

NEAR AND MIDDLE EAST

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ The ICRC reminded parties to conflicts to fulfil their obligations under IHL and other norms to respect and protect civilians, including patients and medical workers, and to ensure their access to essential services and humanitarian aid.
- ▶ Millions of people, particularly in Iraq, the Syrian Arab Republic (hereafter Syria) and Yemen, met their urgent needs with food and essential household items distributed by the ICRC, usually with the National Societies.
- ▶ Over 28 million people gained or maintained access to water and other basic services through various ICRC initiatives, including repairs or renovations to infrastructure, donations of materials and support to local service providers.
- ▶ Ill or injured people across the region received appropriate care at ICRC-supported facilities. Following a cholera outbreak in Yemen, ICRC support enabled facilities to set up cholera-treatment units and handle roughly 86,000 cases.
- ▶ Detainees in several contexts – including foreigners held in relation to the fighting to retake territories from the Islamic State group – received visits from the ICRC, which monitored their treatment and living conditions.
- ▶ Members of families dispersed by conflict, migration or detention reconnected through the Movement's family-links services. The fate of thousands of people missing in relation to past or current conflicts remained unknown, however.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	6,709
RCMs distributed	8,884
Phone calls facilitated between family members	16,833
Tracing cases closed positively (subject located or fate established)	2,342
People reunited with their families	10
<i>of whom unaccompanied minors/separated children</i>	8
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	313
Detainees in places of detention visited	133,755
<i>of whom visited and monitored individually</i>	10,111
Visits carried out	1,349
Restoring family links	
RCMs collected	9,948
RCMs distributed	3,697
Phone calls made to families to inform them of the whereabouts of a detained relative	35,038

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 3,834,600	4,933,422
Essential household items	Beneficiaries 2,621,600	3,200,306
Productive inputs	Beneficiaries 742,800	346,777
Cash	Beneficiaries 225,595	136,263
Vouchers	Beneficiaries 91,000	91,084
Services and training	Beneficiaries 935	200,341
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 21,234,003	28,198,123
Health		
Health centres supported	Structures 81	103
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 37	116
Water and habitat		
Water and habitat activities	Beds 4,407	9,809
Physical rehabilitation		
Projects supported	Projects 25	29
Patients receiving services	Patients 116,300	116,562

EXPENDITURE IN KCHF	
Protection	59,302
Assistance	402,967
Prevention	30,725
Cooperation with National Societies	26,693
General	2,718
Total	522,405
<i>Of which: Overheads</i>	<i>31,862</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	93%
PERSONNEL	
Mobile staff	548
Resident staff (daily workers not included)	2,660

DELEGATIONS

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

REGIONAL DELEGATION

Kuwait



 ICRC delegation  ICRC regional delegation  ICRC mission



Yemen, Sa'ada governorate. The ICRC distributes food and essential household items to help people affected by heavy fighting to meet their urgent needs.

HUMANITARIAN NEEDS AND RESPONSES

In 2017, ICRC operations in the Middle East focused on addressing the humanitarian consequences of ongoing armed conflicts and other situations of violence, characterized by hostilities and atrocities that displaced some 20 million people and left 56 million people in need of aid, according to UN estimates. In the Syrian Arab Republic (hereafter Syria), the ICRC's work to protect and assist conflict-affected people, remained one of its biggest undertakings: the organization maintained its region-oriented approach, helping alleviate the plight of people who remained in Syria and those who had fled to neighbouring countries such as Iraq, Jordan and Lebanon. In Iraq, the ICRC scaled up its activities to respond to the emergency needs of people affected by the fighting to retake territories from the Islamic State group. In Yemen, the ICRC expanded its activities for people who had to cope with supply shortages and other consequences of protracted and intensified violence, and whose needs were later compounded by a cholera outbreak. It launched budget extension appeals and increased its presence in those countries, to support such expansion of activities. Across the region, the ICRC focused on aiding the most vulnerable people, particularly IDPs, residents in communities hosting IDPs or migrants, and returnees.

Armed conflict in large swaths of the region resulted in volatile conditions that impeded the ICRC's humanitarian action to varying degrees. Specific challenges – such as the large number of armed groups and limited acceptance of the ICRC in Syria, limited contact with certain parties to the conflict in Iraq, and logistical constraints in Yemen – hampered the implementation of some activities. Nevertheless, the ICRC remained committed to carrying out its work, especially where there were few humanitarian organizations or where needs were most acute. It engaged in dialogue

with influential actors across the region to foster an environment conducive to respect for IHL and to humanitarian action. Parties to conflicts were urged to respect and protect civilians and ensure their access to medical and/or humanitarian aid. The ICRC monitored vulnerable people – such as those affected by the Syrian crisis – and shared documented allegations of abuse with the parties concerned, urging them to prevent the recurrence of such abuse. Such interactions enhanced the ICRC's ability to reach people in need of aid; in Syria, for instance, the National Society and the ICRC had broader access to some conflict-affected places. They conducted more field trips than in the past to assess needs and deliver aid, sometimes in coordination with the UN; some of these trips were organized in besieged and/or hard-to-reach areas. A new office was opened in Hassakeh, to better serve communities in the north-east.

The region's National Societies conducted their own activities effectively, partly thanks to ICRC support. Partnerships with them were crucial to reaching as many beneficiaries as possible. For example, in Syria, relief distributions were conducted primarily with National Society teams.

Millions of people met their urgent needs with the help of food and household essentials distributed by the ICRC, usually with the National Societies. Among the beneficiaries were: IDPs, residents and returnees in Syria, including those in besieged or hard-to-reach locations controlled by the government or held by armed groups; people affected by the fighting in and around Mosul, Iraq; and those suffering from the shortage of basic goods in Yemen. With ICRC support, local bakeries and/or charity kitchens in Iraq, Syria and Yemen helped provide food to beneficiaries. Thousands of people covered their basic expenses and/or paid for essential

services with ICRC cash assistance. Among them were IDPs living near functional markets in Iraq, and women-led Syrian households in Jordan.

Impeded access to health care was one of the most life-threatening consequences of the widespread violence. During its contact with parties concerned and other influential actors, the ICRC emphasized the need to safeguard patients and health services from abuse. With ICRC training, thousands of emergency responders – among them weapon bearers and National Society volunteers – bolstered their first-aid skills. Medical service providers in Egypt, Iraq and Jordan improved their readiness to respond to mass-casualty situations and other emergencies. With ICRC support, the Lebanese Red Cross provided emergency medical services for wounded people in Lebanon, and the Palestine Red Crescent Society delivered the same services throughout the occupied Palestinian territory. The ICRC also helped the latter obtain crossing/transport permits for patients in need of medical care outside the Gaza strip.

People in need of hospital care, many of them weapon-wounded, were treated at facilities that maintained their services with the ICRC's help. In Yemen, the staff of several hospitals near front lines were assisted by ICRC personnel on site. In Iraq, injured people from Mosul and nearby areas were referred for treatment to facilities supported by ICRC surgical teams, supplies and other assistance. In Tripoli, Lebanon, an ICRC team continued to run the Weapon Traumatology and Training Centre (WTTC), comprising a reconstructive surgery unit and a post-operative rehabilitation unit. People treated at the WTTC included patients from Iraq and people wounded in relation to the conflict in Yemen. The ICRC conducted specialized workshops – for instance, in Gaza, on vascular surgery – to help boost local capacities to provide care.

Hundreds of thousands of people were able to access basic health care. In Syria, people in six governorates obtained preventive and curative health care at seven mobile health units and nine polyclinics run by the National Society with comprehensive support from the ICRC. Refugees and residents received similar care at 12 ICRC-supported facilities along the Lebanese–Syrian border and in Palestinian camps in Lebanon. Asylum seekers obtained health services from ICRC medical teams deployed at two crossing points on the Jordan–Syria border; those activities were discontinued when the asylum seekers were relocated and the number of new arrivals decreased. Following the cholera outbreak in Yemen in May, regular ICRC support enabled 19 facilities to set up cholera-treatment units and handle roughly 86,000 cases.

The ICRC managed or supported physical rehabilitation centres in Iraq, Syria, Yemen and the Gaza Strip, to help ensure physically disabled people had access to rehabilitative care; in Lebanon, more such centres were supported than in past years. Through these centres, people availed themselves of physiotherapy and other services, and assistive devices. In parallel, the ICRC pursued efforts to mitigate the humanitarian consequences of weapon contamination in parts of the region. In the Islamic Republic of Iran, for instance, over 305,000 residents living in – and Afghan migrants passing through – areas affected by mines and explosive remnants of war (ERW) learnt safe behaviour at dissemination sessions conducted by the National Society with ICRC support. Similar briefings were held for tens of thousands of IDPs, returnees, health workers and journalists in Iraq. In Gaza, ICRC-supported actors cleared mines/ERW, enabling farmers to access their fields, some for the first time since 2014.

Over 28 million people gained or maintained access to water and other basic services through various ICRC initiatives. In Syria, the ICRC worked on various projects – in partnership with the authorities, local actors or the National Society – which helped ensure the water supply and adequate living conditions for 15 million people countrywide. People who were not connected to the public supply grid received trucked-in water. In Iraq, ICRC infrastructural renovations and donations of water-treatment chemicals helped stabilize the water supply for about 3.2 million residents, returnees and IDPs in violence-prone and/or underserved areas, and areas retaken by government forces. In Yemen, some 4.4 million people had access to potable water and/or were less at risk of contracting cholera and other water-borne diseases, thanks to various ICRC infrastructural projects and capacity-building initiatives for service providers.

Where security conditions and/or market conditions were relatively stable, the ICRC helped tens of thousands of vulnerable resident or returnee households build their self-sufficiency; it stepped up such efforts in Iraq and Syria. Owing to the National Society's and the ICRC's enhanced access to violence-affected areas in Syria, more households than planned benefited from livelihood support. In Yemen, herding households improved the health of their livestock, with the help of ICRC-trained local animal health workers. In Gaza, households improved their yields, with ICRC-provided fertilizer and seed. Breadwinners in Gaza and female heads of households in Jordan pursued livelihood activities with ICRC cash grants.

In accordance with its standard procedures, the ICRC visited detainees in Bahrain, Iraq, Israel, Jordan, Kuwait, Lebanon, Qatar and Yemen, and in the occupied Palestinian territory. Visits to inmates in Syria resumed in July 2017; the ICRC had put such visits on hold in September 2016 and explained its standard procedures to the authorities concerned. During visits, the ICRC monitored detainees' treatment and living conditions; it also helped foreign detainees – including those held in relation to the fighting to retake territories from the Islamic State group – to reconnect with their relatives and/or notify the UNHCR or their consular representatives of their situation. Based on its visits, the ICRC shared its feedback confidentially with the authorities; discussions centred particularly on respect for judicial guarantees and adherence to the principle of *non-refoulement*. Penitentiary authorities and/or staff – for instance, in Kuwait and Jordan – drew on ICRC support to improve prison management or detainees' access to health care. Inmates in selected prisons benefited from ICRC donations of medical equipment and supplies, and/or upgrades to water, sanitation or other facilities.

Thousands of residents, IDPs, migrants and detainees contacted relatives through Movement family-links services. People sent RCMs and/or made phone or video calls to relatives detained either domestically or abroad; others – such as former internees relocated in third countries and Palestinians detained in Israel – benefited from ICRC-organized or facilitated family visits. People returned home or resettled in third countries with the help of ICRC travel documents. In several contexts, the ICRC acted as a neutral intermediary between the actors concerned to enable people to cross borders, demarcation lines or front lines – or to exchange official documents across these – for humanitarian purposes.

The ICRC continued to help families acquire information on their missing relatives. In total, the ICRC resolved more than 2,000 cases of missing persons across the region; however, the fate of thousands

of people missing in relation to past or current conflicts remained unknown. At the request of the families concerned, the ICRC submitted enquiries to the pertinent parties – for instance, in Syria – regarding people allegedly arrested or detained. With the ICRC acting as a neutral intermediary, the parties concerned pursued their work to ascertain the fate of people missing in connection with the 1980–1988 Iran–Iraq war and the 1990–1991 Gulf War. Joint excavations conducted by Iranian and Iraqi experts, with ICRC support, led to the recovery and repatriation of the remains of 678 people. Several exhumation missions were made in Kuwait, but no remains in relation to the 1990–1991 Gulf War were recovered. The Israeli authorities, following ICRC representations, returned the remains of some Palestinians – reportedly killed during attacks on Israelis – to their families. However, no progress was made in clarifying the fate of people missing in connection with the 2014 hostilities, of Israelis missing in action or of Jordanians missing in Israel since the 1980s. In Lebanon, the ICRC continued to collect forensic data from families of missing persons, in preparation for future identification efforts. In addition, the ICRC helped strengthen – for instance, through training – forensic capacities in Egypt, Iraq, the Islamic Republic of Iran, Lebanon, Syria, Yemen and Member States of the Gulf Cooperation Council (GCC).

The ICRC continued reaching out to government authorities, including national IHL committees, military and police forces, and civil society leaders, through dialogue, training and events, to broaden acceptance of humanitarian principles, IHL and the Movement. It pursued its work with the League of Arab States, based in Cairo, Egypt, to promote IHL implementation in the country and other Arab States. Owing to various challenges, the Qom Centre for Comparative Studies on Islam, in the Islamic Republic of Iran, closed down towards the end of the year, obliging the ICRC to withdraw its support after 11 years. In Yemen, the ICRC was able to resume dialogue on IHL with Islamic circles.

Jordan hosted the ICRC's logistical hub for operations in the region and beyond, and the main training centre for ICRC staff working in the Balkans, the Caucasus and the Middle East. The regional communication centre in Cairo supported ICRC efforts to promote IHL throughout the Arabic-speaking world. The ICRC opened a new office in Dubai, United Arab Emirates, with a view to expanding networking efforts among GCC Member States.

PROTECTION MAIN FIGURES AND INDICATORS

NEAR AND MIDDLE EAST															
	CIVILIANS														
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	Names published in the media	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	of whom minors
Egypt	59	64	2,810	51						174	516				
Iran, Islamic Republic of	135	163	8	5	1	1	9	58	42						
Iraq	2,583	4,885	67		1	1	131	5	620	1,867	16	101	50,251	2,138	3,212
Israel and the Occupied Territories	482	872			5	5		6	8	12	1	97	21,106	400	605
Jordan	177	748	13,377							12	78	21	14,130	571	35
Lebanon	41	105			2			3	8	15	21	25	7,566	919	239
Syrian Arab Republic	161	108	224		1	1	4			111	69	8	17,823	922	594
Yemen	3,062	1,905	222					3	365	109	12	21	9,193	112	211
Kuwait (regional)	9	34	125								8	40	13,686	1,658	228
Total	6,709	8,884	16,833	56	10	8	144	17	1,059	2,342	721	313	133,755	6,720	5,124

* Unaccompanied minors/separated children

PEOPLE DEPRIVED OF THEIR FREEDOM

Visits carried out	Detainees visited and monitored individually	of whom women	of whom girls	of whom boys	Detainees newly registered	of whom women	of whom girls	of whom boys	RCMIs collected	RCMIs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	Detainees released and transferred/repatriated by/via the ICRC	People to whom a detention attestation was issued	
															Egypt
														277	Iran, Islamic Republic of
367	3,343	669	70	507	2,721	657	67	450	7,617	2,683	25,228	19		294	Iraq
606	3,812	66	12	240	2,345	38	8	232	1,092	524	8,674	7,940		9,503	Israel and the Occupied Territories
61	1,105	116	2		961	109	2		706	186	264			25	Jordan
156	782	50	9	30	548	44	9	25	344	197	576	45		24	Lebanon
12	149	32		11	100	21		11	62	7	60			2	Syrian Arab Republic
40	727			23	688			23	34	15	180		7	6	Yemen
107	193	140			167	140			93	85	56		1	1,063	Kuwait (regional)
1,349	10,111	1,073	93	811	7,530	1,009	86	741	9,948	3,697	35,038	8,004	8	11,194	Total

ASSISTANCE MAIN FIGURES AND INDICATORS

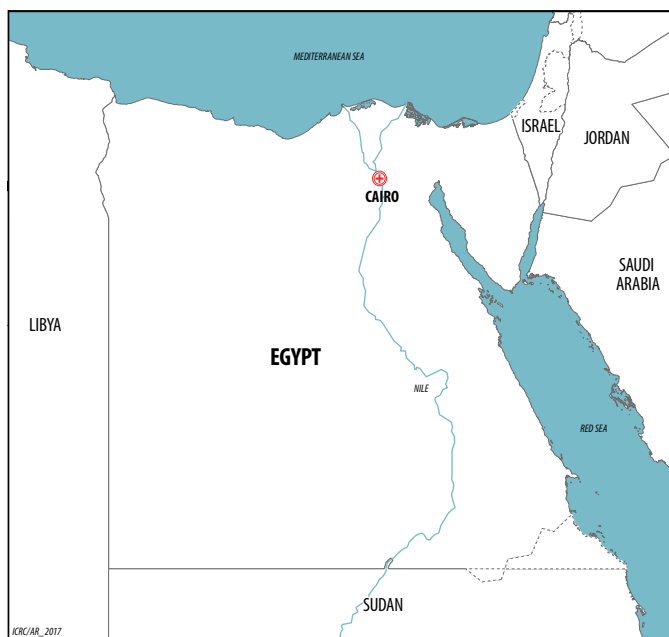
NEAR AND MIDDLE EAST													
	CIVILIANS											PEOPLE DEPRIVED OF THEIR FREEDOM	
	CIVILIANS - BENEFICIARIES							HEALTH CENTRES				Essential household items	Water and habitat activities
	Food commodities	Essential household items	Productive inputs	Cash	Vouchers	Services and training	Water and habitat activities	Health centres supported	Average catchment population	Consultations	Immunizations (patients)		
Egypt	26,830	26,830		1	84								
Iraq	1,176,270	1,089,988	33,710	75,564		200,128	7,391,421	44	388,875	350,944	193,432	36,722	11,102
Israel and the Occupied Territories		288	30,300	5,265			1,118,301					12,078	1,501
Jordan	28,385	25,846		10,317			212,773	2	386	2,037		7,767	
Lebanon	11,691	11,916	660	16,255			70,857	12	396,000	198,237	7,589	2,807	1,286
Syrian Arab Republic	3,269,593	1,841,295	146,482				15,000,000	16	1,128,440	217,059	1,803	10,500	3,300
Yemen	420,653	204,143	135,625	28,861	91,000	213	4,404,771	29	525,972	474,366	101,508	19,571	6,823
Totals	4,933,422	3,200,306	346,777	136,263	91,084	200,341	28,198,123	103	2,439,673	1,242,643	304,332	89,445	24,012
<i>of whom women</i>	1,523,511	1,008,175	98,526	44,844	22,774	63,081	8,386,738					4,403	1,590
<i>of whom children</i>	2,008,059	1,281,626	159,804	57,957	50,087	80,101	11,425,397					1,525	1,303
<i>of whom IDPs</i>	3,769,519	2,461,483	117,274	52,216		3,944	2,439,333						

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								
13	173													Egypt
100	2,210	32	5	828	1,304	3,939	13	36,538	1,292	10,966	2,910	19,130	13,606	Iraq
		11	7	1,464	44,133	40,128	1	2,475	58	1,319	168	1,830	911	Israel and the Occupied Territories
11	275	3												Jordan
21	290	19	8	680	2,925	3,734	8	1,926	188	507	217	781	204	Lebanon
19	652	24					2	3,912	364	107	729	183	2,307	Syrian Arab Republic
29	605	27	11	12,085	23,549	32,261	5	71,711	673	10,257	955	21,137	33,131	Yemen
193	4,205	116	31	15,057	71,911	80,062	29	116,562	2,575	23,156	4,979	43,061	50,159	Total
								24,115	444	3,467	748	6,696	11,412	of whom women
								51,102	369	14,900	641	27,730	20,313	of whom children
														of whom IDPs

EGYPT

COVERING: Egypt, League of Arab States



KRC/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

- ▶ Families displaced by the violence in Sinai received food and household essentials, through emergency distributions conducted by the Egyptian Red Crescent Society with ICRC support.
- ▶ Members of dispersed families learnt of their relatives' whereabouts via the Movement's family-links services. Unaccompanied foreign minors received psychosocial support and other assistance from an ICRC-backed NGO.
- ▶ First responders from the National Society and the Egyptian Ambulance Organization bolstered their ability, through ICRC training, to provide emergency care during mass-casualty situations.
- ▶ The ICRC pursued dialogue with the authorities on the possibility of helping them address the needs of detainees and their families and of people affected by the situation in Sinai.
- ▶ Members of the Egyptian armed forces learnt more about IHL and international law enforcement standards at workshops and dissemination sessions conducted by the ICRC.

EXPENDITURE IN KCHF

Protection	467
Assistance	1,313
Prevention	1,100
Cooperation with National Societies	1,267
General	47
Total	4,193
<i>Of which: Overheads</i>	<i>256</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	112%
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PERSONNEL

Mobile staff	6
Resident staff (daily workers not included)	48

The ICRC has been in Egypt, with some interruptions, since the beginning of the First World War. It works with the Egyptian Red Crescent Society and other health-care providers or institutions to help them boost their preparedness to address needs arising from situations of violence; as necessary, it provides aid to people fleeing violence abroad. It seeks to visit people detained in Egypt. The ICRC's regional legal advisory, communication and documentation centre works with the League of Arab States and other ICRC delegations to promote the incorporation of IHL in domestic legislation, military training and academic curricula throughout the Arab world.

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	59
RCMs distributed	64
Phone calls facilitated between family members	2,810
Tracing cases closed positively (subject located or fate established)	174

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 600	26,830
Essential household items	Beneficiaries 600	26,830
Cash	Beneficiaries	1
Vouchers	Beneficiaries	84

CONTEXT

A number of attacks took place in Egypt – for example, at places of worship in Sinai, and in Alexandria and Tanta; hundreds of people were wounded or killed. In Sinai, clashes between Egyptian military/security forces and armed groups continued to take place. Casualties, displacement and mass arrests were reported, but security and other constraints made it difficult for international humanitarian organizations to reach the area.

Thousands of migrants, including asylum seekers and refugees, continued to pass through Egypt or remain there after their arrival; they were mainly from neighbouring countries affected by armed conflict or other situations of violence, such as Iraq, Libya, Somalia, the Syrian Arab Republic (hereafter Syria) and Yemen. Media organizations covering the region reported cases of migrants being arrested for allegedly crossing into Egypt unlawfully.

Egypt played an active role at the African Union Peace and Security Council. It headed the counter-terrorism committee of the UN Security Council, of which it was a non-permanent member; it also won a seat, with a three-year term, on the UN Human Rights Council.

Cairo, the capital, hosted the headquarters of the Arab Inter-parliamentary Union (AIPU) and the League of Arab States (LAS).

ICRC ACTION AND RESULTS

The ICRC continued to work with the Egyptian Red Crescent Society and other organizations to respond to humanitarian needs arising from the situation in Egypt and in the wider region. It maintained its efforts to discuss with the Egyptian authorities the valuable assistance it could provide them in improving the plight of detainees and of people affected by the situation in Sinai. However, the ICRC remained without direct access to both people in Sinai and detainees.

The ICRC strove to assist vulnerable people, including those it could not reach directly, as in Sinai (see *Context*). It supported National Society distributions of emergency relief to families affected by the situation in Sinai. Palestinians who had fled Syria obtained basic necessities, including food, with vouchers distributed by the National Society and the ICRC. Unaccompanied minors, mainly from Egypt's conflict-affected neighbours, received psychosocial support and other assistance from an ICRC-backed NGO.

Egyptians and migrants, including refugees and asylum seekers, used the Movement's family-links services to restore or maintain contact with relatives separated from them. The ICRC issued travel documents to foreign nationals to facilitate their resettlement in third countries.

The ICRC worked with various health-care providers and institutions, and helped them develop their ability to respond to emergencies, especially mass-casualty incidents; it also resumed its collaboration with the health ministry. It organized courses on war surgery and emergency-room trauma care for civilian and military doctors and nurses, and provided technical, material and financial assistance for the National Society's emergency action teams. The Egyptian Ambulance Organization (EAO) drew on the ICRC's advice to revise its operational guidelines and training programme. The ICRC gave the National Society and other organizations training and ad hoc material support to strengthen

their capacities in managing human remains during emergencies. With a view to furthering the aims of the Health Care in Danger project, the ICRC emphasized the protection due to those seeking or providing medical care, during its training and information sessions for military personnel, National Society volunteers and medical professionals. The National Society's emergency action teams, working closely with the EAO, provided first aid and medical evacuation for people wounded in mass-casualty incidents. ICRC support enabled the National Society to form more of these teams. The National Society gave kits for treating wounded people – donated by the ICRC – to two hospitals.

Egyptian armed forces (EAF) personnel, including peacekeepers bound for missions abroad, learnt more about IHL, international policing standards and other relevant norms through ICRC courses and information sessions. These events also gave the ICRC the opportunity to discuss the goals of the Health Care in Danger project, the necessity of preventing sexual violence, and other issues of humanitarian concern. An ICRC module on war surgery was incorporated in the curriculum of the Military Medical Academy, with help from the EAF's medical services. At courses in Egypt and elsewhere, organized or supported by the ICRC, senior military officers broadened their understanding of IHL provisions pertinent to their duties.

The ICRC worked with the LAS to promote IHL implementation in Egypt and other Arab States. Government officials, including diplomats and judges, and academics learnt more about IHL implementation at courses in Egypt and abroad. The ICRC briefed members of parliament, and of the National Council for Human Rights, on its mandate and its activities in Egypt and the wider region.

The regional communication centre in Cairo supported the ICRC's efforts to promote IHL throughout the Arabic-speaking world, by producing written and audiovisual materials and updating the ICRC's Arabic-language online platforms.

CIVILIANS

The ICRC remains without direct access to people in Sinai

The ICRC continued to follow the humanitarian situation in Sinai and other parts of the country through publicly available sources. Although a specific dialogue on respecting IHL, international human rights law and other applicable norms in Sinai was impracticable, the delegation continued to take every opportunity available to inform the relevant stakeholders about IHL and other applicable rules (see *Actors of Influence*) and how the ICRC could help them; it also expressed its concern for victims of organized violence and fighting.

Because it has no direct access to Sinai, the ICRC provided financial, technical and material support to the Egyptian Red Crescent Society, enabling it to deliver aid to displaced families there. During the first quarter of 2017, the National Society distributed food and hygiene parcels to more than 25,000 people (4,700 households), after which its volunteers assessed their needs again. A second round of distributions was scheduled for January 2018.

