

VOLUME I

ANNUAL REPORT

2013



ICRC

This report is primarily an account of the ICRC's work in the field and its activities to promote international humanitarian law. Mention is made of some of the negotiations entered into with a view to bringing protection and assistance to the victims of international and non-international armed conflicts and other situations of violence. Other negotiations are not mentioned, since the ICRC feels that any publicity would not be in the interests of the victims. Thus, this report cannot be regarded as covering all the institution's efforts worldwide to come to the aid of the victims of conflict.

Moreover, the length of the text devoted to a given country or situation is not necessarily proportional to the magnitude of the problems observed and tackled by the institution. Indeed, there are cases which are a source of grave humanitarian concern but on which the ICRC is not in a position to report because it has been denied permission to take action. By the same token, the description of operations in which the ICRC has great freedom of action takes up considerable space, regardless of the scale of the problems involved.

The maps in this report are for illustrative purposes only and do not express an opinion on the part of the ICRC.

All figures in this report are in Swiss francs (CHF). In 2013, the average exchange rate was CHF 0.9261 to USD 1, and CHF 1.2274 to EUR 1.



International Committee of the Red Cross
19, avenue de la Paix
1202 Geneva, Switzerland
T +41 22 734 60 01 F +41 22 733 20 57
E-mail: shop@icrc.org www.icrc.org
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ICRC

CONTENTS

VOLUME I

Abbreviations and definitions	4
Message from the president	8
ICRC management framework and descriptions of programmes	10
ICRC corporate management framework	10
Programme descriptions	14
ICRC field structure	20
Contributions	20
Description of the accounting model	21
Internal control system	22
Internal audit	23
External audit	23
Annex 1: the ICRC's operational approach to result-based management – improving humanitarian action	24
Managing ICRC operations: the cycle and the results	24
Result-based management in ICRC programmes	28
Result-based management and standard reporting to donors	31
Annex 2: the ICRC's operational approach to women and girls	34
Background and approach	34
Women and girls in ICRC programmes, by target population	35
Annex 3: the ICRC's operational approach to children	40
Children in armed conflict and other situations of violence	40
Protection under international law	40
The ICRC's multidisciplinary approach	41
Children in ICRC programmes, by target population	41
Annex 4: the ICRC's operational approach to displacement	47
Displacement and the displaced	47
The “all phases” approach	47
The “all victims” approach	48
The multidisciplinary approach	48
Relations with the Movement and humanitarian coordination	49
Displacement in ICRC programmes, by target population	49
HEADQUARTERS	54
ICRC governing and controlling bodies	55
Meetings and decisions of the governing bodies	55
Missions	55
Directorate	56
Strategic orientations for 2011–2014	56
Office of the director-general	58
Leading the directorate	58
Managing the ICRC's performance	58
Developing partnerships	59
Positioning the ICRC in external debates	59
People management	59
Ombudsman	59
Legal Counsel	59
Operations	60
Health care in danger	61
Central tracing agency and protection	61
Assistance	62
Human resources development	64
Relations with other organizations and contribution to the humanitarian debate	64
International law and cooperation	65
Legal capacity and protection of the ICRC	65
International humanitarian law	65

Integration and promotion of the law	66
Research, training and debate on IHL	67
Dialogue with armed, security and police forces, and other weapon bearers	68
Multilateral diplomacy, policy and humanitarian action	68
Movement coordination and cooperation	69
Communication and information management	71
Communication	71
Archives and information management	73
Information and communication technology	74
Human resources	76
Financial resources and logistics	79
Finance and administration	79
Funding	80
Logistics	83
Cross-cutting projects and management processes	84

OPERATIONS

87

The ICRC around the world	88
Operational highlights	90
Conflict environments and challenges for humanitarian action	90
Operations: review, approach and thematic challenges	90
ICRC operations in 2013: a few facts, figures and results	93
User guide: layout of delegation sections	97
User guide: yearly results	98
User guide: figures and indicators – explanations	99

AFRICA

104

Introduction	106
Delegations	
Algeria	114
Burundi	118
Central African Republic	123
Chad	129
Congo, Democratic Republic of the	135
Eritrea	142
Ethiopia	146
African Union	151
Guinea	154
Liberia	159
Libya	164
Mali	170
Mauritania	177
Nigeria	182
Rwanda	187
Somalia	192
South Sudan	199
Sudan	206
Uganda	212
Regional delegations	
Abidjan	217
Antananarivo	223
Dakar	228
Harare	235
Nairobi	240
Niamey	246

Pretoria	252
Tunis	256
Yaoundé	261

ASIA AND THE PACIFIC 268

Introduction	270
--------------	-----

Delegations

Afghanistan	278
Bangladesh	285
Myanmar	290
Nepal	295
Pakistan	300
Philippines	305
Sri Lanka	311

Regional delegations

Bangkok	316
Beijing	322
Jakarta	327
Kuala Lumpur	332
New Delhi	337
Suva	343

VOLUME II

EUROPE AND THE AMERICAS 352

Introduction	354
--------------	-----

Delegations

Armenia	362
Azerbaijan	367
Georgia	373
Kyrgyzstan	379

Regional delegations

Europe	384
Moscow	389
Tashkent	394
Western Balkans	400

Brussels	406
London	410
Paris	414

Delegations

Colombia	418
Haiti	424

Regional delegations

Brasilia	429
Caracas	435
Lima	439
Mexico City	445
Washington	452

New York	457
----------	-----

MIDDLE EAST 460

Introduction	462
--------------	-----

Delegations

Egypt	470
Iran, Islamic Republic of	474

Iraq	478
Israel and the Occupied Territories	484
Jordan	491
Lebanon	497
Syrian Arab Republic	503
Yemen	508

Regional delegation

Kuwait	514
--------	-----

MAIN FIGURES AND INDICATORS 521

Protection figures and indicators	522
Assistance figures and indicators	524

FINANCE AND ADMINISTRATION 529

The financial year 2013	530
Consolidated financial statements of the ICRC 2013	531
Consolidated Statement of Financial Position	532
Consolidated Statement of Comprehensive Income	533
Consolidated Statement of Cash Flows	534
Consolidated Statement of Changes in Reserves	535
Notes to the Consolidated Financial Statements	536
Ernst & Young letter	565

Financial and statistical tables 567

A. Income and expenditure related to the 2013 Emergency and Headquarters Appeals	568
B. Income and expenditure by delegation related to the 2013 Emergency Appeals	570
C. Contributions in 2013	574
D. Contributions in kind, in services and to integrated projects (IPs) 2013	580
E. Comparative balance sheet and statement of income and expenditure for the last five years	582
F. Assistance items figures	582

Funds and foundations 588

Foundation for the International Committee of the Red Cross	589
Augusta Fund	590
Clare Benedict Fund	591
Florence Nightingale Medal Fund	592
Jean Pictet Fund	593
Maurice de Madre French Fund	594
Omar el Mukhtar Fund	595
Paul Reuter Fund	596
ICRC Special Fund for the Disabled	597

ANNEXES 601

Organizational chart 602

ICRC decision-making structures 603

ICRC strategy 2011–2014 605

The ICRC and its work with other components of the International Red Cross and Red Crescent Movement 608

Legal bases 609

Universal acceptance of the Geneva Conventions and their Additional Protocols	609
---	-----

States party to the Geneva Conventions and their Additional Protocols 610

ABBREVIATIONS AND DEFINITIONS

A	Additional Protocol I	Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of International Armed Conflicts (Protocol I), 8 June 1977
	Additional Protocol II	Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II), 8 June 1977
	Additional Protocol III	Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Adoption of an Additional Distinctive Emblem (Protocol III), 8 December 2005
	1977 Additional Protocols	Additional Protocols I and II
	African Union Convention on IDPs	Convention for the Prevention of Internal Displacement and the Protection of and Assistance to Internally Displaced Persons in Africa, 23 October 2009
	AIDS	acquired immune deficiency syndrome
	Anti-Personnel Mine Ban Convention	Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on their Destruction, 18 September 1997
	Armed conflict(s)	international and/or non-international armed conflict(s), as governed <i>inter alia</i> by the Geneva Conventions of 12 August 1949 and their two Additional Protocols of 1977 and by customary international law
	Arms Trade Treaty	Arms Trade Treaty, 2 April 2013
B	Biological Weapons Convention	Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on Their Destruction, 10 April 1972
C	CHF	Swiss francs
	Chemical Weapons Convention	Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on Their Destruction, 13 January 1993
	Convention on Certain Conventional Weapons	Convention on Prohibitions or Restrictions on the Use of Certain Conventional Weapons Which May be Deemed to be Excessively Injurious or to Have Indiscriminate Effects, 10 October 1980
	Convention on Enforced Disappearance	International Convention for the Protection of All Persons from Enforced Disappearance, 20 December 2006
F	Fundamental Principles	Fundamental Principles of the International Red Cross and Red Crescent Movement: humanity, impartiality, neutrality, independence, voluntary service, unity, universality
G	1949 Geneva Conventions	Convention (I) for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field, 12 August 1949
		Convention (II) for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea, 12 August 1949
		Convention (III) relative to the Treatment of Prisoners of War, 12 August 1949
		Convention (IV) relative to the Protection of Civilian Persons in Time of War, 12 August 1949
H	Hague Convention on Cultural Property	Convention for the Protection of Cultural Property in the Event of Armed Conflict, 14 May 1954
	Health Care in Danger project	“Health Care in Danger (Respecting and Protecting Health Care in Armed Conflict and Other Emergencies)” is an ICRC project that aims to ensure that the wounded and sick in armed conflict and other emergencies are protected and have better access to health care through the concerted efforts of the ICRC, National Societies, governments, weapon bearers and health care personnel across the world. The project is supported by a global communication campaign, “Life and Death”.
	HIV	human immunodeficiency virus
I	ICRC	International Committee of the Red Cross, founded in 1863
	IDPs	internally displaced people
	International Conference	International Conference of the Red Cross and Red Crescent, which normally takes place once every four years.

I	International Federation	The International Federation of Red Cross and Red Crescent Societies, founded in 1919, works on the basis of the Fundamental Principles, carrying out relief operations in aid of the victims of natural disasters, health emergencies, and poverty brought about by socio-economic crises, and refugees; it combines this with development work to strengthen the capacities of its member National Societies.
	IHL	international humanitarian law
	IOM	International Organization for Migration
K	KCHF	thousand Swiss francs
M	Montreux document on private military and security companies	The Montreux document on pertinent international legal obligations and good practices for States related to operations of private military and security companies during armed conflict
	Movement	The International Red Cross and Red Crescent Movement comprises the ICRC, the International Federation and the National Red Cross and Red Crescent Societies. These are all independent bodies. Each has its own status and exercises no authority over the others.
N	National Society	The National Red Cross or Red Crescent Societies embody the Movement's work and Fundamental Principles in about 180 countries. They act as auxiliaries to the public authorities of their own countries in the humanitarian field and provide a range of services, including disaster relief and health and social programmes. In times of conflict, National Societies assist the affected civilian population and, where appropriate, support the army medical services.
	NATO	North Atlantic Treaty Organization
	NGO	non-governmental organization
	<i>Non-refoulement</i>	<i>Non-refoulement</i> is the principle of international law that prohibits a State from transferring a person within its control to another State if there are substantial grounds to believe that this person faces a risk of certain fundamental rights violations, notably torture and other forms of ill-treatment, persecution or arbitrary deprivation of life. This principle is found, with variations in scope, in IHL, international human rights law and international refugee law, as well as in regional instruments and in a number of extradition treaties. The exact scope of who is covered by the principle of <i>non-refoulement</i> and which violations must be taken into account depends on the applicable legal framework that will determine which specific norms apply in a given context.
O	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
	OHCHR	Office of the United Nations High Commissioner for Human Rights
	Optional Protocol to the Convention on the Rights of the Child	Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict, 25 May 2000
	Other situations of violence	Situations of collective violence below the threshold of an armed conflict but generating significant humanitarian consequences, in particular internal disturbances (internal strife) and tensions. The collective nature of the violence excludes self-directed or interpersonal violence. In such situations of collective violence, the ICRC may take any humanitarian initiative falling within its mandate as a specifically neutral, impartial and independent organization, in conformity with the Statutes of the Movement, article 5(2)(d) and 5(3).
P	POWs	prisoners of war
R	Restoring Family Links Strategy for the Movement	In November 2007, the Movement's Council of Delegates adopted the Restoring Family Links Strategy for the Movement. The strategy, which covers a ten-year period, aims to strengthen the Movement's family-links network by enhancing the capacity of its components to respond to the needs of those without news of family members owing to armed conflict, other situations of violence, natural disasters or other circumstances, such as migration.
	RCMs	Red Cross messages
	Remotely piloted aircraft	Any aerial vehicle, including those from which weapons can be launched or deployed, operated by one or more human operators who are not physically located on board
	Restoring Family Links Strategy for the Movement	In November 2007, the Movement's Council of Delegates adopted the Restoring Family Links Strategy for the Movement. The strategy, which covers a ten-year period, aims to strengthen the Movement's family-links network by enhancing the capacity of its components to respond to the needs of those without news of family members owing to armed conflict, other situations of violence, natural disasters or other circumstances, such as migration
	Rome Statute	Rome Statute of the International Criminal Court, 17 July 1998

	Safer Access Framework	A set of measures and tools, grounded in the Fundamental Principles, that National Societies can use to prepare for and respond to context-specific challenges and priorities; such measures put a premium on mitigating the risks they face in sensitive and insecure contexts and on increasing their acceptance and access to people and communities with humanitarian needs.
	San Remo	The International Institute of Humanitarian Law, in San Remo, Italy, is a non-governmental organization set up in 1970 to spread knowledge and promote the development of IHL. It specializes in organizing courses on IHL for military personnel from around the world.
	Seville Agreement and its Supplementary Measures	The 1997 Seville Agreement and its 2005 Supplementary Measures provide a framework for effective cooperation and partnership between the members of the International Red Cross and Red Crescent Movement.
	“Strengthening IHL” process	This process implements Resolution 1 of the 31st International Conference, at which the ICRC was tasked, in cooperation with States, with pursuing further research/consultation and proposing recommendations with a view to (i) ensuring that IHL remains practical and relevant in providing legal protection to all people deprived of their freedom in relation to armed conflict and (ii) enhancing and ensuring the effectiveness of IHL compliance mechanisms. It will present the results to the next International Conference in 2015.
	Study on customary international humanitarian law	A 5,000-page text that is the outcome of eight years of research by ICRC legal staff and other experts who reviewed State practice in 47 countries and consulted international sources such as the United Nations and international tribunals.
T	TB	tuberculosis
U	UN	United Nations
	UNDP	United Nations Development Programme
	UNESCO	United Nations Educational, Scientific and Cultural Organization
	UNHCR	Office of the United Nations High Commissioner for Refugees
	UNICEF	United Nations Children’s Fund
W	WFP	World Food Programme
	WHO	World Health Organization
Other	“150 years of humanitarian action”	Initiative to mark the 150 years of the ICRC and the concept of National Societies in 2013 and the 150 years of the first Geneva Convention and the 100 years of the International Prisoners-of-War Agency (linked to the centenary of the start of the First World War, and now called the Central Tracing Agency) in 2014.

MESSAGE FROM THE PRESIDENT



Thierry Gassmann / ICRC

As the ICRC marked its 150th anniversary in 2013, the ideals on which it was created – upholding human dignity in armed conflicts and other situations of violence, through principled humanitarian action rooted in IHL – were severely tested in various parts of the world. Throughout the year, the situation in many of the diverse contexts in which the ICRC worked starkly illustrated the complexity of the humanitarian landscape – the often disastrous human cost of violence, compounded by natural disasters and underlying socio-economic crises, and the difficulties faced by humanitarian organizations in addressing the multiple needs of the people affected. Confronted by these challenges, the ICRC focused its efforts on expanding access to populations in need and on finding new ways and means to overcome constraints to neutral, impartial and independent humanitarian action.

The ICRC's largest operation in terms of budget size was in the Syrian Arab Republic (hereafter Syria). As the armed conflict there continued unabated, with far-reaching regional repercussions, the resulting humanitarian crisis became yet more entrenched, and gaining access to people in need and ensuring the security of humanitarian workers became all the more problematic. This conflict has not only illustrated the importance of principled humanitarian action; it has also underlined the need for innovation in surmounting some of the most difficult obstacles.

In the Philippines, the sheer extent of the destruction wrought by Typhoon Haiyan – coming on top of earlier disasters and protracted armed conflict in some of the areas affected – resulted in massive humanitarian needs on an overwhelming scale. The ICRC's emergency response, which it provided in close cooperation with the Philippine Red Cross, focused on areas where

it already had a longstanding presence in relation to the conflict. Through the ICRC's rapid deployment mechanism, scores of surge-capacity personnel were deployed, as were experts from different National Societies, to boost existing ICRC structures. They included specialists in health, water and habitat, economic security, logistics and the restoration of family links.

Northern Mali and Somalia continued to provide striking examples of the heavy humanitarian consequences of food crisis combined with chronic insecurity and fighting, and of constrained humanitarian access. The regional implications were also apparent, with instability and tensions spreading beyond borders. At year's end, the alarming situations in the Central African Republic and South Sudan also posed risks to fragile neighbouring countries, some of which were still suffering or struggling to recover from armed conflict.

For the ICRC, the bedrock of its efforts to protect and assist vulnerable people in such diverse contexts – one it has upheld for over 150 years despite the changing landscape – is its neutral, impartial and independent approach to humanitarian action. Building trust and acceptance among all stakeholders – based primarily on bilateral, confidential dialogue – remains crucial to its work. It was in this way, for example, that the ICRC was able, in 2013, to resume visits to people detained in Myanmar. In its role as a neutral intermediary, it also facilitated the release of several civilians and members of security forces held by armed groups in Colombia and Sudan.

Yet the challenges inherent in this approach, which requires proximity to people in need, were ever-present, not least in terms of the security risks. The attack on the Jalalabad sub-delegation in Afghanistan in May, which killed one staff member and wounded another, was one example. Another was the killing of yet more volunteers of the Syrian Arab Red Crescent – a key partner of the ICRC – bringing to 33 the number of volunteers killed since the beginning of the conflict there (as at 31 December).

Health-related activities have always been – and will continue to be – a central feature of the ICRC's institutional and operational identity. Some 8.2 million people benefited from these activities in 2013. For example, in Jonglei, South Sudan, the ICRC deployed three surgical teams to help treat the hundreds of people wounded in violence on different occasions. In Kandahar, southern Afghanistan, it continued providing support to Mirwais hospital, the only large-scale surgical facility in the region, serving over 5 million people. In Mali, Niger and elsewhere, health practitioners attended war-surgery training provided by the ICRC. At the same time, the organization sought to balance the expansion of its traditional medical services with the need to address broader public health concerns regarding communicable and non-communicable diseases.

Working at all levels to address the serious yet under-reported problem of violence against health care remained a key priority. An ongoing series of consultations among experts, National

Societies and the ICRC as part of the Health Care in Danger project continued. One workshop, held in Mexico in May, dealt specifically with ambulance services and pre-hospital care in risky situations; a report on the same topic, written by the Norwegian Red Cross with support from the Mexican Red Cross and the ICRC, was released later in the year. Both took stock of IHL, international human rights law and medical ethics in armed conflicts or other situations of violence.

Throughout 2013, the ICRC distributed food to 6.8 million people, mainly IDPs and residents, and essential household and hygiene items to some 3.5 million people. For example, 3.5 million people in Syria received food distributed in conjunction with the National Society. Around 4.6 million people benefited from productive inputs, mostly for sustainable food production or as livelihood support. They included thousands of farmers in areas of western Côte d'Ivoire still recovering from the 2012 violence, who received seed and tools. In addition, around 3.5 million people benefited from work, service and training initiatives; 1 million received cash, including as capital for launching small businesses; and some 44,000 received vouchers for basic commodities. Worldwide, over 28.7 million people benefited from ICRC water, sanitation and construction projects. These activities helped vulnerable people meet their basic needs, undertake recovery efforts and build their resilience to recurrent shocks.

The ICRC visited 756,158 detainees, of whom 23,473 were monitored individually, in 1,728 places of detention. Such visits aimed to ensure that detainees were treated humanely and held in decent conditions and could exchange family news, in line with IHL or internationally recognized standards. While carrying out multidisciplinary activities in favour of detainees, the ICRC engaged in dialogue with prison authorities to encourage broader improvements in prison-sector management.

Positive news in the domain of IHL came with the adoption of the Arms Trade Treaty in April. Having consistently highlighted the unacceptable human cost of the widespread availability of conventional arms and called for a strong treaty, the ICRC was pleased to see an outcome that effectively prohibits the transfer of weapons where these would be used to commit or facilitate serious IHL violations, among other grave crimes. In parallel, it continued to advocate, at the highest level, a complete ban on and the elimination of nuclear weapons, including at an international conference on the issue convened in Oslo, Norway, and the complete elimination of chemical weapons absolutely prohibited under IHL. It also closely followed rapid developments in new weapons technologies – particularly remotely controlled, automated or autonomous weapons – and debates on the conduct of hostilities in cyberspace.

Ensuring better compliance with IHL – at operational, legal and policy levels – is one of the ICRC's perennial goals. In that respect, the joint Swiss-ICRC initiative to strengthen compliance with IHL gained momentum, with over 70 States participating in constructive discussions held in Geneva, Switzerland, affirming strong support for regular dialogue among States on IHL and exploring

the possible functions of an IHL compliance system. As requested, Switzerland and the ICRC will formulate concrete proposals on specific aspects of this initiative.

Ultimately, the ICRC's aim in all these efforts was to make a difference where it mattered most: in the field, to better protect and assist victims of armed conflicts and other situations of violence. Its partnerships with National Societies were a key aspect of that goal. The importance of partnership within the Movement was reaffirmed at the Council of Delegates in Sydney, Australia, where, under the banner "150 years of humanitarian action", representatives of the ICRC, the International Federation and 189 National Societies discussed humanitarian challenges and the Movement's future. Nine thematic resolutions were adopted, including one on working towards the elimination of nuclear weapons and one on strengthening legal protection for victims of armed conflict.

At year's end, the ICRC was already looking ahead to its 2015–2018 institutional strategy, with consultations and discussions taking place with internal and external stakeholders to enable an inclusive development process. The strategy – which the ICRC Assembly is scheduled to adopt in June 2014 – will essentially serve as an institutional "compass" to guide and inform choices and decisions in a volatile humanitarian landscape. The overall goal remains the same as it is today: to ensure the ICRC's relevant and effective operational presence in armed conflicts and other situations of violence around the world, keeping people's needs at the centre of its work and building on their resilience in fulfilling its mission.



Peter Maurer

ICRC MANAGEMENT FRAMEWORK AND DESCRIPTIONS OF PROGRAMMES

ICRC corporate management framework	10
Institutional strategy.....	10
Key success factors/areas of risk.....	10
Comprehensive analysis and multidisciplinary and complementary approaches.....	11
Modes of action.....	11
Levels of intervention.....	12
Result-based management.....	12
Coordination.....	12
Services at headquarters.....	12
Target populations in field operations.....	13
Programme descriptions	14
Protection.....	14
Assistance.....	15
Prevention.....	16
Cooperation with National Societies.....	17
General.....	20
Overheads.....	20
ICRC field structure	20
Regional breakdown.....	20
Contributions	20
Levels of earmarking.....	20
Contributions in kind/cash for kind.....	21
Contributions in services.....	21
Description of the accounting model	21
Overview.....	21
Cost type accounting.....	22
Conclusion.....	22
Internal control system	22
Internal audit	23
External audit	23
Annexes	
The ICRC's operational approach to result-based management: improving humanitarian action.....	24
The ICRC's operational approach to women and girls.....	34
The ICRC's operational approach to children.....	40
The ICRC's operational approach to internal displacement.....	47

ICRC CORPORATE MANAGEMENT FRAMEWORK INSTITUTIONAL STRATEGY

According to the ICRC mission statement, the **overall humanitarian mission** of the institution, as an “impartial, neutral and independent organization” rooted in IHL, is “to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance”. The ICRC is part of the International Red Cross and Red Crescent Movement.

On this basis, the **ICRC's four-year strategy** is made available publicly and in the ICRC's yearly Headquarters Appeal. It assesses opportunities and challenges in the environment in question, analyses the most important stakeholders, and defines the organization's desired positioning, the scope of its action, and its ambitions. It sets strategic orientations and fields of activity for fulfilling the ICRC's humanitarian mission – to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. It clearly states the values and principles guiding the ICRC's action and attitudes.

KEY SUCCESS FACTORS/AREAS OF RISK

The **ICRC's six key success factors/areas of risk**, which belong to the institutional risk management framework, are the elements critical to the organization and its work. They are:

- ▶ three factors related mainly to “the ICRC's own capacity to act” (internal key success factors/areas of risk): **relevance** (of response), **organization and processes** and **human resources capacity and mobility**
- ▶ three factors related mainly to the “external environment” (external key success factors/areas of risk): **access** (to victims), **reputation/acceptance** and **positioning**

In each area, the ICRC can encounter risks and opportunities; by influencing these areas, the ICRC can reduce its vulnerability to the risks and take better advantage of the opportunities, thus improving its response to the needs of people affected by armed conflict and other situations of violence and positioning itself as a main player in this respect.

The ICRC's key success factors/areas of risk constitute a common reading grid for analysis in yearly and other reviews by the Directorate. Such reviews include the results achieved, an assessment of risks, and the definition or updating of management objectives and action plans to mitigate the main risks and reinforce the key success factors. This aims to ensure efficient management of the organization according to available resources and priorities and thus preserve the ICRC's reputation and enable it to continue to demonstrate its added value. Annual reviews are submitted to the ICRC Assembly.

The ICRC's key success factors/areas of risk are defined as follows:

- ▶ **relevance**: the **relevance** of the ICRC's response refers to meeting the most pressing needs of people affected by armed conflict and other situations of violence in an evidence-based, result-oriented and timely manner, and using the ICRC's traditional modes of action (support, substitution, persuasion, mobilization, denunciation)

- ▶ **organization and processes:** **organization and processes** pertains to the structure of the ICRC and its decision-making, working, and information management processes. It includes the management models, structures, procedures and rules that govern the work of its staff and contribute to the ICRC's reputation as a professional, effective and efficient organization
- ▶ **human resources capacity and mobility:** the **capacities and mobility of the ICRC's human resources** refers to the organization's values, policies and methods for managing its staff. It also refers to the willingness and readiness of staff members to serve better the ICRC and people affected by armed conflict and other situations of violence
- ▶ **access:** **access** to victims refers to reaching people affected by armed conflict and other situations of violence in order to assess their situations, to deliver aid and to document allegations of abuse or violations of IHL and relevant applicable law committed by parties to the conflict. The ICRC's access to those in need depends greatly on its reputation and on the acceptance of the organization by parties to the conflict and by key decision-makers
- ▶ **reputation/acceptance:** the ICRC's **reputation** refers to the way in which the organization is perceived by parties to the conflict and by other key stakeholders. **Acceptance** of the organization involves parties to the conflict and other key stakeholders recognizing and accepting the neutral, impartial and independent nature of the ICRC and its specific mandate under IHL and the Statutes of the Movement to protect and assist those affected by armed conflict and other situations of violence. The ICRC's reputation and the extent to which the organization is accepted directly influence its ability to gain access to victims and to attract qualified staff and funding
- ▶ **positioning:** **ICRC positioning** refers to the position of the ICRC within the field of humanitarian response (in terms of purpose, complementarity, benchmarking, etc.), its perceived added value for the people affected by armed conflict and other situations of violence, and donors' perception of the organization's relevance, effectiveness and efficiency

COMPREHENSIVE ANALYSIS AND MULTIDISCIPLINARY AND COMPLEMENTARY APPROACHES

The ICRC endeavours to respond to the humanitarian needs arising from today's complex armed conflicts and other situations of violence in the most timely, humane and professional way possible. Each situation requires thorough analysis, a sensitive but objective assessment of the needs and human suffering, and the design and implementation of specific and efficient humanitarian responses tailored to needs.

Today more than ever, situations have to be considered holistically, in a way that integrates local, regional and global elements and takes into account the broad range of problems and needs of the populations the ICRC wants to help. Therefore, for any action to be undertaken, a comprehensive analysis is carried out of the situation, the points of view of the people affected (e.g. residents and IDPs; men, women, boys and girls; the elderly), the actors present, the stakes and the dynamics. This enables the ICRC to identify the people adversely affected and their specific needs. An effective response requires a clear understanding of the cause of the problems and a good knowledge of local facilities, their capabilities and their potential; the direct involvement of those affected is therefore essential to ensure that their views, concerns, vulnerabilities and capacities are taken into consideration in the defini-

tion of the response. The ICRC endeavours to obtain an overall perspective of an issue of humanitarian concern by looking at all aspects of the problem and all possible responses. It is also important that the ICRC ensures the coherence of its activities in the medium and long term.

The ICRC's mission is a dynamic that combines the defence of individual rights, through respect by the authorities and other actors of their obligations, with a response to needs, through neutral, impartial and independent action. As described in the ICRC's mission statement, the organization combines four approaches in its overall strategy after analysing a situation in order to, directly or indirectly, in the short, medium or long term, ensure respect for the lives, dignity, and physical and mental well-being of victims of armed conflict and other situations of violence. Such action seeks to prevent (prevention), eradicate the cause of (protection) and alleviate (assistance) human suffering in armed conflict or other situations of violence and strengthen the Movement, as a network (cooperation). Promotion of the adoption of and respect for legal norms, confidential representations in the event that obligations are not fulfilled or laws are violated, delivery of relief aid, helping strengthen people's resilience to the difficulties that they face, early recovery measures, communication campaigns and the training of first-aid volunteers are all part of a coherent humanitarian mission. Effective monitoring and critical evaluation, drawing on lessons learnt from past experience, are also crucial to this process, as is coordination with the numerous actors present on the increasingly complex humanitarian scene.

To carry out comprehensive analysis, set objectives and define and implement plans of action, the ICRC works with a dynamic network of multidisciplinary teams composed of specialists and general staff, both male and female, who are led and coordinated by competent management with clear policies and priorities. The implementation of the ICRC mission is characterized by the strategic use of various **modes of action** at **different levels of intervention**, at the headquarters the delivery of various **services**, and in its field operations a focus on different **target populations** associated with a diverse range of activities requiring varied skills and expertise (**programmes**).

MODES OF ACTION

The modes of action used by the ICRC are the following:

- ▶ **persuasion:** confidential representations addressed to the authorities and aimed at convincing them to enhance respect for IHL and/or other fundamental rules protecting persons in situations of violence and to take measures which improve the circumstances of people affected by such situations
- ▶ **mobilization:** activities aimed at prevailing on third parties to influence the behaviour or actions of the authorities, to support them, or to provide services to people in need directly
- ▶ **support:** activities aimed at providing assistance to the authorities so that they are better able to carry out their functions and fulfil their responsibilities
- ▶ **substitution:** activities to provide services to people in need directly, often in place of authorities who are not able or not willing to do so
- ▶ **denunciation (resorted to by the ICRC only in exceptional circumstances and under strict conditions):** public declarations regarding violations of IHL or other fundamental rules protecting persons in situations of violence committed by specific actors, for the purpose of bringing a halt to such violations or preventing their recurrence

The modes of action used by the ICRC depend on the situation, the problems encountered and the objectives to be achieved. They aim to make the relevant actors aware of and fulfil their responsibilities. The ICRC does not limit itself to any one of them; on the contrary, it combines them, striking a balance between them either simultaneously or consecutively.

LEVELS OF INTERVENTION

The activities carried out under the ICRC's programmes are conducted at the following **complementary** levels to reach common objectives in aid of the populations affected, including their early recovery:

- ▶ **preventing or alleviating the immediate effects** of an emerging or established pattern of abuse or problem (responsive action)
- ▶ **restoring dignified living conditions** through rehabilitation, restitution and reparation (remedial action)
- ▶ **fostering a social, cultural, institutional and legal environment** conducive to respect for IHL and/or other fundamental rules protecting persons in situations of violence (environment-building action)

RESULT-BASED MANAGEMENT

At least once a year, on the basis of an analysis of the given situation and of the humanitarian issues, the ICRC defines objectives with plans of action and indicators for the coming year for each context in which it operates. The plans of action and indicators describe how the ICRC aims to work towards the objectives in question. Changes in situations and humanitarian issues may require objectives, plans of action and indicators to be revised during the year. Objectives and plans of action and indicators are organized according to target populations and list activities according to programme (see descriptions below).

The accounting system is structured accordingly (see description below).

ICRC Appeals provide donors with information about these objectives, their plans of action and indicators and the corresponding budget.

The ICRC also produces an Annual Report, which provides information – descriptive, quantitative and financial – regarding those objectives and plans of action and indicators.

Whenever possible, the reporting is result-oriented. It includes a description of the products and services resulting from processes that use a combination of resources, and their effect or results at output, outcome or impact level.

The ICRC works according to the following definitions of the terminology used, adopted on the basis of a common understanding in existing literature:

- ▶ **input:** human, technical, material and financial resources and logistical means that enable a person/organization to do something
- ▶ **activity:** any action or process through which inputs are combined to generate goods and services (outputs)
- ▶ **output:** the products, goods and services that people receive as a result of ICRC activities and that are expected to **lead** to the achievement of outcomes

▶ **outcome:** short- and medium-term

- **short-term outcome:** the likely, or achieved, short-term effects of the output that are expected to **lead** to the achievement of medium-term outcomes
- **medium-term outcome:** the likely, or achieved, medium-term (1- to 5-year) effects of the short-term outcome that are expected to **contribute** to the impact

▶ **impact:** primary and secondary long-term effects to which interventions **contribute**, positively or negatively, directly or indirectly, intended or unintended. The ICRC, as any other actor, is likely only to contribute to an impact.

COORDINATION

Besides its close coordination and cooperation with its Movement partners, notably with National Societies, the ICRC coordinates its humanitarian response with all other actors – be they the authorities, UN agencies, international, regional, national or faith-based organizations – and acknowledges that coordination of the humanitarian response is complex because of the diversity of humanitarian actors, particularly at regional and local level. It has adopted a pragmatic approach to institutional and operational coordination believing that humanitarian coordination should be reality-based and action-oriented.

Through its participation in coordination meetings at regional and field level, as well as bilateral discussions, the ICRC seeks to contribute to: providing the best possible protection and assistance for people affected by armed conflict and other situations of violence; avoiding gaps and duplication; and ensuring that any humanitarian response supports both the people's own resilience to difficulties and their recovery efforts. It is firmly convinced that the needs of those affected should be met by those organizations best placed to do so in operational terms, including existing skills, available capabilities, access and funding in the context concerned.

In the above fora, it does not hesitate to share with other humanitarian actors – to the extent compatible with its neutral, impartial and independent stance – its analysis of the context or security situation, results of needs assessments and its technical expertise. In order to preserve this strictly humanitarian approach, the ICRC favours interaction with humanitarian actors operational on the ground and has always refrained from being associated with any approach that involves objectives that are anything other than humanitarian. This has proved particularly useful in situations in which the UN plays a strong political role or is engaged in peace operations alongside humanitarian work. The ICRC remains outside the set-up of the UN agencies, the Inter-Agency Standing Committee and the cluster system, yet attends meetings as a “standing invitee” or an observer to facilitate effective humanitarian coordination. The organization also maintains relations with many other international actors, including the humanitarian branches of regional inter-governmental organizations and international NGOs and their consortia, engaging them on issues of humanitarian action, coordination and policy-making.

SERVICES AT HEADQUARTERS

In setting its headquarters objectives and plans of action, the ICRC has drawn up a standard list of six services, divided into three broad categories. These are defined as follows:

▶ **Guidance**

- **Environment scanning and analysis:** services that analyse and monitor the organization's environment

- **Policy and guidelines/Research and development:** either services that formulate policies and strategic positions and ensure that they are implemented in a coherent manner (monitoring and follow-up) or services that develop specific expertise for transfer to units and divisions at headquarters and in the field

► **Internal support**

- **Corporate support:** services aimed at all units and divisions at headquarters and in the field and which provide back-office support to ensure that the organization runs smoothly
- **Support for action:** services that support and assist units and divisions at headquarters, as well as field delegations (often at their own request), in fulfilling their mission in a given context (contextualization of expertise)

► **External interaction**

- **External relations/Humanitarian diplomacy/Mobilization:** services that manage relations with the various actors in the ICRC's environment; undertake diplomatic *demarches* and representations; and promote the organization's position
- **Services and products:** services and products aimed on the one hand at National Societies, international organizations and NGOs, governments and States, and on the other at beneficiaries/individuals

Each service contributes to the achievement of the aims outlined in one or more of the key success factors.

TARGET POPULATIONS IN FIELD OPERATIONS

In setting its field objectives, the ICRC has drawn up a standard list of five target groups, divided into two broad categories. These are defined as follows:

- i) **Affected populations/persons** are individuals or segments of the population suffering the direct and/or indirect effects of a confirmed or emerging armed conflict or other situation of violence, who do not or no longer take a direct part in the hostilities or violence. The aim of ICRC action for such people is to ensure that they are respected and protected and to alleviate the suffering caused by the situation, in accordance with the provisions of IHL and other internationally recognized standards. The ICRC distinguishes between three different groups of people:
 - **civilians:** all people who do not or no longer take a direct part in hostilities or violence but whose physical or mental integrity and dignity are either threatened or affected during an armed conflict or another situation of violence
 - **people deprived of their freedom:** all individuals deprived of their freedom in connection with an armed conflict or another situation of violence, such as prisoners of war, civilian internees and security detainees
 - **the wounded and sick:** people – civilians or weapon bearers – injured or suffering from disease or otherwise in need of medical assistance or care in an armed conflict or another situation of violence
- ii) The second broad category comprises actors of influence and the Movement. The ICRC endeavours to work with influential individuals, actors or institutions to promote full respect for IHL or other fundamental rules protecting people in situations of violence, and to ensure that the people in need receive protection and assistance.
 - **actors of influence:** certain individuals or institutions have a capacity to stop or prevent the violation of IHL or other fundamental rules protecting people in situations of violence,

and to protect or aid those affected when humanitarian problems arise. Those individuals or institutions are also in a position to facilitate (or hinder) the ICRC's access to affected people and/or foster acceptance of the ICRC's work. This category not only includes political authorities, armed, police and security forces and other weapon bearers, but also the media, associations of various kinds, NGOs, community leaders, religious authorities or opinion-makers, economic entities, academic institutions, young people, university students and other representatives of civil society.

- **the Movement:** besides the ICRC, the Movement comprises the National Societies and their International Federation. There are 189 National Societies in the world, carrying out humanitarian services for the benefit of the community. The ICRC considers the National Society its primary local partner in each country, sharing the same Fundamental Principles and working in partnership with it while at the same time contributing to further enhancing its emergency preparedness and response capacities. Partnership with National Societies is a valuable asset towards obtaining the best possible access to beneficiaries and delivering a relevant humanitarian response, and is one of the distinguishing features of the ICRC's cooperation within the Movement.

Particular concerns

The ICRC devotes particular attention to certain individual characteristics and situations which further increase vulnerability. As the civilian population becomes increasingly caught up in armed conflicts, specific problems may engender or exacerbate vulnerability among women, children, the elderly or minorities.

Armed conflict and other situations of violence – such as internal disturbances, including violent protests and riots – generate immediate additional health care requirements for wounded and sick people, whether they are directly involved in the fighting or not, which exceed peacetime needs. The right of wounded combatants and civilians to be spared further suffering during armed conflict and to receive assistance is asserted in the 1949 Geneva Conventions and their Additional Protocols. International human rights law protects health care at all times, including during internal disturbances. **Safeguarding health care** has been a priority for ICRC delegations and National Societies for several years, with staff often pioneering approaches to overcome day-to-day challenges. Operational responses always have the same objective: sick or wounded people, including the weapon-wounded, not or no longer participating in armed conflict or other situations of violence, are protected in accordance with IHL and/or other applicable norms and have access to effective, timely and impartial medical services; political authorities, weapon bearers, influential civil society representatives and therefore, the public, are aware of the (potential) impact of fighting on the delivery of health/medical care and help safeguard these services.

As warring parties fight for territorial control, more and more civilians are displaced. Forced displacement could aim to weaken enemy forces by targeting communities considered to be supportive of them, or to facilitate appropriation of property or access natural resources. **Internally displaced people** are those compelled to flee their homes, leaving most of their personal belongings behind, often to resettle in over-populated areas in conditions of extreme poverty, without gainful employment and seldom having the benefit of services such as a clean water supply, sewage systems, health care or education.

Children are not spared in armed conflict; they not only represent a large segment of the population but are also more vulnerable than adults. They should benefit both from the general protection guaranteed by law as people not taking a direct part in hostilities and from specific protection as a particularly vulnerable group (children are covered by 25 articles in the 1949 Geneva Conventions and their 1977 Additional Protocols). Yet children are a major beneficiary of the ICRC's prevention, protection and assistance programmes worldwide. They are often the witnesses of atrocities committed against their relatives. Many of them are killed, wounded or imprisoned, torn from their families, forcibly recruited into combat, compelled to flee or left without even an identity.

Women and girls mostly experience armed conflict as civilians, and as such are often exposed to acts of violence. Such acts include death or injury from indiscriminate attacks and mine explosions, but also direct assaults. Sexual violence, including rape, is widespread and often used as a method of warfare against the civilian population, with women and girls as the main victims. In addition, the loss of male relatives and deprivation of access to the basic means of survival and health care make women and girls vulnerable. It is therefore imperative to understand in which way, owing to their status and role in a given context, women and girls are affected by a situation of violence and how humanitarian programmes can best contribute to alleviating their plight.

Too often in armed conflicts **people fall victim to the effects of weapon contamination**. The ICRC, together with National Societies, implements activities aimed at reducing the impact of weapon contamination on communities living in contaminated areas. The response provided is adapted to each situation and can comprise a range of activities across all ICRC programmes. This involves: providing policy guidance and technical support on weapon contamination issues to National Societies and representing the Movement internationally on these matters; working with protection, economic security and water and habitat programmes to ensure that weapon contamination as a potential source of vulnerability is included in assessments and programme planning; supporting the capacity building of the National Societies and their integration into national mine-action capability; and mobilizing or working in partnership with organizations specializing in explosive ordnance disposal or – in line with strict criteria – deploying specialist ICRC teams for short-term surveys and/or clearance of areas of urgent humanitarian concern.

There is a need to continuously heighten awareness of the tragic fate of people **missing** as a result of armed conflict and other situations of violence and to seek ways of alleviating the anguish suffered by their families. In the wake of the International Conference of Governmental and Non-Governmental Experts on the missing and their families, convened by the ICRC in Geneva, Switzerland, in February 2003, and the pledge made at the 28th International Conference of the Red Cross and Red Crescent in December 2003, the ICRC has proactively sought to prevent disappearances and to respond to the needs and suffering of the families left behind. It supports the development of normative frameworks, including for engaging in activities aimed at preventing disappearances. It encourages governments to enact or implement legislation to prevent people from becoming unaccounted for, to ascertain the fate of missing persons through appropriate mechanisms and measures, and to protect and support the families of those who are missing. It works closely with the families of missing persons and with the relevant authorities and organizations to accelerate the trac-

ing process, including by: providing technical advice to national authorities in this regard; charring coordination mechanisms between former parties to a conflict; collecting tracing requests and providing support for ante-mortem data collection and the forensic process, while respecting basic standards for data protection, informed consent for collection, and the management and transmission of information; and publishing and updating lists of persons reported missing. It includes operational support to ICRC field operations on all matters related to human remains and the **forensic sciences** and promoting best practices in the forensic sciences as they relate to the search for the missing, including in natural disasters. The ICRC also assesses the multifaceted needs (e.g. psychological, economic, legal, administrative) of the families of missing persons, as well as local available resources to address such needs, and helps address them in close coordination with the authorities, National Societies, NGOs, family associations, and other available service providers.

As the ICRC aims to provide a comprehensive response to all populations affected by armed conflict or violence, neither its programmes (protection, assistance, prevention and cooperation with National Societies) nor their corresponding budgets are designed in such a way as to cater solely to one or another of the specific groups described above. Donors wishing to help the ICRC manage contributions to its programmes in the most efficient way possible are referred to the proposed criteria for levels of earmarking set out in the “Contributions” section of this chapter available in the *Emergency Appeals, Overview of Operations and Annual Report* published each year.

PROGRAMME DESCRIPTIONS

ICRC programmes aim to respond to the diverse humanitarian needs arising from armed conflicts and other situations of violence, in line with the organization's mission. The means and measures by which a programme is implemented is called an activity; ICRC programmes involve a wide range of activities that fall within the ICRC's specific areas of expertise and which often require particular professional skills. ICRC operations are structured into four main programmes: protection, assistance, prevention and cooperation with National Societies.

PROTECTION

In order to preserve the lives, security, dignity and physical and mental well-being of people adversely affected by armed conflict and other situations of violence, the ICRC has adopted a protection approach that aims to ensure that the authorities and other players involved fulfil their obligations and uphold the rights of individuals protected by law. It also tries to prevent and/or put an end to actual or probable violations of IHL and other bodies of law protecting people in such situations. The protection approach focuses both on the causes or circumstances of violations, targeting those responsible and those who can influence them, and on the consequences of the violations.

Protection programmes cover all activities designed to ensure protection of the victims of armed conflict and other situations of violence. The beneficiaries are resident and displaced civilians, people deprived of their freedom (in particular POWs, security detainees, internees and other vulnerable people), people separated from their relatives because of conflict, violence or other circumstances, such as natural disasters or migration, and missing people and their families.

As a neutral and independent humanitarian organization, the ICRC seeks to ensure that all the parties to a conflict and all authorities provide individuals and groups with the full respect and protection that are due to them under IHL and other fundamental rules protecting persons in situations of violence. In response to violations of these rules, the ICRC endeavours, as much as possible through constructive and confidential dialogue, to encourage the authorities concerned to take corrective action and to prevent any recurrence. Delegations monitor the situation and the treatment of the civilian population and people deprived of their freedom, discuss their findings with the authorities concerned, recommend measures and conduct follow-up activities.

Respect for people deprived of their freedom

The objective of the ICRC's activities for people deprived of their freedom is purely humanitarian, namely to ensure that their physical and mental integrity is fully respected and that their conditions of detention are in line with IHL and/or internationally recognized standards. As circumstances dictate, the ICRC strives to prevent forced disappearances or extrajudicial executions, ill-treatment and failure to respect fundamental judicial guarantees, and, whenever necessary, takes action to improve conditions of detention. This involves in particular:

- ▶ negotiating with the authorities to obtain access to people deprived of their freedom wherever they may be held, in accordance with procedures that guarantee the effectiveness and consistency of ICRC action
- ▶ visiting all detainees, assessing their conditions of detention and identifying any shortcomings and humanitarian needs
- ▶ monitoring individual detainees (for specific protection, medical or other purposes)
- ▶ maintaining family links (such as facilitating family visits or forwarding RCMs)
- ▶ under specific conditions, providing material and medical relief supplies to detainees or engaging in cooperation on specific projects with the detaining authorities
- ▶ fostering a confidential and meaningful dialogue with the authorities at all levels regarding any problems of a humanitarian nature that may arise

Visits to places of detention are carried out by the ICRC in accordance with strict conditions:

- ▶ delegates must be provided with full and unimpeded access to all detainees falling within the ICRC's mandate and to all places where they are held
- ▶ delegates must be able to hold private interviews with the detainees of their choice
- ▶ delegates must be able to repeat their visits
- ▶ detainees falling within the ICRC's mandate must be notified individually to the ICRC, and the ICRC must be able to draw up lists of their names

Respect for civilians

Protection activities for the civilian population are intended to ensure that individuals and groups not or no longer taking a direct part in hostilities are fully respected and protected, in accordance with IHL or other fundamental rules protecting persons in situations of violence. This involves in particular:

- ▶ engaging in dialogue with the relevant parties at all levels to discuss humanitarian issues and to remind them of their legal obligations

- ▶ monitoring individuals and communities who are particularly vulnerable and/or exposed to serious risks of abuse, reducing their exposure to those risks and reinforcing their own protection mechanisms

Restoring family links

These activities aim to restore or maintain contact between members of families, including people deprived of their freedom, who have been separated by an armed conflict, another situation of violence or in relation to a natural disaster, with a view to relieving their mental anguish. This involves in particular:

- ▶ forwarding family news (through various means, such as RCMs, radio broadcasts, the telephone and the Internet) via the worldwide Red Cross and Red Crescent network (National Societies and ICRC delegations)
- ▶ tracing persons separated from their families, in particular unaccompanied and separated children, including demobilized child soldiers
- ▶ collecting information on detentions, disappearances and deaths, collecting tracing requests from the families of missing people and submitting them to the relevant authorities for clarification
- ▶ organizing repatriations and family reunifications
- ▶ facilitating family visits to detainees or across front lines
- ▶ issuing ICRC travel documents for people who, owing to a conflict, do not or no longer have identity papers and are about to be repatriated or resettled in a third country

Missing persons

Activities for missing persons are intended to shed light on the fate and/or whereabouts of people who are unaccounted for as a consequence of an armed conflict, other situation of violence or migration, and thereby respond to the suffering caused to their relatives by the uncertainty surrounding their fate. The ICRC pursues a strictly humanitarian approach to the issue, which involves promoting and supporting mechanisms to help clarify the fate of missing persons, including the collection and management of information and the recovery and identification of human remains; facilitating dialogue between the authorities and the families of missing people; assessing and responding to the latter's needs in a holistic manner; and promoting measures to prevent people from becoming unaccounted for.

ASSISTANCE

The aim of assistance is to preserve life and/or restore the dignity of individuals or communities adversely affected by an armed conflict or other situation of violence. Assistance activities address the consequences of violations of IHL or other fundamental rules protecting people in situations of violence. They may also tackle the causes and circumstances of such violations by reducing risk exposure.

Assistance programmes are designed to preserve or restore acceptable living conditions for people affected by armed conflict or other situations of violence, to enable them to maintain an adequate standard of living in their respective social and cultural context until their basic needs are met by the authorities or through their own means. The beneficiaries are primarily resident or displaced civilians, vulnerable groups such as minorities and the families of people who are unaccounted for, the sick and the wounded (both military and civilian) and people deprived of their freedom.

Economic security

Economic security programmes are designed to ensure that households and communities have access to the services and resources required to meet their essential economic needs, as defined by their physical condition and social and cultural environment. In practice, this translates into three different types of intervention:

- ▶ relief interventions: to protect lives and livelihoods by providing people in need with the goods and/or services essential for their survival when they can no longer obtain them through their own means
- ▶ production interventions: to protect or enhance a household's or community's asset base – its means of production – so that it can maintain or recover its livelihood
- ▶ structural interventions: to protect livelihoods by influencing processes, institutions and policies that have a direct impact on a target population's capacity to maintain its livelihood over time (such as agricultural or livestock services)

Water and habitat

Water and habitat programmes are designed to ensure access to water and to a safe living environment.

