basic health-care programme, and supports projects to help restore or improve livelihoods in communities weakened by crises. It visits detainees and endeavours to promote respect for IHL, particularly the protection of civilians and medical staff and infrastructure. It supports the National Society's development.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	37,766
RCMs distributed	33,547
Phone calls facilitated between family members	49,375
Tracing cases closed positively (subject located or fate established)	486
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	21
Detainees in places of detention visited	2,842
<i>of whom visited and monitored individually</i>	45
Visits carried out	43
Restoring family links	
RCMs collected	15
RCMs distributed	2
Phone calls made to families to inform them of the whereabouts of a detained relative	18

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	450,000 510,643
Essential household items	Beneficiaries	130,500 110,729
Productive inputs	Beneficiaries	120,000 547,068
Cash	Beneficiaries	375,000 584,632
Services and training	Beneficiaries	500 349,023
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	1,110,000 1,296,530
Health		
Health centres supported	Structures	32 32
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	4 7
Water and habitat		
Water and habitat activities	Beds	460 725

CONTEXT

Presidential elections, much delayed, took place in February, and a new cabinet was appointed.

The armed conflict between Somali forces – supported by the African Union Mission in Somalia (AMISOM) and defence forces from other countries – and armed groups, mainly the Harakat al-Shabaab al-Mujahideen (better known as al-Shabaab), continued. Fighting between clans persisted in parts of southern and central Somalia, as did tensions between the semi-autonomous region of Puntland and the self-declared Republic of Somaliland, and between some regional federal states. The Islamic State group claimed responsibility for an attack in Puntland.

Hundreds of arrests continued to be made, owing to the prevailing situation; this further strained judicial and penitentiary services.

A countrywide drought exacerbated food insecurity. People continued to be displaced; access to basic services, notably health care, remained precarious. Water shortages in some regions affected livelihoods and sparked outbreaks of disease, particularly cholera.

Widespread insecurity and the blurring of front lines hampered many international humanitarian agencies' ability to deliver aid, particularly to areas under the control of armed groups. In October, an explosion in Mogadishu caused hundreds of casualties and injuries; five Somali Red Crescent Society volunteers were among those killed.

Somalis returning from the Dabaab refugee camp in Kenya, and people fleeing the conflict in Yemen, added to the growing IDP population in the country.

ICRC ACTION AND RESULTS

The ICRC, in cooperation with the Somali Red Crescent Society, continued to help address the humanitarian needs of people struggling to cope with the effects of armed conflict and other violence, which were often compounded by climate-related emergencies. In response to the severe drought in Somalia (see *Context*), the ICRC launched a budget extension appeal¹ to support its multi-disciplinary efforts to provide timely assistance for people in areas where virtually no other humanitarian organization was present. Relief activities were expanded to respond to the needs of more people than initially planned. Notably, more people were given cash to buy food. Additional support was provided for repairs to water infrastructure and for health-care services.

Food and essential household items distributed by the National Society and the ICRC helped hundreds of thousands of people to cope with their situation. The ICRC also helped communities work towards self-sufficiency. Vulnerable households benefited from initiatives to: strengthen veterinary services and agricultural cooperatives; renovate water infrastructure – water storage facilities, boreholes, wells and rainwater catchment systems – for domestic and agricultural use; increase food production; and fund small businesses, particularly those run by female heads of households.

To help address people's health needs, especially during emergencies, the ICRC continued to support first-aid training programmes, National Society-run primary-health-care clinics, and facilities offering specialized treatment for malnutrition and cholera. The ICRC set up three centres to deal with the drought-related cholera outbreak, and constructed three new clinics to expand the National Society's primary-health-care services. Victims of sexual violence had access to suitable care from ICRC-trained midwives. Four hospitals received comprehensive ICRC support for developing staff capacities and upgrading infrastructure. Hygiene-promotion sessions, conducted by National Society and ICRC teams, helped curb disease outbreaks in areas without clean water.

People held in detention facilities throughout Somalia, including Puntland and Somaliland, were visited in accordance with standard ICRC procedures. Afterwards, the ICRC conveyed its findings – and where necessary, its recommendations for improving detention conditions – confidentially to the authorities. Detainees made use of the Movement's family-links services to contact their families.

Detainees in several prisons received preventive and curative care, including for malnutrition, at ICRC-supported infirmaries. The ICRC continued to help the penitentiary authorities strengthen their ability to provide health care, and to control TB and outbreaks of cholera and scabies. Infrastructural projects improved living conditions at prisons; several thousand detainees received material assistance during Ramadan.

Discussions with the authorities, weapon bearers, and community leaders advanced understanding of and acceptance for the ICRC's mandate and work among them. They also enabled the ICRC, together with the National Society, to assist communities accessible to virtually no other organization. However, restrictions on certain activities, including provision of health care, and security and access constraints remained in place in many areas (see *Context*).

Families separated by conflict and other violence benefited from the Movement's family-links services. Members of civil society, academics and the general public learnt about the ICRC and the Movement at information sessions and briefings, and through web-based and other media.

As the ICRC's main partner, the National Society received comprehensive support for strengthening its capacity to assist vulnerable communities, including in matters other than those covered by its traditionally health-focused programmes. With funding from other Movement components, the National Society was able to relocate its headquarters to a new office. The ICRC continued to facilitate the coordination of Movement activities in Somalia.

CIVILIANS

The ICRC promotes respect for IHL among relevant parties

Dialogue with the authorities, weapon bearers and community leaders helped broaden acceptance for the ICRC's neutral, impartial and independent humanitarian activities and facilitated its access to beneficiaries, including in areas under the control of armed groups.

The ICRC worked with the Somali Red Crescent Society to document incidents of sexual violence and of unlawful conduct against those seeking or providing medical care. It shared these and other documented allegations of violations of IHL with the parties

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/C49892CF853FD787C12580DE002D31E0/\\$File/BEA2017_Somalia_REX139_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/C49892CF853FD787C12580DE002D31E0/$File/BEA2017_Somalia_REX139_Final.pdf)

to the conflict, and urged them to do whatever was required to prevent the recurrence of such misconduct; it urged them particularly to protect people who were not or were no longer taking part in hostilities.

Based on the results of an ICRC survey, in which patients and medical staff expressed concerns for their safety, the actors concerned took steps to address the alleged presence of weapons in hospitals.

Vulnerable people receive life-saving care

The National Society and the ICRC strove to tackle the combined effects of drought and violence, particularly on people's health and access to food. The ICRC tested a web-based system for managing beneficiary registration and assistance distribution. ICRC training helped National Society volunteers to develop their ability to conduct needs assessments and respond to emergency needs.

As malnutrition and cholera rates spiked, the ICRC supported or set up facilities that provided specialized care: 6,765 children suffering from acute malnutrition, coupled with medical complications, benefited from the services provided by two ICRC-supported malnutrition treatment centres, including a new one in Kismayo. Centres set up by the ICRC in Baidoa, Bardhere and Kismayo, treated some 6,700 people for cholera.

To reinforce preventive care, the ICRC launched a community-based health programme at a Kismayo IDP settlement and established two nutritional programmes to monitor people's health: one in Baidoa, where 684 children were screened, and another in Bardhere, where 9,924 children were screened.

The National Society continued, with ICRC assistance, to run 25 fixed and 7 mobile clinics. The ICRC constructed three clinics in Bay and Banadir to help the National Society extend its reach. On average, a catchment population of slightly over 700,000 vulnerable people had access to consultations, ante/post-natal care and other health services from these clinics every month. Several of these clinics also addressed drought-related health concerns; slightly over 30,000 malnourished children and 5,000 pregnant or lactating women were treated through therapeutic nutrition programmes.

Twenty-eight victims of sexual violence obtained medical services, including post-exposure prophylaxis within 72 hours of the incident. Through ICRC-facilitated training, midwives learnt how to identify and respond to cases of sexual violence.

Communities meet their most urgent needs

Almost 1.3 million people had better access to water, for household use or for sustaining crops and livestock, as a result of ICRC water-supply projects. Roughly more than 260,000 people benefited from emergency repairs to water points and temporary storage facilities, and slightly over 400,000, from longer-term improvements to rainwater catchment systems, boreholes and wells. More than 2,900 individuals (489 households) supplemented their income through an ICRC cash-for-work scheme to repair water infrastructure. Twenty water technicians in Puntland were trained to maintain water sources.

Chlorine tablets distributed by the ICRC enabled slightly more than 520,000 IDPs and residents to have potable water; they also learnt about good hygiene practices at information sessions conducted by the National Society and the ICRC.

Some 510,000 people (85,600 households) received emergency food rations from the National Society and the ICRC. They included 110,000 displaced people (18,447 households), who were given hygiene kits and other essentials as well. Slightly more than 580,000 people (97,437 households) with access to functioning markets received cash for covering their basic needs; among them were displaced families or families with severely malnourished children.

Violence-affected households recover their livelihoods and grow more food

With ICRC support, people affected by conflict and other violence strengthened their food-production capacities or undertook income-generating activities.

The ICRC provided financial and technical support for renovating or constructing veterinary clinics in Belet Weyne, Baidoa and Wisil; these clinics, and those in Galgadud, Lower and Middle Shabelle and Sool, were supplied with equipment and drugs, with a view to making animal-health services more accessible to pastoralist households. Treatment at these clinics improved the health of livestock belonging to slightly more than 170,000 people (28,000 households); fly-traps from the ICRC provided further protection from disease for some of these animals. To reinforce veterinary services for rural areas in 12 regions, the ICRC also trained 84 community-based animal-health workers and local veterinary pharmacists; this benefited 144,000 people (24,000 households) who depended on their livestock for their living.

Irrigation pumps from the ICRC helped slightly over 220,000 people (36,758 households) from 106 farming communities improve their crop yield; some 5,700 people (950 households) received fishing equipment from the ICRC. In pastoral and farming communities, some 39,000 individuals (6,600 households) affected by the severe drought recovered their livelihoods with ICRC cash grants. In partnership with a local agricultural association, the ICRC trained 442 farmers from community-based agricultural cooperatives to become more capable of supporting their members' livelihoods.

After receiving cash and skills training, slightly over 980 women, many of whom were breadwinners, started small businesses; in all, slightly over 5,900 people benefited. Vocational training provided by the ICRC and a local NGO helped 498 young people, mainly from IDP households, to equip them with skills that would help them get a job.

Members of families separated by conflict keep in touch

Thousands of people communicated with their relatives in Somalia and elsewhere through the Movement's family-links services. RCM and phone services benefited IDPs in Mogadishu and Baidoa, and people in Puntland and Somaliland who had fled the conflict in Yemen. Families had the names of missing relatives read out on an ICRC-sponsored radio programme on the BBC's Somali service.

The National Society continued to build its tracing capacities: with ICRC support, new staff were recruited to facilitate better exchange of tracing data. The strengthening of its family-links services led to the whereabouts of 483 people being ascertained and their families being informed. ICRC travel documents enabled 20 asylum seekers to travel to the countries where they were being resettled.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees throughout Somalia receive ICRC visits and contact their families

Detainees, mainly those within the jurisdiction of the justice ministry, were visited in accordance with standard ICRC procedures. Afterwards, the ICRC communicated its findings and recommendations confidentially to the penitentiary authorities, stressing the need for a multidisciplinary approach to improving detainees' conditions.

Dialogue with AMISOM focused on the principle of *non-refoulement*, the timely handover of detainees to Somali authorities as required by standard AMISOM procedures, and the necessity of notifying the ICRC of all arrests.

Detainees contacted their relatives through the Movement's family-links services, mainly via RCMs and brief oral messages relayed by ICRC delegates. At the request of foreign detainees, the ICRC notified their embassies of their whereabouts.

Ten foreigners stranded in southern Somalia were reunited with their families in Afghanistan, the Islamic Republic of Iran and Pakistan.

Detainees obtain health care and have better living conditions

Detainees benefited from medical consultations and treatment at five ICRC-supported prison infirmaries in Baidoa, Bossaso, Hargeisa, Mandheera and Mogadishu, where some 16,700 consultations were conducted. Around 500 inmates with severe acute malnutrition, and 800 with moderate acute malnutrition, benefited from therapeutic feeding programmes run by several of these infirmaries. The infirmaries also reinforced TB screening after receiving ICRC funding for transporting specimens from patients to a TB laboratory for testing.

The ICRC trucked in chlorinated drinking water for slightly over 100 cholera-stricken detainees at one prison for three months; a scabies eradication campaign in another prison helped 1,200 detainees. Almost 4,900 inmates received hygiene items, many of them attended hygiene-promotion sessions.

Some 5,800 detainees received food, hygiene items and other material assistance during Ramadan; 2,350 among them received books and other recreational items. Seventy detainees acquired skills to improve their chances of getting a job, through vocational training.

ICRC-supported improvements to prison facilities enhanced living conditions for nearly 2,000 detainees. For example, 1,200 of them had better access to water, following the installation of a new supply system. At another prison, detainees who had participated in an ICRC vocational training programme repaired or built beds. Maintenance teams at two prisons were trained in plumbing, carpentry and electrical repair work.

A project to plant vegetable gardens at the Garowe and Mandheera central prisons was in the planning stage, but scheduled for implementation in 2018.

WOUNDED AND SICK

Wounded people and others receive medical care

The Somali Red Crescent Society received logistical, technical and financial assistance from the ICRC, enabling it to train, equip and operate emergency response teams; it held simulation exercises to

fine-tune its emergency teams' ability to respond to mass-casualty situations. It conducted first-aid training for 637 members of communities in violence-prone areas, 239 hospital and health-care staff, 303 National Society volunteers, and 95 troops from the Galmudug and Puntland forces.

Following the explosion in Mogadishu (see *Context*), the National Society's emergency response teams provided first aid and medical evacuation for 365 wounded people, and transported 126 dead bodies. Six hospitals received kits for treating wounded people and body bags from the ICRC.

Several thousand wounded people were treated at four ICRC-supported hospitals – two in Mogadishu (Keysaney and Medina), and two in Baidoa and Kismayo. Medical staff at the four hospitals, who received on-site guidance from an ICRC surgical team, developed their ability to treat wounded people and manage mass-casualty situations through ICRC courses on emergency-room trauma care and war surgery. ICRC-supported infrastructure projects also helped enhance the hospitals' services. These projects included the construction of a 110-bed malnutrition treatment centre, and a 20-bed isolation area for patients with infectious diseases, in Kismayo; and repairs to the ceiling of the intensive care unit in Baidoa. The electrical systems at the Keysaney and Medina hospitals were renovated. The maintenance team at the Kismayo hospital received ICRC training.

The ICRC donated medical supplies to a fistula treatment programme in Keysaney. Three hospitals received supplies for treating wounded people; an armed group in Baidoa was given a medical kit for the same purpose.

ACTORS OF INFLUENCE

The ICRC sought to foster awareness of and respect for its activities and humanitarian principles in general; to that end, it maintained dialogue (see *Civilians*) and regular contact with the authorities, weapon bearers, community leaders and others.

Weapon bearers learn more about IHL and other relevant norms

Meetings and dissemination sessions with slightly over 2,400 weapon bearers and central/regional officials in Somalia focused on promoting respect for IHL and other applicable norms. Somali federal and state forces, AMISOM troops and other weapon bearers learnt more about IHL and the ICRC's mandate and activities through training and workshops or through code-of-conduct booklets distributed by the ICRC. The ICRC expanded its dialogue with military forces affiliated with AMISOM, such as the Ethiopian and Kenyan armed forces, to encourage further cooperation in incorporating IHL in their training and operations. The ICRC provided first-aid training for members of state forces in Jubaland, Galmudug and Puntland, and information sessions for them on various humanitarian issues, such as the necessity of protecting medical personnel and facilities and preventing sexual violence, the use of children as fighters, indiscriminate firing and the use of explosive weapons in populated areas.

Various audiences familiarize themselves with the Movement

The ICRC's public-communication efforts aimed to advance the general public's understanding of IHL, the humanitarian situation in Somalia and the Movement's work, especially in areas under the control of armed groups. Representatives of civil society, local

authorities, community leaders and academics learnt more about these matters at briefings and certain events, such as an IHL workshop in Kenya and dissemination sessions at seven universities. University students tested their grasp of IHL at a debate competition. A broad range of people, including Somalis living abroad and various weapon bearers, could learn about IHL and the Movement from ICRC-produced materials available via traditional or web-based channels, including social media.

RED CROSS AND RED CRESCENT MOVEMENT

The Somali Red Crescent Society remained the ICRC's primary partner in addressing the emergency and chronic needs of vulnerable people. It continued to receive ICRC support for strengthening its ability to respond to such needs in line with the Safer Access Framework. The ICRC organized training for National Society staff and volunteers (see *Civilians*), particularly in

areas other than those covered by its traditionally health-focused programmes; it also provided the National Society with material and technical support for renovating facilities and expanding its capacities in logistics and project management.

With support from other Movement components, the National Society moved to another building after the bombing in Mogadishu destroyed its headquarters. It also pursued internal reforms, particularly with regard to human resources and financial management, and strategic review and planning.

The National Society and the ICRC continued to coordinate with Movement partners to ensure a coherent response to emergencies and to develop operational partnerships. This helped to identify unmet needs and prevent duplication of activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		37,766			
RCMs distributed		33,547			
Phone calls facilitated between family members		49,375			
Names published in the media		7,812			
Names published on the ICRC family-links website		4,390			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		1,299	235	424	318
<i>including people for whom tracing requests were registered by another delegation</i>		257			
Tracing cases closed positively (subject located or fate established)		486			
<i>including people for whom tracing requests were registered by another delegation</i>		21			
Tracing cases still being handled at the end of the reporting period (people)		2,725	8	32	6
<i>including people for whom tracing requests were registered by another delegation</i>		374			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1	1		
Documents					
People to whom travel documents were issued		20			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		21			
Detainees in places of detention visited		2,842	57	270	
Visits carried out		43			
			Women	Girls	Boys
Detainees visited and monitored individually		45	1	1	2
<i>of whom newly registered</i>		29			1
RCMs and other means of family contact					
RCMs collected		15			
RCMs distributed		2			
Phone calls made to families to inform them of the whereabouts of a detained relative		18			
Detainees released and transferred/repatriated by/via the ICRC		10			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	510,643	79,267	352,109
	<i>of whom IDPs</i>	107,493	18,273	70,947
Essential household items	Beneficiaries	110,729	18,815	73,099
	<i>of whom IDPs</i>	66,108	11,238	43,632
Productive inputs	Beneficiaries	547,068	93,144	360,344
Cash	Beneficiaries	584,632	101,004	383,964
	<i>of whom IDPs</i>	145,311	24,704	95,903
Services and training	Beneficiaries	349,023	59,306	230,056
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	1,296,530	350,063	596,404
	<i>of whom IDPs</i>	181,514	49,008	83,496
Health				
Health centres supported	Structures	32		
Average catchment population		725,536		
Consultations		528,193		
	<i>of which curative</i>	456,000		411
	<i>of which antenatal</i>	72,193		
Immunizations	Patients	207,678		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	52,270		
Referrals to a second level of care	Patients	11,882		
	<i>of whom gynaecological/obstetric cases</i>	315		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	5,805		
Essential household items	Beneficiaries	5,476		
Services and training	Beneficiaries	70		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	7,580	152	606
Health				
Places of detention visited by health staff	Structures	5		
Health facilities supported in places of detention visited by health staff	Structures	5		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	7		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	4		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	4,445	895	634
	(including those related to mines or explosive remnants of war)	117	3	8
	Non-weapon-wound admissions	5,152		
	Operations performed	21,789		
Medical (non-surgical) admissions		2,052	51	1,695
Consultations		27,973		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		65		
Weapon-wound admissions (surgical and non-surgical admissions)		65		
Weapon-wound surgeries performed		65		
Patients whose hospital treatment was paid for by the ICRC				
		69		
First aid				
First-aid training				
	Sessions	58		
	Participants (sum of monthly data)	1,274		
Water and habitat				
Water and habitat activities	Beds	725		

SOUTH SUDAN



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

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Newly displaced people and their hosts received emergency aid from the South Sudan Red Cross and the ICRC; aid was airdropped to isolated communities. Women and children were given nutritional supplements.
- ▶ People pursued their livelihoods with ICRC-provided seed, tools and veterinary services. ICRC-organized seminars helped communities design small businesses, which were then run with cash and other aid from the ICRC.
- ▶ IDPs and residents had better access to water after the ICRC repaired or installed water points. By chlorinating water and promoting hygiene in vulnerable areas, the ICRC also helped to minimize the threat of cholera.
- ▶ Over 830 wounded civilians and fighters, nearly twice as many as in 2016, were evacuated to and treated at hospitals supported by ICRC surgical teams. Owing to the prevailing violence, however, some teams had to be relocated.
- ▶ The ICRC monitored the well-being of people held – by the authorities, armed groups, and UN peacekeepers – in connection with the conflict. Detainees and people held by armed groups received food aid during times of scarcity.
- ▶ The ICRC served as a neutral intermediary to facilitate the release and repatriation to Sudan of 125 people, who were released in South Sudan by a Sudanese armed group.

EXPENDITURE IN KCHF

Protection	9,664
Assistance	91,720
Prevention	8,324
Cooperation with National Societies	5,925
General	494
Total	116,128
<i>Of which: Overheads</i>	<i>7,009</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	180
Resident staff (daily workers not included)	688

Present in Juba since 1980, the ICRC opened a delegation in newly independent South Sudan in mid-2011. It works to ensure that people affected by non-international and international armed conflicts are protected in accordance with IHL, have access to medical care, physical rehabilitation and safe water, receive emergency relief and livelihood support, and can restore contact with relatives. It visits detainees and seeks to increase knowledge of IHL among the authorities, armed forces and other weapon bearers. It works with and supports the South Sudan Red Cross.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	2,814
RCMs distributed	2,142
Phone calls facilitated between family members	66,198
Tracing cases closed positively (subject located or fate established)	651
People reunited with their families	150
<i>of whom unaccompanied minors/separated children</i>	98
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	39
Detainees in places of detention visited	5,053
<i>of whom visited and monitored individually</i>	316
Visits carried out	130
Restoring family links	
RCMs collected	201
RCMs distributed	51
Phone calls made to families to inform them of the whereabouts of a detained relative	41

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	330,000 511,847
Essential household items	Beneficiaries	138,000 226,857
Productive inputs	Beneficiaries	498,000 816,750
Cash	Beneficiaries	573
Vouchers	Beneficiaries	16,800
Services and training	Beneficiaries	380 564
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	390,000 383,787
Health		
Health centres supported	Structures	11 12
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	4 10
Water and habitat		
Water and habitat activities	Beds	240 271
Physical rehabilitation		
Projects supported	Projects	4 3
Patients receiving services	Patients	2,800 3,156

CONTEXT

Violence persisted in South Sudan, despite efforts to implement a 2015 peace agreement between the parties to the non-international conflict that began in 2013. Armed confrontations between government troops and opposition forces affected the Bahr al-Ghazal, Equatoria, Jonglei and Upper Nile regions. Scarcity of resources, and ethnic and communal tensions, led to violent clashes between armed groups throughout the country. Violence and other abuse against civilians continued to be reported.

Reportedly, nearly 4 million people had been displaced by the violence; of these, 2 million were seeking refuge in neighbouring countries. Among those internally displaced, over 200,000 were at “protection-of-civilians” sites run by the UN Mission in South Sudan (UNMISS). Tens of thousands of people were newly displaced in the Upper Nile region; many of them took refuge in the town of Aburoc.

More people than in previous years were at risk of malnutrition and disease, owing to the combined effects of intense violence, critical shortages of basic commodities, and unavailability of essential services, including health care.

Security and other constraints hampered humanitarian organizations’ ability to assist vulnerable communities, especially in isolated areas. Over 28 humanitarian aid workers were killed in 2017, including one ICRC staff member.

ICRC ACTION AND RESULTS

The ICRC sustained its multidisciplinary response to the humanitarian needs of people in South Sudan. Together with the South Sudan Red Cross, it helped residents and IDPs to meet their immediate needs and to become more resilient to the effects of armed conflict and other situations of violence. The National Society received support for strengthening its operational and administrative capacities.

Through confidential dialogue, the ICRC urged authorities and weapon bearers on all sides to: protect people who were not or were no longer participating in the hostilities; facilitate their safe access to humanitarian aid and essential services, including health care; and address and prevent abuses against them. Dialogue with these parties, and with communities, helped broaden acceptance and support for the ICRC, enabling it to assist people in remote communities and those affected by recent clashes.

The ICRC adapted its activities to the complexity of the situation in the country, in order to provide timely assistance while also ensuring the safety of its staff; for instance, it relocated teams from areas affected by intense fighting to more stable areas. ICRC aircraft continued to transport staff and airdrop food supplies; the latter were collected by National Society and ICRC teams at designated sites and then distributed. Items that could not be airdropped were delivered by smaller aircraft capable of landing in difficult terrain. The ICRC delivered supplies by land when the roads were passable.

As more people were displaced and humanitarian needs rose, the ICRC carried out more aid distributions than planned. Vulnerable people were given food, shelter materials and household essentials, and communities had access to clean water after the ICRC upgraded or built water systems; these efforts, together with hygiene promotion sessions, mitigated the threat of cholera. The ICRC also helped people start small businesses and become more

self-sufficient. Some households cultivated crops or caught fish with ICRC-provided tools. Animal vaccination and treatment campaigns organized by the authorities and the ICRC enabled pastoralists to protect their livestock against diseases.

The ICRC sought to scale up its support for health services. Because of poor security conditions, however, it suspended its assistance to some medical facilities; those in other areas, such as Ganyiel, began receiving support. People wounded in clashes were given first aid by ICRC-trained emergency responders; hundreds of people were evacuated to ICRC-backed medical facilities. Four hospitals – prior to the ICRC’s evacuation of two of them – received comprehensive support: on-site assistance and supervision from an ICRC surgical team, medical supplies and infrastructural upgrades; mobile surgical teams supported other facilities. The ICRC also provided supplies and technical assistance to 12 clinics, which delivered several services, such as ante/post-natal and paediatric care, and treated victims of sexual violence. Disabled people received treatment at three ICRC-supported physical rehabilitation centres.

The ICRC visited people held by the government, armed groups and UNMISS, in accordance with its standard procedures; it monitored particularly vulnerable detainees, including women and children, individually. It communicated its findings confidentially to the relevant authorities, to help them bring detainees’ treatment and living conditions in line with IHL and/or internationally recognized standards. Detainees benefited from food donations and infrastructural upgrades, carried out by the authorities and the ICRC. Prison clinics received ICRC-donated medical supplies for malnourished detainees; ailing detainees were treated by ICRC teams. The ICRC served as a neutral intermediary in the release and repatriation of people formerly held by armed groups; for example, 125 people – released in South Sudan by an armed group – returned to Sudan under the ICRC’s auspices.

Members of families separated by violence, detention or other circumstances contacted each other through phone calls and other Movement family-links services.

CIVILIANS

The ICRC maintained its confidential bilateral dialogue with parties to conflict, with a view to promoting protection for civilians, especially those seeking to return home. It made oral and written representations to all sides, urging them to meet their obligations under IHL and other applicable bodies of law, particularly to: protect people who were not or were no longer participating in hostilities, including those seeking or providing health care; address and prevent sexual and other abuse; protect civilian property and infrastructure from being looted or destroyed; and facilitate access to essential services and humanitarian assistance.

As more people were displaced and humanitarian needs rose, the ICRC carried out more aid distributions than planned and more people received material assistance, such as food and livelihood support.

Isolated communities receive essential supplies

Because of persistent insecurity and logistical constraints, the ICRC continued to airdrop food supplies to isolated communities. Staff from the South Sudan Red Cross and the ICRC collected the items at designated sites, and then distributed them. Items that could not be airdropped – such as shelter materials and household essentials – were transported by small aircraft capable of landing

in difficult terrain. The ICRC used helicopters to take supplies and staff members to locations without airstrips. Aid was also delivered over land during the dry season, when the roads were passable.

More than 511,800 people (85,300 households) – mostly IDPs and their host communities – had food to eat during times of scarcity, because of ICRC food distributions. These distributions helped farming households avoid consuming the seed given to them for planting (see below). Where high malnutrition rates were reported, food rations included nutritional supplements for children and pregnant or lactating mothers. Some 226,900 people (37,800 households) were able to build shelters and maintain personal hygiene with household essentials distributed by the ICRC directly or through the National Society.

IDPs and residents are less at risk of cholera

Around 321,000 IDPs and residents in rural and urban areas had better access to potable water after local authorities and the ICRC repaired or installed water points. Some 2,100 of them benefited from the ICRC's construction of a market in one town.

The ICRC responded to water/sanitation-related emergencies in conflict-affected areas: for example, wells dug by the ICRC provided clean water for some 15,000 people, which helped end a cholera outbreak in Aburoc. People there and in other cholera-prone areas learnt good hygiene practices at information sessions conducted by the National Society and the ICRC. Another 47,000 people in Juba benefited from a water-treatment plant, installed by the ICRC in 2015 and run by local authorities and ICRC-trained National Society volunteers.