Palestinians who fled Syria meet some of their urgent needs

Some 35 Palestinian households (70 people) who had fled the conflict in Syria received vouchers that they could exchange for food and household items at local supermarkets. The ICRC paid for these vouchers, which were distributed by the National Society,

during the first quarter of 2017; the National Society and the German Red Cross took over the voucher programme thereafter.

Unaccompanied migrant children are given assistance

The ICRC continued to assist St Andrew's Refugee Services (StARS) financially. More than 2,400 unaccompanied minors received psychosocial and educational support from StARS. Particular attention was paid to female minors, with a view to protecting them from sexual violence or other abuse; they were given food, hygiene parcels and sleeping bags. Newly arrived males, or those considered particularly vulnerable, also received one-off assistance.

Members of dispersed families establish or maintain contact with each other

Egyptians and migrants – including refugees and asylum seekers – used the Movement's family-links services to restore or maintain contact with relatives separated from them by armed conflict or other violence. Families made 2,810 phone calls to relatives abroad, and sent RCMs or oral messages to those detained in other countries and visited by ICRC delegates there. The ICRC was able to provide information, to the families concerned, about 174 people for whom tracing requests had been made.

In coordination with the UNHCR and the embassies concerned, the ICRC issued travel documents to 516 foreign nationals without valid identification papers, to facilitate their resettlement in third countries.

Three repatriated Egyptians formerly detained at the US internment facility at Guantanamo Bay Naval Station in Cuba were given vouchers, to help them cover their basic needs as they reintegrated into their communities.

Key institutions develop their ability to manage human remains

The EAO, the Egyptian Forensic Medicine Authority (EFMA) and the National Society developed expertise in managing human remains during emergencies, with ICRC support. The ICRC discussed the establishment of a national working group on the management of human remains with the actors concerned. The ICRC organized or provided training for first responders, including a train-the-trainer course, and sponsored EFMA doctors for training overseas. It conducted information sessions on managing human remains for forensic doctors and cadets from a military college.

The EAO was given body bags for use after violent incidents in public places (see *Context*).

PEOPLE DEPRIVED OF THEIR FREEDOM

As it had no access to them, the ICRC relied on sources of various kinds to monitor detainees' treatment and living conditions; it maintained its dialogue with the National Council for Human Rights on the humanitarian situation in prisons. Although a substantial dialogue with the pertinent authorities did not materialize, the ICRC continued to take every opportunity available to persuade them of the strictly humanitarian nature of its activities for detainees.

WOUNDED AND SICK

The ICRC continued to support local actors' provision of casualty care, from first aid to advanced hospital care, particularly during mass-casualty situations. The ICRC conducted information

sessions for weapon bearers (see *Actors of influence*) training for medical professionals and volunteers from the Egyptian Red Crescent Society (see below); it reminded all the participants of the protection due to people seeking or providing medical care.

Medical professionals strengthen their capacities through ICRC courses

Training courses organized by the ICRC in cooperation with the EAF's medical services and the health ministry, enabled 76 military doctors, surgeons and nurses to strengthen their capacities in emergency-room trauma care and weapon-wound surgery. Eight other military doctors completed a train-the-trainer's course on trauma care; one surgeon was given a diploma after finishing an ICRC war-surgery course in Lebanon. More than 200 military cadets attended a basic course in treating wounded people; the ICRC also organized a course in war surgery for 18 surgeons. An ICRC module on war surgery was incorporated in the curriculum of the Military Medical Academy, with help from the ICRC and the EAF's medical services.

ICRC training helps to increase the number of emergency responders

The EAO – one of the largest ambulance services in the country – continued to receive technical support from the ICRC for bolstering its capacity to handle mass-casualty situations. With support from two ICRC experts in pre-hospital care, it identified gaps in its current set-up and continued to revise its working procedures and training programmes. Workshops and train-the-trainer courses organized or supported by the ICRC enabled EAO personnel to become more capable of managing mass-casualty incidents and conducting risk assessments in line with the Safer Access Framework. Participants were set to train paramedics and ambulance drivers throughout the country, including in Sinai.

ICRC training strengthened the EAF's capacities in first aid. Sixteen people from the EAF's medical services completed a train-the-trainer course in first aid. Some 120 military personnel received first-aid training, and 150 others participated in mass-casualty drills.

The National Society, with support from the EAO and the ICRC, provided first aid and medical evacuation during mass-casualty incidents (see *Context*). The National Society and the ICRC conducted first-aid training for 30 additional National Society emergency action teams, increasing the number of capable team members to 170. In November, the National Society gave kits for treating wounded people – donated by the ICRC – to two hospitals dealing with an influx of wounded people.

ACTORS OF INFLUENCE

The ICRC continued to pursue discussions with the authorities to persuade them of the help it could give them in addressing the needs of detainees and violence-affected people. It also discussed such matters as the Health Care in Danger project and the prevention of sexual violence with government officials. The ICRC briefed members of the National Council for Human Rights, and of the parliament's Human Rights Commission, on its mandate and on its humanitarian activities in the country, including its work for migrants and to ascertain the fate of missing people.

Military personnel strengthen their grasp of IHL and law enforcement standards

EAF personnel learnt more about IHL and international policing standards at ICRC dissemination sessions, some of which were

held at regional army command centres for the first time. Future IHL instructors, including officers from the military justice system, attended train-the-trainer courses. The ICRC discussed its mandate and activities with senior officers and commanders, who described the challenges they faced while leading security operations in Sinai. This paved the way for a detailed discussion between the ICRC and the pertinent army departments on incorporating IHL in military doctrine and training. Officials from the military justice system were given expert advice for drafting a manual on IHL.

The ICRC and the interior ministry maintained their dialogue on incorporating international policing standards in training activities for police and security forces.

Some 100 peacekeepers preparing for missions abroad were briefed by the ICRC on IHL provisions pertinent to their duties.

Government officials, legal professionals and academics learn more about IHL

The ICRC continued to work with the LAS and other regional bodies to promote IHL and its implementation among Arab States. It organized two regional courses with the LAS – one in Beirut (see *Lebanon*) and another in Tunis (see *Tunis*) – conducted in Arabic and attended by 140 government and military officials, diplomats, legal experts and academics; about 40 also attended a training course in Rabat, Morocco, on teaching IHL.

At a workshop held at the LAS's headquarters, government and NGO workers from Egypt and abroad familiarized themselves with humanitarian principles and the protection due to those seeking or providing medical care. In December, military officers from nine Arab countries and LAS officials attended a regional IHL course, in Cairo, for military personnel. To promote respect for IHL, and spread knowledge of it, in the Arabic-speaking world, the ICRC produced written and audiovisual materials in Arabic; these were posted on its website and disseminated through social media channels. Owing to administrative constraints, there were no training sessions for military journalists.

The ICRC maintained dialogue and cooperation with the national IHL committee, with a view to promoting IHL and its implementation. It guided the committee's efforts to draft a law on the use of the red crescent emblem. The ICRC and the committee also conducted a workshop with the Egyptian Red Crescent Society – on IHL and the Health Care in Danger project – for junior civil servants from the justice and foreign ministries. In March, students and professors from Egypt and five other countries in the region took part in a moot court competition organized by Cairo University and the ICRC.

A workshop organized by the National Centre for Judicial Studies and the ICRC enabled 40 judges and prosecutors from the four main branches of the Egyptian judicial system to learn how to apply IHL. At an ICRC seminar, lawyers from the Egyptian Criminal Law Association discussed the Egyptian constitution and its compatibility with the provisions of the Rome Statute.

RED CROSS AND RED CRESCENT MOVEMENT

With financial, material and technical support from the ICRC, the Egyptian Red Crescent Society strengthened its ability to respond to emergencies in Egypt; it also provided assistance to violence-affected people in Sinai (see *Civilians and Wounded and sick*). National Society volunteers learnt about IHL and the Fundamental Principles through information sessions and during first-aid training. Attendance at regional IHL courses (see *Actors of influence*) enabled two National Society trainers to develop their ability to teach IHL. The National Society drew on the ICRC for support in expanding its family-links capacities.

The National Society's emergency action teams exchanged best practices with staff from the Libyan Red Crescent during a training exercise in Cairo. The National Society also trained 25 newly assembled emergency action teams from the Libyan Red Crescent.

The ICRC sponsored the participation of National Society leaders and operational staff in regional and universal Movement meetings and other events.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		59			
RCMs distributed		64			
Phone calls facilitated between family members		2,810			
Names published in the media		51			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		442	114	86	101
	<i>including people for whom tracing requests were registered by another delegation</i>	3			
Tracing cases closed positively (subject located or fate established)		174			
Tracing cases still being handled at the end of the reporting period (people)		779	168	122	142
	<i>including people for whom tracing requests were registered by another delegation</i>	47			
Documents					
People to whom travel documents were issued		516			
Official documents delivered across borders/front lines		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	26,830	10,202	7,701
	<i>of whom IDPs</i>	25,505	10,202	6,376
Essential household items	Beneficiaries	26,830	10,202	7,701
	<i>of whom IDPs</i>	25,505	10,202	6,376
Cash	Beneficiaries	1		1
Vouchers	Beneficiaries	84	24	37
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
First aid				
First-aid training				
	Sessions	13		
	Participants (sum of monthly data)	173		

IRAN, ISLAMIC REPUBLIC OF



KRC/AR_2017
ICRC delegation

The ICRC has been in the Islamic Republic of Iran, with some interruptions, since 1977. It seeks to clarify the fate of POWs registered during the 1980–1988 Iran–Iraq war or identified through RCMs. It works in partnership with the Red Crescent Society of the Islamic Republic of Iran in the fields of tracing, physical rehabilitation, international relief efforts and IHL promotion, for which the national IHL committee is also an important partner. It is engaged in dialogue on IHL and Islam. The ICRC supports mine-risk education and access to health care for Afghan migrants.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Iranian and Iraqi authorities pursued joint efforts to clarify the fate of people missing in connection with past conflict. The remains of over 670 people were recovered and handed over to the pertinent authorities under ICRC auspices.
- ▶ Vulnerable migrants and residents in the suburbs of Mashhad obtained basic health care, psychosocial support and physical rehabilitation services through a project run by a local NGO and the National Society with ICRC support.
- ▶ People separated from their families because of migration, detention or other reasons restored or maintained contact with their relatives through the National Society and the ICRC's family-links services.
- ▶ Thousands of people living in or passing through weapon-contaminated areas learnt to protect themselves from injury through initiatives of the National Society or other local actors and the ICRC.
- ▶ The Centre for Comparative Studies on Islam and IHL fostered understanding of humanitarian principles among religious scholars and legal experts, with ICRC support. However, various challenges led to the centre's closure by year's end.
- ▶ The National Society and the ICRC drafted an agreement outlining joint activities for the next five years. The National Society received basic household items for distribution to survivors of an earthquake at the Iran–Iraq border.

EXPENDITURE IN KCHF

Protection	1,325
Assistance	1,285
Prevention	1,779
Cooperation with National Societies	356
General	73
Total	4,817
<i>Of which: Overheads</i>	<i>294</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	87%
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PERSONNEL

Mobile staff	7
Resident staff (daily workers not included)	44

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	135
RCMs distributed	163
Phone calls facilitated between family members	8
Tracing cases closed positively (subject located or fate established)	43
People reunited with their families	1
<i>of whom unaccompanied minors/separated children</i>	<i>1</i>

CONTEXT

Nearly 30 years after the end of the 1980–1988 Iran–Iraq war, thousands of families in the Islamic Republic of Iran remained without information on relatives who went missing in connection with that conflict. People in the provinces bordering Iraq continued to be at risk from mines and explosive remnants of war (ERW), despite the clearance operations being carried out by local actors.

According to official estimates, there were some 2.5 to 3 million migrants, including refugees, in the country; many people also used the country as a transit route, usually heading for Europe. Irregular migrants – many of them Afghans who had settled in the suburbs of the north-eastern city of Mashhad – had little or no access to basic services because of their administrative status. People attempting to cross the border back to Afghanistan were also endangered by mines and ERW.

Many families lacked the means to contact or locate relatives from whom they had become separated, whether as a result of armed conflict, migration, detention or other circumstances.

The Islamic Republic of Iran closely monitored developments related to security and the humanitarian situation in the region and beyond. For instance, it supported Iraq and the Syrian Arab Republic (hereafter Syria) in their fight against the Islamic State group, and was involved in the establishment of “de-escalation zones” in Syria. It also expressed its concern over the humanitarian crisis in Yemen.

ICRC ACTION AND RESULTS

In 2017, the ICRC continued to work closely with the Red Crescent Society of the Islamic Republic of Iran to address humanitarian needs in the country and broaden awareness of humanitarian principles, IHL and the Movement. The two organizations pursued joint activities in line with a 2012–2017 partnership framework agreement, and began drafting an agreement covering the next five years. The National Society received capacity-building support to strengthen its operations.

As a result of such cooperation, dispersed family members, including migrants staying in or passing through the country, were able to restore contact with one another using National Society and ICRC family-links services. Those seeking news of their relatives had tracing requests opened on their behalf. In Mashhad, vulnerable migrants, and some residents, obtained health-care services – including physical rehabilitation, psychosocial support and harm-reduction support – through a project run by the National Society and a local NGO with ICRC backing. Individual consultations, and information sessions and other community-based activities, became forums for community members’ active involvement in addressing some of the issues they faced.

Mine-risk awareness initiatives were carried out by the National Society and local actors such as the Iranian Mine Action Centre (IRMAC) and the State Welfare Organization (SWO); the ICRC provided expert advice. People living in weapon-contaminated areas or passing through them – inhabitants of the western provinces and migrants heading back to Afghanistan – were thus made aware of the dangers of mines and ERW and learnt safe practices. At ICRC workshops, National Society staff identified ways to improve the implementation of such activities and started developing standard procedures to this end. An international

round-table enabled technical experts to share best practices and coordinate their activities in the field of mine-risk education.

The Iranian and Iraqi authorities maintained their joint efforts to clarify the fate of people missing in relation to the 1980–1988 Iran–Iraq war; their activities took place within the framework of the tripartite committee chaired by the ICRC, which served as a neutral intermediary. The committee’s working group facilitated exhumations in Iraq, which led to the recovery of hundreds of sets of human remains and their subsequent handover to the pertinent authorities, under ICRC auspices. All parties agreed to adopt the recommendations of ICRC forensic experts for standardizing their working procedures. The ICRC backed the efforts of the Foundation for Martyrs and Veterans Affairs (Martyrs Foundation), which assisted missing persons’ families, by supporting mental-health training for its social workers so that they could respond more effectively to the families’ needs.

For most of the year, the ICRC continued to support the Centre for Comparative Studies on Islam and IHL in Qom (Qom Centre) in advancing dialogue on the values common to Islamic jurisprudence and IHL among religious scholars and legal experts. Religious scholars attended IHL events abroad, with ICRC sponsorship. However, various challenges meant that no such events could be held in the country; towards the end of the year, the centre’s activities were suspended, and the centre eventually closed down, obliging the ICRC to withdraw its support. The ICRC continued to promote IHL studies among researchers, lecturers and students, and organized several events to this end. IHL seminars tailored for members of the national IHL committee, government officials and military officers encouraged the national integration of IHL.

CIVILIANS

Joint Iranian–Iraqi efforts result in the recovery and handover of human remains

The Iranian and Iraqi governments sustained their joint efforts to clarify the fate of people missing in connection with the 1980–1988 Iran–Iraq war. In line with agreements signed with these governments, the ICRC continued to chair the tripartite committee on missing persons, which tackled broader, structural issues, and its joint working group, which dealt with technical matters; it served as a neutral intermediary and provided them with support.

Two working-group meetings were held, at which forensics specialists from both countries and the ICRC discussed issues related to the recovery and identification of human remains. At the annual meeting of the tripartite committee, the parties concerned took stock of their achievements and laid the ground for future work; all parties agreed to adopt the recommendations made by ICRC forensic experts in 2016, on the standardization of working procedures.

Despite logistical challenges linked to the situation in Iraq, the working group facilitated excavations in southern Iraq and the Iraqi Kurdistan region: the remains of 678 people were recovered. Under the ICRC’s auspices, the remains of 58 people were transferred to the Iraqi authorities, and those of 620 others were handed over to the Iranian authorities (see *Iraq*). The ICRC provided the Iranian institution in charge of identifying human remains with forensic equipment to aid them in their work.

To consolidate their expertise, two specialists from the Legal Medicine Organization participated in an international forensics

conference (see *Kuwait*), and one representative from the National Disaster Management Organization attended a course abroad in managing human remains during and after emergencies (see *Pakistan*), with ICRC support.

Social workers at the Martyrs Foundation – which ran psycho-social-support services for missing persons' families and other victims of war – themselves received mental-health support through National Society and ICRC train-the-trainer initiatives, thus ensuring their ability to assist the families.

Over 270 Iraqi ex-POWs were given attestations of detention to facilitate their application for State benefits and other proceedings.

Members of dispersed families restore contact with one another

People who had become separated from their families used RCMs and ICRC-facilitated phone or video calls to restore or maintain contact with relatives. Among them were migrants, including refugees, staying in or passing through the country, and people whose relatives were interned at the US internment facility at Guantanamo Bay Naval Station in Cuba (see *Washington*) or detained elsewhere. The National Society and the ICRC opened 258 tracing requests on behalf of families searching for their relatives; most of these concerned Afghan migrants who had been heading towards Europe. A number of cases were resolved by the National Society through the 'Trace the Face' service (see *Paris*).

National Society staff and representatives of Iranian NGOs and international organizations explored ways to strengthen family-links activities at workshops organized by the National Society and the ICRC.

Vulnerable people obtain basic health care

In Mashhad, thousands of Afghan migrants, and some Iranians, obtained health services through a project run by a local NGO and the National Society, with ICRC funding and advisory support.

NGO staff conducted home visits to over 1,600 households, providing preventive health care or offering other services, as appropriate. Around 4,000 people received treatment during follow-up visits by a general practitioner; some were referred for specialized diagnosis and care, including physical rehabilitation services provided by the National Society. Others benefited from the National Society's mobile health caravans. Some 1,300 people had consultations with the NGO's workers to discuss their nutritional or psychological needs.

Hundreds of people obtained psychosocial support or other services to mitigate the consequences of drug use; women had access to a shelter set up to address their specific vulnerabilities. People in need of social assistance were referred to the pertinent NGOs.

Information sessions benefited the wider community: thousands of people, including children, picked up good hygiene and health practices and practical life skills; some also learnt more about reproductive health, HIV/AIDS prevention and disaster preparedness.

To make the project more sustainable, trained focal points from among the population were involved in designing various activities: for instance, events that tackled specific social, economic or health-related issues. These provided opportunities for community members to identify and, in some cases, resolve some of the issues they faced.

Health and humanitarian professionals from eight countries learnt how to respond adequately during large-scale emergencies through a HELP (Health Emergencies in Large Populations) course held by a local university, the National Society and the ICRC in Tehran. Moreover, the participants familiarized themselves with the Health Care in Danger project and the Movement's work. The National Society and the ICRC also provided physical rehabilitation training to technicians from Tajikistan.

People learn to protect themselves from mines and ERW

The ICRC worked with local partners to mitigate the consequences of weapon contamination in the country.

Over 305,000 people in areas contaminated by mines and ERW – Iranians living in western provinces and Afghan migrants passing through eastern provinces – learnt safe practices at dissemination sessions conducted by the National Society with the ICRC's financial and technical support. Brochures and posters heightened awareness of the risks and reinforced safety messages. National Society personnel enhanced their skills at two ICRC workshops: they discussed ways to improve the planning and implementation of mine-risk education activities and started developing standard working procedures. National Society personnel were also trained to prepare for and respond to emergencies caused by the use of chemical, biological, radiological or nuclear weapons.

IRMAC, the central coordinator of mine-clearance and related activities, continued to develop its capacities with input from the ICRC. In line with an agreement signed by the two organizations in 2016, IRMAC managers participated in an ICRC workshop on global mine-action efforts and the ICRC's role and capacities in addressing weapon contamination. IRMAC staff undertaking humanitarian demining operations received personal protective equipment. With ICRC financial support, IRMAC produced videos promoting mine-risk awareness in various local languages, and brochures for distribution in 2018.

The SWO and the ICRC signed a memorandum of understanding to run an awareness-raising programme aimed at preventing injuries from mines and ERW in the western provinces. They exchanged information and shared expertise on the subject, and discussed how the ICRC could support the SWO's existing capacities.

An international round-table convened by the National Society and the ICRC brought together technical experts from Iranian organizations, the National Societies of Armenia, Bosnia and Herzegovina, Cambodia, Iraq, Pakistan, Syria and Tajikistan, and the ICRC. Participants shared their experiences and best practices with regard to risk awareness and mine-risk education. The event was also an opportunity for IRMAC, the SWO, the National Society and the ICRC to coordinate their activities more closely.

ACTORS OF INFLUENCE

Dialogue with the Iranian authorities centred on: the ICRC's humanitarian activities for people affected by armed conflict and other situations of violence; its neutral, impartial and independent approach; and IHL-related issues, especially within the context of conflicts in the region. The ICRC emphasized the need for greater compliance with IHL and broader acceptance for its mandate in order to ensure its access to people in need.

Discussions on formalizing the ICRC's legal status in the country continued.

In its engagement with the Parliamentary Union of the Organisation of Islamic Cooperation Member States (PUIC), the ICRC sought to keep humanitarian concerns, including the Health Care in Danger project, on the PUIC's agenda, particularly in view of the annual PUIC conference in 2018.

Authorities discuss IHL-related matters

Cooperation with the national IHL committee, chaired by the National Society, in promoting IHL and advancing its implementation continued. Events organized specifically for government officials and committee members provided a platform for broadening awareness of IHL and furthering its incorporation in domestic legislation. These included conferences on the Convention on Certain Conventional Weapons and on the protection of cultural property (see *New Delhi*), and a round-table in San Remo, Italy, on current issues facing IHL.

Military officials deliberated on IHL-related matters and strengthened their grasp of the ICRC's mandate and activities at a seminar organized by the defence ministry and the ICRC. One foreign ministry official participated in an advanced workshop on the application of IHL in military operations (see *International law and policy*). A draft memorandum of understanding on further cooperation in IHL integration between the defence ministry and the ICRC was submitted to the pertinent authorities for review.

Academics build their expertise in IHL

Outreach to academic circles aimed to increase familiarity with IHL and provide opportunities for cultivating expertise on the subject. Researchers and lecturers exchanged views with their peers at international conferences (see *New Delhi, Pakistan and Sri Lanka*). University students gained hands-on knowledge of the law at the Jean-Pictet Competition on IHL (see *Georgia*) and other moot court competitions held locally and elsewhere (see *Beijing and New Delhi*).

To facilitate IHL research, the ICRC donated various publications, including the updated Commentary on the First Geneva Convention, to university libraries and the national IHL committee's library. Two Iranian IHL scholars contributed to the updated Commentary on the Second Geneva Convention, which was published in May (see *International law and policy*).

Efforts to promote similarities between Islam and IHL encounter difficulties

The ICRC worked with the Qom Centre to foster understanding of and support for humanitarian principles and IHL and their compatibility with Islamic jurisprudence. The centre received financial and technical support for its initiatives. It published books on IHL in Farsi and Arabic, and lent support to Islamic scholars and legal experts in the region; for instance, an ICRC round-table on Islam and IHL, held in Iraq, drew on the centre's academic expertise. Three religious scholars expanded their knowledge of IHL at seminars abroad (see *Pakistan and Tunis*), with ICRC sponsorship.

Because of various challenges, no events on 'Islam and IHL' could take place in the country. Towards the end of the year, the Qom Centre's activities were suspended; the centre eventually closed down, obliging the ICRC to withdraw its support after 11 years.

Media coverage broadens public awareness of humanitarian issues

Contact with members of the Iranian media, particularly those covering conflict zones in the region and beyond, was reinforced to improve reporting on humanitarian needs and ICRC operations in key contexts. Forty local journalists learnt more about the Movement, IHL and humanitarian reporting at an ICRC workshop. Media coverage of its activities broadened public awareness of the ICRC's neutral, impartial and independent humanitarian action, and of IHL.

The National Society strengthened its capacity to promote humanitarian issues in line with the Movement's Fundamental Principles. A workshop for its staff, organized with support from the International Federation and the ICRC, contributed to this end.

RED CROSS AND RED CRESCENT MOVEMENT

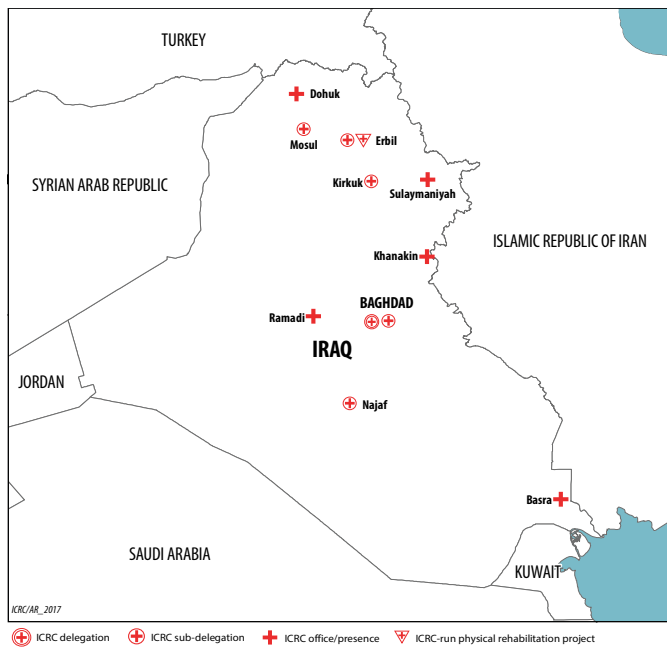
The five-year partnership framework agreement between the National Society and the ICRC expired in June. The two organizations initiated a renewal process and drafted a new agreement outlining areas of cooperation for the next five years.

The National Society and the ICRC worked jointly to restore family links, raise mine-risk awareness, provide health services to vulnerable people in Mashhad, and promote IHL and humanitarian principles (see above). The National Society built its capacities in these areas with training and other support from the ICRC.

Following an earthquake at the Iran–Iraq border in November, the ICRC donated essential household items (kitchen sets, jerrycans, tarpaulins and hygiene kits) to the National Society for distribution to the people affected in the Kermanshah province.