In situations of acute crisis, infrastructure may have been damaged by fighting and basic services may not work or be inaccessible. People may be forced to leave their homes to look for water in a hostile environment. By monitoring the situation and implementing projects when and where necessary, in both urban and rural contexts, the ICRC ensures access to water and safe environmental sanitation conditions, and promotes basic health care by taking emergency action and supporting existing facilities.

In emerging crises, chronic crises and post-crisis situations, the priority is to support and strengthen existing structures through initiatives taken in conjunction with the authorities and/or through specific programmes that meet the needs of the population in a viable, sustainable manner.

Health services

Health-related activities are designed to ensure that the health needs of people in armed conflict or other situations of violence are met according to defined minimum packages of health services/care. **Curative and preventative health interventions** remain at the heart of ICRC projects; saving lives and alleviating suffering are the central objectives of health assistance.

Such assistance can entail support to local or regional health services and when necessary substituting for them on a temporary basis. ICRC health interventions involve:

- ▶ either implementing activities directly, supporting existing structures/organizations, or mobilizing others in order to carry out first aid, war surgery or health care delivery in conflict situations. Activities include primary health care, mental health and hospital-related activities such as emergency surgery, paediatrics, obstetrics and gynaecology and hospital management
- ▶ ensuring that detainees have access to basic health care
- ▶ negotiating with the authorities in order to guarantee safe access to quality health care for the affected population and a safe working environment for medical personnel

Physical rehabilitation

Physical rehabilitation is an integral part of the process needed to ensure the full participation and inclusion in society of people with disabilities. It involves providing disabled people with assistive devices, such as prostheses, orthoses, walking aids and wheelchairs, together with the therapy that will enable them to make the fullest use of those devices. Physical rehabilitation must also include activities aimed at maintaining, adjusting, repairing and renewing the devices as needed.

ICRC assistance in this field is designed to strengthen the overall physical rehabilitation services of a given country. It aims to improve the accessibility of services and their quality, and to develop national capacities to ensure their long-term viability. ICRC physical rehabilitation projects aim to allow the physically disabled to participate fully in society, both during and after the period of assistance.

Although its focus is physical rehabilitation, the ICRC's physical rehabilitation programme recognizes the need to develop projects in cooperation with others so as to ensure that beneficiaries have access to other services in the rehabilitation chain.

PREVENTION

The aim of prevention is to foster an environment that is conducive to respect for the lives and dignity of those who may be affected by an armed conflict or other situation of violence, and that is favourable to the work of the ICRC. The approach has a medium- to long-term outlook and aims to prevent suffering by influencing those who have a direct or indirect impact on the fate of people affected by such situations, and/or who can influence the ICRC's ability to gain access to these people and operate efficiently in their favour. In particular, the prevention approach involves communicating, developing and clarifying IHL and promoting the implementation of IHL and other relevant bodies of law, and promoting acceptance of the ICRC's work.

Promotion and implementation of IHL

These activities aim to promote the universal ratification of IHL treaties and the adoption by States of legislative, administrative and practical measures and mechanisms to give effect to these instruments at national level. It is also important to ensure that proposals to develop domestic laws do not undermine existing IHL norms. Implementation activities also aim to foster compliance with IHL during armed conflicts and to ensure that national authorities, international organizations, the armed forces and other bearers of weapons correctly understand the law applicable in such situations. This involves in particular:

- ▶ promoting IHL treaties among the relevant authorities by making representations to governments, providing training in IHL and drafting technical documents and guidelines to further national implementation
- ▶ providing technical advice and support for the implementation of IHL, undertaking studies and carrying out technical assessments of the compatibility of national legislation with this body of law
- ▶ promoting the creation of national IHL committees and supporting existing ones
- ▶ translating existing IHL texts and materials into different languages
- ▶ encouraging and helping authorities to integrate IHL into the doctrine, education and training of national armed forces (international human rights law in the case of police

and security forces), and into the training and education programmes for future leaders and opinion-makers in universities and schools

- ▶ developing and implementing approaches for influencing the attitudes and actions of political authorities and weapon bearers
- ▶ supporting the implementation of the youth education programme – Exploring Humanitarian Law – to help young people embrace humanitarian principles and the social and legal norms intended to protect life and human dignity
- ▶ reinforcing links with academic circles to consolidate a network of IHL experts and developing partnerships with institutes and research centres specializing in IHL

Development and clarification of IHL

These activities aim to promote the adoption of new treaties and instruments or to promote the clarification of IHL concepts in order to make the law more effective and to respond to needs arising as a result of technological progress and the changing nature of armed conflict. At the same time, the ICRC analyses the development of customary IHL by assessing State practice. This involves in particular:

- ▶ taking part in meetings of experts and diplomatic conferences held to develop new treaties or other legal instruments
- ▶ monitoring new developments, carrying out studies, producing articles and guidance documents, organizing meetings of experts and drafting proposals
- ▶ promoting acceptance by governments and other key stakeholders of the ICRC's position regarding the development and clarification of IHL

Communication

The following complementary communication approaches constitute a key component of preventive action and facilitate ICRC access to the victims of armed conflict and other situations of violence:

- ▶ public communication which aims to inform and mobilize key stakeholders on priority humanitarian issues and to promote greater understanding of and support for IHL and the work of the ICRC
- ▶ processes to scan the humanitarian environment at global, regional and local level with a view to identifying, understanding and addressing perceptions and issues having an impact on the ICRC's ability to operate
- ▶ developing communication approaches and tools to mobilize key target groups – such as leaders and opinion-makers – in favour of respect for IHL and acceptance of ICRC action on behalf of victims of armed conflict
- ▶ responding to public information requests on humanitarian norms, issues and action in situations of armed conflict
- ▶ producing – and translating into a range of languages – print, audio-visual and web-based communication materials to support and communicate the ICRC's activities

Weapons issues and mine action

The ICRC pays particular attention to promoting measures to prohibit the use of weapons that have indiscriminate effects or cause superfluous injury or unnecessary suffering. This includes promoting the application of existing IHL norms on the use of weapons and the development, when appropriate, of additional norms in response to the field realities witnessed by the ICRC or the emergence of new technology.

The ICRC, working closely with National Societies, also implements preventive mine-action activities in situations where mines, cluster munitions and explosive remnants of war represent a dan-

ger to the population. These programmes are adapted to each individual situation and can comprise a range of activities that seek to define the problem, facilitate a flexible and effective response and take into account the activities of others in this field.

This involves in particular:

- ▶ making representations to governments and weapon bearers
- ▶ providing an IHL perspective on weapons issues in national and international fora
- ▶ holding meetings of military, legal, technical and foreign affairs experts to consider, *inter alia*, issues relating to emerging weapons technology and the impact in humanitarian terms of the use of certain weapons
- ▶ promoting the full and faithful implementation of treaties such as the Anti-Personnel Mine Ban Convention, the Convention on Certain Conventional Weapons and the Convention on Cluster Munitions, and providing IHL perspectives in meetings on relevant arms treaties
- ▶ providing policy guidance and technical support on mines and other arms issues to National Societies and representing the Movement internationally on these matters
- ▶ attending meetings with key mine-action organizations that contribute to the development of mine-action policy, methodologies and systems
- ▶ planning and implementing preventive mine-action activities, often in cooperation with National Societies, to limit the physical, social and economic impact of mines, cluster munitions and explosive remnants of war
- ▶ in emergency response situations where weapon contamination impacts the population and/or ICRC staff and activities, and in situations where others are unable to act or where it is not possible to mobilize other actors, deploying a rapid response team to survey and/or clear contaminated areas for a limited time; while not engaging in long-term clearance projects, providing training, mentoring and capacity building to enable States to do so

COOPERATION WITH NATIONAL SOCIETIES

The aim of cooperation is to increase the operational capabilities of National Societies, above all in countries affected or likely to be affected by armed conflict or other situations of violence. It further aims to increase the ICRC's ability to interact with National Societies and work in partnership with them. The cooperation approach aims to optimize the Movement's humanitarian work by making the best use of complementary mandates and skills in operational matters such as protection, assistance and prevention. It involves drawing up and implementing the policies of the Movement that are adopted during its statutory meetings and strengthening the capacities of National Societies, helping them to adhere at all times to the Fundamental Principles.

The ICRC shares its expertise with National Societies working in their own countries and with those working internationally. It does this by:

- ▶ strengthening both the National Societies' capacity to take action and provide appropriate services in times of armed conflict and other situations of violence in their own country, and the ICRC's action and operational capacity through its interaction and partnership with National Societies
- ▶ promoting operational partnerships with National Societies in their own countries and with those working internationally in order to respond to the needs of people affected by armed conflict or other situations of violence

- ▶ promoting dialogue and coordination and having regular communication on issues of common concern with National Societies and the International Federation Secretariat

The sections below describe these activities, distinguishing between cooperation with a National Society working in its own country and cooperation between the ICRC and National Societies working internationally. The final section discusses overall Movement coordination in the field.

Building the response capacity of National Societies in their own countries

The ICRC provides expertise in certain areas to all National Societies in order to strengthen their capacity to conduct activities domestically in accordance with their own priorities and plans. These areas include:

- ▶ promoting IHL and spreading knowledge of the Movement's principles, ideals and activities among both internal and external target groups
- ▶ preparing for and providing health care and relief services in armed conflict and other situations of violence
- ▶ restoring family links through the worldwide Red Cross/Red Crescent tracing network according to the Restoring Family Links Strategy for the Movement and its corresponding implementation plan
- ▶ developing activities to prevent the risks of weapon contamination
- ▶ supporting National Societies in relevant legal matters, such as drawing up or amending statutes, recognizing or reconstituting a National Society, and preparing for the Movement's statutory meetings

The National Society remains responsible for designing, managing, implementing and monitoring all the activities it carries out. The ICRC facilitates the implementation of planned activities by:

- ▶ providing National Societies with technical expertise
- ▶ making available material and financial assistance in order to help National Societies fulfil their humanitarian role in armed conflict and other situations of violence
- ▶ mobilizing support from sister National Societies and retaining a monitoring and support role with respect to the achievement of agreed objectives
- ▶ seconding ICRC delegates to National Societies so that they can provide support for executive and managerial responsibilities in areas agreed with the National Society

Whatever form the ICRC's support takes, it is offered in the spirit of a mutually beneficial partnership. In this regard, the ICRC aims to enhance preparedness and response by optimizing complementarity and strengthening the global Movement network. Written agreements between the ICRC and each National Society ensure that the objectives are clear to each partner and that the working relationship is based on a common understanding of respective roles and responsibilities. The ICRC provides capacity-building support in close consultation and coordination with the International Federation, as activities are carried out with a long-term perspective and are part of each National Society's development process.

Operational partnerships with National Societies in their own countries

The ICRC and National Societies in their own countries often join forces and choose to implement activities together for the benefit

of people affected by armed conflict or other situations of violence. Activities selected for joint implementation are those which best fit within the National Society's own plan, preserve its ability to function as an independent institution and contribute to further strengthening its operational capacity. The National Society's autonomy in managing such activities may vary, and is contingent on its operational capacity and conditions on the ground.

In its institutional strategy, the ICRC identifies operational partnerships with National Societies in their own countries as a priority that seeks not only to enhance the ICRC's own ability to partner with National Societies, but also to build the National Societies' capacity to conduct their own operations.

Written agreements formalize the operational partnership and specify the objectives to be achieved, respective roles and responsibilities, and corresponding plans of action and budgets. Financial, administrative and reporting procedures form an integral part of such agreements.

This form of cooperation ensures that partnerships with National Societies have an added value for the beneficiaries, the ICRC and the National Society.

Operational partnerships with National Societies working internationally

Many National Societies have the resources and willingness to work internationally together with the ICRC, and contribute in cash, in kind or by providing personnel and operational management. This section focuses on how this kind of operational partnership functions and on the form of projects implemented in the field.

In order to make its operational partnerships with National Societies working internationally more effective, and in line with its Cooperation Policy of May 2003, the ICRC developed and tested between 2004 and 2006 new forms of partnership and management procedures that aim to bring added value to the Movement's overall humanitarian response. The first – **Integrated Partnerships** – has been designed for situations where a project carried out by a National Society working internationally forms an integral part of the ICRC's own objectives, and the National Society is integrated into the ICRC's operational management framework. The second – **Coordinated Activities** – has been designed for contexts where work carried out by a National Society working internationally is not part of the ICRC's objectives, but is under the ICRC's leadership and coordination in conformity with the Seville Agreement.

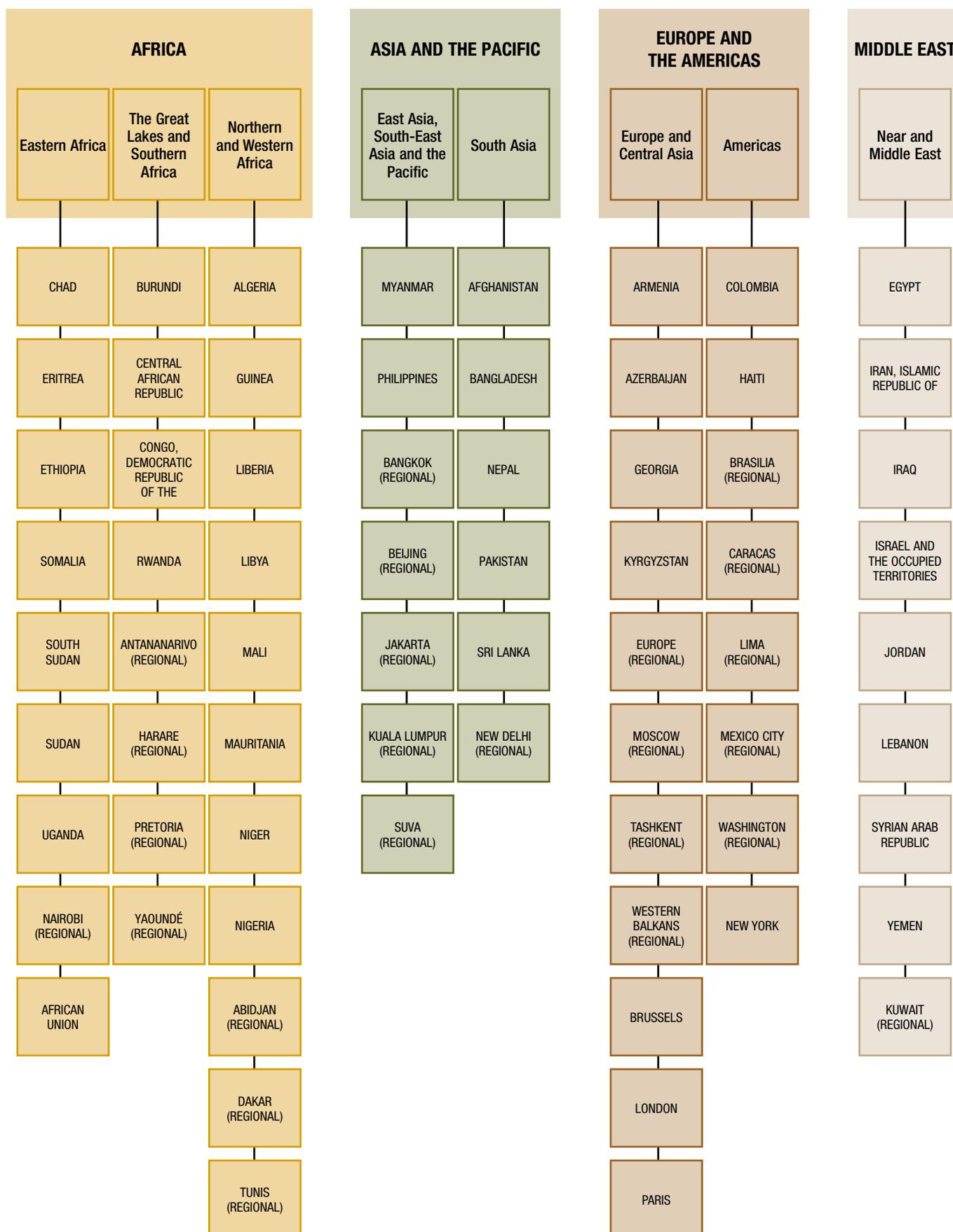
In the future, the ICRC will further invest in the development of partnerships with National Societies that have recently expanded their international work.

Coordination within the Movement

In a given context today, all the types of cooperation outlined above may occur simultaneously. They have to be carefully organized, coordinated and managed in order to achieve their respective objectives. More broadly, the resources made available to the Movement must be coordinated and managed in ways that ensure maximum benefit is derived for the beneficiaries.

The ICRC is responsible for promoting and directing the contribution and involvement of other Movement components in international relief operations in countries affected by armed conflict

OPERATIONS WORLDWIDE



DELEGATIONS AND MISSIONS IN MORE THAN 80 COUNTRIES AROUND THE WORLD

and other situations of violence and their direct consequences. It assumes the role of “lead agency” for the Movement operation in accordance with the Movement’s Statutes and the Seville Agreement, and in consultation with the National Society of the country concerned.

In such situations, coordination mechanisms covering all the Red Cross and Red Crescent institutions active on the ground are established.

When the ICRC assumes the role of lead agency, it implements its own activities while also taking responsibility for coordinating the response of other Movement components. It is currently working to improve its practice as lead agency by working with the National Society of the country as its natural primary partner or as a co-lead of the Movement response. Country-level memoranda of understanding defining the roles and responsibilities of each Movement component in all situations – during periods of emergencies, conflict, transition and peace – have been developed in a number of contexts and have proven effective in preparing the ground for well-coordinated Movement action.

In cooperation with other Movement partners, the ICRC has dedicated further resources to learning from the experience of coordinating the Movement’s humanitarian response in a number of contexts. Together with the other Movement components, the ICRC participates in the process of revisiting existing coordination instruments.

GENERAL

This programme covers all activities related to the functioning of ICRC delegations, but which cannot be allocated to another programme, such as management, internal control and certain strategic negotiations.

OVERHEADS

The budget and expenditure for each operation comprise a 6.5% overhead charge on cash and services as a contribution to the costs of headquarters support for operations in the field. This support is for services essential to an operation’s success, such as human resources, finance, logistics, information technology and other support as described in the Headquarters Appeal for the same year. The contribution covers approximately 30% of the actual cost of support provided by headquarters to field operations.

ICRC FIELD STRUCTURE

The ICRC has developed a broad network of delegations around the world. The ultimate purpose of such a network is to enable the ICRC to fulfil its mandate for people affected by armed conflict or other situations of violence, by responding in a timely, efficient and adequate manner to the resulting humanitarian needs.

ICRC delegations adapt to the specific needs of the contexts in which they are active and endeavour to develop the most appropriate and effective strategies. They also act as early-warning systems with regard to political violence or nascent armed conflicts and their potential consequences in humanitarian terms.

In ongoing or emerging situations of armed conflict or violence, the delegations focus on operational activities such as protection, assistance, cooperation and preventive action at the responsive and remedial levels, for the direct benefit of victims – civilians,

people deprived of their freedom and the wounded and sick.

In other situations, the delegations focus primarily on environment-building preventive action, cooperation with National Societies and humanitarian diplomacy, while remaining poised to become more operational should the need arise.

Many delegations cover only one country. Others cover several countries and are called “regional delegations”. Certain delegations are tending more and more to provide regional services for their respective regions, such as the Bangkok regional delegation as a training provider, the Egypt delegation in terms of communication, and Jordan as a logistical hub.

The ICRC’s presence in the field can also take the form of a mission or other form of representation adapted to the particularities of the context or the specific functions assigned to the ICRC staff on the ground.

REGIONAL BREAKDOWN

Delegations are grouped by regions covering the following geographical zones: Africa; Asia and the Pacific; Europe and the Americas; Middle East.

There are 8 regions in all:

▶ Africa

- Eastern Africa
- The Great Lakes and Southern Africa
- Northern and Western Africa

▶ Asia and the Pacific

- East Asia, South-East Asia and the Pacific
- South Asia

▶ Europe and the Americas

- Europe and Central Asia
- Americas

▶ Middle East

- Near and Middle East

At headquarters, a head of region is in charge of the management of and support for field operations in each region. The head of region answers to the director of Operations and is also in charge of a regional multidisciplinary team representing headquarters services such as Protection, Assistance, Logistics, Law, Communication, Cooperation within the Movement, Humanitarian Diplomacy, External Resources, Human Resources, and Finance and Logistics, which are involved as needed. The aim is to enhance relations between headquarters and field delegations, and to better coordinate and focus the support provided by these various services.

CONTRIBUTIONS

LEVELS OF EARMARKING

“Earmarking” is the practice whereby donors require that their funds be attributed to the ICRC in general, the Headquarters or Emergency Appeals, or within the Emergency Appeal to a particular region, country or programme, or for the purchase of specific goods. Experience has shown that the ICRC’s operational flexibility decreases in direct proportion to the degree of earmarking demanded by donors, to the detriment of the people that the ICRC is trying to help. Coming to terms with specific earmarking and reporting requirements generates an additional administrative workload, both in the field and at headquarters. Existing stand-

ard reporting procedures have to be duplicated to meet individual requests and specific reporting, audit and evaluation requirements.

The ICRC has formulated guidelines to ensure greater uniformity and coherence in managing earmarked funds. These standards are designed to maximize the ICRC's effectiveness in the field, by limiting the number of financing and reporting constraints. The guidelines include rules on contributions which cannot be accepted on principle.

These include:

- ▶ contributions which are in contradiction with the Movement's Fundamental Principles
- ▶ contributions which seek to support only a specific category of beneficiary (e.g. an ethnic or religious minority)
- ▶ contributions which seek to support only a specific sub-region of a country
- ▶ visibility requirements which impinge on the security of beneficiaries or ICRC staff

Earmarking is one of the issues raised in the Donor Support Group (DSG), a discussion forum made up of governments contributing over CHF 10 million annually to the ICRC's Appeals. The DSG has successfully assisted the ICRC in its efforts to decrease the levels of earmarking on contributions and to improve its standard reporting system. In addition, the majority of DSG members have accepted that the ICRC's standard reporting meets the reporting requirements related to their donations. The ICRC continues to try to encourage donors to ease their constraints, while maintaining its commitment to use funds as efficiently as possible. In 2001, the ICRC adapted its standard reporting system to its internal annual planning exercise (known in-house as the PFR, or Planning for Results). This commitment to improve reporting to donors has been further reinforced through, for instance, external audits and enhanced internal planning, monitoring and evaluation procedures.

The table below shows the overall framework agreed with donors for the earmarking level of cash contributions to the ICRC.

Contributions that lead to double or over-financing (e.g. two different donors wishing to fund the same programme in the same country) cannot be accepted as this would run counter to recognized audit standards. The ICRC can make exceptions in accepting earmarking to programme or sub-programme level for a specific operation when standard reporting requirements are agreed.

Earmarking guidelines not only seek increased uniformity and coherence in managing contributions, but also establish a correlation between earmarking and reporting. Indeed, greater flexibil-

ity on the donor side regarding narrative and financial reporting enables the ICRC to manage tighter earmarking more effectively.

CONTRIBUTIONS IN KIND/CASH FOR KIND

Contributions in kind refer to assistance provided in the form of food, non-food items or specific goods needed for the ICRC's assistance activities. The customary procedure for the acquisition of contributions in kind is as follows: the ICRC makes a request for specific goods needed for a particular field operation; that request is matched by a specific donor offer of goods. Once the offer has been accepted, the goods are delivered by the donor directly to the ICRC's local or regional warehouses. Donors are also able to provide cash contributions to cover the purchase of pre-defined goods by the ICRC.

CONTRIBUTIONS IN SERVICES

Contributions in services refer to support given to the ICRC in the form of logistics or staff on loan. The heading "in services" in the regional budget table indicates the portion of the budget that the ICRC estimates will be covered by this sort of contribution.

DESCRIPTION OF THE ACCOUNTING MODEL

The accounting model draws a clear distinction between financial accounting and cost accounting. Cost accounting enhances the information available for internal management and reporting to donors. Financial accounting illustrates how human, material and financial resources are used, while cost accounting focuses on the use of those resources for the implementation of operational objectives by country, programme and target population, as defined in the PFR methodology. The aim of the system is to enhance understanding of the resources needed to achieve operational results and to determine the reasons for, and the objectives of, the costs incurred.

OVERVIEW

The objective of the financial accounting system is to record expenses and to report on financial transactions in accordance with legal requirements. The purpose of cost accounting, which is based on financial accounting, is to promote understanding of processes and transactions, to respond to management requirements in terms of detailed information and – in particular for the ICRC – to facilitate general and specific reporting to donors.

The financial accounting system is composed of different data-entry modules that supply the basic information to the cost accounting system (comprising *cost centre accounting* and *cost units accounting*). The costs are allocated from the cost centres to the cost units according to where and by whom the objectives are being implemented. For the system to function, staff must report on the time they spend working on different objectives.

Level of earmarking	Range/restrictions	Example
None	overall ICRC ICRC field or headquarters budget	any ICRC activities ICRC operations worldwide or headquarters activities
Region	one of the four geographical zones	ICRC operations in Africa
Programme	one of the four programmes	ICRC prevention worldwide
Programme/region	one of the four programmes for one of the four geographical zones	ICRC protection activities in Asia and the Pacific
Operation	one of the operational delegations	ICRC activities in Colombia

Financial accounting system

The financial accounting system consists of a number of *modules* (*general ledger, payroll, accounts payable, accounts receivable, stocks, fixed assets*). Information recorded in the peripheral modules is stored within the main module, the *general ledger*, and incorporated into a balance sheet and a profit-and-loss statement. As financial accounting does not provide information about the origin of and the reason for costs, it does not in itself serve to assess results. In other words, it does not provide the information needed for reporting purposes. This task is performed by cost accounting.

Cost or analytical accounting system

The cost accounting system allocates all costs in two different ways: to the *cost centre*, which explains the origin of the costs, and to the *cost units*, which indicate the reason for or the objective of the costs. Thus it not only explains the type and origin of costs (e.g. salary, purchase, communications, etc.), but also creates a link between the internal service supplier (operations, management, warehouse, logistics, administration, etc.) and the beneficiary, thereby providing reliable and meaningful information for both internal and external performance assessment and reporting.

COST TYPE ACCOUNTING

Financial accounting and cost categories

The accounting model comprises three dimensions (e.g. in field operations: the organizational unit, target population and programmes) that serve to allocate costs between cost centres and to cost units accounting.

Cost centre accounting

Any unit (department or unit at headquarters or delegation in the field) within the organization generates costs as it consumes goods and services. It is important to identify the initiator of these costs and to specify his or her responsibility for the type, quality and dimension of the transactions concerned. This is the purpose of the *cost centre accounting* system. The cost centre reflects the structure of the unit to which the costs incurred within a given period are initially charged. The person who is answerable for the origin of the relevant costs always manages the cost centre.

Cost units accounting

Cost units accounting responds to the information requirements of management and donors, providing greater insight into the financial resources consumed. It is an essential tool for management since it describes the reason for or purpose of the costs. Cost units accounting and reporting is based on the operational objectives defined using the PfR methodology and gives a clearer indication of the purpose for which the costs were incurred.

To make it possible to produce all the reports required, a three-dimensional cost units structure is used. The three dimensions, outlined below, are independent from one another. Set together they are the parameters of the PfR system. The total costs found in cost unit accounting are equal to the total costs found in cost centre accounting. In all three of the dimensions described there are different levels of aggregation in order to monitor activities adequately.

a) Financial “organizational unit” dimension

The financial “organizational unit” reflects the hierarchy of the organization in terms of responsibility for operational results. As most ICRC field operations are designed for and implemented in a specific geographical area, the organizational unit dimension also

reflects the geographical structure of field operations. It serves to determine the costs and income of a delegation, region or geographical zone and to compare those costs and that income with the pre-defined objectives and results to be achieved.

At headquarters, the organizational unit dimension corresponds to directorates, departments and units.

b) Headquarters service and field programme dimensions

At headquarters, services (see “Services at headquarters” above) contribute to achievement of the aims outlined in one or more of the ICRC key success factors (see “Key success factors/areas of risk” above).

In field operations, programmes are slices of institutional objectives cut along the lines of the ICRC’s core activities. They therefore represent the ICRC’s areas of competence translated into products and services delivered to the beneficiaries (see “Programme descriptions” above).

c) Target populations dimension

With the introduction of the PfR methodology, it has become necessary to identify target populations as relevant cost units and hence to incorporate them into the project dimension (for the definition of target populations, see “Target populations” above).

Objectives and plans of action

The objectives are a general statement of intent used for planning purposes on a timescale of one to several years. Via plans of action, this process clearly identifies a result or a measurable change for a target population.

CONCLUSION

The ICRC has an ambitious accounting model that has implications not only for financial and data-processing procedures but also for the organization and working methods of the relevant support units. In this connection, it has started to work on performance indicators which aim to enhance the financial information obtained with operational key indicators.

INTERNAL CONTROL SYSTEM

Faced with increasingly complex environments, over the years the ICRC has progressively and pragmatically adopted an internal control and compliance approach based on three pillars: the Internal Control and Compliance Unit, a financial controller, and the Compliance and Quality Assurance Centre in the Philippines.

The Internal Control and Compliance Unit is responsible for ensuring that the ICRC’s internal control system complies with the requirements of Swiss legislation and with the ICRC’s internal rules. The unit is mandated by the Directorate to update the “zone-wide” control document which sets the tone for the entire organization with regard to the control environment the ICRC aims to create. This unit is the focal point for the external auditor for any matter related to the internal financial control system.

The above-mentioned unit also coordinates the financial controller who, through field and headquarters missions, checks on the implementation of financial, administrative, human resources and logistics procedures. Over the coming years, the scope of the financial control will be extended to fraud risks.

In addition, for more than a decade, the ICRC has run the Compliance and Quality Assurance Centre in the Philippines. It ensures comprehensive and consistent quality control of all accounting and logistics documents to ensure that financial transactions in the field are supported with bona fide documentation and that the standards set by the financial framework are respected.

A list of the main financial risks and associated control measures has been drawn up by the ICRC and validated by the external auditors. The list is reviewed at least once a year, although it can be updated whenever necessary. Any required follow-up is done by the unit.

The overall objective is to ensure the ICRC is fully accountable to its donors and other stakeholders, such as the authorities in contexts where it operates.

INTERNAL AUDIT

According to Article 14 of the Statutes of the ICRC, the “Internal Audit shall have an internal monitoring function independent of the Directorate. It shall report directly to the Assembly. It shall proceed through internal operational and financial audits”. The ICRC Internal Audit covers “the ICRC as a whole, both field and headquarters”. Its aim is “to assess, on an independent basis, the performance of the institution and the pertinence of the means deployed in relation to the ICRC’s strategy”. In the area of finance, its role complements that of the external auditors (see below).

The Internal Audit helps the ICRC accomplish its objectives by using a systematic, disciplined approach to ensure and give added value to the effectiveness of risk-management, control and governance processes. Its methodology follows the Standards for the Professional Practice of Internal Auditing of the Institute of Internal Auditors.

The Internal Audit reports its findings directly to the ICRC president and the Control Commission, and issues recommendations to the management. The head of Internal Audit is appointed by the Assembly.

The Internal Audit’s yearly work programme and budget are presented to the Assembly for approval. Each audit assignment is concluded by an audit report. The Directorate is responsible for responding to the recommendations included in Internal Audit reports; a formal system for following up the recommendations in each report is in place. Progress in implementation is reported to the Control Commission of the Assembly.

EXTERNAL AUDIT

The ICRC’s principal revenue source is the contributions of governments and National Societies, funds from private sources and income from securities. According to Article 15 of the Statutes of the ICRC, the utilization of this revenue and of ICRC reserves shall be subject to independent financial verification, both internally (by Internal Audit) and externally (by one or more firms of auditors).

Each year, external auditors, currently Ernst & Young, audit the ICRC’s consolidated financial statements. The statements include the consolidated statement of financial position, the consolidated

statement of comprehensive income and expenditure, the consolidated cash-flow statement, the consolidated statement of changes in reserves and the notes to the consolidated financial statements.

The audit is conducted in accordance with the International Standards on Auditing. The external audit opines on whether the consolidated financial statements give a true and fair view in accordance with the International Financial Reporting Standards as adopted by the International Accounting Standards Board, Swiss law and the ICRC’s Statutes. The audit report is published in the ICRC’s Annual Report.

The external auditors examine on a sample basis evidence supporting amounts and disclosures. They review the accounting principles used, significant estimates made, and the overall consolidated financial statement presentation. They also give an opinion on whether an internal control system is in place.

ANNEX 1: THE ICRC'S OPERATIONAL APPROACH TO RESULT-BASED MANAGEMENT – IMPROVING HUMANITARIAN ACTION

Managing ICRC operations: the cycle and the results 24

Introduction..... 24

The ICRC management cycle..... 25

The yearly internal planning process..... 26

Results and indicators 27

Pragmatic approach to result-based management..... 28

Result-based management in ICRC programmes 28

Introduction..... 28

Assistance..... 29

Cooperation with National Societies..... 30

Prevention..... 30

Protection..... 31

Result-based management and standard reporting to donors 31

Cyclical standard reporting documents..... 31

Other standard reporting documents 33

MANAGING ICRC OPERATIONS: THE CYCLE AND THE RESULTS

INTRODUCTION

People benefiting from humanitarian action depend on the quality of the service they get from organizations that they cannot really choose for themselves. Those organizations therefore have an ethical responsibility to take into account local capacities, culture and vulnerabilities and to manage resources efficiently and produce results that have a beneficial effect on the population's situation. They also have a responsibility to their donors to ensure that the funds they receive are used optimally.

Result-based management is a structured approach that keeps an organization focused on the desired and expected results for the beneficiaries throughout the management cycle, and not simply on the implementation of activities or budget control. The ICRC employs result-based management chiefly to enhance the effectiveness of its action for victims of armed conflict and other situations of violence and to increase its accountability, first to the

victims concerned, and second to other external stakeholders, in particular donors. Result-based management links activities from one stage to the next, generates structured information at each stage, provides coherent information for management and reporting purposes, and ensures that resources are used to best effect.

In employing the result-based approach, the ICRC works according to the following definitions of the terminology used, adopted on the basis of a common understanding in existing literature:

- ▶ **input:** human, technical, material and financial resources and logistical means that enable a person/organization to do something
- ▶ **activity:** any action or process through which inputs are combined to generate goods and services (outputs)
- ▶ **output:** the products, goods and services that people receive as a result of ICRC activities and that are expected to **lead** to the achievement of outcomes
- ▶ **outcome:** short- and medium-term
 - **short-term outcome:** the likely, or achieved, short-term effects of the output that are expected to **lead** to the achievement of medium-term outcomes
 - **medium-term outcome:** the likely, or achieved, medium-term (1- to 5-year) effects of the short-term outcome that are expected to **contribute** to the impact
- ▶ **impact:** primary and secondary, long-term effects to which interventions **contribute**, positively or negatively, directly or indirectly, intended or unintended. The ICRC, as any other actor, is likely only to contribute to an impact.

At the ICRC, result-based management is in part translated into the organization's internal yearly **Planning for Results** (PfR) process. The ICRC defines the PfR process as a "corporate function that assesses context, target groups, problems/needs, risks, constraints and opportunities and sets priorities to ensure an appropriate level of coordination and alignment of action and resources towards the achievement of expected results". The PfR process is carried out within the ICRC's three-dimensional framework of *contexts*, *target populations* and *programmes*, which serves the ICRC in both operational and financial management terms:

Context	Target population	Programme
Single country, group of countries, or other context	Civilians	Protection
	People deprived of their freedom	Assistance
	Wounded and sick	Prevention
	Actors of influence	
	Red Cross and Red Crescent Movement	Cooperation

Target populations are further broken down into sub-target populations, and programmes into sub-programmes.

The three-dimensional framework and the PfR methodology were introduced into the ICRC's management procedures in 1998 in a process encompassing: the development of electronic tools to support implementation of the methodology; the progressive and

ongoing adaptation of all operational guidelines on the various ICRC fields of activity; and continuous training for staff, particularly those in the field. The accounting model was also adapted to include both financial accounting and cost/analytical accounting.

In 2006 the ICRC conducted internal assessments, discussions and consultations with a view to reaffirming its result-based approach

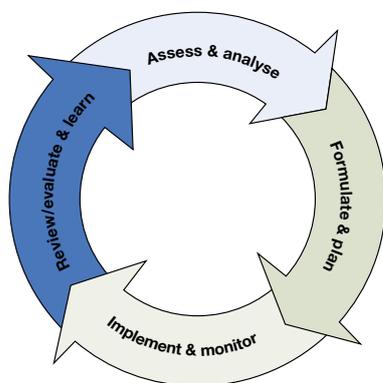
to management. Since 2007, this approach has been part of the institutional strategy. The ICRC Directorate thus seeks to:

- ▶ develop a management style based on clearly established objectives
- ▶ enhance the skills required for result-based management at all levels
- ▶ define indicators for all levels of established objectives (programmes, field operations, institutional)
- ▶ adapt the existing institutional tools of result-based management to achieve established objectives

THE ICRC MANAGEMENT CYCLE

The management cycle for ICRC activities aims to maximize the benefits of programmes for the beneficiaries, ensuring that actions are: **relevant** to the needs of the beneficiaries; **feasible** (insofar as objectives can be realistically achieved within the constraints of the working environment and the capabilities of the implementing organization); and, **whenever appropriate, sustainable** (taking into account longer-term impact and looking for lasting solutions to the needs or problems encountered).

According to the terminology used at the ICRC, the management cycle starts with an **assessment**, which, after **analysis**, may lead to the **formulation/planning, implementation, monitoring, review** and, in some cases, **evaluation** of a humanitarian operation. The entire cycle and the decisions taken therein are consistent with the ICRC's mandate and its legal and policy framework. The cycle contributes to result-based management by rationalizing the steps leading to a successful outcome for the beneficiaries. It has four components.



The phases of the cycle are progressive: each phase needs to be completed for the next to be tackled with success, with the exception of **monitoring**, which is a **continuous process** during the implementation phase. Decision-making criteria and procedures are defined at each stage, including key information requirements and quality assessment criteria. Monitoring serves to recalibrate the operation to ensure it remains focused on the achievement of the desired result, as well as to verify that the desired result is still pertinent. New planning draws on the results of monitoring, review and, in some cases, evaluation of previous action, programmes and activities as part of a structured process of feedback and institutional learning.

THE STAGES OF THE MANAGEMENT CYCLE AND THEIR DEFINITION

Assessment and analysis

Through **assessments**, the ICRC aims to understand a situation in order to identify the problem(s) facing a target population, their causes and the consequences for the target population. The

purpose of an assessment is simply to *identify* any problems, not to work out *whether* and *how* to address them. The assessment stage involves collecting information and data (including disaggregated data by gender and age), both independently and during contacts with the target population itself, the authorities at all levels, and any other relevant stakeholders.

The ICRC then conducts a thorough **analysis** of the information gathered during the assessment to determine the current situation. It is necessary to know what the conditions are at the beginning in order to know what needs to be achieved. This is the **baseline**: a set of information that defines the initial situation that must be improved and against which any future improvement will be measured. This is essential for determining objectives.

Formulation and planning

The aim of this phase is to define the desired future situation of the affected populations on the basis of the problems they are currently facing. This is the **objective** (the target), which is used to determine the means of achieving the new status. Once the desired new situation of the target population has been defined, a **plan of action** is formulated (with corresponding budget/human resources), outlining the steps required to move from the baseline situation to the target situation. Tools, including any relevant indicators, for monitoring, reviewing, evaluating and ensuring that the ICRC can learn from the process are decided on at this stage.

Implementation and monitoring

During this phase, the ICRC carries out the various activities identified during the formulation/planning stage as being required to achieve the desired results for the target population.

Once **implementation** of the plan of action begins, so does monitoring, using the tools defined at the formulation/planning stage. **Monitoring** is a continuous and systematic process of self-assessment throughout the life of the operation, which involves collecting, measuring, recording and analysing information (including disaggregated data by gender and age) on all the planned activities and the results being achieved for the target population. It also includes continuous monitoring and analysis of the situation of the target population and of the general context in which the operation is taking place. It aids management, with the ultimate goal of ensuring the effective delivery of relevant and good-quality service.

Review, evaluation and learning

Reviews are periodic or ad hoc internal examinations of performance that take place at various levels: from the context as a whole, which happens at least once a year (see below), down to the sub-target population (e.g. physically disabled people, under *Wounded and sick*) and sub-programme (e.g. economic security, under *Assistance*), and even in a limited geographical area within the context.

Reviews take the form of qualitative and quantitative, narrative and figure-based reports which are prepared by: teams in the field (usually), professionals from ICRC headquarters (often), mixed teams involving internal and external specialists (more rarely), or external specialists mandated by the ICRC (also more rarely).

Information on the interim situation (the results so far) is compared with information on the intended results (the objective) and on the initial situation (the baseline) to identify any significant

deviations from the plan. In this way, the ICRC is able to identify problems and take corrective action. Either it will modify the way in which it seeks to achieve its objective, **or** it will modify the objective itself if it finds that the baseline situation or the needs have changed. As such, **the stages of the management cycle are replicated at various operational levels, multiple times, within the overall yearly cycle for a given context.**

An **evaluation** is defined by the ICRC as an independent, objective and systematic examination of the design, implementation and results of an initiative, programme, operation or policy against recognized criteria. It is intended to articulate findings, draw conclusions and make recommendations in order that the ICRC may draw lessons, improve overall policy and practice, and enhance accountability. Evaluations commissioned by the ICRC are internal, while those commissioned by stakeholders outside the institution are external; those taken on by the ICRC together with outside stakeholders are joint evaluations. Internal and joint evaluations aim to influence ICRC action over the long term, on the basis of their findings. Given the magnitude of the undertaking, only a few evaluations are carried out each year.

The ICRC's Institutional Performance Management Unit in the Office of the Director-General has overall responsibility for managing internal and joint evaluations. This includes writing the terms of reference, recruiting the independent evaluators, organizing visits and interviews, reading and commenting on draft reports, organizing round-table meetings with the evaluators and the main internal stakeholders to present and discuss the findings, conclusions and recommendations of the evaluation, and overseeing the preparation of the final report. The unit cooperates closely with the main internal stakeholders throughout the process. A steering committee comprising all those involved is established for all internal evaluations. The main stakeholders must prepare an approach paper, help establish the terms of reference and select the evaluators, provide relevant information (written and oral) to the evaluators, help organize field missions and read and comment in writing on the draft evaluation reports. Once the evaluation report has been distributed, key stakeholders are asked to provide feedback on the conclusions and recommendations and to prepare an action plan for follow-up.

The evaluation and learning process leads to lessons learnt both for the delegation and for the ICRC as a whole.

THE YEARLY INTERNAL PLANNING PROCESS

The PfR document marks the beginning of the yearly management cycle for each context.

PfR DOCUMENTS

Drawn up by specialists and managers in the field with the help of staff at headquarters, the PfR documents (one per context) are structured according to the ICRC's framework of target populations/sub-target populations and programmes/sub-programmes (see *Introduction* above). They are structured according to the management cycle described above: they provide an **assessment**

and **analysis** of the situation, including a summary of the progress so far in terms of **implementation** of actions and **results** against the objectives defined for the previous yearly cycle, and the new **plan** for the year to come.

Assessment and analysis

The PfR documents present the information collected during a thorough assessment of all aspects of the situation, including the results of operations, conducted first hand by the ICRC's delegations, sub-delegations, missions and offices in the field. They compile information on the:

- ▶ **country or context**
- ▶ **armed conflict and/or other situation of violence**
- ▶ **humanitarian environment and the ICRC**
- ▶ **security environment**

Using the information collected during the assessment stage, ICRC specialists in the field and at headquarters conduct a thorough analysis of the situation to identify the problems faced by the target populations, their causes and their magnitude (**problem analysis**).

Formulation and planning

On the basis of its mandate, its legal and policy framework and consultations with the potential beneficiaries, the ICRC then determines a desired future situation for the target population. It makes these kinds of decisions on the basis of a number of factors, including: the most pressing needs; its own mandate and capacities; IHL and other internationally recognized standards; resolutions of the Movement's statutory bodies; a thorough knowledge of the context in question (e.g. customs and cultural sensitivities; national standards, laws and capacities); and the mandate, objectives and activities of other organizations, in particular its partners within the Movement (the National Societies and the International Federation). It sets objectives to be achieved in the medium or long term and determines the incremental steps to be taken in the short term (within the year) towards achieving those objectives. Possible and actual constraints on and limitations to the operation, identified during the assessment and analysis of the context, are also taken into account to ensure that the incremental steps are realistic.

This process is undertaken by target population and sub-target population, and by programme and sub-programme. The following elements are defined:

- ▶ **the desired humanitarian impact** (the desired future situation)
- ▶ **general objectives** (medium- or long-term objectives, usually covering a 5-year period)
- ▶ **specific objectives** (that aim to be achieved within the year)
- ▶ **specific operational strategies** (strategies for achieving the specific objectives, enhanced at field level by operational action plans)

The levels of intended result set out in the PfR documents correspond to various result levels defined under result-based management (see *Introduction* above).

Planning for Results	Corresponding intended result level
Desired humanitarian impact	Impact
General objective	Contribution to impact and/or medium-term outcome
Specific objectives/specific operational strategies	Output and short-term outcome

The ways of measuring progress towards achievement of the various levels of results are also defined at this stage. These are many and varied – some are standard and used by all delegations conducting similar activities; others are specific to an individual action (see *Follow-up to the PFR documents* below).

Budget

The required financial, human and material resources are defined by programme for each target population.

FOLLOW-UP TO THE PFR DOCUMENTS

Implementation

Once the content of the PFR documents has been debated and agreed on by field and headquarters and approved by the ICRC Assembly, implementation begins. Monitoring (see below) is an integral part of implementation.

Monitoring, review and audit

Various internal tools are employed to check on the implementation of ICRC activities and on the progress made towards achieving specific objectives (and therefore the general objectives and the new desired state for the target population). This ongoing process includes qualitative, quantitative and/or participative approaches, with a combination of all three being required in most cases. All tools are shaped by the PFR process, its structure (target populations and programmes) and content (objectives and budget). These tools are complementary, often interlinked, and essential for ensuring the effectiveness of the ICRC's action. They also provide the input for ICRC reporting to donors.

The tools include: constant data collection and observation in the field; weekly, bi-monthly or monthly operational reports prepared by each delegation/for each context; monthly reports providing standard assistance and protection indicators; quarterly programme-specific reports; ad hoc context-based or thematic reviews; and internal and external audits.

Evaluation

Given the limited number of ICRC evaluations (see above), only occasionally will an evaluation feed into the yearly cycle of an individual context. Evaluations nevertheless remain an integral part of the ICRC's overall management cycle and inform its operations as a whole.

Continuation of the cycle

If, during the monitoring process, a *significant* change in the situation is noted during the year, the ICRC might need to undertake a major revision of its yearly PFR documents for that context. Thus, the management cycle will begin again on the basis of the new information collected and the new analysis undertaken, with the setting of revised or even completely new objectives, and the drawing up, implementation and monitoring of corresponding plans of action. If the needs are much greater and the action is expanded, this may necessitate an extension to the initial annual budget, which is drawn up in the same way as the yearly PFR documents. The reverse may also be true, with a reduction of needs, and thus of the corresponding operation, leading to a reduction of the initial annual budget.

Input for the next cycle

Whether or not major changes are required during the year, the yearly PFR documents contain a summary of all that has been ascertained during the monitoring and reviews undertaken during

the previous cycle (the previous year). This ensures that the experience of the previous year and the lessons learnt are taken into account when the current situation is assessed and analysed and objectives for the new cycle are set. The summary includes an **annual appraisal** of the global results achieved or not achieved as compared with the previous year's orientations, priorities and strategies.

Furthermore, given that general objectives are set for five years or more (if they are aimed at more systemic change), for each general objective, a section in the PFR documents named **current state of implementation** provides a summary of the progress made to date towards achieving the objective (progress made during previous cycles). This feeds into the present management cycle to ensure that the plans for the year ahead remain result-focused.

RESULTS AND INDICATORS

As mentioned above, during the yearly planning process the ICRC decides on ways of measuring progress in the implementation of activities and in achieving the intended results, at output, outcome and contribution-to-impact level, through its specific objectives, operational strategies and operational planning.

Indicators are variables that express real and verifiable changes, in addition to progress made towards the achievement of objectives. Indicators are established for the purpose of enhancing implementation and effectiveness to ensure the best possible outcome for the beneficiaries.

Different kinds of indicators may be required for different activities under different programmes, or indeed for the same kind of activity/programme in different contexts. In different contexts, the baselines will be different, meaning that the appropriate desired future situation of the target population must be culturally and contextually adapted (appropriate technology, quantities/type of aid, etc.).

Result-based management is implemented through all ICRC programmes, however not in a standard way across programmes. Nevertheless, all programmes work on the basis of what the ICRC calls "**generic indicators**" to measure and express their results, based on the ICRC mission and ICRC policies. These generic indicators express **a general state that comprises a number of specific characteristics, which may be the object of specific indicators**. For example, the availability of water (the generic indicator) is made up of more specific elements such as the quantity of water, its quality, the reliability of the source, and the distance of the source from the beneficiary. The generic indicators are therefore refined into many specific indicators according to the situation, the objectives and intended results in a given context (see *Result-based management in ICRC programmes* below).

The narrative reports prepared as part of the follow-up to the PFR documents in principle compare the intermediate situation of the beneficiaries with the baseline situation and the desired new situation. As such, these internal progress reports make use of the generic indicators as well as qualitative specific indicators to reflect whether the change desired in the *specific objective* has been achieved.

To support its narrative reporting, the ICRC uses figure-based indicators. It has, for example, a set of standard indicators for activities carried out under its *Assistance* and *Protection* programmes for the

target populations *Civilians, People deprived of their freedom and Wounded and sick*. They refer to output and to short-term outcome and include, whenever possible, disaggregated data by gender and age (see also *Result-based management and standard reporting to donors* below). However, collecting, interpreting and managing data is not always possible given different combinations of the adverse environment; inaccessibility due to conflict, violence or other crises; cultural and/or State-imposed restrictions; and internal constraints, which may be barriers to such efforts.

PRAGMATIC APPROACH TO RESULT-BASED MANAGEMENT

The ICRC believes that the first objective of result-based management should be to enhance the relevance and effectiveness of its action for victims of armed conflict and other situations of violence, and to increase its accountability, first to the victims, and second to other external stakeholders, in particular donors. Within the ICRC, therefore, the result-based management approach and the management cycle are followed as rigorously as is possible and necessary to bring positive change to the situation of the beneficiaries.

There are many potential barriers to effective management of the cycle, many of them specific to the conflict situations in which the ICRC works.