Conflict-affected people, including victims of sexual violence, receive health care

One mobile clinic and 11 primary-health-care clinics in conflict-affected areas sustained their services with ICRC support: medical supplies, training and supervision for staff, and infrastructural repairs that expanded the clinics' capacities and helped improve conditions for staff members and patients. Staff at these centres facilitated childbirths, provided vaccinations, and offered ante/post-natal and paediatric care. Because of increasing violence in certain areas, however, five clinics suspended their activities by July; two of them were functioning at year's end.

Victims of sexual violence obtained specialized services at some of the clinics, including prophylactic treatment within 72 hours of the incident, and psychosocial care; they were referred to other facilities when necessary. At ICRC information sessions, over 5,500 people learnt more about the consequences of sexual violence, and the services available to victims.

Communities take steps to regain self-sufficiency

Vulnerable communities augmented their food supply, and recovered or maintained some degree of self-sufficiency, with ICRC support. People benefited from multiple forms of assistance.

Over 56,400 households (338,000 people) cultivated crops with ICRC-donated seed and tools; others (2,800 households; 16,800 people) were given vouchers exchangeable for seed at local markets. Some 400 people learnt farming techniques at ICRC-organized courses. More than 38,000 households (230,000 people) received fishing kits that they could easily carry if they had to flee for their safety.

Treatment and vaccination campaigns organized by the animal resources ministry and the ICRC helped about 128,000 households (352,800 people) to take care of their herds. At training sessions conducted by the ministry and the ICRC, 159 animal-health workers received veterinary kits and learnt more about dealing with livestock diseases. Some of them, and others previously trained by the ICRC, participated in the campaigns mentioned above.

During ICRC-facilitated discussions, community members developed ideas for small businesses to preserve or boost their livelihoods. These were subsequently implemented with the ICRC's help: 90 households (540 people) received cash; 212 households (1,200 people) were given vouchers; and 1,300 households (8,100 people) benefited from productive inputs.

At information sessions conducted during the ICRC's assistance activities, beneficiaries learnt how to make the best use of the aid they had received, and about the ICRC and its work.

Members of families separated by conflict restore contact

Members of dispersed families – particularly those in isolated communities and informal settlements, and at UNMISS "protection-of-civilians" sites – restored contact through the Movement's family-links services. Given the growing number of South Sudanese seeking refuge in other countries, efforts to strengthen coordination in such services were discussed at a regional meeting (see *Ethiopia*). Some people reconnected with their relatives after they allowed their pictures to be published in ICRC-produced booklets, which were shown to people during ICRC field trips within South Sudan and in neighbouring countries (see *Ethiopia* and *Nairobi*).

Under the ICRC's auspices, 150 people were reunited with their families; these included 19 Congolese and Ethiopian children whose repatriation was facilitated by the ICRC. Within South Sudan, the ICRC helped 37 widows and children return to their places of origin. A few of these people were also provided with cash and other assistance.

The ICRC trained National Society staff in managing human remains; forensic authorities and other stakeholders strengthened their knowledge of this subject and sought to coordinate their activities at an ICRC-organized roundtable. The National Society and the ICRC gave the relevant authorities material, technical and other support for managing human remains, so that these remains could be identified and handed over to the families for burial.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC maintained dialogue with the authorities and weapon bearers about its mandate and working procedures, and followed up allegations of arrest, with a view to gaining access to all people held in connection with the conflict. The ICRC visited – in accordance with its standard procedures – people held by the government, armed groups and UNMISS. It monitored the situation of 316 detainees, including women and children, individually. Afterwards, findings and, when necessary, recommendations were communicated confidentially to the relevant authorities, to help them ensure that detainees' treatment and living conditions complied with IHL and, where applicable, met internationally recognized standards.

Detainees contacted their relatives through ICRC family-links services, which included phone calls arranged by the ICRC with the authorities' consent. The ICRC acted as a neutral intermediary

in the release and handover of one soldier, formerly held by an armed group, to the government. It also facilitated the repatriation of 125 people, after their release in South Sudan by a Sudanese armed group. These people were interviewed by ICRC staff, to confirm their willingness to return to Sudan; they were given medical check-ups by the ICRC, as well as food, blankets and clothes. They travelled under the ICRC's auspices from South Sudan to Sudan, via Uganda (see *Sudan*).

Malnourished and ill detainees receive treatment

The National Prisons Service and the ICRC had discussions – through a working group established in 2016 – with key stakeholders about structural problems in the penitentiary system, including judicial delays. The group also sought to tackle urgent issues, such as malnutrition, by diversifying the food supply and improving food-supply management in prisons. The ICRC reinforced the group's work by providing training and tools for detainees and staff in two prisons to cultivate crops. Staff from seven facilities attended ICRC seminars on treating and preventing malnutrition.

Nearly 3,560 people, including detainees in facilities experiencing food shortages, and people held by armed groups, benefited from ICRC-donated food supplies; 1,071 of them with severe malnutrition received treatment and therapeutic food supplements from the ICRC. The South Sudan Red Cross supported the ICRC's work in four of these facilities. Eight prison clinics received medical supplies and technical support from the ICRC; detainees with vitamin-deficiency illnesses received treatment from ICRC teams. The ICRC enabled several detainees needing further treatment to be transferred to external medical facilities.

The authorities and the ICRC renovated or installed kitchens, toilets and ventilation systems for some 3,200 detainees at seven prisons. Nearly 1,100 detainees received hygiene items and other essentials, which helped improve their living conditions.

WOUNDED AND SICK

The ICRC reminded the parties to the conflict of the protection afforded by IHL to patients and medical workers and facilities (see *Civilians*). Public-communication efforts by the South Sudan Red Cross and the ICRC broadened the general public's awareness of this aspect of IHL.

Casualties are treated by ICRC surgical teams

Despite the poor security conditions, the ICRC sought to increase support for people needing medical services. Wounded civilians and fighters received life-saving care from first responders, including weapon bearers who received first-aid training and kits from the National Society and/or the ICRC. Hundreds of people, nearly twice as many as in 2016, were airlifted by the ICRC to facilities providing higher-level care, including ICRC-supported hospitals.

ICRC surgical teams reinforced local capacities in providing treatment; they performed over 4,300 operations. Initially, they were stationed in hospitals in Juba, Kodok, Maiwut and Wau, but the Kodok and Maiwut hospitals were evacuated by July because of intensified violence. In September, another team began operating in a field hospital set up by the ICRC in Ganyiel. During emergencies, mobile surgical teams were sent to temporary field hospitals set up in Akobo and Old Fangak.

The hospitals mentioned above – including Kodok and Maiwut before they were evacuated – improved their obstetric, paediatric and other services with ICRC support: supervision and training for staff and medical supplies. Several other hospitals used medical supplies from the ICRC to cope with shortages.

Patients and staff at ICRC-supported hospitals and physical rehabilitation centres (271 beds in all) benefited from infrastructural repairs or upgrades.

Physically disabled people regain some mobility

Physically disabled people received assistive devices and rehabilitative services at centres in Juba, Rumbek and Wau, recipients of ICRC material, technical and financial support. The ICRC continued referring disabled people from remote areas to these centres; it covered food and transportation expenses for destitute patients. Uncertain security conditions forced the ICRC to postpone the opening of an orthopaedic referral centre in Waat that it had built in 2016.

The ICRC promoted the social inclusion of disabled people through sports: it covered transportation expenses for people attending weekly training sessions in Juba with the national wheelchair basketball association, and sponsored the training of the association's members with a coach from abroad.

ACTORS OF INFLUENCE

Dialogue with all sides facilitates delivery of humanitarian aid

The ICRC – sometimes together with the South Sudan Red Cross – sought to advance understanding of its mandate and of the Movement's activities among the authorities, weapon bearers, community leaders and members of civil society. The National Society received ICRC support for enhancing its capacities in public communication. The ICRC's dialogue with weapon bearers also covered compliance with IHL (see below).

Beneficiaries shared their concerns during ICRC information sessions, at which they also learnt about the ICRC and the National Society, and discussed the best use of the aid they had received (see *Civilians*).

Coverage by international and local media of the Movement's activities was enhanced with ICRC input. Content printed in local languages, and posted on online platforms, helped broaden the general public's awareness of neutral, impartial and independent humanitarian action. They also drew attention to issues of humanitarian concern, such as sexual violence and attacks against medical personnel and facilities. Law students demonstrated their knowledge of IHL in local and regional moot court competitions organized by the ICRC; a university lecturer, sponsored by the ICRC, attended a training course in teaching IHL (see *Nairobi*).

These efforts helped broaden acceptance for the National Society and the ICRC, and facilitated their access to vulnerable people.

Weapon bearers acquaint themselves with IHL

About 2,300 weapon bearers from all sides furthered their understanding of IHL through dissemination sessions that were often combined with first-aid training (see *Wounded and sick*). These sessions, and the reference materials distributed to participants, emphasized compliance with IHL, particularly its provisions

on: protecting civilians and detainees; facilitating safe access to medical care; and preventing sexual violence and other abuse. The ICRC sponsored the participation of a South Sudanese military officer in an advanced IHL course in San Remo (see *International law and policy*). With ICRC support, military instructors attended train-the-trainer sessions conducted by the South Sudanese army, and developed their ability to teach IHL.

Peacekeepers stationed in Abyei, human rights officers from UNMISS and South Sudanese law enforcement officials learnt more about IHL, international human rights law and other norms applicable to their duties at ICRC dissemination sessions.

The ICRC discussed domestic implementation of IHL with the pertinent authorities.

RED CROSS AND RED CRESCENT MOVEMENT

The South Sudan Red Cross remained the ICRC's main partner in assisting vulnerable communities. It strengthened its operational and administrative capacities with the help of the ICRC and other Movement partners.

With the ICRC's technical, material and financial support, the National Society created two new emergency response teams and bolstered the capacities of existing teams; it improved its first-aid programme by expanding its staff and by working with the Norwegian Red Cross to refresh the skills of experienced trainers. National Society personnel learnt more about needs assessment and post-distribution monitoring through workshops and on-the-job training. The ICRC renovated a National Society office and donated vehicles to boost the National Society's logistical capabilities.

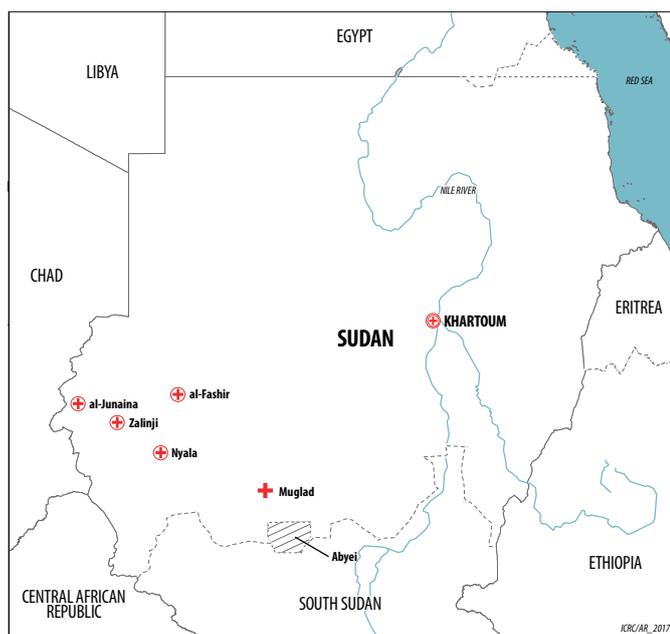
The National Society drew on ICRC expertise to improve its financial management and to revise its plan of action for implementing the Safer Access Framework; it hired someone to manage security-related matters. With Movement partners, the National Society continued to develop strategies for mobilizing resources, responding to emergencies and managing its volunteer base.

Movement components met regularly to coordinate their activities, including assistance activities led by the National Society. Several National Societies supported ICRC activities in South Sudan; the ICRC, in turn, shared its expertise in needs assessment, public communication, logistics, and security management.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact		UAMs/SC		
RCMs collected	2,814	6		
RCMs distributed	2,142	3		
Phone calls facilitated between family members	66,198			
Names published on the ICRC family-links website	1,158			
Reunifications, transfers and repatriations				
People reunited with their families	150			
<i>including people registered by another delegation</i>	77			
People transferred or repatriated	56			
Human remains transferred or repatriated	25			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	1,833	375	378	15
<i>including people for whom tracing requests were registered by another delegation</i>	1,278			
Tracing cases closed positively (subject located or fate established)	651			
<i>including people for whom tracing requests were registered by another delegation</i>	420			
Tracing cases still being handled at the end of the reporting period (people)	3,020	593	651	34
<i>including people for whom tracing requests were registered by another delegation</i>	2,057			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	50	26		3
UAMs/SC reunited with their families by the ICRC/National Society	98	50		12
<i>including UAMs/SC registered by another delegation</i>	51			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	52	30		1
Documents				
Official documents delivered across borders/front lines	10			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Places of detention visited	39			
Detainees in places of detention visited	5,053	267	311	
Visits carried out	130			
		Women	Girls	Boys
Detainees visited and monitored individually	316	3		6
<i>of whom newly registered</i>	202	3		6
RCMs and other means of family contact				
RCMs collected	201			
RCMs distributed	51			
Phone calls made to families to inform them of the whereabouts of a detained relative	41			
Detainees released and transferred/repatriated by/via the ICRC	127			
People to whom a detention attestation was issued	131			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	511,847	187,509	228,270
	<i>of whom IDPs</i>	375,045	134,750	166,873
Essential household items	Beneficiaries	226,857	91,463	101,100
	<i>of whom IDPs</i>	182,269	71,250	83,398
Productive inputs	Beneficiaries	816,750	310,035	334,640
	<i>of whom IDPs</i>	470,077	176,770	195,513
Cash	Beneficiaries	573	230	286
	<i>of whom IDPs</i>	378	151	189
Vouchers	Beneficiaries	16,800	6,240	7,920
	<i>of whom IDPs</i>	4,800	1,440	1,920
Services and training	Beneficiaries	564	162	194
	<i>of whom IDPs</i>	211	61	73
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	383,787	76,757	230,272
Health				
Health centres supported	Structures	12		
Average catchment population		149,387		
Consultations		87,424		
	<i>of which curative</i>	80,664	22,819	38,878
	<i>of which antenatal</i>	6,760		
Immunizations	Patients	34,840		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	20,815		
Referrals to a second level of care	Patients	754		
	<i>of whom gynaecological/obstetric cases</i>	46		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	3,559	523	737
Essential household items	Beneficiaries	1,488	176	599
Productive inputs	Beneficiaries	60	6	9
Services and training	Beneficiaries	60	6	9
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,248		
Health				
Places of detention visited by health staff	Structures	10		
Health facilities supported in places of detention visited by health staff	Structures	8		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	10		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	8		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	1,436	59	92
	Non-weapon-wound admissions	249		
	Operations performed	4,308		
Medical (non-surgical) admissions		477	277	
Gynaecological/obstetric admissions		295	274	
Consultations		15,677		
Patients whose hospital treatment was paid for by the ICRC				
		2		
First aid				
First-aid training				
	Sessions	167		
	Participants (sum of monthly data)	3,983		
Water and habitat				
Water and habitat activities	Beds	271		
Physical rehabilitation				
Projects supported	Projects	3		
Patients receiving services (sum of monthly data)		3,156	600	233
New patients fitted with prostheses	Patients	165	34	18
Prostheses delivered	Units	525	109	33
	<i>of which for victims of mines or explosive remnants of war</i>	17	2	
New patients fitted with orthoses	Patients	166	27	56
Orthoses delivered	Units	305	49	104
	<i>of which for victims of mines or explosive remnants of war</i>	1	1	
Patients receiving physiotherapy	Patients	877	179	102
Walking aids delivered	Units	2,141	384	89
Wheelchairs or tricycles delivered	Units	298	86	29

SUDAN



ICRC delegation ICRC sub-delegation ICRC office

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

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ In July, the authorities allowed the ICRC to increase its assistance activities, which had been limited in the past three years. It started emergency aid distributions for returnees and IDPs in Central Darfur and South Kordofan.
- ▶ In Central Darfur and South Kordofan, people benefited from aid distributions and repairs to water systems, carried out by the Sudanese Red Crescent Society and the ICRC within the framework of an agreement signed in July.
- ▶ Disabled people received assistive devices and physiotherapy at ICRC-supported physical rehabilitation centres. Local authorities worked with the ICRC to renovate a referral centre in Khartoum.
- ▶ The ICRC served as a neutral intermediary in the handover to the government of 125 people released by an armed group. Detainees released by the government received financial and material assistance for their journey home.
- ▶ Police and military officers were trained to apply IHL, international human rights law and other norms applicable to their operations, in line with a new agreement between the interior ministry and the ICRC.

EXPENDITURE IN KCHF

Protection	2,370
Assistance	2,878
Prevention	2,039
Cooperation with National Societies	1,410
General	110
Total	8,807
<i>Of which: Overheads</i>	<i>538</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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PERSONNEL

Mobile staff	13
Resident staff (daily workers not included)	150

The ICRC has been present in Sudan since 1978 to address the consequences of non-international and international armed conflicts. While pursuing dialogue with the authorities on increasing its direct access to conflict-affected people, it focuses on activities that aim to: promote respect for IHL; respond to the emergency needs of conflict-affected people; help physically disabled people obtain rehabilitative services; re-establish links between separated family members; and seek information on the fate of persons allegedly detained in relation to the conflicts. The ICRC works with and supports the Sudanese Red Crescent Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	794
RCMs distributed	347
Phone calls facilitated between family members	5,675
Tracing cases closed positively (subject located or fate established)	167
People reunited with their families	4
<i>of whom unaccompanied minors/separated children</i>	<i>4</i>

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	31
Essential household items	Beneficiaries	9,031
Cash	Beneficiaries	3,471
Vouchers	Beneficiaries	2,950
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities ¹	Beneficiaries	
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported	Projects	10 11
Patients receiving services	Patients	3,000 5,878

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

CONTEXT

Sporadic clashes between government forces and armed groups were reported in Darfur, and in Blue Nile and South Kordofan, despite unilateral ceasefires announced by various parties. Peace talks – mediated by the African Union – between the Sudanese government, the Sudan People's Liberation Movement-North (SPLM-N) and other armed groups in Darfur had yet to produce results. Communal violence over natural resources continued in various parts of Sudan. The government began a nationwide disarmament campaign.

Sudan continued to host refugees from South Sudan. Tensions persisted between the two countries, particularly in connection with the disputed area of Abyei.

Many international organizations continued to channel humanitarian aid through the authorities, the Sudanese Red Crescent Society and/or local NGOs, in compliance with government directives. However, international organizations had more access than in previous years to conflict-affected communities in Darfur, South Kordofan and Blue Nile, after the revised directives issued by the government in December 2016.

ICRC ACTION AND RESULTS

The ICRC sought to build acceptance for its neutral, impartial and independent approach to humanitarian action and for its activities for people affected by armed conflict and other situations of violence. It focused on these two topics, and on the importance of having independent and direct access to vulnerable communities, in its discussions with the authorities on the full resumption of its activities, which it suspended from February to September 2014, as per a government directive. Following these discussions, and an agreement between the Sudanese Red Crescent Society and the ICRC in July, the authorities allowed the ICRC to increase its assistance activities for conflict-affected people – beginning with those in Central Darfur and South Kordofan.

In Central Darfur, the National Society and the ICRC distributed household essentials to returnees and IDPs. In South Kordofan, newly displaced people received cash to meet their basic needs for one month. In both areas, people had better access to water after hand pumps were repaired and water systems renovated; the ICRC carried out these projects with the National Society and/or the local authorities.

In addition to its bilateral talks with the authorities, the ICRC held dissemination sessions and other events for local authorities, community leaders and military and police personnel. It sought by these means to broaden support for its mandate and work, and promote respect for IHL and other norms. Police and military officers were also trained in the application of IHL, international human rights law, and other norms applicable to their operations, in line with an agreement that the interior ministry and the ICRC signed in May.

The ICRC engaged the Sudanese authorities and armed groups in dialogue on its work for people deprived of their freedom; its aim was to gain access to these people and check if their treatment and living conditions complied with IHL or met internationally recognized standards. In February, at the request of all parties concerned, the ICRC served as a neutral intermediary in the handover to the Sudanese authorities of 125 people released by

the SPLM-N. The ICRC gave detainees released by the government material and financial assistance to return home.

The ICRC provided the National Authority of Prosthetics and Orthotics (NAPO) and the Khartoum Cheshire Home, an NGO, with materials, technical guidance, training and other forms of assistance for running physical rehabilitation centres; as a result, physically disabled people could obtain assistive devices and physiotherapy. The ICRC also provided technical and material support for a prosthetic/orthotic repair shop in Al Fashir that was run by a disabled people's association. NAPO drew on ICRC guidance for its long-term efforts – for instance, renovations to a referral centre – to improve the quality of physical rehabilitation services in Sudan. The ICRC continued to promote the socio-economic inclusion of disabled people: it gave disabled people cash grants to start small businesses and supported the development of a wheelchair basketball programme.

Members of dispersed families benefited from the ICRC's family-links services; for instance, some learnt about the fate and whereabouts of their relatives who had gone missing in connection with armed conflict or migration.

CIVILIANS

The ICRC extends assistance activities to Central Darfur and South Kordofan

The ICRC sustained its efforts to foster acceptance for its activities, and broaden respect for IHL, in Sudan. These efforts consisted mainly of bilateral talks with the authorities and dissemination sessions and other events for them (see *Actors of influence*). Dialogue with the authorities also focused on the importance of having independent and direct access to people affected by armed conflict and other situations of violence. The ICRC clarified the arrangements – with regard to travel permits, for example – necessary to implement the agreements signed with the government and federal ministries in 2014 and 2015; these agreements were meant to enable the ICRC to fully resume activities that were suspended from February to September 2014, in accordance with a government directive.

In the first half of 2017, while negotiations with the authorities were ongoing, the ICRC helped address humanitarian needs by donating supplies and/or equipment to local institutions or to other international organizations. An international organization responding to emergency medical needs in Khartoum was given wound-dressing kits; another organization, which was involved in water-supply projects in Darfur, received a generator, tools and technical manuals.

Following sustained dialogue with the authorities, the ICRC was allowed, in July, to increase its assistance activities. In Central Darfur, the Sudanese Red Crescent Society and the ICRC distributed kitchen items, blankets and tarpaulins to around 1,500 returnee and IDP households (9,000 people). In South Kordofan, some 670 newly displaced households (3,370 people) received cash – and 590 households (2,950 people) received vouchers – to meet their basic needs for one month, until other organizations gave them longer-term assistance; people there also had better access to water after local authorities, the National Society and the ICRC repaired hand pumps. Together with local water boards, the ICRC renovated one water system in South Kordofan, and two others in Central Darfur. In total, some 19,500 people had better access to water, after these projects.

People receive information on the fate and whereabouts of their relatives

Families dispersed by armed conflict, detention or migration benefited from the ICRC's family-links services: for instance, the fate and whereabouts of 167 people were ascertained and relayed to their relatives, and four children were reunited with their families. Some of these people also received cash, food and household essentials from the ICRC. People in Central Darfur, Khartoum and White Nile sent or received RCMs through the ICRC and/or the National Society.

The National Society continued to reinforce its family-links services, with the ICRC's support. At an ICRC workshop, organized within the framework of an action plan signed with the National Society (see *Red Cross and Red Crescent Movement*), 16 National Society staff members learnt more about restoring family links.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC maintained dialogue with the Sudanese authorities and armed groups, with a view to gaining access to people held in relation to the armed conflict and other violence in the country. The ICRC wanted to check whether detainees' treatment and living conditions were in line with IHL or internationally recognized standards, and where necessary, to offer detainees family-links services. At a workshop organized with the national IHL committee, penitentiary authorities, members of the IHL committee, and officials from the foreign ministry and other government bodies learnt more about the ICRC's activities for people deprived of their freedom and the legal bases for such work.

The ICRC submitted and followed up requests for information about people allegedly arrested or captured; these requests were based on reports from families who had sought the ICRC's help in locating their relatives (see *Civilians*).

People released by an armed group are handed over to the authorities

During discussions with military officials and members of armed groups, the ICRC emphasized its readiness to serve as a neutral intermediary in the handover of people in their custody. In February, at the request of all parties concerned and in line with its standard procedures, the ICRC facilitated the repatriation of 125 people formerly held by the SPLM-N. Under the ICRC's auspices, these people traveled from South Sudan to Uganda, and eventually to Sudan, where they were received by the Sudanese authorities. Before their repatriation, they were interviewed and given medical examinations by ICRC staff members; during the interviews, they confirmed their willingness to return to Sudan.

Hygiene kits and other essential items were given to over 240 detainees released by the Sudanese authorities in March; they also received financial assistance for their journey home. The ICRC covered treatment costs for those who needed medical attention.

WOUNDED AND SICK

Physically disabled people obtain rehabilitative services

Disabled people received assistive devices, and physiotherapy and other services, from eight centres and one mobile workshop run by NAPO; the ICRC provided raw materials, technical guidance and other support for the centres and the workshop. Destitute and other extremely vulnerable people from Darfur and West Kordofan

were among those who obtained services at the NAPO-run centre in Nyala; the ICRC covered their expenses for transportation, food and accommodation. Service providers and patients at some centres were given Arabic-language leaflets and videos on physiotherapy and on managing cases of clubfoot.

Some 880 children with physical disabilities, such as clubfoot, received rehabilitation services at the Khartoum Cheshire Home, which was given equipment and raw materials, and technical guidance, by the ICRC. The ICRC organized a training course for local personnel in making corrective devices for treating clubfoot. At a fundraising event for the centre, the ICRC encouraged other organizations to support the centre and help ensure the sustainability of its services; one organization assigned a volunteer physiotherapist to the centre and donated a vehicle.

Nearly 50 people benefited from maintenance services at a prosthetic/orthotic repair shop in Al Fashir that was run by a disabled people's association, and given technical and material support by the ICRC.

Local authorities and physiotherapists become more capable of providing good-quality services

NAPO continued – with technical guidance and financial support from the ICRC – to work on improving the accessibility and quality of physical rehabilitation services in Sudan. For instance, NAPO and the ICRC shared the cost of renovating the referral centre in Khartoum. They also worked together to standardize procedures at NAPO-run centres, following ICRC information sessions at which staff discussed best practices and learnt more about assessing patients. NAPO was also working with the ICRC and other organizations to establish wheelchair services in Khartoum.

Physiotherapists, assistants and benchworkers from NAPO and the Khartoum Cheshire Home expanded their capacities through ICRC training courses and sessions. Fourteen students continued to attend a diploma course established by NAPO, a local university and the ICRC. With ICRC financial support, four NAPO employees studied physiotherapy at another local university, and four others were enrolled in prosthetics and/or orthotics courses abroad.

Efforts to promote the socio-economic inclusion of disabled people continued: some 70 disabled people started small businesses with ICRC cash grants, to support their families. A local organization developed a wheelchair basketball programme with ICRC support; it also received wheelchairs from the ICRC.

ACTORS OF INFLUENCE

The ICRC continued to build acceptance for its neutral, impartial and independent approach to humanitarian action and for its activities for people affected by armed conflict and other violence. It followed up discussions with the authorities regarding its activities, and in relation to the agreements it signed with government bodies in 2014 and 2015. In July, the authorities allowed the ICRC to increase its activities. The ICRC informed local authorities, community leaders, and military and police commanders in Darfur, South and West Kordofan of the expansion of its activities; some of them helped facilitate its assistance activities in those areas (see *Civilians*).

Members of an armed group learnt more about the ICRC's mandate, and its activities in Sudan, at an ICRC dissemination session.

Police and military officers learn more about IHL, international human rights law and other norms

The ICRC sought to foster respect for IHL and other pertinent norms among the authorities, through bilateral talks and dissemination sessions and other IHL-related events for them. ICRC presentations helped justice ministry officials to learn more about IHL. Discussions were ongoing on carrying out similar activities for the military, as agreed upon in a 2015 memorandum of understanding between the defence ministry and the ICRC. With ICRC financial support, a legal adviser from the national IHL committee strengthened his grasp of IHL at an ICRC course abroad (see *Lebanon*).

At ICRC workshops, senior police officers and the military were trained in the application of international human rights law, IHL and other norms applicable to their duties. The ICRC organized information sessions on similar topics for 650 police officers and 250 senior military officers during their training at the national police academy. These activities arose from a three-year memorandum of understanding – signed by the interior ministry and the ICRC in May – to help the ministry build its capacities in training police personnel to comply with the norms mentioned above.

Two Islamic scholars contributed to discussions on the similarities between Islamic law and IHL at an ICRC regional event (see *Nairobi*). Journalists learnt more about conflict reporting and IHL at ICRC workshops. University students participated in events organized by or with the ICRC, such as IHL seminars and a national moot court competition.

RED CROSS AND RED CRESCENT MOVEMENT

The Sudanese Red Crescent continued to provide assistance – including first aid and material support – for vulnerable people, with technical, financial and logistical backing from the ICRC. The National Society, with the ICRC's help, acquired new offices, training halls and equipment for strengthening its logistical capacities and increasing its operational reach. At ICRC workshops, National Society personnel and volunteers learnt more about the Fundamental Principles, and developed their ability to restore family links and apply the Safer Access Framework to their activities. When the ICRC extended its work to Central Darfur and South Kordofan, the National Society carried out assistance activities with it (see *Civilians*).