Movement components in the country met regularly to share information on joint activities, and on the humanitarian situation in contexts of interest. The ICRC provided logistical support for the National Society to send a humanitarian consignment of medical items to Yemen, in coordination with the Yemeni health ministry.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		135	1		
RCMs distributed		163			
Phone calls facilitated between family members		8			
Names published in the media		5			
Reunifications, transfers and repatriations					
People reunited with their families		1			
Human remains transferred or repatriated		58			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		258	48	72	70
<i>including people for whom tracing requests were registered by another delegation</i>		4			
Tracing cases closed positively (subject located or fate established)		43			
<i>including people for whom tracing requests were registered by another delegation</i>		1			
Tracing cases still being handled at the end of the reporting period (people)		424	89	109	95
<i>including people for whom tracing requests were registered by another delegation</i>		8			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		9	5		
UAMs/SC reunited with their families by the ICRC/National Society		1	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		9	5		
Documents					
Official documents delivered across borders/front lines		1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
RCMs and other means of family contact					
People to whom a detention attestation was issued		277			



KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Parties to the conflict were urged to fulfil their obligations under IHL and other applicable norms, particularly to respect civilians, including patients and medical personnel. Contact with certain parties remained limited.
- ▶ The ICRC expanded its contact with authorities, weapon bearers and community leaders. This enabled them to learn more about its work and mandate; it also helped facilitate the ICRC's access to vulnerable communities.
- ▶ Thousands of wounded people, including those with traumatic wounds, were treated by ICRC surgical teams at three hospitals and at an emergency stabilization centre receiving casualties from Mosul and nearby areas.
- ▶ Conflict-affected people, especially IDPs in camps and returnees in retaken areas, received food, water and health care from the ICRC, which expanded these emergency activities to address the growth in needs.
- ▶ Iraqi and Iranian authorities worked jointly to clarify the fate of people missing in relation to past conflict. The remains of over 670 people were recovered and handed over to the pertinent authorities, under ICRC auspices.
- ▶ Detainees had better living conditions after the ICRC gave them hygiene kits and repaired water and other facilities. Authorities strove to manage health emergencies, and sustained an ICRC-backed pilot health project at four prisons.

EXPENDITURE IN KCHF

Protection	18,809
Assistance	96,878
Prevention	7,464
Cooperation with National Societies	4,408
General	470
Total	128,029
<i>Of which: Overheads</i>	<i>7,814</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	87%
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PERSONNEL

Mobile staff	158
Resident staff (daily workers not included)	948

The ICRC has been present in Iraq since the outbreak of the Iran–Iraq war in 1980. It engages the relevant parties in dialogue on the protection due to civilians, monitors detainees' treatment and living conditions, and works to ascertain missing persons' fate. It provides IDPs and residents with emergency aid, and/or support to help them restore their livelihoods, particularly in remote and/or neglected, violence-prone areas; supporting physical rehabilitation, primary-health-care and hospital services; and repairing basic and prison infrastructure. The ICRC promotes IHL knowledge and compliance among weapon bearers and coordinates its work with the Iraqi 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	2,583
RCMs distributed	4,885
Phone calls facilitated between family members	67
Tracing cases closed positively (subject located or fate established)	1,876
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	101
Detainees in places of detention visited	50,251
<i>of whom visited and monitored individually</i>	3,343
Visits carried out	367
Restoring family links	
RCMs collected	7,617
RCMs distributed	2,683
Phone calls made to families to inform them of the whereabouts of a detained relative	25,228

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 1,170,000	1,176,270
Essential household items	Beneficiaries 720,000	1,089,988
Productive inputs ¹	Beneficiaries 96,600	33,710
Cash	Beneficiaries 125,580	75,564
Services and training	Beneficiaries	200,128
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 2,088,000	7,391,421
Health		
Health centres supported	Structures 27	44
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 14	32
Water and habitat		
Water and habitat activities	Beds	1,000
Physical rehabilitation		
Projects supported	Projects 13	13
Patients receiving services	Patients 39,500	36,538

1. Some of the beneficiaries of livelihood support counted under *Productive inputs* in the Appeal benefited from *Services and training* instead.

CONTEXT

The armed conflict between government forces and armed groups, which began in 2014, continued. Forces of the central government, including 'popular mobilization units', and of the government of the Iraqi Kurdistan region (IKR) – backed by an international coalition with air strikes and technical support – had retaken all territories formerly held by the Islamic State group, notably, the city of Mosul in Ninewa Governorate in July, and Rawa and Al-Qaim in western Anbar Governorate in November. Violations of IHL were reported. Government and coalition forces made arrests in relation to the conflict. Detention facilities were overcrowded, partly because of prolonged pre-trial detention. Clashes also occurred in other parts of Iraq: in September, the IKR government held an independence referendum, which led to violent confrontations between central government and IKR forces in disputed territories.

The conflict, compounded by the effects of past violence, and by ethnic and sectarian tensions, had severe consequences for people in Iraq: while roughly 3 million had reportedly returned to their homes in retaken territories, some 2.6 million people were still displaced at the end of the year. IDPs, returnees and residents struggled to obtain basic services or resume their livelihoods, because of poor security conditions and damaged vital infrastructure. Mines and explosive remnants of war (ERW) remained a threat to public safety.

Around 240,000 refugees from the Syrian Arab Republic (hereafter Syria) were still in Iraq, mainly in the IKR.

Budgetary and other constraints made it difficult for the authorities and humanitarian organizations to mitigate the consequences of the conflict.

ICRC ACTION AND RESULTS

The ICRC focused on responding to the emergency needs of people affected by the fighting in and around Mosul, and elsewhere in Iraq, including Anbar, Diyala, Kirkuk, and Salahuddin Governorates. It scaled up its activities and sought to reach more conflict-affected areas to address the protection concerns of people there, and to ensure their access to basic services and emergency relief; with this in mind, the ICRC launched a budget extension appeal¹ in June. It established a new sub-delegation to manage its activities in Ninewa and mobilized additional staff.

During its interaction with them, the ICRC urged parties to the conflict to fulfil their obligations under IHL and other applicable norms, particularly to protect civilians. Whenever possible, it made bilateral representations to them about specific issues, such as access to health care. The ICRC also promoted respect for IHL while briefing front-line troops, providing support for the armed forces' training initiatives, and giving expert advice to the national authorities. Meetings with authorities, weapon bearers, community leaders and members of civil society also fostered awareness of the ICRC's mandate and activities; contact with certain parties, however, remained limited. All these efforts enabled the ICRC to reach vulnerable people, although some of the hardest-hit communities remained inaccessible because of the uncertain security conditions.

Conflict-affected people, mostly IDPs, received ICRC emergency aid: food, water and household essentials. The ICRC carried out projects to broaden access to water for residents and returnees in violence-prone or underserved areas and in communities with large numbers of IDPs. It provided emergency material and financial assistance for primary-health-care centres that were serving conflict-affected communities near Mosul and elsewhere. Where security and market conditions were relatively stable, the ICRC intensified or expanded its efforts to help vulnerable residents and returnees to resume or strengthen their livelihoods; in conflict-affected areas, it sought to help people mitigate the risk of mines/ERW.

The ICRC stepped up its efforts to ensure the availability of life-saving treatment throughout the casualty care chain. It trained emergency responders and health professionals in first aid and/or trauma care, and helped refer injured or wounded people for further care at hospitals. It maintained its regular support for hospitals in violence-prone areas, and assigned surgical teams to Mosul and near the front line. It continued to manage one physical rehabilitation centre, support several State-run ones, and conduct outreach activities in areas without physical rehabilitation services.

Members of dispersed families reconnected through ICRC family-links services. The ICRC, acting as a neutral intermediary, continued to support the authorities involved in clarifying the fate of people missing in relation to past international conflicts. Institutions and people involved in managing human remains received training and equipment.

The ICRC visited detainees throughout Iraq, including those held in connection with the ongoing conflict, and assessed their situation. It urged the authorities to improve detainees' treatment and living conditions, and helped them manage health emergencies in prisons and enable detainees to contact their families.

The Iraqi Red Crescent Society strove to help people affected by natural disasters. ICRC financial support helped it to address the needs of more people than in the past; a project agreement signed in February was extended to cover the whole year.

CIVILIANS

The ICRC urged parties to the conflict – those with whom it had contact – to fulfil their obligations under IHL and other applicable norms to protect civilians and ensure their access to basic services and humanitarian aid. It made representations based on documented incidents linked to the conduct of hostilities, and requested unobstructed access for patients and their caretakers to medical facilities. It also made representations regarding the disruption of family links in IDP camps, and about other issues affecting IDPs.

Such interaction with authorities, weapon bearers and community leaders helped foster awareness of the ICRC's work and facilitate its access to vulnerable people (see *Actors of influence*). However, because of the volatile situation and its limited contact with some parties to the conflict, the ICRC was, sometimes, delayed in delivering aid or unable to reach some of the hardest-hit communities.

1. For more details on the budget extension appeal, see [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/D5FF4EF6E076DEC0C125814E002E30A2/\\$File/BEA2017_Iraq_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/D5FF4EF6E076DEC0C125814E002E30A2/$File/BEA2017_Iraq_Final.pdf)

IDPs, residents and returnees have access to food, household essentials and potable water

The ICRC's emergency activities – some conducted with the Iraqi Red Crescent Society – focused on addressing the immediate needs of people affected by the fighting in and around Mosul. It continued to help other violence-affected people across Iraq.

Some 1,176,000 people (196,045 households) received food: most were given one-off rations good for a month and were IDPs, residents and returnees in Anbar, Diyala, Kirkuk, Ninewa, and Salahuddin. Some 293,000 people received rations at least twice: for example, IDPs at ten camps cut off from services, where the ICRC distributed food from February to June. Kitchen sets, hygiene kits, winter jackets and other essentials helped around 1,090,000 people (181,665 households) improve their living conditions and keep warm. Unconditional ICRC cash grants enabled about 47,480 people (around 7,900 households) to cover expenses for education, health, rent and heating; most of them were IDPs living near functioning markets.

About 3.5 million people, mostly residents, and roughly 490,000 displaced people had potable water and more sanitary conditions after the ICRC constructed toilets and showers, donated water tanks, and repaired water-treatment plants. In violence-prone and/or underserved areas, and areas retaken by Iraqi forces, renovation of 46 water or sanitation facilities and donations of water-treatment chemicals helped stabilize water supply for another 3.2 million residents, returnees and IDPs; 188 water technicians strengthened their capacities in operating and maintaining water infrastructure. Local authorities and the ICRC renovated a school in Ramadi; 900 girls benefited. Farmers, too, were given infrastructural support (see below). All these efforts reached more beneficiaries than targeted in 2017, partly because the ICRC implemented more projects to respond to increased needs.

Conflict-affected communities obtain basic health care

The ICRC provided supplies, guidance and/or staff training for 20 primary-health-care centres across Iraq, enabling them to provide quality preventive and curative care; it rebuilt three of these centres, and renovated eight.

Patients at these centres who required further attention were referred to other ICRC-supported facilities (see *Wounded and sick*). Similar support and financial incentives for staff reinforced the capacities of centres in Mosul, where government forces had regained control. Vaccination campaigns and the work of community midwives, funded by the ICRC, helped reduce health risks for women and children.

Twenty-four other centres treated patients in conflict-affected areas with ad hoc deliveries of ICRC medical supplies.

Female or disabled breadwinners start small businesses with cash grants

Where security and market conditions were comparatively stable, the ICRC helped farmers and households grow more food or earn more money.

About 5,080 households (33,710 people) cultivated crops, using drip irrigation systems, greenhouse kits, seed and tools provided by the ICRC. Some 29,500 households (199,825 people) in farming communities made use of irrigation canals cleaned and land ploughed, by the ICRC or through cash-for-work programmes; about

2,160 participants (supporting around 10,890 people) benefited from these cash-for-work programmes. Some 1,270 community members (around 8,930 people) received cash to buy seed and fertilizer or pursue their livelihoods. They included herders in Ninewa who maintained their livestock with ICRC-donated fodder and/or through the authorities' animal vaccination campaign, implemented with ICRC financial support.

A total of 1,166 people with physical disabilities and women, including relatives of missing people, started small businesses with ICRC cash grants (benefiting some 6,200 people); vocational or business-skills training helped some 340 of them look for jobs. About 520 female breadwinners (supporting around 2,060 people) received financial assistance to register for State benefits.

ICRC training helped local officials and NGO staff to develop their needs-assessment and emergency response capacities.

People locate and restore contact with their relatives

Separated relatives, particularly foreigners and people in IDP camps, used ICRC family-links services to reconnect. The ICRC informed more people than last year of the whereabouts of their relatives who had gone missing during the fighting to retake territories from the Islamic State group (see *Context*); some had allegedly been arrested and detained (see also *People deprived of their freedom*). A total of 1,876 tracing cases were closed positively, including those of 44 unaccompanied foreign children. The ICRC repatriated five of these children and reunited one with his relatives; it facilitated the transfer of their personal documents.

The ICRC served as a neutral intermediary between the parties involved in clarifying the fate of persons missing in connection with the 1980–1988 Iran–Iraq War (see *Iran, Islamic Republic of*), and with the 1990–1991 Gulf War (see *Kuwait*). It chaired the tripartite committees and their supporting mechanisms that led the effort to resolve missing-persons cases; it made its forensic expertise available to them and helped them improve their working procedures. In relation to the Iran–Iraq War, an ICRC-led working group facilitated excavations in southern Iraq and in the IKR, despite security constraints; afterwards, under ICRC auspices, the remains of 620 people – of which 386 were identified individually – were handed over to the Iranian authorities, and those of 58 people, to the Iraqi authorities.

Medico-legal institutes and other institutions involved in managing human remains received expert advice, supplies and training from the ICRC; forensic experts, sponsored by the ICRC, attended international scientific conferences. Central and regional authorities engaged in ICRC-facilitated dialogue on matters of forensic interest.

People learn safe practices in mine/ERW-contaminated areas

ICRC briefings helped tens of thousands of IDPs, returnees, health workers and journalists learn how to avoid mines/ERW. The mine-action directorate and civil defence office were better placed to conduct risk-education and decontamination activities, with ICRC-provided informational materials and mine-clearance gear.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited and assessed the treatment and living conditions of people held in 101 places of detention in Iraq; 3,343 detainees, among them people held in relation to the ongoing conflict, received individual attention. The ICRC urged the authorities

(see *Actors of influence*), confidentially and during training sessions, to improve detainees' treatment and living conditions, and to respect judicial guarantees. It also engaged them in dialogue about getting access to all detainees in Iraq.

Detainees contact their families

Detainees, including foreigners, reconnected with relatives through RCMs, oral messages and/or phone calls made by ICRC delegates on their behalf. Some families were informed of their relatives' detention, after the ICRC visited these detainees or followed up allegations of arrest with the authorities; foreigners informed their embassies or UNHCR of their detention. Nineteen detainees spent time with relatives through ICRC-organized family visits. At their request, 294 former detainees received attestations of detention for legal or administrative proceedings.

Detainees see some improvements in their living conditions

The ICRC repaired or built water and sanitation facilities and ventilation systems at 18 places of detention, benefiting some 11,000 detainees; 15 staff were given maintenance training. Almost 36,700 people, notably ill detainees, minors or women, received hygiene and/or medical items, and clothes and winter supplies for keeping themselves warm.

The ICRC helped the authorities to improve detainees' access to health care; it monitored the provision of health care in nine prisons. ICRC material and training support for pilot projects at four prison clinics – two in central and southern Iraq, and two others in the north – enabled detainees there to receive basic health care. Four officials attended a course abroad on health care in prisons. The authorities drew on ICRC expertise to tackle scabies outbreaks and other health emergencies; in Ninewa, inmates were evacuated from pre-trial detention facilities and given emergency care at three health clinics that received ICRC comprehensive support.

WOUNDED AND SICK

The ICRC expanded its efforts to ensure that life-saving treatment, throughout the casualty care chain, was both available and accessible. It reminded the pertinent parties that patients and health services were protected under IHL.

Wounded people are treated by ICRC surgical teams

People in violence-affected areas had access to emergency care from personnel and institutions supported by the ICRC. A total of 1,050 ambulance staff, civil defence officials, community members and health workers, and 1,160 weapon bearers, developed their first-aid capacities at workshops run by the Iraqi Red Crescent and/or the ICRC. Iraqi officials learnt how to manage mass casualties through a simulation exercise and a countrywide seminar. At the health ministry's request, the ICRC provided readily identifiable uniforms for first responders working in or near front-line areas.

Weapon-wounded and other injured people from Mosul and nearby areas were referred to facilities that the ICRC supported with surgical teams, medical supplies and other assistance. From January to May, three ICRC surgical teams worked at two hospitals – in Erbil and Ninewa – and at an emergency stabilization centre near a front-line area; they treated over 1,400 patients. Seven National Societies, whose efforts were coordinated by the Finnish Red Cross,

contributed personnel to the teams. These teams were reassigned to other places or just withdrew, when the humanitarian situation changed. From May to September, the ICRC, with the Qatari Red Crescent Society's help, assigned a new surgical team to the only functioning State-run hospital in Mosul.

Following reports of the use of chemical weapons, the ICRC gave staff at the Erbil and Mosul hospitals training and other support for decontaminating facilities. These hospitals treated some people who showed signs of exposure to chemical weapons.

The ICRC facilitated the transfer of six patients to a traumatology centre abroad (see *Lebanon*). Twenty-seven hospitals received emergency donations of medical supplies; staff at one hospital that handled patients from Mosul received financial incentives. The ICRC repaired infrastructure at five hospitals, to help them maintain or resume services.

Doctors and nurses developed their capacities in emergency care, particularly for trauma cases, at courses taught by the ICRC or ICRC-trained instructors. Some of these courses were conducted at a national training centre where the ICRC had renovated various facilities.

Disabled people receive physical rehabilitation services

Disabled people obtained assistive devices and physiotherapy at 13 physical rehabilitation centres that benefited from ICRC support: expert advice, staff training and raw materials. These facilities included: 11 State-run physical rehabilitation centres – two of which reopened after infrastructural work by the ICRC; an ICRC-managed centre; and one run by an NGO. Disabled people – including IDPs, in Anbar, Diyala and Ninewa – were referred to these centres or treated at outreach clinics run by the ICRC.

Notably, the ICRC-managed centre in Erbil treated about 1,300 IDPs and 290 Syrian refugees; it covered accommodation and transportation costs for some of them. Through sessions held at the centre, parents of children with cerebral palsy were trained to provide the necessary care, and to teach other parents what they had learnt.

The authorities, aided by the ICRC, strove to ensure the quality and sustainability of physical rehabilitation services in Iraq, through education, for instance.

Some patients received livelihood support (see *Civilians*).

ACTORS OF INFLUENCE

The ICRC fostered support for its mandate and work, and broadened awareness of humanitarian issues, through dialogue and other activities, particularly with weapon bearers and with community and religious leaders. It conducted training sessions, arranged public events, organized briefings and other interaction with members of the media, and distributed multimedia resource materials: by these means, it drew attention to IHL principles, the plight of people from Mosul, and the goals of the Health Care in Danger project. These efforts also helped to facilitate its access to conflict-affected people (see *Civilians*).

Contact with certain parties, including armed groups, remained limited.

Front-line troops and commanders strengthen their grasp of IHL

The ICRC conducted information sessions and training activities (see *Egypt*), and held meetings, for and with various groups of people; these helped thousands of police personnel, front-line troops and commanders from different branches of the central and IKR forces, and of the Popular Mobilization Forces, become more familiar with IHL and other applicable norms, particularly, in relation to detention. Informational materials on these subjects and the ICRC's activities were distributed at such events.

These initiatives supplemented the ICRC's bilateral dialogue with the authorities and weapon bearers on the protection of civilians (see *Civilians*).

The ICRC continued to develop relationships with members of the international coalition, through meetings with commanders, legal advisers and civil-military coordinators. It drew their attention particularly to the provisions of IHL that governed their support for Iraqi forces, and the legal obligations they had to fulfil.

Authorities and academics learn more about IHL and its domestic implementation

Government authorities received ICRC support for advancing IHL implementation; the ICRC advised members of the national IHL committee on drafting or adopting IHL-related laws and formalizing their roles and responsibilities. These and other government

officials, and academics, learnt more about IHL at ICRC courses abroad (see *Lebanon*, *Morocco* and *Tunisia*) or through training sessions organized by the central government authorities and the ICRC. The Iraqi judicial training institute drew on ICRC expertise to offer an IHL course in its curriculum.

Students added to their knowledge of IHL, and teachers developed their ability to teach it, through ICRC-organized courses and competitions. Religious leaders learnt more about the similarities between Islamic law and IHL, at ICRC-hosted discussions.

RED CROSS AND RED CRESCENT MOVEMENT

The Iraqi Red Crescent Society responded to the needs of vulnerable people in Iraq, particularly during natural disasters.

Despite the lack of a partnership agreement, the National Society received ICRC financial support to implement several activities, through a project agreement signed in February that was extended to cover the rest of the year. The National Society's ICRC-supported activities included distributing bread from National Society-run bakeries and food parcels to IDPs, and delivering potable water to communities in western Mosul.

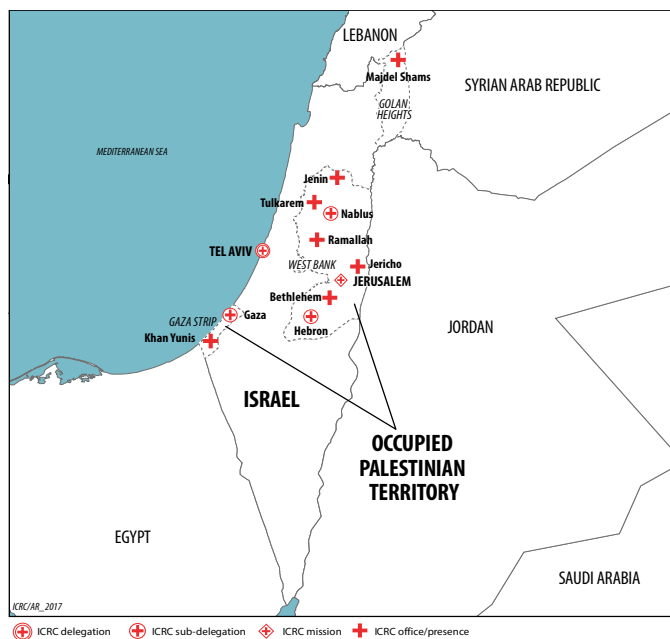
Movement partners also helped the Iraqi Red Crescent to carry out its activities. Six other National Societies supported it bilaterally; they were able to do so, with the ICRC's help in managing security, logistical and administrative constraints.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		2,583	12		
RCMs distributed		4,885	6		
Phone calls facilitated between family members		67			
Reunifications, transfers and repatriations					
People reunited with their families		1			
People transferred or repatriated		5			
Human remains transferred or repatriated		620			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		7,670	279	284	756
<i>including people for whom tracing requests were registered by another delegation</i>		399			
Tracing cases closed positively (subject located or fate established)		1,876			
<i>including people for whom tracing requests were registered by another delegation</i>		9			
Tracing cases still being handled at the end of the reporting period (people)		14,606	655	647	1,186
<i>including people for whom tracing requests were registered by another delegation</i>		411			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		155	66		
UAMs/SC reunited with their families by the ICRC/National Society		1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		131	52		
Documents					
People to whom travel documents were issued		16			
Official documents delivered across borders/front lines		19			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		101			
Detainees in places of detention visited		50,251	2,138	3,212	
Visits carried out		367			
			Women	Girls	Boys
Detainees visited and monitored individually		3,343	669	70	507
<i>of whom newly registered</i>		2,721	657	67	450
RCMs and other means of family contact					
RCMs collected		7,617			
RCMs distributed		2,683			
Phone calls made to families to inform them of the whereabouts of a detained relative		25,228			
Detainees visited by their relatives with ICRC/National Society support		19			
People to whom a detention attestation was issued		294			

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	1,176,270	388,691	470,272
	<i>of whom IDPs</i>	905,212	294,952	362,077
Essential household items	Beneficiaries	1,089,988	356,165	435,998
	<i>of whom IDPs</i>	827,506	265,722	330,983
Productive inputs ¹	Beneficiaries	33,710	10,983	13,484
	<i>of whom IDPs</i>	1,800	630	720
Cash	Beneficiaries	75,564	27,623	29,937
	<i>of whom IDPs</i>	43,074	16,444	16,852
Services and training	Beneficiaries	200,128	63,021	79,998
	<i>of whom IDPs</i>	3,944	1,183	1,578
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	7,391,421	2,218,242	2,957,655
	<i>of whom IDPs</i>	2,218,476	665,543	887,390
Health				
Health centres supported	Structures	44		
Average catchment population		388,875		
Consultations		350,944		
	<i>of which curative</i>	336,010	99,915	148,835
	<i>of which antenatal</i>	14,934		
Immunizations	Patients	193,432		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	147,110		
Referrals to a second level of care	Patients	9,093		
	<i>of whom gynaecological/obstetric cases</i>	1,819		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	36,722	1,827	1,513
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	11,102	1,110	777
Health				
Places of detention visited by health staff	Structures	34		
Health facilities supported in places of detention visited by health staff	Structures	9		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	32		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	5		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	828	123	185
	Non-weapon-wound admissions	1,304		
	Operations performed	3,939		
Consultations		29,380		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		9,067		
Weapon-wound admissions (surgical and non-surgical admissions)		803		
Weapon-wound surgeries performed		250		
Patients whose hospital treatment was paid for by the ICRC		1,468		
First aid				
First-aid training				
	Sessions	100		
	Participants (sum of monthly data)	2,210		
Water and habitat				
Water and habitat activities	Beds	1,000		
Physical rehabilitation				
Projects supported	Projects	13		
Patients receiving services (sum of monthly data)		36,538	4,477	16,646
New patients fitted with prostheses	Patients	1,292	191	87
Prostheses delivered	Units	2,910	361	201
	<i>of which for victims of mines or explosive remnants of war</i>	738	34	20
New patients fitted with orthoses	Patients	10,966	883	8,564
Orthoses delivered	Units	19,130	1,257	15,781
	<i>of which for victims of mines or explosive remnants of war</i>	86	12	45
Patients receiving physiotherapy	Patients	13,606	2,356	4,577
Walking aids delivered	Units	1,917	278	355
Wheelchairs or tricycles delivered	Units	378	41	165

1. Some of the beneficiaries of livelihood support counted under *Productive inputs* in the Appeal benefited from *Services and training* instead.