- ▶ Sometimes, assessment capacity may be affected by restrictions on access owing to the armed conflict or other situation of violence; at other times, the ICRC's ability to monitor and review an operation once implementation has begun may be limited, or even no longer useful owing to a radical change in the situation.
- ▶ Security is not the only factor; other access problems, such as weather conditions (e.g. monsoon rains or heavy snow) or damage to infrastructure (e.g. destruction of roads or bridges), may also hinder management of the cycle.
- ▶ Specific circumstances will suggest the need for an urgent response to needs. The time factor often being of crucial importance, assessments will be kept to a minimum to ensure that the operation can get under way and benefit the target population as soon as possible. Similar constraints can also limit monitoring and review processes.
- ▶ The ICRC's ability to collect the information required for effective management of the cycle is frequently hampered by factors such as the non-availability or limited quality of data. Lack of information on, for example, the population, the socio-economic situation, epidemiological matters and the administrative and professional capacities of other institutions and bodies, together with the complexity and/or opacity of existing institutions, bodies and power structures, means that the ICRC may have to work with partial, unreliable and/or controversial information.

It is worth recalling that indicators, particularly numerical ones, need to be interpreted carefully. Some figures are meaningful only in themselves and only within an annual cycle (i.e. are not comparable from one year to the next because they are too sensitive to external variables).

Moreover, in many cases the ICRC works with indicators that are key to its decision-making process but cannot be shared without compromising its mandate as a neutral, impartial and independent humanitarian organization.

Given that result-based management aims to streamline the relevance and effectiveness of action for conflict-affected people and permit the best use of resources, the ICRC seeks to collect the required information through existing systems and data sources (in certain cases with the provision of some support), rather than establishing new ones, and pragmatic sampling. The ICRC has made it a policy not to set up measurement systems, which could enhance monitoring as such, but which are not directly required for monitoring the expected results of action for the beneficiaries. In any case, it strives to avoid an overly cumbersome, bureaucratic system, set up solely for the purpose of monitoring, preferring to find simpler solutions to identified problems, even if this limits the amount of information that can be gathered, and therefore reported. Useful but unwieldy solutions based on the measurement of factors such as *knowledge, attitudes, behaviours and practices* to evaluate changes are used sparingly.

Finally, staff turnover levels within the ICRC mean that training and supervision are constantly required to ensure continuity and the transfer of the necessary skills and knowledge. In order for progress to be achieved, requirements should remain as simple as possible, and not be changed regularly or added on an annual basis.

RESULT-BASED MANAGEMENT IN ICRC PROGRAMMES

INTRODUCTION

The ICRC endeavours to respond to humanitarian needs arising from today's complex armed conflicts and other situations of violence in the most timely, humane and professional way possible. As described in *ICRC management framework and programme descriptions*, implementation of the ICRC mission is characterized by the strategic use of various **modes of action at different levels of intervention**. The ICRC combines four approaches with a view, directly or indirectly, in the short, medium or long term, to ensuring respect for the lives, dignity and physical and mental well-being of victims of armed conflict and other situations of violence. Its action seeks to prevent (**prevention**), eradicate the cause of (**protection**) and alleviate (**assistance**) human suffering in armed conflict or other situations of violence and to strengthen the Movement, as a network (**cooperation**).

This involves the delivery of various **services** by headquarters and field operations focusing on different **target populations** associated with a diverse range of activities requiring varied skills and expertise (**programmes**).

Professionals in each programme work according to the ICRC management cycle and within a given framework, which includes ethical and legal aspects, policies, guidelines and working tools. Generic indicators (see above) are part of these and provide the basis for defining specific indicators measuring and expressing results for concrete objectives in a given context. The sections below provide information on the management of each ICRC approach, related programmes and existing generic indicators (in bold) with examples of associated topics (listed in brackets) on which specific indicators might be defined/used.

ASSISTANCE

Generic indicators based on the Assistance Policy (dated April 2004) exist for all three assistance sub-programmes: *economic security, health* (including *physical rehabilitation*) and *water and habitat*. These generic indicators are provided below with examples of associated topics on which specific indicators might be defined/used for concrete objectives in a given context.

As far as sustainability is concerned, the ICRC takes into account the longer-term impact of its activities (the “do no harm” approach) and, whenever appropriate, endeavours to find lasting solutions to the needs of the affected population. This proviso is introduced because of the life-saving character of some of its activities conducted on an emergency basis, the sustainability of which is not guaranteed. Sustainability is therefore a generic indicator for activities in the area of physical rehabilitation, but it also applies to economic security/income-generating activities, the rehabilitation of water infrastructure or the rehabilitation/construction of health facilities.

In addition, as mentioned above, standard quantitative indicators are available worldwide for all three assistance sub-programmes.

ECONOMIC SECURITY

The economic security sub-programme covers three areas of activity: *relief aid, livelihood support* and *structural support*.

Relief aid – to save lives and protect livelihoods

- ▶ **access to food** (e.g. adequacy and stability of access, availability of food, economic activities, household assets, market, food aid, cultural standards, nutritional status)
- ▶ **access to essential household items** (e.g. availability of essential household items, household assets and economic activities, material aid, climate, shelter conditions, clothing, living conditions, hygiene, water storage, cooking capacity)
- ▶ **access to means of production** (e.g. seed, tools, availability of land, land tenure, job market, land cultivated, yield)

Livelihood support – to spur food production and/or generate income

- ▶ **food production capacity** (e.g. availability of land, access to means of production such as land, seed, tools or animals, seasons, harvest, animal health, livestock management, training, market, consumption of own product)
- ▶ **income generation capacity** (e.g. job market, production, trade and revenue, remuneration, expenses, assets)

Structural support – to improve processes and institutions that have a direct influence on a target population’s lives and livelihoods

- ▶ **processes and institutional capacity** (e.g. existence of services, type of service, quality of services, appropriateness of services, deployment capacity, political will, security)

HEALTH

The health sub-programme covers five areas of activity: *first aid, war surgery, health care delivery in conflict situations, physical rehabilitation* and *health in detention*.

- ▶ **availability of service** (e.g. type of service, such as surgery, vaccinations, antenatal care, gynaecology and obstetrics; infrastructure and technology; medical/surgical and patient equipment; drugs and consumables; presence of staff and professional knowledge)

- ▶ **access to service** (e.g. physical access, proximity/security, opening hours, free/paid, universal/discriminatory, patient attendance, catchment population)
- ▶ **quality of service** (e.g. existence of and respect for protocols and guidelines; waiting time; staff on duty; quality of supply of drugs and consumables; mortality rate/case fatality rate; referrals; reception; hygiene standards)

For activities in the area of **physical rehabilitation**, an additional generic indicator is used as a basis for measuring and expressing results, at least for certain centres and/or from a certain date: **sustainability** (e.g. local policies, local resources, local public and private structures, training capacities and curriculum).

WATER AND HABITAT

The water and habitat sub-programme covers five areas of activity: *safe drinking water supply, sanitation and environmental health, temporary human settlements, energy supply* and *building rehabilitation and construction*.

Safe drinking water supply

- ▶ **access** (e.g. proximity, security, quality of source, fetching time)
- ▶ **quantity** (e.g. availability per day, seasonal influence, needs per day)
- ▶ **quality** (e.g. storage, hygiene, water point maintenance)

Sanitation and environmental health

- ▶ **hygiene and sanitation facility availability** (e.g. quantity, proximity, access day and night, maintenance, cultural standards, hygiene practices, environmental impact, environmental conditions)
- ▶ **waste management** (e.g. proximity, removal service, clean areas, hygiene practices, maintenance)
- ▶ **vector-borne disease control** (e.g. hygiene practices, safe vector control practices, malaria control practices, stagnant water and refuse)

Temporary human settlements

- ▶ **availability** (e.g. timeliness, quantity, space, water and sanitation, kitchen)
- ▶ **quality** (e.g. security, space, cultural standards, organization and management, heating/cooling, environmental impact, environmental conditions)

Energy supply

- ▶ **quantity** (e.g. cooking fuel, water production, wastewater treatment, heating)
- ▶ **quality** (e.g. usage, cultural standards, environmental impact)
- ▶ **efficiency** (e.g. fuel, equipment, availability, maintenance)

Building rehabilitation and construction

- ▶ **adequate working/living infrastructure** (e.g. rooms, sanitation, kitchen)
- ▶ **adequacy of the installations** (e.g. living space, working space, equipment and services)
- ▶ **functional installations** (e.g. organization and distribution of space, water, power, management)

COOPERATION WITH NATIONAL SOCIETIES

The Seville Agreement and its Supplementary Measures provide a framework for effective cooperation and partnership among the Movement's members, thereby enhancing field-level coordination among them. The ICRC's Cooperation Policy (dated May 2003) enhances this framework with regard to the organization's approach to National Societies working in their own countries and its operational cooperation with them. The aim is to support National Society efforts to strengthen their institutional capacity and improve their delivery of quality service, thereby enhancing the effectiveness of the Movement as a whole (and in particular that of the ICRC) and reinforcing this unique network.

Generic indicators are used as a basis for defining specific indicators measuring and expressing results in the field of cooperation. These generic indicators are listed below with examples of associated topics on which specific indicators might be defined/used for concrete objectives in a given context.

- ▶ **National Society capacity** (e.g. legal base, respect for the Fundamental Principles, use of emblems, structure and organization, services, Safer Access approach, human resources and training, equipment and maintenance, financial resources)
- ▶ **capacity to work together** (e.g. relationship, staff and structure, training and competencies, resources, Movement coordination mechanisms)
- ▶ **sustainability of cooperation** (e.g. ownership, strategic/development plans, training capacity, structure and organization, resources, networking)

When geared towards the people affected by armed conflict and other situations of violence, operational cooperation between National Societies working in their own countries and the ICRC is managed via the ICRC sub-programme concerned, e.g. economic security, health, water and habitat and restoring family links. In such situations, the first goal of the partnership between the National Society and the ICRC is to fulfil objectives to serve the people affected; generic indicators for these programmes are listed above under *Assistance* and below under *Prevention* and *Protection*.

PREVENTION

The Prevention Policy (dated September 2008) sets out the ICRC prevention framework, definitions of the main terms, and key principles and operational guidelines for implementing activities as part of ICRC medium- to long-term efforts to prevent human suffering. Prevention activities aim to foster an environment conducive to respect for the life and dignity of people affected by armed conflict and other situations of violence and respect for the ICRC's work at global, regional and local level.

The policy focuses on developing and implementing contextually adapted approaches to gain the support of influential players, and covers efforts to communicate, develop, clarify and promote IHL and other relevant bodies of law, as well as to facilitate acceptance of the ICRC and access to affected people. The medium- to long-term nature of prevention and its focus on influencing multiple environmental factors pose significant challenges in terms of accountability. The ICRC needs to carefully determine the objectives it can realistically achieve in respect of each target group.

The ICRC prevention approach includes three different sets of activities corresponding to different goals: *prevention-dissemination* aims to foster understanding and acceptance of the ICRC's

work and/or IHL and other relevant bodies of law; *prevention-implementation* focuses on developing and strengthening the conditions allowing respect for IHL and other relevant bodies of law, usually by incorporating the law into appropriate structures; and *prevention-development* focuses on the development of IHL.

Only prevention-dissemination and prevention-implementation sub-programmes are carried out in field operations and are therefore considered below. They focus on players that have a significant capacity to influence the structures or systems associated with identified humanitarian problems. Their main target groups are therefore: actors of direct influence, such as political authorities, key decision-makers, armed forces, police forces and other weapon bearers; and actors of indirect influence, including civil society representatives, young people, academic circles and the media. For each sub-programme, generic indicators are used as a basis for defining specific indicators measuring and expressing results. They are listed below with examples of associated topics on which specific indicators might be defined/used for concrete objectives in a given context.

Prevention-dissemination

- ▶ **knowledge of the context** (e.g. stakeholder mapping, access to conflict-affected areas and people, needs, legal framework)
- ▶ **acceptance** (e.g. number and frequency of contacts, ICRC access to conflict-affected areas/people)
- ▶ **ownership** (e.g. quality of dialogue; content and scope of issues discussed; type of follow-up undertaken by stakeholders; development of concrete initiatives such as information or training sessions, pamphlets and press releases; number and level of participants in ICRC-sponsored events)
- ▶ **sustainability** (e.g. follow-up of the information provided; designation of liaison officers by stakeholders; existence of a process for notification of movement; ICRC access to conflict-affected areas/people; stakeholder support for the ICRC)

Prevention-implementation

- ▶ **knowledge of the context** (e.g. stakeholder mapping, access to conflict-affected areas and people, needs, legal framework)
- ▶ **acceptance** (e.g. number and frequency of contacts; quality of dialogue; sharing of existing policies, laws, codes, rules, operating procedures and training curricula by stakeholders)
- ▶ **ownership** (e.g. content and scope of issues discussed; type of follow-up undertaken by stakeholders; development of cooperation agreements; dedication of resources by stakeholders; assumption of leading role by stakeholders)
- ▶ **sustainability** (e.g. signature and ratification of treaties; existence of means and mechanisms for respect for the law, such as (updated) national implementation laws, codes, rules and operating procedures, including sanctions; education and training policies and training institutions; development of training curricula, existence of training materials for trainers and trainees; designation of trainers; participation in training sessions)

In addition, for many years now, work with armed forces and other weapon bearers has been managed in many contexts with a score card template, which is adapted locally. Similar tools are being developed for work with universities and schools and progressively implemented in the field. Delegates in charge of prevention programmes are also being trained to monitor and review their activities more systematically.

PROTECTION

The Protection Policy (dated April 2008) sets out the ICRC protection framework, definitions of the main terms, and key principles and operational directives for implementing activities related to the protection of people not or no longer participating in armed conflict or other situations of violence, the protection of people deprived of their freedom and restoring family links. This guidance document describes the tools and approaches available and underlines the general action management cycle. Thus, it confirms long-existing generic indicators guiding ICRC protection activities.

The protection approach covers three sub-programmes: *protection of the civilian population*, *restoring family links* and *protection of people deprived of their freedom*. Standard quantitative indicators are available worldwide for the *restoring family links* and the *protection of people deprived of their freedom* sub-programmes.

For each of the three sub-programmes, generic indicators are used as a basis for defining specific indicators measuring and expressing results. They are listed below with examples of associated topics on which specific indicators might be defined/used for concrete objectives in a given context.

Protection of the civilian population

- ▶ **knowledge of the context** (e.g. stakeholder mapping, other humanitarian actors, access to conflict-affected areas and people, needs, legal framework, information management)
- ▶ **dialogue with stakeholders** (e.g. civilians, weapon bearers, number and frequency of contacts, quality of dialogue, content and scope of issues discussed, type of follow-up undertaken by stakeholders)
- ▶ **protection of the affected people** (e.g. identification, needs and vulnerabilities, priorities, responses)

Restoring family links

- ▶ **prevention of disappearances** (e.g. legal framework, stakeholder mapping, contacts, Red Cross/Red Crescent family-links services, human remains management)
- ▶ **exchange of family news** (e.g. legal framework, cultural standards, needs, means, quantity, processing time)
- ▶ **family reunification** (e.g. legal framework, cultural standards, needs, criteria, number, quality and frequency of contacts, authorization process, quantity, processing time, availability and quality of services)
- ▶ **clarification of the fate and support to families of missing people** (e.g. notification of arrest/capture and detention; human remains management; tracing; mechanism to deal with a missing person case; legal protection of the missing and their families; availability and quality of social services; cultural standards)

Protection of people deprived of their freedom

- ▶ **knowledge of the context** (e.g. legal detention framework, stakeholder mapping, detaining authorities, places of detention, needs, information management)
- ▶ **access to detainees** (e.g. ICRC standard working procedures, detainees' status and categories, detention phases, places of detention, individual monitoring)
- ▶ **living conditions** (e.g. infrastructure and facilities, living space, food, water, hygiene and sanitation, health, indoor and outdoor activities, family contacts)
- ▶ **treatment** (e.g. interrogation methods, discipline, punishment, sanctions, judicial guarantees)
- ▶ **dialogue with stakeholders, in particular the detaining authorities** (e.g. access, contacts, frequency, issues discussed, follow-up)

RESULT-BASED MANAGEMENT AND STANDARD REPORTING TO DONORS

The ICRC management cycle and the PfR documents form the basis for the ICRC's standard reporting for donors. Such reporting therefore reflects the organization's result-based management approach employed during all stages of assessment, planning, implementation, monitoring and evaluation.

CYCLICAL STANDARD REPORTING DOCUMENTS

Three standard reporting documents are produced every year. They are consistent with the ICRC management cycle and its yearly internal planning process (see above):

- ▶ **ICRC Appeals**: they cover the *assessment/analysis* and *formulation/planning* stages of the ICRC management cycle (see above) and are based on the content of the PfR documents for the year concerned
- ▶ **ICRC Midterm (covering the first five months of each year) and Annual Reports**: they cover the *implementation/monitoring* and *evaluation/learning* stages of the ICRC management cycle (see above) and are compiled using the information generated by the various tools employed during the internal project cycle and the summary of progress in the PfR documents for the next year

The structure of all three documents is consistent with that of the PfR documents. All three documents are structured in a logical sequence: the Midterm and Annual Reports follow the content of the Appeal. The length of each document for one context does not exceed 3,200 words or 4 to 5 pages.

ICRC Appeals

Like the PfR documents, the *Emergency Appeals* are structured by context, target population and programme. Under each of the five target populations, there are descriptions of the **current situation** (or set of problems faced by) **the target population or sub-target population** in question. They summarize the in-depth *assessment* and *problem analysis* contained in the PfR documents and set out the *baseline*.

Following this presentation of the current situation, the desired future situation of the target population (as outlined in the PfR's *desired humanitarian impact* and *general objectives*) is described as an **objective** (a longer-term goal to which the ICRC may be able only to contribute).

The *specific objectives* and *specific operational strategies* in the PfR documents translate into the **plan of action and indicators** following each objective in the *Emergency Appeals*. These show the incremental steps to be taken to achieve the objective and should be achievable within the year under consideration, security and other factors permitting. As such, they are *output*, *short-term outcome* and, occasionally, *medium-term outcome* indicators.

A brief overview of the **main targets** of the delegation for the year ahead appears at the beginning of each operational chapter. In a maximum of six points, it sets out the main action points and describes, in qualitative terms, the main results that the ICRC aims to achieve for its target populations in a given context during the course of the year. It also provides a table of quantitative indicators representing key targets in the field of assistance. This section is consistent with the plans of action and indicators that follow and reflects the delegation's ambitions and overall budget for the year.

If, during the monitoring process, a *significant* change is observed in the situation and the ICRC deems it necessary to set revised or even completely new objectives and draw up correspondingly new plans of action, it may communicate these revisions to donors in the form of an *Update* (see below), a *Budget Extension Appeal* or, more rarely, a *Budget Reduction* document. All these documents follow the standard structure of the Appeals as they reflect the same internal planning process.

Midterm and Annual Reports

The *Midterm* and *Annual Reports* provide qualitative (narrative descriptions) and quantitative (figures) reporting on the actual results achieved compared with the baseline information and the intended results.

The *baseline* situation of the target population as set out in the *Emergency Appeals* is directly or indirectly recalled in the *Midterm* and *Annual Reports* to reflect the scene prior to the ICRC's intervention and to act as a benchmark against which the results achieved within the reporting period can be measured. Then, progress towards achieving the new situation for the target population contained in the **objective** is reported on, by describing the **results** achieved through the **plan of action and indicators** – at output, outcome and contribution-to-impact level. Such information is obtained via rigorous internal *monitoring* and *reviews* at the *implementation* stage, using the various tools enumerated above.

Planning for Results documents (internal) and Emergency Appeals (external)

The sections of the two documents correspond as follows:

Planning for Results documents (internal)		Emergency Appeals (external)
Delegation's main operational priorities and strategies Specific objectives/specific operational strategies	become	Main targets for 20XX
Country or context	become	Context/Humanitarian response
Armed conflict and/or other situation of violence		
Humanitarian environment and the ICRC		
Security environment		
Other actors present		
Problem/situation faced by each target population	becomes	Statement of problem/current situation (preceding each objective)
Desired humanitarian impact/general objective	becomes	Objective
Specific objectives/specific operational strategies	becomes	Plan of action and indicators

Accordingly, the Emergency Appeals, reflecting the PFR documents, also reflect the various levels of intended results:

Planning for Results (internal)	Emergency Appeals (external)	Corresponding intended result level
Desired humanitarian impact	Objective (the ideal situation/medium to long term)	Impact (contribution to)
General objective		Medium-term outcome and/or contribution to impact
Specific objectives/ specific operational strategies	Plan of action and indicators	Output and short-term outcome

For each operational context, the *Midterm* and *Annual Reports* contain quantitative **standard assistance and protection indicators**, with the narrative texts providing, where available, a more detailed breakdown of the indicators that appear in the tables. This might include, for example, specific information about ICRC-visited detainees held by the government and those held by armed groups, the different groups of people (e.g. IDPs, women, children) benefiting from food aid, or the number of RCMs distributed to civilians and the number delivered to detainees. The quantitative indicators used in ICRC reporting are numbers that the ICRC considers meaningful and knows to be realistic and verifiable (see also *Managing ICRC operations: the cycle and the results – Results and indicators*). The ICRC refrains from providing information and data that it considers to be inaccurate, exaggerated, only intermittently available or subject to controversy.

The beginning of each chapter features a **mission statement** describing the identity of the delegation, a **map** showing the ICRC's presence, and figures representing the **human resources** involved. It also provides an overview of the **main results and constraints**,

which lists, in a maximum of six points, the key results achieved and, where relevant, the main operational constraints encountered by the delegation during the reporting period. In addition, a comparative table presents the quantitative assistance targets and achievements for the year. The target indicators are based on those set out in the *Emergency Appeal* for the given year, while those achieved are taken from the standard assistance indicators mentioned above. In the *Annual Report*, information on expenditure by programme and the implementation rate (expenditure/yearly budget) is provided in addition to these features.

A comprehensive chapter of the *Annual Report* is dedicated to detailed financial reporting. It includes the yearly consolidated financial statements certified by external auditors. The consolidated financial statements are prepared in compliance with the International Financial Reporting Standards (IFRS) adopted by the International Accounting Standards Board (IASB) and the interpretations issued by the IASB Standing Interpretations Committee (SIC); they are presented in accordance with the ICRC's Statutes and Swiss law.

Major assistance, protection, financial and human resources figures extracted from the *Annual Report* are available for donors and the wider public through **interactive maps** accessible through the ICRC Extranet for Donors and the ICRC website. Finally, a *Supplement to the Annual Report* provides major donors with comparative analyses of ICRC operations and finances over several years. It includes discussions of the trends and breakdowns of headquarters and field budgets, income and expenses, and beneficiary numbers and other result indicators pertaining to field operations.

OTHER STANDARD REPORTING DOCUMENTS

In addition to the cyclical standard reporting documents outlined above, the ICRC provides various documents to donors or selected groups of donors such as the government Donor Support Group, which comprises representatives of governments and inter-governmental organizations providing a minimum of CHF 10 million in cash each year to the *Emergency Appeals*.

These documents include:

- ▶ regular financial updates
- ▶ updates related to a given context, sometimes to a specific programme, describing changes in the situation (since the last Appeal) and reporting on the ICRC operation with interim results and/or changes in orientation and the plan of action and indicators (5 to 12 pages)
- ▶ updates providing an *internal* reporting document – assessment, monitoring or review report – about a specific (or part of a) programme implemented in a given context; such reports (20 to 40 pages) illustrate in detail the ICRC’s working methods and approach, in particular its result-based approach; they provide an in-depth picture of one (or part of a) programme briefly summarized in a *Midterm* or *Annual Report*, and are meant to supplement the *Midterm* or *Annual Reports*
- ▶ updates presenting specific programmes (approaches and results) with examples taken across various ICRC operations worldwide (8 to 12 pages)
- ▶ updates with the executive summaries of *internal* and *joint evaluations*
- ▶ updates presenting new or revised ICRC policy documents
- ▶ the external financial audit reports for all ICRC field operations
- ▶ weekly multimedia highlights providing hyperlinks to operational updates, news releases, interviews, videos and other online resources related to operations in a given context or to thematic issues that are pertinent across many contexts

Finally, public documents regularly posted on the ICRC website, particularly those reporting on ICRC operations, provide donors with useful day-to-day information as a complement to the aforementioned documents.

ANNEX 2: THE ICRC'S OPERATIONAL APPROACH TO WOMEN AND GIRLS

Background and approach 34

Women and girls in ICRC programmes,

by target population	35
Civilians	35
People deprived of their freedom	37
Wounded and sick	38
Actors of influence	38
Red Cross and Red Crescent Movement	38

BACKGROUND AND APPROACH

Owing to its unique mandate as a neutral, impartial and independent organization, the ICRC implements an “all victims” approach aimed at protecting the life and dignity of victims of armed conflict and other situations of violence and providing them with assistance. Within this approach, the ICRC acknowledges that women’s experience of armed conflict is multifaceted (separation, loss of loved ones, loss of sources of livelihood and coping mechanisms, increased risks of sexual violence, greater responsibility for dependents, wounding, detention, even death) and often differs from that of men, boys and girls. The ICRC approaches gender¹ as a means of fostering a better understanding of the respective social and cultural roles of men, women, boys and girls (such as division of labour, productive and reproductive activities, access to and control over resources and benefits) and of the social and economic factors influencing them. It endeavours thereby to obtain a more sensitive and holistic grasp of the roles, responsibilities and experiences of each of these groups in each context, and therefore to provide a more adequate response to their needs in times of conflict. Understanding gender-related issues allows the ICRC to: identify who has assumed the roles of those who are absent (detained, missing, fighting, or killed); assess whether by assuming such roles they are in a situation of vulnerability; and support and build on their resilience and positive coping mechanisms through its protection and assistance programmes. It also enables the ICRC to identify, in different social and cultural contexts, impediments to the conduct of protection and assistance activities specifically related to women and girls and thus to develop alternative responses that effectively meet their needs.

Often, women and children are placed in the same category of vulnerability. Such hasty categorization overlooks the fact that women’s needs, experiences and roles in armed conflict and other situations of violence differ from those of children. Women often display remarkable strength, as evidenced by the part they play as combatants or agents for peace, or by the roles they assume in armed conflict to protect and support their families. The relevant question is not who is more vulnerable but rather who is vulnerable to what particular risks (which are context-related and depend on individual circumstances, resources and available coping mechanisms). Different groups face different factors of vulnerability and it is an oversim-

plification to categorize men as active (combatants) and women as passive (victims). Armed conflict can precipitate changes in culturally determined roles, and women often have to assume the role of principal breadwinner for their family or may engage in the conflict as fighters or combatants. While women are not inherently vulnerable, they often face heightened risks in conflict situations.

The ICRC’s main objective is therefore to ensure that the needs, situations and perspectives of women and girls are integrated into all activities and programmes, and that programmes are developed when necessary to respond adequately to their specific social, medical, psychological, economic and protection needs.²

Recognizing that armed conflicts have a different impact on men, women, boys, girls and the elderly, and that the needs of women are often overlooked, the ICRC pledged in 1999 to better assess and address the needs of women and girls, and to promote the respect to which they are entitled, with a specific focus on situations involving sexual violence. It launched a four-year “Women and War” project (from 1999 to 2003), during which it conducted an in-depth study of the impact on women of armed conflict or other situations of violence, focusing on issues such as physical safety, sexual violence, displacement, access to health care and hygiene, food, water and shelter, and the problem of missing relatives and its repercussions on survivors.

The ICRC then produced *Addressing the needs of women affected by armed conflict: an ICRC guidance document* to translate the study’s findings into practical guidelines for staff involved in the planning and implementation of humanitarian programmes. At the end of the four years, the ICRC renewed its commitment to the issue by appointing a focal point – a Women and War adviser – to monitor and support the operational implementation of the study’s findings and recommendations.

In armed conflict and other situations of violence, sexual violence is a widespread phenomenon that affects mostly women and girls. Sexual violence is also perpetrated against men and boys; depending on the context, men may be specifically vulnerable to sexual violence, for example in situations of detention. The overall consequences are serious, and given that the stigma associated with sexual violence may prevent victims from coming forward, the true extent of the problem is often concealed. It affects not only the victims, but also their families, and often entire communities. The ICRC takes a multidisciplinary approach to the issue of sexual violence, encompassing preventive action, awareness-raising activities and protection strategies aimed at addressing the causes and consequences of sexual violence while providing victims with timely medical and psychological support. Given the many challenges of responding to such a complex and sensitive subject, the ICRC continuously seeks to improve the quality and reach of its response in a manner that is adapted to the context and to the affected people’s needs. Thus, with

1. “The term “gender” refers to the culturally expected behaviour of men and women based on roles, attitudes and values ascribed to them on the basis of their sex, whereas the term “sex” refers to biological and physical characteristics. Gender roles vary widely within and between cultures, and depend on the particular social, economic and political context.”
Addressing the needs of women affected by armed conflict: an ICRC guidance document, p.7

2. Recognizing that armed conflict has an impact on women, men, boys and girls in different ways and therefore that they have different needs and face different risks, the ICRC plans its humanitarian action to respond accordingly.

a four-year commitment (2013–16), the ICRC has decided, as an institutional priority, to further improve the delivery of effective, impartial and holistic humanitarian responses to victims of sexual violence, while strengthening its action aimed at preventing such acts. Through its multidisciplinary approach and expanded action, it expects results in the following domains: holistic operational response to the needs of victims of sexual violence; prevention of sexual violence; Movement mobilization to address sexual violence; and staff sensitization and training.

The development of the ICRC's approach to women and war is reflected today in its operations, programmes and activities, which are described below. These are supported by ICRC working methods and teams usually composed of both male and female members (which may not be the case in exceptional circumstances only). Across all programmes, particular attention is systematically paid to ensuring: the participation of women and children during need assessments and in the definition, implementation, monitoring and review/evaluation of humanitarian responses; an appropriate environment for such participation (e.g. space, time, knowledge of the local language, and gender of ICRC representatives); and appropriate humanitarian responses adapted to the specific needs, vulnerabilities, coping mechanisms and capabilities of each group of affected people. The ICRC works as much as possible with disaggregated data by gender and age and provides such data in its reporting.

WOMEN AND GIRLS IN ICRC PROGRAMMES, BY TARGET POPULATION

Below is a description, by target population, of how ICRC programmes take into account the specific situations and needs of women and girls in times of armed conflict. These descriptions are valid in any ICRC operation. They are not repeated explicitly under each context section, unless specifically required, but they may be cited to enhance understanding of the information therein.

CIVILIANS

(Whenever possible, ICRC activities for civilians are carried out with the National Society of the country in question, particularly in the fields of assistance and restoring family links.)

Protection

Protecting the civilian population

- ▶ The ICRC monitors the situation of individuals and groups not or no longer taking part in hostilities, the large majority of whom are women and children. Where documented, allegations of abuse committed against women, and girls, such as sexual violence and enforced enrolment by armed groups, are raised in the ICRC's discussions with all parties on alleged violations of IHL and international human rights law and the measures to be taken to stop them. In some contexts, dialogue with women is possible only owing to the presence of female ICRC staff, both resident and mobile.
- ▶ In addition to formal and informal oral and written representations to the authorities concerned about alleged incidents, preventive dissemination activities are conducted with all kinds of weapon bearers to raise their awareness of their responsibilities under IHL to protect and respect at all times, in particular, women and children not taking part in hostilities (see *Actors of influence* below).

- ▶ In parallel, the ICRC partners with communities to develop and raise awareness of joint protection mechanisms, for example through water projects that help reduce women and children's exposure to risks (see *Assistance/Water supply, sanitation and shelter* below).

Restoring family links

- ▶ Enabling women to restore and maintain contact with their husbands and families contributes to their psychological well-being and can also help ensure their safety and the respect of others. In certain contexts, where for social and cultural reasons women are less visible or less accessible, awareness-raising sessions to promote existing tracing services are held specifically for women.
- ▶ ICRC-organized/supported family reunification programmes aim to reunite vulnerable people with their families, including children with their mothers, thus preserving the family unit. Similarly, when organizing repatriations, the ICRC pays special attention to enabling families to stay together, with particular emphasis on keeping children with their parents, in particular their mothers.

Unaccompanied girls/girls formerly associated with fighting forces

- ▶ Boys and girls who have become separated from their parents, including those who have formerly been associated with fighting forces, are registered by the ICRC and their mothers and fathers, or their closest relatives, sought.
- ▶ Working closely with the authorities concerned and other organizations active in child protection, the ICRC pays special attention to the treatment of unaccompanied girls living in host or foster families; whenever necessary, it directs them to the appropriate referral structures.
- ▶ The ICRC advocates that children formerly associated with fighting forces be provided with adequate care, in particular in disarmament, demobilization and reintegration processes, paying attention to the specific needs of girls. It recommends their immediate release without waiting for a peace agreement to be signed or for a disarmament, demobilization and reintegration process to be launched.
- ▶ Family reunifications are organized according to the best interests of the child and only if all parties – the child and the family – want to be reunited.
- ▶ Special attention is paid to the treatment of boys and girls reunited with their families, and to how the children readapt to family life; whenever necessary, the families and the children concerned receive material support and are directed to referral structures. The ICRC often follows up with children several months after their reunification with their families to ensure that they do not face new protection problems, especially if they were formerly associated with fighting forces or are girls with children of their own.

Missing persons

- ▶ ICRC action in relation to missing persons benefits mainly women and children as they are overwhelmingly those left behind when a loved one disappears during an armed conflict or other situation of violence.
- ▶ Whenever possible, the ICRC works closely with the families of missing persons and with the relevant authorities and organizations to accelerate the tracing process. It collects tracing requests and provides support for ante-mortem data collection and the forensic process, respecting basic standards

for data protection, informed consent for collection, and the management and transmission of information, and covers the transport costs of families – mainly women – of the missing to visit mass graves or exhumation sites. On its website, it publishes and updates lists of persons reported missing.

- ▶ The ICRC supports the development of normative frameworks, including for engaging in activities aimed at preventing disappearances (which can start before or during the conflict/crisis). It encourages governments to enact or implement legislation to prevent people from becoming unaccounted for (by establishing an information bureau, for example), to ascertain the fate of missing persons through appropriate measures, and to protect and support the families – mainly women who have become heads of household, and children – of those who are missing, notably by making it easier for them to undertake legal proceedings.
- ▶ The ICRC supports the development of institutional frameworks/mechanisms aiming to clarify the fate and whereabouts of missing persons by providing technical advice to national authorities in this regard and/or by chairing coordination mechanisms between former parties to a conflict.
- ▶ The ICRC assesses the multifaceted needs of the families of missing persons, as well as local available resources to address such needs. It supports such families through activities aiming to cover a vast range of needs, using different modes of action, in close coordination with the authorities, National Societies, NGOs, family associations, and other available service providers. It organizes meetings with family associations, whose members are chiefly women, to ensure that their interests are represented in various fora and provides the associations with financial and technical support.
- ▶ Directly or through associations or institutions, the ICRC contributes to the provision of health care, psychological/social support, financial/material assistance, and livelihood support for relatives of missing persons, principally women and their children (see *Assistance* below). It also provides them with administrative help in dealing with matters of inheritance, pensions, legal status, custody of children and property rights.

Assistance

Economic security – emergency aid: food and essential household items

- ▶ When distributing aid, the ICRC gives priority to the most vulnerable households, many of which have been deprived of their main breadwinner and are headed by women. Therefore, women and children – including girls – are often the main beneficiaries of the relief provided to IDPs, returnees and residents.
- ▶ If the need exists, the ICRC provides food rations and essential household items, such as blankets, tarpaulins, jerrycans, kitchen sets and hygiene kits, to enable women to take care of their families. Other items, such as clothes or fabric to make clothing, are also distributed according to need.
- ▶ ICRC food parcels often include baby food.
- ▶ Hygiene kits usually include specific products for women and their children, such as culturally adapted sanitary materials, baby powder or washable cotton and plastic diapers.

Economic security – livelihood support

- ▶ In addition to providing relief, the ICRC also aims to help destitute or very poor families, very often households headed by women or girls, recover their ability to earn a living.

- ▶ Livelihood support programmes suited to their needs and capabilities help women and girls in their endeavour to ensure the family's self-sufficiency. Seed and tool distributions, livestock replenishment and vaccination, cash-for-work projects to rehabilitate community infrastructure, grants or material inputs (e.g. sewing machines, donkey carts, flour mills, oil presses, brick-making machines, irrigation pumps), to give but a few examples, directly improve the standard of living of many women and their children by helping women continue or jump-start an income-generating activity. Its micro-economic initiatives provide victims of sexual violence who have lost their sources of livelihood and victims of conflict, such as widows and the wives of missing persons, with social and economic support.
- ▶ Occupational training often forms part of livelihood support programmes. Particular attention is paid to increasing the participation of women performing activities that provide their households with food or income.

Water supply, sanitation and shelter

- ▶ ICRC water, sanitation and habitat activities provide communities with secure access to basic needs. They give displaced and resident women and children safe access to a source of water for multiple purposes (e.g. household consumption, agriculture or other essentials needs); ensure better sanitation practices; improve public health by reducing the incidence of communicable diseases caused by inadequate hygiene; and prevent long journeys to water points, during which women and children may be at risk of attack. The maintenance, rehabilitation or building of public infrastructure such as water treatment plants, hospitals, health centres and schools give women and children access to essential services, provide them with shelter and help to protect them from adverse weather conditions.
- ▶ In some contexts, the provision of fuel-saving stoves reduces the need for women and children, in particular girls to go out in search of firewood, thereby leaving them more time for other household tasks and reducing their risk of being attacked.
- ▶ As women are in charge of the water resources and bear most of the burden for the household in many contexts, ICRC engineers systematically involve them in the design, implementation and management of water and habitat projects.

Health care

- ▶ ICRC health interventions are guided by three vectors: proximity to victims, quality of care, and access to health care.
- ▶ The majority of the people treated in outpatient departments and referral hospitals in violence-affected areas are women and children, and thus are the main beneficiaries of ICRC support to such facilities, which provide comprehensive reproductive health and delivery services and care for children under five. Mobile clinics give women and children who are unable to reach permanent structures access to essential health and medical care and the opportunity to be referred to a second level of care.
- ▶ The ICRC works as a priority to reinforce reproductive health, including ante/post-natal care and care for newborn babies. In many contexts, the ICRC trains traditional birth attendants/midwives in ante/post-natal care, in the identification of at-risk mothers, in skilled attendance for home delivery and in the management of complications. The birth attendants/

midwives also play a decisive role in health education (basic care and breastfeeding and the prevention of sexually transmitted diseases, including HIV/AIDS). In some contexts they also receive instruction in how to identify victims of sexual violence and refer them promptly to appropriate medical services.

- ▶ The ICRC aims to respond as a priority to the clinical and mental health and psychological/social needs of victims of sexual violence, their families and communities. Where feasible, in contexts where sexual violence is a problem, the ICRC provides post-rape kits to ICRC-supported hospitals and health centres and runs training courses enabling health staff working in those facilities to treat victims effectively.
- ▶ Members of the local community, including volunteers, offering support for victims of sexual violence are trained in counselling techniques, so that they can offer reassuring support to the victims and help them find coping mechanisms and possible solutions. They are also taught mediation skills, enabling them to facilitate the reintegration of victims of sexual violence, who are often rejected by their families and communities.
- ▶ ICRC support encompasses prevention (mosquito net distribution, routine immunization), promotion (hand washing, breastfeeding) and treatment (for respiratory tract infection or malaria, for example). Women and children are the primary target of health and hygiene promotion sessions that help ensure that they have the knowledge and skills to help them prevent the spread of disease. For social and cultural reasons, the ICRC often uses teams of female health and hygiene promoters, who are specially trained for this task. The teams play a crucial role in raising awareness among women, especially pregnant women and those with young children, of how diseases such as malaria are transmitted, and distribute mosquito nets to help contain the spread of the disease.
- ▶ Within the ICRC's approach to caring for the needs of the civilian population, involvement in vaccination campaigns, in particular in difficult-to-access areas, is prioritized. ICRC support for immunization programmes (cold chain, transport, supervision) benefits mostly children under five and girls and women of child-bearing age, who receive vital vaccinations against, for example, tetanus and polio. The ICRC may act as a neutral intermediary to facilitate access to isolated areas cut off by fighting so that other organizations may carry out vaccination campaigns; support a government in its immunization efforts; or substitute health authorities in cases where they are not able to conduct activities themselves.
- ▶ In emergencies, the ICRC may also support therapeutic feeding activities to help malnourished children and their mothers.

Prevention

Mines/explosive remnants of war

- ▶ To help prevent injuries caused by mines and explosive remnants of war (ERW), the ICRC marks contaminated areas and conducts mine-risk education, mobilizes and supports authorities/other actors to conduct clearance operations, and, in exceptional cases and in line with strict criteria, deploys specialist teams to conduct such operations for a limited time. Mine-risk education sessions target primarily children, but also women. They are conducted in schools, places of prayer or/and community fora and aim to ensure the safety of civilians by informing them of the dangers of mines/ERW. In the event of an accident, it also provides surgical,

medical and economic assistance to victims, including physical rehabilitation. In parallel, it continues its advocacy with the relevant authorities and often supports the work of the national mine-action body.

- ▶ Communities receive support to create safe, mine-free play areas for their children.

PEOPLE DEPRIVED OF THEIR FREEDOM

Protection

- ▶ During its visits to people deprived of their freedom, the ICRC pays special attention to the conditions of detention of any women or girls being held, in particular to their accommodation, which should include dedicated cells and sanitation facilities, and their access to health services, including to female nurses and gynaecological care when needed. It provides confidential reports and recommendations to the authorities concerned accordingly.
- ▶ As far as possible, ICRC delegates and translators visiting places of detention do so in mixed teams, which often makes them more approachable for both male and female detainees, enabling a more open dialogue and helping the ICRC better and more thoroughly assess the needs of all people detained.
- ▶ In certain societies, women who are detained are often ostracized and sometimes abandoned by their families, especially when they are held for so-called moral offences. The ICRC places special emphasis on their plight in its dialogue with the relevant authorities and in its assistance programmes.
- ▶ ICRC support for the penitentiary administration and training for penitentiary staff (medical personnel included) encompasses, whenever relevant, action regarding or consideration of the particular needs of women and children.
- ▶ ICRC family-news services allows detainees to communicate with their families outside. This contributes to the psychological well-being of all concerned.
- ▶ The ICRC enables detainees to receive family visits and assists family members in visiting their detained relatives, either by organizing the visits itself or by covering the cost of transport. Family visits are not only essential for the psychological well-being both of the detainees and of their relatives outside, they are also a vital channel through which detainees obtain food and essential items, and even access to legal support. Family visits can also help ensure respect from other detainees, as women who receive no visits may become more vulnerable to prostitution or sexual exploitation and abuse.

Assistance

- ▶ ICRC assistance programmes for detainees are adapted to the specific needs of women and girls whenever necessary. For example, women detainees may receive female hygiene items, clothing and recreational materials for themselves and for their children. Occupational training (in sewing, weaving, literacy, for example) aims to break the isolation of imprisoned women and improve their prospects for reintegration into society after release. Such training enables some women to earn a small income and support their families by selling their products.
- ▶ As infants and young children often stay with their detained mothers, their needs are also addressed, in terms, for example, of food, health care, clothing and play.

Water and habitat

- ▶ As part of its efforts to improve environmental health conditions for detainees, the ICRC often carries out maintenance, rehabilitation or construction projects in places of detention. These projects always take into consideration the needs of women and children, such as separate accommodation for men and women, separate access to toilets and showers and adequate facilities for women with babies and/or young children.

WOUNDED AND SICK

Assistance

Medical care

- ▶ The ICRC endeavours to ensure an integrated public health approach and multidisciplinary response to the wounded and sick. It supports a *continuum of care approach* that includes first aid, primary health care, mental health and psychological/social support, hospital care and physical rehabilitation (see also *Civilians*).
- ▶ Women and children have priority in operations to evacuate the wounded and sick from areas affected by fighting.
- ▶ The specific needs of women and girls are included in training in first aid and medical evacuations and the support provided to ambulance services.
- ▶ ICRC support for hospital care employs a comprehensive care approach that addresses hospital management, emergency surgery, paediatrics, obstetrics and gynaecology, internal medicine and inpatient care for infectious diseases as part of outbreak management for patients in general and women and children in particular. This support may also include the provision of equipment, medical supplies and training, including for female health professionals.

Physical rehabilitation

- ▶ ICRC support for people with disabilities aims to ensure their inclusion in society. It includes the provision of high quality services that are accessible and sustainable.
- ▶ Women benefit from physical rehabilitation programmes supported by the ICRC. They may receive artificial limbs, walking aids, wheelchairs and physiotherapy. The ICRC pays particular attention to ensuring that women and men have equal access to physical rehabilitation programmes.
- ▶ Where there are no female staff in a rehabilitation centre, the ICRC helps train women, and may pay the transportation costs for women and their dependents to be treated in a centre with female staff. Many disabled women are also offered employment in ICRC-run or ICRC-supported physical rehabilitation centres.
- ▶ Women also benefit from projects – education, vocational training or micro-credit schemes – to help them reintegrate into society.

Water and habitat

- ▶ The renovation or construction of health facilities such as hospitals, health centres and physical rehabilitation centres always takes into account the specific needs of women and children. In most cases, women and children are given special accommodation in line with local customs and internationally recognized standards.

ACTORS OF INFLUENCE

Prevention

- ▶ Preventive activities targeting actors of influence (e.g. political authorities, armed forces, other bearers of weapons, civil society representatives, the media, schools, universities, NGOs, etc.) always emphasize the need to take measures to respect the life and dignity of people affected by armed conflict or other situations of violence. The target groups are systematically made aware that not only do women and children (those under 18 years) more often than not form the majority of that group, but their position in society may also make them particularly vulnerable and their specific needs must be recognized and addressed. Moreover, target groups are systematically reminded that sexual abuse is prohibited by IHL and other applicable international norms. Depending on the target group, preventive activities comprise highlighting the existing provisions of IHL that focus on women, examining legal and practical measures to protect women from abuse and meet their specific needs, and case studies.
- ▶ The ICRC endeavours to raise awareness of the situation of women affected by armed conflict and other situations of violence – and of the international law that accords them protection – among governments, representatives of the diplomatic, political, military and academic communities, international organizations and NGOs. It is often invited to speak about the issue at relevant conferences hosted by donors and regional organizations. The ICRC also provides input when new international resolutions and policies are drafted and encourages their enforcement.
- ▶ During its dialogue with all authorities and weapon bearers, the ICRC recalls how IHL stipulates that the parties to a conflict must allow and facilitate the rapid and unimpeded passage of humanitarian relief, which is impartial in nature and conducted without adverse distinction, subject to their right of control, for the benefit of civilians in need, including women and girls.
- ▶ The ICRC makes a particular effort to engage with different sectors of society and circles of influence, including women's associations or networks, to help sustain the organization's activities for victims of conflict.

RED CROSS AND RED CRESCENT MOVEMENT

Cooperation

National Societies

- ▶ The ICRC provides support for the development of National Society tracing, first-aid and emergency preparedness capacities, the better to enable National Society staff and volunteers to meet the specific needs of women in armed conflict and other situations of violence. It provides training in the Safer Access approach, including the analysis of risk and vulnerability factors affecting National Society staff and volunteers, such as the participation of female workers in certain operations.
- ▶ Furthermore, the ICRC often works in partnership with National Societies from other countries which are working internationally and which contribute to ICRC operations in cash, in kind or by providing personnel and operational management.
- ▶ Through regular meetings and dialogue, and in line with the Seville Agreement and its Supplementary Measures, all operations to meet the different needs of women, men, girls and boys affected by armed conflict and other situations of

violence are coordinated with other Movement components present in the context to ensure the best response.

ICRC employment policy

- ▶ The ICRC's employment policy promotes equitable conditions for male and female staff through gender mainstreaming and affirmative action. The ICRC believes there is a strong link between the improvement of women's status within the organization and progress in the protection of and delivery of assistance to women in armed conflict and other situations of violence.
- ▶ The ICRC has improved its staff training courses by adding key messages consistent with the policies, recommendations and guidelines related to women affected by armed conflict and other situations of violence, including those related to specific issues, such as sexual violence, and by disseminating the ICRC guidance document. Role playing, which is part of the introductory training course for new delegates, highlights specific aspects related to women and war.
- ▶ In carrying out its activities, the ICRC encourages the use of teams that comprise both men and women. It also promotes the participation of local women as a means of fostering direct contact and dialogue with women, to better define and respond to their needs.

ANNEX 3: THE ICRC'S OPERATIONAL APPROACH TO CHILDREN

Children in armed conflict and other situations of violence	40
Protection under international law	40
The ICRC's multidisciplinary approach	41
Children in ICRC programmes, by target population	41
Civilians	41
People deprived of their freedom	44
Wounded and sick	45
Actors of influence	45
Red Cross and Red Crescent Movement	45

CHILDREN IN ARMED CONFLICT AND OTHER SITUATIONS OF VIOLENCE

Conflict increases the vulnerability of those who are already vulnerable, especially children. A child needs a family and a community that provide a nurturing and protective environment. Conflicts, however, spare no one. Most children experience armed conflict as civilians, and as such are often exposed to acts of violence. They are often the witnesses of atrocities committed against their relatives – such acts include death or injury from indiscriminate attacks and mine explosions, but also direct assaults. They are themselves sometimes forced to commit atrocities against their relatives or other members of their own communities. In addition, many children are killed, wounded or imprisoned, torn from their families, compelled to flee or left without even an identity. As dependents, the loss of a father, mother or otherwise of the family's main breadwinner may have more than a psychological impact. It is not unusual for very young children to be propelled into adult roles. They become heads of families, taking care of and protecting younger siblings and also adult family members. Destitution and the loss of close relatives may force young girls into early marriages or prostitution. A young breadwinner may seek to join an armed group just to survive. Other children are forcibly recruited. Often unarmed, they are used by fighting forces in a large variety of roles such as cooks, porters, messengers, spies, human mine detectors or for sexual purposes. Child trafficking, for purposes such as unlawful adoption and forced labour, may also increase during armed conflict, especially when boys and girls are deprived of the protection of their parents and other relatives. Furthermore, the disruption or collapse of public services as a result of armed conflict or other situations of violence can restrict children's access to health care and education during the fighting and long after it has ceased.

PROTECTION UNDER INTERNATIONAL LAW

IHL provides broad protection for children. In the event of armed conflict, whether international or non-international, children benefit from the general protection provided to all persons affected by the armed conflict. First, if they fall into the hands of enemy forces they must be protected against murder and all forms of abuse: torture and other forms of ill-treatment, sexual violence, arbitrary detention, hostage-taking or forced displacement. Second, they must in no circumstances be the target of attacks, unless, and for such time as, they take a direct part in hostilities. Instead, they must be spared

and protected. Many of the rules of IHL constitute customary law and are therefore binding on all parties to an armed conflict, regardless of whether they have ratified the relevant treaties.