The National Society and the ICRC signed an agreement in July, which reflected a renewal of their commitment to work together, and clarified their roles and responsibilities in addressing humanitarian needs; the activities mentioned above were in line with it. This agreement was in addition to the plans of action the two organizations signed in March, concerning family-links activities. Increased assistance activities having been given priority, the ICRC put on hold plans to help the National Society review its statutes.

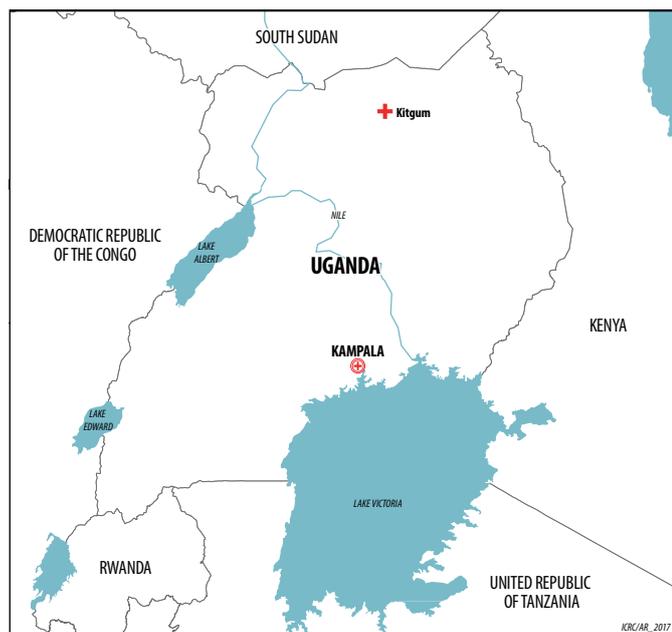
Despite the absence of a new Movement coordination agreement, the National Society, the International Federation, the ICRC and other components of the Movement met regularly to discuss their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		794	1		
RCMs distributed		347			
Phone calls facilitated between family members		5,675			
Reunifications, transfers and repatriations					
People reunited with their families		4			
	<i>including people registered by another delegation</i>	2			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		373	101	56	72
	<i>including people for whom tracing requests were registered by another delegation</i>	81			
Tracing cases closed positively (subject located or fate established)		167			
	<i>including people for whom tracing requests were registered by another delegation</i>	35			
Tracing cases still being handled at the end of the reporting period (people)		808	153	99	74
	<i>including people for whom tracing requests were registered by another delegation</i>	124			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		4	3		
UAMs/SC reunited with their families by the ICRC/National Society		4	3		1
	<i>including UAMs/SC registered by another delegation</i>	2			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		28	16		1
Documents					
Official documents delivered across borders/front lines		2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
RCMs and other means of family contact					
Detainees released and transferred/repatriated by/via the ICRC		125			
People to whom a detention attestation was issued		48			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	31		31
Essential household items	Beneficiaries	9,031	1,890	5,431
	<i>of whom IDPs</i>	9,000	1,890	5,400
Cash	Beneficiaries	3,471	728	2,053
	<i>of whom IDPs</i>	3,377	710	2,022
Vouchers	Beneficiaries	2,950	620	1,769
	<i>of whom IDPs</i>	2,950	620	1,769
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities ¹	Beneficiaries			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	242		
Cash	Beneficiaries	242		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported	Projects	11		
Patients receiving services (sum of monthly data)		5,878	1,208	1,605
New patients fitted with prostheses	Patients	678	139	22
Prostheses delivered	Units	1,494	336	62
	<i>of which for victims of mines or explosive remnants of war</i>	29	1	3
New patients fitted with orthoses	Patients	638	54	517
Orthoses delivered	Units	1,478	147	1,151
Patients receiving physiotherapy	Patients	5,748	577	3,838
Walking aids delivered	Units	2,130	295	173
Wheelchairs or tricycles delivered	Units	2		

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

UGANDA



⊕ ICRC delegation ⊕ ICRC office

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Refugees from conflict-affected countries kept in touch with their relatives through the ICRC's family-links services. Together with the Uganda Red Cross Society, the ICRC expanded these services, owing to increased needs.
- ▶ Missing persons' families received psychosocial support through ICRC-backed initiatives; some started income-generating activities and improved their economic situation.
- ▶ Peacekeepers bound for the African Union Mission in Somalia learnt about IHL and international human rights law, and the ICRC's mandate, at predeployment briefings conducted by the ICRC.
- ▶ The Ugandan Red Cross, with ICRC support, developed its capacity to deliver family-links services, first aid and emergency response in accordance with the Fundamental Principles and the Safer Access Framework.

EXPENDITURE IN KCHF

Protection	2,997
Assistance	-
Prevention	505
Cooperation with National Societies	509
General	73
Total	4,085
<i>Of which: Overheads</i>	<i>249</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	10
Resident staff (daily workers not included)	43

The ICRC has been present in Uganda since 1979. It helps reunite children and their families who were separated in relation to the non-international armed conflict in northern Uganda (1986–2006), or to violence in neighbouring countries, such as South Sudan or the Democratic Republic of the Congo. The ICRC monitors the treatment of detainees and strives to raise awareness of IHL and humanitarian principles among the armed and police forces. Whenever possible, the ICRC supports the Uganda Red Cross Society in its efforts to improve its capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	3,480
RCMs distributed	2,150
Phone calls facilitated between family members	68,810
Tracing cases closed positively (subject located or fate established)	73
People reunited with their families	136
<i>of whom unaccompanied minors/separated children</i>	115
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	15
Detainees in places of detention visited	12,650
<i>of whom visited and monitored individually</i>	174
Visits carried out	44
Restoring family links	
RCMs collected	500
RCMs distributed	425
Phone calls made to families to inform them of the whereabouts of a detained relative	285

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	43
Essential household items	Beneficiaries	4,400
Productive inputs	Beneficiaries	4,721
Cash	Beneficiaries	56
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	5,000

CONTEXT

Occasional outbreaks of violence linked to political tensions, “terrorism” and communal disputes persisted in parts of Uganda. Casualties, arrests, displacement and damage to public property were often the result.

There were reportedly more than a million refugees in Uganda, in flight from armed conflict and other situations of violence in neighbouring countries, mainly Burundi, the Democratic Republic of the Congo (hereafter DRC) and South Sudan. The influx of refugees strained the country’s resources and created security issues. Riots and clashes took place in certain refugee settlements; scarcity of space and resources, and communal tensions, were said to be the reasons. The number of South Sudanese refugees decreased in the second half of 2017, but arrivals from the DRC increased.

Thousands of families remained without news of relatives who went missing in connection with the 1986–2006 non-international armed conflict in northern Uganda.

The Uganda People’s Defence Force (UPDF) contributed troops to the African Union Mission in Somalia (AMISOM) and to military operations against the Lord’s Resistance Army in the Central African Republic.

ICRC ACTION AND RESULTS

The ICRC continued to monitor the situation of vulnerable people in Uganda, particularly refugees, missing people’s families and detainees.

Cooperation between the Uganda Red Cross Society and the ICRC gradually revived. In particular, joint delivery of family-links services resumed – in fact, the National Society and the ICRC sought to expand these services – in response to the ceaseless influx of refugees. The ICRC supported the National Society in recruiting, training and equipping new tracing officers. As a result of these joint efforts, thousands of refugees restored or maintained contact with their families through phone calls and RCMs. The ICRC paid particular attention to unaccompanied minors, including those previously associated with armed groups; several of them were reunited with their families.

Families of people missing in connection with the 1986–2006 non-international armed conflict in northern Uganda were given various forms of assistance. Some of them received psycho-social support from trained volunteers, under an ICRC-backed programme. With ICRC assistance, missing people’s families undertook income-generating activities to improve their economic situation. The ICRC continued to broaden awareness of the issue of missing persons and to remind the authorities to do their part to address the needs of the families concerned.

ICRC delegates visited places of detention and assessed the treatment and living conditions of detainees. Afterwards, findings and, where necessary, recommendations were submitted confidentially to the authorities. Detainees used the ICRC’s family-links services to keep in touch with their relatives; some benefited from ICRC-arranged family visits. Detainees were given hygiene and recreational items to ease their living conditions; the ICRC also worked with detention authorities to assess infrastructural needs

at several facilities. A meeting with the inspector-general of the Uganda Police Force (UPF) resulted in the ICRC securing access to detainees held at one police station.

The ICRC maintained its efforts to advance understanding of IHL and strengthen support for the Movement among government officials, military personnel and academics. It continued to brief UPDF officers, and troops bound for AMISOM, on IHL; it also worked with the UPDF’s legal training centre to help military legal advisers and senior officers learn more about international rules governing military operations. Military officers strengthened their grasp of IHL and other relevant norms through ICRC information sessions.

The ICRC continued to support the national authorities in ratifying or acceding to IHL treaties – particularly the Arms Trade Treaty and the Convention on Cluster Munitions; to that end, it organized workshops for them and enabled them to attend courses abroad. University lecturers and students added to their knowledge of IHL, including its points of correspondence with Islamic law, at ICRC dissemination sessions and workshops.

Together with other Movement partners, the ICRC helped the National Society become more capable of providing family-links services, first aid and emergency response in line with the Fundamental Principles and the Safer Access Framework.

The ICRC’s delegation in Uganda continued to manage a warehouse storing supplies bound for ICRC food distributions in South Sudan (see *South Sudan*).

CIVILIANS

The ICRC continued to monitor the situation of violence-affected people, including those who had fled armed conflict in neighbouring countries (see *Context*). It continued to advocate respect and protection for them; it reminded the authorities, weapon bearers and community leaders, during meetings with them, of the necessity of complying with IHL and other relevant norms.

Unaccompanied minors are reunited with their families

As more and more refugees entered Uganda, the need for family-links services increased. The Uganda Red Cross Society and the ICRC therefore took steps to resume, and expand, their joint family-links activities. However, a lack of staff and volunteers made it difficult for the National Society to deliver these services in north-western Uganda. To remedy this situation, the ICRC provided support for recruiting, training and equipping new tracing officers.

With ICRC assistance, people who had fled armed conflict and other violence in South Sudan (see *South Sudan*) and other countries (see *Burundi* and *Congo, Democratic Republic of the*) restored or maintained contact with relatives through phone calls (68,810) and RCMs (3,480 collected; 2,150 distributed). Some people in places of detention were visited by relatives (see *People deprived of their freedom*).

National Society and ICRC staff visited refugee settlements regularly and monitored the needs there. Information collected by the ICRC was shared with its delegation in South Sudan, which enabled them to carry on a protection dialogue with the parties concerned. Where necessary, the ICRC referred refugees with

specific vulnerabilities to ICRC delegations abroad and other organizations, including UNHCR and providers of psychosocial support. Travel documents were issued to 15 refugees to facilitate their resettlement in third countries.

The ICRC paid particular attention to unaccompanied minors, including those formerly associated with armed groups or in flight from violence in Uganda or elsewhere. Ugandan officials were apprised of these minors' concerns and urged to address their specific needs. The National Society and the ICRC registered some 611 unaccompanied minors – 599 of whom were South Sudanese. Their joint efforts resulted in 115 minors being reunited with their families; four children among them were repatriated to the DRC.

Emergency activities covering water and sanitation for refugees were carried out by other organizations.

Missing people's families receive psychosocial support

Thousands of families remained without news of relatives who went missing during the 1986–2006 non-international armed conflict in northern Uganda. As part of a programme initiated by the ICRC, 984 families received psychosocial support through peer-support sessions led by volunteers recruited and trained by the ICRC. Some families were referred to other organizations for assistance in meeting their specific needs, such as health care.

Missing people's families were also given aid to meet some of their financial needs. They received seed and farming tools, cash boxes and training materials to help them run more than 25 savings and loan associations and over 15 small-scale agricultural projects; 764 households (4,721 people) benefited. Among them, 4,440 people (717 households) also received essential household items.

The ICRC also kept up its efforts to broaden awareness of the plight of missing people's families at local, regional and national levels; it continued to remind the relevant authorities of their roles and responsibilities in addressing the families' needs. For example, during round-table discussions, the ICRC urged members of parliament to develop a national framework to address the needs of missing people's families.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited 15 places of detention – holding 12,650 detainees – in accordance with its standard procedures. Among those being held were people alleged to be members of armed groups or facing charges of “terrorism” or armed rebellion; 174 detainees were followed up individually. Afterwards, delegates' findings, on detainees' treatment and living conditions, were submitted confidentially to the authorities. The authorities were also given recommendations on issues of concern, such as respect for judicial guarantees and access to health care. A total of 18 penitentiary staff from six prisons attended ICRC-supported paralegal training to enhance their capacity to address detainees' concerns about judicial procedures.

The ICRC continued to engage the authorities in dialogue, with a view to gaining access to people held in police stations. Dialogue with the UPF resumed after six years; a meeting with the inspector-general led to the ICRC being granted access to one police station, where it visited 21 male detainees. Discussions with the relevant authorities – about further visits and to follow up past recommendations – continued.

Some detainees are visited by relatives

Detainees contacted their relatives through ICRC family-links services. Some sent or received RCMS, or informed their families of their whereabouts through phone calls. With the ICRC's help, the families of 55 detainees, including foreigners, were able to visit their relatives in prison. The ICRC enabled 17 foreign inmates to notify their diplomatic representatives, or UNHCR, of their situation. Some detainees received financial support for transportation upon their release.

The ICRC delegation in Uganda helped facilitate the repatriation – from South Sudan to Sudan via Uganda – of people previously held by a Sudanese armed group (see *Sudan*). The ICRC acted as a neutral intermediary, at the request of the governments and the armed group involved.

Detention authorities take steps to improve detainees' living conditions

The ICRC provided hygiene supplies and recreational items to some 12,400 detainees. As it planned to help the authorities align detention conditions with internationally recognized standards, the ICRC also assessed infrastructural needs in three main prisons and three police stations.

To facilitate the processing and follow-up of detainees' cases, the ICRC continued to give the penitentiary authorities technical advice for improving case management. It also facilitated coordination between detention and health authorities, to open up access to medical care for detainees.

ACTORS OF INFLUENCE

The ICRC's president visited Uganda in August and discussed the situation of South Sudanese refugees in the country, and the situation in neighbouring countries, with the president and the foreign minister of Uganda. Media coverage of this meeting helped broaden awareness of the ICRC's activities in Uganda.

UPDF officers and peacekeepers learn more about IHL

ICRC presentations during predeployment briefings enabled over 4,000 officers and troops bound for AMISOM to strengthen their understanding of various matters: IHL; the Movement's activities for violence-affected people; the prevention of sexual violence in armed conflict; and the necessity of protecting health-care services. These officers and troops were also given copies of an ICRC publication that contained first-aid instructions and a code of conduct incorporating the basic principles of IHL.

During an ICRC seminar organized at the request of the UPDF's legal training centre, over 150 military legal advisers and commanders learnt more about international rules governing military operations. The ICRC also donated IHL publications to the training centre. Several IHL modules, designed with the ICRC's technical assistance, continued to be part of the syllabus at the Junior and the Senior Command and Staff College. Military personnel engaged in law enforcement operations attended IHL information sessions. With ICRC support, one military officer attended an advanced course in San Remo, Italy, and another, a workshop for senior military officers in Mexico (see *Mexico City*).

A police officer attended a workshop on internationally recognized detention standards; however, the UPF showed no interest in the ICRC's offer to conduct dissemination sessions for their personnel on international human rights law and international policing standards.

National authorities receive support for implementing IHL

Government authorities drew on the ICRC for guidance in incorporating provisions of IHL in domestic legislation, and in ratifying, acceding to or implementing IHL treaties. At an ICRC seminar, officials from key government ministries and the prime minister's office discussed, with the legal adviser of the Uganda Red Cross Society, the progress Uganda had made in ratifying and implementing the Arms Trade Treaty. The ICRC also provided technical support for the ratification seminar on the Convention on Cluster Munitions attended by African signatory States. ICRC support enabled defence and justice ministry officials to discuss IHL implementation with their regional counterparts at workshops abroad (see *Nairobi*).

Over 180 students learnt more about IHL through ICRC presentations at three universities; five universities participated in an annual IHL moot court competition. With ICRC support, two university lecturers attended a workshop in Kenya on the points of correspondence between Islamic law and IHL (see *Nairobi*).

RED CROSS AND RED CRESCENT MOVEMENT

The Uganda Red Cross Society and the ICRC strove to address the family-links needs of refugees in the country (see *Civilians*). The ICRC provided the National Society with training to build up its operational capacities, and financial support to cover staff salaries and other operational expenses, with a view to helping it to work in accordance with the Fundamental Principles and the Safer Access Framework. The National Society also maintained its efforts to carry out structural and financial reforms, in order to boost its organizational capacities.

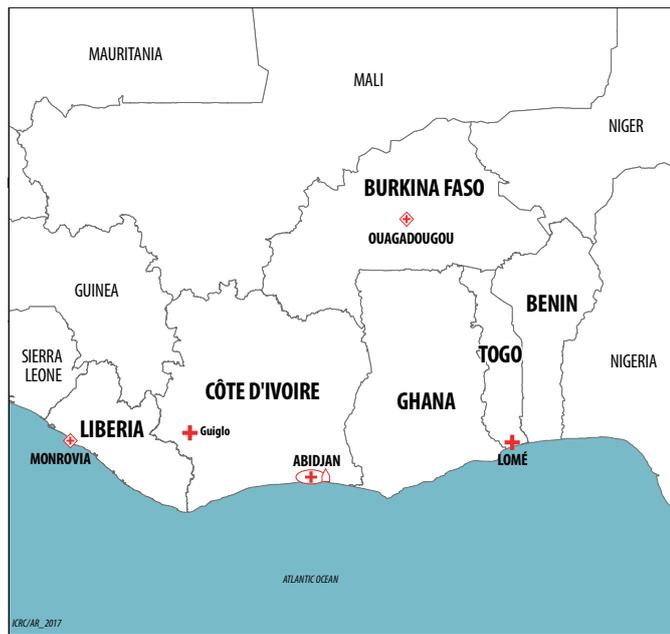
Workshops organized by the National Society, the International Federation and the ICRC provided training in family-links services and first aid for National Society staff and volunteers working in settlements for South Sudanese refugees. Over 90 members of the National Society's disaster response team were also trained to carry out water and sanitation initiatives and emergency relief, at courses organized by the National Society, the Belgian Red Cross and the ICRC. National Society personnel also learnt how to protect themselves when responding to emergencies.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		3,480	291		
RCMs distributed		2,150	14		
Phone calls facilitated between family members		68,810			
Reunifications, transfers and repatriations					
People reunited with their families		136			
People transferred or repatriated		4			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		344	111	53	51
<i>including people for whom tracing requests were registered by another delegation</i>		36			
Tracing cases closed positively (subject located or fate established)		73			
<i>including people for whom tracing requests were registered by another delegation</i>		30			
Tracing cases still being handled at the end of the reporting period (people)		308	100	47	37
<i>including people for whom tracing requests were registered by another delegation</i>		27			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		611	291		
UAMs/SC reunited with their families by the ICRC/National Society		115	49		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		505	229		
Documents					
People to whom travel documents were issued		15			
Official documents delivered across borders/front lines		10			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		15			
Detainees in places of detention visited		12,650	648	67	
Visits carried out		44			
			Women	Girls	Boys
Detainees visited and monitored individually		174	14		1
<i>of whom newly registered</i>		67	8		1
RCMs and other means of family contact					
RCMs collected		500			
RCMs distributed		425			
Phone calls made to families to inform them of the whereabouts of a detained relative		285			
Detainees visited by their relatives with ICRC/National Society support		55			
People to whom a detention attestation was issued		2			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	43	18	6
Essential household items	Beneficiaries	4,400	2,196	6
Productive inputs	Beneficiaries	4,721	2,196	
Cash	Beneficiaries	56	13	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	5,150	540	
Essential household items	Beneficiaries	12,413	700	5
Cash	Beneficiaries	4		

ABIDJAN (regional)

COVERING: Benin, Burkina Faso, Côte d'Ivoire, Ghana, Liberia (see separate report), Togo



ICRC/AR_2017
 ICRC regional delegation ICRC office/presence ICRC regional logistics centre ICRC mission

In the countries covered by the delegation, established in 1992, the ICRC supports the authorities in implementing IHL, encourages the armed/security forces to respect that law and visits detainees, working with the authorities to improve conditions of detention. It works with and supports the development of the region's National Societies. The delegation focuses on responding to the protection and assistance needs of people, including refugees, affected by armed conflicts and other situations of violence in the greater region.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ As the situation in northern Burkina Faso deteriorated, the ICRC, in cooperation with the Burkinabe Red Cross Society, scaled up material assistance – food and household essentials – for IDPs and their hosts.
- ▶ The ICRC strengthened its efforts to monitor the well-being of people detained in relation to violence in northern Burkina Faso. In Côte d'Ivoire, it continued to aid officials' efforts to improve detainees' nutrition and health care.
- ▶ Children who had fled to Liberia because of past violence rejoined their families in Côte d'Ivoire with the help of the ICRC and the National Societies concerned; all such cases were resolved by year's end.
- ▶ Burkinabe, Ivorian and Togolese military and police officers, including those preparing to join multinational forces in the region or elsewhere, learnt more about IHL and international policing standards at ICRC briefings.
- ▶ Diplomats, humanitarian workers, military officials, and academics from French-speaking Africa attended a series of conferences on preventing IHL violations during protracted conflict.

EXPENDITURE IN KCHF

Protection	2,537
Assistance	3,772
Prevention	2,223
Cooperation with National Societies	1,690
General	145
Total	10,367
<i>Of which: Overheads</i>	<i>633</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	37
Resident staff (daily workers not included)	185

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	289
RCMs distributed	162
Phone calls facilitated between family members	841
Tracing cases closed positively (subject located or fate established)	30
People reunited with their families	18
<i>of whom unaccompanied minors/separated children</i>	17
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	27
Detainees in places of detention visited	17,554
<i>of whom visited and monitored individually</i>	308
Visits carried out	78
Restoring family links	
RCMs collected	170
RCMs distributed	80
Phone calls made to families to inform them of the whereabouts of a detained relative	201

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries 4,500	6,328
Cash	Beneficiaries 3,000	
Vouchers	Beneficiaries	5,706
Services and training	Beneficiaries 36,000	26,574
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 54,000	54,427
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	3

CONTEXT

Cross-border attacks by armed groups based in Mali caused a further deterioration in the security situation in northern Burkina Faso; in response, the Burkinabe army joined Malian and French forces in military operations on both sides of the border. The G5 Sahel force – made up of troops from Burkina Faso, Chad, Mali, Mauritania and Niger – began operations against armed groups in the wider Sahel region. Northern Burkina Faso was also hit by a region-wide drought; over 33,000 Malian refugees remained in UN camps or host communities, further straining already limited resources.

Incidents of violence took place throughout the region. Gunmen attacked a restaurant in Ouagadougou, Burkina Faso. Communal, political and/or socio-economic tensions led to a mutiny by Ivorian soldiers, occasional clashes in western Côte d'Ivoire, and mass demonstrations in Togo.

Thousands of Ivorian refugees, who had fled past violence, voluntarily returned home from Liberia under a UNHCR-led process; this ended in 2017. Thousands of Ivorian refugees remained in Ghana and Togo.

People from the countries covered by the regional delegation sought to migrate elsewhere in West Africa, or to Europe. Côte d'Ivoire remained both a transit and a destination country for migrants.

ICRC ACTION AND RESULTS

The ICRC responded to the deteriorating situation in northern Burkina Faso by scaling up, together with the Burkinabe Red Cross Society, relief distributions for IDPs and their hosts. It improved access to water and sanitation by repairing and constructing infrastructure such as latrines and wells. It also continued to carry out animal vaccination campaigns that helped both residents and Malian refugees to protect their livestock against contagious diseases.

The ICRC intensified its efforts to monitor the well-being of people detained in connection with the violence in northern Burkina Faso; in November, it began to visit people in places of temporary detention in this area. Visits to detainees in Côte d'Ivoire, Togo and Benin continued. After these visits, delegates discussed their findings confidentially with the authorities, to help them improve detainees' treatment and living conditions. Particular attention was paid to security detainees, including people held in connection with: past conflict and other violence in Côte d'Ivoire; the 2014 protests and the 2015 coup attempt in Burkina Faso; and demonstrations in Togo.

In Côte d'Ivoire, the penitentiary authorities drew on material and technical support from the ICRC to improve nutrition and health care in prisons. The ICRC helped them organize workshops for health staff on medical ethics and nutrition in places of detention, and guided prison managers in streamlining the food-supply chain. Detainees were screened by ICRC and health ministry staff; where necessary, they were included in therapeutic feeding programmes or referred to prison infirmaries for further care. Both the programmes and the infirmaries received ICRC support. The ICRC also donated essential items for detainees, such as hygiene kits, to help ease their living conditions. Inmates at certain prisons benefited from improvements to infirmaries and to water, sanitation and cooking facilities.

With ICRC support, National Societies in the region strengthened their capacities; the ICRC helped them respond to emergencies (see *Context*) by providing them with equipment and supplies. The ICRC also donated medical supplies to facilities in Côte d'Ivoire and Togo, and worked with the Red Cross Society of Côte d'Ivoire to distribute household essentials to IDPs.

Malian refugees in Burkina Faso and Ivorian refugees in Ghana re-established or maintained contact with their families via the Movement's family-links services. Children who had fled to Liberia because of past violence were reunited with their families in Côte d'Ivoire by the ICRC and the National Societies concerned; all such cases were resolved by the end of 2017.

The ICRC sought, throughout the region, to reinforce support for IHL and humanitarian action. For instance, it organized a series of conferences on preventing IHL violations during protracted conflict; these conferences were attended by diplomats, humanitarian workers, military officials, and academics from French-speaking Africa. Briefings for military and security forces in the region – including peacekeepers and members of mixed units fighting armed groups – helped to strengthen their grasp of IHL and international law enforcement standards; and contact with violence-affected communities in Burkina Faso and Côte d'Ivoire facilitated the Movement's work. Academics, journalists and community leaders broadened their understanding of IHL and the ICRC at workshops and other events.

The regional delegation in Abidjan continued to provide communications, logistical and technical support for ICRC operations in central, northern and western Africa. By the end of the year, the ICRC delegation in Liberia (see separate report for its activities in 2017) became a mission reporting to the regional delegation in Abidjan.

CIVILIANS

In response to the deterioration of the situation in northern Burkina Faso, the ICRC, together with the Burkinabe Red Cross Society, resumed field visits to the area and scaled up activities for people affected by the violence, reallocating resources from certain activities to aid distributions. It also raised humanitarian concerns – linked to the use of force, for example – with the authorities and other parties concerned (see *Actors of influence*). These discussions helped facilitate access to the affected communities.

The ICRC monitored the situation in western Côte d'Ivoire, in coordination with UN agencies, NGOs and the Red Cross Society of Côte d'Ivoire, and provided some assistance (see below) during emergencies.

Violence-affected people in Burkina Faso and Côte d'Ivoire obtain urgent aid

In northern Burkina Faso, around 5,700 IDPs and their hosts (700 households) were given household essentials and vouchers for a month's worth of food. In addition, about 14,300 people in communities hosting refugees from Mali had more sanitary living conditions and had better access to water after the ICRC built latrines, repaired hand pumps and wells, and distributed jerrycans. All this was done in cooperation with the Burkinabe Red Cross. The ICRC also carried out a campaign to vaccinate livestock belonging to some 4,400 households (26,500 people) – residents and Malian refugees – to protect them against contagious diseases.

In Côte d'Ivoire, National Society volunteers, trained by the ICRC, promoted good hygiene practices among nearly 40,100 people in violence-prone areas.

Victims of emergencies receive first aid and other emergency assistance

The ICRC helped National Societies in the region respond to violent incidents. Following clashes in Côte d'Ivoire, an attack on a restaurant in Ouagadougou and protests in Togo, it gave equipment and supplies, such as first-aid kits, to the National Societies concerned, which treated and evacuated casualties. The ICRC also donated medical supplies to a total of 3 hospitals in Côte d'Ivoire and Togo, and worked with the Ivorian Red Cross to distribute household essentials to roughly 600 people who had fled their villages.

People get in touch with relatives through the Movement's family-links network

Malian refugees in Burkina Faso, Ivorian refugees in Ghana, and other people separated from their families by violence, migration or other circumstances restored or maintained contact with relatives via RCMs and telephone calls facilitated by the National Societies concerned, which received training and other support from the ICRC. The ICRC and the pertinent National Societies helped reunite 17 Ivorian children – who had been living in refugee camps in Liberia (see *Liberia*) – with their families in Côte d'Ivoire; this marked the resolution of all such cases. Two people who were resettled in Ghana after their release from the US internment facility at Guantanamo Bay Naval Station in Cuba benefited from ICRC-facilitated family visits.

At an ICRC seminar, National Societies from the wider region exchanged operational experiences and best practices in restoring family links, especially in connection with migration.