ISRAEL AND THE OCCUPIED TERRITORIES



KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Israeli and Palestinian authorities and weapon bearers were reminded, via ICRC representations, to fulfil their obligations under IHL and other applicable norms, particularly to respect and protect civilians and civilian objects.
- ▶ The ICRC supported the casualty care chain in the Gaza Strip, notably through training for medical staff, including Palestine Red Crescent Society staff and volunteers, in vascular surgery, trauma management and diabetic care.
- ▶ About a million Gazans maintained or improved their access to clean water, sanitation services and electricity, partly because of ICRC upgrades to essential infrastructure and support for providers of water and electricity.
- ▶ Thousands of Palestinians in Israeli custody spent time with their relatives once a month, during ICRC-organized family visits. Palestinian authorities agreed to organize a second visit each month, beginning in 2018.
- ▶ Gazans farmed land near the Gaza–Israel border and maintained access to essential services despite an energy shortage, owing partly to ICRC support. West Bank residents whose homes were destroyed received cash or other aid.
- ▶ Palestinian authorities and the ICRC bolstered respect for international policing standards among security forces personnel. In Gaza, a new police training manual, drafted with the ICRC's guidance, was put into use.

EXPENDITURE IN KCHF

Protection	16,980
Assistance	22,972
Prevention	6,224
Cooperation with National Societies	3,079
General	282
Total	49,538
<i>Of which: Overheads</i>	<i>3,023</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	100%
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PERSONNEL

Mobile staff	67
Resident staff (daily workers not included)	289

The ICRC has been present in Israel and the occupied territories since the 1967 Arab–Israeli war. It strives to ensure respect for IHL, in particular the provisions relating to the protection of civilians living under occupation. It monitors the treatment and living conditions of detainees held by the Israeli and Palestinian authorities and provides assistance to the civilian population, particularly during emergencies. As the lead agency for the Movement in this context, the ICRC coordinates the work of its Movement partners and supports the activities of the Magen David Adom in Israel and the Palestine 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	482
RCMs distributed	872
Tracing cases closed positively (subject located or fate established)	12
People reunited with their families	5
<i>of whom unaccompanied minors/separated children</i>	5
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	97
Detainees in places of detention visited	21,106
<i>of whom visited and monitored individually</i>	3,812
Visits carried out	606
Restoring family links	
RCMs collected	1,092
RCMs distributed	524
Phone calls made to families to inform them of the whereabouts of a detained relative	8,674

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 30,000	288
Productive inputs	Beneficiaries 28,200	30,300
Cash	Beneficiaries 1,715	5,265
Services and training	Beneficiaries 815	
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 430,003	1,118,301
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 3	11
Water and habitat		
Water and habitat activities	Beds 2,257	2,427
Physical rehabilitation		
Projects supported	Projects 1	1
Patients receiving services	Patients	2,475

CONTEXT

Palestinians in East Jerusalem and on the West Bank struggled to cope with the adverse effects of Israeli occupation policies, including those that contravene IHL. Some countries declared their support for Israel's claim to Jerusalem as its capital; this led to protests and incidents of violence in the region. Israeli or Palestinian security forces responding to these incidents were accused sometimes of using excessive force.

Negotiations between the Palestinian Authority (PA) and the Hamas *de facto* authorities stalled; this deadlock and Israel's continuing blockade damaged the economy of the Gaza Strip even further, and worsened an already existing energy crisis. Electricity was available for only a few hours a day, which strained health-care and other essential services.

In April, Palestinian detainees in Israeli prisons staged a collective hunger strike for 41 days; Palestinians demonstrated outside the prisons in solidarity. The strikers' demands included more frequent ICRC-organized family visits. Some protests were directed against the ICRC; staff members on the West Bank received threats. The ICRC's Hebron office was attacked and its Ramallah office closed for a week.

The situation in the Israeli-occupied Golan Heights remained volatile; this was linked to the conflict in the Syrian Arab Republic (hereafter Syria). Clashes along Israel's borders with Egypt and Syria were reported.

ICRC ACTION AND RESULTS

The ICRC continued to promote protection for Israelis and Palestinians, and to help ease the circumstances of Palestinians living under occupation, notably those affected by the deteriorating conditions in the Gaza Strip.

The ICRC reminded Israeli and Palestinian authorities and weapon bearers of their obligations under IHL and other applicable norms. The Israeli Defense Forces (IDF) and the ICRC discussed IHL and its incorporation in IDF operations, training and decision-making. The IDF and the ICRC continued to discuss lessons learnt in connection with the 2014 hostilities in Gaza; members of Gazan armed groups were briefed by the ICRC on applicable IHL. Members of the Coordinator for Government Activities in the Territories (COGAT) and of Israeli and Palestinian security forces, drew on ICRC expertise to strengthen their grasp of international policing standards; the *de facto* Gazan interior ministry put into use a new police training manual, drafted with the ICRC's help. Public-communication initiatives with journalists, academics and NGOs helped build acceptance for IHL and the ICRC, and broadened awareness of humanitarian issues in the occupied territories.

The Palestine Red Crescent Society provided emergency medical services (EMS) throughout the occupied territories; the ICRC gave it financial and material aid and help in obtaining crossing/transport permits. In Gaza, health-care services treated casualties of emergencies and people with chronic illnesses; the ICRC supported them with specialized training – notably in trauma care, diabetic care and vascular surgery – equipment and infrastructural upgrades. The ICRC and the Norwegian Red Cross supported the Artificial Limb and Polio Centre (ALPC) in Gaza; physical rehabilitation services at this centre helped disabled people regain some mobility. Given the prevalence of mental-health issues and emotional trauma in Gaza,

the ICRC began to systematically help health-care services provide psychosocial support to disabled people and health personnel. The ICRC monitored Syrian patients in Israeli hospitals and helped them meet some of their material and psychosocial needs.

About a million Gazans maintained or improved their access to clean water, sanitation services and electricity, partly because of ICRC upgrades to essential infrastructure and support for providers of water and electricity. The ICRC helped farmers in Gaza to safely cultivate arable land near the Gaza–Israel border and to increase their yields through sustainable means; through information sessions, it also urged people to adopt safe practices in areas contaminated by mines and explosive remnants of war (ERW). On the West Bank, Palestinians whose houses had been confiscated or destroyed by the Israeli authorities were given cash or household essentials by the Palestinian Red Crescent and the ICRC. A few breadwinners established or revived small businesses, or participated in ICRC cash-for-work initiatives.

The ICRC visited – in accordance with its standard procedures – places of detention run by Israeli and Palestinian authorities; it communicated its findings and recommendations confidentially to detaining authorities, to help them improve detainees' treatment and living conditions. In Gaza, detainees had access to sanitation, water and other services despite power cuts, partly because the ICRC donated fuel to prisons.

Members of families separated by past or current violence – including the Syrian patients mentioned above – movement restrictions and/or detention used the ICRC's family-links services to reconnect. The ICRC organized family visits once a month – less frequently than in past years – for Palestinians in Israeli custody, which enabled thousands of them to spend time with their relatives. Palestinian authorities agreed to organize, with ICRC support, a second visit every month, beginning in 2018.

Magen David Adom and the Palestine Red Crescent boosted their capacities, with sustained support from the ICRC.

CIVILIANS

The ICRC made representations to Israeli and Palestinian authorities and weapon bearers, based on documented allegations and first-hand accounts of abuses, and urged them to respect civilians and civilian infrastructure, including patients and medical workers and facilities, and to alleviate the condition of people in the occupied territories (see also *Actors of influence*). Movement restrictions were eased on the West Bank, improving Palestinians' access to livelihood resources and health care; however, movement between Gaza and Israel remained restricted.

The Israeli authorities were reminded to ensure: the protection of people seeking or providing health care, in line with lessons learnt from the 2014 hostilities in Gaza; respect for private property in the occupied territories, in line with applicable international law; and observance of international policing standards, among weapon bearers.

About a million Gazans gain access to water and electricity

Local technicians and the ICRC rehabilitated a pipeline, improving access to clean water for some 162,200 Gazans. They upgraded Gaza City's water and sewage networks (55,300 beneficiaries), and two wastewater pumping stations in northern Gaza (44,000 beneficiaries).

Electricity and water providers maintained infrastructure serving 856,290 people; the ICRC gave them spare parts, four vehicles for repairing power lines, and other material support. These providers prepared for emergencies, drawing on ICRC support to upgrade infrastructure – notably, underground fuel tanks, fire-safety systems, secondary power lines and communication equipment – and train staff.

Gazan farmers maximize limited arable land in border areas

IDF planes continued spraying herbicide along the Gaza–Israel border, to maintain visibility across the buffer zone; despite precautionary measures, Gazan farmlands were affected. The IDF and the ICRC continued discussions on improving this situation.

Over 5,050 households (30,300 people) improved their yields or resumed farming with various forms of ICRC assistance. Notably, ICRC-supported actors: cleared mines/ERW and/or leveled farmland and roads, giving nearly 1,400 households access to their fields, some for the first time since 2014; and repaired greenhouses and water points. Around 3,400 households received fertilizer and some seed. Cash (for 308 breadwinners/1,848 people) and training provided by the ICRC helped farmers to improve the efficiency and sustainability of their farming practices: nine farmers increased their profits by some 20%, as their pesticide-free produce fetched higher prices; and the *de facto* authorities and some NGOs replicated an ICRC project which used environment-friendly means to protect date palms against weevils. Beneficiaries who had planted almond seedlings from the ICRC in 2016 reported harvesting fruit despite poor rainfall.

Gazans supplemented their incomes via cash-for-work initiatives (122 breadwinners/732 people), implementing the above-mentioned activities, and 186 breadwinners (supporting 1,116 people) established small businesses with ICRC cash grants.

Gazans also learnt more about safe practices around mines/ERW through ICRC-supported initiatives, such as: briefings by the Palestine Red Crescent for 13,600 people; presentations by teachers for around 15,000 students; and booklets from the *de facto* authorities. Bomb-disposal technicians were given basic protective equipment and solar panels; and the Palestine Red Crescent was advised in protecting its volunteers against mines/ERW.

On the West Bank, people are assisted to cope with the loss of their homes

People whose homes or shelters were destroyed or confiscated by Israeli authorities were assisted by the Palestine Red Crescent and the ICRC with cash for 35 households (210 people) and household essentials for 41 Bedouin households (288 people). Using ICRC cash grants, 39 households (234 individuals) established or revived small businesses.

Hebron's local authorities renovated a community centre offering vocational training for women and a playground for children, with ICRC funding and the help of some 150 cash-for-work participants (supporting 900 people).

Dispersed families reconnect

The ICRC reminded authorities of the right of families to stay in touch, while it provided family-links services to dispersed families. One girl from Gaza rejoined her family in France, and four Gazan children were reunited with their mother in Sweden. The ICRC

facilitated the visit of three blind people from the West Bank to their relatives in Gaza and the return home of three Lebanese citizens, and the repatriation of the remains of eight Lebanese people (see *Lebanon*). Syrians in Israeli hospitals sent brief oral messages to their families. In the Israeli-occupied Golan, people sent official documents to relatives in Syria proper with the ICRC's help; the ICRC did not facilitate travel for educational or humanitarian purposes, because of security constraints and Israel's ban on family visits.

The Israeli authorities, prompted by ICRC representations, returned the remains of some Palestinians – reportedly killed during attacks on Israelis – to their families. No progress was made in clarifying the fate of people missing in connection with the 2014 hostilities, of Israelis missing in action or of Jordanians missing in Israel since the 1980s.

PEOPLE DEPRIVED OF THEIR FREEDOM

In line with its standard procedures, the ICRC visited: Israeli prisons and interrogation or provisional-detention centres holding Palestinians and foreigners; and places of detention in Gaza and the West Bank holding people under interrogation or sentenced to death, and other vulnerable detainees.

In Israel, people in administrative detention, under interrogation or in prolonged solitary confinement, women and minors were individually monitored. Participants of the collective hunger strike (see *Context*), including hospitalized detainees, were also monitored. Afterwards, the ICRC confidentially shared its feedback with detaining authorities, to help them improve detainees' treatment and living conditions, including access to health care, respect for judicial guarantees and arrest procedures. The PA and the ICRC signed an agreement allowing the ICRC to visit detainees one day after their arrest; previously, the ICRC had to wait for 14 days.

Detainees receive family visits

In Israel, over 7,900 detainees spent time with their relatives – the sick or elderly travelled by ambulance – from East Jerusalem, Gaza, the West Bank and the Israeli-occupied Golan once a month through ICRC-organized family visits. The ICRC arranged fewer visits than in past years, and continued to remind the authorities of their obligations under IHL to ensure these visits. In November, Palestinian authorities agreed to organize, with ICRC support, a second visit every month, for 2018. Some detainees sent RCMs or brief oral messages; hunger strikers sent about 4,200 such messages.

People obtained, through the ICRC, attestations of detention or other official documents for legal and administrative proceedings. Some Syrians were sent cash by their relatives (see *Syrian Arab Republic*).

Detainees maintain access to health care, water and electricity

Particularly vulnerable detainees eased their confinement with material assistance from the ICRC: hygiene and cleaning materials; special food for mothers detained with their infants (Gaza); clothes and handicraft supplies (West Bank); and recreational items (Israel).

In Gaza, prison health staff attended ICRC workshops on cardiac life support and psychosocial care; ICRC staff provided on-the-job training at two prisons. To encourage doctors to examine detainees

in police stations regularly, the ICRC covered their weekly transportation costs until June; these check-ups grew infrequent afterwards. Around 1,500 detainees had some access to sanitation facilities, water, ventilation and electricity during power cuts, partly because the ICRC donated fuel to all five Gazan prisons and generators to three of them. With technical and other support from the ICRC, detaining authorities identified infrastructure needing improvement and renovated sanitation, water, ventilation and electrical facilities in three prisons.

WOUNDED AND SICK

People obtain medical care outside the Gaza Strip

The ICRC's dialogue with the authorities, weapon bearers and others focused on people's access to medical care (see *Civilians*). ICRC representations helped six Gazans to get permits for medical treatment in Israel.

The Palestine Red Crescent provided EMS throughout the occupied territories with financial and material aid from the ICRC, and help in obtaining crossing/transport permits. The ICRC monitored the transfer of patients from the Gaza Strip to the West Bank and to Israel.

Health-care services in Gaza improve, despite resource constraints

Gazan health-care services treated casualties of emergencies and people with chronic illnesses; the ICRC supported them with training, equipment and infrastructural upgrades and advised the *de facto* health ministry in contingency planning.

The ICRC and ICRC-trained health ministry instructors held training in trauma care (for 111 doctors and 104 nurses) and triage (for 37 doctors and 75 nurses), and workshops for 48 surgeons, respectively. Medical personnel, including some Palestine Red Crescent staff, attended ICRC workshops on diabetes care (75 participants), haemorrhage management (61 participants), and coordination (86 participants). Some trained in vascular surgery through e-learning modules (15 participants), a workshop (28 participants), and/or gained on-the-job experience at three hospitals.

Seven hospitals received medical equipment from the ICRC – including vital-signs monitors, defibrillators and instruments for vascular surgery. These hospitals (2,367 beds) sustained functions during power cuts, partly thanks to ICRC-provided spare parts, fuel and training for maintenance personnel. The health ministry and the ICRC constructed a pharmacy and upgraded a hospital morgue.

Hundreds of physically disabled people – including diabetics – regained some mobility after physical rehabilitation at the ALPC; the Norwegian Red Cross and the ICRC gave the ALPC supplies and guidance, and trained its staff. The Palestinian Paralympic Committee and the ICRC trained and equipped disabled people for wheelchair basketball.

Syrians in Israeli hospitals and Gazans get psychosocial support

In Gaza, ICRC-trained health ministry staff or the ICRC provided psychosocial support – in hospitals, homes and/or during group therapy sessions – to 438 disabled people, including ALPC patients and their relatives, and to 528 medical personnel in high-pressure roles. Some hospitals leant on ICRC expertise to incorporate

psychosocial support in their services. Three mental-health-care centres became more accessible to disabled people thanks to ICRC-installed ramps and other structural modifications.

In Israel, the ICRC monitored 349 Syrian patients in four hospitals; it provided 242 wounded people with assistive devices and some with clothes and hygiene and recreational items. Social workers tending to these patients were trained in psychosocial care.

ACTORS OF INFLUENCE

Israeli authorities and the ICRC discuss occupation policies

On various occasions – during a visit by the ICRC's president, for instance – the ICRC urged the parties concerned to address humanitarian issues, notably the expansion of settlements on the West Bank, movement restrictions on Gazans, and the fate of missing people. The ICRC drew attention to the consequences of the sanctions against Gaza by various means, such as presentations on the Gazan economy and a workshop organized with an Israeli think-tank; it urged local and international actors to pursue policies that ensured its economic sustainability.

The ICRC stimulated public discussions on IHL and on other issues, such as: the energy and economic situation in Gaza, the plight of missing people's families and of detainees, protection for people seeking or providing health care, and the use of explosive weapons. To this end, the ICRC increased its production of communication materials – videos, photos and pamphlets – which were distributed to influential actors or posted on the delegation's Arabic, English and Hebrew digital platforms. International and local media outlets relayed the contents to the public; the Israeli media published 15 interviews and 10 articles explaining the ICRC's work.

Israeli and Palestinian weapon bearers learn more about IHL and international policing standards

The IDF and the ICRC discussed the incorporation of IHL in IDF operations, training and decision-making. The IDF and the ICRC continued to discuss lessons learnt in connection with the 2014 hostilities in Gaza; around 60 members of Gazan armed groups were briefed on IHL provisions applicable to them. The IDF and the ICRC pioneered the inclusion of coordination exercises for humanitarian activities during conflict in an annual IDF exercise. The ICRC engaged the IDF and Israeli security forces on certain legal aspects of policing; it briefed some 780 officers from COGAT, the military police and security forces on international policing standards.

Palestinian authorities, backed by the ICRC, reinforced respect for international policing standards among security forces personnel. In Gaza, the *de facto* interior ministry put into effect a new police training manual, drafted with the ICRC's help, and briefed 23 police instructors on its use. Workshops and simulation exercises on law enforcement and riot control were held for 165 security officers from the West Bank and 130 from Gaza.

The ICRC supported the PA's accession to international treaties by providing expert advice for the re-activated national IHL committee and other government officials on IHL implementation, and by organizing IHL courses abroad for certain officials (see *Lebanon* and *Morocco*). By-laws on the use of the red crescent emblem – drafted by the Palestine Red Crescent Society with ICRC support – awaited the PA's approval. Twenty-five communication officers from *de facto* ministries in Gaza were briefed on IHL.

Israeli and Palestinian academics tackle IHL-related issues

The ICRC provided funding and advice for initiatives to spread knowledge of IHL and the Movement. Universities held IHL briefings for around 600 students and lecturers in Israel and 1,000 in Gaza, and organized moot court competitions to test students' grasp of IHL. On the West Bank, eight law/sharia faculties offered regular IHL courses; 12 of their lecturers were sponsored to attend IHL teaching course (see *Jordan*). The Islamic University of Gaza published a report on the similarities between IHL and Islam. In Israel, two universities held a conference on the 50 years of Israel's occupation; and an NGO organized an IHL course in Hebrew for 34 Israeli and Palestinian lawyers.

In Gaza and the West Bank, the ICRC directly engaged some 1,200 members of Palestinian civil society – journalists, religious leaders and NGO workers – in discussions, at briefings and other events, on key humanitarian issues.

RED CROSS AND RED CRESCENT MOVEMENT

Magen David Adom and the Palestine Red Crescent assisted vulnerable people (see *Civilians* and *Wounded and sick*) and strengthened their capacities, backed by the ICRC and other Movement partners.

The Palestine Red Crescent and the ICRC streamlined cooperation through simulation exercises for staff/volunteers, standardized maps and through other means, and used ICRC funds to obtain fuel for its ambulances in Gaza amid the energy crisis. Guided by the ICRC, it broadened awareness of the Safer Access Framework, the Fundamental Principles and the Movement's emblems among its staff and volunteers, and conducted public communication initiatives.

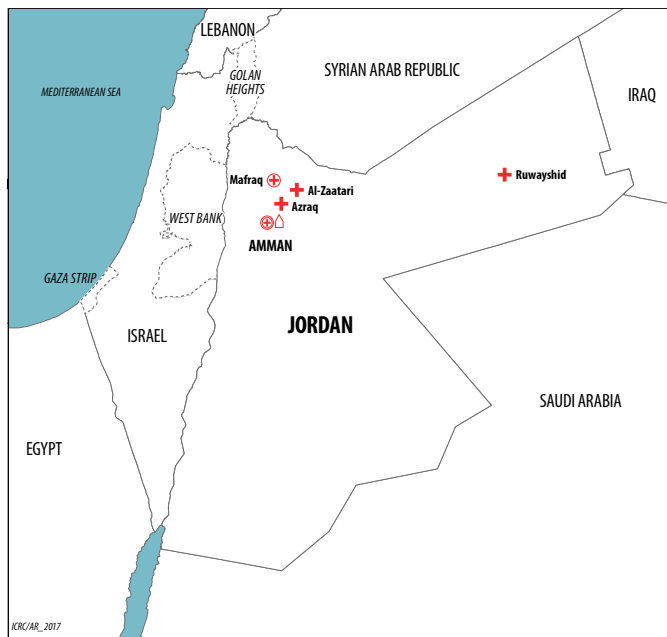
With the Israeli authorities and Movement partners, Magen David Adom drafted contingency plans for disasters. Its formal inclusion in the Movement's rapid-deployment processes progressed; some of its volunteers assisted flood-affected people abroad (see *Washington*). It incorporated the Safer Access Framework in volunteers' training curriculum and improved its community outreach.

The ICRC continued to help monitor the implementation of the 2005 memorandum of understanding between these two National Societies; the 2017 Council of Delegates reaffirmed the ICRC's role. Movement components in the region coordinated their security measures and operational communication with the ICRC.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		482	21		
RCMs distributed		872	5		
Reunifications, transfers and repatriations					
People reunited with their families		5			
People transferred or repatriated		6			
Human remains transferred or repatriated		8			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		30	6	4	6
Tracing cases closed positively (subject located or fate established)		12			
Tracing cases still being handled at the end of the reporting period (people)		182	13	8	25
	<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		5	4		
UAMs/SC reunited with their families by the ICRC/National Society		5	4		
Documents					
People to whom travel documents were issued		1			
Official documents delivered across borders/front lines		662			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		97			
Detainees in places of detention visited		21,106	400	605	
Visits carried out		606			
			Women	Girls	Boys
Detainees visited and monitored individually		3,812	66	12	240
	<i>of whom newly registered</i>	2,345	38	8	232
RCMs and other means of family contact					
RCMs collected		1,092			
RCMs distributed		524			
Phone calls made to families to inform them of the whereabouts of a detained relative		8,674			
Detainees visited by their relatives with ICRC/National Society support		7,940			
People to whom a detention attestation was issued		9,503			

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	288	72	144
Productive inputs	Beneficiaries	30,300	7,577	15,146
Cash	Beneficiaries	5,265	1,333	2,599
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	1,118,301	313,124	480,869
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	12,078	190	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	1,501	30	15
Health				
Places of detention visited by health staff	Structures	39		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	11		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	7		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	1,464		
	Non-weapon-wound admissions	44,133		
	Operations performed	40,128		
Consultations		692,848		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		558		
Weapon-wound admissions (surgical and non-surgical admissions)		322	17	14
Weapon-wound surgeries performed		483		
Water and habitat				
Water and habitat activities	Beds	2,427		
Physical rehabilitation				
Projects supported	Projects	1		
Patients receiving services (sum of monthly data)		2,475	250	1,596
New patients fitted with prostheses	Patients	58	14	7
Prostheses delivered	Units	168	34	18
	<i>of which for victims of mines or explosive remnants of war</i>	4		1
New patients fitted with orthoses	Patients	1,319	74	1,124
Orthoses delivered	Units	1,830	91	1,581
Patients receiving physiotherapy	Patients	911	236	85
Walking aids delivered	Units	135	12	62
Wheelchairs or tricycles delivered	Units	58	8	22

JORDAN



The ICRC has been present in Jordan since the 1967 Arab–Israeli war. In cooperation with the Jordan National Red Crescent Society, the ICRC provides assistance to asylum seekers and refugees from across the region. It visits detainees to monitor their treatment and living conditions, and provides tracing, phone and RCM services to enable civilians and foreign detainees to restore contact with their family members. It also partners the National Society in promoting IHL throughout Jordanian society. The delegation provides logistical support to ICRC relief operations in the region and beyond.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ The authorities were apprised of the needs of vulnerable foreigners, and reminded of the principle of *non-refoulement* and the rights of asylum seekers.
- ▶ From January to early March, asylum seekers at a transit site received food, water and health care from the ICRC. They coped with winter with the help of ICRC-supplied blankets, clothes and fuel for the facility's heating system.
- ▶ People who had fled Syria and residents of communities hosting them had better access to water after the ICRC carried out repairs to critical infrastructure. Some of them also received food and household items.
- ▶ Female breadwinners pursued livelihood activities with cash grants from the ICRC and training from the Jordan National Red Crescent Society.
- ▶ With ICRC support, the authorities took measures to improve penitentiary health services; for example, health staff at certain detention facilities adopted and implemented medical screening procedures for new detainees.
- ▶ The security situation along Jordan's northern border grew more complex, and humanitarian access to vulnerable people there remained limited. Dialogue with the authorities on the needs of people who had fled Syria continued.

EXPENDITURE IN KCHF

Protection	3,325
Assistance	21,938
Prevention	2,761
Cooperation with National Societies	1,238
General	615
Total	29,877
<i>Of which: Overheads</i>	<i>1,823</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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PERSONNEL

Mobile staff	63
Resident staff (daily workers not included)	253

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	177
RCMs distributed	748
Phone calls facilitated between family members	13,377
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	21
Detainees in places of detention visited	14,130
<i>of whom visited and monitored individually</i>	<i>1,105</i>
Visits carried out	61
Restoring family links	
RCMs collected	706
RCMs distributed	186
Phone calls made to families to inform them of the whereabouts of a detained relative	264

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 29,000	28,385
Essential household items	Beneficiaries 29,000	25,846
Cash	Beneficiaries 10,000	10,317
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 150,000	212,773
Health		
Health centres supported	Structures 2	2
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	3
Water and habitat		
Water and habitat activities	Beds	21
Physical rehabilitation		
Projects supported	Projects	1

CONTEXT

Some 660,000 refugees from the Syrian Arab Republic (hereafter Syria) registered by the UN remained in Jordan, along with thousands of other foreigners who were unregistered. The communities hosting them had little or no access to water and other basic resources. Financial constraints made it difficult for State services and humanitarian agencies to assist them.

Following an armed attack near a Jordanian border post in June 2016, Jordan closed its border with Syria. Since then, people fleeing the conflict in Syria were admitted to Jordan only in exceptional cases. Some 350 asylum seekers stayed at the Ruwayshid transit site, where access to essential services was limited. Between February and mid-March, all of them were either transferred to the Raba'a al-Sarhan registration centre or deported by the authorities.

Security incidents at the Rukban berm, an area near Jordan's north-eastern border with Syria, resulted in some casualties. Humanitarian access to this area was limited.