Given the particular vulnerability of children, the Geneva Conventions of 1949 and their 1977 Additional Protocols – as well as customary IHL – enumerate rules that provide them with special protection. In particular, children must not be recruited into armed forces or armed groups and must not be allowed to take part in hostilities. Children also benefit from special protection in the context of family reunification, protection in detention, humanitarian assistance and education. Children who have taken a direct part in hostilities are not exempt from these special protections. Children are covered by 25 such articles in the 1949 Geneva Conventions and their 1977 Additional Protocols.

International human rights law plays a complementary role in the protection of children affected by armed conflict and other situations of violence.

In particular, the 1989 Convention on the Rights of the Child and its 2000 Optional Protocol on the involvement of children in armed conflict are applicable during times of armed conflict. The Protocol sets limits on children's recruitment into armed forces or armed groups and participation in hostilities – limits that are, to some extent, stricter than the provisions of the 1977 Additional Protocols. It prohibits *compulsory* recruitment into State armed forces for all those under 18 years of age and requires States to raise the age of *voluntary* recruitment from 15. It also requires States to take all feasible measures to ensure that members of their armed forces who have not reached the age of 18 years do not take a direct part in hostilities. Finally, the Optional Protocol provides that non-governmental armed groups "should not, under any circumstances, recruit or use in hostilities persons under the age of 18 years".

In addition, the Convention on the Rights of the Child guarantees children's right to be with their families and to have access to education and adequate health care. It also reaffirms fundamental human rights, such as the right to life, the prohibition of torture and other forms of ill-treatment, and the principle of non-discrimination. In some cases, national or regional law can grant children even higher levels of protection.

The 2007 Paris Commitments and the Paris Principles and Guidelines on Children Associated with Armed Forces or Armed Groups set out detailed guidelines on: preventing the unlawful recruitment and use of children by armed forces or armed groups; facilitating the release and reintegration into society of those children; and ensuring an environment that offers the greatest possible protection for all children. They complement the legal and political mechanisms already in place.

DEFINITIONS USED BY THE ICRC

A **child**, in accordance with the Convention of the Rights of the Child, is any person below 18 years of age unless, under the law applicable to the child, majority is attained earlier.

A **separated child** is a child separated from both parents or from his/her previous legal or customary caregiver, but not necessarily from other relatives. A separated child might therefore be accompanied by other adult family members.

An **unaccompanied child**, also called an unaccompanied minor, is a child who has been separated from both parents and from other relatives and is not being cared for by an adult who, by law or custom, is responsible for doing so.

A **child associated with an armed force or armed group** is any person below 18 years of age who is or has been recruited or used by an armed force or armed group in any capacity, including, but not limited to, fighters, cooks, porters, messengers, spies or for sexual purposes. This category does not only refer to a child who is taking, or has taken, direct part in hostilities. Rather, by broadening the definition from that of ‘child soldier’, it aims to promote the idea that all children associated with armed forces and groups should cease to be so associated, and should benefit from disarmament, demobilization and reintegration programmes, regardless of their role with the armed actor.

THE ICRC’S MULTIDISCIPLINARY APPROACH

Owing to its unique mandate, the ICRC implements an “all victims” approach aimed at protecting the life and dignity of victims of armed conflict and other situations of violence and providing them with assistance. Within this approach, the ICRC acknowledges that children not only represent a large segment of the population (and therefore of those affected by armed conflict and other situations of violence) but are also more vulnerable than adults. Despite the protection afforded to them by national and international law, they remain a major beneficiary of the ICRC’s prevention, protection and assistance programmes worldwide.

Within its programmes, the ICRC carries out activities to respond to the specific material/economic, medical, social, protection and psychological needs of children. All of the ICRC’s activities are guided by the “best interests” principle. In other words, all activities to enhance children’s well-being take into account the specific nature and circumstances of each individual child and thus are tailored to be in his/her best interests. The ICRC also acknowledges that boys and girls experience conflict in different ways and have different vulnerabilities and coping mechanisms in responding to hardship, as well as different roles and responsibilities, which vary across contexts. It therefore designs its activities to identify and address the different needs of boys and girls and ensure that these needs are integrated into its response.

The ICRC has become a key actor in working with unaccompanied/separated children. Still, it continually strives to enhance the quality of its work on the ground. Thus, in 2009, it produced a new set of field guidelines for its staff working with children affected by armed conflict, with a particular focus on unaccompanied/separated children and children associated with armed forces/groups. The guidelines draw together lessons learnt by the ICRC and aim to facilitate consistency between ICRC activities in various contexts. They also complement and build upon existing guidelines commonly agreed with UN agencies and NGOs with expertise in this domain (such as the *Inter-agency guiding principles on unaccompanied and separated children*) by the ICRC, UNHCR, UNICEF, World Vision International, Save the Children UK and the International Rescue Committee. These organizations and the ICRC coordinate regularly and proactively on policy issues and on the ground in areas of common interest in order to maximize impact, identify unmet needs and avoid duplication.

CHILDREN IN ICRC PROGRAMMES, BY TARGET POPULATION

Below is a description, by target population, of how ICRC programmes take into account the specific situations and needs of children in times of armed conflict. These descriptions are valid in any ICRC operation. They are not repeated explicitly under each context section, unless specifically required, but they may be cited to enhance understanding of the information therein.

CIVILIANS

(Whenever possible, ICRC activities for civilians are carried out with the National Society of the country in question, particularly in the fields of assistance and restoring family links.)

Protection

Protecting the civilian population

- ▶ The ICRC monitors the situation of individuals and groups not or no longer taking part in hostilities, the large majority of whom are women and children. Where documented, allegations of abuse committed against boys and girls, such as enforced enrolment by armed forces or armed groups, or sexual violence, are raised in the ICRC’s discussions with all parties on alleged violations of IHL and international human rights law and the measures to be taken to stop them.
- ▶ In addition to formal and informal oral and written representations to the authorities concerned about alleged incidents, preventive dissemination activities are conducted with all kinds of weapon bearers to raise their awareness of their responsibilities under IHL to protect and respect at all times, in particular, women and children not taking part in hostilities (see *Actors of influence below*).

Restoring family links: unaccompanied and separated children/children formerly associated with fighting forces

- ▶ Unaccompanied (and vulnerable separated) children, including those formerly associated with fighting forces, are registered by the ICRC, and their mothers and fathers, or their closest relatives, sought. A distinction must be made between separated children – who are without their usual caregiver but are under the protection of another relative – and unaccompanied children, who are on their own or under the care of persons totally unrelated to them, often as a result of spontaneous fostering. In most cases, the ICRC focuses

on looking for the parents of unaccompanied children and of vulnerable separated children. When the whereabouts are known, the children are able to restore and maintain contact with their families through phone calls or RCMs, thus contributing to their psychological well-being.

- ▶ As the tracing process usually takes time, it is crucial to ensure that children separated from their families are protected and provided for while they are waiting for their relatives to be found. The ICRC rarely arranges interim care for unaccompanied/vulnerable separated children as it generally refers them to other qualified actors, including National Societies, for this purpose. However, even when the ICRC refers such children to other actors, it:
 - keeps the children informed of plans being made for them and gives their opinions due consideration
 - ensures that siblings are kept together, as this enhances protection and can facilitate family reunification
 - gives preference to family/community-based care over institutional care, as this provides continuity for children's social development
 - monitors foster families and, if necessary, provides them with extra assistance to help meet children's protection and material needs
 - ensures that if institutional care is the only solution, it is viewed as a temporary measure that does not divert focus from potential family reunification or placement in the community
 - may support interim care centres by, for example, donating food or other items
- ▶ ICRC-organized/supported family reunifications aim to reunite vulnerable people with their families, including children with their mothers, thus preserving the family unit. Similarly, when organizing repatriations, the ICRC pays special attention to enabling families to stay together, with particular emphasis on keeping children with their parents, in particular their mothers.
- ▶ Family reunifications are organized according to the best interests of the child and only if all parties – the child and the family – want to be reunited. Material assistance is usually provided (see *Assistance, Economic security – emergency aid* below)
- ▶ Special attention is paid to preparing for the reunification of boys and girls with their families, including to the psychological and social aspects of the reunification process, especially when they have been separated for a long time. The ICRC also monitors how the children readapt to family life: they are often checked on several months after being reunited with their families to ensure that they do not face new protection problems, especially if they were formerly associated with fighting forces or are girls with children of their own. The psychological consequences of separation and violence on children and their families is acknowledged and addressed through the training of local actors and communities and, when possible, referral to the appropriate services.
- ▶ The ICRC advocates that children formerly associated with fighting forces be provided with adequate care, in particular in disarmament, demobilization and reintegration processes. It recommends their immediate release without waiting for a peace agreement to be signed or for a disarmament, demobilization and reintegration process to be launched.
- ▶ The ICRC also aims to prevent children from becoming separated from their families in the first place. To do this the ICRC, *inter alia*, identifies the causes of separation and locations where separations are most likely to occur, such as border

crossings, checkpoints, transit sites and health facilities, so that preventive activities can be undertaken there. It also informs families of what they can do to minimize the risk of separation should the family be forced to flee. Governments, staff of national and international agencies, religious groups and local communities are also made aware of how to prevent separation.

- ▶ Deliberate separation may in some instances be prevented, for example by ensuring that all households have access to basic relief supplies and that the provision of basic services, particularly those targeted solely at children, does not unintentionally cause separation. The ICRC attempts to ensure that such necessities are provided by supporting the efforts of the relevant authorities or stepping in when they are unable or unwilling to assume their responsibilities.

Missing persons

- ▶ ICRC action in relation to missing persons benefits mainly children and their mothers as they are overwhelmingly the ones left behind when a father/husband disappears during an armed conflict or other situation of violence.
- ▶ The ICRC works closely with the families of missing persons and children and with the relevant authorities and organizations to accelerate the tracing process, including by collecting tracing requests and providing support for ante-mortem data collection and the forensic process, while respecting basic standards for data protection, informed consent for collection, and the management and transmission of information. On its website, the ICRC publishes and updates lists of persons reported missing.
- ▶ The ICRC supports the development of normative frameworks, including for engaging in activities aimed at preventing disappearances (which can start before or during the conflict/crisis). It encourages governments to enact or implement legislation to prevent people from becoming unaccounted for, to ascertain the fate of missing persons through appropriate measures and to protect and support the families, including the children, of those who are missing, notably by making it easier for them to undertake legal proceedings.
- ▶ The ICRC supports the development of institutional frameworks/mechanisms aiming to clarify the fate and whereabouts of missing persons, including children, by providing technical advice to national authorities in this regard and/or by chairing coordination mechanisms between former parties to a conflict.
- ▶ The ICRC assesses the multifaceted needs of the families of missing persons, including the specific needs of children, as well as local available resources to address such needs. The ICRC supports such families through activities aiming to cover a vast range of needs, using different modes of action, in close coordination with the authorities, National Societies, NGOs, family associations, and other available service providers.
- ▶ Directly or through associations or institutions, the ICRC contributes to the provision of health care, psychological/social support, financial and material assistance, and livelihood support for relatives of missing persons, principally women and their children (see *Assistance* below). It also provides them with administrative help in dealing with matters of inheritance, pensions, legal status, custody of children and property rights.

Assistance

Economic security – emergency aid: food and essential household items

- ▶ When distributing aid, the ICRC gives priority to the most vulnerable households, many of which have been deprived of their main breadwinner. Children and women are often, therefore, the main beneficiaries of the relief provided to IDPs, returnees and residents. Furthermore, children may find themselves heading their household. In such cases, special efforts are made to ensure that the children heads of household are included in registration and census exercises to ensure that they are issued with documents in their name entitling them to assistance for themselves and for other children in their care.
- ▶ If the need exists, the ICRC provides food rations, often including baby food, and essential household items, such as blankets, tarpaulins, jerrycans, kitchen sets and hygiene kits, to enable families to take care of themselves and their children. Other items, such as clothes or fabric to make clothing, are also distributed according to need.
- ▶ Hygiene kits usually include specific products for infants, such as baby powder or washable cotton and plastic diapers.
- ▶ Upon reunification with their families (see *Protection, Restoring family links*, above) children are usually provided with a kit that may contain clothing and food items to help to reduce immediate costs for the family. When necessary, the ICRC may consider providing some assistance to the family.

Economic security – livelihood support

- ▶ In addition to providing emergency relief, the ICRC also aims to help destitute or impoverished families, or those deprived of their main breadwinner, to recover their ability to earn a living. Livelihood support programmes suited to their needs and capabilities help heads of household, including children when they have this responsibility, in their endeavour to ensure their family's self-sufficiency. Seed and tool distributions, livestock replenishment and vaccination, cash-for-work projects to rehabilitate community infrastructure, grants or material inputs (e.g. sewing machines, donkey carts, flour mills, oil presses, brick-making machines, irrigation pumps), to give but a few examples, directly improve the standard of living of many children by helping the head of household continue or jump-start food production or an income-generating activity.

Water supply, sanitation and shelter

- ▶ ICRC water, sanitation and habitat activities provide communities with secure access to basic needs. They give displaced and resident women and children safe access to a source of water for multiple purposes (e.g. household consumption, agriculture or other essential needs); ensure better sanitation practices; improve public health by reducing the incidence of communicable diseases caused by inadequate hygiene; and prevent long journeys to water points, during which women and children may be at risk of attack. The maintenance, rehabilitation or building of public infrastructure such as water treatment plants, hospitals, health centres and schools give women and children access to essential services, provide them with shelter and help to protect them from adverse weather conditions.
- ▶ In some contexts, the provision of fuel-saving stoves reduces the need for women and children, in particular girls, to go out in search of firewood, thus reducing their risk of being attacked and leaving them more time for other household tasks.

- ▶ Children and their mothers are the primary target of hygiene promotion sessions that help ensure that they have the knowledge and skills to help them prevent and contain the spread of communicable diseases. Sessions commonly cover the prevention of major risks identified in their environment, such as hand-to-mouth contamination, through good personal/food/clothing hygiene, the proper use and maintenance of facilities/equipment for water, sanitation and waste management, and the prevention and treatment of diarrhoea.

Health care

- ▶ ICRC health interventions are guided by three vectors: proximity to victims, quality of care, and access to health care.
- ▶ The majority of the people treated in outpatient departments and referral hospitals in violence-affected areas are children and their mothers, and thus are the main beneficiaries of ICRC support to such facilities, which provide comprehensive reproductive health and delivery services and care for children under five. Mobile clinics give children who are unable to reach permanent structures access to essential health and medical care and the opportunity to be referred to a second level of care.
- ▶ The ICRC works as a priority to reinforce reproductive health, including ante/post-natal care and care for newborn babies. In many contexts, the ICRC trains traditional birth attendants/midwives in ante/post-natal care, in the identification of at-risk mothers, in skilled attendance for home delivery and in the management of complications. The birth attendants/midwives also play a decisive role in health education, such as basic care and breastfeeding. They also may receive delivery kits containing soap, surgical gloves, plastic sheeting, a sterile razor blade and string for the umbilical cord.
- ▶ The ICRC aims to respond as a priority to the clinical and mental health and psychological/social needs of victims of sexual violence, their families and communities. Where feasible, in contexts where sexual violence is a problem, the ICRC provides post-rape kits to ICRC-supported hospitals and health centres and runs training courses enabling health staff working in those facilities to treat victims, who are often girls, effectively.
- ▶ Community actors are trained in counselling techniques, so that they can offer reassuring support to the victims and help them search for solutions. They are also taught psychological/social approaches and mediation skills, enabling them to facilitate (i) the reintegration of victims of sexual violence, who are often rejected by their families and communities, and (ii) acceptance of children born of rape who are at particularly high risk of being rejected, stigmatized or abused and denied access to education, inheritance rights or even a name.
- ▶ In contexts where psychological needs are greater or the response of other actors is not sufficient, the ICRC provides or trains others to provide mental health and psychological/social care to people affected by armed conflict and other situations of violence, a large proportion of whom are children. Through capacity building, the ICRC supports local communities/actors to respond to their needs. Such programmes aim to enhance individual and community mechanisms that are culturally appropriate, in order to alleviate suffering.
- ▶ ICRC support encompasses prevention (mosquito net distribution, routine immunization), promotion (hand washing, breastfeeding) and treatment (for respiratory tract infection or malaria, for example). Children and their mothers

are the primary target of health promotion sessions that help ensure that they have the knowledge and skills to help them prevent the spread of disease. For example, such sessions may include raising awareness among pregnant women and the mothers of young children of how malaria is transmitted. Many receive mosquito nets.

- ▶ Within the ICRC's approach to caring for the needs of the civilian population, involvement in vaccination campaigns, in particular in difficult-to-access areas, is prioritized. ICRC support for immunization programmes (cold chain, transport, supervision) benefits mostly children under five and girls and women of child-bearing age, who receive vital vaccinations against, for example, measles, tuberculosis, tetanus, diphtheria, polio and whooping cough. The ICRC may act as a neutral intermediary to facilitate access to isolated areas cut off by fighting so that other organizations may carry out vaccination campaigns; support a government in its immunization efforts; or substitute health authorities in cases where they are not able to conduct activities themselves.
- ▶ In emergencies, the ICRC may also support therapeutic feeding activities to help malnourished children and their mothers.

Prevention

Mines/explosive remnants of war

- ▶ To help prevent injuries caused by mines and explosive remnants of war (ERW), the ICRC marks contaminated areas, conducts mine-risk education, mobilizes and supports authorities/other actors to conduct clearance operations, and, in exceptional cases and in line with strict criteria, deploys specialist teams to conduct such operations for a limited time. Specific mine-risk education sessions are designed to address children's needs. They are conducted in schools, places of prayer and/or community fora and aim to ensure the safety of civilians by informing them of the dangers of mines/ERW. In the event of an accident, it also provides surgical, medical and economic assistance to victims, including physical rehabilitation. In parallel, it continues its advocacy with the relevant authorities and often supports the work of the national mine-action body.
- ▶ The ICRC supports communities to create safe play areas for their children, free from mines/ERW, or to survey areas suspected to be contaminated by weapons to ensure they are safe to play in.

PEOPLE DEPRIVED OF THEIR FREEDOM

Protection

- ▶ Children detained in their own name may be registered by the ICRC, and monitored on an individual basis with the aim of ensuring that they are afforded particular care and protection, including from torture and other forms of ill-treatment. Infants and other children accompanying detained parents (most commonly, mothers) may also be registered to ensure that their needs are not forgotten and to deter any attempt to use the child to exert pressure on the parent.
- ▶ During its visits to people deprived of their freedom, the ICRC pays special attention to the treatment and living conditions of any children being held. Particular consideration is given to suspected victims of ill-treatment, including sexual violence. It checks children's accommodation, which should separate boys from girls and children from adults (unless their protection and well-being are better ensured by being with their families or other appropriate adults). Attention is also paid to children's ability to maintain regular contact

with their families and to engage in appropriate recreational and educational activities. The ICRC provides confidential reports and recommendations to the authorities concerned accordingly.

- ▶ During its detention visits the ICRC also considers children's access to judicial guarantees. When children are detained beyond the time limits allowed by law, when they are eligible for non-custodial measures but have not had the opportunity to access them, or when they are below the age of criminal responsibility, the ICRC makes representations to the detaining authorities with the aim of securing their release.
- ▶ ICRC support for the penitentiary administration and training for penitentiary staff (medical personnel included) encompasses, whenever relevant, action regarding or consideration of the particular needs of children, for example in terms of food, health care, education and recreation.
- ▶ ICRC family-news services allow child detainees to communicate with their families and detained adults to communicate with their children outside. This contributes to the psychological well-being of all concerned.
- ▶ The ICRC enables child detainees to receive family visits and children to visit their detained relatives, either by organizing the visits itself or by covering the cost of transport. Family visits are not only essential for the psychological well-being both of the detainees and of their relatives outside, they are often a vital channel through which detained children obtain food and other essential items, and even access to legal support.
- ▶ Children recruited or used by armed forces or armed groups are often victims of unlawful recruitment and should be treated primarily as victims, not only as perpetrators. The ICRC therefore advocates non-custodial measures for children who would otherwise be detained for the sole reason of being associated with an armed group.

Assistance

- ▶ ICRC assistance programmes for detainees are adapted to the specific needs of children whenever necessary. For example, clothing, educational and recreational materials are geared to the age of the child, and girls may receive female hygiene items, medical supplies and support in accessing appropriate health care, particularly if they require ante/post-natal care.
- ▶ As infants may be born in detention, and they and young children often stay with their detained mothers, their needs are also addressed, in terms, for example, of food, health care (including vaccinations), clothing and play.
- ▶ Where a detainee's spouse and children risk destitution through loss of the family's main breadwinner, the ICRC may include them in livelihood-support programmes that aim to improve income-generation and self-sufficiency.

Water and habitat

- ▶ As part of its efforts to improve environmental health conditions for detainees, the ICRC often carries out maintenance, rehabilitation or construction projects in places of detention. These projects always take into consideration the needs of children, such as separate accommodation from adults, dedicated sanitation facilities, space for activities, and adequate facilities for women with babies and/or young children.
- ▶ Detained minors and children living with their detained mothers benefit from hygiene promotion sessions run in prison that aim to prevent and contain the spread of communicable diseases. Sessions commonly cover the

prevention of hand-to-mouth contamination through good personal/food/clothing hygiene, the proper use and maintenance of facilities/equipment for water, sanitation and waste management, and the prevention and treatment of diarrhoea.

WOUNDED AND SICK

Assistance

Medical care

- ▶ The ICRC endeavours to ensure an integrated public health approach and multidisciplinary response to the wounded and sick. It supports a *continuum of care approach* that includes first aid, primary health care, mental health and psychological/social support, hospital care and physical rehabilitation (see also *Civilians*).
- ▶ Children, along with women, have priority in operations to evacuate the wounded and sick from areas affected by fighting.
- ▶ The specific needs of children are included in training in first aid and medical evacuations and the support provided to ambulance services.
- ▶ ICRC support for hospital care employs a comprehensive care approach that addresses hospital management, emergency surgery, paediatrics, obstetrics and gynaecology, internal medicine and inpatient care for infectious diseases as part of outbreak management for patients in general and women and children in particular. This support may also include the provision of equipment, medical supplies and training, including for female health professionals.

Physical rehabilitation

- ▶ ICRC support for people with disabilities aims to ensure their inclusion in society. It includes the provision of high quality services that are accessible and sustainable.
- ▶ Children benefit from physical rehabilitation programmes supported by the ICRC. They may receive artificial limbs, walking aids, wheelchairs and physiotherapy. Children require such services more frequently than adults as they rapidly outgrow their prosthetic/orthotic devices.

Water and habitat

- ▶ The renovation or construction of health facilities such as hospitals, health centres and physical rehabilitation centres always takes into account the specific needs of women and children. In most cases, children and their care-givers are given special accommodation in line with local customs and internationally recognized standards.

ACTORS OF INFLUENCE

Prevention

- ▶ Preventive activities targeting actors of influence (e.g. political authorities, armed forces, other bearers of weapons, civil society representatives, the media, schools, universities, NGOs, etc.) always emphasize the need to take measures to respect the life and dignity of people affected by armed conflict or other situations of violence. The target groups are systematically made aware that not only do children often form the majority of the affected population, they are also particularly vulnerable and their specific needs must be recognized and addressed.
- ▶ Depending on the target group, preventive activities comprise highlighting the existing provisions of IHL and international human rights law that focus on children, such as the 1977 Additional Protocols and the Optional Protocol to the Convention on the Rights of the Child, along with relevant

national legislation, which may give even more protection. The ICRC provides technical support and advice to countries in becoming party to such instruments and in enacting national legislation to implement their provisions in order to enhance the protection afforded to children and to meet their specific needs. Particular emphasis is placed on the issue of child recruitment. The ICRC advocates 18 years as the minimum age for recruitment into the armed forces or armed groups.

- ▶ The target groups are systematically made aware of their responsibilities in this respect through a combination of bilateral meetings, legal advice, dissemination sessions, training courses, documentation and publications, games and competitions, and communication campaigns.
- ▶ The ICRC is often invited to speak about the effects of armed conflict and other situations of violence at conferences hosted by donors and regional and international organizations. The organization contributes to the common efforts of the international community to improve child protection standards in humanitarian work in armed conflict and other situations of violence. It also provides input when new international resolutions and policies are drafted and promotes their enforcement.
- ▶ During its dialogue with all authorities and weapon bearers, the ICRC recalls how IHL stipulates that the parties to a conflict must allow and facilitate the rapid and unimpeded passage of humanitarian relief, which is impartial in nature and conducted without adverse distinction, subject to their right of control, for the benefit of civilians in need, including children.
- ▶ The ICRC reaches out to secondary school-aged young people in educational settings worldwide through the Exploring Humanitarian Law programme, which is often implemented with the support of the relevant National Society. Bearing in mind that today's school children are tomorrow's decision-makers, opinion-leaders, or simply citizens, the basic aims of the programmes are:
 - to foster young people's understanding of humanitarian issues arising in armed conflict and other situations of violence, and to familiarize them with the notion of human dignity as an inviolable quality that must be respected, both in times of peace and in times of armed conflict;
 - to familiarize young people with the basic rules and principles of IHL and with the nature and work of the International Red Cross and Red Crescent Movement.
- ▶ The ICRC also addresses the consequences of urban violence affecting young people in Latin America through contextualized school-based projects aiming at fostering a humanitarian space in and around schools.

RED CROSS AND RED CRESCENT MOVEMENT

Cooperation

National Societies

- ▶ In addition to working in partnership with the National Society of the country in question to strengthen its own operational capacity (see *Civilians*), the ICRC supports the development of National Society tracing, first-aid and emergency-preparedness capacities. This helps the National Society improve its response to the specific needs of children in armed conflict or other situations of violence. Many National Societies also receive support for specific activities aimed at: alleviating the suffering of children caught up in an armed conflict; reintegrating into society those

-
- recruited by armed forces or armed groups; or preventing vulnerable children from joining armed groups and gangs.
- ▶ In conjunction with the International Federation, the ICRC builds the general institutional capacities of National Societies, in accordance with the Fundamental Principles. The two organizations provide National Societies with the expertise required to strengthen their capacity to conduct domestic activities in accordance with their own priorities and plans, so that children's needs may be addressed in peacetime as well as during armed conflict and other situations of violence.
 - ▶ The ICRC often works in partnership with National Societies from other countries which are working internationally and which contribute to ICRC operations in cash, in kind or by providing personnel and operational management.
 - ▶ Through regular meetings and dialogue, and in line with the Seville Agreement and its Supplementary Measures, all operations to meet the needs of those affected by armed conflict and other situations of violence, including children, are coordinated with other Movement components present in the context to ensure the best response.
 - ▶ The ICRC often supports National Societies' youth programmes that enable young people to learn about humanitarian values and engage in humanitarian work within their own country.

ANNEX 4: THE ICRC'S OPERATIONAL APPROACH TO DISPLACEMENT

Displacement and the displaced	47
The “all phases” approach	47
The “all victims” approach	48
The multidisciplinary approach	48
Relations with the Movement and humanitarian coordination	49
Displacement in ICRC programmes, by target population	49
Civilians	49
Wounded and sick	52
Actors of influence	52
Red Cross and Red Crescent Movement	53

DISPLACEMENT AND THE DISPLACED

Displacement is a recurrent consequence of armed conflict and other situations of violence. Civilians are brutally uprooted and forced to flee their homes as they try to avoid the dangers generated by the conflict. In most cases, displacement is an inherently unstable and unsustainable set of circumstances, from the point of view of both those displaced and the authorities concerned.

There are two broad causes of displacement in armed conflict: as a direct consequence of the hostilities, owing either to actual violence or as a pre-emptive measure on account of fears or threats; and as a secondary consequence, owing, for example, to the exhaustion of resources or to poor access to essential services.

Given that the term “displacement” describes a process and a set of circumstances as opposed to a “status”, there is no international legally binding definition of an IDP. Nor does the ICRC have its own definition. The definition most commonly used within the international community is the one provided for in the 1998 UN Guiding Principles on Internal Displacement, which bring together existing norms of IHL, international human rights law and refugee law in a way that covers all the phases of internal displacement. The definition, which is broad, refers to “persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border”. As the majority of IDPs are nationals of the State in which they find themselves displaced, they are entitled to the full protection of national law and the rights it grants to its citizens without adverse distinction resulting from displacement. Some of those displaced, however, will not be State nationals. Nevertheless, they are protected under international human rights law, and many of the same rights must be granted to them without discrimination.

Under IHL, the arbitrary displacement of civilians should not occur in the first place, but if it does, their protection is ensured. Indeed, IHL expressly prohibits any party to an armed conflict from compelling civilians to leave their places of residence. Exceptionally, temporary evacuations may be carried out if the security of the civilians or imperative military necessity so demands. In addition to this express prohibition, the rules of IHL intended to spare civilians from hostilities and their effects also play an important role in preventing displacement, as it is often violations of these rules that cause civilians to flee their homes.

THE “ALL PHASES” APPROACH

The ICRC understands displacement to be a dynamic phenomenon consisting of a series of relatively distinct phases. This conceptual framework provides the basis for understanding the causes and characteristics and the threats and kinds of vulnerability associated with each phase. It enables rapid analysis of the immediate circumstances of those affected, as well as the anticipated evolution of their displacement, which forms the basis for a dynamic and flexible multidisciplinary response. The ICRC, however, will not necessarily respond to every phase of displacement in every context.

The ICRC considers the specific phases to be:

- ▶ **the pre-displacement period:** this requires efforts to prevent displacement, to the extent feasible and in the best interests of those at risk. It could also mean strengthening the preparedness of communities.
- ▶ **the event that causes displacement:** an understanding of the events causing the displacement is crucial for preventing their recurrence
- ▶ **acute phase of displacement:** periods which are frantic and highly unpredictable and in which immediate protection and assistance efforts are required to ensure basic safety and essential needs with the aim of saving lives
- ▶ **protracted displacement:** periods in which more stable circumstances are established and in which basic needs are covered by existing services and infrastructure, though often insufficiently, while the displaced await conditions that will enable them to find durable solutions comprising dignified approaches to supporting those affected, such as the restoration of an independent productive capacity
- ▶ **return, local integration or relocation** (generally sought once the situation has sufficiently stabilized): this would ideally consist of people being able to return to their pre-displacement place of dwelling, although when this is not feasible, or desirable, local integration or relocation should be an option. Return, local integration or relocation should also be accompanied by support to restore the former lives and livelihoods and independence of the individuals affected. The displaced sometimes also prefer a solution that offers various possibilities. For instance, they may want to be able to recover their place of origin while retaining the right to stay in the location where they spent their displacement, in order to maintain or increase their livelihood options.

THE “ALL VICTIMS” APPROACH

Owing to its specific mandate, the ICRC implements an “all victims” approach aimed at protecting the life and dignity of victims of armed conflict and other situations of violence and providing them with assistance. As part of this approach, the ICRC aims to alleviate the plight not only of IDPs but of all those affected (such as those unable to flee and communities hosting IDPs), during all stages of the displacement. This involves working with all stakeholders, from the very people affected right up to the highest authorities: (i) to ensure conditions that prevent any need for displacement to occur in the first place; (ii) to alleviate the effects of the displacement, if it does occur, both on the displaced themselves and on others; and (iii) to create the conditions necessary for the permanent return home, local integration or relocation of the IDPs, without adverse effect on them or on others.

Within this approach, the ICRC acknowledges that those who have been forced to leave their homes are likely to face particular vulnerabilities. People at risk often flee at very short notice and often in chaos, experiencing, *inter alia*: loss of shelter, resources and essential documentation; a likely disruption of livelihoods (e.g. agriculture, livestock, business, wage labour); separation or disruption/complete breakdown of family and community support networks; increased risks of exploitation and abuse; reduced access to essential services; potential marginalization from decision-making structures; and psychological and physical trauma. These elements obviously increase the general difficulties inherent in a conflict environment. Moreover, those affected are often displaced several times over, increasing the likelihood of further impoverishment and trauma.

However, not all people who are displaced are necessarily made exceptionally vulnerable. For example, those who have adequate resources may be able to cope independently with the consequences. Nor are those that do not move necessarily safe. Those who are unable to flee (e.g. the elderly, the sick, the wounded, the physically disabled, those for whom fleeing is too risky, or members of a persecuted group unable to flee because of tensions with their neighbours) are often more vulnerable than those who leave to seek safer circumstances.

When people do flee their homes, they have to arrive somewhere. Neighbouring communities (whether sympathetic or not) or extended family are often the first to receive the IDPs and can be significantly affected by their arrival, especially when IDPs are directly welcomed into and supported by individual households. Often, however, this temporary solution allows IDPs to stay close to their place of origin and families and to avoid being confined to camps, which should remain a last resort.¹ Nevertheless, in cases where camps are inevitable, the ICRC may also carry out operations in camp settings, often with partnership with National Red Cross or Red Crescent Societies.

1. A policy of encampment is generally not favoured or accepted (Principle 12 of the Guiding Principles). In situations of armed conflict, IHL allows for internment or assigned residence only when required for imperative reasons of security. In other cases, when camps are set up to facilitate the delivery of humanitarian assistance, if the quality of life in the camps is significantly higher than the average standard of living in the area, this may create tensions between the IDPs and the people outside the camps. It may also lead to the IDPs becoming dependent on aid and hinder efforts to restore their self-sufficiency. Camps may even attract the non-displaced and become overburdened, putting undue pressure on the services available. If, however, there is no other option, the ICRC takes these factors into account before providing services to camps and will take specific measures to mitigate their potential negative effects, for example by providing support to the surrounding communities or promoting the IDPs' return when the conditions are met.

The host communities often enough also faced dire circumstances even before the IDPs arrived and tend to be quickly stretched beyond their capacity to help, reaching the point at which they are forced to send the IDPs away in order to protect their own economic security. It is frequently the case that host communities begin to resist the arrival of IDPs owing to the strain they place on general resources (land, water, jobs, essential services such as health care and education, etc.). Tensions over insufficient resources can easily emerge and rapidly escalate. Moreover, in some cases those who were originally hosts may also be forced to move as they exhaust their independent means.

As such, displacement – and the circumstances causing it – typically has severe protection and resource implications both for those directly affected (i.e. the IDPs) and for those indirectly affected (e.g. host families and communities). As the conflict and violence persist, the general economy can also take a severe hit, with reduced availability of and access to goods/supplies/land/services – all of which could further undermine the independent means and capacities of the entire population.

The needs of IDPs cannot, therefore, be considered to the exclusion of the rest of the population affected. Rooted in the principles of impartiality and response according to need, the ICRC's “all victims” approach means that, in addition to meeting the needs of IDPs, appropriate emphasis is also placed on those unable to flee and on residents who are affected by the displacement of others. This underscores the fact that displacement is not solely about IDPs. Understanding it, instead, as a process and a set of circumstances allows for acknowledgement of its impact on a wide range of people.

THE MULTIDISCIPLINARY APPROACH

The ICRC has developed a multidisciplinary response capacity, which stems from the organization's mandate to both protect and assist people affected by armed conflict and other situations of violence. This dual mandate leads the ICRC to address the diverse needs of the population affected by linking efforts that aim to ensure that the law is upheld with a range of activities to address the consequences of violations of the law and of the armed conflict or situation of violence. Activities are combined with a view to ensuring that the impact on the people affected is greater than the sum of the individual results generated.

The ICRC's commitment to considering all phases of displacement ensures that its response to the phenomenon and to other consequences of armed conflict is inherently flexible and able to adapt to the changing circumstances of all those affected by displacement. The multidisciplinary approach is employed during every phase to ensure the most comprehensive and effective response to the needs of those at risk of being displaced, those already displaced or affected by the displacement of others and those seeking to return home or relocate. The organization's activities for those affected by displacement are designed in such a way as to empower beneficiaries, to promote self-reliance and to reinforce positive coping mechanisms.

USING THE MULTIDISCIPLINARY APPROACH AT EACH STAGE OF DISPLACEMENT

Preventing displacement

The ICRC aims to persuade authorities, armed forces and armed groups, through confidential dialogue, to fulfil their obligations

to prevent the displacement of civilians (unless the temporary evacuation of civilians during military operations is required for their own security) and other violations of the relevant bodies of law that would result in displacement. If displacement nevertheless occurs, the ICRC makes confidential representations to the alleged perpetrators with a view to having them take measures to stop the violations and prevent further displacement. ICRC assistance activities (such as ensuring access to a safe water supply and health care services, and providing livelihood support) in the pre-displacement phase can also help reinforce the resilience of the people affected and remove some of the causes of displacement, provided that such a solution is in the best interests of the population affected.

Alleviating the effects of displacement

If displacement nevertheless occurs, the ICRC reminds the authorities that it is their responsibility to ensure that IDPs are protected, their rights respected and their essential needs met. The ICRC also acts as a neutral intermediary between warring parties in order to facilitate the conclusion of agreements aimed at resolving humanitarian issues, including the plight of IDPs.

In addition, the ICRC conducts a wide range of assistance activities which are designed not only to help those affected meet their most immediate survival needs (in terms of shelter, water and sanitation, nutrition, access to health care, etc.), but also to serve as protection measures by enhancing individuals' capacity to avoid threats in their environment that might compound their problems. The ICRC also supports the relevant local authorities and existing structures.

Easing return, local integration and relocation

The ICRC also aims to facilitate the return, local integration or relocation of those that have been displaced by reminding the authorities of their obligations to promote voluntary return whenever it is safe, and local integration *and/or* relocation whenever conditions allow. In this respect, the ICRC continually reminds the authorities that it is their responsibility to restore the basic conditions required for resolving the displacement crisis (including security, access to essential services, opportunities to restore livelihood, etc.). The ICRC often conducts protection and assistance activities for people seeking lasting solutions to their plight, including those returning, integrating locally on a permanent basis or relocating. This includes addressing the concerns of the residents already in the area, with a view to minimizing tensions between the two groups.

RELATIONS WITH THE MOVEMENT AND HUMANITARIAN COORDINATION

Given the scope and magnitude of the problem of internal displacement, it is generally recognized that an effective and comprehensive response to the needs of IDPs, affected residents and returnees is beyond the capacity of any single organization.

ICRC activities benefiting people affected by displacement are often carried out in partnership with the Movement's other components, with which it shares a common identity through the emblem it uses and the Fundamental Principles guiding its action. The National Society in the country in question is the ICRC's primary partner, but in many instances, other National Societies that work internationally are also involved. In line with the Seville Agreement and its Supplementary Measures, the ICRC

leads and coordinates the efforts of the Movement's components in armed conflict and other situations of violence, and leads all the Movement's efforts to restore family links, an essential activity wherever people have been displaced.

The ICRC's experience in the domain of displacement has been instrumental in Movement efforts to formalize current practices in a policy on the issue. Working with the International Federation and a representative cross section of 20 National Societies, the ICRC held consultative meetings to prepare a Movement policy on internal displacement, which was adopted (Resolution 5) by the Council of Delegates in November 2009 and the subject of a report to the Council of Delegates in 2011. It promotes and contributes to the implementation of this policy.

The ICRC is also fully committed to implementing effective coordination with other actors while preserving its independence, neutrality and impartiality. It has welcomed the various UN initiatives for humanitarian reform – including the cluster approach. Although, as a genuinely neutral and independent organization, it is unable to be a formal part of the cluster approach, the ICRC sees it as no obstacle to coordination. Such coordination, however, must, on the one hand, have as its aim to meet all the needs of those affected by conflict by promoting complementary roles among the various humanitarian organizations (avoiding duplication or gaps) and, on the other hand, maximize the impact of the ICRC response. As humanitarian coordination is never an end in itself, only reality-based and action-oriented coordination can fulfil these two conditions, i.e. tasks being distributed according to the skills and capacities of each organization, and notably according to the organization's ability to effectively implement them in order to ensure that needs are covered comprehensively.

DISPLACEMENT IN ICRC PROGRAMMES, BY TARGET POPULATION

Below is a more exhaustive description, by target population, of how ICRC programmes take into account the specific situations and needs of those affected by displacement in armed conflict. These descriptions are valid in any ICRC operation. They are not repeated explicitly under each context section, unless specifically required, but they may be cited to enhance understanding of the information therein.

CIVILIANS

(Whenever possible, ICRC activities for civilians are carried out with the National Society of the country in question, particularly in the fields of assistance and restoring family links.)

PREVENTING DISPLACEMENT

Protection

Protecting the civilian population

- ▶ The ICRC monitors the situation of individuals and groups not or no longer taking part in hostilities. Where documented, allegations of abuse committed against civilians are raised in the ICRC's discussions with all parties on alleged IHL violations and the measures to be taken to stop them, and thus remove one of the causes of displacement. Such allegations may include direct or indiscriminate attacks, harassment, arbitrary arrests, sexual violence, looting or destruction of property and possessions, forced recruitment by weapon bearers, or restriction/denial of access to land, fields, markets and essential services.

- ▶ In addition to formal and informal oral and written representations to the authorities concerned about alleged incidents, preventive dissemination activities are conducted for the authorities and all kinds of weapon bearers to raise their awareness of their responsibilities under IHL to protect and respect at all times individuals and groups not or no longer taking part in hostilities (see *Actors of influence* below).
- ▶ By reinforcing civilians' self-protection mechanisms and acting as a neutral intermediary to facilitate movement across front lines or access to essential services such as markets or health care, the ICRC can remove some of the causes of displacement or contribute to increasing the resilience of the population.

Assistance

Economic security – livelihood support

- ▶ Livelihood support programmes help households ensure their self-sufficiency. Seed and tool distributions, livestock replenishment and vaccination, cash-for-work projects to rehabilitate community infrastructure, grants or material inputs (e.g. sewing machines, donkey carts, flour mills, oil presses, brick-making machines, irrigation pumps), to give but a few examples, directly improve the standard of living of households by helping them continue or jump-start an income-generating activity. This in turn can also help people to cope with the various threats in their environment posed by the armed conflict or other situation of violence. In this way, boosting economic security can prevent impoverishment that might lead to displacement.

Water supply, sanitation and shelter

- ▶ Access to and the quality of water supplies can suffer in times of conflict. By ensuring access to safe drinking water (see *Alleviating the effects of displacement/Assistance/Water supply, sanitation and shelter* below), either directly or by supporting other providers, the ICRC can remove one of the possible causes of displacement.

Health care

- ▶ Access to and the quality of health care can suffer in times of conflict. By ensuring access to permanent or mobile health care services (see *Alleviating the effects of displacement/Assistance/Health care* below) either directly or by supporting other providers, the ICRC can remove one of the possible causes of displacement.

Prevention

Mines/explosive remnants of war

- ▶ The ICRC engages in advocacy with the relevant authorities on mines and explosive remnants of war with a view to stopping their use of such weapons and encouraging them to clear contaminated areas. Representations are often based on incident data collected first hand by the ICRC or the National Society.

ALLEVIATING THE EFFECTS OF DISPLACEMENT

Protection

Protecting the civilian population

- ▶ It is often the case that the authorities bearing the primary duty to care for the displaced and to manage the displacement crisis lack the capacity or the will to do so. The ICRC plays an important role in highlighting critical humanitarian needs and making recommendations to the authorities on how they

can better fulfil their obligations, including to protect civilians from abuses (see *Preventing displacement/Protection/Protecting the civilian population* above).

- ▶ IDPs are not a homogenous group: there are many sub-populations who are likely to have particular concerns. The ICRC takes measures to assess these concerns and to respond to the most urgent needs. It also pays particular attention to the relationship between IDPs – living in dedicated places or hosted by residents – and local resident communities in order to avoid or reduce tension between the two groups, such as that caused by competition for overstretched resources. Whenever possible, the ICRC takes direct action to remove or reduce the causes of the tension.
- ▶ Part of encouraging respect for people's dignity includes ensuring that they have access to accurate information and can actively participate and influence decisions made on their behalf, to ensure that they are still able to make choices about their lives, however dire the circumstances. For example, a lack of information regarding the services available or a lack of familiarity with local procedures can reduce the capacity of new arrivals to obtain access to essential services and support. In such cases, the ICRC will directly facilitate beneficiaries' access to the services available, including those run by the State, as well as prompting the authorities to improve their communication and information-sharing systems.
- ▶ During their flight, IDPs may leave behind or lose critical documents (personal identification, passport, birth certificate, marriage certificate, etc.) or indeed have them stolen, making it impossible for them to exercise their rights. The ICRC reminds the authorities of their obligations to make document replacement services available to all eligible citizens. It can also act as a neutral intermediary to relay official documents across front lines, between family members or between the authorities and civilians.

Restoring family links and missing persons

- ▶ As they flee, IDPs often lose contact with loved ones, either in the chaos or because they have to leave them behind, or because they leave in a hurry and are unable to inform relatives ahead of time. Enabling the displaced to restore and maintain contact with their families, within the country or abroad, contributes to the psychological well-being of both the IDPs and their relatives, who may also be IDPs.
- ▶ ICRC-organized/supported family reunifications aim to reunite vulnerable people with their families, particularly those who became separated as a result of displacement.
- ▶ The ICRC also reminds the authorities of the right of families to ascertain the fate and whereabouts of relatives unaccounted for in relation to the conflict. In addition to advocacy efforts, the ICRC may aim to boost national forensic and data management capacities, offer its legal expertise for the drafting of legislation, and work to improve psychological and other types of support for the families of missing persons.

Assistance

Economic security – emergency aid: food and essential household items

- ▶ People often have to flee at short notice, and in any case are likely to be limited in the belongings they can carry with them. When distributing aid, the ICRC gives priority to the most vulnerable households. Many of these are IDPs, although the ICRC also assists residents who are directly affected by the conflict, but unable or unwilling to leave the affected area, or

who are affected by the presence of IDPs and the additional strain that they place on resources. If the need exists, the ICRC provides food rations and essential household items, such as blankets, tarpaulins, jerrycans, kitchen sets and hygiene kits, to enable the displaced to set up temporary homes. Other items, such as clothes or fabric to make clothing, are also distributed according to need.

Economic security – livelihood support

- ▶ Some civilians are displaced temporarily and are able to return home after a relatively short time. Others experience more prolonged displacement. Being cut off from their livelihoods severely undermines the capacity of IDPs to generate income, and the longer the situation lasts, the more it depletes any resources they may have. In such cases, in addition to providing emergency relief, the ICRC also aims to help the displaced recover their ability to earn a living (see *Preventing displacement/Assistance/Economic security – livelihood support* above). Resident communities affected by economic impoverishment as a result of the presence of IDPs, especially the households hosting IDPs, also benefit.
- ▶ Occupational training often forms part of livelihood support programmes, either to help the beneficiaries keep up their skills or to enable them to take up a new economic activity more suited to the area to which they have been displaced.

Water supply, sanitation and shelter

- ▶ ICRC water, sanitation and habitat activities provide communities with secure access to basic needs. They give IDPs, residents and returnees safe access to a source of water for multiple purposes (e.g. household consumption, agriculture or other essentials needs); ensure better sanitation practices; improve public health by reducing the incidence of communicable diseases caused by inadequate hygiene; and prevent long journeys to water points, thus lessening the risk of being attacked. Such activities also aim to reduce any tensions caused by competition for resources. The maintenance, rehabilitation or building of public infrastructure such as water treatment plants, hospitals, health centres and schools give them access to essential services, provide the displaced, residents and returnees with shelter and help to protect them from adverse weather conditions.
- ▶ The displaced, resident and returnee beneficiaries systematically participate in the design, implementation and management of ICRC water and habitat projects.
- ▶ When large numbers of IDPs head for camps or converge on State-run reception centres or evacuation sites, they may find themselves in facilities able to cater only for much smaller numbers. The ICRC may carry out small-scale rehabilitation work on infrastructure, construct or repair water and sanitation facilities, provide equipment or train staff, volunteers or IDPs in rehabilitation or maintenance.

Health care

- ▶ ICRC health interventions are guided by three vectors: proximity to victims, quality of care, and access to health care.
- ▶ An influx of IDPs into an area can place a heavy burden on health care facilities that might already be run down or overstretched owing to the conflict. In such cases, the ICRC may provide supplies, train staff and rehabilitate infrastructure to ensure the provision of comprehensive primary health care, including vaccinations, for IDPs and resident communities alike. At the same time, the ICRC highlights the needs to

the authorities, encouraging them to expand the services they provide.

- ▶ Mobile clinics give IDPs and residents unable to reach permanent structures access to essential health and medical care and the opportunity to be referred to a second level of care. Such clinics can also provide an early indication of any outbreaks of disease.
- ▶ In contexts where sexual violence is a major problem, the ICRC documents alleged incidents and brings them to the attention of the authorities. Where feasible, it provides post-rape kits to ICRC-supported hospitals and health centres and runs training courses to ensure that health staff in those facilities are equipped and able to treat victims, including IDPs, effectively and to provide counselling.
- ▶ IDPs benefit from psychological support to help them deal with the trauma of displacement or of the violations of IHL that prompted the displacement.
- ▶ IDPs living in overcrowded and cramped conditions are particularly susceptible to the spread of disease. Health and hygiene promotion sessions aim to teach people basic practices that can help minimize or prevent the spread of disease.
- ▶ Depending on their circumstances, IDPs may be at risk of malnutrition. In emergencies, the ICRC may support therapeutic feeding programmes.

Prevention

Mines/explosive remnants of war

- ▶ To help prevent injuries caused by mines and explosive remnants of war, the ICRC marks contaminated areas, conducts mine-risk education, mobilizes and supports authorities/other actors to conduct clearance operations, and, in exceptional cases and in line with strict criteria, deploys specialist teams to conduct such operations for a limited time. In the event of an accident, it also provides surgical, medical and economic assistance to victims, including physical rehabilitation. In parallel, it continues its advocacy with the relevant authorities and often supports the work of the national mine-action body.

EASING RETURN, LOCAL INTEGRATION OR RELOCATION

Protection

Protection of the civilian population

- ▶ Any movement of IDPs ordered by the authorities must be carried out in a safe, voluntary and dignified manner. In terms of responding to a displacement crisis, the authorities bear responsibility for restoring essential conditions required for resolution of the situation. The ICRC advocates the establishment of such conditions, which include security guarantees, assurance of access to and availability of essential services, the ability to exercise housing, land and property rights, and often compensation for lost, stolen or destroyed property. A premature return often leads to re-displacement and further hardship. The ICRC can also advocate for other durable solutions that are put forward by displaced populations as their preferred option.

Assistance

Economic security – emergency aid: food and essential household items

- ▶ IDPs finally returning to their places of origin may find that their homes and land have been destroyed. The ICRC commonly provides these people and those who decide to

settle elsewhere with kits that might contain food, essential household and hygiene items, and/or shelter materials and tools to rebuild their homes.

Economic security – livelihood support

- ▶ IDPs returning to their homes or resettling elsewhere after a prolonged displacement will often require support in order to restart an economic activity. ICRC livelihood support programmes (see *Alleviating the effects of displacement/Assistance/Economic security – livelihood support* above) are also tailored to the needs of returnees and to residents in the areas of return or relocation, with a view to reducing tensions between the two groups.