In Côte d'Ivoire, the ICRC continued to provide equipment and other support for the national medico-legal institute to bolster its forensic capacities.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC begins to visit people in places of temporary detention in northern Burkina Faso

The ICRC visited people in 27 places of detention (total inmate population: around 12,900 in Côte d'Ivoire; 2,500 in Burkina Faso; 2,000 in Togo; and 10 in Benin) in order to check their well-being. It responded to the deteriorating situation in northern Burkina Faso by visiting the main facilities in Ouagadougou more frequently; in November, it was also able to start visiting people in places of temporary detention in the north.

After these visits, which were conducted in accordance with its standard procedures, findings and recommendation were communicated confidentially to the authorities concerned, to help them improve detainees' treatment and living conditions. Some 300 detainees were monitored individually. In Côte d'Ivoire, these included: inmates in solitary confinement or preventive detention, or under interrogation; people arrested in relation to the 2011 conflict and violence in the west; and people held by intelligence services and armed/security forces in connection with the mutiny and attacks on police/*gendarmerie* posts. In Burkina Faso, these detainees included people arrested in connection with the violence in the north, the 2014 protests, and

the 2015 coup attempt. Opposition members who had been arrested during mass demonstrations in Togo, and people serving sentences in Benin under the UN Mechanism for International Criminal Tribunals (see *Paris*), were also given close attention.

Detainees contacted their relatives via the ICRC's family-links services. The ICRC helped foreign inmates to notify their consular representatives of their situation.

Ivorian authorities take steps to improve the provision of food and health care in prisons

In Côte d'Ivoire, efforts to reform penitentiary services continued. With ICRC technical support, the health and justice ministries developed tools for managing detainees' health information, promoted them in prison clinics and trained 58 health staff in their use. Health staff worked directly with the ICRC to: screen thousands of detainees for signs of malnutrition; refer sick inmates to ICRC-supported prison infirmaries for further care; treat inmates suffering from vitamin-deficiency illness; and conduct therapeutic feeding for severely malnourished detainees.

To help make the food-supply chain more efficient, the ICRC helped managers at nine prisons to identify and resolve recurring issues. The managers were urged to implement standardized menus; findings from medical screenings and technical assessments were shared with them. Two ICRC workshops helped 45 prison managers to learn more about health care and nutrition.

Authorities in Côte d'Ivoire and Burkina Faso upgrade prison infrastructure

In Côte d'Ivoire, about 9,500 detainees had more sanitary living conditions after the ICRC carried out vector-control campaigns and distributed hygiene kits; 7,400 of them also benefited from the renovation or construction of infirmaries and water, sanitation and cooking facilities. In Burkina Faso, the ICRC also built a kitchen in a prison housing around 1,900 detainees. All of these projects were carried out with the authorities concerned.

Officials from Côte d'Ivoire and Burkina Faso, sponsored by the ICRC, attended a workshop abroad (see *Dakar*) on best practices in managing prison infrastructure.

ACTORS OF INFLUENCE

Military and security personnel add to their knowledge of IHL

Over 1,800 Burkinabe, Ivorian and Togolese military and police officers strengthened their grasp of IHL and international law enforcement standards at ICRC dissemination sessions. Among them were: people bound for peace-support operations in Mali and elsewhere; military officers attending multilateral military exercises in Ghana; officers preparing to join the G5 Sahel force; and members of Ivorian mixed police/*gendarmerie*/military units and anti-terrorist mixed units in Burkina Faso. During these sessions, the ICRC emphasized the importance of incorporating humanitarian considerations in operational decision-making. Further to this end, it sponsored key officers to attend an advanced IHL course for instructors in San Remo, Italy. Health staff from the Ivorian military learnt more about their rights and responsibilities during situations of violence, and about other matters related to the Health Care in Danger project, at an ICRC workshop.

Government officials and influential members of civil society learn more about the Movement

The ICRC, together with the pertinent National Societies, maintained contact and cultivated relationships with influential parties in the countries covered by the regional delegation; this helped to promote IHL and raise support for the Movement's neutral, impartial and independent humanitarian action in the region and beyond.

In violence-affected areas of Burkina Faso and Côte d'Ivoire, the ICRC conducted briefings and dissemination sessions for community leaders and local authorities, and produced radio spots on humanitarian principles, with a view to facilitating the Movement's access to people in need (see *Civilians*).

Journalists from Burkina Faso, Côte d'Ivoire and Togo advanced their understanding of humanitarian action at workshops organized by the ICRC and the pertinent National Societies; in Côte d'Ivoire, the ICRC also organized a contest on humanitarian reportage. In Togo, the ICRC organized a workshop on IHL for members of parliament and the national IHL committee, and a briefing on the Movement and its work for youth leaders from various political parties.

The ICRC also organized conferences in Abidjan, Dakar and Ouagadougou on preventing IHL violations during protracted conflict; the conferences sought to promote IHL and other relevant norms among diplomats, humanitarian workers, military officials, and academics from French-speaking Africa. The ICRC held discussions with multilateral institutions; discussions with the African Development Bank focused on the synergy between development and humanitarian work, with a view to paving the way for future cooperation with it.

Authorities in the region draw on the ICRC's expertise regarding IHL implementation

The ICRC urged governments in the region to implement IHL and related treaties, and gave them support for doing so. It sponsored representatives from several countries to attend a regional meeting on such matters (see *Nigeria*). It also contributed to workshops organized by the national IHL committee of Burkina Faso, such as one on the Hague Convention on Cultural Property.

Students debated IHL-related matters at national moot court competitions in Burkina Faso, Côte d'Ivoire and Togo, and at a regional competition that convened representatives from 11 West African countries. Students in Burkina Faso and Togo learnt about IHL and the Movement at ICRC dissemination sessions.

RED CROSS AND RED CRESCENT MOVEMENT

Material, financial and technical support from the ICRC helped the National Societies bolster their ability to respond to emergencies (see *Civilians*), promote IHL and the Movement, and strengthen their organizational development. The ICRC donated an ambulance to the Togolese Red Cross and trained its volunteers in the Safer Access Framework; it also conducted workshops for Burkinabe Red Cross Society volunteers on implementing projects to improve water and sanitation in northern Burkina Faso. The communication coordinator of the Burkinabe Red Cross, sponsored by the ICRC, attended a meeting of her peers from other National Societies.

The ICRC coordinated its activities with those of other Movement components in the region to maximize impact and avoid duplication of effort. Besides bilateral discussions with National Societies, it also participated in various events with them, including a conference of African National Societies organized by the Red Cross Society of Côte d'Ivoire with the International Federation's support.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		289	15		
RCMs distributed		162	9		
Phone calls facilitated between family members		841			
Reunifications, transfers and repatriations					
People reunited with their families		18			
	<i>including people registered by another delegation</i>	18			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		100	20	30	18
	<i>including people for whom tracing requests were registered by another delegation</i>	14			
Tracing cases closed positively (subject located or fate established)		30			
	<i>including people for whom tracing requests were registered by another delegation</i>	6			
Tracing cases still being handled at the end of the reporting period (people)		236	35	37	34
	<i>including people for whom tracing requests were registered by another delegation</i>	30			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		2			
UAMs/SC reunited with their families by the ICRC/National Society		17	9		
	<i>including UAMs/SC registered by another delegation</i>	17			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		14	5		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		27			
Detainees in places of detention visited		17,554	439	481	
Visits carried out		78			
			Women	Girls	Boys
Detainees visited and monitored individually		308	14		2
	<i>of whom newly registered</i>	174	11		2
RCMs and other means of family contact					
RCMs collected		170			
RCMs distributed		80			
Phone calls made to families to inform them of the whereabouts of a detained relative		201			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	6,328	2,624	1,499
	<i>of whom IDPs</i>	5,983	2,531	1,343
Vouchers	Beneficiaries	5,706	2,454	1,198
	<i>of whom IDPs</i>	5,706	2,454	1,198
Services and training	Beneficiaries	26,574	7,972	13,288
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	54,427	16,328	21,771
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	21,013	443	578
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	11,578	347	232
Health				
Places of detention visited by health staff	Structures	17		
Health facilities supported in places of detention visited by health staff	Structures	9		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	3		
Services at hospitals not monitored directly by ICRC staff				
Weapon-wound admissions (surgical and non-surgical admissions)		10		

ANTANANARIVO (regional)

COVERING: Comoros, Madagascar, Mauritius, Seychelles



ICRC regional delegation

Having worked in Madagascar intermittently during the 1990s, the ICRC has been permanently present in the country since 2002. In 2011, it opened its regional delegation in Antananarivo. The ICRC visits detainees in the Comoros and Madagascar, working closely with the authorities to help improve conditions in prisons. It raises awareness of IHL and international human rights law among the authorities and the armed and security forces. It supports the activities of the region's National Societies, while helping them strengthen their capacities.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Malagasy prison staff and a local NGO, the Aumônerie Catholique des Prisons, became more capable of implementing the nutritional programme for malnourished inmates unassisted, with ICRC guidance and training.
- ▶ Senior prison officials in the region evaluated their working procedures and discussed internationally recognized standards for prison administration at a round-table organized by the Mauritius Prison Service and the ICRC.
- ▶ Partly as a result of the ICRC's efforts, the Malagasy justice and health ministries signed a ministerial order enabling destitute detainees to have access to hospital care free of charge.
- ▶ Madagascar ratified the Convention on Cluster Munitions and the Seychelles became party to the Convention on Enforced Disappearance, both with ICRC technical assistance.
- ▶ In Madagascar, the police and the *gendarmérie* learnt more about international human rights law and international policing standards through ICRC training; *gendarmérie* personnel received booklets on police conduct.

EXPENDITURE IN KCHF

Protection	1,059
Assistance	1,848
Prevention	389
Cooperation with National Societies	295
General	55
Total	3,646
<i>Of which: Overheads</i>	223

IMPLEMENTATION RATE

Expenditure/yearly budget	105%
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PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	33

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	22
RCMs distributed	24
Tracing cases closed positively (subject located or fate established)	2
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	25
Detainees in places of detention visited	15,504
<i>of whom visited and monitored individually</i>	124
Visits carried out	56
Restoring family links	
RCMs collected	53
RCMs distributed	5
Phone calls made to families to inform them of the whereabouts of a detained relative	347

CONTEXT

Political tensions persisted in Madagascar and occasionally led to violence. Mob justice was prevalent. The Comoros remained vulnerable to social and political unrest. In both countries, economic difficulties hindered the provision of basic services, including in prisons. Mauritius and the Seychelles were politically stable.

In Madagascar, the latest outbreak of plague, which began in August 2017, affected several areas.

Comoran migrants continued to be deported from the French department of Mayotte.

The region was affected by natural disasters of varying scale. For instance, in March, Cyclone Enawo caused extensive damage to infrastructure and agricultural production in Madagascar. Thousands of homes were destroyed as well.

ICRC ACTION AND RESULTS

In 2017, the ICRC's regional delegation in Antananarivo continued to assist the authorities in Madagascar – and to a lesser extent, in the Comoros – in improving detainees' treatment and living conditions. It fostered awareness of and support for the Movement and IHL throughout the region, and urged respect for international policing standards, especially in Madagascar. Whenever possible, it worked with National Societies in the region and backed their response to emergencies.

The ICRC visited detainees in the Comoros and Madagascar, in line with its standard procedures, to monitor their treatment and living conditions. It paid particular attention to women, children, elderly people and foreigners. Afterwards, findings and recommendations were communicated confidentially to the authorities, who were also helped to bring detainees' living conditions and treatment in line with internationally recognized standards. For example, the ICRC gave prison staff material and technical assistance to manage detainees' case files. Detainees maintained contact with their relatives through family-links services such as RCMs and phone calls. At the request of foreign detainees, the ICRC sent notifications of detention to the pertinent embassies. It also covered transport costs for detainees returning home after their release.

Senior prison officials in the region evaluated their working procedures and discussed humanitarian issues and internationally recognized standards for prison administration at a round-table organized by the Mauritius Prison Service and the ICRC.

Food rations in most Malagasy prisons did not increase. The Aumônerie Catholique des Prisons (ACP) and the ICRC continued to distribute meals to malnourished inmates. Food storage facilities were renovated to help prison authorities manage food stocks more efficiently; energy-saving stoves were constructed and solar-powered heaters installed. On-site guidance and training from the ICRC helped the ACP and prison health workers become more capable of implementing the nutritional programme unassisted. The ICRC also gave the authorities technical assistance for managing the food supply in prisons. The ICRC-supported nutritional monitoring system in 42 prisons made data on detainees' malnutrition and other health-related information available to the pertinent authorities.

The ICRC urged the justice and health ministries to work together to improve health care in prisons. Partly as a result of the ICRC's efforts, the Malagasy justice and health ministries signed a ministerial order enabling destitute detainees to have access to hospital care free of charge. The central pharmacy supplying medicines to prisons in Madagascar was given financial assistance to buy essential medicines. The ICRC also mitigated risks to detainees' health by renovating and disinfecting prison infrastructure. Inmates in Malagasy prisons minimized the spread of disease with soap and cleaning materials from the ICRC, and through good hygiene practices learnt at ICRC workshops.

The ICRC pursued contact and dialogue with influential parties throughout the region – authorities, police forces, members of civil society and others – to broaden awareness of and support for IHL, international human rights law, the Movement's neutral, impartial and independent humanitarian action, and its own mandate. For instance, in Madagascar, police and *gendarmerie* personnel learnt more about international human rights law and international policing standards through ICRC training; *gendarmerie* personnel received booklets on police conduct. Madagascar ratified the Convention on Cluster Munitions and the Seychelles became party to the Convention on Enforced Disappearance – in both cases, with ICRC assistance. Members of national IHL committees in the region attended the annual regional seminar on IHL in Pretoria. ICRC events, and articles or reports published by journalists after attending ICRC dissemination sessions, helped raise public awareness of humanitarian issues.

National Societies in the region reinforced their capacities in emergency preparedness and response, promoted the Movement and its activities through various events and communication channels, and supported their national authorities in providing emergency relief; support for all this was provided by the International Federation, the ICRC and other Movement partners. The ICRC coordinated its efforts with Movement partners to maximize the impact of activities and avoid duplication of effort.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in the Comoros and Madagascar receive ICRC visits

Detainees held in 24 prisons under the authority of the justice ministry in Madagascar and at the Moroni detention centre in the Comoros, were visited in accordance with ICRC standard procedures. ICRC delegates monitored the treatment and living conditions of detainees, paying particular attention to women, children, elderly people and foreigners. After these visits, ICRC delegates discussed their findings and recommendations confidentially with the authorities to help them bring detainees' living conditions and treatment in line with internationally recognized standards. In the Comoros, the ICRC submitted a report to the authorities that summarized its findings from five years of prison visits and its recommendations.

Detainees maintained contact with their relatives through family-links services such as RCMs or phone calls. At the request of foreign detainees, the ICRC sent notifications of detention to the pertinent embassies. It also covered transport costs for detainees who returned home after their release.

Prison officials in the region discuss internationally recognized standards for prison administration

Senior prison officials from the Comoros, Madagascar, Mauritius and the Seychelles evaluated their working procedures and discussed humanitarian issues and internationally recognized standards for prison administration during a round-table organized by the Mauritius Prison Service and the ICRC. They also took steps to create a platform that would facilitate similar discussions in the future.

In Madagascar, the national prison administration school and the ICRC continued to discuss the development of training modules on minimum standards for detention; the ICRC also developed a card game on the subject for prison staff and inmates, and distributed decks to them. A total of 120 prison staff learnt more about detainees' rights, internationally recognized standards for detention and ICRC activities through ICRC training.

In Madagascar, prison authorities improved their management of prison registries and detainees' case files with technical and material assistance from the ICRC. The technical committee on ensuring respect for judicial guarantees – established by the justice ministry and the ICRC – helped the justice ministry to issue two circulars on reducing the length of preventive detention and on commuting death sentences to forced labour in perpetuity, enabling inmates to request parole after serving 15 years of their sentence.

The National School of Magistrates and Registrars in Madagascar and the ICRC organized a debate for lawyers, magistrates, students, professors, senior civil servants and other members of civil society on the subject of fair and timely trials.

Malnourished inmates meet their nutritional needs

Food rations in most Malagasy prisons did not increase. A total of 2,340 malnourished detainees in 19 prisons met their nutritional needs with the help of meals distributed by the ICRC and its implementing partner, the ACP; detainees with acute malnutrition received high-energy food supplements. Some sick people and nursing mothers also benefited from this nutritional programme. The ICRC renovated food storage facilities so that prison authorities could manage food stocks more efficiently; energy-saving stoves were constructed and solar-powered heaters installed. On-site guidance and training from the ICRC, provided with the prison authorities' support, enabled the ACP and prison health workers to become more capable of implementing the nutritional programme for malnourished inmates unassisted. The tripartite memorandum of understanding about shifting responsibility for the nutritional programme – from the ICRC to the ACP and the prison authorities – was revised and signed by the pertinent parties by the end of the year.

Prison authorities developed their ability to manage the food supply in prisons, with on-site technical assistance from the ICRC. The ICRC-supported nutritional monitoring system in 42 prisons made data on detainees' malnutrition and other health-related information available to the pertinent authorities.

Destitute detainees receive free hospital care

In Madagascar, the ICRC urged the justice and health ministries to work together to improve health services, including the management of diseases such as TB, HIV/AIDS and malaria in 19 prisons. The ICRC facilitated dialogue between local health

and prison authorities to enable the referral of ailing inmates to external health facilities. Partly because of the ICRC's efforts to persuade the authorities to include inmates in the Malagasy health code, the justice and health ministries signed a ministerial order in November that enabled destitute detainees to obtain hospital care free of charge. The central pharmacy, which the ICRC helped establish, received financial assistance for purchasing essential medicines for Malagasy prisons. This helped it to overcome drug shortages that affected almost 22,000 detainees.

During their joint prison visits, the Malagasy prison administration's chief medical officer and the ICRC provided prison health personnel with guidance for monitoring health issues. Twenty prison nurses reviewed their protocols and discussed good practices and the challenges they faced during a seminar organized by the chief medical officer and the ICRC.

In the Comoros, the ICRC sought to persuade other actors, such as international NGOs, to strengthen their support for health and other basic services in prisons.

The ICRC gave prison staff technical and material support to prepare for and respond to medical emergencies, such as the plague outbreak in Madagascar. At the Koki prison in the Comoros, 40 detainees affected by a beriberi epidemic received medical treatment, provided with ICRC assistance.

Living conditions for inmates improve

The Malagasy technical committee on hygiene and infrastructure, set up by the justice ministry and the ICRC, met regularly and helped to implement better monitoring procedures for hygiene activities and prison maintenance, and to organize vector-control campaigns.

In the Comoros and Madagascar, 7,006 inmates at 10 detention facilities had better living conditions after the authorities and the ICRC renovated water and sanitation infrastructure and other basic facilities, such as sleeping quarters.

A total of 10,191 inmates at 24 Malagasy prisons – including some of those mentioned above – avoided the spread of disease with soap and cleaning materials from the ICRC, and through good hygiene practices learnt at ICRC workshops. Disinfection of prison cells – carried out by the authorities with support from the Pasteur Institute, the health ministry and the ICRC – lowered detainees' risk of illness and disease.

At an ICRC workshop on prison infrastructure in Dakar, two directors from the prison services in Madagascar and Mauritius exchanged best practices with their peers and learnt more about systemic issues affecting detention.

ACTORS OF INFLUENCE

The ICRC pursued contact and dialogue with influential parties throughout the region – authorities, police forces, members of civil society and others – to broaden awareness of and support for IHL, international human rights law, the Movement's neutral, impartial and independent humanitarian action, and its own mandate.

The police and the *gendarmérie* learn more about international policing standards

In Madagascar, ICRC training helped 311 police and *gendarmérie* personnel strengthen their grasp of international human rights

law and international policing standards. Senior police officers expanded their capacities in teaching these norms at an ICRC train-the-trainer session. These efforts were supplemented by the production of communication materials in the local language. For instance, in line with a memorandum of understanding signed by the *gendarmérie* and the ICRC, more than 13,000 *gendarmérie* personnel received booklets on police conduct.

The ICRC helped establish a platform for bringing together all actors interacting with the military and security forces in Madagascar, with a view to coordinating training sessions and drafting a common manual – for publication in 2018 – on international human rights law and IHL for the police, *gendarmérie* and army.

Madagascar ratifies the Convention on Cluster Munitions

The ICRC continued to work with the national IHL committees and the authorities in the region to advance the implementation of IHL. With the ICRC's technical assistance, Madagascar ratified the Convention on Cluster Munitions and the Seychelles became party to the Convention on Enforced Disappearance. The Comoros and Madagascar signed the Treaty on the Prohibition of Nuclear Weapons, while Mauritius and the Seychelles voted in favour of its adoption.

After its first meeting in 2016, the regional platform for the national IHL committees of the Comoros, Madagascar, Mauritius and the Seychelles sought to be recognized by the Indian Ocean Commission. Representatives from these committees attended the annual regional seminar on IHL in Pretoria, and members of the Mauritian IHL committee attended the Fourth Meeting of Representatives of National IHL Committees of Commonwealth States in Namibia (see *International law and policy*).

In Mauritius, its regional legal adviser presented the ICRC's priorities for IHL implementation in Africa to the foreign ministry's Institute of Diplomacy and Foreign Trade. Mauritius was also issued a grant by the Voluntary Trust Fund of the Arms Trade Treaty and subsequently organized a workshop, for pertinent actors, on implementing the treaty. Twenty-five barristers advanced their understanding of IHL through training sessions organized by the Institute for Judicial and Legal Studies and the ICRC.

ICRC videos broaden awareness of the situation of Malagasy detainees

Articles, interviews and reports published by journalists, after attending ICRC dissemination sessions, broadened awareness of various humanitarian issues among the authorities and members of civil society throughout the region. ICRC-organized public events, such as the launch of two videos about detention in Madagascar, helped draw attention to the situation of Malagasy detainees and the necessity of respecting human rights; they also added to the public's knowledge of the ICRC's mandate and activities.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region reinforced their capacities in emergency preparedness and response, promoted the Movement and its activities through various events and communication channels, and supported their national authorities in providing emergency relief; the International Federation, the ICRC and other Movement partners provided support. For instance, with ICRC support, the Comoros Red Crescent trained its staff and volunteers in first aid and restoring family links. In Madagascar, the International Federation launched an appeal for funds to assist the Malagasy Red Cross Society in delivering aid to plague victims.

Owing to various administrative issues, the Comoros Red Crescent no longer sought to provide family-links services for Comoran migrants deported from the island of Mayotte.

All Movement components in the region met regularly to coordinate their efforts, with a view to maximizing impact and preventing duplication of effort. Notably, the Indian Ocean Regional Intervention Platform, led by the French Red Cross, organized a meeting in Réunion to discuss and coordinate disaster-response activities with its Movement partners. In May, the ICRC sponsored representatives from the Comoran and Malagasy National Societies to attend a consultative meeting for francophone National Societies in Dakar, held in preparation for the 2017 Council of Delegates, which took place in November.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		22			
RCMs distributed		24			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		3	1	1	
<i>including people for whom tracing requests were registered by another delegation</i>		2			
Tracing cases closed positively (subject located or fate established)		2			
<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)		18	8	1	
<i>including people for whom tracing requests were registered by another delegation</i>		2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		25			
Detainees in places of detention visited		15,504	891	865	
Visits carried out		56			
			Women	Girls	Boys
Detainees visited and monitored individually		124	9		13
<i>of whom newly registered</i>		77	6		13
RCMs and other means of family contact					
RCMs collected		53			
RCMs distributed		5			
Phone calls made to families to inform them of the whereabouts of a detained relative		347			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	2,340	28	45
Essential household items	Beneficiaries	1,962	26	24
Cash	Beneficiaries	2,482	30	59
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	12,225	1,100	611
Health				
Places of detention visited by health staff	Structures	22		
Health facilities supported in places of detention visited by health staff	Structures	8		

DAKAR (regional)

COVERING: Cabo Verde, Gambia, Guinea-Bissau, Senegal



ICRC regional delegation ICRC sub-delegation ICRC mission

The ICRC opened a regional delegation in Dakar in 1989, although it had already worked in the region for several years. It focuses on promoting IHL among the armed forces and other weapon bearers and on encouraging implementation of that law by the authorities throughout the region. It supports the activities of the National Societies, assists people affected by armed conflict and other situations of violence in Casamance, Senegal, and in Guinea-Bissau, and visits detainees of ICRC concern, providing them with material aid where necessary.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ The ICRC monitored the situation of detainees in Casamance. It gained access to people held in connection with “terrorism”; activities in this regard were prioritized, so follow-up to past recommendations had to be suspended.
- ▶ Returnees in Casamance resumed their livelihoods with livestock, seed and tools from the ICRC, or cash for starting small businesses; they also renovated or built homes with ICRC-donated materials.
- ▶ Returning migrants, including those from Libya, benefited from family-links services provided by the Gambian and Senegalese National Societies with ICRC support.
- ▶ Physically disabled people were treated at an ICRC-supported rehabilitation centre in Guinea-Bissau. Senegalese amputees were also referred to the centre under an agreement between Senegalese authorities and the ICRC.
- ▶ The Bissau-Guinean and Senegalese authorities maintained their efforts to implement arms-control treaties, with ICRC support. Gambia signed the Convention on Enforced Disappearance.

EXPENDITURE IN KCHF

Protection	1,735
Assistance	3,326
Prevention	1,889
Cooperation with National Societies	996
General	157
Total	8,103
<i>Of which: Overheads</i>	<i>495</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	96%
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PERSONNEL

Mobile staff	18
Resident staff (daily workers not included)	130

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	10
RCMs distributed	115
Phone calls facilitated between family members	2
Tracing cases closed positively (subject located or fate established)	8
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	8
Detainees in places of detention visited	3,092
<i>of whom visited and monitored individually</i>	<i>47</i>
Visits carried out	12
Restoring family links	
RCMs collected	11
RCMs distributed	4
Phone calls made to families to inform them of the whereabouts of a detained relative	3

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 1,800	9
Essential household items	Beneficiaries 1,800	3,386
Productive inputs	Beneficiaries 12,150	10,659
Cash	Beneficiaries 1,350	2,039
Services and training	Beneficiaries 47,700	19,886
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 8,250	7,158
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported	Projects 1	1
Patients receiving services	Patients 1,500	2,397

CONTEXT

The situation in Casamance, Senegal, remained relatively calm, but little progress was made in the talks between the government and factions of the Mouvement des forces démocratiques de Casamance. IDPs and refugees, mainly from Gambia, returned to their homes; certain areas, however, remained inaccessible because of security concerns, including mines in areas bordering Guinea-Bissau. Senegal contributed troops to peacekeeping missions abroad.

Political tensions persisted in Guinea-Bissau; the police conducted security operations and arrested people, in response to demonstrations and other incidents. In Gambia, people were temporarily displaced by political violence that began in December 2016. This violence had subsided by January 2017, when a new president took office; however, tensions remained.

The Economic Community of West African States extended the mandate of peacekeepers in Gambia and Guinea-Bissau to mid-2018.

Migrants bound for Europe or elsewhere, including asylum seekers and refugees, traveled through or from the countries covered.

ICRC ACTION AND RESULTS

In 2017, the regional delegation in Dakar focused on addressing the needs of people affected by the conflict in Casamance. The ICRC pursued dialogue with all parties concerned, and reminded them of their obligations under IHL and other norms to protect civilians and to facilitate people's access to sources of livelihood. It documented allegations of abuse, and relayed them to the parties concerned to prevent their recurrence.

The ICRC, sometimes with the Senegalese Red Cross Society, carried out activities to help conflict-affected people in Casamance meet their needs; some activities helped mitigate protection-related concerns by reducing the need for people to leave their villages. Returnees renovated or built their homes with materials from the ICRC, and pursued livelihood activities with ICRC-provided livestock, seed and tools. Female breadwinners cultivated market gardens with the ICRC's help; others hulled grain more easily using ICRC-donated cereal mills. Herders benefited from livestock services provided by ICRC-supported animal-health workers. IDPs began small businesses with cash grants from the ICRC. The ICRC provided saplings and facilitated cash-for-work programmes in support of some communities' reforestation efforts. It also upgraded or constructed wells and dikes, to help ensure that people had enough water for personal consumption and agriculture.

The ICRC visited detainees in Senegal, including those held in relation to "terrorism", to monitor their well-being. Findings from these visits, carried out in accordance with standard ICRC procedures, were communicated confidentially to the authorities, to help them ensure that treatment and living conditions met internationally recognized standards. Detaining authorities in Senegal were offered support for managing prisons. In Gambia and Guinea-Bissau, security detainees whom the ICRC had sought to visit, were released by the detaining authorities; thus, in its dialogue with them, the ICRC focused on offering support for prison management. It held a seminar in Dakar for senior prison officials, at which they discussed best practices in prison management.

In Guinea-Bissau, people received physical rehabilitation services at the ICRC-supported Centro de Reabilitação Motora (CRM). Among them were Senegalese victims of mines or explosive remnants of war (ERW), who were referred to the CRM as per an agreement between the Senegalese mine-action authorities and the ICRC. The health ministry and the ICRC signed a three-year agreement for continued support for the CRM.

The ICRC urged Senegalese authorities to provide missing people's families with more help to meet their needs. In the meantime, the Senegalese Red Cross and the ICRC continued to provide financial and psychosocial support for these families. Missing people's families continued to lodge tracing requests with the ICRC.