In March, Jordan executed 15 people, 10 of whom were convicted of committing "terrorist" acts between 2003 and 2016.

Jordan continued to participate in international military operations against the Islamic State group. It cracked down on perceived threats to national security – which often led to arrests – and tightened security along its borders with Iraq and Syria (see *Iraq and Syrian Arab Republic*).

ICRC ACTION AND RESULTS

Together with the Jordan National Red Crescent Society, the ICRC strove to address the spillover effects of the Syrian conflict; people who had fled Syria, and the communities hosting them, were given assistance.

The ICRC documented some of the protection concerns of people from Syria, including detainees, and communicated them to the Jordanian authorities; it reminded the authorities of their obligations under international law, particularly with respect to the principle of *non-refoulement*. The ICRC also sought to broaden respect for IHL and other applicable norms, and acceptance for principled humanitarian action, through training for government forces and interaction with key members of civil society.

Asylum seekers transiting through government-run facilities near the border with Syria coped with their circumstances with ICRC assistance. From January to early March, the ICRC provided cooked meals and water for people at the Ruwayshid transit site. To ensure their protection from the cold weather, the ICRC gave them blankets and winter clothes, and supplied fuel for the facility's heating system. Asylum seekers obtained health-care services from an ICRC medical team. From January to April, ICRC medical personnel screened asylum seekers at the Raba'a al-Sarhan registration centre to identify those who needed urgent care, and facilitated their referral or transfer to suitable facilities.

Together with the National Society, the ICRC continued to provide relief to vulnerable households – Jordanian and Syrian – while supporting them through livelihood initiatives and repairing vital infrastructure to help them become more self-sufficient. People in southern Jordan received food and hygiene items; regular cash transfers helped Syrian households in Madaba and Mafraq, mostly

headed by women, to cover their rent and other expenses. Cash grants enabled other Syrian households to start income-generating activities. Vulnerable Syrian and Jordanian women improved their livelihood prospects after completing vocational courses run by the National Society, with ICRC support; such support also sought to make them less vulnerable to abuse such as sexual exploitation. Host communities in northern Jordan had more reliable access to water after infrastructural repairs carried out by the ICRC.

ICRC support also enabled local providers of medical services to develop their ability to treat wounded people during emergencies and manage mass-casualty situations. Together with the National Society, the ICRC trained people in first aid; however, owing to administrative difficulties, it was unable to do the same for people from southern Syria or to assist disabled people from that region. ICRC technical and material support enabled a hospital in Ruwayshid, and two other hospitals, to become more capable of dealing with influxes of patients. Surgeons from the health ministry and the Royal Medical Services (RMS) sharpened their skills in weapon-wound surgery at an ICRC course.

Members of families separated by conflict or detention restored contact through Movement family-links services. Some rejoined their relatives or resettled in third countries with the help of ICRC-issued travel documents. Foreign detainees were assisted in contacting their relatives, embassies or the UNHCR.

The ICRC visited detainees to check on their treatment and living conditions, and communicated its findings confidentially to the authorities. Clinics at detention facilities improved their services with ICRC material and technical support. At an international conference in Amman, members of medical associations discussed how to foster adherence to medical ethics in places of detention.

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

CIVILIANS

Authorities are reminded of the protection due to people who have fled to Jordan from Syria

ICRC delegates documented some of the protection concerns of people who had fled to Jordan from Syria. Where necessary, it raised these concerns with the Jordanian authorities at field level and, in cooperation with UNHCR and other humanitarian actors, at central level. The authorities were reminded of the principle of *non-refoulement* and the rights of asylum seekers, including wounded people. Allegations of arrests made in Syria were documented for discussion with the relevant parties there (see *Syrian Arab Republic*).

The fate of 18 Jordanians missing in Israel since the 1980s remained unresolved.

Asylum seekers receive food, water and health care

From January to early March, some 350 asylum seekers at the Ruwayshid transit site received daily rations of cooked meals and bottled water from the ICRC; nutritional supplements were distributed to children and pregnant and lactating women. Blankets, winter clothes and shoes from the ICRC helped asylum seekers to cope with the harsh weather conditions; they also

received items necessary for maintaining good hygiene. Some families were given diapers and other essential items for babies. To ease their living conditions, the ICRC refurbished shelter, sanitation and power-supply facilities, and provided clean water and fuel for the facility's heating system. Asylum seekers obtained medical services from ICRC personnel, who also referred patients to the Ruwayshid hospital (see *Wounded and sick*) when necessary.

At the Raba'a al-Sarhan registration centre, from January to April, an ICRC medical team screened asylum seekers to identify those who urgently needed treatment and facilitated their referral or transport to suitable medical facilities. They also conducted medical consultations.

Because of the transfer of all asylum seekers from the Ruwayshid transit site and the considerable reduction in the number of people at the Raba'a al-Sarhan registration centre, the ICRC discontinued its activities in both places, and the authorities took full responsibility for managing both sites.

Cash transfers enable Syrian households to cover their rent and other basic expenses

The ICRC continued to provide relief assistance to particularly vulnerable households, which included Jordanian residents and Syrian nationals. Assistance operations were carried out in cooperation with National Society volunteers, who had received the necessary training. Some 28,000 people (5,500 households) were given food supplies and, most of them, hygiene kits and other household items as well.

Over 2,800 Syrian households (9,870 people) in Madaba and Mafraq – most of them headed by women – were able to cover their rent and other basic expenses with the help of monthly cash transfers from the ICRC. Representatives of some of these households were able to obtain cash from ATMs that were equipped with iris scanners to mitigate the risk of fraud. A formal evaluation of the cash transfer programme in August confirmed that the beneficiaries would not have been able to afford housing costs without financial aid. About 75% of the beneficiaries interviewed expressed interest in engaging in more sustainable income-generating activities such as starting their own businesses or some form of salaried employment.

Vulnerable Jordanians and Syrians in host communities work towards self-sufficiency

Jordanian communities hosting people who had fled Syria benefited from various forms of support to meet their daily needs in a sustainable manner.

Some 90 households (447 people), including some that received regular cash transfers, undertook income-generating activities with seed money and other support from the ICRC. Vocational training enabled about 200 women to enhance their livelihood prospects; the National Society provided the training with the ICRC's support (see *Red Cross and Red Crescent Movement*). Such efforts to help these women achieve financial independence also sought to reduce their vulnerability to abuse, including sexual exploitation.

Over 212,000 people, including Jordanians and Syrian nationals living in northern Jordan, had a more reliable supply of clean water, after the ICRC renovated two critical pumping stations and other infrastructure. As the ICRC adjusted the scale of its infrastructural improvements according to the needs identified in coordination with local water board authorities, these projects benefited more

people than initially planned. ICRC-supported training helped local water board personnel to strengthen their ability to operate and maintain water-supply systems.

At information sessions, funded by the ICRC and conducted by the National Committee for Demining and Rehabilitation, over 100 Syrian refugees learnt how to protect themselves from mines and explosive remnants of war; some 20 of them were trained to conduct such sessions on their own.

Members of families separated by armed conflict restore contact

People separated from their relatives by armed conflict, detention or other circumstances continued to benefit from family-links services provided by the National Society and the ICRC. Syrian nationals in camps, and in urban areas, made phone calls to their relatives abroad and lodged tracing requests to locate members of their families, including through the ICRC's family-links website (familylinks.icrc.org) in Arabic. Families in Jordan sent RCMs and brief oral messages through ICRC delegates to get in touch with relatives detained in Iraq or other countries. In coordination with the UNHCR, IOM and the embassies concerned, the ICRC issued travel documents to 78 foreign nationals in Jordan, enabling them to rejoin their families in third countries.

PEOPLE DEPRIVED OF THEIR FREEDOM

People held by the General Intelligence Department (GID), or detained in correctional and rehabilitation centres (CRCs) or places of temporary detention run by the interior ministry, were visited regularly by the ICRC. Security detainees, foreigners and other particularly vulnerable people were followed up individually.

During and after these visits, the ICRC communicated its findings confidentially to the detaining authorities, to help them improve detainees' treatment and living conditions. It reminded the authorities of the necessity of informing families of the arrest of relatives, respecting the principle of *non-refoulement*, and ensuring that judicial guarantees were upheld. CRC officers and ICRC delegates met to discuss humanitarian considerations that had to be taken into account in transferring detainees to hospitals and courts. At ICRC seminars, security forces personnel learnt about international law enforcement standards, including in relation to arrests and detention (see *Actors of influence*).

Foreign detainees contact their relatives or apply for relocation abroad

With the ICRC's help, Palestinian refugees from Syria being held in a facility under the authority of the interior ministry applied for relocation abroad: 43 people were relocated. Some of the 82 refugees at King Abdullah Park awaited their respective embassies' approval of their applications for relocation; the ICRC followed up on the status of these applications.

Detainees – mainly foreigners and security detainees who could not receive family visits – contacted their relatives through RCMs and brief oral messages relayed by ICRC delegates; the ICRC recommended that they be allowed to make phone calls more frequently. Foreign detainees notified – through the ICRC – their embassies or UNHCR of their situation. Twenty-one detainees were referred to local organizations providing legal aid.

Recently released detainees or their families were given attestations of detention to help them apply for State benefits.

Inmates benefit from health-care services

The authorities took steps to improve the penitentiary health-care system, with ICRC support. In line with ICRC recommendations, health staff at CRCs adopted and implemented medical screening procedures for new detainees; the development of a system for referring sick or injured detainees to medical facilities was discussed with penitentiary authorities. Technical advice and medical supplies and equipment from the ICRC enabled clinics at seven detention facilities to enhance their services.

At a conference organized by the Jordan Medical Association and the ICRC, members of medical associations from Jordan and eight other countries in the Middle East and Africa discussed issues related to the provision of health care to detainees. Among the topics discussed were: fostering adherence to medical ethics among health staff; applying national health-care standards at detention facilities; managing hunger strikes; and the health consequences of solitary confinement. Participants in the conference recognized that medical associations had to provide more support for prison health staff.

Detainees in some of the places of detention visited by the ICRC were given hygiene items, books and other items to enhance their living conditions.

WOUNDED AND SICK

Local medical service providers bolster their capacities

The ICRC helped local medical service providers to increase their readiness to respond to emergencies, including mass-casualty situations.

The Jordan National Red Crescent Society and the ICRC held first-aid workshops for over 180 National Society instructors, enabling them to train volunteers in providing timely care to injured people, including asylum seekers. More than 30 health-care personnel from government and private institutions learnt first aid from local training providers that received financial or logistical support from the ICRC. Civil defence officers underwent ICRC courses in handling mass-casualty emergencies. Owing to difficulties in meeting administrative requirements, the ICRC was unable to conduct first-aid training for health staff in southern Syria, or assist disabled people from that region.

Material and technical support from the ICRC enabled a hospital in Ruwayshid to strengthen its capacity to deal with influxes of patients during and after emergencies. A pre-fabricated emergency room was installed at the hospital so that it could accommodate more patients. Whenever necessary, ICRC medical personnel worked alongside local doctors to treat weapon-wounded people. The ICRC also donated supplies to hospitals in Karak and al-Tafelah; medical staff at these facilities benefited from the ICRC's expertise.

Thirty-five surgeons from the health ministry, the RMS and various humanitarian organizations sharpened their skills in weapon-wound surgery at a course organized by the ICRC. Information sessions conducted by the ICRC enabled RMS staff and other medical personnel to more fully understand the protection afforded by IHL to health-care services.

The University of Jordan, the health ministry and the ICRC formally agreed to undertake a joint programme to bolster the university's capacity to run courses in physical rehabilitation. Instructors at the university were given technical advice by ICRC experts.

ACTORS OF INFLUENCE

The ICRC strove to broaden awareness of IHL and strengthen acceptance for the Movement's activities in Jordan and in the wider region through dialogue with the authorities (see *Civilians*), training sessions for government forces, and various forms of interaction with key members of civil society.

Government forces learn more about IHL and international law enforcement standards

Over 600 male and female officers from Jordan's military and security forces added to their knowledge of IHL, international human rights law and international policing standards through ICRC training. In addition, advanced ICRC courses enabled RMS personnel and some 170 officers studying at the Royal Police Academy to strengthen their grasp of IHL and international law enforcement standards.

At a national workshop organized by Jordan's training centre for police peacekeeping operations and the ICRC, Jordanian military and security forces personnel and officials from the national disaster management centre discussed standards for addressing security concerns during emergencies, particularly in relation to the treatment of detainees and migrants and other displaced people, and with regard to cases of missing persons.

With ICRC technical support, the Jordanian Armed Forces (JAF) continued to incorporate IHL and other applicable international norms in their operational guidelines and training. A JAF committee tasked to oversee this process drafted an IHL training curriculum and a set of rules of engagement; instructors were trained to conduct sessions on IHL for JAF officers.

Law students demonstrate their knowledge of IHL at a regional competition

The ICRC gave the national IHL committee financial and technical assistance for promoting the implementation of IHL in Jordan; members of the committee led workshops organized by the ICRC. In parallel, the ICRC sought, through various means, to build academic IHL expertise in Jordan and in neighbouring countries.

University professors and representatives of faith-based groups attended IHL courses in Jordan and abroad; the ICRC sponsored their participation at these courses. A regional IHL conference in Amman, co-organized with a local university, brought together over 700 law professors, students and government officials. At another conference, organized with another local university, teachers, students and government officials discussed the rights of refugees under international treaties and Islamic law. Law students demonstrated their grasp of IHL at a regional competition.

Dissemination sessions enabled staff and volunteers from Islamic charities and community-based humanitarian actors assisting Syrians in Jordan to familiarize themselves with IHL, humanitarian principles and the ICRC's neutral, impartial and independent approach. Influential members of Islamic circles were briefed on IHL and its common ground with Islamic law.

Press releases and meetings with local journalists aimed to encourage more media coverage of various humanitarian issues and the Movement's response to them.

RED CROSS AND RED CRESCENT MOVEMENT

The Jordan National Red Crescent Society, often with the ICRC, worked to address the needs of Syrian asylum seekers and vulnerable Jordanians. Financial, material and technical support from the ICRC enabled it to train its volunteers and staff and develop its capacities, especially in enhancing its organizational structure, managing its financial and human resources efficiently, and applying the Safer Access Framework.

Some 500 National Society staff and volunteers participated in joint activities with the ICRC. The National Society played a key

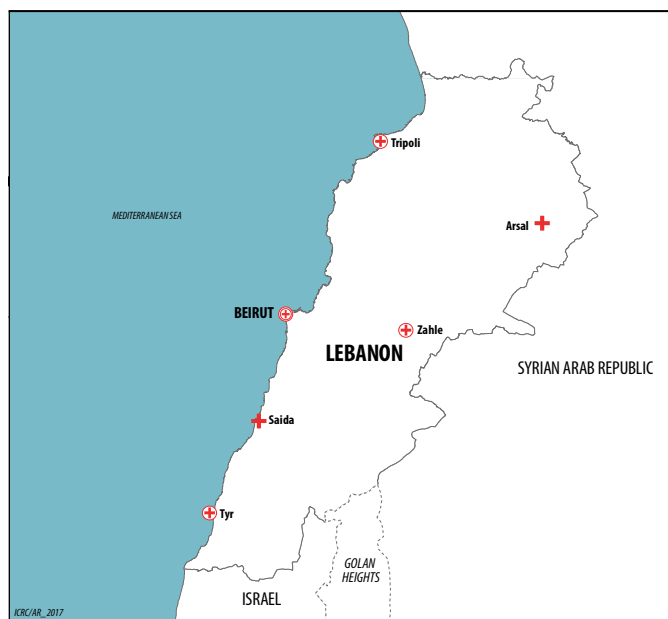
role in collecting beneficiaries' reactions, particularly to the cash transfer programme. With material and technical support from the ICRC, it maintained its vocational training programme for vulnerable Syrian and Jordanian women (see *Civilians*). Some staff took part in communication training courses with ICRC support. Training in first aid (see *Wounded and sick*) was a crucial part of National Society teams' preparations for emergencies.

Movement components met regularly to coordinate their activities for asylum seekers from Syria and exchange information on security and operational matters.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact			UAMs/SC	
RCMs collected	177			
RCMs distributed	748			
Phone calls facilitated between family members	13,377			
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered	462	20	6	11
Tracing cases closed positively (subject located or fate established)	12			
Tracing cases still being handled at the end of the reporting period (people)	2,191	59	25	76
Documents				
People to whom travel documents were issued	78			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Places of detention visited	21			
Detainees in places of detention visited	14,130	571	35	
Visits carried out	61			
			Women	Girls
Detainees visited and monitored individually	1,105	116	2	
<i>of whom newly registered</i>	961	109	2	
RCMs and other means of family contact				
RCMs collected	706			
RCMs distributed	186			
Phone calls made to families to inform them of the whereabouts of a detained relative	264			
People to whom a detention attestation was issued	25			

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	28,385	15,420	7,288
Essential household items	Beneficiaries	25,846	13,878	6,857
Cash	Beneficiaries	10,317	5,060	3,679
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	212,773	42,560	108,527
Health				
Health centres supported	Structures	2		
Average catchment population		386		
Consultations		2,037		
	<i>of which curative</i>	1,990	735	851
	<i>of which antenatal</i>	47		
Referrals to a second level of care	Patients	205		
	<i>of whom gynaecological/obstetric cases</i>	10		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	7,767	906	
Health				
Places of detention visited by health staff	Structures	15		
Health facilities supported in places of detention visited by health staff	Structures	7		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	3		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		4		
Weapon-wound admissions (surgical and non-surgical admissions)		77		
Weapon-wound surgeries performed		8		
First aid				
First-aid training				
	Sessions	11		
	Participants (sum of monthly data)	275		
Water and habitat				
Water and habitat activities	Beds	21		

LEBANON



ICRC/AR_2017
 ⊕ ICRC delegation ⊕ ICRC sub-delegation ⊕ ICRC office/presence

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Refugees in Palestinian camps and informal settlements, and communities hosting Syrian refugees, benefited from ICRC water, shelter and sanitation projects carried out with the Lebanese Red Cross and other Movement partners.
- ▶ Syrians in informal settlements or in violence-affected border areas, and Palestinian refugees displaced by violence, met some of their urgent needs through food and household items, or cash for buying them, provided by the ICRC.
- ▶ Wounded people, patients in critical condition referred by other facilities and people without health insurance received emergency medical treatment, including reconstructive surgery, from ICRC-supported medical facilities.
- ▶ Detainees at three places of detention had better living conditions after ICRC infrastructural upgrades. Similar projects in other prisons were ongoing.
- ▶ Missing people's families received psychosocial support from trained volunteers, and commemorated their missing relatives at ICRC-organized events. Collection and preservation of data on missing persons continued.
- ▶ Through dialogue and written representations, the ICRC reminded the authorities and weapon bearers concerned of the necessity of respecting the principle of *non-refoulement* and of protecting patients and medical services.

EXPENDITURE IN KCHF

Protection	4,803
Assistance	33,318
Prevention	2,181
Cooperation with National Societies	3,210
General	321
Total	43,832
<i>Of which: Overheads</i>	<i>2,675</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

Mobile staff	73
Resident staff (daily workers not included)	276

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

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	41
RCMs distributed	105
Tracing cases closed positively (subject located or fate established)	31
People reunited with their families	2
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	25
Detainees in places of detention visited	7,566
<i>of whom visited and monitored individually</i>	782
Visits carried out	156
Restoring family links	
RCMs collected	344
RCMs distributed	197
Phone calls made to families to inform them of the whereabouts of a detained relative	576

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	11,691
Essential household items	Beneficiaries	11,916
Productive inputs	Beneficiaries	660
Cash	Beneficiaries	9,500 16,255
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	74,000 70,857
Health		
Health centres supported	Structures	11 12
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	12 19
Water and habitat		
Water and habitat activities	Beds	450 307
Physical rehabilitation		
Projects supported	Projects	3 8
Patients receiving services	Patients	600 1,926

CONTEXT

The armed conflict in the Syrian Arab Republic (hereafter Syria) continued to affect Lebanon. Border restrictions reduced refugee arrivals, but around 1.5 million people from Syria remained in Lebanon, amid growing anti-refugee sentiment in the country.

The Lebanese Armed Forces (LAF) conducted security operations in violence-prone areas regularly, particularly near the Syrian border, and in Aarsal and the Bekaa valley. Military and security operations often resulted in arrests and detention and caused casualties, among both civilians and weapon bearers.

Tensions between armed factions persisted in the overcrowded Palestinian camps. Clashes at the Ein el-Helwe camp, in February, April and August, caused extensive damage and casualties, and displaced some of the inhabitants.

The needs of the refugee population had humanitarian organizations struggling to fill gaps in State services. Syrian refugees, particularly those living in informal settlements or in remote areas near the Lebanese–Syrian border, lacked access to basic services and livelihood opportunities. Refugees, and residents without health insurance, often found themselves unable to afford the cost of medical services.

Hundreds of unresolved cases of people unaccounted for in relation to past conflicts continued to cause anguish for the families concerned.

The Lebanese government approved a new electoral law and scheduled elections for May 2018.

ICRC ACTION AND RESULTS

The ICRC continued to respond to the humanitarian needs of people in Lebanon, particularly in connection with the ongoing conflict in Syria. It sought to protect and assist refugees from Syria, Palestinian refugees and destitute residents, in partnership with the Lebanese Red Cross and other Movement components, and in close coordination with the authorities and the UN Relief and Works Agency (UNRWA) and other organizations.

To help ensure timely care for wounded people, the ICRC provided technical expertise, funding and medical supplies throughout the casualty care chain, involving first responders, the National Society's emergency medical services (EMS), surgeons and hospitals. First-aid training for LAF personnel and for other weapon bearers in volatile areas also contributed to wounded people receiving timely care. The ICRC's Weapon Traumatology and Training Centre (WTTC), housed in two hospitals in Tripoli, and the ICRC-supported emergency ward at the Rafik Hariri University Hospital (RHUH) in Beirut provided surgical care to people who were: wounded; critically ill and referred by other facilities or by ICRC delegations elsewhere; or without health insurance. The RHUH, the largest public hospital in Lebanon, benefited from an ongoing, multi-year capacity-building project. At year's end, new water-treatment and ventilation systems were installed, and maintenance staff given the equipment and training necessary.

ICRC-supported primary-health-care facilities provided refugees and residents with curative and preventive care, psychosocial support and referrals for specialized treatment. In order to make

assistive devices and physiotherapy more widely available for physically disabled people, the ICRC provided financial support to a higher number of service providers compared to past years.

Emergency aid in the form of cash allowances, where feasible, or distributions of food and household essentials benefited Syrian refugees in informal settlements and Palestinians displaced by violence. Seed funding, or provision of supplies and equipment, helped several hundred households launch livelihood activities. ICRC shelter, water and sanitation projects benefited people in Palestinian camps and informal settlements, and communities hosting refugees. At schools in violence-prone areas, renovation of safe areas and evacuation routes helped ensure that students could continue their education in safety.

The ICRC visited detainees in accordance with its standard procedures, to monitor their treatment and living conditions. Dialogue with the detaining authorities focused on health care for detainees, judicial guarantees and respect for the principle of *non-refoulement*. The ICRC helped the authorities improve detainees' living conditions by making expert recommendations to them after prison visits and by renovating essential facilities at places of detention.

Dialogue with the LAF and the Internal Security Forces (ISF) continued to focus on IHL and international standards for law enforcement. The ICRC continued to guide the LAF's efforts to incorporate IHL in military doctrine and operations. It reminded weapon bearers in Palestinian camps of the protection due to schools and the medical services.

Members of families separated by armed conflict, detention or other circumstances reconnected with one another through the Movement's family-links services.

To aid future efforts to identify human remains, the ICRC continued to collect information on missing people, as well as biological reference samples, from their relatives. The ICRC urged the authorities to take into account its recommended amendments to a draft law on missing people. Missing people's families received psychosocial support from trained volunteers and commemorated their missing relatives at ICRC-supported events.

Media coverage of ICRC activities helped the public learn about the organization's neutral and impartial approach to humanitarian action.

With support from the ICRC and other Movement partners, the Lebanese Red Cross strengthened its capacities in emergency response. Movement components coordinated their activities to maximize the impact of their collective response to the humanitarian needs in Lebanon.

CIVILIANS

The ICRC monitored the situation of Syrian refugees and other vulnerable people in Lebanon. It submitted representations to the authorities and other actors concerned about the necessity of respecting the principle of *non-refoulement* and facilitating access to medical services. Through dialogue, it reminded weapon bearers of international standards for law enforcement. It also urged weapon bearers in Ein el-Helwe (see *Context*) to protect schools and people seeking or delivering medical care.

Members of separated families contact each other

Members of families dispersed by conflict, detention or other circumstances restored or maintained contact through the Movement's family-links services. Roughly 360 tracing requests were collected for people reportedly arrested in Syria. The ICRC's Damascus delegation (see *Syrian Arab Republic*) submitted these to the relevant Syrian authorities; any response received was shared with the enquirers in Lebanon.

The ICRC, acting as a neutral intermediary, facilitated the repatriation from Israel of three Lebanese citizens and the remains of eight others. Twenty-one refugees were resettled in third countries with ICRC travel documents. National Societies involved in reuniting families and resettling refugees received ICRC technical support.

Vulnerable people receive emergency aid and livelihood support

The Lebanese Red Cross and the ICRC assisted violence-affected people in Ein el-Helwe and in Arsal, including Syrian refugees. In areas without markets or banking services, or where cash assistance was not recommended for other reasons, 11,916 people (2,383 households) benefited from emergency distributions of household essentials; among them, 11,691 people (2,338 households) met 20% of their nutritional requirements through food parcels.

In total, 16,255 people (3,251 households) received cash for buying basic necessities or launching small businesses. They included: 1,562 displaced households (7,810 people) who received one-off cash grants; 1,089 particularly vulnerable households (5,445 people) – among them households in Arsal and Sheeba, and those referred by ICRC health and protection departments – who received monthly cash allowances; 326 households (1,630 people) who participated in microeconomic initiatives; and 274 households (1,370 people) who had benefited from cash-for-work activities in 2016 but needed additional assistance. At year's end, 432 households who had received monthly assistance reported having covered, on average, 80% of their monthly expenses; the 326 households who had launched small businesses reported a 70% increase in income.

Supplies and tools for strawberry farming or livestock raising were given to 132 households (660 people).

Refugees and residents have better living conditions

Community leaders and the ICRC discussed measures to reduce people's exposure to violence and protect students' safe access to education. In Ein el-Helwe, designated safe areas and evacuation routes at four schools (2,134 students) were repaired; the students participated in evacuation drills and sessions on safety measures. Safe areas were renovated at two schools (700 students) in Tripoli; in Arsal, the ICRC set up a tent school (200 students).