Water supply, sanitation and shelter

- ▶ By ensuring access to an adequate and safe water supply (see *Alleviating the effects of displacement/Assistance/Water supply, sanitation and shelter* above), either directly or by supporting other providers, the ICRC can help create conditions conducive to the return or relocation of IDPs.

Health care

- ▶ By ensuring access to health care services (see *Alleviating the effects of displacement/Assistance/Health care* above), either directly or by supporting other providers, the ICRC can help create conditions conducive to the return or relocation of IDPs.

Prevention

Mines/explosive remnants of war

- ▶ To help create conditions conducive to the return or relocation of IDPs, the ICRC marks contaminated areas and conducts mine-risk education to make people aware of the dangers. It encourages the relevant authorities and other actors to clear land contaminated with mines and explosive remnants of war and to stop using such weapons; in exceptional cases and in line with strict criteria, it carries out clearance operations for a limited time. In the event of an accident, it provides surgical, medical and economic assistance to victims, including physical rehabilitation.

WOUNDED AND SICK

ALLEVIATING THE EFFECTS OF DISPLACEMENT

Protection

Protection of the “medical mission”

- ▶ In its dialogue with the authorities and weapon bearers, the ICRC reiterates their obligations under IHL to respect medical personnel, equipment and facilities. In addition, health personnel are instructed in their work-related rights and obligations under IHL, such as marking structures with a protective emblem.

Assistance

Medical care

- ▶ The ICRC endeavours to ensure an integrated public health approach and multidisciplinary response to the wounded and sick. It supports a *continuum of care approach* that includes first aid, primary health care, mental health and psychological/social support, hospital care and physical rehabilitation (see also *Civilians*).
- ▶ IDPs and residents alike may be wounded in the fighting or may fall sick and need to be treated in hospitals that are ill-equipped to deal with them because they are dilapidated

or simply because of the sheer numbers of people in need. ICRC support for hospital care employs a comprehensive care approach that includes hospital management, emergency surgery, paediatrics, obstetrics and gynaecology, internal medicine and inpatient care for infectious diseases as part of outbreak management. This support may also include the provision of equipment, medical supplies and training, for example in traumatology.

- ▶ Similarly, the ICRC supports first-aid posts, as well as facilitating, as a neutral intermediary, or itself carrying out operations to evacuate the wounded and sick from areas affected by fighting.

Physical rehabilitation

- ▶ ICRC support for people with disabilities aims to ensure their inclusion in society. It includes the provision of high quality services that are accessible and sustainable.
- ▶ IDPs are among those who benefit from ICRC-supported physical rehabilitation programmes. They may receive artificial limbs, walking aids, wheelchairs and physiotherapy.

Water and habitat

- ▶ The renovation or construction of health facilities such as hospitals, health centres and physical rehabilitation centres also boosts the capacity to provide adequate services to those in need, including IDPs.

EASING RETURN, LOCAL INTEGRATION OR RELOCATION

Assistance

Physical rehabilitation

- ▶ Disabled IDPs may also benefit from projects – education, vocational training or micro-credit schemes – to help them reintegrate into society.

Water and habitat

- ▶ The renovation or construction of health facilities such as hospitals, health centres and physical rehabilitation centres also boosts their capacity to provide adequate services to those in need, including returnees.

ACTORS OF INFLUENCE

- ▶ Prevention activities targeting actors of influence (e.g. political authorities, armed forces, other bearers of weapons, civil society representatives, the media, schools, universities, NGOs, etc.) always emphasize the need to take measures to respect the life and dignity of all people affected by armed conflict or other situation of violence, which includes IDPs. The target groups are systematically made aware of their responsibilities in this respect through a combination of bilateral meetings, dissemination sessions, training courses, documentation and publications, games and competitions, and communication campaigns.
- ▶ The formal authorities, both civil and military, bear the primary duty to protect and assist people on their territory. A humanitarian response cannot substitute comprehensively for shortcomings in the formal system. The ICRC therefore reminds the authorities – at all levels, on the ground and in high-ranking positions right up to the cabinet – of their obligations to respect, protect and support those affected by displacement, and that IDPs enjoy the same rights and freedoms under the applicable legal frameworks (IHL and national law), without discrimination, as their compatriots.

- ▶ Where inadequate legislation exists, the ICRC provides technical support and expertise to the authorities to help them develop new laws.
- ▶ During its dialogue with all authorities and weapon bearers, the ICRC recalls how IHL stipulates that the parties to a conflict must allow and facilitate the rapid and unimpeded passage of humanitarian relief, which is impartial in nature and conducted without adverse distinction, subject to their right of control, for the benefit of civilians in need.

PREVENTING DISPLACEMENT

Prevention

- ▶ Respect for the basic rules of IHL would prevent a good portion of the cases of conflict-affected displacement, which is often related to violations of those rules. Such rules include:
 - the obligation to distinguish at all times between civilians and combatants and between civilian objects and military objectives
 - the prohibition on making civilians or civilian objects the target of attacks
 - the prohibition on indiscriminate attacks
 - the obligation to use force that is proportional to the military objective in order to minimize the collateral damage suffered by civilians
 - the obligation to take precautions in attacks to spare the civilian population
 - the prohibition on the destruction of objects indispensable for the survival of the civilian population
 - the prohibition on reprisals against the civilian population and civilian property
 - the obligation to respect fundamental guarantees such as the prohibition of ill-treatment.

ALLEVIATING THE EFFECTS OF DISPLACEMENT

Prevention

- ▶ The authorities have the obligation to provide protection and assistance and to seek solutions when displacement occurs. This includes ensuring that civilians:
 - are protected against threats, indiscriminate arrests, attacks and other acts of violence, as is their property (either that currently with them or that left behind)
 - are able to maintain their dignity, physical, mental and moral integrity and family unity
 - have freedom of movement and freedom to choose their place of residence (in or out of camps, within the country or abroad) and are protected against forced return
 - have an adequate standard of living in terms of food, water, sanitation, basic shelter, clothing, health care and education
 - have access to the documents they need to enjoy and exercise their rights (personal ID, passport, birth certificate, marriage certificate, etc.)
 - have access to accurate information in order to make informed choices and participate in and influence decisions being made on their behalf.

EASING RETURN, LOCAL INTEGRATION OR RELOCATION

Prevention

- ▶ The authorities also have the responsibility to restore conditions that permit return, local integration or relocation as quickly as possible. The basic conditions for sustainable, long-term solutions, based on voluntary, safe and dignified choices, include the following assurances that former IDPs:

- do not suffer attacks, harassment, intimidation, persecution or any other form of punitive action upon return to their home communities or settlement in other locations
- are not subject to discrimination for reasons related to their displacement
- have full non-discriminatory access to national protection mechanisms (police, courts)
- have access to the personal documentation typically needed to access public services, to vote and for administrative purposes
- have access to mechanisms for property restitution or compensation
- enjoy without discrimination an adequate standard of living, including shelter, health care, food and water
- are able to reunite with family members if they so choose
- are able to exercise the right to participate fully and equally in public affairs.

RED CROSS AND RED CRESCENT MOVEMENT

PREVENTING DISPLACEMENT, ALLEVIATING THE EFFECTS OF DISPLACEMENT, EASING RETURN OR RELOCATION

Cooperation

- ▶ In contexts where internal displacement is a major humanitarian concern, the ICRC promotes implementation of the Movement policy on internal displacement when responding directly to the needs of the people affected and when backing other Movement components in doing so. During the Movement's statutory meetings, and in coordination with the International Federation, it reports to the other components of the Movement on implementation of this policy.
- ▶ Whenever possible, the ICRC works in operational partnership with the National Society of the country in question to meet the needs of all those affected by displacement. It also provides technical, material and financial support and training to the National Society to boost its capacities to fulfil its mandate, for example in terms of tracing, first aid and emergency-preparedness and response (see *Civilians* above).
- ▶ Furthermore, the ICRC often works in partnership with National Societies working internationally and contributing to its operations, including those addressing displacement, in cash, in kind or by providing personnel and operational management.
- ▶ Through regular meetings and dialogue, and in line with the Seville Agreement and its Supplementary Measures, the ICRC, when leading the Movement's international response, ensures that all operations to meet the needs of those affected by displacement are coordinated with other Movement components present in the context to ensure the best response. The ICRC supports such coordination mechanisms when they are led by other Movement components.

HEADQUARTERS

ICRC GOVERNING AND CONTROLLING BODIES

The governing bodies of the ICRC, comprising the Assembly, the Assembly Council and the Presidency, have overall responsibility for institutional policy, strategy and decisions related to the development of IHL. These bodies oversee all the activities of the organization, including field and headquarters operations and the approval of objectives and budgets. They also monitor implementation by the Directorate of Assembly or Assembly Council decisions and are assisted in this task by a Control Commission and the internal and external auditors.

MEETINGS AND DECISIONS OF THE GOVERNING BODIES

In 2013, the Assembly and the Assembly Council held seven and twelve meetings, respectively. The president and director-general of the ICRC kept the governing and controlling bodies informed about the conduct of operations, issues relating to IHL, humanitarian diplomacy, cooperation with National Societies and with other humanitarian actors, public communication, and administration and finance. The Assembly and the Assembly Council examined in particular ICRC operations in the Democratic Republic of the Congo, Israel and the occupied territories, Mali, Myanmar, Pakistan, the Philippines, South Sudan and the Syrian Arab Republic.

The Assembly adopted the revised policy on other situations of violence, the new health strategy, the next four-year strategy on archiving, and the strategy for Israel and the occupied territories. It monitored developments in the main institutional projects, in particular the People Management programme and the Information Environment strategy. In accordance with its statutory mandate, the Assembly recognized the South Sudan Red Cross. Pursuant to the recommendation of the Control Commission, it reviewed and approved the 2012 financial accounts, including the external audit report, the Directorate's proposals for the 2014 objectives and budgets, and the ICRC's risk management mechanism. The Assembly discussed the contours of the next ICRC strategy (2015–2018) during its annual off-site seminar, and again during subsequent meetings. Finally, on the president's recommendation, the Assembly reappointed the director-general for a four-year period, starting 1 July 2014.

MISSIONS

Mr Maurer, president, held bilateral discussions with heads of State, ministers of foreign affairs and defence, and National Society leaders in Algeria, Australia, Belgium, Canada, China, Colombia, the Democratic People's Republic of Korea, the Democratic Republic of the Congo, Denmark, Ethiopia, France, Germany, Israel and the occupied territories, Italy, Japan, Kuwait, Lebanon, Liechtenstein, Myanmar, Qatar, the Republic of Korea, the Russian Federation, Rwanda, Singapore and the United States of America (hereafter US). Mr Maurer also held talks with government, African Union and UN officials in Addis Ababa (Ethiopia), New York (US), and at the World Economic Forum in Davos (Switzerland).

Ms Beerli, permanent vice-president, conducted visits to Colombia, Germany, Norway and the US, where she met with government officials and National Society leaders. She represented the ICRC at a number of high-level events, such as the Dubai International Humanitarian Aid and Development Conference and Exhibition, the Global Vaccine Summit in Abu Dhabi (United Arab Emirates), a UN Security Council meeting on the Arms Trade Treaty, and the Halifax International Security Forum. Ms Beerli travelled extensively in Switzerland and the rest of Europe to attend various meetings dealing with IHL and events commemorating the 150 years of the Movement.

Mr O. Vodoz, non-permanent vice-president, represented the ICRC at the 5th Tokyo International Conference on African Development and the 4th Meeting of States Parties to the Convention on Cluster Munitions in Lusaka, Zambia. He also represented the ICRC at numerous functions in Bern and Geneva (Switzerland).

Other members of the Committee conducted the following missions:

- ▶ **Mr Arrigoni** participated in the ICRC induction course in Bogotá (Colombia), followed by a field mission to Medellín (Colombia); he also travelled to Iraq to familiarize himself with the ICRC operation there
- ▶ **Mr Bänziger** visited the ICRC delegation in Abidjan (Côte d'Ivoire)
- ▶ **Mr Bugnion** travelled to Algeria (international colloquium on Emir Abdelkader and IHL), Australia (Council of Delegates), Cambodia (meeting with the National Society) and the Republic of Korea (IHL conference)
- ▶ **Mr de Muralt** participated in the ICRC induction course in Amman (Jordan), followed by a field mission to Lebanon
- ▶ **Ms Le Coultre** travelled to Côte d'Ivoire on behalf of the ICRC Special Fund for the Disabled
- ▶ **Mr Sandoz** travelled to Baku (Azerbaijan), Beijing (China) and Paris (France), where he represented the ICRC at events addressing current issues in IHL development and implementation
- ▶ **Ms Schopper** travelled to London (United Kingdom of Great Britain and Northern Ireland) to represent the ICRC at a high-level meeting on sexual violence organized by the Department for International Development
- ▶ **Mr Staffelbach** travelled to Kenya to visit the Nairobi regional delegation and Somalia delegation
- ▶ **Ms Tagliavini** visited the ICRC delegation in Yerevan (Armenia)

DIRECTORATE

The Directorate is the executive body of the ICRC. Its members are the director-general and the heads of the ICRC's five departments: Operations, International Law and Cooperation, Communication and Information Management, Human Resources, and Financial Resources and Logistics. The Directorate is responsible for applying institutional strategy, as defined by the Assembly, and defining and implementing its objectives accordingly. The Directorate also ensures that the organization, particularly its administrative structure, runs smoothly and efficiently.

The members of the Directorate are appointed by the Assembly for four-year terms. The current Directorate took office on 1 July 2010.

Although the ICRC faced challenges in terms of access and security in 2013, it recorded a number of significant accomplishments. It developed timely and effective responses to unfolding crises while sustaining its operational presence elsewhere. This required a strong capacity to adapt and manage change in line with the ambitions set out in the ICRC strategy 2011–2014.

The Directorate played its part, determining key areas for action and proposing relevant ICRC response. In April 2013, it conducted its annual review of the implementation of the ICRC strategy, assessing the strategy's continuing relevance in light of changes in the working environment, tracking progress in implementation and identifying overarching priorities for 2014. Through its quarterly reviews, the Directorate took stock of the ICRC's overall performance (covering operations, finance, human resources, major projects and external relations priorities) and proposed any necessary adjustments, regularly communicating related information at different levels of the organization. It placed special emphasis on managing key institutional risks. The Directorate also began to develop the next ICRC strategy, working with the governing bodies and collecting input from ICRC staff and key external stakeholders.

STRATEGIC ORIENTATIONS FOR 2011–2014

The results presented below highlight the progress made towards achieving the ambitions set out in the ICRC strategy 2011–2014 in terms of: (1) reinforcing the ICRC's scope of action; (2) strengthening its contextualized, multidisciplinary response; (3) shaping the debate on legal and policy issues related to its mission; and (4) optimizing its performance. These results are described in greater detail in subsequent sections of the Annual Report on either the activities of each department at headquarters or the operations carried out by each delegation in the field.

REINFORCE THE ICRC'S SCOPE OF ACTION

The ICRC aims to increase its relevance and effectiveness in all situations where it is active.

The ICRC maintained a broad operational reach in 2013, demonstrating its relevance and effectiveness in armed conflicts and other situations of violence around the world. Although security considerations and limitations on access hampered its work in places such as Afghanistan, Pakistan, Sudan and Yemen,

it expanded its operations in a number of key contexts (e.g. the Central African Republic, the Democratic Republic of the Congo, Iraq, Mali, Myanmar, the Philippines, South Sudan and the Syrian Arab Republic (hereafter Syria) and neighbouring countries) and preserved them in others (e.g. Colombia, Israel and the occupied territories, Somalia and Yemen). Those operations included responses to the consequences of State repression, intercommunal violence and violence in urban settings, which were predicated on the policy document drafted and adopted in 2013 on the ICRC's role in situations of violence below the threshold of armed conflict. The regional management teams steered operations, focusing on ensuring contextualized responses to the needs of affected populations and on mobilizing resources and competencies. They received support from the rapid deployment mechanism, which was activated on six occasions, and from comprehensive security assessments conducted in a number of contexts.

In line with the ICRC's ambition to play a pivotal role in the domain of health services, 57 delegations developed activities supporting the Health Care in Danger project. Data were systematically collected on incidents affecting health care in 23 contexts, while public communication and confidential dialogue with those allegedly responsible and other influential players aimed to put a stop to threats and barriers to health care in many operations.

The ICRC refined its approaches and strengthened its operational response on a number of issues, developing a new health strategy, providing field teams with guidance to improve their approach to the protection of civilians in emergencies, instructing delegations to systematically take into account sexual violence in their humanitarian response and organizing relevant support. Its assistance combined both emergency and early recovery activities that aimed to restore the autonomy of conflict- or violence-affected people while helping to strengthen their resilience. It developed its response to the humanitarian needs of migrants, including by helping to boost their resilience amid the risks encountered during their journey.

STRENGTHEN THE ICRC'S CONTEXTUALIZED, MULTIDISCIPLINARY RESPONSE

The ICRC aims to improve and systematize its ability to place the needs of affected populations at the centre of its humanitarian response. At the same time, it aims to more firmly anchor its presence and enhance its response through local resources and skills.

The development of operational partnerships with National Societies in a number of contexts, including Mali, Myanmar and Syria, directly helped the ICRC to secure access and acceptance on the ground and reach conflict- or violence-affected people and respond to their needs. New partnerships were formed with National Societies and other humanitarian organizations on both operational and strategic issues.

The ICRC reinforced its networking and operational dialogue with key actors of influence (e.g. armed groups, Islamic circles) in contexts such as Afghanistan, Iraq, Mali, Nigeria, the Sahel, Syria and Yemen. It continued to extend its support base by securing increased political, legal, operational and financial support

in 11 countries, recording positive developments in Brazil, China, the Islamic Republic of Iran and Mexico.

Media interest remained intense on the ICRC's work in priority contexts, such as Afghanistan, the Central African Republic, the Democratic Republic of the Congo, Israel and the occupied territories, Mali, Myanmar, Somalia, South Sudan and Syria, and on priority topics, with the organization providing footage and photos for broadcast and online articles to spread awareness of humanitarian issues and illustrate the ICRC's response.

SHAPE THE DEBATE ON LEGAL AND POLICY ISSUES RELATED TO THE ICRC'S MISSION

The ICRC aims to bring its expertise to bear and make its voice heard in a timely and effective manner in both traditional and new fora, constantly expanding its network of contacts. This will help enhance respect for the lives and dignity of people affected by armed conflicts and other situations of violence and for the ICRC's neutral, impartial and independent humanitarian action.

The ICRC continued to make substantial progress in respect of the "Strengthening IHL" process. During four regional meetings, 98 States tackled detention-related questions. States were also consulted on the possible functions of an IHL compliance system.

Key stakeholders were updated on the ICRC's legal and operational concerns and priorities in multilateral fora such as the UN, regional intergovernmental organizations (e.g. African Union, Organisation of Islamic Cooperation) and movements (e.g. Non-Aligned Movement). The ICRC influenced developments in the humanitarian sector through its participation in humanitarian coordination meetings.

Through its Health Care in Danger project, the ICRC continued to highlight the insecurity of health care in armed conflicts and other situations of violence, working closely with Médecins Sans Frontières, WHO and the World Medical Association. Experts from across the globe, including representatives from over 30 National Societies, participated in five workshops discussing the challenges faced by health/medical services and how to deal with them.

Public communication and events, including online, organized as part of the "150 years of humanitarian action" initiative marking the ICRC's anniversary and other key dates, mobilized people worldwide and stimulated awareness of humanitarian issues. A first online IHL course was readied, and the new online IHL training centre was due to be launched for external audiences at the beginning of 2014.

OPTIMIZE THE ICRC'S PERFORMANCE

The ICRC aims to meet its objectives and fulfil expectations, safeguarding consistency across the organization while maintaining operational flexibility.

The People Management programme continued to be implemented, the priority being job grading and rewards projects. The Human Resources (HR) Department refined the new HR service delivery model, clarifying the responsibilities of HR managers in the field. A first-ever global survey of both resident and mobile staff provided input for this process. Following successful pilot sessions, the first module of the ICRC Humanitarian Leadership and Management School was ready for roll-out. By 2014, specialized mobile and resident staff will have at their

disposal a newly established Individual Development programme, offering external training, coaching, and career development.

New databases deployed in the framework of the Information Management programme aimed to organize and share information and to process requests, while a Business Intelligence programme was established to strengthen the ICRC's ability to capitalize on available information to make appropriate and timely management decisions. The organization also began to look into the range of activities and services carried out at headquarters and to examine different options in terms of structure/organization; this included the completion of a study about corporate services.

While continuing to develop reference frameworks for result-based management at programme level, the Directorate decided to launch the field planning and monitoring tools project after the operational result-based management project finished defining the scope and requirements for new field planning and monitoring tools.

In line with the Funding strategy 2012–2020, the ICRC continued to work on broadening its donor base among governments, National Societies and private sources; progress on donor diversification nevertheless remained slow. Although a number of governments struggled to maintain their level of contributions to the ICRC, governments overall provided a higher level of support in 2013 than in the previous year, with the response to the Syrian armed conflict attracting a high level of funding.

OFFICE OF THE DIRECTOR-GENERAL

The director-general chairs the Directorate and ensures that its decisions are implemented. He reports to the President's Office and the Assembly on the Directorate's objectives, decisions and activities, and on the results achieved. The Office of the Director-General supervises the headquarters unit responsible for performance management, oversees the Project Management Office and promotes, throughout the organization, the development of partnerships.

During a period of significant volatility – both in operational and financial terms – the Office of the Director-General played a crucial role in driving the implementation of institutional priorities. It continued to ensure follow-up of the ICRC strategy 2011–2014. Its work served to facilitate management decisions, guide the change management process and enhance innovation, learning and accountability across the organization. The Office of the Director-General also continued to steer the People Management programme (PMP). It helped shape the debate on legal and policy issues affecting the ICRC's work and develop partnerships with key external actors.

LEADING THE DIRECTORATE

Throughout the year, the Office of the Director-General managed the work of the Directorate and served as a link between the administration and the governing bodies. It helped ensure the relevance, coherence, timeliness and implementation of institutional decisions. It supported the Directorate's efforts to steer and accompany institutional changes.

More specifically, the Office of the Director-General managed the Directorate's agenda to ensure that it reflected institutional priorities, organizing Directorate sessions and related follow-up accordingly (see *Directorate*). In January, it supported the Directorate in reviewing how it functioned and revising its working procedures. Throughout the year, the office managed the Directorate's internal communication, defining related needs, plans and products together with the Internal Communication Unit (see *Communication and information management*).

The Office of the Director-General led meetings of the two platforms for interdepartmental discussion – on external relations issues and on organization and management – established by the Directorate to ensure coherence and efficiency in issue identification, decision-making and follow-up, between and across departments. Their output fed directly into Directorate discussions and helped align the work of various departments. The Directorate reviewed how these platforms functioned over the course of the year and approved their respective work plans.

MANAGING THE ICRC'S PERFORMANCE

The Office of the Director-General continued to provide guidance on managing the ICRC's performance. It supported the Directorate's efforts to take stock of the ICRC's overall performance in its quarterly reviews (covering operations, finances, human resources, major projects and external relations priorities), providing dashboards and proposing the requisite adjustments. It prepared the Directorate's review of the implementation of the ICRC strategy 2011–2014.

The office also spearheaded efforts to develop a global strategy for managing growth and optimizing costs to improve efficiency and strengthen the organization's "value for money". In this context, the platform for interdepartmental discussion on organization and management looked into the range of activities and services carried out at headquarters and examined different options in terms of structure/organization, including delocalization and outsourcing; this included the completion of a study about corporate services. The Directorate regularly took stock of the results of this work and planned concrete measures to ensure the sustainability of the headquarters budget and to secure additional financial flexibility.

PROJECT MANAGEMENT

The Office of the Director-General refined the processes for managing the portfolio of projects carried out by ICRC headquarters. It developed a revised version of the Project Management framework, which was approved by the Directorate in February 2013. The Project Management Office facilitated the work of the organization and management platform (in its new role as project board) to prepare quarterly reviews of the portfolio and the second annual project prioritization exercise. Through this exercise, the project board ranked projects based on their benefits as balanced against their delivery costs and checked their alignment with field and headquarters objectives; on this basis, the Directorate validated a list of projects to be carried out in 2014.

Individual project managers and steering committees defining, monitoring and reviewing projects received support on "doing the project right" from the Project Management Office, which also refined project standards and ensured the sharing of best practices. Project managers honed their skills during three training workshops.

RISK MANAGEMENT

In line with the 2011 approach and plan of action for strengthening risk management within the ICRC, the Office of the Director-General worked with the Directorate to review the key risks facing the institution and identify the necessary follow-up. During each quarterly review, it updated the Directorate on changes in the risks that it had monitored and identified emerging risks requiring further analysis at Directorate level. It helped the Directorate and risk managers review the profile of specific risks, examining their contours and identifying relevant mitigation measures. It also consolidated the organization's response to the internal audit report on the ICRC's risk management practice issued in January 2013 and began to implement its recommendations.

PLANNING, MONITORING AND EVALUATION

The Office of the Director-General provided general support for planning, monitoring and evaluation. It prepared the annual calendar of planning and monitoring milestones. It continued to focus on strengthening results monitoring at different levels of the organization, advising units on the development of monitoring plans for their general and specific objectives.

The office continued to streamline the ICRC's planning and budgeting processes. Together with the Finance Division, it started the drafting of proposals for a differentiated approach to planning and budgeting. It began to develop monitoring criteria parallel to the work initiated on the next institutional strategy (see *Directorate*). It provided support for ongoing reform of the field planning process, more particularly for defining the scope and requirements of new planning and monitoring tools (see *Operations*). It set up a Business Intelligence programme aimed at developing the ICRC's ability to capitalize on available information to make appropriate, timely and evidence-based management decisions, both at headquarters and in the field.

With support from the Office of the Director-General, four evaluations or reviews were finalized in 2013; they focused on: ICRC/National Society operational partnerships; the ICRC's "value for money"; nutrition in detention; and audiovisual content.

DEVELOPING PARTNERSHIPS

At the director-general's instigation, several strategic partnerships were initiated with National Societies, other humanitarian organizations and the private sector. The ICRC developed its high-level network of key National Societies at the director-general/secretary-general level, thereby reinforcing its operational response.

Work on global issues and in support of operations continued with 11 National Societies on the basis of institutional humanitarian partnership framework agreements. The office provided support for the exchange of knowledge, expertise, skills and resources. It also facilitated partnerships with other players on global or sectoral topics of mutual interest. Following the 2012 inventory of the broad types of partnerships that existed across the institution and more in-depth discussions showing that working in partnership on smaller or wider objectives had become part of the ICRC culture in the field and at headquarters, the decision was taken at the end of 2013 not to develop a framework or criteria for partnerships, as both tools were deemed unnecessary.

POSITIONING THE ICRC IN EXTERNAL DEBATES

The ICRC's 150th anniversary provided it with an opportunity to profile its work and highlight humanitarian issues in a number of different fora. During the year, the ICRC influenced developments related to the humanitarian landscape through the director-general's participation in humanitarian coordination meetings (e.g. UN Inter-Agency Standing Committee, Steering Committee for Humanitarian Response (SCHR), and International Council of Voluntary Agencies) and his contributions to the bilateral dialogue with Médecins Sans Frontières and discussions with governments. Specifically:

- ▶ the establishment of 2 policy forums per year, in addition to annual meetings, reinforced the dialogue with member governments of the Donor Support Group¹
- ▶ strong strategic and political support furthered work on issues related to the revision of the Movement coordination policies, leading up to the November 2013 Council of Delegates meeting
- ▶ the SCHR refocused its agenda on priority issues such as respect for the Fundamental Principles, including impartiality

The ICRC reviewed its external relations priorities in February 2013 and decided to maintain its focus on the following themes: strengthening IHL, health care in danger, evolving practice in humanitarian action, and situations of violence other than armed conflicts. The platform for interdepartmental discussions on external relations tracked issues and trends, determined appropriate positioning strategies and identified key messages and themes.

The director-general helped shape the debate on issues such as the future of humanitarian action, changes within the Movement, and health care in danger.

PEOPLE MANAGEMENT

The PMP continued to be implemented, under the director-general's leadership. Among the projects making up the programme, particular emphasis was placed on preparing the job function grid and developing a new reward system. The first module of the Humanitarian Leadership and Management School was successfully piloted and finalized (see *Human resources*).

OMBUDSMAN

The ombudsman, working on an independent and confidential basis, provided support for staff members who turned to him in connection with workplace-related issues. He also identified and raised various issues with the Directorate.

LEGAL COUNSEL

The ICRC's legal counsel, transferred from the Human Resources Department to the Office of the Director-General in 2013, expanded its support to internal clients on institutional legal issues.

1. The ICRC Donor Support Group (DSG) is made up of those governments contributing more than CHF 10 million in cash annually.

OPERATIONS

The Department of Operations is responsible for the overall supervision of ICRC field activities worldwide. It supervises the drawing up of operational policies and guidelines, oversees the global analysis of key trends and events, and coordinates the conception, planning and budgeting of field activities carried out by ICRC delegations and missions in some 80 countries. It ensures that field activities are conducted coherently and professionally, in line with the ICRC's principles and policies, its code of ethics and staff security. It also ensures that adequate resources are allocated in accordance with ICRC priorities, humanitarian needs as they arise, and the budgetary framework.

At the end of 2013, the Department of Operations comprised: eight geographical regions; two operational divisions, Assistance, and Central Tracing Agency and Protection (hereafter Protection); three smaller units, Security and Crisis Management Support (SCMS), Global Affairs and Networking, and Women and War; and the result-based management (RBM) and Health Care in Danger projects. All provided operational support. Using updated regional frameworks, the eight regional management and support teams reinforced their capacities to supervise and coordinate field operations, including by helping the delegations analyse their environments and implement their objectives.

Thanks to stronger coordination and regular meetings, including of the platform for interdepartmental discussions on cross-cutting issues and challenges, the Protection and Assistance Divisions helped ensure that the needs of the most vulnerable were systematically addressed and community resilience was reinforced.

Delegations received support in the use of guidance documents covering the specific needs of IDPs, women, children and migrants. They refined their planning and implementation of multidisciplinary responses, with the help of guiding principles on assessments, which serve as a frame for all existing and future guidance documents.

As part of its efforts to respond to the needs of the most vulnerable, the ICRC decided to consolidate and expand its multidisciplinary action specifically addressing sexual violence and the needs of victims, be they women, men, boys or girls. The initiative marks a four-year commitment (2013–16) and has four main prongs: holistic operational response, prevention, Movement mobilization, and staff training and sensitization. Several delegations were helped to incorporate consideration of sexual violence into their analysis of humanitarian issues and their operational responses. The department conducted two global mapping exercises – one of the ICRC's activities to prevent sexual violence across 37 countries and the other of national laws and regulations on the prohibition of sexual violence in 24 countries – that served to identify best practices and gaps and to help improve the delegations' contact with and support to the authorities. A workshop on Movement responses to sexual and gender-based violence in armed conflict and disasters, organized by Movement components at the 2013 Council of Delegates in Sydney (Australia), helped raise Movement-wide awareness of this issue. Progress was made on developing specific internal training modules aimed at heightening staff understanding of gender mainstreaming and sexual violence.

In its role as the leader of the ICRC's operational RBM project, the RBM team refined the annual review of delegation achievements. Delegations continued to report on three key success factors – relevance of the response, access to victims, and reputation and acceptance – allowing the ICRC to assess progress and challenges in each context and thereby to aid decision-making by the delegations. The RBM team also helped develop programme reference and monitoring frameworks (see *ICRC management framework and definition of programmes*). The Assistance Division updated its nine reference frameworks, which were then used by delegations during the 2014 field Planning for Results (PFR) process. Work progressed on developing programme reference frameworks in the fields of protection, prevention and cooperation. The Directorate approved the definition of the scope and requirements for the new PFR software proposed by the RBM team and decided to launch the Field Planning and Monitoring tools project.

The SCMS Unit facilitated operational and security-related responses, including the activation of the rapid deployment mechanism in South Sudan and, during two natural disasters, in the Philippines. During emergencies, the ICRC's global surge-capacity roster and the Finnish, German, Japanese and Norwegian National Societies provided 130 staff, enabling specialized rapid deployments for surgical and basic health activities and establishing base camp infrastructure. The unit trained more than 150 ICRC staff, including general field managers and those from technical departments, on security and crisis management. For example, 24 Japanese National Society staff on the National Society/ICRC roster participated in the first dedicated security and crisis management course.

The SCMS critical incident management mechanism was activated following serious security incidents, as in Afghanistan, Sudan and the Syrian Arab Republic (hereafter Syria). Progress was made on the development and testing of the new Security Management Information Platform for all field operations, the aim of which is to enhance field managers' security management and security and safety incident reporting and analysis capacities by 2015. The SCMS also reviewed the current methodology for security risk analysis for field operations and tested it in several contexts. The Chemical, Biological, Radiological, and Nuclear (CBRN) project was completed, mitigating the risks to which staff are exposed (see *Weapon contamination*).

The Global Affairs and Networking Unit helped delegations and headquarters units network with influential States, especially emerging ones, and non-State actors. It aimed to better its understanding of their perceptions of the ICRC, to help improve their acceptance of and support for the organization and its operations, and to enhance respect for IHL and other relevant norms. The unit worked mainly with delegations and operational managers in North and West Africa, South-East Asia and the Middle East, adapting to changes and developing regional/local networking approaches, particularly in environments affected by the fight against "terrorism" and post-"Arab Spring" situations. Its analyses of the Syrian conflict and the transition processes and instability in the Middle East, North Africa and the Sahel helped delegations reach civilians, authorities, armed groups, civil society members and humanitarian organizations in the Muslim world, and other players relevant to operations across several contexts.

The unit also contributed to the institution's efforts to secure increased political, legal, operational and financial support from States with regional and global influence, with the platform for interdepartmental discussion on global operational issues drawing on its input. By sharing approaches and results, the unit supported the delegations and headquarters units concerned in interacting with the Algerian, Brazilian, Chinese, Iranian, Mexican and Russian authorities on regional and global humanitarian challenges and contributed to the exploration of new avenues of dialogue with Qatar, Saudi Arabia and Turkey. It also acted as a link to the delegations to the UN (New York, United States of America) and the African Union (Ethiopia), providing support as necessary and managing the information flow between them and other headquarters units.

HEALTH CARE IN DANGER

Consistent with its long-standing concern to protect health care services, the ICRC launched the four-year Health Care in Danger project in 2011 to mobilize its network of delegations, Movement partners and other members of the health community (e.g. Médecins Sans Frontières (MSF), World Medical Association (WMA), WHO, Pan-American Health Organization and other NGOs) to develop, promote and implement measures safeguarding health care delivery.

The project was launched in response to the growing number of threats and obstacles faced by health care services during armed conflicts and other emergencies. Between January 2012 and July 2013, the ICRC received information on over 1,400 such incidents in at least 23 countries. More than 90% directly affected local health care providers (private or public) and 14% affected National Society personnel. In April 2013, the ICRC published a first report detailing its mapping and analysis of such incidents.

Five expert workshops took place in 2013, with one each on: the role of National Societies in delivering safe health care during armed conflicts (Tehran, Islamic Republic of Iran); the role that civil society, particularly religious leaders, can play in enhancing respect for health care (Dakar, Senegal); ambulance and pre-hospital services in risk situations (Mexico City, Mexico); ensuring the safety of health facilities (Ottawa, Canada); and military practices and procedures (Sydney). The workshops were collectively attended by more than 180 experts, including National Society representatives, from across the world, who discussed general and specific components of health care insecurity, drawing on the ICRC's incident collection and using field data for their recommendations. The first results of these consultations were widely promoted, including at events during the 2013 Council of Delegates. The documents disseminated comprised material on ambulance services in crisis situations (written by the Norwegian Red Cross, with Mexican Red Cross/ICRC support, following the workshop in Mexico), examples of National Societies conducting related activities, and the main recommendations for how National Societies can better secure health care delivery.

During bilateral consultations:

- ▶ representatives of over 30 States or regional military organizations were consulted on their practice and doctrine regarding subjects such as the transport of the wounded and sick or search and arrest operations in health facilities

- ▶ 39 pieces of national legislation were examined in preparation for an expert workshop scheduled for January 2014 in Brussels (Belgium)
- ▶ 20 armed groups were engaged in discussions of their views regarding respect for health care facilities, transport and personnel

At field level, 57 delegations conducted activities specifically addressing health care insecurity.

The ICRC signed agreements with the WMA and with the International Council of Nurses, both of which thereby agreed to participate in expert consultations and to mobilize their members to promote recommendations developed by the project. The International Committee of Military Medicine affirmed its support for similar principles; frequent contacts with MSF, which launched its own project, "Medical care under fire", led to synergies marked by mutual respect for each initiative's respective scopes. The project's expansion to health practitioners beyond the humanitarian sector was considered a key achievement, as statistics show that violent incidents primarily affect local providers.

The launch of an internet platform helped reinforce the community of concern invested in the project. This allowed medical NGOs, experts on issues of health care insecurity, and Movement staff to share information on upcoming events, key documents and training material.

A communication campaign on the project entered its second phase at year-end (see *Communication and information management*).

CENTRAL TRACING AGENCY AND PROTECTION

The Protection Division provided strategic support and professional expertise to field operations in three areas: protection of the civilian population, protection of people deprived of their freedom and restoring family links; the latter also covered activities relating to missing persons and their families (see *Operational framework and programme descriptions* for more details on the Protection programme).

The division continued to work on major information communication technology projects and on developing the ICRC's dedicated family-links website. It also successfully piloted a standard software tool – Family-links Answers – for National Society family-links data management (see *Restoring family links and missing persons*). The pilot phase of the tool (Prot6) enhancing the management system of all ICRC protection data is due to take place in 2014. In view of international data protection requirements, the division took measures to consolidate the ICRC's management of beneficiaries' personal data (see *Communication and information management*).

PROTECTION OF THE CIVILIAN POPULATION

The Protection Division supported field teams' efforts to protect civilians from the consequences of armed conflicts and other situations of violence and to reduce the vulnerabilities and risks faced by certain groups, such as IDPs, women, children, migrants, the disabled and the elderly.

The division helped 26 delegations conduct assessments and plan and implement responses to the needs of conflict- or violence-affected children. This included comprehensive advice on addressing the unlawful recruitment and use of children by weapon bearers, the impact of armed conflict on children's access to education, and the specific needs and vulnerabilities of unaccompanied and other vulnerable separated children.

Forty-two delegations working with National Societies received support to address some of the most urgent concerns of migrants along migratory routes. To improve the ICRC's responses – with Movement partners – to migrants' needs, 19 field focal points on migration discussed the approach to vulnerable migrants, while participants at regional meetings shared their experiences regarding the restoration of migrants' family links with selected National Societies and the International Federation.

Delegations exchanged best practices and improved their work to encourage community resilience to crisis, drawing on a compendium of community-based protection activities. Two delegations participated in on-site training courses.

The ICRC, together with UN agencies and NGOs, published and promoted the revised edition of the *Professional standards for protection work carried out by humanitarian and human rights actors in armed conflict and other situations of violence*. The launch of a related e-learning course broadened the reach of this material.

PEOPLE DEPRIVED OF THEIR FREEDOM

Delegations used the reference framework developed in 2011 to streamline their activities in this field. They were helped to analyse detention systems, including the main risks detainees face and the challenges authorities experience in addressing humanitarian concerns; define clear objectives and priorities; and formulate and implement a multidisciplinary approach to addressing such concerns. Possible responses included monitoring activities, specific action regarding vulnerable individuals or groups (e.g. the continued implementation of guidelines on the protection of detained migrants was emphasized), emergency or long-term support for systems and institutions, and various forms of material or technical assistance. The focus was on designing and implementing sustainable responses to specific detention-related problems, such as poor detainee health and nutrition, ill-treatment and its consequences, and overcrowding. Teams were also advised on how to adapt their dialogue with the authorities on improving the planning of new detention facilities.

RESTORING FAMILY LINKS AND MISSING PERSONS

The ICRC spearheads implementation of the Movement's ten-year Restoring Family Links Strategy, adopted in 2007 to strengthen the worldwide family-links network and the humanitarian response whenever people are separated from or without news of their relatives. On the basis of the 2011 progress report to the Council of Delegates, the ICRC and its Movement partners continued to monitor progress and reinforced the Strategy's implementation. The ICRC's dedicated family-links website (familylinks.icrc.org) boosted service awareness and delivery, provided information on family-links services worldwide and offered online services for specific contexts. The website reached a wider audience with the launch of French- and Spanish-language versions. Disasters in China and the Philippines prompted the activation of online tracing services, while special alerts on familylinks.icrc.org during eight crises referred potential beneficiaries to National Society-

provided services. In September 2013, 17 National Societies and the ICRC launched an online tracing service that displayed photos to help families locate relatives who had gone missing while migrating to Europe. After Family-links Answers was successfully piloted and deployed to the Belgian, Canadian and Swedish National Societies, plans began for its roll-out in 2014 to other interested National Societies.

The rapid response mechanism for restoring family links consisted of 72 National Society/ICRC members at year's end. It was deployed in response to four humanitarian crises (Malta, Mauritania, the Philippines and South Sudan).

The division helped delegations with their responses to the issues of missing persons and their families; these activities included tracing those unaccounted for, carrying out holistic responses to the families' needs, supporting the authorities in addressing the issue and encouraging the development of national legislation. In several contexts, the ICRC facilitated the collection from families of detailed personal information on the missing person, including – if appropriate – biological reference samples to aid future identification efforts.

The division, often with other units (particularly the Assistance Division), completed other tools to guide operations and reinforce the skills of those offering family-links services, including relating to missing persons. These tools included:

- ▶ a handbook for those helping families cope with the disappearance of a relative
- ▶ guidance on the ICRC's involvement in the use of DNA testing to establish biological relationships to reunite families
- ▶ an e-learning course on family-links services and psychosocial support

ASSISTANCE

The Assistance Division provided field operations with policy support and professional expertise in health services, economic security, and water and habitat, as well as in weapon contamination and forensic science (see *Operational framework and programme descriptions* for more details on the Assistance programme). These covered both emergency responses and long-term activities that encourage the early recovery of conflict- or violence-affected people and help them regain their autonomy and strengthen their resilience.

In 2013, most ICRC delegations and offices carried out health, economic security, and water and habitat activities. Besides running extensive programmes in Afghanistan, the Democratic Republic of the Congo, Iraq, Israel and the occupied territories, Somalia, Sudan and Syria, the division participated in emergency responses in Mali and, through the rapid deployment mechanism, in the Philippines and South Sudan. All programmes received support for activity design, monitoring, review/evaluation and reporting, helping improve service quality and effectiveness. In particular, field staff received guidance documents and briefings helping them take account of the specific needs of women and girls and of the importance of gender-sensitive programming.

To improve RBM, the division continued to develop its assistance reference frameworks (see above) and migrated the reporting database, piloted in 2012, to standard ICRC software, while keeping key features of the pilot. It started to define a new information

system for all units, with dedicated modules for specific activities and a transversal reporting system, allowing it to include external data and use other major ICRC information technology tools.

HEALTH

During the year, the unit produced the ICRC health strategy 2013–2018, reaffirming the central role health activities play in the institution's response to armed conflicts and other situations of violence. The strategy focuses on comprehensive hospital care, health in detention and physical rehabilitation – defined and delivered according to professional standards. Mental health, psychosocial support and first aid are integrated into these activities.

Headquarters staff carried out 89 field support missions. Health professionals provided guidance for the delivery of different levels of care; for example, they encouraged the integration of malnutrition management into primary health care and the development of emergency pre-hospital and non-surgical hospital-level services. The regional benchmarking of first aid during emergencies continued. The mental health and psychosocial support team covered practical, operational and technical issues during its first consolidated course. The unit contributed substantially to the Health Care in Danger project, regularly promoting safe health care delivery.

The unit gave 26 presentations during international conferences, organized 46 war surgery seminars and 20 emergency trauma management courses, and provided support for dedicated regional/national events for authorities responsible for health in detention. The physical rehabilitation service participated in two WHO working groups on creating guidelines for physical rehabilitation, and helped draft the Movement resolution on people with disabilities adopted at the 2013 Council of Delegates.

Various guidelines were published, such as the second volume of *War Surgery*, and others continued to be developed, including technical references on chemical weapons for civilians and for first-aiders and guidelines on physical rehabilitation. Work started on a comprehensive data collection system aimed at improving the analysis of health in detention; it is to be completed in 2014.

In order to harmonize the ICRC's emergency response with Movement partners, selected National Societies, the International Federation and the ICRC agreed to create a working group to streamline rapid deployment agreements and develop technical partnerships.

WATER AND HABITAT

The Water and Habitat Unit processed hundreds of field proposals and provided guidance to local teams working to ensure people's access to clean water and decent conditions of sanitation and shelter, including through infrastructure projects. It produced Geographic Information System (GIS) maps and developed the content of the geographical portal with data from delegations and headquarters services, transforming it into a platform accessible across the entire institution. It conducted daily global analyses of key topics regarding water resources and reviewed programme adequacy, focusing on particularly complex environments and on urban issues.

Work in detention facilities remained a priority. Drawing on the support of penitentiary professionals and on its own expertise, the unit published various technical guidance documents

on topics such as pest control in Madagascar to prevent plague, hygiene in detention to prevent cholera epidemics, and a review of lessons learnt from the evaluation of prison systems. It revised the 10-year-old publication on water and sanitation in prisons, a reference used worldwide. Representatives of eight Asian countries participated in a seminar in Cambodia on infrastructure and essential services that highlighted the structural dimension of efficient prison management.

Authorities of States providing support for prison construction in other countries, such as in Afghanistan, Haiti and South Sudan, were put in contact with the local authorities to avoid design shortcomings, including with regard to context-based constraints.

Comprehensive guidelines on building physical rehabilitation centres were near completion, and the unit started to explore the impact of urban issues on operations.

ECONOMIC SECURITY

With the objective of assisting affected populations in covering their needs and restoring or maintaining their livelihoods, the Economic Security Unit contributed to the development and implementation of guidance/training tools on topics such as conducting assessments, promoting nutrition, handling cash transfers and building resilience. With the American and British National Societies and the International Federation, it finalized market analysis tools used within and beyond the Movement, and was in the process of developing an e-learning option. Also with the British Red Cross, it undertook a review of the extent to which target populations are included in planning processes and the consideration given to beneficiary feedback.

The unit monitored global issues that affected households and livelihoods, such as food prices, urbanization and land acquisition. Meetings with field staff on agriculture and livestock breeding helped refine approaches to food and agricultural activities. To strengthen its capacity to address short- and long-term needs, the unit continued to explore context-specific social safety nets.

A workshop organized with the Protection Division and the Health and Water and Habitat Units followed up on a review of the ICRC's response to detention-related nutrition problems in five African countries; the workshop led to measures allowing the ICRC to improve its decision-making process and enabling holistic responses.

WEAPON CONTAMINATION

The Weapon Contamination Unit helped delegations reduce the impact of weapon contamination and honed the ICRC's weapon-related expertise, including on clearance/disposal. The completion of the four-year CBRN project resulted in a methodology on staff security and emergency assistance, and internal expertise and capabilities on non-conventional weapons and threats, equipping the ICRC to address such threats safely.

In 2013, the unit provided support for operations in over 30 countries and participated in rapid deployment efforts during emergencies. It helped guide delegations on the adoption of safe behaviour, the protection of staff and infrastructure from explosive munitions, small arms and CBRN threats, and the conduct of technical analyses of weapon use and its effects.

FORENSIC SERVICES

The approach taken by the ICRC's forensic services and the organization's 2009–14 action plan guided the implementation of humanitarian forensic activities in over 70 contexts, helping ensure the proper management of human remains and addressing the issue of people missing in relation to an armed conflict, another situation of violence or a natural disaster.

The forensic services engaged in activities such as overseeing and guiding humanitarian forensic recovery and identification efforts, responding to mass fatalities in contexts with limited/non-existent forensic capacities, developing and promoting new standards and effective information-management tools to support identification efforts, organizing training and dissemination initiatives on forensic action, helping develop networks and promoting cooperation among forensic institutions and practitioners worldwide. Academic and professional associations, including the WMA, recommended ICRC standards and best practices.

HUMAN RESOURCES DEVELOPMENT

To heighten staff professionalism, the Assistance and Protection Divisions devoted considerable resources to staff training. Several courses reinforced cooperation, strengthening the holistic approach to cross-cutting issues.

Field staff attended specialized, often multidisciplinary, training events, including on civilian protection, activities for detainees, management of protection data, missing persons and their families' concerns, family-links services, weapon contamination, forensic sciences, war surgery, hospital management/administration, first aid, primary health care and health in detention. Specific quotas for assistance, prevention and cooperation specialists allowed field staff from these areas of expertise to attend the yearly protection consolidation courses.

The Protection Division consolidated its blended learning tools and approaches. It introduced a new e-learning resource – on the overlap between restoring family links and offering psychosocial support – to be used as a prerequisite to existing courses or as stand-alone training tool. It delivered, with the International Centre for Prison Studies, the second yearly training session on prison management for prison administrators and ICRC staff.

The Water and Habitat Unit adapted its courses with the input of ICRC corporate partners (e.g. ABB Asea Brown Boveri Ltd, Holcim Ltd – see *Financial resources and logistics*). It outsourced training locally when appropriate and encouraged the sharing of best practices within the ICRC and between the organization and external professionals during regional thematic meetings.

The Economic Security Unit revised its core training module on assessments and set up a resource centre to make guidance, tools, training modules and best practices available to all field staff.

The Weapon Contamination Unit updated its awareness-raising module, given the evolving needs of field, headquarters and selected National Society staff, and used the module for a course in Nairobi (Kenya). It supported the forensic services and SCMS Unit by integrating related modules into human remains management and security management courses.

RELATIONS WITH OTHER ORGANIZATIONS AND CONTRIBUTION TO THE HUMANITARIAN DEBATE

Members of the department participated in meetings, roundtables and conferences on general and specific humanitarian, protection and assistance concerns, and maintained bilateral relations with organizations, professional associations and academic institutions active in areas of common interest.

Besides conducting activities in cooperation with National Societies and the International Federation (see *International law and cooperation*), assistance and protection staff regularly attended coordination and UN cluster meetings and other events organized by key humanitarian organizations, among them specialized UN agencies and fora (e.g. Food and Agriculture Organization of the UN, OCHA, UNDP, UNHCR, UNICEF, UN Mine Action Service, UN Office on Drugs and Crime, WFP, WHO), NGOs (e.g. Action Contre la Faim, the Geneva Centre for Humanitarian Demining, Handicap International, MSF, Oxfam, Physicians for Human Rights), the International Commission on Missing Persons, the International Tracing Service, the Inter-Agency Standing Committee (IASC), the Humanitarian Affairs Department of the Organization of Islamic Cooperation, professional organizations (e.g. WMA), NGOs from Islamic countries (e.g. Humanitarian Forum), and think-tanks, academic circles and social groups and media influencing humanitarian action (e.g. Crisis Mappers, Facebook, Google, Ushaidi).