The National Societies in the region received support for providing family-links services to families dispersed by armed conflict, detention, migration or other circumstances. The Gambian and Senegalese National Societies provided these services in response to emergencies arising from: the growing influx of returnees from Libya; and in Gambia, the displacement of people by political violence. The ICRC arranged family visits for two people formerly held at the US internment facility at Guantanamo Bay Naval Station in Cuba, and resettled in Cabo Verde and Senegal. All four National Societies in the region drew on ICRC support for bolstering their coordination with other Movement components.

The situation in Casamance and the needs of missing migrants' families were the focus of dialogue with all parties concerned. Radio programmes, and briefings for local officials and leaders, helped broaden awareness of the Movement and its work. Troops and military magistrates in Guinea-Bissau learnt about IHL and other norms through ICRC information sessions; in Senegal, soldiers received such briefings from ICRC-trained army instructors.

At events the ICRC participated in or organized – such as an IHL course for humanitarian professionals in Africa – stakeholders from throughout the region furthered their understanding of the ICRC and its work. With ICRC support, governments in the region took steps to ratify or implement key treaties: the Bissau-Guinean and Senegalese authorities continued to work on implementing arms-control treaties. Gambia signed the Convention on Enforced Disappearance.

CIVILIANS

People in Casamance reported violations of IHL to the ICRC, which documented them. The ICRC relayed these allegations to the parties concerned, with a view to preventing their recurrence. It pursued and/or maintained dialogue with all parties concerned, and reminded them of their obligation to protect civilians and to facilitate people's access to farmland and other sources of livelihood. As part of the ICRC's multidisciplinary approach, protection concerns were taken into account in the ICRC's assistance activities (see below). Having discovered that sexual violence and the conflict were not closely linked, the delegation discontinued its awareness-raising activities in this area.

Returnees in Casamance resume farming and other livelihood activities

The ICRC's assistance activities enabled conflict-affected people in Casamance to meet some of their needs; many people benefited from more than one form of assistance. These activities also helped

mitigate the risk of sexual violence for women by making it less necessary for them to work in unsafe areas.

In total, roughly 1,600 households (10,700 people) pursued livelihood activities with supplies and equipment from the ICRC. For instance, some 100 female breadwinners (supporting 750 people) began cultivating market gardens: the ICRC gave them training and technical advice. Women in three villages sustained their market gardens with ICRC support, and transported their produce to markets on ICRC-donated ox-carts. In three other villages, women hulled grain more easily with ICRC-supplied cereal mills; this benefited almost 100 households (580 people), including those from surrounding villages.

More than 710 returnee and host households (5,200 people) diversified their sources of income, with the help of ICRC-donated livestock, seed and tools, as well as training and technical support. Over 1,000 agro-pastoralist returnee households (9,500 people) in Casamance benefited from services provided by ICRC-supported animal-health workers; 900 households (8,100 people) in Senegalese refugee communities in northern Guinea-Bissau received similar services. The ICRC trained these animal-health workers and gave them material and financial support for their services; it also gave them technical advice for conducting awareness-raising campaigns on issues related to cross-border movements of livestock. Some animal-health workers were trained by the ICRC, but were set to begin providing their services in 2018.

The ICRC facilitated the procurement and planting of 5,000 saplings to help some communities in Casamance restore their forests, and, in the long term, their livelihoods. Some 120 breadwinners (supporting 890 people) earned money through cash-for-work programmes for helping with reforestation efforts, or for repairing and constructing dikes; these programmes also benefited farmers in the area. Around 100 heads of households (supporting 920 people) in protracted displacement began small businesses with cash, training and technical support from the ICRC.

Some 3,100 people (370 households) in Guinea-Bissau and Senegal eased their situation partly through the ICRC's donation of household essentials. The ICRC gave food, cash and other assistance to nine people in Gambia, whose relatives were victims of mines/ERW.

Communities in Casamance gain access to water

Conflict-affected people in Casamance benefited from multiple projects for improving access to water. Roughly 1,440 people gained access to drinking water after the ICRC constructed wells and installed hand pumps in several villages; in cooperation with the local water board, the ICRC also provided maintenance training for 12 community members and mechanics. The ICRC repaired or constructed dikes and spillways, and installed wells and solar-powered water pumps, which benefited over 1,700 rice farmers and 200 women who were cultivating market gardens. Around 3,000 returnees renovated or built their homes with materials from the ICRC.

The ICRC installed latrines in several villages and, with ICRC-trained Senegalese Red Cross Society volunteers, conducted hygiene-promotion sessions for nearly 1,400 people. With ICRC support, the Senegalese Red Cross opened a new office in Casamance, to extend its operational reach.

The families of missing Senegalese migrants continue to receive support

The ICRC maintained its dialogue with Senegalese authorities, focusing on the necessity of creating a national mechanism for clarifying the fates of missing migrants and providing their families with assistance.

The Senegalese Red Cross and the ICRC continued to provide psychosocial and financial support for these families. The ICRC gave cash grants to some 50 households (450 people), to support their livelihoods; assessments in two communities revealed that these people increased their average income by more than 50%. Others received funds, through a revolving-credit scheme, for sustaining their businesses. Follow-up for beneficiaries of psychosocial support continued. Four women were referred to a centre for psychiatric treatment; people in two communities began receiving referrals to psychiatric facilities for treatment, when necessary.

Discussions with the parties concerned, on the fate of people missing in connection with the conflict, remained stalled by the political situation. However, the ICRC continued to collect information from missing people's families, with a view to clarifying their relatives' fate.

People search for or contact their relatives through the Movement's family-links network

Members of families dispersed by armed conflict, detention, migration or other circumstances sought to reconnect through the Movement's family-links services; the Gambian and Senegalese National Societies, with ICRC support, provided these services in response to the growing influx of migrants into their countries, particularly people from retention centres in Libya. The Gambia Red Cross Society resumed offering tracing services – and, when necessary, referrals to facilities providing health care and psychosocial support – for returning migrants. Following the political violence in Gambia, it also mobilized emergency response teams to provide family-links services for displaced people.

Relatives of missing Senegalese migrants continued to file tracing requests with the Senegalese Red Cross and the ICRC; these cases were forwarded to other countries through the Movement's worldwide family-links network. The ICRC and the relevant authorities arranged family visits for two people formerly held at the Guantanamo Bay internment facility, and resettled in Cabo Verde and Senegal (see *Libya* and *Paris*).

With training and other support from the ICRC, National Societies in the region continued to strengthen their family-links services; for instance, they attended regional meetings, locally and abroad, to share their experiences and coordinate the provision of such services with other National Societies (see *Abidjan*). ICRC support contributed to, among others, the reunification of over a thousand children with their families, during festivals and other crowded events in Guinea-Bissau and Senegal. The Senegalese Red Cross continued to gradually take charge of family-links services; the ICRC slowly phased out direct support, as another organization stepped in.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees in Casamance, in accordance with its standard procedures, and monitored particularly vulnerable people individually. After discussions with the detaining authorities, the

ICRC was also granted access to visit people held on charges of “terrorism” in Senegal. In Gambia and Guinea-Bissau, security detainees whom the ICRC had sought to visit, were released by the detaining authorities; thus, in its dialogue with them, the ICRC focused on the possibility of providing support for prison management.

In Senegal, the ICRC communicated findings from its prison visits confidentially to the authorities, to help them ensure that detainees’ treatment and living conditions – including respect for their judicial guarantees – met internationally recognized standards. For instance, based on the ICRC’s recommendations, the authorities took measures to improve infrastructure and sanitation at one prison. The ICRC did not follow up the recommendations it had made in the past for reducing overcrowding in prisons, as it prioritized activities for newly accessible detainees.

Around 40 senior prison officials from 16 African countries were invited to an ICRC-organized seminar in Dakar, where they shared experiences, challenges and best practices in prison management. Discussions focused on maintenance of infrastructure and food-supply management. The seminar culminated in a visit to two major prisons in Dakar.

Detainees used the ICRC’s family-links services to inform their families – or, in the case of foreigners, their consular representatives – of their situation. Because the need for these services was limited, plans to involve the Senegalese Red Cross Society remained on hold.

WOUNDED AND SICK

Physically disabled people obtained physiotherapy and other services at the CRM, which was Guinea-Bissau’s only physical rehabilitation centre and received comprehensive support from the ICRC. More than 40 children with clubfoot were treated by ICRC-trained personnel at the CRM and at Hospital Simão Mendes; the ICRC provided financial assistance for covering treatment and transportation expenses for the children who had to have surgery. The CRM’s patients also included Senegalese victims of mines or ERW, who were referred to the centre to be fitted with prostheses, as per an agreement between the Senegalese mine-action authorities and the ICRC.

The health ministry and the ICRC signed a three-year agreement in 2017 for the continuation of support to the centre. To help ensure the quality and sustainability of the CRM’s services, ICRC technicians gave its staff technical and managerial advice, and on-the-job training, particularly for treating clubfoot. The ICRC also supplied the CRM with equipment and raw materials, which helped the centre give patients 125 prosthetic and orthotic devices free of charge. Sponsored by the ICRC, two CRM technicians completed their training, and a director of the centre attended a project management course – in both cases, outside Guinea-Bissau.

People were referred to the CRM through field visits coordinated with the Red Cross Society of Guinea-Bissau, disabled people’s associations, and other parties concerned. The ICRC also continued to work with local organizations to promote the social inclusion of disabled people; for instance, it donated wheelchairs to athletes in Guinea-Bissau.

ACTORS OF INFLUENCE

The situation in Casamance and the needs of missing migrants’ families (see *Civilians*) remained the focus of dialogue with pertinent parties in Senegal and with others in the region. Local officials, community and religious leaders, and members of civil society groups learnt about the Movement and its work through ICRC information sessions.

Radio programmes, produced by the Senegalese Red Cross Society and the ICRC, informed people in Casamance about the humanitarian aid available to them. Journalists drew on ICRC communication materials to report on humanitarian issues in the region; they covered such subjects as family reunification, assistance for displaced people and the challenges faced by the penitentiary system.

Senegalese troops learn more about IHL from ICRC-trained army instructors

Through ICRC briefings, foreign troops and military magistrates in Guinea-Bissau learnt more about IHL, and *gendarmes* in Casamance added to their knowledge of international standards for law enforcement, particularly regarding the use of force during arrests. In Senegal, ICRC-trained army instructors conducted information sessions on IHL for over 2,800 other soldiers, including troops bound for Casamance or for peacekeeping missions. On these occasions, the necessity of preventing sexual violence, and protecting those seeking or providing health care, was emphasized.

With ICRC support, a senior officer attended an advanced IHL course abroad (see *International law and policy*).

Representatives of governments and international organizations further their understanding of IHL

At events attended or organized by the ICRC, stakeholders from the region learnt more about IHL, the ICRC and its work in Casamance and elsewhere, and humanitarian issues related to health care, migration and sexual violence. For instance, Francophone humanitarian professionals working in Africa learnt more about such matters at an ICRC-organized course in Senegal, in May.

Authorities in the region are encouraged to ratify IHL treaties

Regional efforts to ratify or implement key treaties continued, with ICRC support; discussions with the ICRC, and a regional seminar (see *Nigeria*), helped authorities in the region to better understand the importance of IHL-related treaties, including the African Union Convention on IDPs. Bissau-Guinean and Senegalese authorities worked on ratifying a regional convention on small arms and light weapons; the latter also took steps to adopt a military justice code that incorporated pertinent IHL provisions. Gambia signed the Convention on Enforced Disappearance. A national commission in Cabo Verde held meetings on the implementation of ratified treaties, including the Arms Trade Treaty.

With ICRC support, religious scholars attended a conference abroad on the common ground between IHL and Islamic law (see *Niger*). Senegalese students demonstrated their grasp of IHL at national and regional moot court competitions organized by the ICRC (see *Abidjan*). In Cabo Verde, university professors learnt more about IHL at an ICRC workshop.

RED CROSS AND RED CRESCENT MOVEMENT

All four National Societies bolstered their operational capacities with ICRC support (see *Civilians*). Gambian and Senegalese National Society staff were trained to conduct their activities in line with the Safer Access Framework; these National Societies and pertinent authorities participated in a cross-border simulation exercise in Gambia, which helped strengthen coordination among them. The ICRC helped the Bissau-Guinean and Senegalese National Societies prepare for the possibility of political violence by giving their personnel refresher training in first aid and family-links services.

With ICRC support, the four National Societies promoted IHL and the Movement's work, notably, through radio programmes and events to celebrate World Red Cross and Red Crescent Day (8 May). The National Societies of Cabo Verde, Gambia, and

Guinea-Bissau strengthened their legal bases and worked on revising laws protecting the red cross emblem; the ICRC provided technical support. In Senegal, an awareness-raising campaign, concerning the emblem and the respect due to it, continued in areas bordering Gambia.

The National Societies of Gambia, Guinea-Bissau and Senegal received support from the International Federation and the ICRC for reviewing their financial practices and for improving their capacities in financial management; the Senegalese Red Cross Society hired an auditor and a financial assistant.

The Movement components in Dakar met regularly to coordinate their activities, including provision of support for National Societies in the region, and to discuss various matters, such as needs related to migration and food security.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		10			
RCMs distributed		115			
Phone calls facilitated between family members		2			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		59			4
Tracing cases closed positively (subject located or fate established)		8			
Tracing cases still being handled at the end of the reporting period (people)		435	5		20
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		8			
Detainees in places of detention visited		3,092	63	19	
Visits carried out		12			
			Women	Girls	Boys
Detainees visited and monitored individually		47	3		
	<i>of whom newly registered</i>	47	3		
RCMs and other means of family contact					
RCMs collected		11			
RCMs distributed		4			
Phone calls made to families to inform them of the whereabouts of a detained relative		3			
People to whom a detention attestation was issued		3			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	9	3	6
Essential household items	Beneficiaries	3,386	1,112	1,321
Productive inputs	Beneficiaries	10,659	3,473	4,414
	<i>of whom IDPs</i>	450	162	144
Cash	Beneficiaries	2,039	838	951
	<i>of whom IDPs</i>	1,236	439	445
Services and training	Beneficiaries	19,886	7,963	3,544
	<i>of whom IDPs</i>	936	332	338
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	7,158	3,588	2,153
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported	Projects	1		
Patients receiving services (sum of monthly data)		2,397	716	669
New patients fitted with prostheses	Patients	44	12	4
Prostheses delivered	Units	59	19	4
	<i>of which for victims of mines or explosive remnants of war</i>	23	7	
New patients fitted with orthoses	Patients	55	5	40
Orthoses delivered	Units	66	5	51
Patients receiving physiotherapy	Patients	1,842	633	370
Walking aids delivered	Units	144	52	13
Wheelchairs or tricycles delivered	Units	73	25	8

HARARE (regional)

COVERING: Malawi, Namibia, Zambia, Zimbabwe



ICRC/AR_2017
 ○ ICRC regional delegation + ICRC office

The ICRC has been present in some of the countries covered by the Harare regional delegation since the Second World War. It visits detainees in the region and, in Zimbabwe, works closely with the authorities to improve detainees' treatment and living conditions. It supports the Zimbabwe Mine Action Centre in strengthening its capacities. Regionwide, it enables members of dispersed families, including refugees, to restore or maintain contact; raises awareness of IHL and international human rights law among the authorities and the armed and security forces; and helps the National Societies develop their operational capacities.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ With ICRC support, Zimbabwean detaining authorities improved their capacity to manage, in particular, food supply in prisons, which helped curb malnutrition at those facilities.
- ▶ The Zimbabwe Mine Action Centre expanded its capacities with the ICRC's help, benefiting people in mine-contaminated areas. As planned, the ICRC ended its support for Zimbabwe's mine-action sector at the end of 2017.
- ▶ Members of families separated by violence and migration, for instance, reconnected via the Movement's family-links services. People in Zimbabwe approached the ICRC for assistance in getting news of missing relatives.
- ▶ Throughout the region, contact with the ICRC enabled members of national IHL committees, military and police officers, and other influential actors to learn more about IHL and other relevant norms and standards.
- ▶ The National Societies of the countries covered developed their ability to respond safely and effectively to humanitarian needs, especially during situations of violence, with financial, logistical and technical backing from the ICRC.

EXPENDITURE IN KCHF

Protection	1,590
Assistance	2,340
Prevention	1,310
Cooperation with National Societies	652
General	73
Total	5,966
<i>Of which: Overheads</i>	<i>364</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	80%
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PERSONNEL

Mobile staff	8
Resident staff (daily workers not included)	64

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	780
RCMs distributed	532
Phone calls facilitated between family members	114
Tracing cases closed positively (subject located or fate established)	12
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	38
Detainees in places of detention visited	20,371
<i>of whom visited and monitored individually</i>	80
Visits carried out	117
Restoring family links	
RCMs collected	6
Phone calls made to families to inform them of the whereabouts of a detained relative	71

CONTEXT

Economic difficulties in the region persisted, compounded by political and social issues and adverse climatic conditions caused by the El Niño phenomenon.

In Zimbabwe, people grappled with the unavailability of essential goods and services, including within the penitentiary system. Detention facilities remained overcrowded and dilapidated.

Refugees and asylum seekers from the wider region (see, for example, *Burundi, Congo, Democratic Republic of the Congo, and Pretoria*) continued to arrive or remained in the countries covered.

People living along the Zimbabwe–Mozambique border remained at risk from mines and explosive remnants of war (ERW).

Civil protests in Zimbabwe, prompted in part by the approach of the 2018 general elections, occasionally turned violent. In November, the Zimbabwean president stepped down after 37 years in office. The political transition was relatively peaceful.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Harare worked with the authorities and the National Societies in the four countries covered to help address the needs of vulnerable people. It also supported the National Societies in bolstering their ability to restore family links, respond to emergencies, and broaden public awareness of their activities and the Movement. The conduct of humanitarian activities in Mozambique had been handed over to the ICRC regional delegation in Pretoria at the end of 2016 (see *Pretoria*).

The ICRC visited detainees in Namibia and Zimbabwe in accordance with its standard procedures. Findings, and recommendations for improvement, were communicated confidentially to the authorities concerned. Some detainees contacted their relatives through the Movement's family-links services. With the ICRC's help, detaining authorities in Zimbabwe began to assume more responsibility for seeing to detainees' needs, despite resource constraints. They sought to ensure that detainees could meet their dietary requirements – for example, by streamlining the management of prison farms; they also drew on ICRC-donated rations to fill intermittent food shortages. Together with the ICRC, prison health workers monitored detainees' nutritional status regularly; malnutrition cases could thus be diagnosed in a timely manner and the detainees affected given supplementary food by the detaining authorities, the health ministry and/or the ICRC. Detainees had access to health-care services at prison clinics; when necessary, they were referred to hospitals. These efforts helped curb malnutrition in Zimbabwean prisons. The renovation of infrastructure – ventilation, drainage and roofing systems, and kitchens – helped improve living conditions for detainees in some prisons. In some cases, inmates helped to make their surroundings more sanitary, by participating in projects to produce chlorine solution and cleaning materials.

The 2012 cooperation agreement between the authorities and the ICRC, to tackle the issue of mines and ERW in Zimbabwe, had concluded in 2016. Following this, the ICRC focused on promoting local ownership of the issue, through dialogue and by mobilizing key actors. Mine-action authorities sought the ICRC's help to strengthen their capacities in such areas as mine-clearance training, quality assurance and control, and information management. With the

ICRC's financial backing, the Zimbabwean government launched a national mine-action strategy covering a seven-year period from 2018 to 2025. As planned, the ICRC ended its support for humanitarian mine action in the country at the end of 2017.

Members of families dispersed by violence, migration and detention – in the countries covered and in the wider region – reconnected through the Movement's family-links services. The ICRC launched a pilot project to trace missing Zimbabwean migrants and inform their relatives of their fate and whereabouts; the project was carried out in coordination with the pertinent South African and Zimbabwean authorities.

Throughout the region, the ICRC – at times with the National Societies – maintained contact with the authorities, weapon bearers, members of the international community, and civil society representatives through dialogue, networking and events of various kinds. This fostered acceptance for IHL and other pertinent norms and standards, and for the Movement's work. National IHL committees, in particular, drew on the ICRC's expertise to promote IHL.

The four National Societies enhanced their ability to operate safely and effectively, with financial, logistical and/or technical support from the ICRC. Movement partners met periodically to coordinate their activities.

CIVILIANS

Throughout the region, the ICRC monitored the situation of people in areas affected by or prone to violence; when necessary, it made representations on their behalf to the parties concerned. Whenever possible, the ICRC partnered with the Malawi Red Cross Society, the Namibia Red Cross, the Zambia Red Cross Society and the Zimbabwe Red Cross Society to respond to people's needs. The National Societies enhanced their ability to operate safely and effectively, with financial, logistical and/or technical support from the ICRC.

Members of separated families keep in touch

In all the countries covered, members of families dispersed by violence and other causes (see *ICRC action and results*) reconnected through the Movement's family-links services; when necessary, they were referred to State agencies or the UNHCR.

The National Societies in the region received ICRC training – including during joint field activities – and/or financial support to strengthen their ability to provide family-links services, especially during emergencies. This helped, for example, the Zambian Red Cross when such services began to be offered in Zambia's Nchelenge region, to meet the needs of refugees from the Democratic Republic of the Congo (see *Context*). The cases of unaccompanied minors were followed up systematically by the National Societies concerned.

People approached the ICRC for assistance in getting news of missing relatives. The bulk of the requests came from people in Zimbabwe wanting to know the fate and whereabouts of relatives who had migrated to South Africa. To respond more effectively to these requests, the ICRC, in coordination with the pertinent South African and Zimbabwean authorities, started a pilot project aimed at facilitating the identification of human remains and helping to resolve tracing cases (see also *Pretoria*). Human resource and other constraints delayed the start of the project.

Zimbabwean mine-clearance authorities continue to mitigate risks from mines and ERW

At the request of the Zimbabwe Mine Action Centre (ZIMAC), the ICRC gave the centre's staff technical advice and training in specific areas. During workshops, mine-clearance instructors learnt to conduct basic training courses autonomously. Other personnel developed their capacities in quality assurance and control, and in information management. The ICRC also helped ZIMAC bolster its capacity to spread mine-risk education among communities affected by mines and ERW.

The ICRC provided the Zimbabwean authorities with financial support for launching a national mine-action strategy covering a seven-year period from 2018 to 2025. The strategy was prepared by ZIMAC, with the support of the Geneva International Centre for Humanitarian Demining and in consultation with all of the sector's stakeholders in the country.

The ICRC withdrew its support for humanitarian mine action in Zimbabwe at the end of 2017.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC sought and/or maintained dialogue with detaining authorities in the countries covered. In accordance with its standard procedures, the ICRC visited people detained in Zimbabwe – by the Zimbabwe Prisons and Correctional Services (ZPCS) – and in Namibia, to monitor their treatment and living conditions. Particular attention was given to vulnerable detainees, such as minors, people held for security reasons and people with mental illnesses. Findings, and recommendations for improvement, were shared confidentially with the authorities concerned. Some detainees contacted their relatives through the Movement's family-links services.

Despite the scarcity of resources at its disposal, the ZPCS regularly addressed the points raised by the ICRC. It assumed more responsibility for seeing to the needs of detainees (see below), as ICRC assistance to places of detention was gradually withdrawn.

ZPCS personnel develop their ability to carry out their duties

ZPCS representatives attended ICRC workshops, held at the request of the ZPCS. Some mid-level penitentiary managers learnt more about internationally recognized detention standards, and ways to improve their oversight of food supply in prisons. At one prison, officers strengthened their grasp of their responsibilities in relation to international and domestic standards for the treatment of detainees, in line with a pilot project to build on their entry-level training. Officials at one forensic mental-health institution increased their understanding about the specific needs of people with mental illnesses.

Discussions between the ZPCS and the ICRC, on extending such training to other prisons and incorporating it in the standard curriculum for detaining authorities, were ongoing. With the ICRC's help, the ZPCS's audit and inspectorate unit incorporated new assessment tools and methods in its usual procedures; and, in line with the curriculum it developed with the ICRC in 2016, it trained additional personnel.

Detainees have increased access to adequate food

Budgetary and administrative constraints led to intermittent food shortages and contributed to some detainees' malnutrition or

illness; the ZPCS, however, strove to ensure an adequate supply of food, for instance, by improving the management of prison farms (see below). Over 17,000 detainees benefited from rations of sugar and soya beans supplied by the ICRC to help fill shortages. Some detainees were also given groundnuts to eat, to help them stave off pellagra, a vitamin-deficiency disease.

In 18 detention facilities, the ZPCS and the ICRC conducted assessments, with a view to using existing resources to improve the availability of food for inmates; the ICRC monitored the situation through follow-up visits. In some prisons, food committees – made up of officials involved in stock management and food production and distribution – were formed. ZPCS authorities at the provincial level visited prisons more frequently and supervised their functioning more closely, partly with ICRC encouragement.

The ZPCS strove to sustain long-term measures to provide sufficient food to all detainees, with the help of ICRC-provided transport and/or fuel, and technical advice. It cultivated over 200 hectares of land at some 20 prison farms, using ICRC-provided seed and fertilizer. The ZPCS continued to streamline the management of these farms, the produce from which – either fresh or preserved in prisons equipped with food-drying facilities – detainees used to supplement their diets; the farms produced enough food to sustain thousands of detainees at 30 places of detention. Detainees, ZPCS officers and prison-farm managers learnt best agricultural practices during on-site training sessions with the ICRC.

Around 13,700 detainees received food containers and other household essentials from the ICRC, which helped ease their circumstances. Some detainees received clothing that ZPCS personnel and other detainees had made, using ICRC-supplied fabric and knitting and sewing machines.

Malnourished detainees receive supplementary food

In Zimbabwe, the nutritional status of detainees was periodically assessed – on their arrival and every month thereafter – by ZPCS health workers, who continued to receive regular on-the-job training from the ICRC. Such systematic monitoring enabled the ZPCS to detect cases of malnutrition and respond in a timely manner.

Over 2,800 malnourished detainees received supplementary food through a nutrition programme, jointly organized with the ZPCS, that covered 25 prisons; the ICRC provided the food and the ZPCS distributed it. In February, the ZPCS and the health ministry, which coordinated their activities with technical input from the ICRC, started providing assistance in some of these prisons autonomously, in view of the gradual phase-out of the above-mentioned programme. The ZPCS checked the health of all these detainees every week. These efforts helped curb malnutrition in Zimbabwean prisons.

The ICRC donated medical essentials and office equipment and supplies to some prisons. When necessary, sick detainees were transferred to referral hospitals. Some detainees who had undergone mental-health rehabilitation were released to their families' care. Prior to this, local social workers – with financial support from the ICRC – had monitored the situation of these detainees and provided them with appropriate care, visited the families concerned, and obtained the affidavits required for the detainees' release.

Detainees help to make their living conditions more hygienic

In Zimbabwe, living conditions for a total of 7,400 detainees improved after the ZPCS and the ICRC renovated infrastructure, including ventilation, drainage and/or roofing systems. At five prisons, holding a combined total of around 4,300 detainees, the ICRC renovated or reconstructed kitchens and provided them with energy-saving stoves. The ICRC urged the ZPCS to install electric stoves at other prisons to improve the functioning and maintenance of their kitchens; to this end, it gave the detaining authorities financial support for carrying out a technical assessment. Twelve ZPCS technical staff learnt how to repair electric stoves, which helped save the costs of buying new stoves. The detaining authorities and the ICRC also undertook projects to optimize the allocation of space in prisons, with a view to alleviating overcrowding.

Some inmates helped to make their surroundings more sanitary, by taking part in ongoing projects to produce chlorine solution and cleaning materials. The ZPCS implemented a delousing campaign at the second of two prisons, completing a pilot run of the campaign begun in 2016. The ZPCS had drafted the relevant protocol with ICRC support.

ACTORS OF INFLUENCE

In the countries covered, the ICRC – at times with the National Societies – maintained contact with the authorities, weapon bearers, members of the international community and civil society representatives through dialogue, networking and events. These efforts fostered acceptance for IHL and other international norms, applicable standards, and the Movement; they also broadened awareness of humanitarian concerns and helped facilitate activities for vulnerable people.

Military and police officers learn more about IHL and other applicable norms and standards

Senior Malawian military officers participated in an advanced IHL workshop held in Mexico City, Mexico, where they learnt more about incorporating IHL in military operations (see *International law and policy*).

Before their deployment to field exercises or peace-support operations, approximately 1,800 members of armed forces from the region were briefed by the ICRC on IHL, international human rights law and the Movement. They included Malawian and Zambian troops bound for UN peace-support operations. As part of their regular training, over 700 military personnel from the countries covered also attended dissemination sessions on IHL, organized by military academies and the ICRC.

The Zimbabwe-based Southern African Development Community (SADC) training centre and the ICRC organized courses on norms and standards pertinent to armed conflict and law enforcement operations for more than 150 military and police officers studying at the centre. Military medical personnel from the four countries, bound for peace-support operations in the SADC region, learnt about the proper management of human remains at a workshop on the subject.