With ICRC support, 3,042 Palestinians and Syrians living in substandard buildings installed doors and fixtures in their dwellings.

Some 12,000 Palestinians regained access to electricity after the ICRC, in close coordination with UNRWA, repaired the electrical power system in Ein el-Helwe camp. In the Bekaa valley, the ICRC renovated a water reservoir and pumping station, and donated fuel, benefiting approximately 22,000 people.

The National Society and the ICRC partnered other Movement components to implement projects for improving living conditions for Syrian refugees in informal settlements. With ICRC support, 14,211 Syrians in Arsal and the Bekaa valley reinforced and insulated their tents; roughly 16,500 Syrians received hygiene kits.

Vulnerable people obtain primary-health-care services

Refugees and residents received preventive and curative care at 12 primary-health-care facilities along the Lebanese-Syrian border and in Palestinian camps; the ICRC gave these facilities fuel and other supplies, equipment, and training for their staff. It also constructed a new clinic for a field hospital in Arsal.

In total, 198,237 health consultations took place and 4,218 children were vaccinated against polio. Two ICRC-supported clinics provided counselling for victims of violence, including sexual violence; the ICRC carried out an assessment of the barriers to health care among the clinics' catchment population, and conducted mental-health awareness sessions.

The ICRC launched a study on the effectiveness of its health-related activities in the catchment area of ten ICRC-supported facilities; policy recommendations based on the findings would be submitted to the authorities later, with a view to making preventive health care more accessible to vulnerable people, particularly women of reproductive age.

Missing people's families find some relief

In total, 119 families received psychosocial support via an ICRC-backed accompaniment programme, which involved group counselling and information sessions updating them on ICRC activities to collect and store data. With ICRC support, a network of trained counselors covered five additional districts. At a two-day retreat sponsored by the ICRC, missing people's families discussed how to mobilize support for alleviating their plight; they also organized commemorative and awareness-raising events (see *Actors of influence*).

In preparation for future efforts to identify human remains, the ICRC conducted data-gathering interviews with the families of 380 missing people. Data analysis and research on burial sites continued; the authorities received technical support for identifying human remains at three sites. By year's end, biological reference samples had been collected from the families in 579 missing-persons cases.

An ICRC report proposing amendments to a draft law on missing people was submitted to and discussed with the authorities.

The LAF, the Lebanese Civil Defense, two Palestinian Red Crescent hospitals, and two government hospitals received body bags and forensic equipment; forensic professionals from the ISF, the LAF and other government bodies received training in human remains management, as a measure to prevent disappearances.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC checked on the treatment and living conditions of detainees at 25 places of detention under the authority of the defence and interior ministries, through visits conducted in accordance with its standard procedures. It followed up 782 detainees – including security detainees, people under interrogation and foreigners – individually; some were referred for medical care or psychological support, and others were given material assistance.

The ICRC made recommendations to the detaining authorities for ensuring that detainees' living conditions and treatment, including access to medical care, met internationally recognized standards. It submitted written representations on such matters as respect for judicial guarantees and the principle of *non-refoulement*, and prevention of ill-treatment, including sexual violence.

ISF and LAF officials, sponsored by the ICRC, attended workshops and round-tables, in Lebanon and elsewhere (see *Jordan*), where they learnt about best practices in prison health care. The ICRC and the justice ministry discussed issues such as case backlog and prison overcrowding. An ICRC-commissioned lawyer provided representation for detainees in prolonged pre-trial detention. The ICRC visited a new maximum-security prison and gave the authorities advice on prison management.

Detainees contacted their relatives through the Movement's family-links services; the ICRC helped foreigners notify their embassies, or UNHCR, of their circumstances. Detainees at one military prison received an ICRC-produced newsletter.

The ICRC constructed water-treatment and firefighting systems, and a covered area for visitors, at a retention centre run by the General Directorate of General Security (General Security), where approximately 1,000 people were being held. Renovations were completed at three other places of detention, benefiting roughly 270 detainees; similar work at other facilities was ongoing. The ICRC built a new borehole and reservoir for its ongoing water-supply project at the Roumieh central prison.

The ISF appointed a focal point for ICRC capacity-building initiatives. The ICRC provided prison staff with training and tools for maintaining facilities, thus reducing the need for external contractors.

WOUNDED AND SICK

The ICRC promoted respect for the protection due to patients and medical services (see *Civilians*); it also conducted information sessions for medical personnel on the goals of the Health Care in Danger project.

The National Society tends to wounded people

To enlarge the pool of first responders, the Lebanese Red Cross and the ICRC conducted first-aid training in Palestinian camps for weapon bearers, teachers, students and other community members. LAF instructors trained 54 new first-aiders. The National Society EMS, with ICRC support (see *Red Cross and Red Crescent Movement*), provided on-site care and medical evacuation for wounded people; it also facilitated blood transfusions for 4,000 Lebanese and Syrian patients.

Doctors benefit from ICRC expertise in war surgery

Through ICRC courses: WTTC medical staff developed their skills in emergency and reconstructive surgery; 60 doctors and nurses from Aarsal, Beirut and Saida learnt more about emergency-room trauma care; and 36 surgeons from Lebanon and abroad gained practical training in weapon-wound surgery. In November, 35 medical professionals from 15 countries attended a regional course – co-organized with the National Society, the Lebanese University and WHO – on managing large-scale health emergencies. At the 48th Middle East Medical Assembly, civilian and military doctors attended ICRC presentations on wound management and physical rehabilitation.

Wounded people and destitute patients receive appropriate care

Refugees and residents benefited from medical services at 19 facilities that received ICRC material, financial and technical support.

In Tripoli, an ICRC team – surgeons, nurses, psychologists, social workers, infectious disease specialists and physiotherapists – continued to run the WTTC, which consisted of a reconstructive surgery unit in Dar al-Chifae hospital and a post-operative rehabilitation unit in Dar al-Zahra hospital. The ICRC conducted training for medical staff regularly. The medical team of the emergency department at the RHUH received on-site support from ICRC surgical and non-surgical teams. The ICRC ran a 32-bed ward for patients requiring psychological/psychosocial support or physiotherapy.

Approximately 2,000 operations were performed at the WTTC and the RHUH. Some patients were referred for follow-up care after their operations. The ICRC covered, partially or fully, the costs of emergency treatment for wounded patients, including critically ill patients referred by other facilities or by ICRC delegations elsewhere, and for people without health insurance.

The RHUH and the ICRC began developing a capacity-building project in mother-and-child care. Owing to staffing constraints, the ICRC suspended all reconstructive surgery at the RHUH.

Sixteen other ICRC-supported facilities provided medical services for tens of thousands of Syrian patients and destitute residents. These facilities included six hospitals that stabilized patients before referring them for surgery, five Palestinian Red Crescent hospitals, two field hospitals in Aarsal, and three hospitals in Ein el-Helwe. The ICRC, in partnership with other Movement components, launched a project to improve emergency care, particularly for infants and pregnant women, at a hospital in Ein el-Helwe.

Hospitals improve their facilities

The RHUH expanded its capacity, from 170 to 203 beds, after repairs to its water-treatment and ventilation systems and the renovation of a ward; all this was part of a multi-year capacity-building project. RHUH personnel were given training and tools to develop their capacities in hospital maintenance.

Patients and medical staff in Dar al-Zahra hospital (104 beds) had safer surroundings after the ICRC waterproofed the roof and repaired electrical wiring systems.

Disabled people receive help for regaining their mobility

Physically disabled people received rehabilitative care at eight service providers funded by the ICRC. In total, 1,187 assistive devices were provided for patients in the Bekaa valley and elsewhere in Lebanon; 217 patients received free physiotherapy through a funding agreement between the ICRC and the Kuwait Red Crescent Society.

The ICRC launched a research project with Beirut Arab University on the effectiveness of virtual-reality therapy for amputees. More than 200 students attended ICRC presentations on managing phantom pain with mirror therapy.

To promote the social inclusion of disabled people, the ICRC donated 21 sports wheelchairs to the Tripoli Disabled Sports Association (TDSA). The TDSA, with ICRC funding, organized a wheelchair basketball tournament and bought a bus to transport teams.

The ICRC provided the parties concerned with expert advice for implementing domestic laws governing the physical rehabilitation sector.

ACTORS OF INFLUENCE

Military and security personnel add to their knowledge of IHL

Dialogue with officials from the LAF, ISF and General Security tackled IHL considerations in the performance of their respective duties and international standards for law enforcement.

The LAF, which began organizing IHL courses independently, was given expert advice for incorporating IHL in military doctrine and training. In February, LAF, ISF and justice ministry officials added to their knowledge of IHL at a ten-day regional course in Arabic, which the ICRC organized jointly with the League of Arab States' Centre for Legal and Judicial Studies; 70 people from 18 countries participated. A General Security official and a law professor, sponsored by the ICRC, took a similar course in Tunisia. More than 115 members of the General Security counter-terrorism unit and two military intelligence personnel learnt more about international rules governing the use of force, in law enforcement or security operations, at ICRC workshops.

While conducting first-aid training for them, the ICRC discussed humanitarian principles, international standards for the use of force, and the goals of the Health Care in Danger project with weapon bearers in Palestinian camps.

The public learns more about the plight of missing people's families

Families commemorated their missing relatives through exhibitions and other events organized with ICRC support. These events broadened awareness of the families' plight, and fostered support for the ICRC's efforts to address their needs. An information campaign encouraged relatives of missing people to learn more about the ICRC's efforts to gather and preserve data on missing people (see *Civilians*). Information sessions stimulated students' interest in the legal/social issues that missing people's families faced; two universities incorporated these issues in their curriculum.

Lebanese media helped to broaden public awareness of the ICRC's work – by covering the WTTC and the ICRC's activities for Syrian refugees, for instance. The ICRC sought to draw attention to issues of humanitarian concern through social media, and through a multimedia project featuring violence-affected residents of Syria Street in Tripoli.

A study on refugee and host communities' perception of the ICRC was being finalized at year's end.

RED CROSS AND RED CRESCENT MOVEMENT

The Lebanese Red Cross, the country's principal provider of EMS and blood-bank services, remained the ICRC's main partner in Lebanon. With comprehensive support from the ICRC and other Movement components, it trained 500 EMS volunteers and improved the coverage, quality and responsiveness of its EMS. It also received support for organizational development, in finance, logistics, human resources and public communication.

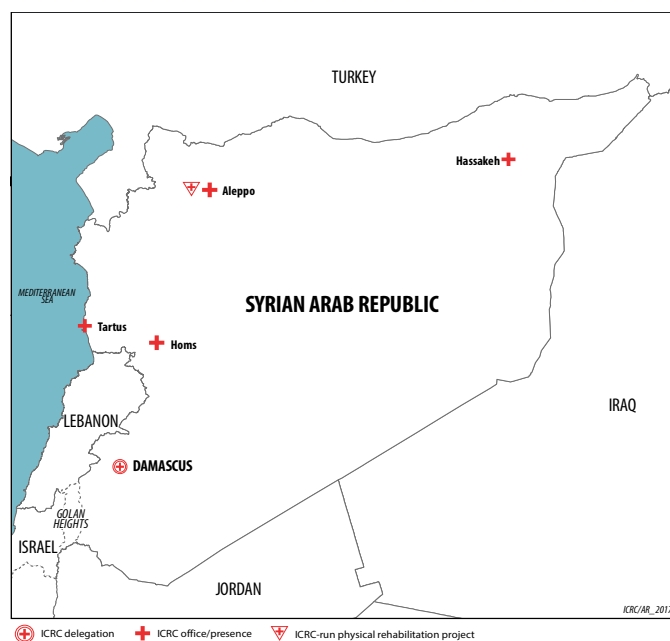
The Palestine Red Crescent Society's Lebanon branch operated its health facilities with ICRC financial and technical support. In cooperation with other Movement partners, it worked to develop its capacities in project management and emergency response.

The Lebanese Red Cross, the International Federation and the ICRC signed a three-year cooperation agreement that also set out their roles and responsibilities. Movement components met regularly to coordinate their activities and develop a common position on humanitarian issues in Lebanon.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		41			
RCMs distributed		105			
Reunifications, transfers and repatriations					
People reunited with their families		2			
People transferred or repatriated		3			
Human remains transferred or repatriated		8			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		773	71	22	35
	<i>including people for whom tracing requests were registered by another delegation</i>	20			
Tracing cases closed positively (subject located or fate established)		31			
	<i>including people for whom tracing requests were registered by another delegation</i>	16			
Tracing cases still being handled at the end of the reporting period (people)		4,165	339	76	155
	<i>including people for whom tracing requests were registered by another delegation</i>	28			
Documents					
People to whom travel documents were issued		21			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		25			
Detainees in places of detention visited		7,566	919	239	
Visits carried out		156			
			Women	Girls	Boys
Detainees visited and monitored individually		782	50	9	30
	<i>of whom newly registered</i>	548	44	9	25
RCMs and other means of family contact					
RCMs collected		344			
RCMs distributed		197			
Phone calls made to families to inform them of the whereabouts of a detained relative		576			
Detainees visited by their relatives with ICRC/National Society support		45			
People to whom a detention attestation was issued		24			

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	11,691	2,924	5,843
Essential household items	Beneficiaries	11,916	2,980	5,956
Productive inputs	Beneficiaries	660	166	328
Cash	Beneficiaries	16,255	4,080	8,095
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	70,857	35,429	28,343
	<i>of whom IDPs</i>	70,857	35,429	28,343
Health				
Health centres supported	Structures	12		
Average catchment population		396,000		
Consultations		198,237		
	<i>of which curative</i>	184,302	58,137	61,955
	<i>of which antenatal</i>	13,935		
Immunizations	Patients	7,589		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	4,218		
Referrals to a second level of care	Patients	4,864		
	<i>of whom gynaecological/obstetric cases</i>	327		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	2,807	209	12
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	1,286	450	
Health				
Places of detention visited by health staff	Structures	17		
Health facilities supported in places of detention visited by health staff	Structures	3		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	19		
	<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	680	56	51
	(including those related to mines or explosive remnants of war)	6	1	1
	Non-weapon-wound admissions	2,925		
	Operations performed	3,734		
Medical (non-surgical) admissions		3,266	1,362	880
Gynaecological/obstetric admissions		4,144	3,789	355
Consultations		53,157		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		3,413		
Weapon-wound admissions (surgical and non-surgical admissions)		84	4	6
Weapon-wound surgeries performed		55		
Patients whose hospital treatment was paid for by the ICRC		2,297		
First aid				
First-aid training				
	Sessions	21		
	Participants (sum of monthly data)	290		
Water and habitat				
Water and habitat activities	Beds	307		
Physical rehabilitation				
Projects supported	Projects	8		
Patients receiving services (sum of monthly data)		1,926	270	882
New patients fitted with prostheses	Patients	188	38	11
Prostheses delivered	Units	217	44	17
	<i>of which for victims of mines or explosive remnants of war</i>	19		2
New patients fitted with orthoses	Patients	507	55	329
Orthoses delivered	Units	781	78	551
Patients receiving physiotherapy	Patients	204	15	128
Walking aids delivered	Units	101	26	27
Wheelchairs or tricycles delivered	Units	88	17	30

SYRIAN ARAB REPUBLIC



KEY RESULTS/CONSTRAINTS IN 2017

- ▶ The Syrian Arab Red Crescent and the ICRC conducted more field trips than in past years, including across front lines, to assess needs and deliver aid. Impediments to principled humanitarian action, however, remained.
- ▶ Millions of IDPs, residents and returnees met their urgent needs for food, water and household essentials, through emergency aid and other relief efforts carried out by the National Society, other local actors and/or the ICRC.
- ▶ Increased proximity to conflict-affected communities enabled the National Society and/or the ICRC to provide supplies and equipment to more vulnerable people than planned, helping them to start or resume livelihood activities.
- ▶ With comprehensive ICRC support, the National Society and other Syrian medical providers – including in besieged and hard-to-reach areas – sustained their emergency and primary-health-care services for conflict victims.
- ▶ The ICRC resumed its visits to detainees in central prisons. Inmates in some of these places had better living conditions because of material and infrastructural assistance from the ICRC.
- ▶ Parties to the conflict were reminded by the ICRC to uphold IHL and other pertinent norms, in particular, to fulfil their obligation to protect civilians and ensure access for them to medical and humanitarian aid.

EXPENDITURE IN KCHF

Protection	4,150
Assistance	163,687
Prevention	3,251
Cooperation with National Societies	6,323
General	347
Total	177,758
<i>Of which: Overheads</i>	<i>10,834</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	100%
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PERSONNEL

Mobile staff	87
Resident staff (daily workers not included)	431

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

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	161
RCMs distributed	108
Phone calls facilitated between family members	224
Tracing cases closed positively (subject located or fate established)	131
People reunited with their families	2
<i>of whom unaccompanied minors/separated children</i>	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	8
Detainees in places of detention visited	17,823
<i>of whom visited and monitored individually</i>	149
Visits carried out	12
Restoring family links	
RCMs collected	62
RCMs distributed	7
Phone calls made to families to inform them of the whereabouts of a detained relative	60

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	2,054,000 3,269,593
Essential household items	Beneficiaries	1,800,000 1,841,295
Productive inputs	Beneficiaries	30,000 146,482
Cash	Beneficiaries	2,500
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	15,000,000 15,000,000
Health		
Health centres supported	Structures	10 16
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	24
Water and habitat		
Water and habitat activities	Beds	600 3,246
Physical rehabilitation		
Projects supported	Projects	2 2
Patients receiving services	Patients	1,200 3,912

CONTEXT

In the Syrian Arab Republic (hereafter Syria), the armed conflict between government forces and various armed groups continued, as did fighting among these factions. Government forces and third-party States also carried out and/or supported operations against the Islamic State group.

Its military operations, combined with local agreements with factions in certain areas, enabled the government to regain control over some parts of the country held by armed groups. In May, the Islamic Republic of Iran, the Russian Federation and Turkey agreed to establish four 'de-escalation zones' in key locations; and in July, the Russian Federation and the United States of America, together with Jordan, arranged a ceasefire in southern Syria. These efforts contributed to the abatement of violence in some governorates, although fighting persisted – and even intensified – in several areas.

Internationally backed peace talks still did not result in a breakthrough towards a political solution to the crisis.

Allegations continued to be made of serious and recurrent breaches of IHL and other applicable norms. Since the beginning of the conflict in 2011, around 400,000 people have been killed, 1.5 million injured or wounded, and tens of thousands missing or detained. In 2017, over 700,000 people who had previously fled their homes returned, but another 2.9 million were forced to leave their homes. By year's end, over 6.1 million people had been internally displaced; millions more were living outside Syria.

The protracted violence and international sanctions continued to cripple the economy, infrastructure and public services. Needs were particularly severe in areas besieged by either government forces or armed groups, and in places made virtually inaccessible by security or logistical constraints.

Between March 2011 and December 2017, 66 workers from the Syrian Arab Red Crescent and 8 from the Palestine Red Crescent Society had been killed. The 2013 abduction of three ICRC staff members remained unresolved.

ICRC ACTION AND RESULTS

In partnership with the Syrian Arab Red Crescent and other local partners, and in coordination with Movement components and other organizations, the ICRC strove to carry out its multidisciplinary response to humanitarian needs in Syria, despite security constraints and other impediments to the full implementation of its activities.

In this complex and challenging environment, the ICRC endeavoured to foster acceptance and respect for its mandate and activities and for IHL and other applicable norms, primarily among the parties to the conflict and other key contacts, but also among the general public. For the first time since 2011, the ICRC conducted an IHL training session for military officers. Aided by ICRC expertise, the national IHL committee drafted and adopted an action plan to promote IHL countrywide. Partly as a result of these efforts, the National Society and the ICRC had broader access to some conflict-affected places, including besieged and/or hard-to-reach areas: they conducted more field trips, such as cross-line activities, than in the past. The ICRC opened an office in Hassakeh in October, to be closer and, thus better serve communities in the north-east.

The National Society and the ICRC continued to conduct large-scale distributions of food and household essentials that benefited millions of IDPs, residents and returnees. The ICRC maintained its extensive support for local partners, to help ensure that millions of people, including IDPs, had access to drinking water, and better shelters and other basic facilities. Where security conditions were more stable, the National Society and the ICRC scaled up initiatives to help vulnerable households regain a degree of self-sufficiency.

To help wounded and sick people, especially in besieged and hard-to-reach areas, receive timely and suitable care, the ICRC focused on providing comprehensive assistance for strengthening services at primary-health-care clinics, hospitals and dialysis centres. However, the delivery of surgical supplies and equipment to health-care facilities remained difficult. Rehabilitation centres run by the ICRC, and by the National Society with ICRC support, helped meet the needs of physically disabled people.

The ICRC visited people held in central prisons; afterwards, it communicated its findings confidentially to the pertinent officials. Various types of ICRC support were given to some of these prisons, helping improve living conditions and health services there. The ICRC resumed its activities in central prisons only in July, after suspending them for nearly a year to explain its working procedures to the authorities concerned. The ICRC strove to gain access to other places of detention, including those run by the security forces or by armed groups.

The Movement's family-links services helped members of dispersed families reconnect, but thousands of people remained unaccounted for, such as those allegedly arrested or detained in relation to the conflict.

The National Society bolstered its operational and organizational capacities with ICRC backing. Movement components in Syria met regularly to coordinate their activities.

CIVILIANS

More conflict-affected areas are reached by the ICRC despite persisting barriers to humanitarian action

The ICRC continued to face difficulties in carrying out its activities safely, because of the fighting, the multiplicity of armed groups, and the limited acceptance for its presence. It regularly adapted its activities to the restrictions imposed by parties to the conflict.

Despite these constraints, the National Society and the ICRC saw some improvement in their proximity to victims of the fighting, partly as a result of expanded interaction with key contacts (see *Actors of influence*). They conducted more field trips than in the past – such as cross-line activities – to assess needs and deliver aid, sometimes in coordination with the UN; some of these trips were also organized in besieged and/or hard-to-reach areas.

Vulnerable people receive food and other urgently needed essentials

About 3.26 million IDPs, residents and returnees (over 650,000 households) – some 1.2 million more than once – benefited from food assistance from the National Society, other local actors and the ICRC. They met some of their dietary needs through one-month food parcels and canned goods provided by the ICRC and distributed by the National Society, meals from local charity kitchens and/or bread from local bakeries.

Some 30 flour mills and other facilities processing or producing staples or meals maintained or increased their output with material and infrastructural support from the ICRC.

Hygiene kits and other household essentials from the National Society and the ICRC helped ease living conditions for over 1.84 million people (386,000 households). Some of these beneficiaries also received winter supplies; and some schoolchildren benefited from educational materials on the hazardousness of mines and explosive remnants of war (ERW).

Approximately 31% of the people who received food, and 10% of those who benefited from household essentials, were in besieged or hard-to-reach locations.

Increased ICRC support enables more breadwinners to carry out income-generating activities

Because certain violence-affected areas, especially those where security conditions were relatively stable, had become more accessible to the National Society and the ICRC, more households than planned benefited from livelihood support; some of these households received productive inputs instead of cash. Roughly 28,600 heads of farming households (supporting over 143,000 people) – including returnees and IDPs – benefited from vegetable seed and other agricultural supplies, enabling some of them to grow more food or protect their crops from frost. Over 400 heads of households – women, disabled people, IDPs and returnees (benefiting some 2,000 people in total) – launched small businesses with the equipment and raw materials they received; most of them generated enough additional income to cover 50% of their monthly expenses.

National Society personnel developed their ability to carry out relief and livelihood-support activities, through training and by working with the ICRC.

Millions of people gain access to potable water and improved communal facilities

Partnerships between the water resources ministry, other local authorities, the National Society and the ICRC helped ensure a regular supply of water and adequate living conditions for a total of 15 million people countrywide. Around 520,000 of them who were not connected to the public water-supply grid received trucked-in water. The ICRC helped renovate local infrastructure and donated equipment and consumables to the local water boards – for disinfecting water, for instance – thereby benefiting over 13.5 million people.

In addition, among the 15 million people mentioned above: some 4 million had access to improved wastewater systems, which helped reduce risks to public health; over 205,700 IDPs had better shelter and sanitation facilities; and around 4.2 million benefited from a supply of electrical power.

People in besieged and hard-to-reach areas receive primary health care

People in six governorates obtained preventive and curative health care at seven mobile health units and nine polyclinics run by the National Society with comprehensive support from the ICRC; over 200,000 people were given consultations at these facilities. Other National Society clinics and health facilities in besieged and/or hard-to-reach areas received drugs, birth supplies and other essential medical items on an ad hoc basis.

With ICRC financial, material and technical support, local authorities, health professionals and National Society personnel strove to curb the spread of scabies and other communicable diseases. Around 6,250 people with leishmaniasis received treatment; the distribution of 156,700 bed nets helped protect other people from contracting the disease. Nearly 168,000 children benefited from delousing campaigns.

The ICRC continued to assess the needs of victims of sexual violence, particularly their psychological needs, with a view to establishing referral networks of suitable care providers for them.

National Society volunteers drew on ICRC expertise to build their capacities in conducting health information sessions and providing mental health care to their colleagues. Around 70 trained National Society staff conducted peer-support sessions for roughly 1,100 National Society volunteers countrywide.

Parties to the conflict are urged to respect IHL

Owing to its increased field activities, the ICRC strove to strengthen its bilateral dialogue with parties to the conflict on the necessity of upholding IHL and other applicable norms. It reminded them to: protect people who were not or no longer participating in hostilities – including medical personnel and humanitarian workers – and to show due regard for the red cross and red crescent emblems; prevent indiscriminate attacks; and ensure safe access to basic services and humanitarian aid. The ICRC submitted more written representations to the parties concerned than in the previous year. At ICRC information sessions, local officials learnt more about issues of concern to displaced persons and returnees.

Some people reconnect with relatives, but thousands remain without news of family members

People within and outside Syria continued to seek help from the National Society and/or the ICRC to locate or restore contact with their relatives in the country or elsewhere. Through the coordinated efforts of Movement partners in Turkey and Syria, a boy was reunited with his family in Syria. Over 130 tracing cases were closed by year's end; however, thousands of people still remained unaccounted for (see *People deprived of their freedom*).

Some residents of the Israeli-occupied Golan relayed official documents with relatives in Syria proper, to help them advance legal or administrative proceedings; however, tensions along the demarcation line did not make it possible for the ICRC to facilitate travel for humanitarian reasons. In coordination with other organizations, the ICRC issued 69 travel documents to expedite the resettlement of refugees in third countries.