Specialists on internal displacement participated in events organized by IOM, UNHCR and the UN secretary-general's special rapporteur on the subject. The Economic Security Unit attended meetings of the Global Food Security Cluster and the Global Nutrition Cluster, and other key international gatherings, including those hosted by the Committee on World Food Security, discussing developments in food and nutrition security. It provided input for the coordinated needs assessment framework produced by the IASC Needs Assessment Task Force. At meetings with UN agencies, the Water and Habitat Unit shared its experiences in urban contexts and identified related challenges.

The Weapon Contamination Unit attended meetings of the UN Global Protection Cluster Mine Action and shared insights on munitions stockpile management with the Ammunition Safety Management User Focus Group. It met regularly with operational partners such as the Laboratoire Spiez and the Mine Subsidence Board.

These meetings allowed the ICRC to: keep abreast of new professional practices; to share its specialized expertise in many areas (internal displacement, torture, medical ethics, health in detention, war surgery, the rehabilitation of amputees and prosthetic/orthotic technology, water and habitat engineering, the Health Care in Danger project); to acquire a better understanding of the approaches and working methods used by others; and to jointly adapt them to improve cohesive and complementary approaches whenever possible. The ICRC also promotes its approach combining an "all victims" perspective with responses targeting specific groups of people facing particular risks and/or with specific needs, in order to maximize impact, identify unmet needs and avoid duplication.

The Department of International Law and Cooperation contributes to the development and clarification of IHL, promotes that law and other relevant norms, and provides expert services for the integration of applicable legal provisions into relevant structures and systems. It works to enhance the coherence and coordination of Movement action. It also endeavours to improve coordination among humanitarian actors in general and participates in a wide array of policy debates on strengthening humanitarian action. It contributes to better understanding and acceptance of the ICRC's humanitarian action and the principles and policies that guide its work.

Amid the continued prevalence of armed conflicts and other situations of violence in various contexts worldwide, the Department of International Law and Cooperation worked to enhance the relevance and effectiveness of the ICRC's response in a challenging and constantly changing environment. It reaffirmed the organization's position and reputation as a reference on IHL by making further progress in the "Strengthening IHL" process, developing comprehensive online training programmes open to the general public and continuously investing in blended learning approaches. The Department further strengthened its direct engagement with National Societies, helping prepare models and tools for more effective Movement coordination in the field. The 2013 Council of Delegates adopted important resolutions on key issues, such as Movement coordination and cooperation, and provided a platform for discussion on a number of other contemporary challenges, such as those related to the Health Care in Danger project, weapon-related issues, social inclusion for people with disabilities, sexual and gender-based violence and the Fundamental Principles. At the end of 2013, the ICRC Assembly adopted a policy document on the organization's role in situations of violence below the threshold of armed conflict.

LEGAL CAPACITY AND PROTECTION OF THE ICRC

The ICRC continued to strengthen its legal capacity and the protection of its staff and of the Movement's emblems. Legal protection of the ICRC's privileges and immunities – including its right not to disclose confidential information – in the countries where it conducts activities is crucial to the organization's ability to efficiently fulfil its internationally recognized humanitarian mandate in a neutral, independent and impartial manner, without excessive financial and administrative burdens.

INTERNATIONAL HUMANITARIAN LAW

The protection of victims of armed conflicts is largely dependent on respect for IHL. In accordance with the mandate conferred on it by the international community, the ICRC strives to promote compliance with and better understanding and dissemination of IHL, and to contribute to its development.

ENSURING RESPECT FOR IHL BY THE PARTIES TO ARMED CONFLICTS

Based on advice provided by the Legal Division, ICRC delegations worldwide shared the ICRC's legal classification of situations of violence with the authorities concerned and, through confidential representations, reminded them of their obligations under IHL or other relevant bodies of law.

STRENGTHENING IHL: OUTCOMES OF THE 31ST INTERNATIONAL CONFERENCE

Activities related to the "Strengthening IHL" process continued apace. In accordance with Resolution 1 of the 31st International Conference, the first track of the process aims to devise ways of strengthening the protection of persons deprived of their freedom in non-international armed conflicts, while the second track seeks to enhance the effectiveness of IHL compliance mechanisms.

A series of four regional consultations with State representatives, held from November 2012 to April 2013, explored how the substantive rules of IHL might be strengthened to better protect detainees in non-international armed conflicts. During the consultations, government experts exchanged views on humanitarian and legal challenges related to conditions of detention, the specific concerns of vulnerable detainee groups, transfers of detainees and grounds and procedures for internment. They also discussed the next steps in the process and the possible outcomes. The conclusions from these consultations were presented at a November 2013 meeting of all permanent missions in Geneva, where the ICRC also announced its plans to hold a round of more focused thematic consultations on specific legal issues in 2014.

A joint initiative with the Swiss government focused on the second track of the process. In April 2013, a meeting among a group of States delineated the possible functions that a new IHL compliance system could have. Another meeting of over 70 States in June confirmed their interest in engaging in regular dialogue on IHL issues through a dedicated forum and in further discussing a number of compliance functions. In December, discussions among States determined that periodic reporting on national compliance, as well as thematic discussions, should be among the functions of a future IHL compliance system.

CUSTOMARY IHL

In partnership with the British Red Cross, the ICRC pursued its work to update the online customary IHL database. States, international organizations, international and domestic judicial and quasi-judicial bodies, academic institutes and ICRC staff used both the original study on customary IHL (published in 2005) and the database as legal references. The database continued to be updated with international practice up to 2011 and, in February 2014, it will be updated with national practice in 20 additional countries up to 2010.

NEW TECHNOLOGIES IN ARMED CONFLICTS AND CYBER WARFARE

The ICRC continued to act as a reference organization on the humanitarian and legal consequences of remote-controlled, automated and autonomous weapon systems and on cyber warfare. Activities in this area included participation in expert meetings, public communication of the ICRC's position on these issues and discussions with government representatives, including with States party to the Convention on Certain Conventional Weapons.

During the year, the ICRC expanded its bilateral dialogue with governments on the topic of cyber warfare. The publication of an article in the *International Review of the Red Cross* and active participation in governmental and expert conferences directly contributed to the promotion of IHL rules applicable in cyber warfare.

USE OF FORCE IN ARMED CONFLICTS

Published in November 2013, a report entitled *The Use of Force in Armed Conflicts: Interplay between the Conduct of Hostilities and Law Enforcement Paradigms* provides an account of the debates that took place during an expert meeting organized by the ICRC in 2012.

PRIVATE MILITARY AND SECURITY COMPANIES

The ICRC continued to promote the Montreux document on private military and security companies, which has been signed by 49 States and 3 international organizations as of end-2013. At the Montreux+5 Conference, organized jointly by the government of Switzerland and the ICRC in December, participating States took stock of the progress made in terms of regulation in this area, identified remaining challenges in the national implementation of the document and expressed interest in institutionalizing the dialogue among signatory States.

UPDATE OF THE COMMENTARIES ON THE 1949 GENEVA CONVENTIONS AND THEIR 1977 ADDITIONAL PROTOCOLS

Throughout the year, various authors from inside and outside the organization contributed to the project to update the commentaries on the 1949 Geneva Conventions and their 1977 Additional Protocols. Research has been carried out on some 100 topics since the project started. By the end of 2013, commentaries on more than 120 articles had been drafted and 70 of these draft texts had been reviewed by the Editorial Committee. As a result, the updated Commentary on the First Geneva Convention will be submitted for peer review in 2014 and is on track for publication in 2015.

LANDMINES, CLUSTER MUNITIONS AND EXPLOSIVE REMNANTS OF WAR

ICRC expert contributions regarding the implementation of the Anti-personnel Mine Ban Convention and the Convention on Cluster Munitions helped ensure that the States Parties were making progress on their commitments under these Conventions. These included clearance and stockpile destruction, the adoption of national implementing legislation and victim assistance. In support of the implementation of the Anti-personnel Mine Ban Convention, the ICRC commented on several requests for extensions of clearance deadlines, which led to improvements in the information provided in the requests and contributed to the States Parties' analysis and decision-making.

The ICRC also continued to promote universal adherence to and implementation of the Protocol on Explosive Remnants of War (Protocol V) of the Convention on Certain Conventional Weapons. It published and disseminated a report on an expert meeting convened in November 2012 to identify and address challenges related to the establishment of responsibilities for the recording, retention and transmission of information regarding the use or abandonment of explosive ordnance.

ARMS TRADE TREATY

After eight years of efforts by civil society actors and the ICRC to promote an international treaty as a means of protecting civilians from the effects of unregulated or poorly regulated arms transfers, the Arms Trade Treaty was adopted by the UN General Assembly on 2 April 2013. The ICRC actively engaged governments in the run-up to and during the final Diplomatic Conference on this treaty, particularly to ensure that it would contain strong IHL-based criteria for arms transfers. The treaty's adoption represented a historic advance and a significant response to the global humani-

tarian concerns related to this issue, and the ICRC actively promoted its ratification and implementation.

NUCLEAR WEAPONS

In international discussions on nuclear non-proliferation and disarmament, a growing number of States are echoing the concerns expressed by the Movement in Resolution 1 adopted by the 2011 Council of Delegates, which appealed to States to begin negotiations to prohibit and eliminate nuclear weapons and encouraged National Societies to take up the issue with their governments. Progress was made on the resolution's implementation, thanks to collaborative efforts by National Societies and the ICRC, including the development of an action plan adopted by the 2013 Council of Delegates. The ICRC actively participated in an intergovernmental conference on the humanitarian impact of nuclear weapons, hosted by Norway, and continued to communicate the Movement's concerns about these weapons in a variety of intergovernmental fora, including meetings of States party to the Treaty on the Non-Proliferation of Nuclear Weapons and of the UN General Assembly.

USE OF TOXIC CHEMICALS AS WEAPONS FOR LAW ENFORCEMENT

In February, after two expert meetings on the implications for life, health and international law of the use of so-called "incapacitating chemical agents", the ICRC published its position on the matter. The ICRC considers that the use of toxic chemicals as weapons for law enforcement purposes should be limited exclusively to riot control agents, which have long been accepted as a legitimate means of law enforcement. The ICRC widely disseminated its position, notably among the States party to the Chemical Weapons Convention, including through a statement to the Convention's Review Conference in April.

OTHER MATTERS

Other key issues receiving special legal attention included the interplay between IHL and human rights, the protection of health care workers and facilities in emergencies, the protection of particularly vulnerable groups in armed conflicts, the legal basis for humanitarian assistance, the protection of journalists, legal and humanitarian concerns related to operations by multinational forces, and international criminal law.

The 68th Session of the UN General Assembly and the deliberations of the Human Rights Council gave the ICRC the opportunity to promote IHL and its proper implementation, and to follow IHL developments and related issues, such as the protection of children and women in armed conflicts, counter-terrorism, torture, IDPs, arbitrary detention, the protection of human rights during peaceful demonstrations, transitional justice, enforced disappearances and the protection of journalists.

INTEGRATION AND PROMOTION OF THE LAW PROMOTING THE UNIVERSALITY OF IHL INSTRUMENTS AND THEIR NATIONAL IMPLEMENTATION

The Advisory Service on IHL provided legal and technical inputs to governments and international and regional organizations through its network of legal advisers, in the field and at headquarters. It facilitated the ratification of/accesion to and implementation of IHL-related treaties, including in such areas as the use of force, the repression of war crimes, the rights of the missing and of their families, the prohibition and regulation of certain weapons, and the protection of cultural property in armed conflict.

The Advisory Service provided inputs and advice for the ICRC's dialogue with governments to encourage their ratification of the Arms Trade Treaty. It mapped 39 domestic laws dealing with access to and protection of health care in armed conflicts and other emergencies, for discussion with experts in January 2014. Policy-makers were provided with additional references to guide them in the application of IHL and other related legal norms, with the publication of model legislative provisions on the recruitment/deployment of children in armed conflicts and the report entitled *Preventing and repressing international crimes: towards an integrated approach based on national practice*¹. New tools were also developed to facilitate the establishment, at the domestic level, of penalties for war crimes and other offences under international criminal law. Judges and prosecutors from several countries who were involved in the prosecution of war crimes received training in IHL, including at an event in Dakar, Senegal co-organized with the African Union and the Extraordinary African Criminal Chambers.

New national IHL committees are being established every year, bringing the total number worldwide to 104 as of end-2013. These committees shared their experiences, good practices and challenges in six regional conferences, including the third meeting of representatives of national IHL committees from Commonwealth member States. Likewise, national IHL committees from the Americas held a first formal dialogue with the Committee for Juridical and Political Affairs of the Organization of American States.

Representatives of governments, academia and civil society from over 100 countries discussed the integration of IHL norms into domestic law and new developments linked to IHL at 43 ICRC-organized/supported regional events.

These activities contributed to 62 ratifications of IHL treaties or other relevant instruments (or amendments to them) by 39 countries, including 2 declarations of recognition of the competence of the International Humanitarian Fact-Finding Commission.

- ▶ 1 State (South Sudan) acceded to the 1949 Geneva Conventions
- ▶ 1 State (South Sudan) acceded to Additional Protocol I
- ▶ 2 States (Kuwait and Saint Vincent and the Grenadines) made the Declaration provided for in Article 90 of Additional Protocol I
- ▶ 1 State (South Sudan) acceded to Additional Protocol II
- ▶ 4 States (Kenya, New Zealand, South Sudan and Suriname) ratified/acceded to Additional Protocol III
- ▶ 1 State (New Zealand) acceded to Protocol I to the Hague Convention on Cultural Property
- ▶ 3 States (Cambodia, Morocco and New Zealand) ratified/acceded to Protocol II to the Hague Convention on Cultural Property
- ▶ 4 States (Cameroon, Guyana, Malawi and Nauru) ratified/acceded to the Biological Weapons Convention
- ▶ 2 States (Kuwait and Zambia) acceded to the Convention on Certain Conventional Weapons
- ▶ 3 States (Bangladesh, Kuwait and Zambia) ratified the Amendment to Article 1 of the Convention on Certain Conventional Weapons

- ▶ 2 States (Kuwait and Zambia) acceded to Protocol I to the Convention on Certain Conventional Weapons
- ▶ 1 State (Zambia) acceded to Protocol II to the Convention on Certain Conventional Weapons
- ▶ 2 States (Kuwait and Zambia) acceded to Protocol III to the Convention on Certain Conventional Weapons
- ▶ 1 State (Kuwait) acceded to Protocol IV to the Convention on Certain Conventional Weapons
- ▶ 3 States (Bangladesh, Kuwait and Zambia) acceded to Protocol V to the Convention on Certain Conventional Weapons
- ▶ 7 States (Andorra, Bolivia, Chad, Iraq, Liechtenstein, Nauru, Saint Kitts and Nevis) ratified/acceded to the Convention on Cluster Munitions
- ▶ 2 States (Somalia and the Syrian Arab Republic – hereafter Syria) acceded to the Chemical Weapons Convention
- ▶ 1 State (Côte d'Ivoire) ratified the Rome Statute
- ▶ 1 State (Guinea-Bissau) ratified the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
- ▶ 5 States (Burundi, Italy, Nauru, Norway and Portugal) ratified/acceded to the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
- ▶ 4 States (Cambodia, Lesotho, Lithuania and Morocco) ratified/acceded to the Convention on Enforced Disappearance
- ▶ 2 States (Cameroon and Zimbabwe) ratified/acceded to the Optional Protocol to the Convention on the Rights of the Child
- ▶ 9 States (Antigua and Barbuda, Costa Rica, Grenada, Guyana, Iceland, Mali, Mexico, Nigeria and Trinidad and Tobago) ratified the Arms Trade Treaty

In addition, 12 countries adopted 13 pieces of domestic legislation to implement various IHL treaties, and many prepared draft laws on other related topics.

RESEARCH, TRAINING AND DEBATE ON IHL IHL COURSES FOR ACADEMICS AND HUMANITARIAN PRACTITIONERS

Education and IHL specialists provided support for interaction between ICRC delegations, on the one hand, and academic circles, humanitarian practitioners and other influential players, on the other, organizing training events, facilitating the sharing of best practices and developing relevant tools, including online resources.

- ▶ 144 students from 34 countries participated in the Jean-Pictet Competition on IHL
- ▶ 32 university lecturers from more than 20 countries participated in the ICRC's biannual Advanced Training Course in IHL
- ▶ 32 participants from 13 countries took part in the first French-speaking edition of a course specifically designed for humanitarian practitioners, in Lyon, France

EVENTS AND VISITS

- ▶ 200 diplomats and senior representatives of international organizations/NGOs in Geneva, Switzerland, attended the inauguration of the ICRC's new visitor and conference centre, the Humanitarium, and a high-level panel on contemporary challenges in humanitarian action
- ▶ more than 300 diplomats, university lecturers, researchers and humanitarian practitioners attended a conference and web seminar on "Contemporary Challenges of Non-International Armed Conflicts", organized at the ICRC Humanitarium for the Paul Reuter Prize Award Ceremony

1. Original in French; to be published in English in 2014.

- ▶ thematic issues of the *International Review of the Red Cross* were launched in Geneva (in cooperation with the Geneva Centre for Education and Research in Humanitarian Action), the Netherlands (with The Netherlands Red Cross), and Australia (with the Australian Red Cross); a live web seminar on the future of humanitarian action was organized in partnership with Harvard University's Program on Humanitarian Policy and Conflict Research
- ▶ over 130 groups (about 3,120 people) from 30 countries became more knowledgeable about IHL and the ICRC during information sessions organized by the ICRC Visitors Service

IHL TEACHING TOOLS AND PUBLICATIONS

- ▶ four issues of the *International Review of the Red Cross*, on the themes of violence against health care, multinational operations and the law, the scope of application of IHL and generating respect for the law, respectively, were published and distributed worldwide, with certain articles being translated into five languages
- ▶ a first online course on the basic rules and principles of IHL was developed and will be made available to the general public on several electronic platforms in early 2014
- ▶ following discussions on issues related to the risk of trivialization of IHL violations in video games, the Czech video game company Bohemia Interactive and the ICRC signed a partnership agreement for the use of the company's Arma III software; with its aid, the ICRC produced several virtual reality tools (war games scenarios built with high-end graphics engines) to enhance its capacity to conduct IHL training for weapon bearers using digital simulations
- ▶ the ICRC produced a ready-to-use workshop module for university students on "Health Care in Danger: Responsibilities of Medical Personnel in Armed Conflicts and Other Emergencies"

DIALOGUE WITH ARMED, SECURITY AND POLICE FORCES, AND OTHER WEAPON BEARERS MILITARY AND ARMED FORCES

Through its network of 25 specialized delegates, the ICRC pursued its dialogue with the armed forces of more than 160 countries. An additional specialized position created in Amman, Jordan, enhanced support for the ICRC's action in that region.

During the Senior Workshop on International Rules Governing Military Operations, in Cartagena, Colombia, co-organized with the Colombian armed forces, 70 generals and senior officers from 55 countries discussed the integration of relevant legal norms into their decision-making processes and operational orders.

Building on a consultation process with armed forces in more than 30 countries, 28 senior officers and generals from 20 countries in all continents identified practical measures to ensure better respect for health care personnel, vehicles, facilities and their patients. The ICRC co-hosted the workshop with the Australian government in Sydney, Australia.

At another event, in Geneva, nine military legal advisors from nine countries in all continents examined the role of disciplinary sanctions in strengthening compliance with the law, and identified best practices in this respect.

POLICE AND GENDARMERIE

Ten specialized delegates pursued dialogue with police forces in about 80 countries on the integration of relevant legal norms regulating the use of force and firearms, arrest and detention. An additional specialized position created in Beirut, Lebanon, enhanced support for ICRC action in that region.

In various countries, the ICRC organized and supported workshops on international standards for police work. In Denpasar, Indonesia, 22 senior police officers from 12 countries in the Asia-Pacific and South Asia regions took part in a workshop on public order management. Similarly, the Colombian police co-organized and conducted a seminar on internationally recognized legal standards on the use of force and firearms, which was attended by 46 senior police officers from Brazil, Chile, Colombia and Paraguay.

OTHER WEAPON BEARERS

The ICRC engaged in dialogue with armed groups in more than 40 countries in support of its operational capacity and to help promote respect for IHL. Consultations with 20 armed groups (including the *maras* in El Salvador and armed groups in contexts affected by armed conflict, such as the Democratic Republic of the Congo and Syria) helped develop a shared understanding of issues linked to respect for and protection of health care, and identify measures to prevent/minimize the humanitarian consequences of armed attacks on health care personnel, vehicles, facilities and their patients.

Field commanders from Syrian armed groups attended seven IHL training sessions. In addition, an online IHL training module was specifically designed to reinforce and broaden efforts to disseminate IHL principles to these groups.

MULTILATERAL DIPLOMACY, POLICY AND HUMANITARIAN ACTION

International fora are essential platforms for the ICRC to keep informed about ongoing debates on situations, policies and megatrends relevant to humanitarian action; to promote and facilitate its strictly neutral, impartial and independent humanitarian action; and to further knowledge of, respect for and – whenever appropriate – development of IHL. The ICRC shared its position on issues of humanitarian concern through multilateral and bilateral contacts within these fora, aiming to influence the humanitarian debate. The results of this long-term engagement can often only be measured over time, for instance in terms of support mobilized for ICRC efforts to obtain access to conflict victims.

INFLUENCING THE HUMANITARIAN DEBATE IN INTERNATIONAL FORA

The ICRC continued to invest in its relationships with strategic multilateral organizations through which it could influence important decisions about IHL and humanitarian action. This helped preserve the ICRC's neutral, impartial and independent humanitarian approach.

Dialogue on humanitarian issues of common interest with regional organizations, such as the Association of Southeast Asian Nations, the League of Arab States, the Shanghai Cooperation Organization and the South Asian Association for Regional Cooperation, further developed. In the framework of their cooperation agreement, the Humanitarian Affairs Department of the Organization of Islamic Cooperation (OIC) and the ICRC held a workshop in Jeddah, Saudi Arabia on current challenges for humanitarian action,

followed by a second high-level meeting in Geneva. The ICRC also participated in the OIC summit in Cairo, Egypt, and the annual session of its Council of Foreign Ministers in Conakry, Guinea. In Africa, in addition to its strong cooperation with the African Union, the ICRC also strengthened its relationship with the main regional economic communities and parliamentary organizations.

Dialogue between the UN Human Rights Council and its related bodies and the ICRC on various humanitarian issues was further developed in the light of both organizations' expertise.

On the occasion of the presentation and adoption of a report on the issue of missing people, the ICRC president addressed the Parliamentary Assembly of the Council of Europe regarding humanitarian concerns linked to this theme.

Together with Wilton Park, a renowned forum for global change based in the United Kingdom of Great Britain and Northern Ireland, the ICRC launched a high-level dialogue in Istanbul, Turkey, with emerging players and stakeholders in order to enhance understanding among them of how to forge a common reading of the humanitarian endeavour.

Dialogue with actors from the private sector – including those from emerging markets – on the roles they play in armed conflicts and other situations of violence focused on IHL promotion and on the ICRC's humanitarian mandate. Progress was made with the Geneva Centre for the Democratic Control of Armed Forces on a set of guidance tools for companies from the extractive sector on implementing the Voluntary Principles on Security and Human Rights. The *International Review of the Red Cross* published a special issue on business, violence and conflict.

ENHANCING COOPERATION AND COORDINATION AMONG HUMANITARIAN PLAYERS

Coordinating its humanitarian response with other players remained an essential task for the ICRC (see also *New York*). Given the high diversity of humanitarian actors – including authorities, UN agencies, international/regional/national organizations, religious groups engaged in humanitarian work and National Societies – coordination continued to require adaptation of existing mechanisms.

Taking a pragmatic approach towards both institutional and operational coordination, the ICRC regularly participated in meetings and bilateral discussions at regional and field levels, sharing its analyses of the context or of the security environment, needs assessments, experience and technical expertise with other humanitarian actors, to the extent compatible with its independent status and confidential approach. It continued to focus on purely humanitarian aims, preserving the neutral, impartial and independent quality of its action.

As part of its regular high-level dialogue with the UN Secretariat, humanitarian agencies and other external actors, the ICRC sought to ensure that these bodies' cooperation with National Societies did not undermine the operational capacity of the Movement's components or jeopardize their ability to work in accordance with the Fundamental Principles.

In December, the ICRC hosted the Principals meeting of the Inter-Agency Standing Committee. It also maintained relations with many other international stakeholders, engaging them on topics related to humanitarian action, coordination and policy-making.

POLICY

The ICRC's policy on its role in situations of violence below the threshold of armed conflict was adopted at the end of 2013 and is slated for publication in early 2014.

The project on the principles guiding humanitarian action, aimed at promoting a coordinated and principled Movement approach and at shaping the debate on humanitarian action, was pursued throughout 2013 in cooperation with the International Federation and the British Red Cross. The ICRC led several consultations and field studies and organized meetings on the subject with NGOs (including faith-based organizations) and NGO consortia. It also organized a workshop on the implementation of the Fundamental Principles, in the framework of the 2013 Council of Delegates.

MOVEMENT COORDINATION AND COOPERATION PARTNERSHIP AND CAPACITY BUILDING WITH NATIONAL SOCIETIES

An external evaluation, based on 231 interviews conducted in 6 contexts and responses from 339 individuals in 63 countries who participated in an online survey, found that the ICRC had increased the effectiveness of the humanitarian operations it carried out through operational partnerships with National Societies in their own countries. The large majority of National Society and ICRC staff who answered the survey clearly saw the benefits of such operational partnerships: greater geographical reach, better access to and acceptance by beneficiary communities, and more relevant assistance reaching beneficiaries. The recommendations from this evaluation will be implemented starting in 2014.

The framework for financial support to operational National Societies, which aims to facilitate financial management in operational partnerships and introduce accountability mechanisms in line with international standards, was fully implemented in all ICRC delegations by year-end.

Based on institutional humanitarian partnership framework agreements, work also continued with 11 National Societies on global issues and in support of operations.

The core guide on the Safer Access Framework for all National Societies was completed, and promoted at the Council of Delegates. This practical reference tool provides guidance to National Society leaders on increasing their and their staff and volunteers' acceptance, security and access to people and communities with humanitarian needs. Other tools, such as three case studies (from Afghanistan, Lebanon and South Africa) and accounts of selected experiences from several National Societies, have also been made available online at www.icrc.org/saferaccess.

The ICRC provided technical input for and trained staff who acted as facilitators in the International Federation's Organizational Capacity Assessment and Certification Self-Assessment process for National Societies.

OPERATIONAL AND MOVEMENT COORDINATION SUPPORT

ICRC delegations received support to establish or strengthen Movement coordination mechanisms. Four new Movement coordination agreements were signed, bringing the total number of such agreements in force worldwide to 23 at year-end.

The ICRC provided information in 19 special notes and joint statements on humanitarian crises in Afghanistan, the Central African Republic, Egypt, Mali, the Philippines, South Sudan and Syria. It placed particular emphasis on strengthening the Movement response to the humanitarian crisis in Syria, including by organizing meetings of the Movement Advisory Platform and developing a joint Movement narrative.

Movement coordination and cooperation was one of the main issues discussed at the 2013 Council of Delegates in Sydney. In preparation for the meeting, the International Federation and the ICRC jointly commissioned independent reviews on Movement coordination and cooperation with external actors in four contexts (Haiti, Mali, the Philippines and Syria). In addition, 12 survey-based country reviews followed a similar approach and involved all Movement components.

A report presented the findings of these reviews and informed the Council's discussions and its final resolution on this topic. The reviews also guided the development of an International Federation/ICRC vision paper on Movement coordination. The Council of Delegates resolution proposed a process to strengthen Movement cooperation over the next two years, with a focus on the following areas:

- strengthening leadership and coordination roles
- scaling up the Movement's operational preparedness and response
- promoting coherent and well-coordinated internal and external communications
- exploring new Movement-wide resource-mobilization approaches

National Societies received technical guidance in working with external protagonists (private sector, other humanitarian agencies or governments). The International Federation and the ICRC co-organized a workshop on this topic during the 2013 Council of Delegates, focusing on UN entities and civil protection.

MOVEMENT PRINCIPLES AND RULES

The Joint International Federation/ICRC Commission for National Society Statutes (Joint Statutes Commission) continued to support National Society efforts to adhere to the Fundamental Principles and to strengthen their legal and statutory bases in line with Movement standards. Throughout the year, it provided comments and recommendations to over 50 National Societies on draft or newly adopted statutes and on domestic laws supporting/recognizing the National Society. To this end, the Commission kept track of National Society statutes and related national legislation worldwide. It also conducted a survey with chosen National Societies on how to further strengthen the Movement's work in this field.

Based on its statutory responsibilities and pursuant to the recommendation of the Joint Statutes Commission, the ICRC recognized the South Sudan Red Cross Society as the Movement's 189th National Society, on 18 June 2013.

The ICRC dealt with and responded to over 50 inquiries relating to the proper use of the red cross, red crescent and red crystal emblems. On this topic, it also provided regular advice and recommendations to ICRC delegations, National Societies, governments and the private sector and, together with Movement components, continued its dialogue with the Internet Corporation for Assigned

Names and Numbers (see *Communication and Information Management*). In the framework of the Movement's International Branding Initiative, the 2013 Council of Delegates adopted a resolution affirming the existing legal and regulatory framework on the use of the emblems (see *Communication and Information Management*).

National Societies directly contributed to three expert workshops held as part of the Health Care in Danger project. These workshops focused on safe delivery of health care by National Societies in armed conflicts (Islamic Republic of Iran), ambulance and pre-hospital services in risk situations (Mexico) and the physical safety of health care facilities (Canada). The report of the workshop in Mexico was launched and promoted during the Council of Delegates.

MOVEMENT POLICY

Following a consultation process in which they all participated, the Movement components adopted nine resolutions and debated topics of priority concern at nine interactive workshops during the 2013 Council of Delegates. The resolutions focused on, *inter alia*, strengthening IHL, weapon-related issues, Movement coordination, the International Branding Initiative and the social inclusion of people with disabilities. All of these were also among the topics proposed for the preliminary agenda of the 32nd International Conference in 2015. The workshops also provided a platform for the exchange of experiences regarding humanitarian action to address the needs and concerns of vulnerable migrants and the response to sexual and gender-based violence.

COMMUNICATION AND INFORMATION MANAGEMENT

The Communication and Information Management Department seeks to foster understanding and acceptance of the ICRC's work and of IHL. It aids institutional decision-making by monitoring the environment in which the ICRC operates and tracking its reputation. It develops result-oriented external communication strategies, which, drawing on its quality language services, it implements through public relations, online communication and the production of audiovisual and printed content. It also ensures the coherence of internal information management, including the safeguarding of institutional memory for internal and external use. Furthermore, the department provides information and communications systems and technologies that meet operational and corporate requirements.

Via its media relations, online communication channels, publications, audiovisual tools and social marketing campaigns, the Communication and Information Management Department focused on communicating on humanitarian concerns, including those raised by the Health Care in Danger project, on IHL and other relevant legal norms, and on the ICRC's work in order to influence and ensure the support of external stakeholders. It used the "150 years of humanitarian action" initiative to widen awareness of the consequences of past and present armed conflicts and other situations of violence and to strengthen support for the Movement's approach to addressing them. The initiative also provided a unique opportunity to recognize the achievements of ICRC staff.

The department contributed to institutional decision-making by monitoring and analysing the ICRC's operating environment and by tracking its reputation. Internally, a wide-ranging survey of ICRC staff provided a comprehensive picture of their opinions and expectations.

By continuing to implement the Information Environment strategy, in support of the ICRC's response to humanitarian needs, the department ensured that the organization's information management, systems and technology were handled in an integrated manner. In response to the organization's requirements, it made improvements in information management practices and in the provision of information and communication technology (ICT) solutions. The adoption of an updated policy to manage the archives marked a key step in safeguarding and leveraging the ICRC's institutional memory for internal and external audiences.

COMMUNICATION PUBLIC RELATIONS

Working with the media and National Societies, the ICRC focused its public relations activities on raising awareness of and support for its work as a major humanitarian player protecting and assisting people affected by armed conflicts and other situations of violence. Those activities positioned the ICRC as a reference for IHL and other relevant legal norms and advocated better respect for these rules. For example, they highlighted the importance of adopting the Arms Trade Treaty and the need to safeguard health care services.

Providing a field-based perspective of the needs of conflict/violence-affected populations and the ICRC's response to them, public communication drew attention to the humanitarian crises in contexts such as Afghanistan, the Central African Republic, the Democratic Republic of the Congo, Israel and the occupied territories, Mali, Myanmar, Somalia, South Sudan and the Syrian Arab Republic (hereafter Syria). It informed global audiences of the ICRC's response to security incidents affecting staff and operations and highlighted the organization's role as a neutral intermediary in the safe transfer of POWs and/or people held by armed groups in Colombia, South Sudan and Sudan. The Factiva database, which monitors a worldwide selection of print and online media and news wires, recorded some 15,000 mentions of the ICRC.

The ICRC's communication efforts contributed to promoting acceptance of the Movement's work by fostering awareness of the contributions of National Societies. They strengthened contacts with beneficiaries (for example, in the Philippines) and proved vital in endeavours to attract the support of private donors. Activities conducted in relation to the "150 years of humanitarian action" initiative (see below, *Social marketing*) sought to influence public debate on humanitarian issues, including the importance of neutral, impartial and independent humanitarian action. Drawing on support and tools provided by headquarters, many delegations used such activities as opportunities to further enhance the ICRC's access to people in need. Global mainstream media produced more than 200 articles/reports about the initiative and related events.

Journalists learnt more about IHL and the protection it affords them through seminars conducted by delegations with headquarters support. Media professionals at risk because of events linked to armed conflicts or other situations of violence sought help through the ICRC's hotline for journalists on dangerous assignments, which registered about a dozen individual cases.

As part of its response to crises, the ICRC boosted its communication capacities. For instance, in Afghanistan, Mali, the Philippines and South Sudan, it rapidly deployed five additional communication officers to support operations there. The Public Communication Division recruited and deployed 11 new communication specialists, including four Arabic speakers, and backed delegation efforts to recruit and train a dozen communication staff. The delegations in Israel and the occupied territories, Mali and South Sudan benefited from support in helping new communication staff build their capacities. As a result of various training activities, field staff in different countries honed their abilities, notably to define and implement communication plans to facilitate better access to beneficiaries, give media interviews, create audiovisual and print materials, and communicate effectively about IHL and other legal rules. They also familiarized themselves with the result-based management approach during these courses. Six senior managers, including four heads of delegation based in the Middle East, participated in a media relations course. Two meetings updated 59 heads of field communication departments on institutional priorities while strengthening coordination between field communicators and headquarters.

Contacts with other organizations – for example, during a seminar for Movement partners on beneficiary communication and through the ICRC’s membership in the Communication with Disaster-Affected Communities network, which comprised humanitarian, development and media organizations – allowed the exchange of effective practices in engaging various audiences.

The department continued to support efforts by the three regional communication support centres, in Buenos Aires (Argentina), Cairo (Egypt) and Moscow (Russian Federation), to provide communication services to delegations and headquarters alike. Work continued on the development of a new management model for the centres.

Owing to other priorities, the revision of the ICRC’s communication policy was postponed to 2014.

ONLINE PUBLISHING

The ICRC continued to develop its multilingual online communication through its website, www.icrc.org, and multiple social media channels. A new online strategy adopted in 2013 identified three priorities: responding to the expectations of the users of ICRC online platforms; decentralizing the management of online media to strengthen the involvement of the delegations and headquarters entities concerned; and ensuring the continuous development of online platforms in line with changes in technology. Based on this strategy, specialists at headquarters refocused the production of online content – text, photos, videos, slide shows, maps and other illustrations – to target general audiences, including private donors, who are not always familiar with the ICRC and its work. The design of the most frequently visited web pages was adapted to mobile devices, and progress was made on deploying an additional content management system. With support from headquarters, several delegations, including Israel and the Occupied Territories and Moscow (regional), set up dedicated online platforms and social media tools to strengthen relations with key stakeholders.

The ICRC website, available in Arabic, Chinese, English, French, Portuguese, Russian and Spanish, and IHL databases in English and French registered more than 16 million page views. The English-language site accounted for half of the hits, followed by the Spanish and French sites. Afghanistan, Colombia, Mali, the Philippines and Syria attracted the most interest. Public interest in the ICRC’s social media platforms grew significantly, especially Facebook (more than 250,000 “likes”, about four times more than in 2012), Twitter (some 217,000 followers in several languages, nearly twice more than in 2012) and YouTube (some 520,000 views of ICRC videos compared to 300,000 in 2012).

Work to improve the ICRC’s online fund-raising capability continued (see *Financial resources and logistics*).

PRODUCTION AND DISTRIBUTION

The department produced a range of audiovisual materials and publications to illustrate humanitarian crises and the ICRC’s response to them. A total of 75 sets of footage, including 54 video clips for the ICRC website and 25 news items, illustrated humanitarian crises in the Central African Republic, Mali, the Philippines, Syria, Yemen and other contexts, focusing on problems such as attacks on health care services. Four films completed in 2013 highlighted different aspects of the organization’s work. For example, one featured efforts to tackle TB in prisons in Uganda, while another, entitled “Panorama”, gives an overview

of the ICRC’s activities worldwide. Some 42 new and 26 revised print publications sought to increase public understanding of priority themes such as the protection of health care services.

The introduction of a dedicated online ordering and distribution platform (<https://shop.icrc.org/>) made it easier for delegations and external customers to order ICRC publications and films while reducing the resources required to manage these orders. In total, more than 380,000 copies of ICRC publications and films were distributed worldwide. In addition, the ICRC regularly circulated audiovisual material to broadcast media, National Societies and the general public via online channels. Available statistics showed an increase in downloads and views of ICRC footage, films and photos.

SOCIAL MARKETING

Social marketing activities linked to the “150 years of humanitarian action” initiative served as opportunities for spreading awareness of the ICRC’s work. A special webpage showcased the ICRC’s history and contemporary challenges using multimedia content and digitized versions of 500 key documents from the archives. Over 40 delegations used a photo exhibition tracing the ICRC’s history, and countless viewers watched 12 online video interviews with experts in different fields on the current state of humanitarian action. Organized with local authorities and civil society groups in Geneva, Switzerland, several activities commemorated the different anniversaries covered by the initiative; for example, an event welcoming the public to ICRC headquarters attracted over 5,000 visitors. During the annual Red Cross and Red Crescent Day on 8 May, National Societies and ICRC delegations in 38 countries participated in a 24-hour worldwide relay run, while 66 delegations, often together with National Societies, organized various other events. In November, the Movement’s Council of Delegates, held under the slogan “150 years of humanitarian action”, began with an ICRC-produced video on the theme. A Facebook group dedicated to the Council of Delegates mobilized more than 2,000 volunteers.

As part of the Health Care in Danger project, the ICRC continued to implement a campaign aimed at drawing public attention to the lack of safe access to health care in many situations of armed conflict and other emergencies, mobilizing a community of concern around this issue and promoting practical measures to address the problem.

In more than 20 countries, delegations and National Societies organized communication activities around the project, including the production of posters and radio spots in Colombia, a photo award in France and a TedX event in Kyrgyzstan. Forty-three National Society/ICRC communication specialists strengthened coordination of activities during two meetings. The campaign was also aided by various media: more than 70 documents and audiovisual items on the topic, including a report on violent incidents affecting health care in 22 countries and a booklet on ambulances in risk situations; dedicated websites in Arabic, Chinese, Dutch, English, French, German, Polish, Portuguese and Spanish; and an online platform that encouraged interaction between over 300 specialists particularly concerned by the issue, such as health and humanitarian professionals, National Society staff and academics.

Authorities, health care professionals, National Society staff/volunteers and other concerned individuals participated in six panel discussions. Hundreds of thousands of people visited differ-

ent Health Care in Danger project events and installations, such as an outdoor photo exhibition in Geneva, a replica of a bombed-out ambulance placed in the centre of Sydney, Australia, during the Council of Delegates and the model of a partially destroyed medical tent set up during different international conferences. Thanks to a campaign organized with the support of the European Commission and seven National Societies, an estimated 12 million people in seven European capitals saw outdoor posters illustrating practical measures to safeguard health care. National and international media ran more than 60 items on the issue.

Together with the British and Kenyan Red Cross Societies and the International Federation, the ICRC continued to carry forward the International Red Cross Red Crescent Brands Initiative to improve understanding of and the response to the global challenges posed by different Red Cross/Red Crescent brand identities and to help enhance the Movement's reputation and influence. The 2013 Council of Delegates adopted a resolution establishing a common understanding of national and transnational positioning issues for the Movement and a commitment to the management of its brand identities. The resolution confirms the existing legal and regulatory framework on the use of the emblems and provides for the initiation of a process intended to define the terms and conditions for the development, in consultation with States, of a Movement logo for display in collective promotional initiatives. Meanwhile, National Societies can make better use of the emblems in operations and fundraising while respecting existing regulations, thanks to a document explaining the 1991 Emblem Regulations in a format suited to Movement communicators, marketers and fundraisers.

The ICRC sought to prevent the misuse of its logo and of the Red Cross emblem by screening about 20 requests by private enterprises and academic institutions to use them. Pursued in cooperation with the International Federation and several National Societies, dialogue with the Internet Corporation for Assigned Names and Numbers aimed to obtain permanent protection of the designations "red cross", "red crescent" and "red crystal" and of the names of the respective components of the Movement from registration as Internet domain names.

MULTILINGUAL COMMUNICATION

The ICRC continued to communicate in major languages with stakeholders worldwide and to extend its support base in countries of global or regional influence. Its language staff edited, translated and proofread over 10 million words contained in public communication materials and in statutory, legal, operational and donor-related documents. Headquarters experts provided technical know-how for translation teams at the ICRC's regional communication support centres in Buenos Aires, Cairo and Moscow.

ENVIRONMENTAL SCANNING AND RESEARCH SERVICE

The Environment Scanning and Research Unit monitored and analysed public information sources to help the ICRC optimize its understanding of its working environment. During acute crises, including security incidents affecting the ICRC, the unit produced daily digests of key information from open sources. ICRC operations benefited from ad hoc thematic and context-related research while seven reports based on data gathered from internal and other archival sources responded to internal requests. The Directorate's quarterly reviews (see *Directorate*) included regular statistical reports and analyses of the ICRC's visibility in traditional and social media. Public perception of the ICRC president's

visit to Israel and the occupied territories in June was examined through a detailed analysis of the media coverage.

Specialists in delegations enhanced their capacity in environment scanning during regional workshops organized in Côte d'Ivoire, Malaysia and the Russian Federation. The delegation in Israel and the occupied territories received technical advice on conducting research on the ICRC's reputation among political authorities. Security and other operational constraints prevented the conduct of a survey among beneficiaries in Afghanistan and Somalia.

Internally, ICRC staff worldwide expressed their views on the ICRC and their work in the institution in a survey conducted by the unit, which attracted some 3,800 responses. The unit also contributed several questions on the ICRC's reputation to a global opinion poll, covering 14 countries.

The regular monitoring of publications by former ICRC staff continued to ensure that the ICRC could respond to any breach in the contractual obligation of discretion.

INTERNAL COMMUNICATION

Internal communication continued to play a key role in managing crises such as security incidents affecting the ICRC and in building support for institutional endeavours such as the People Management programme. ICRC managers, led by the Directorate, drew on the expertise of internal communication specialists to communicate with staff. The Internal Communication Board, comprising representatives of each department, helped outline internal communication priorities and plan related activities. The development of internal communication plans supported various projects.

The results of a staff survey confirmed the prominence of the intranet as the key internal communication channel, as it showed that three quarters of staff members consulted the platform at least once a week. The same proportion said they had easy access to the information they needed to do their jobs, while 86% said they were confident about acting as an "ambassador" for the organization.

Current and former ICRC staff contributed more than 650 personal stories and photos to an internal interactive online platform set up to mark the organization's 150th anniversary. The intranet also hosted the first-ever internal blog, providing ICRC staff worldwide with up-to-date information from the 2013 Council of Delegates.

ARCHIVES AND INFORMATION MANAGEMENT INFORMATION MANAGEMENT

The establishment of different mechanisms aimed to ensure the effective implementation of the Information Environment strategy, which guides the development of the ICRC's information systems, technology and management. These mechanisms included a group supervising the organization's information architecture and a board monitoring information security issues. Regular reporting mechanisms were instituted to update the Directorate and the Assembly on the strategy's implementation, cost and associated risks. The department analysed whether current and planned headquarters projects were compatible with the ICRC's information architecture, and it managed the institutional risks under its responsibility: information security and corporate transparency.

To strengthen information management and respond to delegation expectations, the department continued to develop new tools and processes within the Information Management programme, including a standard digital working environment that facilitates teamwork, an institution-wide search engine and an advanced records management system that enhances information sharing and security.

A project launched to consolidate existing ICRC guidelines and practices for the processing of personal data in the ICRC Data Protection Reference Framework aimed to ensure compliance with international and regional data protection requirements. It also sought to raise authorities' awareness of the specific aspects of personal data processing by the ICRC, notably in protection and restoring family links activities.

RECORDS MANAGEMENT

For the past 150 years, the archives have safeguarded reports on the ICRC's activities, registers of official decisions and legal and operational correspondence. The Archives and Information Management Division provided support for the management of these and other records and the organization of filing systems by delegations and headquarters, and it continued to implement filing procedures, provide training/coaching in records management and strengthen monitoring. During briefings, about 200 staff enhanced their knowledge of information and records management.

In 2013, the Assembly approved the updated policy for acquiring, managing and communicating archives and its related plan of action, defining goals and priorities to be implemented in 2013–17. The institutional archives covering the period 2006–10 were closed, with more than 24,000 files from general archives repackaged for long-term preservation. Thanks to the division's improved capacity to produce inventories and reports based on archived information for internal users, more than 600 internal research requests received responses. Preparations continued for the public opening of the 1966–75 archives in 2015.

LIBRARY AND PUBLIC ARCHIVES

The ICRC holds thousands of public records documenting its activities, those of the Movement, humanitarian work in general and IHL. These resources are used to profile the ICRC as a key humanitarian player and a reference organization on IHL. The Library and Public Archives Unit acquires, manages, preserves and raises awareness of these collections, which include countless films, photos and audio recordings.

The unit responded to more than 3,000 internal and external requests for information and documents and welcomed about 2,500 visitors. To promote awareness of the ICRC archives and library collections, it worked with universities and researchers in Algeria, Canada, the Netherlands and Switzerland, where it also signed an agreement on historical research with the University of Geneva. The unit participated in activities linked to the "150 years of humanitarian action" initiative and contributed several articles to historical journals and books. Work on a new tool aimed at allowing full online access to the ICRC's audiovisual collections made significant progress.

The unit continued to work with the Association for the Preservation of the Audiovisual Heritage of Switzerland to preserve historical audio and film recordings. It made progress on digitizing both the ICRC's video collection and the official docu-

ments of IHL-related diplomatic conferences and the Movement's International Conferences.

PRESERVATION AND TRACING ARCHIVES

The ICRC tracing archives responded to over 2,500 requests from victims of past armed conflicts and their next-of-kin, in particular those related to prisoners from the Second World War. Several recent additions of tracing documents were prepared for future research.

The restoration and digitization of the archives of the former International Agency for Prisoners of War (1914–18) will be concluded in time for the centenary of the First World War in 2014. Software applications, user guidelines and document descriptions developed in preparation for the online publication of the Agency's roughly 7 million records will facilitate public access to the information concerning prisoners from that period.

Delegation archives are no longer received at headquarters but at the ICRC's logistics centre at Satigny (just outside the city of Geneva). Total accruals in 2013 amounted to about 120 linear metres. Thanks to improved handling facilities and more available space, archival holdings, particularly tracing and medical files, were transferred to Satigny from several provisional locations. The logistics centre's modern storage facilities currently hold 5,000 linear metres of archives.

INFORMATION AND COMMUNICATION TECHNOLOGY

Acting on the Information Environment strategy, the ICT Division updated security guidelines governing the use of information technology and systems. It also improved its service for internal clients, delivering more projects on time than in previous years while improving the quality of support.

ICT PROJECTS DELIVERED

More than 15 projects carried on in 2013 included:

- ▶ software developments and upgrades related to various aspects of ICRC operations, including economic security, water and habitat and logistics activities, protection, archiving, information management, the intranet, the public website and IHL databases. Progress was made on key projects, notably:
 - new Enterprise Resource Planning software for the OSCAR (Operational Supply Chain, Agile and Reliable) project (see *Financial resources and logistics*)
 - a new Client Relation Management system for ICRC protection data (Prot6) and for National Society family-links services (Family-links Answers) (see *Operations*)
 - a new collaborative platform for improved information management and a new internal search engine as part of the Information Management programme
 - a new tool to allow direct online access to the ICRC's collection of films, photos and audio recordings
 - a new tool to manage reservations at the ICRC's training centre in Ecogia, near Geneva
- ▶ projects and initiatives related to ICT infrastructure, network and workplace services, such as:
 - Connect, a new data network connecting all field structures and headquarters, which must be installed before several centralized applications required by Operations and other departments can be rolled out

- the completion of RADAR (Reliable And Direct Access to Reference data), a project which aims to strengthen centralized management of reference data
- the roll-out of the new version of an operating system for field servers, which marked a first step toward improved mobile access to information systems
- the implementation of the single sign-on function for applications
- user-testing of mobile devices (tablets), to be introduced ahead of the planned move to the Windows 8 operating system
- the installation of wireless Internet access at many headquarters buildings and the ICRC's training centre in Ecogia

ICT HIGHLIGHTS

- ▶ launch of campaigns to raise awareness among ICRC staff of key ICT-related issues, such as information security, and the available support services
- ▶ deployment of ICT staff and material to back the ICRC response to emergencies in the Philippines and South Sudan and the relocation of part of the Afghanistan delegation to Tajikistan
- ▶ updating staff skills and knowledge through:
 - Information Technology Infrastructure Library (ITIL, standard for ICT services) training
 - management training for regional ICT managers
 - a new online ICT staff forum on technological developments
- ▶ measures to further improve ICT security, including:
 - implementation of recommendations emerging from the ICT audit completed in 2012
 - introduction of new security risk assessments of major applications
 - efforts to raise user awareness of ICT security rules and procedures
- ▶ deployment of phase two of an ICT solution for workflow automation and ticketing management (VSM) to improve the management of ICT services:
 - 96% of calls were answered in November (target 95%)
 - first-time closures for service desk level 1 enquiries reached 66% in November (target 65%)
 - the percentage of incidents not resolved within the required time fell to 11% at the end of 2013 (target 20%)
- ▶ definition of a reference list of ICT activities for use with the ICT service catalogue in 2014
- ▶ development of dashboards to improve follow-up to the division's activities
- ▶ consultations with IBM and Microsoft on developing ICT services and on reducing costs

HUMAN RESOURCES

The Human Resources Department is responsible for ensuring that the ICRC has a sufficient pool of competent, trained staff to meet its operational needs worldwide. It develops the policies and tools for recruitment, compensation, training and talent management. Its policies are geared towards raising professional standards, developing the particular skills required for humanitarian work and promoting and supporting management of staff through its professional hierarchy. The Department strives to promote internal cohesion within the ICRC by encouraging staff to identify with the organization's visions and objectives. The ICRC is an equal opportunity employer.