National IHL committees strive to promote IHL

The ICRC continued to lend support to the national IHL committees. Members of the Malawian, Namibian, Zambian and Zimbabwean committees furthered their understanding of IHL

and international human rights law at ICRC training sessions and workshops, in the region and elsewhere.

The Zimbabwean committee organized a workshop on the Hague Convention on Cultural Property, with a view to advancing incorporation of its provisions in domestic legislation; the ICRC contributed its expertise. Representatives of 23 countries attended the Fourth Meeting of Representatives of National Committees on IHL of Commonwealth States, held in Swakopmund, Namibia, in June. At this event, representatives were able to share with their peers best practices in promoting and implementing IHL and IHL-related treaties.

In April, representatives from States party to the African Union Convention on IDPs met in Harare, Zimbabwe, to consider how to improve implementation of the Convention; the ICRC's regional delegation in Harare provided support for the discussions led by the ICRC delegation to the African Union. This meeting was followed by a sub-regional meeting in Lilongwe, Malawi, in November: representatives from six southern African States and from their National Societies – and officials from various international organizations, including OCHA – discussed the incorporation of the Convention in domestic legislation.

Future decision-makers strengthen their grasp of IHL

The ICRC pursued its efforts to raise interest in IHL. ICRC lectures at universities across the region enabled over 400 students of political science, law and international relations to learn more about IHL and the humanitarian consequences of armed conflict. The ICRC sponsored students from Zimbabwe to take part in an annual all-Africa moot court competition.

With the ICRC's help, National Societies in the region carried out public-communication activities to broaden awareness of their services, especially during emergencies, and of the Movement's work.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region worked with the ICRC and were given financial, logistical and/or technical support for bolstering their emergency response – in line with the Safer Access Framework – and other capacities (see *Civilians* and *Actors of influence*). The Zimbabwean Red Cross assisted flood-affected communities and administered first aid during civil protests (see *Context*). It also finalized a contingency plan for the elections scheduled to take place in 2018. The ICRC facilitated the participation of Namibian National Society representatives at an SADC event, where they learnt more about humanitarian aid operations. The Zambian Red Cross, with ICRC support and in partnership with the UNHCR, responded to the needs of Congolese refugees (see *Civilians*).

All four National Societies continued to reinforce their legal bases and organizational structure, with the support of the ICRC and other Movement partners. The Namibian Red Cross, with the help of the International Federation and the ICRC, finished drafting its 2017–2021 strategic plan and the corresponding road map for implementation. Its personnel received coaching on financial management from the ICRC.

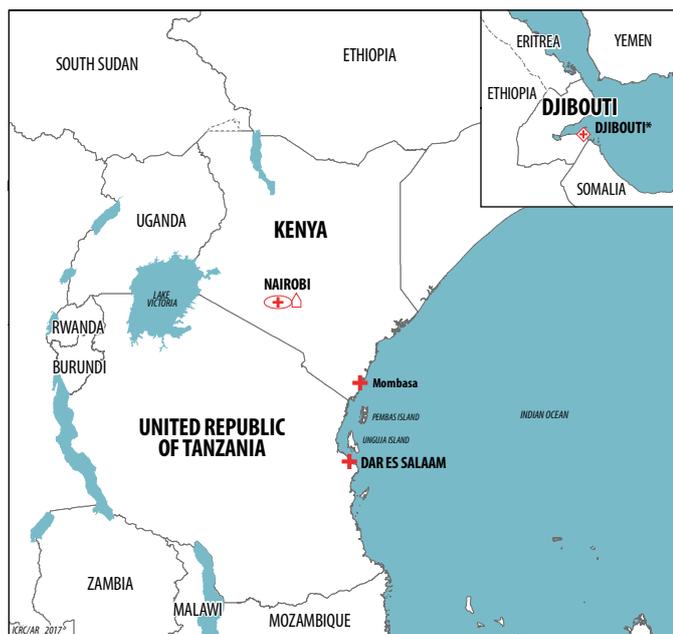
The National Societies, the ICRC and other Movement components met periodically to coordinate activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		780	33		
RCMs distributed		532	2		
Phone calls facilitated between family members		114			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		84	18	7	20
<i>including people for whom tracing requests were registered by another delegation</i>		2			
Tracing cases closed positively (subject located or fate established)		12			
Tracing cases still being handled at the end of the reporting period (people)		228	46	43	45
<i>including people for whom tracing requests were registered by another delegation</i>		23			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		40	13		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		165	72		
Documents					
People to whom travel documents were issued		2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		38			
Detainees in places of detention visited		20,371	448	120	
Visits carried out		117			
			Women	Girls	Boys
Detainees visited and monitored individually		80	1		3
<i>of whom newly registered</i>		20			
RCMs and other means of family contact					
RCMs collected		6			
Phone calls made to families to inform them of the whereabouts of a detained relative		71			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	17,037	286	
Essential household items	Beneficiaries	13,691	268	
Productive inputs	Beneficiaries	10,207	36	
Services and training	Beneficiaries	511		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	7,400	296	74
Health				
Places of detention visited by health staff	Structures	25		

NAIROBI (regional)

COVERING: Djibouti, Kenya, United Republic of Tanzania



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

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

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Migrants, including refugees and asylum seekers, from Burundi, the Democratic Republic of the Congo, Ethiopia, Somalia, South Sudan and Yemen, got in touch with their relatives through National Society and ICRC services.
- ▶ Through National Society and ICRC projects, drought- and violence-affected Kenyans obtained food and other essentials, reinforced their livelihood activities and had more reliable access to water.
- ▶ The treatment and living conditions of detainees in Djibouti and the United Republic of Tanzania, including 19 Eritrean POWs, were monitored through ICRC visits. The POWs received medicines and other assistance.
- ▶ Governments, multilateral organizations, religious leaders and the media became more familiar with the ICRC's mandate and activities, and with issues of humanitarian concern, through various forums and events.
- ▶ Military officers added to their knowledge of IHL through ICRC-led discussions. Tanzanian police officers were trained to instruct others in international rules and standards pertinent to their duties.

EXPENDITURE IN KCHF

Protection	3,913
Assistance	4,264
Prevention	3,006
Cooperation with National Societies	1,044
General	434
Total	12,661
<i>Of which: Overheads</i>	<i>773</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	113%
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PERSONNEL

Mobile staff	60
Resident staff (daily workers not included)	386

The ICRC's regional delegation in Nairobi was set up in 1974 and has a dual purpose: first, to promote IHL and carry out operations in the countries covered, namely restoring contact between refugees and their families, protecting and assisting people injured, displaced or otherwise affected by armed conflict or other situations of violence, visiting detainees falling within its mandate, and supporting the development of the National Societies; and second, to provide relief supplies and other support services for ICRC operations in neighbouring countries in the Horn of Africa and Great Lakes regions, and further afield.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	36,950
RCMs distributed	30,227
Phone calls facilitated between family members	209,678
Tracing cases closed positively (subject located or fate established)	100
People reunited with their families	329
<i>of whom unaccompanied minors/separated children</i>	241
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	6
Detainees in places of detention visited	1,109
<i>of whom visited and monitored individually</i>	31
Visits carried out	15
Restoring family links	
RCMs collected	154
RCMs distributed	38
Phone calls made to families to inform them of the whereabouts of a detained relative	639

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	5,000
Essential household items	Beneficiaries	3,000
Productive inputs	Beneficiaries	6,500
Cash	Beneficiaries	4,500
Services and training	Beneficiaries	2,750
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	25,000
		18,963

CONTEXT

Migrants from the wider region, including refugees and asylum seekers, had a presence in Djibouti, Kenya and the United Republic of Tanzania (hereafter Tanzania). They included the people who had fled Somalia or South Sudan for Kenya, Burundi or the Democratic Republic of the Congo (hereafter DRC) for Tanzania, and Ethiopia, Somalia or Yemen for Djibouti. The repatriation of people from the Dadaab refugee camp in Kenya continued, but at a slower pace than in 2016.

Djibouti and Kenya continued to participate in military operations conducted by the African Union Mission in Somalia (AMISOM) against the Harakat al-Shabaab al-Mujahideen (better known as al-Shabaab).

Presidential elections were held in Kenya in August, and were won by the incumbent. The political opposition, citing irregularities in the vote, challenged the result. Kenya's Supreme Court then annulled the elections and ordered new elections to be held; these took place in October. The incumbent president was declared the winner. Subsequently, violent clashes between protesters and police were reported in parts of the country.

In Lamu County and other parts of Kenya, attacks by armed groups reportedly affiliated with al-Shabaab, and the security operations carried out in response, caused civilian casualties and displacement. The safety of civilians was also threatened by violence arising from disputes over resources; the severe drought affecting the country exacerbated the situation.

Overcrowding in prisons was an issue of concern in all three countries.

ICRC ACTION AND RESULTS

In 2017, the ICRC's regional delegation in Nairobi continued to provide comprehensive assistance to the National Societies in Kenya, Djibouti and Tanzania – its main partners in the field – for delivering humanitarian aid to people in need.

Migrants, including refugees and asylum seekers, restored or maintained contact with their relatives through National Society and ICRC family-links services. Allegations of abuse reported by migrants were documented by the ICRC and discussed confidentially with the parties concerned, or relayed to the pertinent ICRC delegations.

The Kenya Red Cross Society and the ICRC provided emergency relief to drought- and violence-affected people in two counties. They also gave members of vulnerable households training and material and financial assistance for their livelihood activities, with a view to increasing their resilience to the effects of violence. Fewer households than planned were given livelihood support, as drought- and violence-affected people needed more emergency relief than anticipated. The Kenyan Red Cross and the ICRC repaired or renovated water infrastructure in the two counties, and improved access to water for thousands of people.

With ICRC training and supervision, community health volunteers in Nairobi began to provide support to victims of sexual violence.

ICRC courses in emergency care and training in the management of human remains helped prepare medical personnel in Kenya and

Tanzania, and personnel in Djibouti and Kenya, respectively, to cope with mass-casualty incidents.

The ICRC continued to visit detainees at several facilities in Djibouti and Tanzania. These visits, conducted in accordance with standard ICRC procedures, sought to ensure that detainees' treatment and living conditions were in line with IHL or internationally recognized standards. These detainees included 19 Eritrean POWs being held in Djibouti in connection with the 2008 border dispute between the two countries, and 10 people detained in Tanzania under the jurisdiction of the UN Mechanism for International Criminal Tribunals (MICT). Following its visits, the ICRC communicated its findings and recommendations confidentially to the detaining authorities. Through dialogue with the authorities concerned, the ICRC continued to seek access to detainees in Kenya, and those in Tanzania not receiving ICRC visits.

Governments, regional bodies, religious leaders and the general public became more familiar with the ICRC's mandate and activities, and with issues of humanitarian concern, through various forums and events.

The ICRC continued to promote the incorporation of IHL in domestic law and military decision-making. It organized a regional seminar on IHL implementation for several African countries and, with the Intergovernmental Authority on Development (IGAD), hosted a seminar for IGAD Member States on the African Union Convention on IDPs. It provided the Kenyan national IHL committee and the Djiboutian and Tanzanian authorities with technical assistance for advancing IHL implementation. The ICRC met with defence ministry officials and conducted IHL training for military officers, including those bound for missions abroad.

The ICRC continued to train the police in international norms pertinent to their duties. Besides conducting a train-the-trainer workshop for 24 Tanzanian officers, it also assisted the Tanzanian police in ensuring that their training curricula were in line with applicable norms.

ICRC delegations in central and eastern Africa continued to obtain supplies through the logistics centre in Nairobi, and assistance from the regional delegation's training unit and other support services. Staff at the Djibouti office continued to provide administrative and logistical support for ICRC operations in Yemen.

CIVILIANS

Migrants reconnect with their families

Migrants, including refugees and asylum seekers, got in touch with their relatives through family-links services run by the Djiboutian, Kenyan and Tanzanian National Societies, in partnership with the ICRC. The ICRC provided the National Societies with financial, material and technical assistance.

People in the countries covered – mainly those who had fled Somalia or South Sudan for Kenya, Burundi or the DRC for Tanzania, and Ethiopia, Somalia or Yemen for Djibouti – sent and received some 36,900 and 30,200 RCMs, respectively, and made more than 209,600 phone calls. One hundred people being sought by their families were located. Various means were employed to help people look for their missing relatives. The names of people being sought were read out on an ICRC-sponsored radio programme on the BBC Somali Service (see *Somalia*). Somali and South Sudanese refugees allowed their photographs to be circulated in camps in

Kenya and in other places where their families might have sought refuge (see *South Sudan*). Families uploaded photographs of their missing relatives to a Movement webpage.

The Tanzania Red Cross Society and the ICRC reunited ten unaccompanied minors with their families in Burundi; some 80 other unaccompanied minors were identified, in line with Movement guidelines, as candidates for family reunification. The Tanzanian Red Cross and the ICRC also processed tracing requests between the three refugee camps in the country, leading to some 320 cases of family reunification.

Refugees in western Tanzania, mainly from Burundi and the DRC, reported to the ICRC that they had suffered abuse in camps or

in their countries of origin. To prevent the recurrence of such misconduct, the ICRC discussed these allegations confidentially with the parties concerned in Tanzania, or relayed them to the pertinent ICRC delegations (see *Burundi* and *Congo, Democratic Republic of*).

During coordination meetings with other organizations, the ICRC reaffirmed the Movement's lead role in restoring family links throughout the region. The Djiboutian health ministry launched a mobile-clinic programme to benefit migrants in Obock district; the ICRC advised the authorities on this programme and donated first-aid kits and potable water to the clinics.

CIVILIANS	Djibouti	Kenya	Tanzania
Red Cross messages			
RCMs collected	60	6,360	30,530
<i>including from unaccompanied minors (UAMs)/separated children (SC)</i>			1,615
RCMs distributed	88	6,896	23,243
<i>including from UAMs/SC</i>			1,108
Phone calls facilitated between family members	24,166	82,900	102,612
Reunifications, transfers and repatriations			
People reunited with their families			329
Tracing requests, including cases of missing persons			
People for whom a tracing request was newly registered	13	205	95
<i>of whom women</i>	3	52	13
<i>of whom minors at the time of disappearance - girls</i>	4	41	29
<i>of whom minors at the time of disappearance - boys</i>	2	52	6
<i>including people for whom tracing requests were registered by another delegation</i>		47	
Tracing cases closed positively (subject located or fate established)		70	30
<i>including people for whom tracing requests were registered by another delegation</i>		11	
Tracing cases still being handled at the end of the reporting period (people)	37	852	318
<i>of whom women</i>	6	183	55
<i>of whom minors at the time of disappearance - girls</i>	6	230	102
<i>of whom minors at the time of disappearance - boys</i>	2	73	61
<i>including people for whom tracing requests were registered by another delegation</i>		185	
UAMs/SC, including demobilized child soldiers			
UAMs/SC newly registered by the ICRC/National Society		1	588
<i>of whom girls</i>			217
UAMs/SC reunited with their families by the ICRC/National Society			241
<i>of whom girls</i>			99
UAM/SC cases still being handled at the end of the reporting period		41	1,077
<i>of whom girls</i>		12	412

Local forensic agencies prepare for emergencies

With ICRC support, local forensic agencies developed their ability to manage human remains during mass-casualty incidents. Government and non-government personnel in Djibouti, including the police and *gendarmerie*, attended an ICRC training course in managing human remains. In Kenya, to prepare for the possibility of election-related violence, representatives from government agencies were trained by the ICRC to manage human remains during emergencies; police officers and investigators were trained to collect ante-mortem data.

ICRC sponsorship enabled forensic professionals from all three countries, including Djibouti's only forensic pathologist, to participate in a forensic conference in South Africa, and specialists from Kenya and Tanzania to attend the second African School of Humanitarian Forensic Action (see *Pretoria*). The ICRC supplied the Djiboutian forensic pathologist and the Tanzanian police with equipment for managing human remains.

Violence-affected people in Kenya rebuild their livelihoods

With help from the Kenyan Red Cross and the ICRC, vulnerable households worked to become more resilient to the effects of violence. Kenyan Red Cross and ICRC training benefited some 7,900 people in all: 930 households (5,580 people) in Lamu County who learnt about preventing malnutrition, 110 households (710 people) in Lamu County who were trained in basic business management, and 270 households (1,620 people) in Tana River County who, having received ICRC livelihood support in 2016, received training to establish informal credit facilities among themselves.

Around 100 of the households in Lamu County who had received business training started small businesses with ICRC cash grants, benefiting 600 people in all. About 300 fishing households (1,800 people) were given engines for their boats.

Some 18,960 people in the two counties had more reliable access to water after the Kenyan Red Cross and the ICRC repaired or renovated infrastructure.

Productive inputs and water-supply assistance were provided to fewer households than planned, and plans to provide household and hygiene items were cancelled, as drought- and violence-affected people in the two counties needed more emergency relief – in the form of cash and food – than anticipated. Cash was given to some 46,940 drought-stricken people (7,820 households); around 2,790 people received food. Another 5,580 people (930 households) who had learnt about preventing malnutrition (see above) were given both food and seed; this enabled them to save the seed for planting instead of consuming it. In Lamu County, some 550 households (3,300 people) displaced by violence were given cash to help them meet their immediate needs.

With ICRC training and other support, Kenyan Red Cross personnel strengthened their ability to implement economic-assistance and water-supply projects.

Victims of sexual violence have better access to care

The ICRC strove to improve access to appropriate care for victims of sexual violence in informal settlements in Nairobi. Together with Nairobi County authorities, the ICRC assessed the victims' needs and the services available to them. ICRC training and supervision helped four community health workers, and the 40 volunteers reporting to them, to respond more effectively to victims' needs.

Following their training, the volunteers identified 67 cases of sexual and other violence, from September to November, and referred the victims for medical, legal and psychological assistance. Through the volunteers' work, some 1,300 community members learnt about sexual violence and the support available to victims.

The health ministry, the Nairobi County authorities, the Kenyan Red Cross and the ICRC together drafted a manual to be used for training more volunteers; the ICRC provided funding and technical assistance for the drafting process.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees at several facilities in Djibouti and Tanzania, in accordance with its standard procedures, to ensure that their treatment and living conditions were in line with IHL or

internationally recognized standards. Afterwards, it communicated its findings and recommendations confidentially to the detaining authorities. Through dialogue with the authorities concerned, the ICRC continued to seek access to detainees in Kenya, and those in Tanzania not receiving ICRC visits.

Detainees receive material assistance and family-links services from the ICRC

People at the central prison in Gabode, and 19 Eritrean POWs, were among the detainees the ICRC visited in Djibouti. The 19 POWs received medicines and other assistance from the ICRC, and used ICRC family-links services. After UNHCR granted refugee status to the POWs, the ICRC began to assist in finding a country for their resettlement.

Detainees visited in Tanzania included people being held at two prisons in Zanzibar, and ten people sentenced by the International Criminal Tribunal for Rwanda and being held in Arusha under the jurisdiction of the MICT, pending appeal or transfer to Benin, Mali or Senegal to serve their sentences. The MICT detainees were not offered family-links services, as they could get in touch with their relatives through telephone and video calls provided by the detaining authorities. The MICT asked the ICRC to assist in relocating people whom it had acquitted or released.

People at detention facilities in mainland Tanzania, whom the ICRC could not visit in accordance with its standard procedures, made use of ICRC family-links services. Among them were 36 detainees affiliated with an opposition group in Zanzibar; they received some 490 family visits sponsored by the ICRC.

Officials at two prisons in Zanzibar improved living conditions for a total of 350 detainees using ICRC-donated materials. The ICRC's plans to renovate prison infrastructure in Djibouti were still being discussed by the ministries concerned.

Personnel from one detention facility learnt more about designing prison infrastructure at an ICRC seminar. Djiboutian justice ministry officials attended a similar ICRC seminar in Senegal (see *Dakar*). The ICRC discussed alternatives to detention with the Djiboutian authorities, with a view to helping them alleviate overcrowding in prisons.

PEOPLE DEPRIVED OF THEIR FREEDOM	Djibouti	Kenya	Tanzania
ICRC visits			
Places of detention visited	2		4
Detainees in places of detention visited	693		416
<i>of whom women</i>	38		7
<i>of whom minors</i>	38		8
Visits carried out	6		9
Detainees visited and monitored individually	21		10
<i>of whom women</i>	1		1
Restoring family links			
RCMs collected			154
RCMs distributed			38
Phone calls made to families to inform them of the whereabouts of a detained relative	248	298	93
Detainees visited by their relatives with ICRC/National Society support			36

WOUNDED AND SICK

Kenyan and Tanzanian medical personnel reinforce their skills in emergency care

Medical staff from various hospitals in Kenya and Tanzania prepared for the possibility of mass-casualty influxes by strengthening, through ICRC training courses, their ability to provide life-saving care; Kenyan surgeons attended an ICRC seminar on treating wounded people.

ACTORS OF INFLUENCE

Community members become more familiar with the Movement

National authorities, regional bodies, members of civil society and the general public learnt more about the ICRC's mandate and activities, and about issues of humanitarian concern – sexual violence, the plight of migrants, and other matters – through various forums and events organized by the ICRC.

The Kenyan Red Cross and the ICRC discussed the Movement and its activities at certain events in communities where they worked jointly, where the risk of election-related violence was high, or where hostility to Movement workers had been reported. Kenyan Red Cross and ICRC personnel went from door to door and conducted other activities to inform potential beneficiaries of the economic and other support available to them (see *Civilians*).

Members of the Kenyan media, including radio journalists, familiarized themselves with the Movement through events organized by the Kenyan Red Cross and the ICRC. Print, television and online media covered the Movement's provision of aid to drought-stricken people in Kenya and other countries.

In its discussions with Islamic leaders and scholars, the ICRC emphasized its neutral, impartial and independent humanitarian approach. At an ICRC seminar in Nairobi, Islamic scholars from six African countries discussed how Islamic law and IHL protected civilians during armed conflict.

Academics from six African countries discussed IHL, and what materials were required to teach it, at an ICRC course in Nairobi. Law students from nine African countries, and from Malaysia, took part in the 17th edition of the All Africa IHL Competition in Tanzania, organized by the African Court on Human and Peoples' Rights (AFCHPR) and the ICRC. Journalism students in Tanzania learnt more about IHL and the Movement through a forum arranged by the Tanzanian Red Cross and the ICRC. The ICRC donated reference materials on IHL to a Kenyan university and gave internships to several university students.

Nairobi-based representatives of NGOs and multilateral organizations, and legal staff from the AFCHPR and the East African Court of Justice, strengthened their grasp of IHL through ICRC courses.

Police officers learn about international norms pertinent to their duties

Briefings for the police emphasized the existence of international rules and standards for law enforcement, and the ICRC's role in situations of violence. The ICRC trained 1,013 police officers in these rules and standards; they included people working in parts of Kenya at risk of election-related violence or in areas of Tanzania with large numbers of refugees from Burundi and the DRC; also among them were 24 Tanzanian officers who attended a train-the-trainer workshop, thus enlarging the Tanzanian police's pool

of instructors. The Tanzanian police drew on ICRC expertise to ensure that the curricula at their various training institutions were in line with the pertinent international norms.

The ICRC continued to promote the incorporation of IHL in military decision-making, including through high-level meetings with defence ministry officials. Djiboutian and Kenyan AMISOM officers, Kenyan and Tanzanian officers bound for peace-support missions abroad, and officers from various international military contingents in Djibouti learnt more about IHL through ICRC training or dissemination sessions. At the invitation of the International Peace Support Training Centre (IPSTC) in Kenya, the ICRC conducted several IHL training sessions for senior officers. In all, 1,452 military officers were trained during the year. The IPSTC drew on ICRC expertise to design a course on the protection of refugees and IDPs. The ICRC pursued efforts to discuss IHL training with the Eastern Africa Standby Force.

Kenyan and Tanzanian military commanders, sponsored by the ICRC, attended an advanced IHL course in Mexico (see *International law and policy*).

Governments and regional bodies discuss the incorporation of IHL in domestic law

In May, the ICRC hosted a regional seminar on IHL implementation; representatives from eight African countries, and the East African Community, attended. At a seminar organized by IGAD and the ICRC, officials from IGAD Member States discussed how the African Union Convention on IDPs was being implemented; representatives from the African Union and from UN agencies, and an observer from Tanzania, also attended the seminar.

The countries covered made some progress in implementing IHL. The Kenyan national IHL committee, reactivated in June 2016, met regularly; Djibouti and Tanzania were preparing to hold workshops concerning the establishment of similar committees. The ICRC provided technical assistance for these activities.

Members of the Tanzanian parliament learnt about IHL and the Movement at a forum hosted by the Tanzanian Red Cross and the ICRC. Kenyan and Tanzanian officials, sponsored by the ICRC, attended IHL-related events abroad.

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies in Djibouti, Kenya and Tanzania drew on financial, material and technical assistance from the ICRC to reinforce their operational capacities and their ability to promote IHL and the Movement. The ICRC continued to cover some of their running costs, including the salaries of key National Society personnel. The Kenyan Red Cross augmented its income through a joint project with the ICRC: this involved the collection and recycling of plastic waste from the Dadaab refugee camp.

National Societies prepare for emergencies

ICRC assistance enabled the National Societies to strengthen their preparedness for emergencies, in line with the Safer Access Framework. The Kenyan Red Cross held a train-the-trainer workshop in first aid and security management; to prepare for the possibility of election-related violence, first responders from several branches underwent ICRC training in various areas of pertinence. The Red Crescent Society of Djibouti trained its personnel in emergency response.

The National Societies also pursued organizational development, with ICRC support. The Tanzanian Red Cross underwent an ICRC-funded financial audit and, together with the ICRC, trained its staff to plan, monitor and evaluate projects. With the ICRC's technical assistance, the Djiboutian Red Crescent held elections for regional officers.

Movement components coordinated their activities regularly. Tanzanian Red Cross representatives, sponsored by the ICRC, attended Movement meetings abroad and, along with Kenyan Red Cross representatives, a regional conference of National Societies.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		36,950	1,615		
RCMs distributed		30,227	1,108		
Phone calls facilitated between family members		209,678			
Reunifications, transfers and repatriations					
People reunited with their families		329			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		313	68	74	60
<i>including people for whom tracing requests were registered by another delegation</i>		47			
Tracing cases closed positively (subject located or fate established)		100			
<i>including people for whom tracing requests were registered by another delegation</i>		11			
Tracing cases still being handled at the end of the reporting period (people)		1,207	244	338	136
<i>including people for whom tracing requests were registered by another delegation</i>		185			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		589	217		
UAMs/SC reunited with their families by the ICRC/National Society		241	99		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1,118	424		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		6			
Detainees in places of detention visited		1,109	45	46	
Visits carried out		15			
			Women	Girls	Boys
Detainees visited and monitored individually		31	2		
RCMs and other means of family contact					
RCMs collected		154			
RCMs distributed		38			
Phone calls made to families to inform them of the whereabouts of a detained relative		639			
Detainees visited by their relatives with ICRC/National Society support		36			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	8,370	1,673	5,024
Productive inputs	Beneficiaries	7,380	1,475	4,430
Cash	Beneficiaries	50,844	10,170	30,504
	<i>of whom IDPs</i>	3,306	661	1,984
Services and training	Beneficiaries	7,919	1,584	4,751
	<i>of whom IDPs</i>	48	10	28
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	18,963	5,698	7,597
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	350		
Health				
Places of detention visited by health staff	Structures	1		

PRETORIA (regional)

COVERING: Angola, Botswana, Lesotho, Mozambique, South Africa, Swaziland



ICRC/AR_2017
 ICRC regional delegation ICRC sub-delegation ICRC office ICRC mission

The ICRC has worked in South Africa since the early 1960s, opening a regional delegation in Pretoria in 1978. It visits migrants at an immigration detention centre in South Africa, and other detainees within its purview in Angola, Lesotho and Swaziland to monitor their treatment and living conditions, and helps refugees, asylum seekers and other migrants restore contact with relatives. It promotes IHL treaty ratification and implementation and supports the incorporation of IHL into military training and university curricula, particularly in South Africa, given its regional influence. The ICRC supports the region's National Societies in building their capacities.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ IDPs and returnees in central Mozambique received material and other support as the ICRC increased its aid in the country. Difficulty in contacting the pertinent parties sometimes hindered the ICRC's access to conflict-affected areas.
- ▶ Members of families separated by migration, detention, and/or armed conflict or other situations of violence – in the countries covered and in the wider region – used the Movement's family-links services to contact their relatives.
- ▶ With the ICRC's support, forensic professionals and police in South Africa continued to improve their capacity to manage and identify the remains of migrants, and help families ascertain the fate of missing relatives.
- ▶ The relevant authorities and the ICRC discussed matters related to migrants, including the living conditions in immigration detention facilities. They also invited the ICRC to contribute further to a draft policy paper on migration.
- ▶ At ICRC events, military and security forces personnel learnt more about norms applicable to their duties. The South African police adopted guidelines, drafted with the ICRC's aid, for ensuring the delivery of health care during protests.
- ▶ Authorities in the region discussed the implementation of IHL and IHL-related treaties. Parties capable of influencing government policy-making, including multilateral organizations, learnt more about IHL and the Movement.