With ICRC support, the National Society and other local actors became more capable of tackling the issue of missing persons; in particular, they developed their ability to manage human remains. As per a 2016 memorandum of understanding between the General Commission of Forensic Medicine (GCFM) and the ICRC, over 140 forensic specialists from the GCFM and the interior and defence ministries were sponsored by the ICRC to attend workshops on forensic humanitarian action, in Syria and elsewhere. The only DNA laboratory in Syria was given equipment, and infrastructure at eight morgues was upgraded. The remains of two Syrian migrants who died at sea were identified, through the coordinated efforts of the interior ministry, Interpol and the ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM

Visits to central prisons resume

In July, the ICRC resumed its activities for detainees, which had been suspended since September 2016 to enable the organization to explain its working procedures to the pertinent authorities. The ICRC thus visited, in accordance with its standard procedures, people held in central prisons under the responsibility of the interior ministry. After these visits, delegates communicated their findings – on such matters as respect for detainees' judicial guarantees – confidentially to the authorities concerned. Prison officials implemented some of the ICRC's recommendations for improving detainees' treatment and living conditions.

The ICRC followed up with the pertinent authorities enquiries from families of people allegedly arrested or detained in relation to the conflict; it was able to obtain information about some of these people. Detainees re-established contact with their relatives through RCMs and oral messages relayed by ICRC delegates.

Detainees in some prisons access drinking water and refurbished facilities

Two central prisons reinforced their primary-health-care services with medical equipment and supplies from the ICRC; several disabled detainees received walking aids. A representative of the national medical association, sponsored by the ICRC, attended a regional conference on health care in detention (see *Jordan*).

Various forms of ICRC assistance helped ensure that detainees had access to potable water and better living conditions. These included water-trucking services and renovation of basic facilities at three prisons, and an information campaign on preventing skin diseases at one of them. Over 10,000 inmates at four places of detention received hygiene items and winter clothes.

The ICRC maintained its efforts to gain access to other places of detention, including those run by the security forces and by armed groups.

WOUNDED AND SICK

On the basis of documented abuses against health services, including attacks on them and systematic denial or obstruction of access, the ICRC reminded parties to the conflict of the protection due to patients and medical workers and facilities, regardless of affiliation, under IHL and other applicable norms.

Wounded people are treated at ICRC-supported hospitals

With ICRC material, technical and financial support, National Society volunteers administered first aid and transported people who were wounded or seriously ill to hospitals. At the request of the parties concerned, the National Society and the ICRC served as neutral intermediaries in the evacuation of 29 critically ill people, and their relatives, from a besieged area in Damascus to nearby hospitals.

Opportunities for the ICRC to provide material support to health facilities remained limited: deliveries of surgical supplies were rarely allowed, and then only in small quantities. Twenty-four government and/or field hospitals and dialysis centres, including in besieged and hard-to-reach areas, sustained their services with medical equipment and supplies, haemodialysis consumables, and spare parts donated by the ICRC on an ad hoc basis. Surgical sets and instruments distributed to 19 of these hospitals helped doctors treat wounded people. Over 100 surgeons, health ministry

personnel and other health staff developed their ability to treat such patients, at ICRC training sessions in Syria and abroad (see *Lebanon*).

Periodic and ad hoc infrastructural upgrades carried out by the National Society and the ICRC, in coordination with the health ministry and local authorities, helped 29 hospitals and health points bolster their electrical power and water-supply systems.

Disabled people obtain appropriate care

Disabled people received physical rehabilitation services at two centres: an ICRC-run facility in Aleppo, and another in Damascus, run by the National Society with ICRC material, technical and financial support. Over 360 people were fitted with prostheses. Selected patients of the Aleppo centre obtained livelihood support to help facilitate their social inclusion (see *Civilians*).

Wheelchairs from the ICRC and other assistive devices distributed by the National Society benefited disabled people living beyond the areas covered by the two centres.

Three physical rehabilitation trainees continued to pursue their studies abroad, on ICRC scholarships.

ICRC plans to establish or support additional centres fell through, either because of the volatility of the situation or because needs in the targeted areas were few.

ACTORS OF INFLUENCE

Contact and coordination with local and central government authorities, community leaders and members of some armed groups helped facilitate access to vulnerable people for the National Society and the ICRC, although impediments to principled humanitarian action remained (see *Civilians* and *Wounded and sick*).

During meetings with government officials, and in reports and public statements, the ICRC emphasized the right of all wounded people to receive medical treatment and of all civilians, including those in besieged and/or hard-to-reach areas, to receive humanitarian assistance. In its interaction with them, in Syria and abroad, the ICRC sought to familiarize representatives of certain armed groups with humanitarian principles, basic IHL provisions and the Movement.

Syrian military officers learn more about IHL

The national IHL committee drew on ICRC expertise to draft and adopt an action plan for promoting IHL throughout the country. It held courses on the subject for Syrian diplomats and interior ministry officials.

At an ICRC training session, the first since 2011, 30 military officers advanced their understanding of IHL provisions governing the conduct of hostilities.

Future government officials strengthened their grasp of IHL through ICRC courses at the National Institute of Public Administration. The ICRC's dialogue with academics contributed to the inclusion of IHL in the curricula of public universities; one university formalized a cooperation agreement with the ICRC on IHL instruction. University students, sponsored by the ICRC, participated in and won a regional moot court competition (see *Egypt*).

Social media keep Syrians informed of the ICRC's activities for victims of conflict

People in Syria – including potential and current beneficiaries – and people abroad kept abreast of the humanitarian consequences of the conflict in Syria and of the ICRC's response, partly through events arranged by the organization and information provided by it through print and social media. Information shared through these means included matters covered by the Health Care in Danger project and details of the ICRC's assistance activities in besieged and other areas inaccessible to journalists.

The ICRC maintained contact with members of the local and international media, regardless of their affiliation in relation to the conflict, and contributed to their coverage of the situation in Syria. Media professionals advanced their understanding of various humanitarian issues, IHL and the Movement through a series of workshops and public events organized by the ICRC. Some 30 Syrian journalists learnt how to broaden public awareness of the hazardousness of mines and ERW.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society responded to humanitarian needs, in line with the Fundamental Principles and the Safer Access Framework. It continued to benefit from extensive financial, material and technical support from the ICRC, as per a 2017–2019 partnership agreement. Such support helped defray the National Society's operating costs at its headquarters, 13 branches and 13 disaster-response or first-aid centres; it also helped strengthen the National Society's public-communication activities.

The National Society and the ICRC signed additional project agreements, with a view to bolstering the National Society's organizational development, its activities connected to water and sanitation, and its financial and administrative capacities. Under one of these agreements, nearly 30 ICRC-trained National Society volunteers conducted mine-risk education sessions for 1,213 of their peers.

The ICRC continued to provide technical support for the Palestine Red Crescent Society to assist Palestinian refugees in Syria.

Movement components in Syria 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		161			
RCMs distributed		108			
Phone calls facilitated between family members		224			
Reunifications, transfers and repatriations					
People reunited with their families		2			
	<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		3,822	155	134	202
	<i>including people for whom tracing requests were registered by another delegation</i>	817			
Tracing cases closed positively (subject located or fate established)		131			
	<i>including people for whom tracing requests were registered by another delegation</i>	20			
Tracing cases still being handled at the end of the reporting period (people)		10,264	501	362	523
	<i>including people for whom tracing requests were registered by another delegation</i>	5,429			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		4	1		
UAMs/SC reunited with their families by the ICRC/National Society		1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		4	1		
Documents					
People to whom travel documents were issued		69			
Official documents delivered across borders/front lines		24			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		8			
Detainees in places of detention visited		17,823	922	594	
Visits carried out		12			
			Women	Girls	Boys
Detainees visited and monitored individually		149	32		11
	<i>of whom newly registered</i>	100	21		11
RCMs and other means of family contact					
RCMs collected		62			
RCMs distributed		7			
Phone calls made to families to inform them of the whereabouts of a detained relative		60			
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	3,269,593	980,928	1,307,737
	<i>of whom IDPs</i>	2,615,653	784,703	1,046,247
Essential household items	Beneficiaries	1,841,295	552,470	736,355
	<i>of whom IDPs</i>	1,473,775	442,169	589,437
Productive inputs	Beneficiaries	146,482	44,195	58,442
	<i>of whom IDPs</i>	115,474	34,764	46,121
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	15,000,000	4,500,000	6,000,000
	<i>of whom IDPs¹</i>	150,000	45,000	60,000
Health				
Health centres supported	Structures	16		
Average catchment population		1,128,440		
Consultations		217,059		
	<i>of which curative</i>	199,163	74,785	72,715
	<i>of which antenatal</i>	17,896		
Immunizations	Patients	1,803		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	912		
Referrals to a second level of care	Patients	3,807		
	<i>of whom gynaecological/obstetric cases</i>	1,019		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	10,500		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,300		
Health				
Places of detention visited by health staff	Structures	5		
Health facilities supported in places of detention visited by health staff	Structures	2		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	24		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		286		
Weapon-wound surgeries performed		77		
First aid				
First-aid training				
	Sessions	19		
	Participants (sum of monthly data)	652		
Water and habitat				
Water and habitat activities	Beds	3,246		
Physical rehabilitation				
Projects supported	Projects	2		
Patients receiving services (sum of monthly data)		3,912	666	621
New patients fitted with prostheses	Patients	364	57	70
Prostheses delivered	Units	729	104	129
	<i>of which for victims of mines or explosive remnants of war</i>	97	12	13
New patients fitted with orthoses	Patients	107	27	28
Orthoses delivered	Units	183	50	55
	<i>of which for victims of mines or explosive remnants of war</i>	3	1	
Patients receiving physiotherapy	Patients	2,307	396	320
Walking aids delivered	Units	589	87	86
Wheelchairs or tricycles delivered	Units	87	18	18

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.



KEY RESULTS/CONSTRAINTS IN 2017

- ▶ As fighting intensified and movement restrictions became stricter, the ICRC urged all parties to respect IHL, protect civilians and civilian infrastructure from attack and ensure people's access to essential services and humanitarian aid.
- ▶ Wounded and sick people received life-saving treatment at ICRC-backed hospitals, including those near front lines. The ICRC assigned surgical teams to two hospitals in Hodeida and managed two facilities in Aden and Sa'ada.
- ▶ In response to a cholera outbreak, ICRC-supported health facilities set up treatment units, which handled roughly 86,000 suspected cases. Disinfection and other measures helped avert a similar outbreak in places of detention.
- ▶ Vulnerable residents and IDPs received food and other necessities from the ICRC. People in both urban and rural areas had continuous access to clean water owing to various measures taken by the ICRC and water authorities.
- ▶ The ICRC visited detainees in more places of detention than in previous years. Prison health staff, with ICRC material and technical support, improved their ability to provide basic health care for detainees.
- ▶ The Yemen Red Crescent Society expanded its emergency response capacities with ICRC support. It recovered human remains and provided emergency transport for health referrals and medical evacuations.

EXPENDITURE IN KCHF

Protection	7,136
Assistance	61,090
Prevention	3,549
Cooperation with National Societies	5,886
General	236
Total	77,897
<i>Of which: Overheads</i>	<i>4,748</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	86%
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PERSONNEL

Mobile staff	72
Resident staff (daily workers not included)	325

The ICRC has been working in Yemen since the civil war in 1962. It responds to the humanitarian consequences of armed conflicts and other situations of violence in the country by: helping secure the water supply; providing medical assistance, emergency relief and livelihood support to those in need; monitoring the treatment and living conditions of people held in relation to the situation; and enabling detainees and civilians, including migrants, to restore contact with their relatives, including those abroad. The ICRC promotes respect for humanitarian principles and IHL, primarily among weapon bearers. The ICRC works with the Yemen 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	3,062
RCMs distributed	1,905
Phone calls facilitated between family members	222
Tracing cases closed positively (subject located or fate established)	113
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	21
Detainees in places of detention visited	9,193
<i>of whom visited and monitored individually</i>	<i>727</i>
Visits carried out	40
Restoring family links	
RCMs collected	34
RCMs distributed	15
Phone calls made to families to inform them of the whereabouts of a detained relative	180

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 581,000	420,653
Essential household items	Beneficiaries 42,000	204,143
Productive inputs	Beneficiaries 588,000	135,625
Cash	Beneficiaries 76,300	28,861
Vouchers	Beneficiaries 91,000	91,000
Services and training	Beneficiaries 120	213
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 3,492,000	4,404,771
Health		
Health centres supported	Structures 31	29
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 8	27
Water and habitat		
Water and habitat activities	Beds 1,100	2,808
Physical rehabilitation		
Projects supported	Projects 5	5
Patients receiving services	Patients 75,000	71,711

CONTEXT

Yemen remained the site of armed conflicts and other situations of violence; heavy fighting, characterized by shelling and airstrikes, persisted in Sa'ada, Taiz and many other areas. Hostilities between the military coalition led by Saudi Arabia and the Houthis, which began in 2015, escalated towards the end of the year. In December, the former president, previously aligned with the Houthis, was killed in the violence that erupted in the capital city of Sana'a; this added to the political uncertainty in the country. The Islamic State group, al-Qaeda in the Arab Peninsula, and other armed groups remained active in different parts of the country.

Besides causing casualties, displacement, loss of livelihoods and weapon contamination, the protracted fighting had left Yemen's health, water and sewage systems on the verge of collapse. Key infrastructure, heavily damaged by the fighting, were not functioning. The shortage of supplies – food, fuel, medicines and other essentials – worsened after the coalition tightened its blockade of ports near opposition-held areas; it was later eased, albeit only lightly, to allow humanitarian aid to enter the country. National capacities for tackling the cholera outbreak in May were limited. Overcrowding and lack of maintenance in places of detention posed risks to detainees' health.

Despite all this, migrants continued to pass through the country on their way to Saudi Arabia or elsewhere. Many were reportedly arrested on reaching Yemen.

Few humanitarian organizations were active in the country, because of movement restrictions and past attacks on humanitarian workers and health-care facilities.

ICRC ACTION AND RESULTS

The ICRC expanded the scale and scope of its activities in response to the continued deterioration of the situation in Yemen, more than doubling its budget as a result.¹ Some initiatives, however, could not be carried out fully because of security and logistical constraints. A newly opened sub-delegation in Hodeida, a logistics base in Oman and a mission in Djibouti supported ICRC operations. Whenever possible, the ICRC worked with the Yemen Red Crescent Society, in coordination with other Movement partners.

The ICRC stepped up its calls for all weapon bearers to respect IHL, protect civilians and civilian infrastructure from attack and ensure people's access to basic services and humanitarian aid. Documented allegations of IHL violations were brought to their attention. In view of the volatility of the situation, the ICRC increased its efforts to build acceptance for its humanitarian activities among key parties; this enabled it to reach and provide vital assistance for people near front lines. It served as a neutral intermediary in the evacuation of wounded people and the transfer of human remains.

To ensure that wounded and sick people received life-saving care, the ICRC provided comprehensive support throughout the casualty care chain. It trained weapon bearers and health-care workers in first aid, and gave them the necessary supplies. It provided on-site assistance and material support that helped hospitals cope with influxes of patients and supply shortages. It also reinforced local

surgical capacities by assigning ICRC surgical teams to Hodeida, and managing hospitals in Aden and Sa'ada that received many war-surgery cases. Medical professionals were trained in mass-casualty management, emergency-room trauma care and war surgery. Physically disabled people obtained appropriate services at ICRC-supported centres. Primary-health-care centres provided preventive and curative care and set up cholera-treatment units following the outbreak; the ICRC provided assistance regularly.

IDPs and vulnerable residents received ICRC-donated food parcels, bread vouchers and household items. Support for water authorities, repairs to critical facilities and training for local committees helped ensure uninterrupted access to clean water for millions of people. Together with the agriculture ministry, the ICRC helped farming households grow crops and herding households improve the health of their livestock.

People used the Movement's family-links services to trace or restore contact with relatives, including those detained. The ICRC provided material and technical support for first responders to ensure the proper handling and subsequent identification of human remains.

The ICRC visited detainees, monitored their treatment and living conditions and communicated its findings confidentially to the authorities concerned. Improvements to water and sewage facilities lessened the risk to detainees' health; cleaning campaigns, donations of hygiene items and training in infection control for prison staff averted the spread of cholera in prisons.

The ICRC sought to broaden awareness of the plight of violence-affected Yemenis through its public-communication platforms, as the international media was not heavily represented in the country. It reiterated key messages on the humanitarian situation for decision-makers, with a view to securing acceptance for its mandate and activities. It also organized an event for religious leaders to discuss the common ground between IHL and Islamic law.

The Yemen Red Crescent Society and the ICRC expanded their joint response to the humanitarian needs in the country. The National Society received material, financial and technical support, including guidance for working safely. Movement partners continued to coordinate their activities.

CIVILIANS

Dialogue with parties facilitates access to conflict-affected civilians

Amid increasingly difficult conditions, the ICRC stepped up its calls for all weapon bearers to respect IHL, particularly its provisions on the protection of civilians and civilian infrastructure in the conduct of hostilities. It documented allegations of IHL violations and brought them to the attention of the parties to the conflicts through written representations, confidential meetings and public statements of concern. It emphasized the necessity of protecting people seeking or providing medical care and of ensuring people's safe access to basic services and humanitarian aid.

The ICRC's interaction with key parties helped broaden acceptance for its principled humanitarian activities, and enabled it to reach people in need – especially those in places where needs were most acute, such as areas near front lines (see *Actors of influence*). Because of logistical and security constraints, however, some communities were inaccessible.

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/BD357B05441E3CFAC125810C00203CC6/\\$file/PA2017_Yemen_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/BD357B05441E3CFAC125810C00203CC6/$file/PA2017_Yemen_Final.pdf)

The ICRC continued to cooperate with the Yemen Executive Mine Action Centre to develop training sessions for its personnel. The Yemeni Red Crescent, aided by the ICRC, conducted sessions on mine-risk education for its staff and volunteers.

People reconnect with their relatives through family-links services

Members of families separated by conflict, migration or detention restored or maintained contact through RCMs, phone calls and other Movement family-links services. More people than in the past filed tracing requests to locate missing relatives, including those reportedly arrested; the fate and whereabouts of some 100 people were ascertained. Yemenis made videoconference calls, facilitated by the ICRC, to their relatives detained overseas. The ICRC arranged family visits for some former detainees who had resettled in third countries. Three foreigners were repatriated in cooperation with the pertinent authorities.

ICRC-supported volunteers promoted family-links services to potential beneficiaries and community leaders along the migration route or wherever migrants gathered.

Human remains are managed according to applicable standards

The ICRC provided training, technical advice and supplies for handling and storing human remains for about 130 forensic workers and first responders from government ministries, the armed forces, armed groups and hospitals – whose caseload had grown because of the intensified fighting. With ICRC support, the remains of 73 people were buried properly, to increase the likelihood of their future identification.

Biological reference samples from 19 families of missing people were handed over to a laboratory for DNA profiling; the authorities and the ICRC facilitated the process, with a view to identifying some sets of human remains.

The National Society repatriated or transferred, under ICRC auspices, the remains of 365 people to the families concerned.

ICRC support helps sustain health-care services

In coordination with the health ministry, the ICRC increased its support for 29 primary-health-care centres, including those near front lines. The support consisted of monitoring visits, monthly provision of drugs, hygiene items and other consumables, and training and financial incentives for staff.

Children under the age of five, pregnant women and other vulnerable people obtained services at these facilities, including curative and antenatal consultations, vaccinations and referrals for secondary care. During the cholera outbreak, ICRC support enabled 19 of these facilities to set up cholera-treatment units, which handled roughly 86,000 suspected cases.

ICRC infrastructural support enabled three of the centres referred to above, though heavily damaged by the fighting, to continue functioning, and nine others to deal effectively with the cholera outbreak.

Given the dangerously limited services for potentially life-threatening chronic diseases, the ICRC provided material support for five dialysis centres, enabling them to provide vital treatment for 712 patients.

Renovation of critical facilities minimize disruptions to the water supply

Roughly 4.4 million people in total had access to potable water and/or were less at risk of contracting cholera and other water-borne diseases, thanks to various ICRC infrastructural projects and capacity-building initiatives for service providers (see below).

In urban areas, the ICRC renovated critical facilities and donated spare parts and consumables to local water corporations; these helped address or prevent interruptions to the water supply for more than 3.1 million people. An ICRC-installed bypass, for instance, enabled the continued distribution of water to the population when a pumping station in Hodeida broke down. In Taiz, fuel donations for wells and repairs to damaged transmission lines provided access to water for people in areas partially under siege.

In rural areas, access to water was restored for about 134,000 people, more than planned, after the ICRC renovated water-supply systems. It also trained and equipped newly formed water committees to operate and maintain the systems.

Through various emergency measures, the ICRC helped curb the spread of cholera in many areas, including those covered above, benefiting some 2 million people. For example, it provided water boards with water-testing equipment and chlorine and trained community representatives in water-purification techniques. It also renovated a wastewater treatment plant in Sana'a.

Discussions with pertinent agencies on monitoring the use and availability of groundwater continued.

Distributions of essential items help people cope with supply shortages

In response to the shortage of supplies in Yemen, the National Society and the ICRC provided IDPs and vulnerable residents with basic goods. Some 420,650 people (60,040 households) received food parcels, and about 204,000 people (28,900 households) were given household items. In Taiz, ICRC vouchers enabled 91,000 people (13,000 households) to have a daily supply of bread. Local bakeries took part in the initiative, benefitting local workers as well.

Around 4,100 households (about 29,000 people) received cash assistance from the ICRC. Among them were about 2,860 people (supporting 20,000 people in all) who earned money by cleaning irrigation canals, or participating in garbage-collection campaigns that were part of the ICRC's response to the cholera outbreak. About 1,260 households (8,820 people) received cash grants for their urgent needs or for improving their livelihoods.

The agriculture ministry and the ICRC maintained their livelihood-support activities, where circumstances allowed. Around 19,400 households (nearly 136,000 people in all) cultivated crops using seed and tools from the ICRC, and/or had their animals vaccinated or treated against disease. Livestock services were provided by 213 people trained in animal-health care.

PEOPLE DEPRIVED OF THEIR FREEDOM

Despite security and logistical constraints, the ICRC, in accordance with its standard procedures, visited detainees in some 20 places of detention – more than it had access to in previous years –

to check on their treatment and living conditions; some 9,000 people, including those detained for conflict-related reasons, were held in these facilities. About 730 vulnerable detainees, most of them newly registered, were monitored individually.

Afterwards, the ICRC communicated its findings confidentially to the authorities, and worked with them to address certain issues (see below). During its dialogue with the authorities, it urged them to ensure that detention conditions were in line with internationally recognized standards, particularly regarding respect for judicial guarantees and the principle of *non-refoulement*; the ICRC also sought, through this dialogue, to secure access to all people held in relation to the conflicts. It followed up allegations of arrest with the authorities (see *Civilians*).

Detainees exchanged greetings with their families through RCMs, phone calls and other family-links services. Foreigners notified their embassies and/or UNHCR of their detention via the ICRC. Seven Pakistani detainees received ICRC travel documents and were repatriated through the joint efforts of the ICRC delegations in Yemen and Pakistan (see *Pakistan*). Before their departure, they underwent medical screening and received treatment, as needed.

Former detainees obtained ICRC-issued attestations of detention for use in administrative and legal proceedings.

Various initiatives reduce risks to detainees' health

To help ensure the availability of primary health care for detainees, the ICRC provided medical supplies and technical support – including training in managing disease outbreaks – to health staff at the Hodeida and Sana'a central prisons, and also donated medical supplies to the clinics at four other prisons.

Improvements to facilities at nine prisons helped alleviate living conditions for about 6,800 detainees. For instance, inmates at the Sana'a central prison had cleaner surroundings following repairs to the water and sewage systems. Detainees at the Amran central prison had a more stable water supply after the ICRC donated a generator to power water pumps. At the nine prisons, and 11 others, about 19,570 detainees received donations of essential items, including hygiene and cleaning items to prevent the spread of cholera. Other initiatives were undertaken, some with the National Society, to protect and respond to the needs of detainees affected by the outbreak, such as extensive cleaning campaigns and/or training in disinfection and infection-control for prison staff.

Former detainees requiring medical and/or other services were referred to appropriate providers.

WOUNDED AND SICK

People wounded in front-line areas receive suitable care

With the health system on the verge of collapse, the ICRC provided support throughout the casualty care chain, from emergency treatment to surgical and post-operative care.

To help ensure the stabilization of wounded people in front-line areas, the ICRC provided first-aid training and equipment to some 600 weapon bearers and health-care providers. It served as a neutral intermediary in the evacuation of wounded people across front lines. The Yemeni Red Crescent ran an emergency transport system for evacuating the wounded to hospitals, using ICRC-donated ambulances.

ICRC support enabled 27 hospitals, including those near front lines, to cope with patient influxes and supply shortages. Eight of these hospitals were reinforced with ICRC staff on site: the Al-Mansoura Surgical Hospital in Aden and Al Talh Hospital in Sa'ada, which received many war-surgery cases, fully managed by the ICRC; two hospitals in Hodeida that ICRC mobile surgical teams assisted in treating wounded people and managing mass-casualty situations; and four hospitals that an ICRC biomedical engineer aided in overseeing vital equipment. Medical supplies were provided to 17 of the supported facilities, regularly and/or on an ad hoc basis. At ICRC workshops, roughly 200 doctors and nurses were trained in mass-casualty management, and some 60 medical professionals expanded their skills in war surgery and emergency-room trauma care.

The ICRC renovated or upgraded facilities at six hospitals severely affected by the hostilities. This included repairs to water, sewage, waste-management and electrical systems, donations of generators and setting up of morgues.

People with physical disabilities improve their mobility

Disabled people obtained physical rehabilitation services at five ICRC-supported centres run by the health ministry: the centres in Aden, Mukalla, Sana'a and Taiz, and the newly opened centre in Sa'ada. These centres were regularly supplied with raw materials and devices; staff incentives and monthly donations of fuel helped them remain functional. The ICRC covered transportation and accommodation costs for about 80 destitute patients from areas where services were unavailable. The ICRC gave the social affairs ministry wheelchairs for their physical rehabilitation programmes.

To help ensure the sustainability of the physical rehabilitation sector, 16 students were given scholarships to study prosthetics and orthotics abroad, and 6 others to study physiotherapy in Yemen. Around 80 physical rehabilitation professionals expanded their skills through training sessions held locally; an ICRC physiotherapist trained some of those from Sana'a. Local organizations and the ICRC promoted the social inclusion of disabled people, such as through sports and awareness-raising events.

ACTORS OF INFLUENCE

Influential parties discuss IHL with the ICRC

The ICRC intensified its efforts to build acceptance for its work and to overcome challenges in delivering humanitarian aid. It engaged a broad range of influential parties in discussions on principled humanitarian action, and had regular negotiations with those controlling the air space, sea ports and other transport routes. This enabled it to secure, on a case-by-case basis, permission for moving staff and humanitarian aid into and within Yemen, in areas under the control of different authorities.