In 2013, an average of 10,183 resident¹ and 1,601 mobile employees were working in the field, and 949 staff at headquarters.

ACHIEVING TRANSFORMATIVE OBJECTIVES

The Human Resources (HR) Department made major strides in achieving its transformative objectives, both within the People Management programme (PMP) and through process optimization initiatives. It put a great deal of effort into strengthening the HR service delivery model, with the validation in August of the roll-out of HR managers in delegations: a total of eight are to be appointed by the end of 2014. The HR leadership team delivered a vision and values statement, and appointed several new heads of unit to boost HR capabilities. New policies were either published or updated. However, staffing constraints remained: pressure to recruit and train people with the necessary managerial skills willing and able to deploy in difficult locations, timely responses to operational adjustments in contexts such as Afghanistan, Pakistan and the Syrian Arab Republic (hereafter Syria), and the continued focus on crisis management amid several security incidents. Significant changes within the department required additional investment, including complementary training, to help HR staff adapt as their roles changed.

PEOPLE MANAGEMENT PROGRAMME

The PMP, aimed at delivering the objectives outlined in the 2012 People Management strategy, gained traction in 2013. Progress was made on the programme's seven projects: efforts to map resident and mobile positions, including the identification of critical positions, and to draw up related policies institution-wide were completed; decisions were made on the principles for job grading and reward; work started to design the principles for the future performance management framework; the first module of the Humanitarian Leadership and Management School was successfully piloted; and further steps were taken fully to implement the HR service delivery model, particularly in relation to field HR managers. Close work between the PMP and the department resulted in other results reported below.

Major decisions will be made in early 2014 on future HR technology. The decision was made to move towards standardized, cloud-based solutions so as to enable the ICRC to adapt its processes and underpin its ability to give staff greater control over their career choices and managers more accountability for people management. Cloud-based solutions would also equip HR with long overdue tools to deliver efficient and consistent services.

CHANGE IS THE ONLY CONSTANT

The department defined the vision underpinning all HR activities, notably in order to facilitate change management: *We are a courageous team who holds the ICRC people at the heart of innovative and professional HR services and who is trusted to deliver these in a consistent, respectful and effective way.*

HR Operations Division

The division worked on providing strategic and operational HR support to managers at headquarters and in the field, in line with organizational and operational objectives.

The appointment of six additional HR regional partners meant that eight HR partners were working with the operational geographical regions. They helped the Operations Department identify, prioritize and build organizational capabilities in collaboration with other HR functions and ensured HR coherence with the regions' frameworks. The regional HR partners were instrumental in the success of rapid deployment and crisis management and played an active part in the implementation of PMP initiatives. For example, as a first step towards integrating mobile and resident staff management, two HR regional partners dealt with the needs arising in both mobile and resident cases, which involved drafting/updating job descriptions, monitoring the management of assignments and vacant positions in coordination with the HR Sourcing Division and providing initial support for HR field managers who will be deployed at the beginning of 2014.

For headquarters, two HR managers provided line management with guidance, including on recruitment and staffing, performance management, employee relations, training support and grievance management. The division provided expert support to delegation administrators in terms of salary surveys, legal compliance, staff insurance and administrative guidelines. It helped maintain a coherent vision and ensure application of and compliance with HR rules in the field, while optimizing procedures. The team in charge of the HR information system for resident staff successfully merged with its counterpart for Geneva-contracted staff, thereby forming a single, global unit.

HR Sourcing Division

The division appointed two new heads of unit: for recruitment and for international assignment planning. This ensured business continuity while allowing the division to become involved in new projects, notably international assignment planning and pool management.

Some 1,600 international moves were accomplished; indicators showed that 83% of (re)assignments met expectations in terms of timing and candidate profile. Middle managers, Arabic-speaking delegates and experienced delegates of African origin were in high demand; positions requiring these profiles remained difficult to staff. Both the international assignment planning project and the reward project aimed to address the institution's capacity to better staff key positions in operations like Afghanistan, Iraq, Mali and Syria, where planning constraints (e.g. nationality, gender, ethnic origin) abound.

In 2013, 294 mobile staff were hired on a Geneva-based contract and 119 recruited for headquarters. Women accounted for 47%

1. Daily workers not included

of the new mobile recruits, while the most common nationalities were Swiss (15%), French (9%), Canadian (7%) and British (6%).

In line with the vision of a global HR function with a truly international reach, the recruitment vision, strategy and objectives were revised, after which recruitment processes continued to be reorganized: recruitment at headquarters improved with the completion of standardized hiring procedures for Geneva-contracted staff, and the transfer of tasks to the recruitment administration allowed recruiters to focus on their core objective. The HR marketing service, with its offices in Beirut (Lebanon), London (United Kingdom of Great Britain and Northern Ireland), Moscow (Russian Federation) and, soon to come online, New Delhi (India), strengthened its outreach activities to academic environments and beyond. The ICRC, an equal opportunity employer, attended over 100 recruitment events in 22 countries targeting graduates, young professionals and other potential employees.

HR Shared Services Division

The HR Shared Services Division consolidated the provision of routine, transactional administrative services, including salaries, social security, insurance and benefits, to Geneva-contracted staff; it also organized field missions, ensuring timely and cost-effective travel conditions. The team received over 23,000 employee (mobile and Geneva-based) queries and achieved a response rate of 94% in 2013.

The division continued to adapt/streamline administrative procedures, ensure consistency in the application of rules/guidelines, and update articles of the Collective Staff Agreement for Geneva-contracted staff when necessary. Its work included a paternity leave scheme for Geneva-contracted staff, new absence management regulations, and guidelines for hiring temporary staff and teleworking for headquarters staff.

As an efficiency measure, the management of expense reimbursement will be delocalized to the Manila Shared Services Centre effective January 2014.

Learning and Development Division

In 2013, the ICRC decided to liquidate the Avenir Foundation, which had provided Geneva-contracted staff with funding for training apart from that provided under the institutional training budget. The new approach adopted in its place ensures individual professional development opportunities for all staff, and is accompanied by policy and guidelines. The new Individual Development budget will make funding available for external training, coaching and career assessment/outplacement as of 2014.

Progress was made on designing an institutionally coherent, organization-wide learning and development structure aimed at aligning all training activities and giving a complete overview of all ICRC training initiatives, learning paths and the associated costs. Feedback provided by the first-ever global survey of both resident and mobile staff revealed that training availability and access was an issue of concern for staff at headquarters and in the field; the division therefore endeavoured to better understand and address those concerns.

The division played a key role in developing and successfully piloting the first module of the Humanitarian Leadership and Management School, with 49 middle and senior managers attending the pilot courses. An institution-wide roll-out with six courses is planned for 2014.

The Staff Integration programme, the basis for integrating new staff, took place in Geneva (Switzerland) and in the regional training units in Amman (Jordan), Bangkok (Thailand), Dakar (Senegal) and Nairobi (Kenya). Worldwide, 26 courses were attended by a total of 507 participants, including 320 resident staff. Moreover, 1,050 courses (7,468 participants, including 4,479 resident staff) were run to develop the skills and knowledge of ICRC staff at all levels. All training programmes were also open to National Society staff on loan to the ICRC.

An updated version of the ICRC's e-learning management system was successfully deployed, and a new quality process put in place to further strengthen the hybrid approach to learning at the ICRC.

GENDER AND DIVERSITY

Globally, the ICRC maintained a consolidated 31% female representation rate (2013 consolidated figures), with lower figures in regions like Africa and South Asia. From a managerial perspective, women accounted for 35% in professional and expert roles, 38% in middle and 28% in senior management. In line with its target to reach 40% female representation by 2016, the representation of women at all managerial positions remained stable, with the exception of a decrease in the percentage of women in headquarters senior management positions (42% to 36%). In the field, improvements were also slow to materialize for mobile (23%) and resident (25%) senior management positions. Concern to find the right balance between work and private life remained one of the main reasons for this trend.

Several initiatives aimed at raising awareness of unconscious biases, developing an internal mentoring system, introducing teleworking at headquarters, and promoting gender-neutral language and communication in HR documents.

Conscious management of diversity continued to be crucial for enhancing the organization's effectiveness, acceptance and access to beneficiaries and key contacts. As a start, the notion of diversity was anchored in the Humanitarian Leadership and Management School with the participation of colleagues from all levels and from various delegations, and by promoting an inclusive and collaborative approach.

INFORMATION SYSTEMS AND PERFORMANCE INDICATORS

A prerequisite for improved HR service delivery remained the ability to provide services and information to staff and managers through better use of appropriate technology. Choices were made for the future HR information system, and a process to select a system supplier began at year-end. In 2014, significant work will be done to introduce the new system's first functionalities – most likely technology-enabled performance management – while preparations for the transfer of core HR data to the new system will begin in 2015.

In 2013, mobile staff began updating their personal data and managing their absences directly, using the employee self-service function deployed to the field.

Regular statistics and key performance indicators were refined, while ongoing monitoring of international assignment planning started to enable true qualitative analysis of the ICRC's ability to staff mobile functions successfully.

STAFF HEALTH

The Staff Health Unit was closely involved in the management of a number of serious security incidents and four separate hostage crises, implementing stress prevention and management measures to support colleagues in the field and at headquarters.

An increased focus on preventive measures and awareness-raising among field staff with physical or mental health disorders led to an initial reduction in medical evacuations and overall sick leave. Recommendations were issued for the management of residents' complex health problems, and a vaccination programme was initiated at local level, with over 4,000 residents and their families being vaccinated.

Addressing one of several new challenges, the unit issued prevention and treatment guidelines for ICRC employees potentially exposed to chemical weapons in Syria. Thanks to the continued expansion of the HIV workplace programme, over 60% of residents in 31 countries checked their HIV status in 2013. The programme aimed to protect the employees from stigma/discrimination and to reduce new HIV infections and HIV-related deaths to zero. An initial step was taken towards a single workforce health unit with the training of elected resident health focal points in critical incident stress management and employee support.

CAREER TRANSITION

Following the liquidation of the Avenir Foundation, the Career Advisory Service merged with the Learning and Development Division in order to provide support for the implementation of the new Individual Development budget (see above).

FINANCIAL RESOURCES AND LOGISTICS

The Department of Financial Resources and Logistics provides support for field operations in terms of finance, administration and logistics. It also raises and manages funds for the ICRC as a whole. It works closely with the Department of Operations while maintaining close contact with donors to keep them abreast of ICRC operations and financial requirements. The Department conducts regular reviews to ensure that its support to the field is in line with operational needs, and verifies compliance by ICRC headquarters and delegations with institutional procedures. Furthermore, it ensures that the ICRC's working methods integrate the principles of sustainable development.

The Department of Financial Resources and Logistics pursued efforts to ensure that field and headquarters receive adequate funding and appropriate support in terms of logistics, finance and administration and to further optimize effectiveness and efficiency.

While 2013 saw financial and commodity markets regain some stability when compared with previous years, sovereign debt levels remained high, making it difficult for many donors to clearly forecast future levels of funding. A number of governments struggled to maintain their level of contributions; Spain, in particular, was unable to maintain its membership in the Donor Support Group (DSG)¹. Nevertheless, donors provided a higher level of support to the ICRC in 2013 than in the previous year, with the response to the Syrian armed conflict attracting a high level of funding, including a substantial contribution from Kuwait, which entered the DSG. Private sector fundraising capacities continued to grow in 2013, yet progress on donor diversification remained slow.

Treasury management, a priority for the ICRC, focused on a review of the management of counterparty risk. Implementation of the long-term investment policy included part of the organization's reserves invested in equity and bond portfolios.

Evolving institutional and operational priorities had a large impact on the department's activities, most notably the response to the Syrian crisis, the ramping up of a revised health strategy (see *Operations*) and a study on corporate services (see *Office of the Director-General*). Progress continued to be made on the new global supply chain solution, although the Operational Supply Chain Agile and Reliable (OSCAR) project suffered delays, with the first deployment now planned for the first semester of 2014.

The sustainable development project continued to advance, with the release of the first annual report on sustainable development within the ICRC and the expansion of the number of pilot delegations from four to eleven.

FINANCE AND ADMINISTRATION

FINANCIAL MANAGEMENT

The purpose of financial management is to provide the ICRC with trustworthy and cost-effective data, enabling it to make sound decisions and to provide donors and partners with reliable information.

In 2013, the Finance and Administration Division:

- ▶ provided the Directorate with regular financial forecasts to steer the institution towards a financially balanced year-end result
- ▶ helped improve the ICRC's efficiency and overall performance by supporting a Directorate-led initiative that included internal organizational and process reviews; with the Directorate, developed insight into different administrative approaches aimed at more efficient processes that maintain consistency and accountability
- ▶ helped mitigate risks linked to currency exchange volatility by finalizing the implementation of the treasury policy, while continuing to develop and implement a long-term investment policy to secure future ICRC commitments towards its staff and to minimize the impact of a treasury shortfall on operations
- ▶ initiated a review of the Internal Control System (ICS) to define, beyond the Swiss Code of Obligations, an adequate level of internal control that will ensure relevant and pragmatic compliance, while not encumbering the institution with added bureaucracy; to this end, the external auditors based their audits on tests of control, rather than substantive tests
- ▶ pursued the systematic implementation of the framework and guidelines to prevent fraud and corruption
- ▶ continued to review the ICRC's adherence to the International Financial Reporting Standards (IFRS)

For the past 13 years, the ICRC has disclosed its financial statements in compliance with the IFRS. It has exercised due diligence in providing donors with complete and transparent financial information. Recent developments in the IFRS with regard to employee benefits (IAS 19) and forthcoming standards on the presentation of Financial Statements (IAS 1) and Leasing (IAS 17) nevertheless make it less relevant for a not-for-profit entity to produce financial statements under these standards. The ICRC will continue to monitor changes in the IFRS, while considering other options, such as the International Public Sector Accounting Standards or the Swiss "Not for profit" financial standard (RPC 21). At year-end, neither option was considered sufficiently straightforward or satisfactory.

1. The DSG is made up of governments contributing more than CHF 10 million in cash annually.

INFRASTRUCTURE MANAGEMENT

The purpose of infrastructure management is to make sure the ICRC has the requisite office space and to ensure the long-term maintenance and physical security of the entire infrastructure at a reasonable cost.

The Humanitarium, a facility opened in September 2013 for visitors and conferences, will be used to facilitate dialogue, understanding and cooperation between stakeholders, with a view to developing responses to humanitarian issues. A cafeteria was opened in December.

The ICRC's Ecogia Training Centre, located in Versoix (on the outskirts of Geneva, Switzerland), hosted some 12,000 guests and 220 events, including 40 for external groups. The Centre continued to undergo upgrades (e.g. audiovisual equipment, wireless Internet access, hotel management software) in order to ensure quality services for its customers. Guests enjoyed a choice of products produced locally in line with the traceable and sustainable standards established by the Genève Région-Terre Avenir (GRTA), a label created by the State of Geneva and awarded to Ecogia's restaurant in September.

FUNDING

Since the adoption of the ICRC Funding Strategy 2012–2020, funding has been coordinated by and channelled through the External Resources and the recently created Private Sector Fundraising Divisions, which raise the funds the organization needs to carry out its humanitarian activities while upholding its independence. Delegations contribute to donor relationship management, mainly by sharing information with donors. To meet its objectives, the ICRC seeks the widest possible range of predictable, sustained and flexible sources of financial support. It guarantees that donor requirements are given due consideration and that contributions are managed in a coordinated way.

BUDGETS

The ICRC's initial 2013 budget, launched in November 2012, totalled CHF 1.18 billion. This was CHF 25.2 million higher than the previous year's initial budget. The largest increase was in the Emergency Appeals for field operations, which amounted to CHF 988.7 million, as opposed to CHF 969.5 million in 2012. The Headquarters Appeal, for its part, increased from CHF 180.8 million in 2012 to CHF 186.8 million in 2013.

During the year, donors received information about eight budget extensions (compared with three in 2012) launched in response to unforeseen events and substantial humanitarian needs. These were brought about by the resurgence/intensification of hostilities or by natural disasters in the Democratic Republic of the Congo (hereafter DRC), Myanmar, Mali and Niger (covered by the Niamey regional delegation) and the Philippines (on two occasions), as well as joint budget extensions for Jordan, Lebanon and the Syrian Arab Republic (hereafter Syria), owing to the armed conflict in Syria and its consequences in neighbouring countries. The increase in budget for the Philippines to help victims of Typhoon *Haiyan* was followed by a preliminary appeal. The largest budget extensions amounted to CHF 62.3 million and were aimed at helping people affected by the conflict in Syria.

EXPENDITURE

Overall expenditure
CHF 1,234.0 million (including overheads)
Headquarters
CHF 189.0 million
Field operations
CHF 1,045.1 million

The implementation rate (field expenditure in cash, kind and services divided by final field budget and multiplied by 100) for activities planned in 2013 was 90.7% of the overall final Emergency Appeals budget (2012: 93.5%; 2011: 77.9%).

CONTRIBUTIONS

Total contributions received in 2013: CHF 1,219 million

Funding sources and patterns were similar to previous years. In 2013, the proportion of support from governments was 84.5% (2012: 82.8%; 2011: 83.2%), while that from National Societies fell to 3.3% (2012: 4.3%; 2011: 4.7%). Contributions received from various other public and private sources increased to 4.8% (2012: 3.7%; 2011: 2.9%).

The United States of America (hereafter United States) remained the ICRC's largest donor, accounting for 21.3% (CHF 260.1 million) of all contributions received and 22.3% (CHF 239.5 million) of funding for field operations. The United Kingdom of Great Britain and Northern Ireland (hereafter United Kingdom) ranked second, accounting for 13.4% (CHF 163.2 million) of all contributions received and 15.0% (CHF 161.8 million) of funding for field operations. Switzerland was the third largest donor with a total contribution of CHF 119.8 million, accounting for 9.8% of all contributions and 4.6% of funding for field operations. The European Commission dropped to fourth position with a total contribution of CHF 88.2 million, which accounted for 7.2% of all contributions and 8.1% of funding for field operations.

The ICRC's operational flexibility was preserved as a number of governments continued either not to earmark their contributions or to do so in a relatively broad fashion, mostly by geographical region (see *Flexibility in funding*).

The DSG comprised 18 members in 2013 (based on 2012 contributions). Denmark hosted the DSG annual meeting, which along with the DSG policy forum, allowed members to share views and discuss topics relevant to humanitarian action.

The table below shows the contributions of DSG members in 2013. On this basis, the DSG will have 18 members in 2014.

(in CHF million)

NAME OF DONOR (DSG member)	CASH – HEADQUARTERS	CASH – FIELD	TOTAL CASH	TOTAL KIND	TOTAL SERVICES	TOTAL ASSETS	GRAND TOTAL
Australia	3.2	41.9	45.1				45.1
Belgium	0.9	19.1	20.0				20.0
Canada	2.6	34.0	36.6				36.6
Denmark	3.3	19.9	23.2				23.2
European Commission	0.6	87.6	88.2				88.2
Finland	1.2	10.7	11.9	1.2			13.0
France	1.2	16.1	17.3				17.3
Germany	1.7	46.9	48.7				48.7
Ireland	0.2	11.1	11.2				11.2
Japan	0.5	50.1	50.6				50.6
Kuwait		24.0	24.0				24.0
Luxembourg	1.0	9.0	10.0				10.0
Netherlands	5.0	26.0	31.0				31.0
Norway	5.1	58.9	63.9				63.9
Sweden	6.5	63.4	69.8				69.8
Switzerland	70.4	49.4	119.8				119.8
United Kingdom	1.5	161.8	163.2				163.2
United States	20.6	239.5	260.1				260.1

Note: Figures in this table are rounded off and may vary slightly from the amounts presented in other documents and may result in differences in rounding-off addition results.

CONTRIBUTIONS IN RESPONSE TO THE HEADQUARTERS APPEAL

Contributions for the headquarters budget totalled CHF 143.4 million: CHF 132.1 million from 71 governments, CHF 0.6 million from the European Commission, CHF 4.8 million from 59 National Societies and CHF 5.8 million from several other private and public sources.

CONTRIBUTIONS IN RESPONSE TO THE EMERGENCY APPEALS

Cash component

CHF 1,061.9 million (2012: 858.9 million; 2011: 999.1 million)

In-kind component

CHF 7.8 million (2012: 5.6 million; 2011: 1.9 million)

Services

CHF 5.8 million (2012: 5.5 million; 2011: 8.5 million)

Assets

CHF 0.1 million (2012: 0.0 million; 2011: 0.0 million)

In total, CHF 897.4 million were provided for ICRC field operations by 38 governments, CHF 87.6 million by the European Commission, CHF 35.2 million by 29 National Societies, CHF 2.4 million by several international organizations, and CHF 53.0 million by public and private sources. These included many thousands of private individuals, foundations and companies, the canton of Geneva, Mine-Ex Rotary Liechtenstein and Switzerland, the Union of European Football Associations (UEFA), and selected members of the ICRC Corporate Support Group (CSG)².

FLEXIBILITY IN FUNDING

The ICRC continued to experience pressure from donors for tighter earmarking and ad hoc reporting. Decentralized donor representatives in the field frequently asked delegations for operational information, field trips and special reporting.

To meet needs effectively, flexibility in the use of funds remains essential, particularly in relation to earmarking and reporting. Earmarked contributions are often accompanied by rigorous project implementation timetables and stringently specific reporting conditions. Experience has shown a direct correlation between flexible funding policies and the ICRC's ability to maintain its independence and rapid response capacity.

2013 NON-EARMARKED cash contributions

CHF 338.1 million / 28.1% (29.4% in 2012; 30.1% in 2011)

2013 TIGHTLY EARMARKED cash contributions

CHF 154.5 million / 12.9% (17.2% in 2012; 19.9% in 2011)

At 28.1% in 2013, the proportion of non-earmarked cash contributions ("core funding") was lower than in 2012 (29.4%; in 2011: 30.1%). Apart from some private donations, most non-earmarked funds came from governments (most notably from Australia, Belgium, Canada, Denmark, Finland, France, Germany, Ireland, Luxembourg, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom and the United States), the Norwegian Red Cross and the canton of Geneva.

Cash contributions loosely earmarked for a given region, country or programme represented 59.0% (CHF 709.5 million) of the total contributions and have substantially increased since 2011 (2012: CHF 531.4 million, 53.4%; 2011: CHF 569.3 million, 50%).

PREDICTABILITY IN FUNDING

The ICRC's funding system does not rely on set (statutory) contributions. Moreover, its programmes are implemented according to needs and are not contingent on the level of contributions pledged or received. The organization relies on donors to provide the funding it needs to achieve its objectives through the programmes it plans to implement in a given year.

To minimize financial risks, the ICRC seeks to be realistic in terms of its objectives/budgets and to secure a degree of funding predictability. Commitments from donor countries spanning several years are therefore useful and have been made by Australia, Belgium, Luxembourg, Switzerland and the United Kingdom.

Despite planning constraints and national budget and financial regulations that make it difficult for donors to commit funding over the medium term, the ICRC will continue, whenever deemed relevant, to seek longer-term funding commitments. Clear indications from donors early in the year regarding the annual level of funding and the timing of their transfers would facilitate financial planning and reduce risk.

DIVERSITY IN FUNDING SOURCES

Despite ongoing efforts and discussions with DSG members, progress towards enlarging the range of the ICRC's main financial contributors remained slow. In view of its universal mandate and worldwide activities, the ICRC sought broader support in Asia, Latin America, Central Europe and the Middle East. Although Kuwait entered the DSG, thanks to a significant increase in its contribution to the field budget, the ICRC remained reliant on a small number of key donors for the bulk of its funding.

Overall ICRC funding

CHF 1,219.0 million

79 governments and the European Commission

CHF 1,117.8 million / 91.7% (2012: 91.7%; 2011: 92.4%)

Top 10 governments including the European Commission

CHF 946.1 million / 77.6% (2012: 76.9%; 2011: 79.6%)

Top 5 governments including the European Commission

CHF 701.2 million / 57.5% (2012: 54.7%; 2011: 60.3%)

The fall in the number of National Societies providing contributions was of concern – 66 in 2013 compared with 70 in 2012 and 72 in 2011.

The ICRC sought to raise funds from donor countries' unused budget lines, to implement joint fundraising activities with National Societies and to increase the funding received from private sources.

PRIVATE SECTOR FUNDRAISING

Private sector fundraising, now in its second year of increased investment, continued to grow in terms of income and scale of operation. It included legacies and donations from private individuals, foundations, companies and associations. More specialists were recruited during the year, reinforcing the team responsible for private sector fundraising both in Geneva and from some delegations. Despite the continued challenging economic environment, income from private sources increased significantly, from CHF 29.7 million to CHF 51.3 million, during the year. Much of this increase was attributable to legacies and major individual donations. A legacy promotion campaign continued and new strategies for major donor and corporate fundraising were developed. "The Friends of the ICRC" scheme for individuals was launched and work began on improving digital fundraising capability.

The ICRC maintained contact and continued partnerships with the CSG, which was established in 2005, and some of its members, particularly ABB Asea Brown Boveri Ltd, AVINA STIFTUNG, Crédit Suisse Group, Holcim Ltd, F. Hoffmann La Roche Ltd, Fondation Hans Wilsdorf, Lombard Odier Darier Hentsch & Cie,

2. Each member provides a minimum of CHF 500,000 per year to the ICRC or, in some cases, to the ICRC Foundation.

Swiss Reinsurance Company, Vontobel Group and Zurich Insurance Group. Novartis International AG joined the group during the year. These partnerships provided opportunities to exchange knowledge and expertise, with the aim of enhancing the ICRC's capacity to help victims of armed conflict. A series of professional workshops covered information technology, logistics and human resources and allowed for the sharing of experiences, while a plenary leadership meeting in Geneva marked the 150th anniversary of the ICRC.

Work began on developing better coordinated approaches to private donors in partnership with selected National Societies. The initial focus was on approaches to companies and foundations. This work was slated to continue in 2014 as private donors seek a coordinated and global approach from the organizations they support.

REPORTING TO DONORS

The 2013 Emergency and Headquarters Appeals, the Special Appeals for the Health Care in Danger project and Mine Action, the seven budget extension appeals and one preliminary appeal informed donors of the ICRC's objectives, plans of action and indicators.

The Midterm Report described all field operations from January to May. The context-specific reports contained in the present Annual Report cover the entire year and discuss activities carried out for each target population, which, for the most part, were foreseen in the 2013 Emergency Appeals. The reporting is result-based and includes standard figures and indicators for ICRC activities. A Supplement to the 2012 Annual Report, the 2012 Special Reports on the Health Care in Danger project and Mine Action and 62 updates on a wide range of operations and topics, including reviews of specific programmes or objectives and policy matters, kept donors abreast of the main developments in ICRC operations and related humanitarian issues and priorities.

From March to November, the ICRC provided monthly financial updates. In September, it issued its Renewed Emergency Appeal, which presented the overall funding situation at that time for field operations. In addition to yearly "mobilization tables" that were related to the Emergency Appeals and enabled donors to make in-kind or cash-for-kind contributions, the ICRC published eight such tables related to the budget extensions and the preliminary appeal.

The ICRC Donor Site, a password-protected extranet site on which all documents issued by the ICRC's External Resources Division are posted, continued to give donors immediate access to reports and other funding-related documents, including weekly updates on operational and thematic issues as published on the ICRC website.

LOGISTICS

A GLOBAL NETWORK

The Logistics Division supplies and delivers goods, transports passengers and ensures accountability with regard to the procurement process and the movements of products. Some 2,500 employees – e.g. drivers, strategic purchasers, warehouse attendants and air operation managers – perform more than 50 different functions. Management of the worldwide supply chain is centralized at the logistics centre in Satigny (on the outskirts of Geneva).

Specifically, the division provided direct support to field operations through a centrally consolidated supply chain for particular products (such as pharmaceuticals and rapid deployment kits), coordinated the ICRC's regional logistics hubs in Abidjan (Côte d'Ivoire), Amman (Jordan), Nairobi (Kenya) and Peshawar (Pakistan), monitored emergency stock and evaluated product supply patterns, taking account of geopolitical constraints, the final destination of goods and new sourcing opportunities. The logistics centre carried out long-term activities, such as enhancing logistics processes and software, defining procurement policies, developing or updating product specifications, and producing training materials and delivering courses, including on process optimization.

In 2013, logistics activities focused on:

- ▶ providing relief, engineering and medical supplies through the logistic centre and the regional logistics hubs, mainly for ICRC major operations (see *Operational highlights*); this comprised 7,500 orders for more than 12,000 different items from 3,200 suppliers, weighing a total of 110,000 tonnes and delivered to 86 countries
- ▶ designing innovative operational concepts to supply remote areas grappling with the combined effects of armed conflict and natural disaster
- ▶ introducing a project to improve road safety in partnership with the Finnish Red Cross; in 2013, the ICRC fleet had 2,745 vehicles that travelled 33,954,300 kilometres
- ▶ improving security management for air operations; reinforcing cooperation with WFP with regard to air operator auditing and surveillance
- ▶ continuing and enhancing partnerships with other international organizations in 5 countries for cost-sharing and use of ICRC aircraft; 15 ICRC-operated aircraft flew 10,000 hours, transporting 50,000 passengers and 1,800 tonnes of cargo, with additional ad hoc charters for emergency relief cargo and personnel
- ▶ continuing to improve supply chain processes by developing the future enterprise resource planning (ERP), as part of the OSCAR project, and enhancing processes (for example, improving service levels for goods handling, enforcing standard operating procedures for product reception and handling, and ensuring adequate conditions of storage for sensitive items)
- ▶ developing business intelligence tools to consolidate worldwide transactional information to facilitate fact-based decision-making and provide site managers with performance dashboards
- ▶ conducting on-site audits of manufacturers to promote adherence to good manufacturing practices and ethical standards; initiating product life-cycle studies to define and secure quality standards for goods and materials
- ▶ reducing procurement costs; improving control of headquarters spending/purchasing through a consolidated sourcing approach; enhancing documentation and control mechanisms related to purchasing; exploring how the ICRC can draw on the CSG members' supply chain expertise and resources

CROSS-CUTTING PROJECTS AND MANAGEMENT PROCESSES

Following the formal launch of OSCAR³ in September 2012, the project encountered implementation delays owing to unforeseen changes in consultants. Preparations were made for its first release, set to include the configuration and deployment of the ERP “JD Edwards” at headquarters in Geneva, the Nairobi regional logistics hub, the Nairobi delegation, the Manila Shared Services Centre and one other operational delegation in 2014.

Cross-cutting working groups chaired by the department worked to optimize reporting and decision-making management processes. Specifically:

- ▶ the interdepartmental skills group on business intelligence compiled the needs and concerns expressed by departments and proposed recommendations for a business intelligence roadmap that was adopted by the Directorate as a new programme chaired by the Office of the Director-General (see *Office of the Director-General*)
- ▶ the working group on standardization of institutional data-management procedures contributed to the Reliable And Direct Access to Reference data (RADAR) project, which issued a first release of a standard master data management (MDM) system aimed at strengthening centralized management of reference data

Since its launch in 2012, the sustainable development project has been expanded to 11 participating delegations. In 2013, Abidjan, Amman, Beijing (China), Harare (Zimbabwe), Juba (South Sudan), Mexico City (Mexico) and Monrovia (Liberia) joined the four original pilot delegations that have been part of the project since 2012 – Bogotá (Colombia), Nairobi, New Delhi (India) and Paris (France). The project supported delegations’ efforts to monitor and improve their use of natural resources and waste production and management.

Marking the beginning of an external reporting mechanism on sustainable development within the ICRC, the first Annual Report for Sustainable Development was published in June of 2013. The report presented an overview of the different projects and initiatives that have been put in place throughout the organization. Notably, six indicators were developed to monitor aspects of environmental and social performance in four delegations.

An electronic platform for sustainable development was also made available to all ICRC staff in 2013. The platform documents the integration of sustainable development into the ICRC’s activities, allowing best practices and initiatives to be shared within and across delegations.

3. The project aims to develop a consistent global supply chain that provides material and financial visibility on material management, is able to meet operational challenges and can be progressively deployed across the ICRC.

OPERATIONS

THE ICRC AROUND THE WORLD

AFRICA

ASIA AND
THE PACIFIC

EUROPE AND
THE AMERICAS

MIDDLE EAST

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	113,704
RCMs distributed	98,548
Phone calls facilitated between family members	357,058
People located (tracing cases closed positively)	4,297
People reunited with their families	1,736
of whom unaccompanied minors/separated children	1,476
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	756,158
Detainees visited and monitored individually	23,473
Number of visits carried out	4,863
Number of places of detention visited	1,728
Restoring family links	
RCMs collected	21,435
RCMs distributed	13,865
Phone calls made to families to inform them of the whereabouts of a detained relative	10,664



ICRC headquarters



ICRC delegation



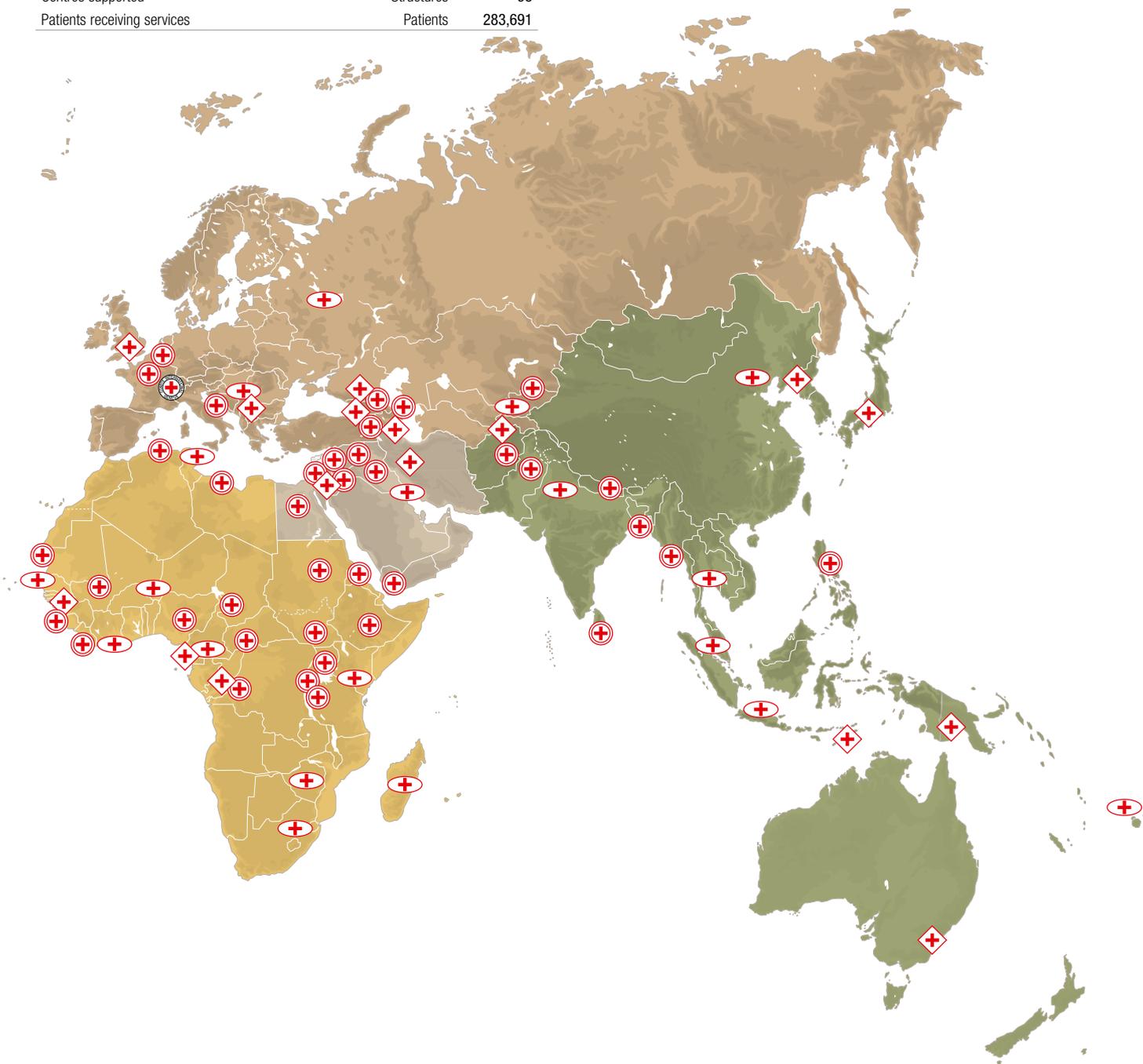
ICRC regional delegation



ICRC mission

ASSISTANCE		Total
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	6,756,494
Essential household items	Beneficiaries	3,018,652
Productive inputs	Beneficiaries	4,606,194
Cash	Beneficiaries	1,021,225
Vouchers	Beneficiaries	43,602
Work, services and training	Beneficiaries	3,525,666
Water and habitat activities	Beneficiaries	28,367,530
Health		
Health centres supported	Structures	454
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	326
Water and habitat		
Water and habitat activities	Number of beds	16,864
Physical rehabilitation		
Centres supported	Structures	93
Patients receiving services	Patients	283,691

EXPENDITURE (in KCHF)	Total
Protection	192,545
Assistance	634,255
Prevention	138,576
Cooperation with National Societies	76,037
General	3,665
	1,045,078
	<i>of which: Overheads 63,308</i>
IMPLEMENTATION RATE	
Expenditure/yearly budget	91%
PERSONNEL	
Mobile staff	1,601
Resident staff (daily workers not included)	10,183



OPERATIONAL HIGHLIGHTS



Thierry Gassmann / ICRC

CONFLICT ENVIRONMENTS AND CHALLENGES FOR HUMANITARIAN ACTION

Several key features emerge on close analysis of the primary characteristics of the armed conflicts and other situations of violence in which the ICRC operated in 2013.

First, with its staggering devastation and regional implications, the conflict in the Syrian Arab Republic (hereafter Syria) developed into one of the most catastrophic and violent crises in a long time. Hundreds of thousands of people were killed or injured, tens of thousands detained or missing, and millions displaced, separated from their families or forced to flee to neighbouring countries and coping with huge pressures. In besieged areas, civilians suffered starvation and lack of access to health care, notably due to the rampant and systematic targeting of medical personnel, transport and facilities. Diplomatic efforts to resolve the crisis continued, but the immediate future looked bleak for Syria's people.

Second, the instability caused by polarization between States and radicalized armed groups has affected the lives and dignity of countless people, undermined the legitimacy of State institutions and made such situations extremely challenging to resolve. Syria was but one example; in Afghanistan, Mali, Somalia and Yemen, for instance, armed confrontations raised issues linked to indiscriminate acts of violence often affecting mainly civilians, the treatment of detainees and the use of remotely piloted aircraft and other counter-terrorism measures. Governments and the international community have rarely managed to stabilize such situations.

Third, ethnic, nationalist or religious grievances and access to critical resources remained key drivers of protracted armed conflicts and other situations of violence. In the Democratic Republic of the Congo (hereafter DRC), fighting between the army and armed groups, and between several armed groups, occurred alongside heightened intercommunal tensions. Civilians suffered widespread abuse, including looting, destruction of property, child

recruitment and sexual violence. South Sudan suffered armed clashes and intercommunal violence earlier in the year, and then an all-out conflict between military factions, destroying communities and leaving hundreds of thousands displaced, injured or dead.

Fourth, the resurgence of State assertiveness and nationalism raised paradoxes. Weak States tended to generate instability because of their inability to maintain law and order and deliver critical services, while strong States at times undermined respect for State legitimacy by employing repressive means, creating volatility as well. States invoked national sovereignty to prevent outsiders, including humanitarian organizations, from interfering in internal affairs, yet were often not as assertive in assuming their responsibility to deliver key services. State assertiveness rose while critical threats to international security and stability, including "terrorism" and organized crime, became transnational in nature, requiring close international cooperation to resolve.

Fifth, displacement and migration continued to have traumatic consequences for men, women and children. Millions of IDPs in the Central African Republic (hereafter CAR), Colombia, Somalia, Syria and elsewhere suffered multiple displacements, loss of property and livelihoods, physical and sexual abuse and other adversities. Refugees and migrants underwent harrowing ordeals crossing from the Horn of Africa to Yemen, from Libya to Europe, through Central America and across Asia. Particularly tragic were the violations and abuse suffered by migrants caught up in conflict-affected or violence-prone regions where they were often stranded without means of contacting their families.

Finally, despite positive macroeconomic indicators and opportunities generated by broadening access to new information technologies, growing social inequalities persisted, the result of uneven wealth redistribution and the fact that billions still lived in abject poverty.

OPERATIONS: REVIEW, APPROACH AND THEMATIC CHALLENGES

In 2013, the ICRC worked to protect and assist millions of people in armed conflicts and other situations of violence – men, women and children whose lives and communities were torn apart, their homes and livelihoods destroyed, forced to flee and survive with no access to basic services and suffering the loss, disappearance or injury of loved ones.

It was a year which saw the ICRC step up its response in several high-profile acute crises – from Syria and the surrounding region to the CAR, Mali and South Sudan – and maintain activities in contexts where civilians have for years suffered the heavy consequences of protracted armed conflicts, such as in Afghanistan, Colombia, the DRC, Israel and the occupied territories, and Somalia. It also stepped in when natural disaster struck, coming to the aid, for example, of communities in the Philippines dealing first with the aftermath of Typhoon Bopha and a year later Typhoon Haiyan; the ICRC, which was already working with populations affected by low-intensity conflict, responded to urgent needs with the Philippine Red Cross.

In these and other parts of the world, ICRC teams in the field maintained their proximity to vulnerable populations and gained

access to others, sometimes being among the few actors on the ground, as in the CAR, northern Mali or Somalia. This and other key parameters of the ICRC's working methods, notably its neutral, impartial and independent approach to humanitarian action, confidential dialogue with all sides, and adaptability, enabled it to reach some of the most difficult or isolated areas. In responding to the diverse vulnerabilities of those affected, ICRC teams drew on integrated protection, assistance, prevention and cooperation activities to cover both acute and chronic needs.

In many contexts, the ICRC's approach led to new or reinforced relations with diverse stakeholders – crucial in today's multi-polar world – and therefore acceptance for its mandate and mission; however, the exposure of its staff also led to security risks. In Afghanistan, where the ICRC has been present for many years, an attack on the Jalalabad sub-delegation killed one of the guards, showing that proximity does not always equal acceptance. Increasingly, humanitarian workers faced the threat of abduction, as was the case, at the time of writing, for three ICRC colleagues in Syria. In some contexts the authorities impeded activities, asserting their sovereignty or denying the ICRC access to sensitive places.

In all these operations, cooperation with the National Societies, notably operational partnerships through which thousands of Red Cross or Red Crescent volunteers worked alongside ICRC teams, was a key component of activities for communities. The result was a strong Movement response, for example in Colombia, the DRC, Mexico and Myanmar, that included deployments of National Society medical teams to reinforce ICRC operations, as in the Philippines and South Sudan. National Society volunteers also faced substantial risks, as seen in the critical case of the Syrian Arab Red Crescent, with 33 volunteers killed since the beginning of the conflict (as at 31 December).

Despite the challenges, the ICRC delivered strong responses as set out in its initial budget of CHF 988.7 million for the 2013 Emergency Appeals and in eight budget extensions during the year for the DRC (CHF 10.0 million), Myanmar (CHF 8.1 million), Niamey regional (CHF 39.2 million), the Philippines (CHF 29.7 million and CHF 14.5 million for Typhoons Bopha and Haiyan, respectively), and the Syrian armed conflict (Jordan – CHF 6.4 million; Lebanon – CHF 5.8 million; Syria – CHF 50.1 million).

The different phases of armed conflict and violence – emergency, early recovery and post-conflict – required varied responses. Moreover, people had different needs depending on their gender, age and circumstances (e.g. forcibly displaced, detained or with missing family members). The ICRC, often with National Societies, took these into account in deciding with the populations affected on the most appropriate way to alleviate their suffering, placing their specific needs at the core of the response and drawing on multidisciplinary activities and expertise rather than a standardized approach. In many contexts, it contributed its expertise in particular domains, for example in improving conditions in places of detention through visits and direct assistance to detainees and working with the authorities on a structural level (e.g. Burundi, Cambodia, Madagascar, Lebanon and Zimbabwe). Thanks to sustained efforts and dialogue with authorities, the ICRC obtained greater access to detainees in Bahrain, Ethiopia, Myanmar, Nigeria and Somalia.

The ICRC continued to highlight the threats facing health-care service delivery and attacks against health personnel and facilities and patients. It pursued its four-year Health Care in Danger

project, with many delegations collecting information on reported incidents and making representations to the alleged perpetrators. Between January 2012 and July 2013, more than 1,400 such incidents were reported in at least 23 countries; over 90% directly affected local health-care providers (private or public), and 14% were related to National Societies. In parallel, workshops and consultations brought together experts, practitioners and armed forces personnel.

Sexual violence was another area in which the ICRC launched a four-year plan, in 2013, to strengthen its holistic operational response to the thousands of women, girls, men and boys affected in armed conflicts and other situations of violence, with devastating consequences.

Profound changes within the humanitarian community made coordination and partnership as important as ever. With so many players responding in crises – the Movement, UN agencies, regional bodies, armed forces, governments, national and international NGOs, faith-based organizations, donors, and other actors increasingly seen on the front line – ICRC field teams stepped up their efforts to coordinate activities and share analyses.

AFRICA

Acute crises in the CAR, the DRC, Mali and South Sudan unfolded alongside persistent poles of instability and humanitarian needs, including in Libya, Nigeria, Somalia and Sudan.

In Mali, following conflict and division in 2012, a military intervention led by France and Mali and several other African nations in early 2013 led to the retaking of the country's northern regions. Despite improvements for the population, insecurity prevailed, displaced persons did not return in great numbers and significant needs remained. ICRC support helped ensure the full functioning of the Gao hospital and several clinics, where people received emergency or standard health services. Over half a million people also benefited from food distributions or agricultural projects. Dialogue with the Malian government and the French armed forces facilitated ICRC access to detainees.

The multiplicity of armed groups in different parts of the DRC affected millions of people, who suffered attacks, looting, sexual abuse, displacement, injury or death. The arrival of the "intervention brigade" under a more robust UN mandate and operations carried out by the DRC armed forces led to the military defeat of the M23. Working closely with the National Society, the ICRC focused its response on emergency medical needs, providing surgical support in hospitals in Goma during peaks of conflict. IDPs and returnees received critical assistance, and victims of sexual violence obtained psychological support and medical treatment at ICRC-supported counselling centres.

In the neighbouring CAR, after the overthrow of the government in March, nine months of sectarian violence killed thousands, displaced even more and undermined already weak State service delivery. Thanks to its longstanding presence in Bangui and in towns like Kaga Bando or Ndele, the ICRC was able to preserve its access and implement vital activities, from an emergency medical response alongside Médecins Sans Frontières, to food, water and livelihood projects that helped IDPs and residents boost their coping ability – although, overall, the security situation on the ground presented some challenges in reaching all those in need.

South Sudan ended the year in the midst of an armed conflict between rival military factions, coming on top of several instances of intercommunal violence throughout the year, notably in Jonglei state. The remoteness of the regions affected and the fragility of national institutions prompted the ICRC to significantly scale up its capacities, centring on medical aid, food and water provision and protection activities.

In northern Nigeria, violence occurred among communities and between government forces and Boko Haram. With its office in Maiduguri, the ICRC was among the few organizations addressing some of the population's priority needs, together with the National Society.

In Sudan, operations continued in Darfur; they did not develop in Blue Nile and South Kordofan.

ASIA

South Asia experienced the lingering consequences of armed conflict and violence. In Afghanistan, the prolonged suffering of the population seemed set to continue. The deadly attacks against the Jalalabad sub-delegation and National Society and NGO staff were evidence of the challenging environment. Partly revising its set-up, the ICRC continued its operations – its second-largest worldwide – maintaining support for hospitals, National Society clinics and physical rehabilitation centres. It visited people detained, predominantly by the Afghan authorities but also by the remaining international forces.

In Pakistan, following the killing of an ICRC medical delegate in 2012 as well as discussions with the authorities, operations were limited to those outlined in a 1994 agreement, leaving the ICRC's activities reduced in this context.

The impact of the ICRC's response in Myanmar grew considerably in 2013. In Rakhine state, it worked with health authorities and the National Society in providing civilians with health care and other assistance following intercommunal violence. It resumed visits to detainees and delivered medical supplies to Kachin state. It also started carrying out training for Myanmar police forces.

The Philippines was twice in twelve months hit by deadly typhoons. Together with the Philippine Red Cross, the International Federation and other National Societies, the ICRC deployed additional personnel and provided food, shelter, medicine and water for hard-hit communities in Mindanao and, later, in Samar. During the year, violence in Zamboanga required emergency action for tens of thousands of IDPs.

EUROPE AND THE AMERICAS

Operations in Latin America focused on the needs of people affected by the conflict in Colombia. Despite the ongoing peace negotiations, the effects of years of conflict remained; the ICRC, often with the Colombian Red Cross, responded to urgent and long-term needs relating, *inter alia*, to medical assistance in remote areas, weapon contamination and the consequences of sexual violence. Acting as a neutral intermediary, the ICRC facilitated the release of 26 people held by armed groups, enabling them to return to their families, in some cases after many years.

Across the Americas and Europe, with the National Societies, the ICRC addressed consequences of conflicts or violence on communities – as in Chile, Peru and the South Caucasus – and migrants –

as in Central America, Greece and Italy. This included responding to needs in relation to disappearance, health care, sexual violence, conditions of deportation and severed family links. The issue of missing persons remained a priority in the South Caucasus and the Western Balkans.

Across the region, the ICRC visited people deprived of their freedom, including at the US internment facility at Guantanamo Bay Naval Station in Cuba, where over 160 people have received almost a hundred visits since 2002. It called for the transfer of internees already declared eligible and for improved family contacts for inmates. In Uzbekistan, the ICRC terminated its visits to detainees owing to its inability to work according to its standard procedures.