EXPENDITURE IN KCHF

Protection	1,512
Assistance	4,084
Prevention	1,726
Cooperation with National Societies	895
General	55
Total	8,272
<i>Of which: Overheads</i>	<i>505</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	104%
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PERSONNEL

Mobile staff	17
Resident staff (daily workers not included)	42

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	334
RCMs distributed	192
Phone calls facilitated between family members	5,392
Tracing cases closed positively (subject located or fate established)	47
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	5
Detainees in places of detention visited	6,061
<i>of whom visited and monitored individually</i>	21
Visits carried out	17
Restoring family links	
RCMs collected	7
RCMs distributed	2
Phone calls made to families to inform them of the whereabouts of a detained relative	1

ASSISTANCE	2017 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	1,500	
Essential household items	Beneficiaries	40,000	72,852
Productive inputs	Beneficiaries	40,000	84,616
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	40,000	36,072

CONTEXT

South Africa remained influential throughout the continent. It participated in diplomatic initiatives regularly and contributed troops to peace-support operations abroad. It continued to host the Pan-African Parliament and other regional organizations, as well as an extensive diplomatic community, regional offices of the UN and other humanitarian agencies, think-tanks and major media organizations.

Migration within the region gave rise to various socio-economic issues; both migrants and their host countries were affected. South Africa continued to receive more applications for asylum than it could process, which made it difficult for many migrants to stay in the country legally. Migrants often became victims of xenophobic violence.

People affected by armed conflict or other situations of violence in neighbouring countries (see, for example, *Burundi* and *Congo, Democratic Republic of the*) fled to the countries covered, particularly Angola and Mozambique.

Peace talks between the government of Mozambique and the Mozambican National Resistance (RENAMO), which began in late 2016, were ongoing. A unilateral ceasefire declared by RENAMO stayed in effect. Tens of thousands of people were still internally displaced; others remained in the neighbouring countries to which they had fled, such as Malawi and Zimbabwe. Sporadic attacks by armed groups in the north of Mozambique displaced thousands of people.

Political tensions in Lesotho prompted the Southern African Development Community (SADC) to deploy peacekeeping troops. Angola was in a state of transition, having elected a new president for the first time in 38 years. The situation in Botswana and Swaziland remained relatively stable.

ICRC ACTION AND RESULTS

The regional delegation in Pretoria took over the conduct of humanitarian activities in Mozambique at the end of 2016, from the regional delegation in Harare. The ICRC took advantage of the ceasefire declared by RENAMO (see *Context*) to assess the situation in central Mozambique. Finding that IDPs and returnees lacked access to basic needs and services, it launched a budget extension appeal¹ and opened a sub-delegation in Beira and a mission in Maputo. There were some impediments to maintaining dialogue with civilian authorities and the armed and security forces, which had restricted its access to conflict-affected areas for three months; despite these, the ICRC was able to give material assistance to people in need and implement projects that facilitated their access to potable water and health-care services.

Together with the National Societies in the region, the ICRC continued to help people separated from their families – by migration, detention or armed conflict or other violence – to locate and connect with their relatives. It supported efforts to ascertain the fate of missing persons and provide answers to their families. In coordination with South African and Zimbabwean authorities, the ICRC started a pilot project to identify human remains – especially in connection with missing migrants – and resolve tracing cases.

With ICRC material and technical support, the authorities and forensic professionals in South Africa strove to develop the capacities necessary for the country to become a regional hub for forensic expertise.

The ICRC visited the Lindela centre in South Africa – the country's largest immigration detention facility – and places of detention in Angola and Lesotho to which it had access, in order to monitor people's living conditions and treatment. It paid particular attention to those who were most vulnerable: foreigners, women, minors and the sick. Detainees and detained migrants were able to reconnect with their relatives through the Movement's family-links services. The ICRC helped foreigners contact their consular representatives and the UNHCR.

In South Africa, parliamentarians, representatives of the home affairs department and the ICRC discussed the difficulties faced by migrants. After such dialogue, the ICRC was invited by the authorities to contribute further to a draft policy paper on migration. The ICRC urged national authorities in the countries covered to ratify and implement IHL and IHL-related treaties. It lent its expertise to national IHL committees and helped government officials to attend various events. Throughout the region, National Societies and the ICRC sought to broaden support for humanitarian principles and the Movement among multilateral organizations, academics, think-tanks, the media and the general public.

At ICRC dissemination sessions and other events, military and security forces personnel, including those bound for peace-support operations, enhanced their knowledge of IHL, international human rights law and/or other norms applicable to their duties. The ICRC shared key points of the Health Care in Danger project with these weapon bearers, and taught some of them how to manage human remains. The South African Police Service adopted guidelines – drafted with the ICRC's aid – to help ensure the delivery of medical services during university protests.

With ICRC technical and financial support, National Societies in the region strengthened their organizational development and bolstered their capacities, particularly in restoring family links.

CIVILIANS

The ICRC engaged authorities and military and security forces across the region in dialogue on various issues of humanitarian concern. In South Africa, discussions with parliamentarians and representatives of the home affairs department, on the difficulties faced by migrants (see also *People deprived of their freedom*), led to an opportunity for the ICRC to contribute further to a draft policy paper on migration.

In Mozambique, the ICRC met with key officials from the defence, foreign affairs and internal affairs ministries, to strengthen their understanding of its mandate and its neutral, impartial and independent humanitarian action, and thus ensure its safe access to people in need (see below).

Migrants are able to restore contact with their relatives

The ICRC assessed the need for family-links services among IDPs in central Mozambique; constraints such as difficulty in reaching these areas, however, limited its ability to extend the services to the conflict-affected population. With training from the ICRC, the Mozambique Red Cross Society reconnected refugees and asylum seekers – living in or near Nampula province in northern

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/6EE3D9D5E3AC2F08C125811C000DA968/\\$File/BEA2017_Mozambique_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/6EE3D9D5E3AC2F08C125811C000DA968/$File/BEA2017_Mozambique_Final.pdf)

Mozambique – with their relatives. ICRC-trained volunteers from the Angola Red Cross helped Congolese refugees contact their relatives. The Botswana Red Cross Society continued to receive ICRC financial and technical support for meeting the family-links needs of people in the Dukwi refugee camp.

Migrants in the region trying to locate relatives in their countries of origin lodged tracing requests; 47 tracing requests were closed in 2017. Several volunteers helped conduct tracing activities in South Africa, which facilitated matters given the ICRC's limited operational presence in the country (see *Red Cross and Red Crescent Movement*).

At the UNHCR's request, the ICRC issued travel documents for a number of migrants, including refugees and asylum seekers: 91 in South Africa and eight in Mozambique. Most of them were originally from Somalia, but some were from the Democratic Republic of the Congo, Ethiopia and Eritrea; all were bound for resettlement in Canada, the United States of America or elsewhere.

Forensic professionals in South Africa develop their capacity to identify human remains

In South Africa, forensic professionals – particularly the national government's Forensic Pathology Services – and the national police developed their ability to manage ante/post-mortem data and identify unclaimed human remains; the ICRC provided material and technical support for this. Families in Zimbabwe approached the ICRC for help in looking for relatives who had migrated to South Africa and gone missing (see also *Harare*). In coordination with the pertinent South African and Zimbabwean authorities, the ICRC therefore developed a pilot project to identify human remains – especially in connection with missing migrants – and resolve tracing cases. The project got off to a slow start because of human-resource and other constraints.

With ICRC material and technical support, the authorities and forensic professionals in South Africa strove to develop the capacities necessary for the country to become a regional hub for forensic expertise. At a training course organized jointly by the University of Pretoria, the Argentine Forensic Anthropology Team and the ICRC, participants from 11 African countries and Georgia – including judicial authorities, security forces personnel and forensic professionals – learnt best practices in managing human remains. The African Society of Forensic Medicine held its annual conference in Bloemfontein, South Africa. The event brought together nearly 150 participants, including some whose attendance was sponsored by ICRC delegations across the continent. Participants in both these events gained a new awareness of the plight of missing persons' families, and deepened their understanding of the role they play in helping these families.

Some military personnel also learnt about forensics during ICRC training sessions (see *Actors of influence*).

Conflict-affected people in central Mozambique receive assistance

Despite various impediments to reaching conflict-affected areas in central Mozambique (see *ICRC action and results*), the ICRC was able to provide people there, including IDPs and returnees, with humanitarian assistance.

In the province of Manica, around 5,500 IDPs (some 1,000 households) coped with their situation with the help of household

essentials, distributed by the Mozambican National Society and the ICRC. In Sofala province, over 67,300 people (nearly 13,500 households) received similar support; these households were also given kits containing agricultural tools and seed, which enabled them to start growing food. Some of them benefited from the ICRC's donations of peanut seed to 77 farmers' associations (with over 17,000 individual members from more than 3,400 households).

Around 36,000 people had better access to potable water after the ICRC, in coordination with local water authorities, repaired or installed nearly 40 hand pumps throughout central Mozambique. Facilities at four primary-health-care centres were renovated, which improved the quality of care available to people. The ICRC began to repair two ambulances, for use in outreach activities in two districts.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees and detained migrants receive visits from the ICRC

The ICRC pursued dialogue with various detaining authorities in the region, with a view to gaining access to all detainees within its purview.

The ICRC visited the Lindela centre in South Africa – the country's largest immigration detention facility – and places of detention in Angola and Lesotho to which it had access, in order to monitor people's living conditions and treatment, including respect for judicial guarantees. During these visits – conducted in accordance with its standard procedures – the ICRC paid particular attention to security detainees and others who were especially vulnerable, such as foreigners, women, minors and the sick. Afterwards, it communicated its findings confidentially to the authorities concerned; it also gave them its recommendations for ensuring that detainees' conditions were in line with internationally recognized standards.

In South Africa, the ICRC expanded its dialogue with parliamentarians and others; it urged them to improve the treatment and living conditions of migrants in immigration detention facilities, and to ensure their access to suitable health-care services.

Detainees contact their relatives through the Movement's family-links services

Migrants held at the Lindela centre were able to contact their relatives through phone calls facilitated by the ICRC. The Lesotho Red Cross Society and the ICRC provided this service for detainees in Lesotho. Migrants held at Botswana's only immigration detention facility benefited from family-links services provided by the Botswanan National Society, which received ICRC technical support; the ICRC joined National Society teams on some of their visits to the facility. Foreign detainees contacted their consular representatives and the UNHCR, with the ICRC's help.

ACTORS OF INFLUENCE

Military and security forces personnel learn more about IHL and other norms applicable to their duties

The ICRC continued to expand its contact with military and security forces in the region, with a view to advancing their understanding of IHL, international human rights law and/or other norms applicable to their duties. Dialogue with key members of the Mozambican military and security forces, and with RENAMO representatives, helped ensure the ICRC's access to people in need (see *Civilians*).

A representative of the South African National Defence Force (SANDF) participated in the peer-review process for the updated commentaries on the Geneva Conventions. Another representative, a senior officer, attended an advanced IHL course in Mexico City, Mexico (see *International law and policy*).

At briefings and other events organized by the ICRC or with ICRC support, military personnel, including SANDF troops bound for peace-support operations abroad, were reminded of their obligations under IHL and other norms – particularly their duty to protect civilians, ensure access to health-care services and prevent sexual violence. At ICRC training sessions, troops bound for SADC peace-support operations – from various countries – learnt how to manage human remains.

Security forces personnel in the region increased their understanding of international policing standards at briefings organized by the African Policing Civilian Oversight Forum, a non-profit coalition to which the ICRC provided technical advice. In South Africa, the ICRC – in coordination with the Nelson Mandela Foundation, Médecins Sans Frontières, Movement components, and others – shared key points of the Health Care in Danger project with military and security forces personnel. The South African Police Service adopted a set of guidelines – drafted with the ICRC's aid – to help ensure the safe delivery of medical services during university protests.

Authorities discuss the implementation of IHL and IHL-related treaties

The ICRC and authorities throughout the region maintained their dialogue on issues of common concern, such as the consequences of regional conflict and other violence (see also *Civilians*). The national IHL committees in Botswana, Lesotho and Mozambique continued to draw on ICRC expertise for incorporating IHL in domestic law and ratifying IHL instruments, such as the Arms Trade Treaty. The ICRC urged the Angolan, South African and Swazi authorities to establish or re-establish their own IHL committees.

At various events in the region or elsewhere (see, for example, *Harare*), government officials, including members of national IHL committees, learnt more about the necessity of implementing and ratifying IHL and IHL-related treaties, and about their role in the process. The 17th Annual Regional Seminar on IHL, which was held in Pretoria in September, was one such event. It was organized by the South African government's Department of International Relations and Cooperation and the ICRC; the participants included representatives from 17 African countries, the SADC, the Pan-African Parliament and the African Union. At a round-table in Pretoria, in May, representatives of five African countries, and South Africa-based academics and members of think-tanks, discussed the importance – to the African continent – of a treaty to prohibit nuclear weapons and how to contribute to negotiations in this regard. The treaty was adopted at a UN conference in July (see *New York*).

In Botswana and Lesotho, the ICRC and the National Societies urged the authorities to advance legislation recognizing the National Societies as auxiliaries to their governments.

Students strengthen their grasp of IHL

National Societies in the region and the ICRC strove to broaden support for humanitarian principles and the Movement. They maintained contact with members of civil society and others capable of influencing government policy-making: think-tanks, academics, the media, multilateral organizations such as the SADC (see above), and others. The National Societies used various modes of public communication to raise awareness of the services provided by them. The South African Red Cross Society continued, with ICRC support, to spread knowledge of the proper use of the emblems protected under IHL and of key points of the Health Care in Danger project.

Over 20 academics and post-graduate students from 13 African countries attended the ICRC's pan-African IHL course, which was held in Pretoria in late October. Participants discussed IHL, including in relation to contemporary humanitarian issues, and learnt more about the Movement and the ICRC. Some South African university students tested their grasp of IHL at moot court competitions (see, for example, *Nairobi*). Events like these helped to stimulate academic interest in IHL.

The ICRC kept media organizations based in South Africa abreast of humanitarian issues and Movement activities, enabling them to report more accurately on these matters.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region bolstered their operational and organizational capacities with technical and financial backing from the ICRC. They responded to people's needs, reconnected families, and raised awareness of humanitarian principles and the Movement (see *Civilians* and *Actors of influence*). Volunteers, especially from the Angolan and Mozambican National Societies, were trained in the Safer Access Framework by the ICRC.

The ICRC sought the South African National Society's help in assisting vulnerable migrants, with a view, in particular, to provide family-links services for these migrants and to broaden awareness of the xenophobic violence directed against them. However, because of a lack of coordination, and other difficulties, the ICRC had to carry out these activities with volunteers not associated with the National Society.

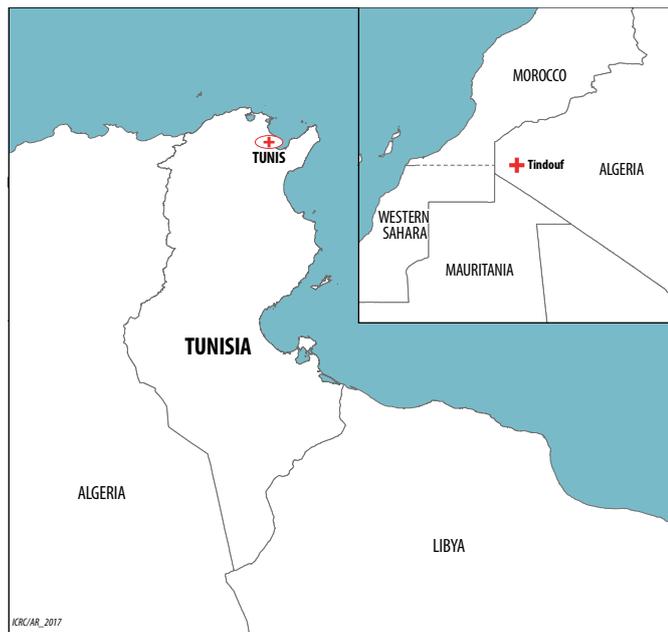
Representatives of the National Societies attended Movement statutory meetings, with ICRC sponsorship. Movement partners, and other humanitarian actors, continued to coordinate their activities, to maximize impact and prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		334	15		
RCMs distributed		192	3		
Phone calls facilitated between family members		5,392			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		118	31	25	21
<i>including people for whom tracing requests were registered by another delegation</i>		40			
Tracing cases closed positively (subject located or fate established)		47			
Tracing cases still being handled at the end of the reporting period (people)		249	54	48	33
<i>including people for whom tracing requests were registered by another delegation</i>		62			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		10	4		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		11	4		
Documents					
People to whom travel documents were issued		99			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		5			
Detainees in places of detention visited		6,061	105	4	
Visits carried out		17			
			Women	Girls	Boys
Detainees visited and monitored individually		21			
<i>of whom newly registered</i>		16			
RCMs and other means of family contact					
RCMs collected		7			
RCMs distributed		2			
Phone calls made to families to inform them of the whereabouts of a detained relative		1			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	72,852	22,145	32,446
	<i>of whom IDPs</i>	5,512	1,929	2,205
Productive inputs	Beneficiaries	84,616	25,485	37,940
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	36,072	9,018	18,036
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	8		
Essential household items	Beneficiaries	8		
Health				
Places of detention visited by health staff	Structures	1		

TUNIS (regional)

COVERING: Tunisia, Western Sahara



ICRC/AR_2017

ICRC regional delegation ICRC presence

The ICRC's regional delegation based in Tunis has been operating since 1987. It visits people deprived of their freedom in Tunisia, monitoring their treatment and living conditions, and promotes awareness of IHL among the authorities, armed forces and armed groups, as well as implementation of that law. The ICRC supports the Tunisian Red Crescent in building its capacities and works with the Polisario Front and Sahrawi organizations to address issues of humanitarian concern arising from the aftermath of the Western Sahara conflict. It helps Sahrawi refugees with disabilities obtain physical rehabilitation services.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Authorities and staff at two Tunisian prisons benefited from ICRC-supported capacity-building projects; because prison authorities met constraints, however, a laboratory renovated by the ICRC remained unused all year.
- ▶ Members of families separated by armed conflict, detention or migration kept in touch through Tunisian Red Crescent/ICRC family-links services; services at a key point on the migration route were strengthened.
- ▶ Medical professionals in Tunisia expanded their skills in war surgery. A number of them were trained to be instructors, so that they could eventually conduct, unassisted, courses on managing mass-casualty incidents.
- ▶ Disabled Sahrawi refugees, including mine victims, regained some mobility through services and assistive devices from an ICRC-supported physical rehabilitation centre.
- ▶ Military and police officers learnt more about IHL and/or international law enforcement standards at ICRC briefings and lectures, and through a course organized in Tunisia by the ICRC in cooperation with the defence ministry.

EXPENDITURE IN KCHF

Protection	1,686
Assistance	2,544
Prevention	978
Cooperation with National Societies	410
General	63
Total	5,680
<i>Of which: Overheads</i>	<i>347</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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PERSONNEL

Mobile staff	24
Resident staff (daily workers not included)	43

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links¹	
RCMs collected	86
RCMs distributed	172
Phone calls facilitated between family members	477
Tracing cases closed positively (subject located or fate established)	37
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	13
Detainees in places of detention visited	13,842
<i>of whom visited and monitored individually</i>	630
Visits carried out	32
Restoring family links	
RCMs collected	150
RCMs distributed	61
Phone calls made to families to inform them of the whereabouts of a detained relative	158

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

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	900
		810
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported	Projects	1
		1
Patients receiving services	Patients	700
		865

CONTEXT

In Tunisia, government forces continued their campaign against armed groups reportedly operating in the region and within Tunisia – particularly along the borders with Algeria and Libya. Many arrests were made, specifically under anti-terrorism legislation. Protests linked to socio-economic issues took place occasionally and sometimes turned violent, creating tensions between protesters and the police.

Thousands of people fleeing armed conflict or instability in the region continued to seek refuge in Tunisia or pass through it on their way to Europe, their home countries or elsewhere.

The status of Western Sahara remained a point of contention between Morocco and the Polisario Front. The UN Mission for the Referendum in Western Sahara (MINURSO) was set to end in April 2018. Hundreds of people continued to wait for news of relatives missing since the 1975–1991 Western Sahara conflict. Families in Western Sahara remained at risk from mines and explosive remnants of war. Tens of thousands of Sahrawis were in refugee camps near Tindouf, Algeria.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Tunis focused on meeting the needs of people deprived of their freedom in Tunisia, and of vulnerable people separated from their families, in cooperation with government bodies and Movement partners in the region.

In Tunisia, the ICRC visited – in accordance with its standard procedures – places of detention housing thousands of detainees. Special attention was paid to people held on security-related charges and to foreigners. Discussions with the ICRC on improving detainees' living conditions and treatment encouraged detaining authorities to take steps, for instance, to review the situation of detainees in solitary confinement. Pilot projects carried out by the health ministry and the ICRC at two prisons, which ended in September, equipped prison staff to deal more effectively with health issues among detainees. Because prison authorities met shortages of funds and personnel, however, a laboratory renovated by the ICRC remained unused all year. The justice ministry reviewed the recommendations made by a multi-sectoral working group for tackling overcrowding; the group had been set up with the ICRC's help. Detainees at two facilities had better living conditions after ICRC-supported repairs to their water-supply and ventilation systems.

Members of families dispersed by armed conflict, detention or migration restored or maintained contact through Movement family-links services. The ICRC helped the Tunisian Red Crescent to strengthen its family-links services: National Society volunteers took over the maintenance of a phone service for migrants in Medenine, a key point on the migration route.

The authorities and the ICRC started initiatives to boost forensic capacities in Medenine and made preparations for renovating or constructing facilities to manage the remains of migrants found on Tunisia's southern shores.

Polisario Front authorities, and organizations such as the "Sahrawi Red Crescent" and the Sahrawi human rights committee, had discussions with the ICRC on ascertaining the fate of people missing since the past conflict.

To help ensure that wounded people could receive adequate treatment, the ICRC helped Tunisian military and civilian doctors to expand their capacities in war surgery; a number of them were also trained to be instructors, so that they could eventually conduct, unassisted, courses on managing mass-casualty incidents. The Tunisian Red Crescent and the "Sahrawi Red Crescent" developed their first-aid capacities, with material and technical support from the ICRC.

Disabled Sahrawi refugees living near Tindouf, including mine victims, regained a measure of mobility through treatment and prosthetic/orthotic devices from the ICRC-supported physical rehabilitation centre in Tindouf or during the centre's outreach activities. The families of disabled people, and others affected by the floods that struck the refugee camps in Tindouf in 2015, rebuilt their homes with ICRC assistance.

The ICRC continued to develop its relationship with the defence ministry: for instance, it organized an IHL course for Tunisian military personnel. It also continued to give the interior ministry expert advice for improving the treatment of people in police custody, and support for training its personnel and instructors in international law enforcement standards. Sahrawi and Tunisian authorities, weapon bearers, media professionals, and others capable of advancing the humanitarian agenda learnt more about IHL and about the ICRC's work through information sessions and courses held locally or abroad.

CIVILIANS

Migrants and others use Movement services to reconnect with their families

With ICRC support, the Tunisian Red Crescent enabled migrants – including asylum seekers and refugees – rescued at sea or intercepted by Tunisian authorities at the Libyan border, to phone their families; many of them were housed at the National Society-managed migrant centre in Medenine, a key point on the migration route. After training and working with the ICRC, National Society volunteers took over the task of maintaining the phone service.

Families in Tunisia also used Movement family-links services to restore or maintain contact with relatives detained or interned within the country or elsewhere. ICRC assistance enabled some families to visit or send parcels to relatives detained in Libya.

Tunisian families requested the ICRC's help in finding relatives said to be involved in conflicts abroad. The remains of two Tunisians who had disappeared in Lebanon in 2007 were identified, with the ICRC's assistance. The families of migrants who had left Libya by boat made similar requests; some of these migrants were rescued by the Tunisian coastguard and the bodies or remains of some others washed ashore in Tunisia.

Migrants and other vulnerable people, and organizations working in their behalf, learnt more about the Movement's family-links services through informational materials distributed by the National Society and the ICRC and at meetings.

The National Society's family-links services in Medenine were strengthened (see above), based on the initial findings of an assessment of its capacities. This evaluative process had, however, stalled by August, because of a shortage of personnel within the National Society.

Polisario Front authorities, and organizations such as the “Sahrawi Red Crescent” and the Sahrawi human rights committee, had discussions with the ICRC on ascertaining the fate of people missing since the past conflict; the ICRC also met with the Moroccan human rights committee to discuss this matter. The ICRC reminded all parties of its readiness to serve as a neutral intermediary and to facilitate meetings and the exchange of information between them.

The authorities and the ICRC take steps to boost forensic capacities in Medenine

Forensic doctors in Tunisia, sponsored by the ICRC, attended a training course and a regional conference abroad, where they learnt about best practices in managing human remains. Government and forensic officials in Medenine and the ICRC began a joint project to develop local capacities in managing and identifying the remains of migrants found on Tunisia’s southern shores: preparations were under way to renovate or build – beginning in 2018 – facilities for this purpose. The National Society received a vehicle for transporting human remains.

Refugee families in Tindouf rebuild their homes

Some 135 refugee families (810 individuals), whose houses were damaged by the floods that struck the refugee camps in Tindouf in 2015, were given support to rebuild their houses using local methods of construction. Among the beneficiaries were the families of disabled people treated by ICRC physical rehabilitation services (see *Wounded and sick*). The shelter reconstruction project ended in 2017 and benefited 275 families over a two-year period.

Two Sahrawi organizations involved in mine-risk education received ICRC financial support for developing informational materials and awareness-raising campaigns, and for managing projects.

PEOPLE DEPRIVED OF THEIR FREEDOM

Tunisian authorities draw on the ICRC to improve detainees’ treatment and living conditions

In Tunisia, the ICRC visited – in accordance with its standard procedures – 13 places of detention run by the justice and interior ministries, including a migrant retention centre, a facility housing only female detainees, and an interrogation centre for people arrested on charges of terrorism. The facilities held some 13,800 people in all. Particular attention was paid to vulnerable women, minors, people held on security-related charges and foreigners; 630 detainees were followed up individually. Several cases involving migrants and other foreign detainees – some of whom were at risk of deportation in violation of the principle of *non-refoulement* – were referred to UNHCR, the IOM or other organizations for specific assistance.

The ICRC communicated findings and recommendations from its visits confidentially to the prison administration. Detaining authorities and the ICRC maintained their dialogue on ensuring that detainees’ treatment and living conditions met internationally recognized standards. They discussed such matters as the management of hunger strikes and disciplinary issues, and the ICRC’s technical reports on such subjects as implementing the 2016 domestic law providing judicial guarantees for people in custody and the adverse medical consequences of prolonged solitary confinement. After receiving the latter report, the authorities reviewed the situation of some detainees in isolation and amended conditions for 20 of them.

At a workshop organized by the national prison administration and the ICRC, some 30 prison doctors and other health staff developed a fuller understanding of their role in documenting and following up cases of ill-treatment; two other doctors, sponsored by the ICRC, completed a training course on health issues in places of detention. Police and national guard officers stationed in Medenine learnt more about international standards for law enforcement, particularly those covering arrests and detention, at an information session (see also *Actors of influence*).

A multi-sectoral working group – created by penitentiary authorities with ICRC support in 2015 – met regularly to discuss how to tackle overcrowding in prisons. Justice ministry officials and the ICRC discussed the recommendations sent by the working group to the justice ministry, particularly for revising the penal code and expediting judicial proceedings.

Detainees, especially foreigners, maintained contact with their relatives through Movement family-links services; the ICRC informed several families of their relatives’ detention.

The health and justice ministries conclude pilot projects to improve health care in prisons

During follow-up visits, ICRC delegates checked the medical condition of several detainees in places of temporary and permanent detention, and of people being held at a migrant retention centre – some of whom were on hunger strike or had suffered ill-treatment.

In September, the health and justice ministries concluded and evaluated their ICRC-supported pilot projects to improve health care at the Borj El Amri and Mornaguia prisons. By the end of the three-year project, prison authorities and staff had become more capable of addressing health issues; the ICRC had lent them its technical expertise and provided training – for instance, in managing medical data and implementing standardized procedures. The ICRC also provided support for disease-prevention/eradication campaigns, and supplies and equipment for health clinics, offices and a laboratory. Because the prison authorities met shortages of funds and personnel, however, the laboratory at the Mornaguia prison – renovated by the ICRC in 2016 with a view to serving both prisons – remained unused all year. The government’s plan to transfer responsibility for health care in prisons from the justice to the health ministry was not acted on by either ministry.

Detainees have better living conditions after prison infrastructure is upgraded

Detainees at the Mahdia prison (1,500 people) had better access to drinking water following ICRC-sponsored repairs to the water system. Inmates in certain blocks of the Mornaguia prison stood to benefit from an improved ventilation system (serving about 6,500 people). The ICRC donated washing and drying machines to the Borj El Amri and the women’s prison (holding some 2,100 people in all). Two representatives of the national prison learnt more about managing prison infrastructure at a seminar abroad (see *Dakar*).

Detaining authorities in Western Sahara and the ICRC discussed living conditions at the prison in Rabouni, in Tindouf.