Dissemination sessions throughout the country helped roughly 6,800 people – authorities, *de facto* authorities, tribal elders, prison authorities and community leaders – to reach a fuller understanding of the ICRC's mandate, activities and approach. First-aid training sessions (see *Wounded and sick*) provided opportunities to discuss IHL principles with some 450 members of armed groups. The ICRC was able to resume dialogue on IHL with Islamic circles; it organized an event for 20 imams on the points of correspondence between IHL and Islamic law. Some 30 diplomatic staff members attended a three-day IHL seminar organized by the ICRC. With ICRC financing, three Yemeni officials attended regional IHL courses abroad (see, for instance, *Morocco*).

ICRC public communication draws attention to pressing issues

The ICRC gave more than 300 media interviews to broaden awareness of the humanitarian situation and share its concerns. It used its public-communication platforms – news releases, operational updates and social media – to remind parties to the conflicts of their obligations under IHL, request access to conflict-related detainees, and foster support for its activities. These messages were reiterated at press conferences during the visits of the ICRC president and the director of operations. Print and audiovisual materials illustrated the scale and gravity of the needs with regard to health care, supply shortages, cholera and the plight of IDPs. Some of these topics were picked up by news organizations, which helped to draw the attention of key decision-makers and the general public to the situation. At ICRC round-tables, some 40 journalists learnt more about the ICRC's mandate and about the protection afforded to them by IHL.

As part of its community-engagement efforts, the ICRC sought the views of people affected, so that it could understand their needs more fully and adapt its activities accordingly. It did so through information sessions and surveys, where possible, and by digital means – which enabled it to reach beneficiaries in hard-to-reach areas.

RED CROSS AND RED CRESCENT MOVEMENT

As per a cooperation agreement signed in 2016, the Yemeni Red Crescent and the ICRC expanded their joint operations to address the humanitarian needs in the country. The focus was on emergency response: the ICRC supported National Society branches in training people in first aid, evacuating wounded people, and recovering human remains (see *Civilians and Wounded and sick*).

The National Society received financial, material and technical support for expanding its capacities, particularly in responding to emergencies, such as the cholera outbreak, and in disseminating humanitarian principles. The ICRC gave the National Society food stocks, vehicles, first-aid and communication materials, body-retrieval supplies and IT equipment; it also gave the National Society expert advice for operating safely in difficult conditions. It provided support for constructing National Society offices; some were still in progress at year's end. With ICRC aid, the National Society conducted hygiene-promotion sessions for vulnerable people and emergency responders, including its own staff.

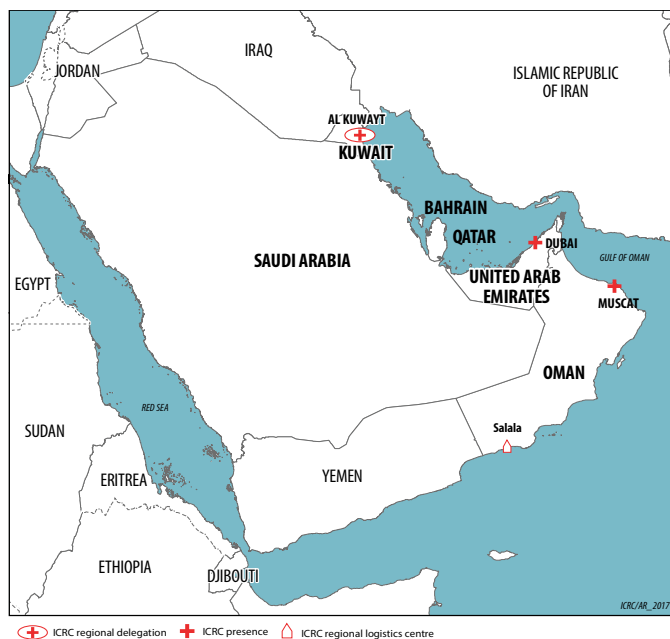
The International Federation and the Yemeni Red Crescent, and other National Societies in the country, coordinated their activities during Movement meetings.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		3,062			
RCMs distributed		1,905			
Phone calls facilitated between family members		222			
Reunifications, transfers and repatriations					
People transferred or repatriated		3			
Human remains transferred or repatriated		365			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		679	27	16	76
<i>including people for whom tracing requests were registered by another delegation</i>		29			
Tracing cases closed positively (subject located or fate established)		113			
<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)		1,436	70	44	158
<i>including people for whom tracing requests were registered by another delegation</i>		61			
Documents					
People to whom travel documents were issued		12			
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		21			
Detainees in places of detention visited		9,193	112	211	
Visits carried out		40			
			Women	Girls	Boys
Detainees visited and monitored individually		727			23
<i>of whom newly registered</i>		688			23
RCMs and other means of family contact					
RCMs collected		34			
RCMs distributed		15			
Phone calls made to families to inform them of the whereabouts of a detained relative		180			
Detainees released and transferred/repatriated by/via the ICRC		7			
People to whom a detention attestation was issued		6			

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	420,653	125,346	209,218
	<i>of whom IDPs</i>	223,149	69,529	108,922
Essential household items	Beneficiaries	204,143	72,408	88,615
	<i>of whom IDPs</i>	134,697	49,272	58,264
Productive inputs	Beneficiaries	135,625	35,605	72,404
Cash	Beneficiaries	28,861	6,748	13,646
	<i>of whom IDPs</i>	9,142	2,360	4,953
Vouchers	Beneficiaries	91,000	22,750	50,050
Services and training	Beneficiaries	213	60	103
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	4,404,771	1,277,383	1,850,003
Health				
Health centres supported	Structures	29		
Average catchment population		525,972		
Consultations		474,366		
	<i>of which curative</i>	456,123	123,207	227,648
	<i>of which antenatal</i>	18,243		
Immunizations	Patients	101,508		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	79,999		
Referrals to a second level of care	Patients	3,399		
	<i>of whom gynaecological/obstetric cases</i>	640		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	19,571	1,271	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	6,823		511
Health				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	6		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	27		
	<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	12,085	159	435
	(including those related to mines or explosive remnants of war)	201		2
	Non-weapon-wound admissions	23,549		
	Operations performed	32,261		
Medical (non-surgical) admissions		3,339	905	865
Gynaecological/obstetric admissions		1,697	1,641	26
Consultations		641,728		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		13,445		
Weapon-wound admissions (surgical and non-surgical admissions)		6,779	78	231
Weapon-wound surgeries performed		5,600		
Patients whose hospital treatment was paid for by the ICRC		2		
First aid				
First-aid training				
	Sessions	29		
	Participants (sum of monthly data)	605		
Water and habitat				
Water and habitat activities	Beds	2,808		
Physical rehabilitation				
Projects supported	Projects	5		
Patients receiving services (sum of monthly data)		71,711	18,452	31,357
New patients fitted with prostheses	Patients	673	144	194
Prostheses delivered	Units	955	205	276
	<i>of which for victims of mines or explosive remnants of war</i>	14	1	
New patients fitted with orthoses	Patients	10,257	2,428	4,855
Orthoses delivered	Units	21,137	5,220	9,762
	<i>of which for victims of mines or explosive remnants of war</i>	2		
Patients receiving physiotherapy	Patients	33,131	8,409	15,203
Walking aids delivered	Units	1,981	443	774
Wheelchairs or tricycles delivered	Units	625	153	274

KUWAIT (regional)

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



The ICRC has been in Kuwait since the 1990–1991 Gulf War. It focuses on addressing humanitarian needs remaining from that war or arising from current armed conflicts and other situations of violence in the wider region. Its work includes activities for people deprived of their freedom in the countries covered, and the promotion of IHL and its own role as a neutral, impartial and independent humanitarian organization, among governments and other influential circles. Strengthening partnerships with the Red Crescent Societies of the region is another priority, along with resource mobilization and coordination with other actors.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Military officers learnt about IHL at ICRC courses. The ICRC engaged Emirati and Saudi Arabian authorities in dialogue on the conduct of military operations in Yemen, and on access to people held in relation to the conflict there.
- ▶ With ICRC support, Bahraini and Kuwaiti authorities strove to improve their prison-management capacities and detainees' access to health care. Kuwaiti authorities incorporated ICRC modules in their prison personnel's training.
- ▶ Members of families dispersed by conflict, detention or migration reconnected via Movement family-links services. Some made video calls to relatives held at the US internment facility at Guantanamo Bay Naval Station in Cuba.
- ▶ A project to review the Tripartite Commission's work to clarify the fate of people missing in relation to the 1990–1991 Gulf War was completed. The ICRC urged Commission members to implement the review's recommendations.
- ▶ Dialogue with Omani authorities facilitated the ICRC's activities for wounded people from Yemen. In Saudi Arabia, the King Salman Centre for Humanitarian Aid and Relief pledged support for the ICRC's health activities in Yemen.
- ▶ The ICRC opened a new office in Dubai, in the United Arab Emirates, with a view to strengthening relationships and expanding networking efforts with decision-makers and other influential parties in the region.

EXPENDITURE IN KCHF

Protection	2,308
Assistance	487
Prevention	2,416
Cooperation with National Societies	928
General	325
Total	6,464
<i>Of which: Overheads</i>	<i>395</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	102%
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PERSONNEL

Mobile staff	14
Resident staff (daily workers not included)	46

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	9
RCMs distributed	34
Phone calls facilitated between family members	125
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	40
Detainees in places of detention visited	13,686
<i>of whom visited and monitored individually</i>	193
Visits carried out	107
Restoring family links	
RCMs collected	93
RCMs distributed	85
Phone calls made to families to inform them of the whereabouts of a detained relative	56

CONTEXT

Member States of the Gulf Cooperation Council (GCC) faced tensions within the region, in connection with the Qatar diplomatic crisis. In June 2017, Bahrain, Saudi Arabia, the United Arab Emirates (hereafter UAE) and other States cut off diplomatic relations with – and imposed trade and travel bans on – Qatar. Kuwait and Oman maintained a neutral stance and, together with other States, sought to resolve the crisis.

Some GCC Member States contended with conflicts taking place in the wider region. Bahrain, Saudi Arabia and the UAE participated in military operations against the Islamic State group, particularly in the Syrian Arab Republic (hereafter Syria). Bahrain and the UAE were part of the Saudi-led international military coalition in Yemen.

GCC governments and National Societies, either jointly or on their own, assisted people affected by the armed conflicts in Iraq, Syria, Yemen and elsewhere. Saudi Arabia coordinated its humanitarian aid for Yemen through the King Salman Centre for Humanitarian Aid and Relief. It hosted the secretariat of the GCC, and the secretariat and Department of Humanitarian Affairs of the Organization of Islamic Cooperation (OIC).

There were major changes in the political structure of Saudi Arabia. In Bahrain, tensions between the government and opposition groups decreased in scale, but persisted; security operations to quell the unrest reportedly led to arrests.

GCC Member States continued to host millions of migrants, including people seeking work and people fleeing violence in conflict-affected countries, such as Iraq, Syria and Yemen.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Kuwait continued to broaden awareness – among GCC Member States and organizations, and other influential actors – of the plight of conflict-affected people in the region, and worked to foster support for ICRC activities for these people.

At regional forums, high-level meetings and other events, the ICRC's interaction with key actors contributed to States renewing or pledging their support for Movement action, or to facilitating the ICRC's activities in the region and beyond. The ICRC continued its dialogue with the Emirati and Saudi Arabian authorities on the conduct of military operations in Yemen. Salala, Oman, remained an important logistical hub for the ICRC's assistance operations for conflict-affected people in Yemen. The ICRC opened an office in Dubai, in the UAE, to support its networking efforts in the region.

Detainees in Bahrain, Kuwait and Qatar were visited in accordance with standard ICRC procedures; particularly vulnerable inmates were monitored individually. Findings from these visits were confidentially shared with the authorities concerned, with a view to helping them improve detainees' treatment and living conditions. Discussions with the Emirati and Saudi Arabian authorities, on access to people detained in connection with the conflict in Yemen, continued. Bahraini and Kuwaiti authorities, with ICRC technical support and/or training, worked towards building their penitentiary personnel's capacities in prison management, and towards improving detainees' access to health care. The Kuwaiti authorities incorporated modules developed for them by the ICRC in the training curricula for their prison personnel.

Members of families separated by armed conflict, detention or migration maintained or restored contact through Movement family-links services. Some of them made video calls to relatives held at the US internment facility at Guantanamo Bay Naval Station in Cuba. Former internees at the said facility, and relocated in third countries, benefited from ICRC-facilitated family visits. In 2016, the ICRC commissioned and funded an independent review of the Tripartite Commission's work to clarify the fate of persons who went missing in connection with the 1990–1991 Gulf War; the review was completed in 2017. The ICRC shared the review's findings with the members of the Commission, and urged them to implement its recommendations. Iraqi former POWs received attestations of captivity for use in processing State assistance and legal claims. Forensic professionals in the GCC enhanced their expertise, for instance, at ICRC-organized training sessions on managing human remains.

GCC National Societies drew on the ICRC's support to strengthen their ability to respond to local and international emergencies: staff and volunteers received training in applying the Safer Access Framework, and enhanced their skills in providing family-links services. At meetings and training sessions, the ICRC emphasized the importance of conducting humanitarian activities in line with the Fundamental Principles and in coordination with other Movement components.

CIVILIANS

In Bahrain, the ICRC maintained its efforts to improve its dialogue with the authorities on, for instance, arrests made in relation to the ongoing unrest.

In coordination with the Saudi Arabian authorities and the Saudi Arabian Red Crescent Society, the ICRC continued to visit and check on the situation of 13 people resettled in a counselling and care centre in Riyadh, after their release from the Guantanamo Bay internment facility.

In line with the memorandum of understanding between the Omani health ministry and the ICRC, people wounded in relation to the conflict in Yemen, and evacuated by the Omani authorities to Oman, were transferred to Lebanon for treatment at the ICRC-run medical facility there (see *Actors of influence*). Health ministry personnel and/or medical professionals in Oman attended workshops on war surgery, and on chemical, biological, radiological and nuclear (CBRN) hazards; the workshops were organized by the health ministry and the ICRC.

Families make video calls or send parcels to relatives detained abroad

Members of families separated by armed conflict, detention or migration maintained or restored contact through family-links services offered by GCC National Societies and the ICRC. Families made phone or video calls, or sent RCMs and/or parcels to relatives detained, for instance, in Afghanistan, Lebanon and Yemen, or held at the Guantanamo Bay internment facility. Twenty former internees relocated to third countries benefited from ICRC-facilitated family visits. The ICRC regularly followed up, with GCC National Societies and other ICRC delegations, the tracing requests made by families searching for relatives who had gone missing, for instance, in Iraq and Syria.

With training and other support from the ICRC, GCC National Societies worked to strengthen their capacities in providing

family-links services. At an ICRC regional workshop, staff and volunteers from National Societies discussed the use of new tools. At an international meeting, representatives from GCC and Asian National Societies explored ways to improve information sharing, particularly in relation to addressing the family-links needs of migrants coming from Asia and seeking work in GCC Member States. The Bahrain Red Crescent Society drafted an action plan for providing family-links services; the Kuwait Red Crescent Society and the Saudi National Society worked towards incorporating family-links services in their contingency planning and disaster preparedness.

The ICRC continued to meet with migrant communities and relevant groups in Kuwait, to develop a fuller understanding of migrants' needs, and to improve existing mechanisms for referring them to appropriate services.

A review of the Tripartite Commission's work to clarify the fate of missing people is completed

The ICRC continued to chair and to act as a neutral intermediary in the Tripartite Commission and its Technical Sub-Committee, both made up of representatives from Iraq, Kuwait and former coalition States (France, Saudi Arabia, the United Kingdom of Great Britain and Northern Ireland, and the United States of America). With the UN Mission in Iraq as an observer, the parties involved pursued their efforts to clarify the fate of persons missing in connection with the 1990–1991 Gulf War. Several exhumation missions took place in Kuwait, but no human remains were recovered.

An independent review – commissioned and funded by the ICRC in 2016 – of the work done by the Tripartite Commission was completed. The ICRC shared the findings with the members, and urged them to implement its recommendations, for instance, on adopting new working methods. The members met regularly; they also reaffirmed their commitment to the Commission and renewed its mandate and that of its Technical Sub-Committee.

A total of 1,049 Iraqi former Iraqi POWs who had been held in Saudi Arabia during the 1990–1991 Gulf War received attestations of captivity, which enabled them to apply for financial assistance in Iraq or helped facilitate legal procedures in the third countries where they had resettled.

Forensic professionals in the region enhance their expertise

Forensic professionals from the GCC and beyond reinforced their expertise at international meetings, where the ICRC made presentations on its work in humanitarian forensics – including for missing migrants – and/or conducted workshops on managing human remains. With ICRC financial support, forensic professionals from the GCC attended a meeting in Morocco, where they discussed with other experts from the wider region ways of collecting information to facilitate the search for migrants who had gone missing in the Mediterranean. At these meetings, forensic experts were also able to pursue networking and coordination.

In Saudi Arabia, 25 representatives from various government ministries and from the National Society learnt more about the proper management of human remains during armed conflict and emergencies, at the first such workshop organized by the ICRC in the country, at the authorities' request. Through this workshop, participants increased their understanding of the ICRC's activities;

some officials expressed interest in taking part in future ICRC forensic activities. The ICRC also shared its expertise in managing human remains by facilitating training sessions on the subject, for other actors in the wider region, such as in Yemen.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees in Bahrain, Kuwait and Qatar in accordance with its standard procedures, to monitor their treatment and living conditions; special attention was paid to particularly vulnerable people, such as women, foreigners, and people arrested in relation to the unrest in Bahrain. In Kuwait, the ICRC checked on the situation of migrants held in police stations, including female domestic workers; together with a local NGO, it arranged for some of these migrants, who had been in police custody for a long time, to be transferred to the deportation centre or a women's shelter.

Based on these visits, the ICRC confidentially shared its findings with the authorities in the countries concerned, and where appropriate, recommendations for improving detainees' living conditions and treatment. The authorities were also reminded of the necessity of respecting judicial guarantees and the principle of *non-refoulement*. The ICRC pursued its dialogue with the Saudi authorities, on access to people detained in connection with the conflict in Yemen.

Authorities work to improve their prison-management capacities and detainees' access to health care

The Kuwaiti authorities incorporated – in their training curricula for prison directors and staff – the five modules on prison management that the ICRC developed for them. Penitentiary officers and prison directors learnt more about minimum detention standards and prison management at a workshop organized by the authorities in line with ICRC recommendations. At ICRC-facilitated sessions, prison staff increased their knowledge of correctional services and project management; and officers and social workers learnt how to instruct their peers in handling detainees with specific needs. With ICRC support, ministry officials took part in an international conference on overcrowding in prisons; and two doctors from Kuwait attended a course, in Basel, Switzerland, on health care in places of detention.

The ICRC continued to urge the Bahraini authorities to improve detainees' access to good-quality health services, including psychological care. Officials from the interior and health ministries attended an ICRC seminar for the first time, and learnt more about the provision of health care in places of detention. At ICRC workshops, prison guards and other penitentiary staff learnt about internationally recognized standards and best practices relevant to their duties.

Detainees restore or maintain contact with their relatives

Some detainees – including foreigners – in the places of detention visited contacted their relatives via the ICRC's family-links services. Some migrants whose countries had no diplomatic representation in Kuwait drew on the ICRC for help in getting travel documents from their embassies outside the country. The ICRC delivered some 110 documents to the migrants, most of them female domestic workers; this enabled them to spend less time in detention before their deportation.

PEOPLE DEPRIVED OF THEIR FREEDOM	Bahrain	Kuwait	Qatar
ICRC visits			
Places of detention visited	3	34	3
Detainees in places of detention visited	4,718	7,184	1,784
<i>of whom women</i>	147	1,511	
<i>of whom minors</i>	200	28	
Visits carried out	8	96	3
Detainees visited and monitored individually	28	162	3
<i>of whom women</i>	3	137	
Detainees newly registered	24	143	
<i>of whom women</i>	3	137	
Restoring family links			
RCMs collected		92	1
RCMs distributed		85	
Phone calls made to families to inform them of the whereabouts of a detained relative		56	
Detainees released and transferred/repatriated by/via the ICRC		1	
People to whom a detention attestation was issued		1,063	

ACTORS OF INFLUENCE

ICRC discusses its work for conflict-affected people in Yemen with GCC States

Dialogue with GCC authorities furthered their understanding of IHL, and strengthened their support for the ICRC's activities in the region – particularly in Iraq, Syria and Yemen – including those connected to the Health Care in Danger project.

In Oman, dialogue with the authorities enabled the ICRC to deliver emergency aid – from its logistics base in Salala – to conflict-affected people in Yemen. Partnership with the health ministry facilitated the transfer of wounded people from Yemen to Omani hospitals or onward to an ICRC-run medical facility in Lebanon (see *Lebanon*); it also enabled the ICRC to organize seminars for medical professionals and/or health ministry personnel on war surgery and CBRN hazards (see *Civilians*).

Regular interaction – at meetings and training events (see also *Civilians*) – with the Saudi defence ministry focused on the ICRC's activities for conflict-affected people in Yemen, such as its access to people detained in relation to the conflict there (see *People deprived of their freedom*). The King Salman Centre pledged its support for the ICRC's health activities in Yemen. During the ICRC president's visit to the UAE, high-level discussions with the emir and other State officials helped strengthen their dialogue on the humanitarian situation in Yemen (see *People deprived of their freedom*). Kuwaiti State officials reaffirmed their pledge of support for the ICRC's operations in the region.

To supplement the above-mentioned efforts, the ICRC also organized or participated in country-level and regional forums. Representatives of governments, National Societies, regional or multilateral bodies, civil society and faith-based organizations from the wider Arab world learnt more about the ICRC's activities in the region. The ICRC also opened a new office in Dubai, hosted by the International Humanitarian City, with a view to strengthening relationships and expanding networking efforts with decision-makers and other influential parties in the region. During the 25th anniversary of the ICRC's presence in Kuwait, a round-table on the plight of women during armed conflict was held, among other events.

The ICRC maintained or expanded its contact with State and humanitarian agencies throughout the region – such as the GCC secretariat and the OIC – and the private sector, with a view

to discussing possibilities for cooperation. The International Islamic Charity Organization and the ICRC entered into partnership agreements on exchanging expertise and conducting joint activities, for instance, events on Islamic law and IHL.

Traditional and online media in the region covered the ICRC's activities, helping build support for IHL and the Movement among the wider public. At ICRC workshops, journalists from Kuwait and the UAE learnt about the protection due to them under IHL, and about reporting on humanitarian issues accurately.

Military personnel and legal experts across the region strengthen their grasp of IHL

The ICRC continued to remind GCC States taking part in the military coalition in Yemen of their obligations under IHL; it engaged the Emirati and Saudi authorities in dialogue on the conduct of military operations in Yemen.

Authorities across the region requested for or expressed interest in attending ICRC sessions on IHL and related topics, helping strengthen the organization's position as a key source of reference on IHL. Through such sessions, senior officials from the Saudi defence ministry furthered their understanding of IHL and of the ICRC's work. Kuwaiti and Qatari military officers learnt more about the importance of heeding IHL in military decision-making, through courses organized by command and staff colleges and the ICRC. With ICRC support, military officers from Kuwait, Oman, Saudi Arabia and the UAE also attended IHL courses abroad (see *Mexico City* and *Egypt*). In Kuwait, officials from the interior ministry and officers from the police and the security forces discussed, at an ICRC round-table, challenges encountered during law enforcement; command officers learnt more about international policing standards.

To encourage the ratification of IHL-related treaties and respect for the law, the ICRC continued to support the participation of government officials in various events. At international conferences, ministry officials from GCC Member States deepened their knowledge of the Convention on Certain Conventional Weapons (see *New Delhi*); and representatives from Qatar discussed views on the updated Commentary on the First Geneva Convention (see *Brussels*). With ICRC support, the Kuwait Institute for Judicial and Legal Studies conducted an advanced IHL course for judges and ministry officials. Oman established a national IHL committee and approached the ICRC for support in this regard.

The ICRC maintained its network of contacts among legal professionals, diplomats, and academics; some of them were supported in attending IHL courses abroad (see *Lebanon* and *Morocco*). With ICRC support, Emirati students and a law professor bolstered their IHL proficiency at a moot court competition (see *Egypt*). Universities were given relevant publications, with a view to fostering interest in further studies in IHL.

RED CROSS AND RED CRESCENT MOVEMENT

GCC National Societies and the ICRC conduct joint activities with the ICRC

GCC National Societies continued to address humanitarian issues in the region and beyond, such as the necessity of restoring contact among members of separated families (see *Civilians*). Their staff and volunteers enhanced their skills in providing family-links services, and/or expanded their knowledge of IHL, at ICRC-facilitated workshops and other training events. At a training course organized by the Kuwait Red Crescent Society and the ICRC, staff and volunteers from the Kuwaiti National Society,

Red Crescent of Kyrgyzstan and Sri Lanka Red Cross Society learnt more about applying the Safer Access Framework in their operations.

GCC National Societies took steps to ensure better coordination of their field activities in conflict-affected areas where the ICRC was also at work. They reinforced their partnership with the ICRC by conducting joint activities: for example, in assisting Syrian refugees in Lebanon, and in promoting the protection due to the red cross and red crescent emblems. The National Societies and the ICRC explored further possibilities for cooperation in responding to urgent humanitarian needs in Iraq, Syria and Yemen.

Regular meetings, including those held by the Arab Red Crescent and Red Cross Organization, helped ensure coordination among National Societies in the region. At training sessions, the ICRC emphasized the importance of conducting humanitarian activities in line with the Fundamental Principles, and in coordination with other Movement components.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		9			
RCMs distributed		34			
Phone calls facilitated between family members		125			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		8			
<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)		1,500	8	1	44
<i>including people for whom tracing requests were registered by another delegation</i>		1,393			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		6	3		
Documents					
People to whom travel documents were issued		8			
Official documents delivered across borders/front lines		111			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		40			
Detainees in places of detention visited		13,686	1,658	228	
Visits carried out		107			
			Women	Girls	Boys
Detainees visited and monitored individually		193	140		
<i>of whom newly registered</i>		167	140		
RCMs and other means of family contact					
RCMs collected		93			
RCMs distributed		85			
Phone calls made to families to inform them of the whereabouts of a detained relative		56			
Detainees released and transferred/repatriated by/via the ICRC		1			
People to whom a detention attestation was issued		1,063			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Health				
Places of detention visited by health staff	Structures	11		