WOUNDED AND SICK

Medical professionals in Tunisia improve their skills in war surgery and mass-casualty management

Medical professionals in Tunisia strengthened their capacities with the ICRC's help: for example, two doctors, sponsored by the ICRC, expanded their war-surgery skills through a seminar held abroad. The ICRC also provided technical support for a workshop on war surgery that the military organized for its surgeons.

Over 20 health staff from military and civilian hospitals developed their ability to handle mass-casualty incidents through a course in emergency trauma management. Tunisian doctors facilitated some parts of the course; five of them were also trained to be instructors, so that they could eventually conduct such courses unassisted.

To advance their understanding of medical ethics in relation to IHL, military medical personnel attended a course in Tunisia and three forums in Switzerland on the subject.

The issues covered by the Health Care in Danger project were taken up in all the training courses mentioned above.

The "Sahrawi Red Crescent" continued to develop its capacity to deliver first aid; the ICRC gave it technical and material support, which included rescue equipment, an ambulance and teaching materials. Twenty-five people from the "Sahrawi Red Crescent" attended a basic course for first-aid instructors.

Disabled Sahrawis obtain physical rehabilitation services at the Rabouni hospital

Disabled people living near Tindouf, including mine victims, regained some mobility through treatment, including physiotherapy, and prostheses/orthoses from the ICRC-supported physical rehabilitation centre at the Rabouni hospital. Some 65 devices were repaired at the centre. Wheelchairs and walking aids distributed to them enabled disabled people to participate in social activities. The ICRC manufactured 108 prostheses/orthoses.

The centre maintained or improved the quality of its services with the ICRC's help. Fourteen local staff, volunteers and apprentices, including from the health authorities, developed their skills in prosthetics/orthotics and physiotherapy through on-site supervision and ICRC training sessions.

The centre – in cooperation with the Sahrawi social affairs and health authorities – conducted a dozen outreach visits to five refugee camps, to promote its services and to treat patients unable to travel easily. Public events and media campaigns also helped broaden awareness of the centre's services.

ACTORS OF INFLUENCE

Authorities, military and security forces in the region, and other actors capable of facilitating humanitarian activities for vulnerable people and detainees, or of persuading others to do so, furthered their understanding of IHL and Movement action. They were enabled to do so through ICRC publications, information sessions and meetings with delegates – all of which emphasized the ICRC's activities in certain areas: protection of people deprived of their freedom; restoration of family links; migration; and management of human remains.

At an IHL course in Arabic organized by the League of Arab States and the ICRC in Tunisia, representatives from national IHL

committees, parliaments, government ministries, academic institutions, Islamic organizations and National Societies in the region learnt more about IHL and its links to Islamic law and international human rights law. Among the participants were two military judges from Tunisia.

The Tunisian defence ministry and the ICRC work together to improve IHL instruction for the military

ICRC presentations enabled government officials and Tunisian military personnel – including 600 officers – to learn more about IHL and the ICRC's neutral, impartial and independent humanitarian action. The defence ministry and the ICRC worked together more closely to improve IHL instruction for military personnel: the ICRC organized an IHL course, in tandem with a Tunisian Red Crescent first-aid training session, for some 240 troops assigned to military operations against armed groups along Tunisia's borders.

One senior military officer learnt how to take IHL considerations into account in operational decision-making at a workshop in Mexico (see *International law and policy*), and two others did the same at a course in San Remo. Military doctors discussed protection for medical workers and facilities at training/information sessions (see *Wounded and sick*).

Tunisian police and national guard officers strengthen their grasp of international policing standards

At ICRC training sessions, some 140 officers from the police and the national guard strengthened their grasp of international policing standards, particularly those covering the use of force, arrests, detention and interrogation. Police and national guard instructors were given technical guidance and the materials necessary to incorporate elements of the training sessions in their work.

The interior ministry continued to draw on ICRC expertise to improve the treatment of people in police custody (see also *People deprived of their freedom*). It also held training sessions for police commanders and senior officers on this subject. Two senior officers from the police and national guard discussed good practices in this same area at a round-table in Switzerland (see *International law and policy*).

Tunisian judges, law professors and various scholars attended IHL courses and events held locally (see above) or abroad, such as a train-the-trainer workshop (see *Morocco*), an IHL course in Arabic (see *Lebanon*) and a regional conference on the common ground between Islamic law and IHL (see *Niger*). University students and teachers added to their knowledge of IHL at ICRC presentations and moot court competitions, including regional contests.

A Tunisian university began to offer a graduate course in IHL, after developing the curriculum jointly with the ICRC. The ICRC donated reference materials on IHL to a training institute for magistrates, and provided support for other academic institutions to publish scholarly articles on IHL.

Journalists learnt more about humanitarian issues, IHL and the ICRC's activities through briefings or workshops. One workshop focused on the ways in which IHL protects journalists and included a visit to the refugee camps in Tindouf, so that participants could produce first-hand accounts of what they had seen; 20 journalists, including two from Western Sahara, attended the workshop.

Polisario Front officials add to their knowledge of IHL

Officials from the Polisario Front, the Sahrawi armed forces and other Sahrawi organizations advanced their understanding of IHL and other international norms, and humanitarian principles, through information sessions and other ICRC events. A representative of the principal Sahrawi organization dealing with cases of missing persons attended a course for humanitarian professionals (see *Dakar*).

RED CROSS AND RED CRESCENT MOVEMENT

The Tunisian Red Crescent continued to develop its capacities with financial, material and technical assistance from Movement partners. With ICRC support, it organized training sessions for volunteers from Medenine and other branches, and instructors from 12 regions, to refresh their first-aid skills; the ICRC provided

first-aid supplies. The National Society also conducted training sessions on the Safer Access Framework to strengthen its staff and volunteers' ability to safely assist people in need.

With the ICRC's assistance, the Tunisian Red Crescent continued to organize briefings for local authorities, particularly in areas affected by migration and violence, to help advance their understanding of its role and the Movement's activities. The ICRC continued to provide guidance and encouragement for the National Society to revise its statutes and draft an emblem law – in order to strengthen its legal status – and to deal with issues of governance. Because of difficulties within the National Society, no progress was made in drafting a Movement contingency plan for responding to displacement in the region.

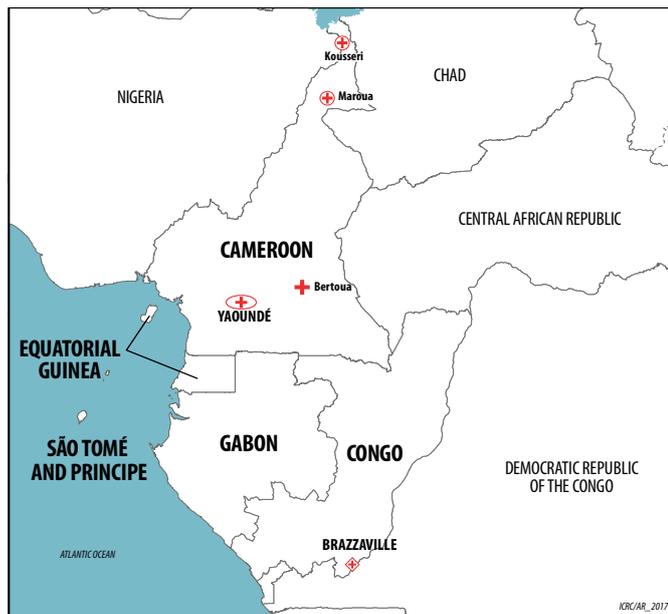
MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact¹			UAMs/SC		
RCMs collected		86			
RCMs distributed		172			
Phone calls facilitated between family members		477			
Tracing requests, including cases of missing persons¹			Women	Girls	Boys
People for whom a tracing request was newly registered		106	24	14	15
<i>including people for whom tracing requests were registered by another delegation</i>		6			
Tracing cases closed positively (subject located or fate established)		37			
<i>including people for whom tracing requests were registered by another delegation</i>		2			
Tracing cases still being handled at the end of the reporting period (people)		200	20	16	21
<i>including people for whom tracing requests were registered by another delegation</i>		30			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		13			
Detainees in places of detention visited		13,842	453	39	
Visits carried out		32			
			Women	Girls	Boys
Detainees visited and monitored individually		630	53		2
<i>of whom newly registered</i>		371	26		2
RCMs and other means of family contact					
RCMs collected		150			
RCMs distributed		61			
Phone calls made to families to inform them of the whereabouts of a detained relative		158			
Detainees visited by their relatives with ICRC/National Society support		5			
People to whom a detention attestation was issued		1			

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

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	810	243	324
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	10,102		
Health				
Places of detention visited by health staff	Structures	9		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported	Projects	1		
Patients receiving services (sum of monthly data)		865	266	219
Prostheses delivered	Units	19	3	
	<i>of which for victims of mines or explosive remnants of war</i>	13		
New patients fitted with orthoses	Patients	22	5	5
Orthoses delivered	Units	89	22	22
	<i>of which for victims of mines or explosive remnants of war</i>	5		
Patients receiving physiotherapy	Patients	662	203	191
Walking aids delivered	Units	292	76	11
Wheelchairs or tricycles delivered	Units	151	98	13

YAOUNDÉ (regional)

COVERING: Cameroon, Congo, Equatorial Guinea, Gabon, São Tomé and Príncipe



ICRC regional delegation ICRC sub-delegation ICRC mission ICRC office

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ People affected by the conflict in the Lake Chad region coped with their situation with the help of ICRC-supplied food, household essentials, supplies, tools and cash. They received suitable care at ICRC-backed health facilities.
- ▶ In northern Cameroon, people had broader access to potable water after the local water authorities and the ICRC renovated water-supply systems. Uncertain security conditions impeded the completion of some projects.
- ▶ In Cameroon, detaining authorities developed their capacities, through ICRC training, in such areas as managing the food supply. Detainees received food and medicines from the ICRC, which also repaired facilities in prisons.
- ▶ People, including IDPs in Cameroon and refugees from the Central African Republic and Nigeria, reconnected with their relatives using the Movement's family-links services; some separated children were reunited with their families.
- ▶ Authorities and military and security forces personnel in the region, especially in Cameroon and Congo, were reminded to protect civilians – including from sexual violence – and to facilitate access to basic services.
- ▶ National Societies in the region strengthened their operational capacities with ICRC support. They administered first aid, restored family links, and broadened awareness of humanitarian principles and the Movement.

EXPENDITURE IN KCHF

Protection	3,926
Assistance	15,601
Prevention	2,685
Cooperation with National Societies	1,611
General	158
Total	23,981
<i>Of which: Overheads</i>	<i>1,464</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Mobile staff	39
Resident staff (daily workers not included)	183

The ICRC set up its Yaoundé regional delegation in 1992 but has been working in the region since 1972. It monitors the domestic situation in the countries covered, visits security detainees, helps restore contact between separated family members, including migrants, and responds to the emergency assistance and protection needs of refugees and IDPs in northern Cameroon. It pursues longstanding programmes to spread knowledge of IHL among the authorities, the armed forces and civil society, and supports the development of the region's National Societies.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	574
RCMs distributed	290
Phone calls facilitated between family members	22
Tracing cases closed positively (subject located or fate established)	394
People reunited with their families	24
<i>of whom unaccompanied minors/separated children</i>	24
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	16
Detainees in places of detention visited	10,244
<i>of whom visited and monitored individually</i>	1,695
Visits carried out	45
Restoring family links	
RCMs collected	61
RCMs distributed	29
Phone calls made to families to inform them of the whereabouts of a detained relative	159

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 81,000	66,522
Essential household items	Beneficiaries 42,000	42,132
Productive inputs	Beneficiaries 36,000	28,284
Cash	Beneficiaries 15,000	15,228
Services and training	Beneficiaries 72,000	36
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 80,012	83,150
Health		
Health centres supported	Structures 3	5
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 1	1
Water and habitat		
Water and habitat activities	Beds 210	27

CONTEXT

Cameroon – along with Chad, Niger and Nigeria – continued to fight factions of the armed group known as Boko Haram; Cameroon also contributed troops to the Multinational Joint Task Force (MNJTF). People in northern Cameroon struggled to meet their basic needs. Already-scarce resources were strained. Few humanitarian actors were able to provide aid owing to financial, logistical and security constraints. Nigerians without the necessary documents continued to be transported back to Nigeria from Cameroon.

Tensions rose between State authorities and people in the English-speaking provinces of western Cameroon who were calling for greater autonomy; this led to numerous arrests and violent incidents that affected both civilians and security forces personnel.

In the Pool region of Congo, clashes between government forces and an armed opposition group continued; people reported displacement and abuses. In December, State representatives and the leader of the opposition group signed a peace agreement; a UN-supported process of disarmament, demobilization and reintegration was set to follow.

The spillover of violence from the conflict in the Central African Republic (hereafter CAR) prevented refugees from leaving eastern Cameroon and northern Congo. The expiry of their refugee status – at the end of 2017 – turned many Rwandans living in Congo into irregular migrants.

In Equatorial Guinea, an attempt at a coup d'état reportedly took place, leading to arrests and tense diplomatic relations with neighbouring countries. Gabon and São Tomé and Príncipe remained relatively calm.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Yaoundé continued to help mitigate the effects of armed conflict and other situations of violence in the countries covered. The situation in the Lake Chad region called for a budget extension¹ (see also *Chad, Niger and Nigeria*), which was used, in Cameroon, to reinforce the ICRC's cash-transfer programme.

Security concerns and logistical challenges notwithstanding, the ICRC and the Cameroon Red Cross Society distributed food, or cash to buy it, and household essentials to IDPs, residents and others in northern Cameroon – particularly in the departments of Logone-et-Chari and Mayo-Sava. Some people received seed and tools for resuming their livelihoods; the most vulnerable among them were given food to get them through the lean season. Other planned activities, such as the treatment of ailing livestock, were not carried out because of delays in the signing of a memorandum of understanding between the livestock ministry and the ICRC. The ICRC extended comprehensive support to more primary-health-care centres and to one hospital, which increased the availability of good-quality health services. With help from local water authorities, it repaired or constructed boreholes and water-supply systems, which broadened access to clean water. In parts of Mayo-Sava, however, poor security conditions delayed the completion of some projects.

Members of dispersed families – mostly IDPs in northern Cameroon, and refugees from the CAR and Nigeria – restored and maintained contact through phone calls and RCMs. Some people filed tracing requests to find missing relatives. Detainees also contacted their relatives through the Movement's family-links services. Some of them received visits from their families, with the ICRC's help.

The ICRC engaged detaining authorities throughout the region in dialogue; its aim was to gain access to all detainees – especially security detainees – and to ensure that it could visit them in accordance with its standard procedures. In Cameroon and Congo, it monitored the treatment and living conditions of detainees at places of detention to which it had access, and communicated its findings and recommendations confidentially to the authorities concerned. In Cameroon, the ICRC gave prison staff managerial training; particular attention was paid to managing the food supply. Detainees suffering from or at risk of malnutrition were given therapeutic food and supplementary rations. Facilities at some prisons were renovated, which helped improve detainees' access to water, for instance.

The ICRC pursued efforts to expand dialogue with authorities and weapon bearers in the region, especially in Cameroon and Congo, on such matters as the protection of civilians – particularly IDPs and the communities hosting them – and access to basic services. It also held dissemination sessions on IHL and other pertinent norms for military and security forces personnel in Cameroon, Congo and Gabon, including members of the MNJTF. At various ICRC events, military officers were encouraged to incorporate IHL in their doctrine, training and operations; and judges and legal experts learnt more about the applicability of IHL to the judicial process. Regular contact with influential members of civil society – reinforced with public-communication activities – helped further understanding of humanitarian principles, IHL and the Movement, and broaden support for them.

The ICRC strengthened its partnerships with all the National Societies in the countries covered. Financial, material and technical support from the ICRC helped them expand their operational capacities. Movement components met regularly to coordinate their activities.

CIVILIANS

IDPs and refugees in Cameroon and Congo reconnect with their relatives

The ICRC engaged authorities and the military and security forces, especially in Cameroon and Congo, in dialogue on the protection due to civilians under IHL, international human rights law and/or other applicable norms (see also *Actors of influence*). It urged them to protect people from abuse, including sexual violence, and to ensure access to health care and other services.

The ICRC gave the National Societies in the region, particularly the Cameroonian National Society, training and other support for improving the quality of their family-links services. Members of dispersed families – mostly IDPs in northern Cameroon, and refugees from the CAR and Nigeria – reconnected through phone calls and RCMs. Minors – 23 in Cameroon and one in Congo – were reunited with their families. Hundreds of people approached the ICRC for help in finding missing relatives; almost 400 tracing cases were closed positively.

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/2EC80FBCFEBA4C98C125810C00207FB0/\\$File/PA2017_LakeChad_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/2EC80FBCFEBA4C98C125810C00207FB0/$File/PA2017_LakeChad_Final.pdf)

Conflict-affected people in northern Cameroon are able to meet their needs

Security concerns and logistical challenges notwithstanding, the ICRC continued to work with the Cameroonian National Society to assist IDPs, refugees, returnees and residents in northern Cameroon, especially in Logone-et-Chari and Mayo-Sava.

Around 61,600 people (some 10,300 households) – mostly IDPs, but also residents and refugees – met their nutritional requirements with food distributed by the National Society and the ICRC. Some 42,100 people (roughly 7,000 households) received essential household items. In Mémé, in Mayo-Sava, the ICRC's cash-transfer programme enabled some 15,200 IDPs and residents (nearly 2,540 households) to buy food and other necessities.

About 4,700 households (roughly 28,300 people) – mostly resident – used seed, fertilizer and expert advice from the ICRC to resume farming; the most vulnerable among them (around 4,900 people/800 households) were also given food rations to get them through the lean season. Some planned activities, such as the treatment of ailing livestock, were not carried out because of delays in the signing of a memorandum of understanding between the livestock ministry and the ICRC. In the meantime, the ICRC trained 17 livestock technicians to conduct vaccination campaigns. It also provided training to prison personnel (see *People deprived of their freedom*).

More than 83,000 IDPs and residents had access to drinking water after the ICRC, in cooperation with local water authorities, repaired or constructed boreholes and water-supply systems. To ensure the sustainability of the water supply in the communities concerned, the ICRC helped set up maintenance and repair committees, and trained technicians. It also spread knowledge of sanitary practices among community members. Completion of other water projects in Mayo-Sava was delayed because of uncertain security conditions.

Communities in northern Cameroon have better access to health services

The Cameroonian National Society, the Congolese Red Cross, the Gabonese Red Cross Society and the São Tomé and Príncipe Red Cross strengthened their ability to respond to emergencies with the help of first-aid training, refresher courses and/or supplies and equipment from the ICRC.

The ICRC expanded its health-related activities in northern Cameroon, by supporting five primary-health-care centres and one hospital, after supporting only two centres in 2016. It focused on fixed facilities – instead of mobile clinics, as initially planned – because they were found to be more efficient and more accessible. The ICRC gave these facilities material and financial assistance, including funds for staff salaries. ICRC training helped health personnel to expand their capacities. Two of the centres benefited from upgrades to their water and sanitation facilities.

The ICRC-supported primary-health-care centres provided people – including the malnourished, the wounded, and victims of sexual violence – with preventive and curative health care free of charge. Women attended ante- and post-natal consultations; children received comprehensive vaccinations. When needed, patients were transferred to the ICRC-supported hospital in Mada, Mayo-Sava, for caesarian deliveries and other surgical interventions.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detaining authorities are urged to improve detainees' treatment and living conditions

The ICRC engaged detaining authorities throughout the region in dialogue; its aim was to gain access to all detainees – especially security detainees – and to ensure that it could visit them in accordance with its standard procedures.

In Cameroon, the ICRC visited, in accordance with its standard procedures, 14 detention facilities (holding around 9,500 people in all); 1,661 detainees were followed up individually. It also visited two places of detention in Congo (holding some 700 detainees), where it followed up 34 detainees individually. Through these visits, the ICRC checked on detainees' treatment and living conditions. Afterwards, the ICRC communicated its findings and recommendations confidentially to the authorities concerned, including, in Cameroon, the justice ministry. The ICRC discussed various matters with detaining authorities in Cameroon, such as: the treatment of detainees, particularly in places of temporary detention; respect for judicial guarantees; the effects of overcrowding on inmates' health; and means of improving detainees' access to health care – for instance, strengthening coordination between the health and justice ministries.

Some detainees were able to contact their relatives through the Movement's family-links services. Almost 70 detainees in Cameroon were visited by their families for the first time since their arrest; the ICRC helped the families cover their travel expenses. The ICRC informed some families of the whereabouts of their detained relatives, and helped foreign detainees contact their consular representatives.

Detainees in Cameroon have improved living conditions

In Cameroon, detainees at four places of detention benefited from health services at clinics, as the ICRC continued to give prison health staff material support and expert advice for providing better care. When necessary, detainees were taken to external health facilities; the ICRC covered their medical expenses.

At ICRC-organized training sessions, some guards and senior prison officials enhanced their capacity to manage prisons, particularly in terms of planning budgets and managing the food-supply system. Nearly 3,200 malnourished detainees at four prisons were given therapeutic food donated by the ICRC; some 1,700 detainees at risk of malnutrition received supplementary rations. The ICRC provided infrastructural support for some prisons (see below); it also donated a milling machine, bowls and other items to one of them, to improve the processing, storage and distribution of food.

Detainees learnt about common diseases and good hygiene practices at information sessions. Some 4,500 detainees had better living conditions, and were less at risk of illness or disease, after the ICRC, in coordination with detaining authorities, completed various infrastructural projects at four places of detention in Cameroon. Some of these projects focused on improving key elements of prison infrastructure – clinics, sanitation and water facilities, kitchens and food storage areas, and waste-management systems; others helped designate separate quarters for men, women and minors. At some prisons, maintenance and repair teams trained and equipped by the ICRC helped ensure the long-time functioning of facilities.

From April to June, seasonal power cuts narrowed access to potable water at one prison in Maroua. The city's water brigade and the ICRC trucked in water every day; some 1,600 people benefited.

ACTORS OF INFLUENCE

Armed forces and security forces in the region learn more about IHL and other norms

The ICRC sought to expand its dialogue with authorities and weapon bearers in the region, in order to advance their understanding of humanitarian principles, IHL and the ICRC's role and mandate, and to secure support for them. In Cameroon and Congo, discussions with weapon bearers also covered such matters as the protection due to civilians – particularly IDPs and their host communities – and the necessity of preventing sexual violence and ensuring access to health services.

Dissemination sessions and meetings with the ICRC enabled military and security forces personnel in Cameroon, Congo and Gabon – including members of the MNJTF – to learn more about IHL and/or other norms applicable to the conduct of hostilities and law enforcement operations.

Decision-makers were urged to incorporate IHL and other applicable norms in their doctrine, training and operations. The Cameroonian armed forces updated their manual on law enforcement operations, with technical support from the ICRC. The ICRC also provided its input on IHL-related matters to a multilateral exercise organized by the MNJTF and its partners. At the École d'État-Major de Libreville in Gabon, military officers from 19 African countries deepened their understanding of IHL through ICRC seminars that used virtual scenarios as training aids. Military officers from Cameroon and Congo also attended a workshop on the rules governing military operations (see *International law and policy*); the ICRC financed their attendance.

Authorities discuss the application and implementation of IHL and other norms

In Cameroon, the ICRC and judges, lawyers and legal experts continued to discuss the application of IHL and other norms to judicial processes, with a focus on judicial guarantees, minors and criminal justice, legal frameworks applicable to detention, and sanctions for IHL violations; the ICRC also conducted training sessions on these subjects. These matters were discussed during workshops organized by the Cameroonian bar association and the ICRC in Garoua, Maroua and Yaoundé, and during sessions that were part of the programme of the École Nationale d'Administration et de la Magistrature. Congolese authorities also discussed judicial guarantees and the protection due to IDPs at an ICRC workshop in Brazzaville.

Cameroonian authorities and the ICRC broadened the scope of their discussions on IDPs; means of addressing their plight – for instance, by implementing the African Union Convention on IDPs – were explored. A workshop, organized jointly by the territorial administration ministry and the ICRC, brought together local and national authorities where they discussed how to enhance protection and assistance for IDPs in northern Cameroon, in line with the Convention.

The ICRC continued to urge governments in the region to establish national IHL committees.

Members of civil society familiarize themselves with humanitarian action and the Movement's work

The National Societies in the region and the ICRC broadened their engagement with members of civil society, in order to foster

awareness of humanitarian issues and of humanitarian principles and the Movement; they did so through dissemination sessions and other means, which also helped facilitate their access to people in need. In northern Cameroon, local officials, traditional leaders and members of beneficiary communities were briefed on the activities of the National Society and the ICRC for people affected by the conflict in the Lake Chad region, and on the protection due to the red cross emblem; some of them also received training in basic first aid.

Members of the national and the international media went on ICRC-organized field trips, which helped them report accurately on the needs of people in northern Cameroon. Journalists had a fuller understanding of humanitarian work during armed conflict and other violence after attending ICRC workshops in Brazzaville and Yaoundé. People in Cameroon – including ICRC beneficiaries – learnt about the ICRC's activities through its radio programmes and social media efforts.

The ICRC organized national moot court competitions for students in Cameroon and Congo, donated reference materials to university libraries, and sponsored university teachers to attend conferences and other events abroad: all this stimulated academic work on IHL. A team from Congo won a regional moot court competition organized by the ICRC (see *Abidjan*).

RED CROSS AND RED CRESCENT MOVEMENT

The five National Societies in the region bolstered their operational and organizational capacities with technical and financial backing from the ICRC and other Movement components. They responded to people's needs and broadened awareness of humanitarian principles and the Movement (see *Civilians* and *Actors of influence*). The ICRC trained volunteers in the Safer Access Framework, to help them carry out their activities in safety. It also provided insurance coverage for volunteers working in high-risk areas: around 270 volunteers in Cameroon and 480 in Congo.

At ICRC workshops, volunteers from the National Societies of Cameroon and Gabon developed their capacities in public communication, and refreshed their knowledge of the Fundamental Principles and the proper use of the red cross emblem. The ICRC helped the Cameroonian National Society to review its administrative and financial procedures, to ensure more accurate reporting on ICRC-supported activities. Discussions with the National Societies of Gabon and São Tomé and Príncipe covered plans to help them reinforce their capacities in public communication and management of human resources; similar discussions with the Congolese National Society and the Red Cross of Equatorial Guinea were hampered by administrative difficulties.

Representatives from all five National Societies in the region contributed to discussions at a conference for African National Societies (see *Abidjan*). Sponsored by the ICRC, they attended other events as well – such as a meeting for legal advisers in Geneva, Switzerland.

Movement components met regularly to coordinate their activities, in order to maximize impact and avoid duplication of effort. National Societies working in the Lake Chad region reached agreement on measures to improve communication and cooperation within the Movement, including in relation to fundraising and cross-border activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		574	127		
RCMs distributed		290	42		
Phone calls facilitated between family members		22			
Reunifications, transfers and repatriations					
People reunited with their families		24			
	<i>including people registered by another delegation</i>	10			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		609	26	59	116
	<i>including people for whom tracing requests were registered by another delegation</i>	22			
Tracing cases closed positively (subject located or fate established)		394			
	<i>including people for whom tracing requests were registered by another delegation</i>	107			
Tracing cases still being handled at the end of the reporting period (people)		2,380	258	342	375
	<i>including people for whom tracing requests were registered by another delegation</i>	350			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		87	33		
UAMs/SC reunited with their families by the ICRC/National Society		24	5		1
	<i>including UAMs/SC registered by another delegation</i>	10			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		436	151		
Documents					
People to whom travel documents were issued		2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		16			
Detainees in places of detention visited		10,244	237	361	
Visits carried out		45			
			Women	Girls	Boys
Detainees visited and monitored individually		1,695	71	6	140
	<i>of whom newly registered</i>	967	35	4	109
RCMs and other means of family contact					
RCMs collected		61			
RCMs distributed		29			
Phone calls made to families to inform them of the whereabouts of a detained relative		159			
Detainees visited by their relatives with ICRC/National Society support		67			
People to whom a detention attestation was issued		1			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	66,522	17,890	34,019
	<i>of whom IDPs</i>	42,414	11,806	21,273
Essential household items	Beneficiaries	42,132	11,696	21,183
	<i>of whom IDPs</i>	41,772	11,624	20,949
Productive inputs	Beneficiaries	28,284	6,874	15,551
	<i>of whom IDPs</i>	4,536	862	3,039
Cash	Beneficiaries	15,228	2,893	10,203
	<i>of whom IDPs</i>	12,228	2,323	8,193
Services and training	Beneficiaries	36	4	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	83,150	24,945	33,260
	<i>of whom IDPs</i>	20,787	6,236	8,315
Health				
Health centres supported	Structures	5		
Average catchment population		94,175		
Consultations		61,330		
	<i>of which curative</i>	51,186	11,841	31,382
	<i>of which antenatal</i>	10,144		
Immunizations	Patients	167,646		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	133,819		
Referrals to a second level of care	Patients	620		
	<i>of whom gynaecological/obstetric cases</i>	88		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	1,745	25	193
Services and training	Beneficiaries	200	4	44
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	4,524	90	136
Health				
Places of detention visited by health staff	Structures	5		
Health facilities supported in places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	35		
Patients whose hospital treatment was paid for by the ICRC		35		
Water and habitat				
Water and habitat activities	Beds	27		