MIDDLE EAST

In Syria, despite numerous operational constraints, up to 200 ICRC staff, together with the Syrian Arab Red Crescent, reached hundreds of thousands of people affected by the conflict. The ICRC stepped up its presence in early 2013, opening a base in Tartus, thereby broadening its contacts with all parties and obtaining greater access across fighting lines. With the Syrian Arab Red Crescent, it distributed food and household kits to millions of people, mainly IDPs also benefiting from emergency drinking water and improvements to their housing. An estimated 80% of the population continued drinking water thanks to ICRC-donated water-treatment supplies, spare parts, pumps and generators to local water boards.

Of deep concern to the ICRC in Syria was the obstruction of its medical activities, severely constrained by widespread insecurity and the authorities' unwillingness to let medical supplies enter areas held by armed groups. There was likewise no progress on access to detainees, whose conditions and treatment were worrying.

In neighbouring Iraq, Jordan and Lebanon, the ICRC, with the National Societies, provided emergency medical assistance, food, essential household items, clean water and/or family-links services for people fleeing Syria.

Inside Iraq, the situation further deteriorated, with levels of violence and casualties at their highest since 2006–07 and the sectarian nature of the confrontations becoming a source of concern. The ICRC continued visiting detainees and implementing large-scale medical and livelihood programmes for people displaced or otherwise vulnerable.

In Israel and the occupied Palestinian territory, the ICRC visited prisoners and helped Palestinians living under occupation meet their essential needs through various initiatives. In the Gaza Strip, for example, it rehabilitated key water and health infrastructure in coordination with the *de facto* authorities. It also began to engage in a constructive debate with the Israeli public on three occupation policies, namely the routing of the West Bank barrier, the annexation of East Jerusalem and the settlement policy, which contravene IHL. For other issues such as the conduct of hostilities, detention and the restoration of family links, the ICRC maintained bilateral and confidential dialogue with the Israeli authorities. In Yemen, armed clashes continued, affecting civilian life and injuring or killing many, even as the National Dialogue Conference was ongoing. During fighting in Dammaj village, the ICRC evacuated wounded people in risky cross-line operations. While security and access issues affected certain activities, it provided emergency relief, medical support and livelihood assistance for IDPs and residents, and reached an agreement with the government, awaiting formalization, on improved access to detainees.

ICRC OPERATIONS IN 2013: A FEW FACTS, FIGURES AND RESULTS

PRESENCE

In 2013, the ICRC was present in more than 80 countries through delegations, sub-delegations, offices and missions. Its delegations and missions were distributed throughout the world as follows:

Africa	30
Asia and the Pacific	17
Europe and the Americas	27
Middle East	10

PERSONNEL

The average number of ICRC staff in 2013 was as follows:

Headquarters:	949
Field: Mobile staff	1,601
<i>Mobile employee</i>	1,461
<i>National Society employee</i>	98
<i>Resident employee on temporary mission</i>	42
Field: Resident staff	10,183
Field: total¹	11,784
Final total	12,733

1. This figure does not include an average of 1,162 daily workers hired by the ICRC in the field

FINANCE

ICRC expenditure in 2013	In million	CHF	USD	EUR
Headquarters		189.0	204.0	154.0
Field		1,045.1	1,128.5	851.5
The sub-total comes to CHF 1,234.0 million, from which field overheads (CHF 63.3 million) must be deducted in order to reach the final total.				
Final total		1,170.7	1,264.2	953.8

Exchange rates: USD 1.00 = CHF 0.9261; EUR 1.00 = CHF 1.2274

10 largest operations in 2013 in terms of expenditure	In million	CHF	USD	EUR
1 Syrian Arab Republic		81.3	87.8	66.2
2 Afghanistan		76.8	82.9	62.6
3 Niamey (regional)		73.1	78.9	59.5
4 Congo, Democratic Republic of the		64.7	69.9	52.7
5 Somalia		64.1	69.2	52.2
6 Iraq		56.5	61.0	46.0
7 South Sudan		53.7	58.0	43.8
8 Philippines		51.3	55.3	41.8
9 Israel and the Occupied Territories		44.4	47.9	36.2
10 Sudan		35.7	38.5	29.1

Exchange rates: USD 1.00 = CHF 0.9261; EUR 1.00 = CHF 1.2274

VISITS TO DETAINEES

ICRC delegates visited **756,158 detainees**, 23,473 of whom were monitored individually (773 women; 1,226 minors), held in **1,728 places of detention** in **96 contexts**, including detainees held by or in relation to the decisions of **5 international courts/tribunals**. Of this number, **13,239 detainees** (449 women; 1,111 minors) were registered and visited for the first time in 2013.

With support provided by the ICRC, **13,076 detainees** benefited from **family visits**.

A total of **21,515** detention attestations were issued.

RESTORING FAMILY LINKS

The ICRC collected **135,139** and distributed **112,413 RCMs**, thus enabling members of families separated as a result of armed conflict, unrest, disturbances or tensions to exchange news. Among these messages, **21,435** were collected from and **13,865** distributed to **detainees**. In addition, the ICRC facilitated **357,058 phone calls** between family members. The ICRC also made **10,664 phone calls** to families to inform them of the whereabouts of a detained relative visited by its delegates.

The ICRC **registered 2,679 unaccompanied/separated children** (851 girls), including **775 demobilized children** (45 girls) during 2013. Once their families had been located and with the agreement

of the children and their relatives, it organized the reunification of **1,476 children** (437 girls) with their families. By the end of the year, the cases of **1,794 unaccompanied/separated children** (including **346 demobilized children**) were still being handled, which involved tracing their relatives, maintaining contacts between the children and their families, organizing family reunification and/or identifying other long-term solutions for the children concerned.

The ICRC established the **whereabouts of 4,297 people** for whom tracing requests had been filed by their families. The ICRC website familylinks.icrc.org listed the **names of 31,492 people**, helping reconnect them with their relatives and friends. At the end of the year, the ICRC was still taking action to locate **51,204 people** (**4,644 women**; **5,591 minors** at the time of disappearance) at the request of their families.

The ICRC **reunited 1,736 people** (including **1,476 minors**) with their families. It organized the **transfer or repatriation of 1,875 people**, including **143 detainees after their release**. It also

organized the transfer or repatriation of **1,076 sets of human remains**. It issued **travel documents** that enabled **4,420 people** to return to their home countries or to settle in a host country.

It relayed **1,493 official documents** of various types between family members across borders and front lines.

A total of **768,005 people** contacted ICRC offices worldwide for services or advice regarding issues related to protection and family links.

ASSISTANCE

In 2013, the ICRC ran assistance programmes in **81 countries**. The bulk of the work was carried out in Afghanistan, the Central African Republic, Colombia, the Democratic Republic of the Congo, Israel and the occupied territories, Jordan, Lebanon, the Philippines, Somalia, South Sudan, Sudan, the Syrian Arab Republic and Yemen.

ASSISTANCE SUPPLIES

In 2013, the ICRC purchased or received as contributions in kind the following assistance supplies:		
Relief items	126,620 tonnes	CHF 137 million
Including top 10		
Canned Food, Fish	3,791,364 each	
Kits, Relief, Food Parcel, for family, 5 persons/1 month	468,019 each	
Food, Edible Oil, L	3,984,405 litres	
Food, Cereals, Rice, kg	32,088,510 kg	
Kits, Relief, Cooking Set	321,685 each	
Housing, Furniture, Bed mattress	327,211 each	
Housing, Shelter, Tarpaulins	321,623 each	
Housing, Shelter, Blankets	1,310,463 each	
Food, Pulses, Beans, kg	7,850,438 each	
Medical and physical rehabilitation items		CHF 29 million
Water and habitat items		CHF 27 million
	TOTAL	CHF 193 million
		USD 208 million
		EUR 157 million

Exchange rates: USD 1.00 = CHF 0.9261; EUR 1.00 = CHF 1.2274

ECONOMIC SECURITY

During the year, ICRC activities to ensure economic security, many times implemented together with host National Societies, directly benefited households and communities in **55 countries** worldwide. Some **6,786,000 internally displaced people (IDPs), returnees, residents** (in general, people living in rural areas and/or areas difficult to reach owing to insecurity and/or lack of infrastructure) and **people deprived of their freedom** received aid in the form of **food** and **3,466,000** in the form of **essential household and hygiene items**. Around **66%** and **62%** of the beneficiaries of food and essential household and hygiene items respectively were **IDPs**, around **31%** and **26%** respectively were **women** and around **40%** and **36%** respectively **children**. In addition, some **4,619,000 people** (of whom around **7%** were **IDPs**) benefited from livelihood support through **sustainable food-production programmes or micro-economic initiatives**. These included

various response mechanisms ranging from the rehabilitation of traditional irrigation systems to small-scale community-based cash-for-work and livestock-management/support projects. Some **3,526,000** people received assistance in the form of work, services and training.

WATER AND HABITAT

In 2013, the ICRC **mobile and resident engineers and technicians** were involved in water, sanitation and construction work in **58 countries**. These projects catered for the needs of some **28,707,000 people** worldwide (IDPs, returnees, residents – in general, people living in rural areas and/or areas difficult to reach owing to insecurity and/or lack of infrastructure – and people deprived of their freedom). Around **30%** and **40%** of the beneficiaries were **women** and **children** respectively.

HEALTH CARE SERVICES

During the year, the ICRC regularly or occasionally supported **326 hospitals** and **560 other health care facilities** around the world. An estimated **8,223,000 people** (31% women; 50% children) benefited from ICRC-supported health care facilities. **Community health** programmes were implemented in **25 countries**, in many cases with National Society participation. Among the **4,330,000** patients who received consultation services, **36%** were women and **39%** were children.

Some **13,600 weapon-wounded** and **112,400 non-weapon-wounded** surgical patients were admitted to ICRC-supported hospitals in **31 countries**, where some **150,000 surgical operations** were performed. In these hospitals, more than **436,600 other patients** were admitted, including **194,508** women and girls receiving **gynaecological/obstetric** care. Some **1,399,000 people** were treated as outpatients and **3,442** people had their **treatment paid for** by the ICRC. The ICRC supported **106 first-aid posts** located near combat zones, which provided emergency treatment, mainly for weapon-wounded patients.

Health in detention activities were carried out in **42** countries.

CARE FOR THE DISABLED

ICRC physical rehabilitation technicians provided support to more than **90 centres** in **27 countries** and **1 territory**, enabling **283,691 patients** (including **51,500** women and **87,840** children) to receive services. A total of **9,146 new patients** were fitted with **prostheses** and **31,211 with orthoses**. The centres produced and delivered **22,119 prostheses** (including **2,981** for women and **1,494** for children; **7,681** for mine victims) and **68,077 orthoses** (including **11,759** for women and **35,608** for children; **1,997** for mine victims). In addition, **3,743 wheelchairs** and **38,679 crutches and walking sticks** were distributed, most of them locally manufactured. Training of local staff was a priority in order to ensure sustainable services for patients.

WEAPON CONTAMINATION

Throughout the year, the Weapon Contamination Unit provided operational support to delegations, National Societies and political authorities in **27 contexts** (23 delegations). The Unit also worked with the UN and NGOs to further develop and strengthen international mine-action standards and coordination.

FORENSIC SERVICES

During 2013, the ICRC's forensic services supported field operations in more than **50 countries** in all regions, to help prevent and resolve cases of missing persons, including in emergencies. Activities consisted in promoting and supporting the implementation of forensic best practice for the proper and dignified recovery, management and identification of human remains in armed conflict, other situations of violence and natural disaster. In addition, a variety of internal and external training, dissemination and networking activities, including for National Societies, were conducted to build countries' capacities to deal with the problem and to raise general awareness of the issue.

ICRC COOPERATION WITH NATIONAL SOCIETIES

The aim of the ICRC's cooperation with National Societies is twofold: 1) to strengthen operational relationships with host National Societies (National Societies working in their own countries) to improve their activities for people affected by armed conflict and other situations of violence, and 2) to strengthen their capacities overall.

In the vast majority of the countries where it operates, the ICRC does so in partnership with host National Societies and with the support of National Societies working internationally. In 2013, more than **one third (35%) of the ICRC's operational activities were conducted in partnership with the National Society of the country concerned**, with the following breakdown by programme:

▶ Assistance	42%
▶ Protection	36%
▶ Prevention	31%

These activities were implemented in **48** ICRC delegations. The ICRC also contributed to the overall strengthening of the National Societies' capacities to carry out their own activities.

Direct cash transfers to boost National Society capacities to provide immediate responses represented CHF 18 million. Total ICRC investment in overall capacity building represented CHF 22.4 million.

PUBLIC COMMUNICATION

In 2013, the ICRC's humanitarian concerns and activities continued to be widely covered by media worldwide. According to the Factiva database, which compiles print and online media sources worldwide, the ICRC was **mentioned about 15,000 times**.

The ICRC produced some **164 print and audiovisual products**, including **25 video news items**, which were issued to broadcasters worldwide, and **71 other video news items and films** for use with various target groups. The ICRC's news footage was carried by over **250 channels worldwide**, including Al Jazeera and BBC World television.

The ICRC distributed some **380,000 publications and copies of films** from Geneva, Switzerland, to clients worldwide.

The ICRC website received some **16 million page views** in total, roughly the same as in 2012.

Interest in the ICRC's social media platforms grew significantly: the number of 'likes' for the Facebook page increased fourfold to reach 250,000; the number of followers of the ICRC's six main Twitter accounts nearly doubled to 217,000; and ICRC videos were viewed more than half a million times on YouTube.

STATE PARTICIPATION IN IHL TREATIES AND DOMESTIC IMPLEMENTATION

The ICRC continued to develop an active dialogue with national authorities worldwide in order to promote accession to IHL treaties and their domestic implementation. It provided legal and technical advice to governments, and encouraged and supported them in their endeavours to establish national interministerial committees entrusted with the national implementation of IHL. In 2013, **2 new national IHL committees were created** (in Bangladesh and Liberia), bringing the total number worldwide to **104**.

The ICRC organized, or contributed to, **43 regional events** in relation to IHL and its incorporation into domestic law, which were attended by some **880 people** from **118 countries**.

This work contributed to **62 ratifications of IHL treaties** (including 1 of the 1949 Geneva Conventions, 1 of Additional Protocol I, and 4 of Additional Protocol III) by **39 countries**. In addition 12 countries adopted 13 pieces of domestic legislation to implement various IHL treaties, and many prepared draft laws on other related topics.

Throughout the year, ICRC delegates met with various weapon bearers present in conflict zones, from members of the military and the police to paramilitary units, armed groups and staff of private military companies.

- ▶ **32** specialized ICRC delegates conducted or took part in more than **150 courses, workshops, round-tables and exercises** involving some **125,000 military, security and police personnel** in more than **90 countries**; more than **80 military officers** from **40 countries** received ICRC scholarships to attend **8 military courses** on IHL in San Remo, Italy
- ▶ **70 general and senior officers** from **55 countries** attended the Senior Workshop on International Rules Governing Military Operations in Cartagena, Colombia
- ▶ the ICRC maintained relations with the **armed forces** of **163 countries** and engaged in dialogue with armed groups in more than 40 countries
- ▶ specialized delegates in Africa, Asia, Europe, and North America represented the ICRC and observed the implementation of IHL or international human rights law during some **15 international military exercises**

RELATIONS WITH ACADEMIC CIRCLES

Over **430 universities** in more than **80 countries** received support for the teaching of IHL while, outside the classroom, **individual professors** participated in the development, implementation and promotion of the law. Over **60 delegations** provided training to university lecturers, co-organized seminars, supported student competitions and stimulated academic debate on how to improve respect for the law.

In 2013, the ICRC organized or co-organized:

- ▶ **12 regional and international IHL training seminars for academics** (4 in Africa; 3 in Asia and the Pacific; 3 in Europe and the Americas; 2 in the Middle East), involving **over 300 professors, lecturers and graduate students**
- ▶ an intensive IHL training course for humanitarian practitioners in France for 32 competitively selected senior practitioners and policy-makers
- ▶ **6 regional IHL competitions** for students (2 in Africa; 2 in Asia and the Pacific; 2 in Europe and the Americas), involving some **250 students and lecturers**
- ▶ the annual Jean-Pictet Competition on IHL, involving **47 student teams** from around the world

In addition:

- ▶ the *International Review of the Red Cross*, a peer-reviewed academic journal published by the ICRC and Cambridge University Press, produced **4 issues** on the following topics: violence against health care; multinational operations and the law; the scope of application of IHL; and generating respect for the law

- ▶ **4,000 copies of the journal were printed**, with selected articles translated into Arabic, Chinese, French, Russian and Spanish, and distributed in over **70 countries** around the world. The main readership of the journal includes lawyers, military experts, academics, humanitarian practitioners and policy-makers.

SUPPORTING IHL EDUCATION IN SCHOOLS

Education authorities and **National Societies** worldwide received support from the ICRC to work towards the integration of IHL and humanitarian education into formal secondary school curricula. Youth projects in which humanitarian education forms part of an integrated response to the consequences of urban violence continued to expand in Latin America.

In 2013:

- ▶ more than **10,000 people consulted the Exploring Humanitarian Law Virtual Campus**, a web-based resource centre for the programme
- ▶ the ICRC continued to address the consequences of urban violence affecting young people in Latin America through contextualized school-based projects – in Honduras, the cities of Medellín, Colombia, and Rio de Janeiro, Brazil, and in Ciudad Juárez, Guerrero and Valle de Juárez in Mexico – all aimed at fostering a humanitarian space in and around schools
- ▶ the ICRC worked together with the International Federation and several National Societies to consolidate the concept of humanitarian education as a guiding reference for Movement action in the field of youth and education. With a view to providing a coherent Movement approach in this field, the “Humanitarian Education Platform” was launched during the 2013 Council of Delegates in Sydney, Australia.

INFORMATION AND DOCUMENTATION MANAGEMENT AND MULTILINGUAL COMMUNICATION

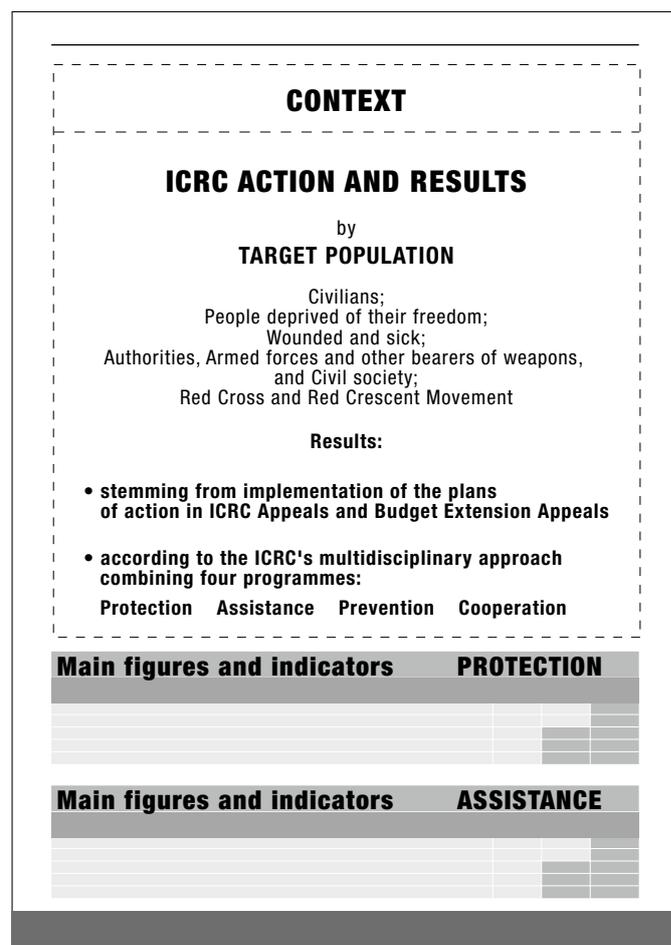
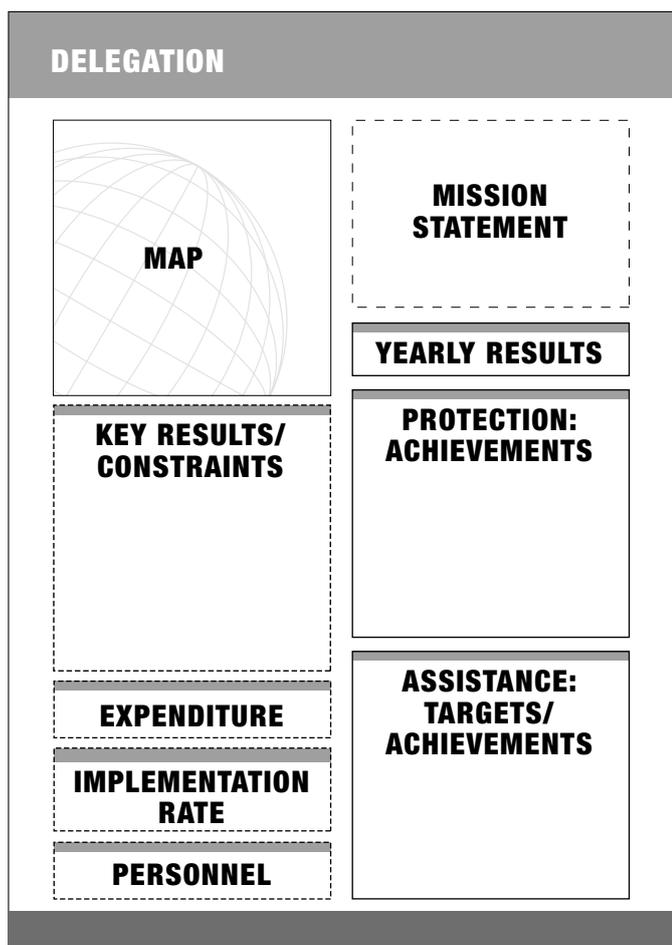
The ICRC’s Archive and Information Management Division managed **more than 20** linear kilometres of archival records and a collection of over **27,000 books, 800,000 photos**, about **800 hours of video footage** and **12,500 audio files**. Last year, it received **2,500 visitors** and handled more than **3,000 requests** from National Societies, NGOs, academia, government departments and the media.

The ICRC’s Preservation and Tracing Archives Unit handled **more than 2,500 requests** from victims of past armed conflicts while its Records Management Unit responded to some **600 internal research requests**.

ICRC headquarters received **134 groups** totaling about 3,120 people (university students: **60.7%**; National Society staff and volunteers: **15.8%**; diplomatic community: **10.2%**; members of armed forces: **7.7 %**; the private sector: **2.4%**; secondary school and vocational training students: **1.6%** and NGOs and religious groups: **1.6%**).

More than **10 million words** were translated, edited and proof-read by translators and editors working for or contracted by the ICRC through its language service.

USER GUIDE: LAYOUT OF DELEGATION SECTIONS



The sections on each of the field delegations and missions in the *Annual Report* have been formatted to facilitate reader access to the information they contain. Each section comprises the following elements:

- Map:** the country or region showing the ICRC's presence during the year; the maps in this publication are for information purposes only and have no political significance
- Delegation:** the State(s), geographical areas, and/or political entities covered by the ICRC's presence
- Mission statement:** the ICRC's reasons for being in the country or region and its main activities there
- Yearly results:** the level of achievement of the ICRC's objectives and plans of action
- Key results/constraints:** up to six major achievements or examples of progress made by the ICRC or constraints it faced in meeting its humanitarian objectives in a given context
- Protection:** a table providing key indicators regarding activities for restoring/maintaining family links and for people deprived of their freedom
- Assistance – targets and achievements:** a table juxtaposing targeted beneficiary numbers or other result indicators (as presented in ICRC appeals) against those achieved during the reporting period
- Expenditure:** total, and by programme
- Implementation rate:** expenditure divided by yearly budget multiplied by 100 (indicator)
- Personnel:** the average number of expatriate and national staff employed over the course of the year
- Context:** the main developments in a given context and how these have affected people of concern to the ICRC; this segment highlights the elements that the ICRC takes into consideration when analysing the situation to carry out its humanitarian action
- ICRC action and results:** a summary of the ICRC's action and results in the given context followed by a more detailed description of this action and the results by target population
- ICRC action and results – by target population:** a description of the ICRC's action and the results by target population

These descriptions follow up on objectives and plans of action provided to donors in yearly appeals and budget extension appeals. They include qualitative and quantitative results (output, outcome and contribution to impact) and combine activities carried out in the four ICRC programmes, thus illustrating the ICRC's multidisciplinary approach.

- Main figures and indicators:** two tables providing key output and outcome figures relating to ICRC protection and assistance programmes in a given context

USER GUIDE: YEARLY RESULTS

The ICRC aims to ensure that people in need of protection and assistance in armed conflict and other situations of violence receive effective and relevant support, in fulfilment of the organization's mandate and of its responsibility to use donor funds optimally; thus the ICRC employs result-based management, a structured approach that focuses on the desired and expected results for the beneficiaries throughout the management cycle¹. A central element of this approach is the ICRC's yearly planning and regular monitoring and review of its activities and achievements and of the needs of the people affected through updated or new assessments. This process is structured according to the ICRC corporate management framework, which covers programmes and target populations². In particular, during the yearly planning exercise,

specialists and managers in the field and at headquarters assess and analyse all ICRC operations and review the progress made in terms of project implementation and of their results against the objectives defined during the previous year's planning exercise. On this basis, the ICRC appraises its yearly performance in each operation and defines new plans for the year to come.

The present report provides the outcomes of these appraisals made exclusively according to the objectives and plans of action defined for each context/delegation for the year concerned.

Success in achieving the objectives and plan of action are evaluated using the scale below:



The score provided for the yearly results of each context/delegation is the response to the following questions: **What is the level of achievement of the ICRC's objectives and plans of action for the given year? To what extent did the ICRC implement its plans of action as defined in its appeals?** These objec-

tives and plan of action are presented in the yearly appeals and budget extension appeals to donors. Scores, therefore, are not based on the global humanitarian situation in the context or on the institutional ambition the ICRC may, could or should have had in that context.

¹ See in the present report *The ICRC's operational approach to result-based management: improving humanitarian action*

² See in the present report *ICRC management framework and descriptions of programmes*

USER GUIDE: FIGURES AND INDICATORS – EXPLANATIONS

INTRODUCTION

Standard **figures and indicators** detail protection and assistance programmes worldwide:

- ▶ for each context section, when relevant:
 - **key figures** for each programme are provided on the front page
 - **summary tables** by programme are available at the end of the section – e.g. Afghanistan or Caracas (regional)
 - additional tables may be included within a context report with specific disaggregated indicators that are relevant to the operations in that context
- ▶ the section introducing each geographical entity (Africa, Asia and the Pacific, Europe and the Americas, and Middle East) includes:
 - **key figures** for each programme for all contexts covered by the **geographical entity** on the front page
 - **summary tables** of the programmes for all contexts covered by the **geographical entity** at the end of the section
- ▶ at the end of the operational sections, the section “Figures and indicators” provides comprehensive **worldwide summary tables**

The sub-sections below list the indicators and their definitions. Where relevant, these indicators are used in the aforementioned sections and tables.

It must be noted, however, that these figures and indicators do not capture the full extent of the ICRC’s action, results and priorities. Collecting, interpreting and managing data in contexts as diverse and volatile as those the ICRC is active in is particularly difficult to prioritize, if not impossible to undertake. Different combinations of the adverse environment; inaccessibility due to conflict, violence or other crises; and cultural and/or State-imposed restrictions (e.g. government policies against providing data on health care activities or gender-specific breakdowns of beneficiaries) may be barriers to such efforts. Some types of support, including ad hoc assistance given to health centres or hospitals during emergencies, are not always included in the count of structures supported. Moreover, other types of support and results are simply impossible to quantify in figures; however, their relevance should not be discounted: for example, the precise impact of dialogue with different authorities or weapon bearers or the multiplier effect of training initiatives cannot be reflected in numbers.

PROTECTION FIGURES AND INDICATORS

GENERAL

Child / minor

a person under 18 or under the legal age of majority

Girl

a female person under 18 or under the legal age of majority

Woman

a female person aged 18 or above the legal age of majority

Basis for the figures

all figures – except for *detainees visited* – are precise and are based on registrations, counting or recorded activities carried out by the ICRC or the ICRC’s partners, mainly National Societies; figures for *detainees visited* are based on figures provided by the detaining authorities

RESTORING FAMILY LINKS

RED CROSS MESSAGES (RCMs)

RCMs collected

the number of RCMs collected, regardless of the destination of the RCM, during the reporting period

RCMs distributed

the number of RCMs distributed, regardless of the origin of the RCM, during the reporting period

OTHER MEANS OF FAMILY CONTACT

Phone calls facilitated between family members (by cellular or satellite phone)

the number of calls facilitated by the ICRC between family members

Phone calls made to families to inform them of the whereabouts of a detained relative

the number of calls made by the ICRC to inform families of the whereabouts of a detained relative

Names published in the media

the number of names of people – those sought by their relatives or those providing information about themselves for their relatives – published in the media (e.g. newspaper or radio broadcast)

Names published on the ICRC website

the number of names of people – those sought by their relatives or those providing information about themselves for their relatives – published on the ICRC’s family-links website (familylinks.icrc.org)

REUNIFICATIONS, TRANSFERS AND REPATRIATION

People reunited with their families

the number of people reunited with their families under the auspices of the ICRC during the reporting period

Civilians transferred/human remains transferred

the number of civilians or remains, not including those in the context of detention, transferred by the ICRC during the reporting period

Civilians repatriated/human remains repatriated

the number of civilians or remains, not including those in the context of detention, whose repatriation was facilitated by the ICRC during the reporting period

TRACING REQUESTS¹

People for whom a tracing request was newly registered

the number of people for whom tracing requests were initiated by their families during the reporting period, including because there had been no news of them, they could not be located using RCMs, or they were presumed to have been arrested and/or detained

1. all cases of people whose fates are not known either to their families or to the ICRC and for whom the ICRC is going to undertake some kind of action to clarify their fates or to confirm their alleged fates; these can include allegations of arrest and co-detention, and tracing requests collected following unsuccessful attempts to restore family links by other means

Tracing requests closed positively

the number of people for whom tracing requests had been initiated and who were located or whose fates were established (closed positively) during the reporting period

Tracing requests still being handled at the end of the reporting period

the number of people for whom tracing requests were still open and pending at the end of the reporting period

UNACCOMPANIED MINORS (UAMs)²/SEPARATED CHILDREN (SCs)³/DEMobilized CHILD SOLDIERS

UAMs/SCs/demobilized child soldiers newly registered

the number of UAMs/SCs/demobilized child soldiers registered by the ICRC or the National Society during the reporting period, and whose data are centralized by the ICRC

UAMs/SCs/demobilized child soldiers reunited with their families

the number of UAMs/SCs/demobilized child soldiers reunited with their families by the ICRC or the National Society

Cases of UAMs/SCs/demobilized child soldiers still handled at the end of the reporting period

the number of UAMs/SCs/demobilized child soldiers whose cases were opened but who had not yet been reunited by the ICRC or the National Society concerned or by another organization during the reporting period – these include cases concerning children whose parents were being sought or had been found but with whom the children had not yet been reunited

DOCUMENTS ISSUED

People to whom travel documents were issued

the number of individuals to whom the ICRC issued travel documents during the reporting period

People to whom a detention attestation was issued

the number of people who received documents testifying to their detention, according to ICRC records of visits, during the reporting period

Official documents relayed between family members across borders/front lines

the number of documents – e.g. passports, power of attorney documents, death certificates, birth certificates, marriage certificates, and ICRC certificates such as house destruction certificates, and tracing requests (other than detention attestations) – forwarded or transmitted during the reporting period

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees visited

during the reporting period, the number of detainees visited, whether monitored individually or otherwise, including detainees seen and registered for the first time; those registered previously and visited again; those not revisited, but who remain of ICRC concern; and groups that received aid collectively without being registered individually

Detainees visited and monitored individually

the number of detainees visited and monitored individually – those seen and registered for the first time and those registered previously and visited again during the reporting period

Detainees newly registered during the reporting period

the number of detainees visited for the first time since their arrest and registered during the reporting period

Number of visits carried out

the number of visits made, including those to places found empty when visited, during the reporting period

Number of places of detention visited

the number of places of detention visited, including places that were found empty when visited, during the reporting period

Detainees benefiting from the ICRC's family-visits programme

the number of detainees who were visited by a relative via an ICRC-organized or -financed visit during the reporting period

Detainees released and transferred/repatriated by/via the ICRC

the number of detainees whose transfer or repatriation was facilitated by the ICRC

INTERNATIONAL ARMED CONFLICT (THIRD GENEVA CONVENTION)

Prisoners of war (POWs) visited

the number of POWs visited and monitored individually during the reporting period

POWs newly registered during the reporting period

the number of POWs visited for the first time since their capture and monitored individually during the reporting period

POWs released during the reporting period

the number of POWs released during the reporting period

POWs repatriated by/via the ICRC

the number of POWs released and repatriated under the auspices of the ICRC during the reporting period

Number of visits carried out

the number of visits to POWs carried out during the reporting period

Number of places visited

the number of places holding or having held POWs visited during the reporting period

2. a child under 18 or under the legal age of majority separated from both parents and from all other relatives and not being cared for by an adult who, by law or custom, is responsible for doing so

3. a child under 18 or under the legal age of majority separated from both parents or from his/her previous legal caregiver but accompanied by another adult relative

INTERNATIONAL ARMED CONFLICT (FOURTH GENEVA CONVENTION)

Civilian internees (CIs) and others visited

the number of CIs and other persons protected by the Fourth Geneva Convention who were visited and monitored individually during the reporting period

CIs and others newly registered during the reporting period

the number of CIs and other persons protected by the Fourth Geneva Convention who were visited for the first time since the start of their internment and monitored individually during the reporting period

CIs and others released

the number of CIs and other persons protected by the Fourth Geneva Convention who, as per information received from various credible sources, were released – including those transferred or repatriated under the auspices of the ICRC upon release – during the reporting period

Number of visits carried out

the number of visits carried out to places holding or having held CIs and other persons protected by the Fourth Geneva Convention during the reporting period

Number of places visited

the number of places holding or having held CIs and other persons protected by the Fourth Geneva Convention visited during the reporting period

ASSISTANCE FIGURES AND INDICATORS

GENERAL

Women

female persons aged 15 and above

Men

male persons aged 15 and above

Girls

female persons under the age of 15

Boys

male persons under the age of 15

Basis for the figures

- ▶ depending on the environment and circumstances of the context concerned, as well as on the activities implemented or services delivered/supported, beneficiary figures are based either on ICRC-monitored registrations (of individuals or households) or on estimates made by the ICRC or provided by credible secondary sources (e.g. the communities, authorities, published official figures, other humanitarian organizations); whenever possible, triangulations are systematically used when the figures are based on estimates and secondary sources
- ▶ in the field of economic security, beneficiary numbers for *cash*, *vouchers* and *work, services and training* are usually based on the registration of individuals; the numbers of beneficiaries of *food*, *essential household items* and *productive inputs* are based on ICRC estimates as such beneficiaries are not systematically registered

- ▶ in the field of *water and habitat*, beneficiary numbers are based mainly on ICRC estimates and credible secondary sources
- ▶ in the field of *health*, beneficiary numbers are based mainly on figures provided by local health authorities and health teams in charge of health facilities; figures related to health facilities regularly supported are based on reliable records
- ▶ in the field of *physical rehabilitation*, beneficiary and appliance numbers are based on the registration of individuals and the counting of units/devices provided

Target figures

For each context, a table juxtaposes the achieved beneficiary numbers or other result indicators for the target populations *Civilians* and *Wounded and sick* against the targets set by delegations during the planning process in the middle of the previous calendar year (for the entirety of the next year) or ad hoc planning processes during the year itself, in cases of emergencies.

Targets are indicated in the sections *Main targets for 20XX* of ICRC appeals to donors. These only include what can be defined in advance. During the planning process, delegations use standard averages for the number of individuals per household; however, these figures are usually found to be lower than the actual household sizes once the initiatives are implemented. Delegations also cannot specifically predetermine the number of health and medical facilities that will receive medical materials on an ad hoc basis in response to emergencies; hence, targets only include regularly supported health centres and hospitals. Similarly, delegations face limitations in precisely classifying beneficiaries or the exact type of services they will receive. For example, they may establish targets for emergency relief, such as *food/essential household items*, and record beneficiaries accordingly during their planning. However, the circumstances when the assistance is delivered could make it more appropriate to provide the relief through *cash* or *vouchers*, with which these commodities may be procured. They may count beneficiaries under *productive inputs* during their planning, even if during project implementation, beneficiaries instead receive *work, services and training* – e.g. by benefiting from veterinary and agricultural support and/or other services, including vocational training in fields such as carpentry. Communities benefiting from services are also often not included in the target defined for *work, services and training* as their number cannot be determined before the implementation of the initiative. Likewise, the number of beneficiaries who will receive cash allowances for supporting agricultural activities – e.g. vaccinations, post-harvest monitoring – is not always included in the target defined for *cash*. Despite efforts to harmonize definitions and data entry, some differences in interpretation may also affect the results presented.

Moreover, major differences between targets and achievements – both when targets are not met or are exceeded – highlight the difficulties delegations face in precisely foreseeing needs or the ICRC's ability to launch or continue humanitarian responses, as the dynamics of instability, security, access, as well as operational capacities, shift very rapidly during the year. These changes may prompt delegations to adapt their approaches – initiating, rescaling, or cancelling certain activities, as appropriate – to the prevailing conditions.

The narrative report, explicitly or implicitly, provides information to explain major differences.

ECONOMIC SECURITY BENEFICIARIES

Note: the number of beneficiaries of each type of commodity/service cannot be cumulated as some people may have benefited from more than one type of commodity/service during the reporting period. This is typically the case with beneficiaries of micro-economic initiatives, who usually receive a combination of different commodities.

Beneficiaries of food commodities

per population group, the number of individuals who have received one or more food items at least once during the reporting period; this number includes people who have benefited from food in compensation for work they carried out, for example, on community projects; food items distributed typically include rice, wheat flour, maize, beans, oil, sugar, salt and, sometimes, canned food and ready-to-use therapeutic or supplementary food

Beneficiaries of essential household items

per population group, the number of individuals who have received one or more essential household items at least once during the reporting period; items distributed typically include tarpaulins, blankets, basic clothing, kitchen sets, hygiene kits, soap, jerrycans and mosquito nets

Beneficiaries of productive inputs

per population group, the number of individuals who have, at least once during the reporting period, received one or more agricultural/veterinary inputs (e.g. fertilizer, animal vaccines, seed, tools) or other type of material assistance for micro-economic initiatives (e.g. for carpentry, welding, food processing, trade)

Beneficiaries of cash

per population group, the number of individuals who have benefited from cash assistance at least once during the reporting period; this number includes those who have received cash grants, either as a form of relief assistance or for launching micro-economic initiatives, as well as those who have received cash in exchange for work they carried out, for example, on community projects

Beneficiaries of vouchers

per population group, the number of individuals who have benefited from assistance provided in the form of vouchers to be exchanged for specified commodities, services or training, at least once during the reporting period

Beneficiaries of work, services and training

per population group, the number of individuals who have benefited at least once during the reporting period from services (e.g. agricultural services, such as tractor ploughing, or veterinary support, such as animal vaccinations) or occupational training that helped them pursue their livelihoods

WATER AND HABITAT BENEFICIARIES

One beneficiary is one person who has benefited from a water and habitat project at least once over the course of the reporting period. A person who has benefited from a project several times is counted only once.

For recurrent projects like water-trucking or the regular provision of material (chlorine, spare parts, etc.), beneficiaries are counted only once.

Civilians

this population group includes residents, IDPs, returnees and, in some cases, refugees

IDPs (included in the category “civilians” above)

this population comprises people who have had to leave their normal place of residence, but have remained in their own country, living in spontaneous settlements, in camps or hosted by relatives, friends or other residents

People deprived of their freedom

the number of detainees in the structures supported

Wounded and sick

the number of beds in the structures supported

TYPES OF SERVICE

Water and habitat structures for all population groups

this comprises the following types of projects: wells, boreholes, springs, dams, water-treatment plants, latrines, septic tanks and sewage plants built or repaired; vector control activities and in-house rehabilitation support

Water and habitat structures for civilians

this comprises the following types of projects: temporary settlements (shelter), site planning and rehabilitation of dispensaries and health centres or posts

Water and habitat structures for people deprived of their freedom

this comprises the following types of projects: rehabilitation of prisons and detention centres, especially kitchen facilities

Water and habitat structures for the wounded and sick

this comprises the following types of projects: hospitals and physical rehabilitation centres built or repaired

HEALTH SERVICES

It should be noted that in a number of contexts, data about patients and health activities cannot be provided or is only provided in part. The main reasons are the following: the lack of proper data collection systems at facility-level or difficulties in transmitting information from the facility to the central level and/or the ICRC – both of which result in invalid or incomplete information (in such cases and for facilities regularly supported, the ICRC endeavours to help local teams put in place a data management system). Moreover, there may be reticence from the authorities in providing the ICRC with some types of data or allowing the organization to make further use of the information

COMMUNITY HEALTH / BASIC HEALTH CARE FOR RESIDENTS, IDPs, RETURNEES AND REFUGEES

Monthly average of health centres supported

the number of health facilities supported, on average, per month

Health centres supported

the total number of health facilities supported; target figures only include regularly supported health facilities

Activities

beneficiaries are registered and tallied based on the particular service they receive (e.g. ante/post-natal consultation, immunization, curative consultation)

Immunization activities

the number of doses administered

Polio immunizations

the number of polio doses administered during the campaigns; this number is included in the total number of immunization activities

HOSPITAL SUPPORT – WOUNDED AND SICK

Monthly average of hospitals supported

the number of hospitals supported, on average, per month

Patients whose treatment was paid for by the ICRC

the number of patients whose consultation, admission and/or treatment fees are regularly or occasionally paid for by the ICRC

Hospitals supported

the total number of hospitals supported; target figures only include regularly supported hospitals

Inpatient activities

the number of beneficiaries registered and tallied based on the particular service they have received (surgical, medical, gynaecological/obstetric)

Outpatient activities

the number of outpatients treated, without any distinction made among diagnoses

Patients admitted with injuries caused by mines or explosive remnants of war

this number of patients is included in the total number of patients admitted

Operations performed

the number of operations performed on weapon-wounded and non-weapon-wounded patients

PEOPLE DEPRIVED OF THEIR FREEDOM

Number of visits carried out by health staff

the number of visits by health staff who are part of the ICRC visiting team or visits made by health staff for medical issues to people deprived of their freedom

Number of places of detention visited by health staff

the number of places of detention visited by health staff part of the ICRC visiting team and/or visited by health staff for medical issues to people deprived of their freedom

PHYSICAL REHABILITATION

Projects supported

the number of projects, including centres, component factories and training institutions, receiving ICRC support or managed by the ICRC

Patients receiving services at the centres

the number of patients, amputees and non-amputees who received services at the centres during the reporting period – both new and former patients who came for new devices, repairs (to prostheses, orthoses, wheelchairs, walking aids) or physiotherapy

Amputees receiving services at the centres

the number of amputees who received services at the centres during the reporting period – both new and former patients who came for new devices, repairs (to prostheses, orthoses, wheelchairs, walking aids) or physiotherapy

New patients fitted with prostheses (new to the ICRC)

the number of new patients who received prostheses during the reporting period – both those fitted for the first time and patients who had previously received prostheses from a centre not assisted by the ICRC

Prostheses delivered

the total number of prostheses delivered during the reporting period

Prostheses delivered to mine victims

the total number of prostheses delivered, during the reporting period, specifically to victims of mines or explosive remnants of war

Non-amputees receiving services at the centres

the number of non-amputees who received services at the centres during the reporting period – both new and former patients who came for new devices, repairs (to prostheses, orthoses, wheelchairs, walking aids) or physiotherapy

New patients fitted with orthoses (new to the ICRC)

the number of new patients who received orthoses during the reporting period – both those fitted for the first time and patients who had previously received orthoses from a centre not assisted by the ICRC

Orthoses delivered

the total number of orthoses delivered during the reporting period

Orthoses delivered to mine victims

the number of orthoses delivered, during the reporting period, specifically to victims of mines or explosive remnants of war

Patients receiving physiotherapy at the centres

the number of patients who received physiotherapy services at the centres during the reporting period

Mine victims receiving physiotherapy at the centres

the number of mine victims who received physiotherapy services at the centres during the reporting period

Crutches and sticks delivered (units)

the number of crutches and sticks (units, not pairs) delivered during the reporting period

Wheelchairs delivered

the number of wheelchairs delivered during the reporting period

AFRICA

KEY RESULTS/CONSTRAINTS

In 2013:

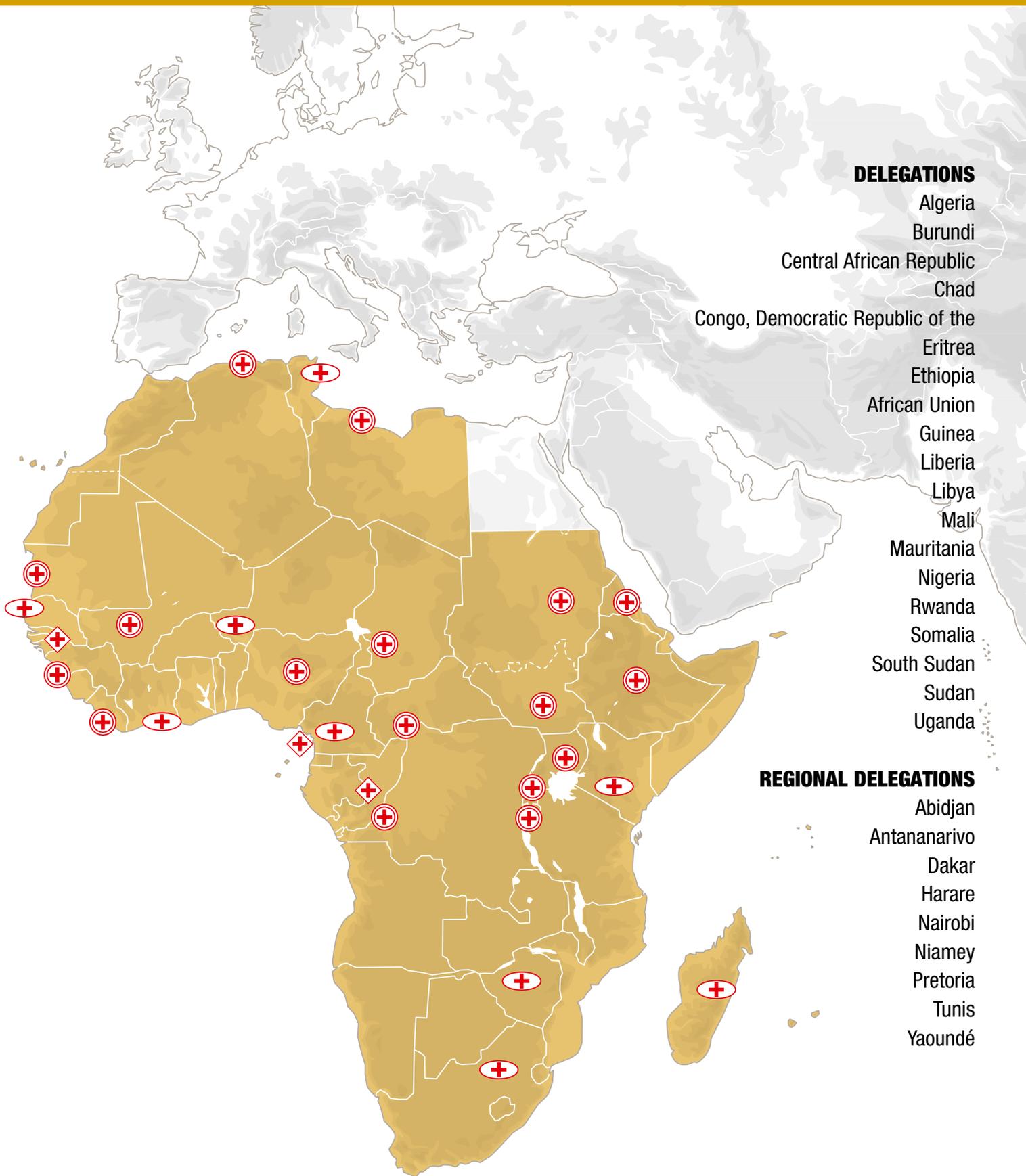
- ▶ following upsurges in fighting, particularly in the Central African Republic, the Democratic Republic of the Congo, Mali and South Sudan, people were provided with essential supplies and the means to contact their relatives
- ▶ casualties of clashes and victims of abuses, including sexual violence, received care from ICRC surgical teams or from local doctors at ICRC-supported facilities, often after receiving first aid from National Society volunteers
- ▶ vulnerable households, including those headed by women, strengthened their resilience to the effects of conflict, aided by seed distributions, livestock services, micro-economic initiatives and improvements to water infrastructure
- ▶ insecurity, logistical constraints and government-imposed restrictions in some contexts continued to impede or delay ICRC efforts to monitor the situation of conflict- or violence-affected people and provide them with assistance
- ▶ detainees had their treatment and living conditions monitored during ICRC visits, with strengthened cooperation between health and penitentiary authorities improving their access to medical care, notably in Liberia and Tunisia
- ▶ with ICRC encouragement, 19 African countries advanced IHL implementation by signing the Arms Trade Treaty after its adoption by the UN General Assembly in April

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	98,149
RCMs distributed	81,980
Phone calls facilitated between family members	325,646
People located (tracing cases closed positively)	1,638
People reunited with their families	1,537
of whom unaccompanied minors/separated children	1,476
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	264,182
Detainees visited and monitored individually	6,904
Number of visits carried out	2,006
Number of places of detention visited	707
Restoring family links	
RCMs collected	5,162
RCMs distributed	3,231
Phone calls made to families to inform them of the whereabouts of a detained relative	1,937

EXPENDITURE (in KCHF)	
Protection	70,873
Assistance	298,472
Prevention	50,348
Cooperation with National Societies	30,634
General	968
	451,296
	<i>of which: Overheads 27,297</i>

ASSISTANCE	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)	
Food commodities	Beneficiaries 2,133,903
Essential household items	Beneficiaries 997,144
Productive inputs	Beneficiaries 3,391,633
Cash	Beneficiaries 676,342
Vouchers	Beneficiaries 32,399
Work, services and training	Beneficiaries 3,156,965
Water and habitat activities	Beneficiaries 3,930,840
Health	
Health centres supported	Structures 101
WOUNDED AND SICK	
Hospitals	
Hospitals supported	Structures 120
Water and habitat	
Water and habitat activities	Number of beds 5,653
Physical rehabilitation	
Centres supported	Structures 30
Patients receiving services	Patients 26,061

IMPLEMENTATION RATE	
Expenditure/yearly budget	95%
PERSONNEL	
Mobile staff	690
Resident staff (daily workers not included)	4,178



DELEGATIONS

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

REGIONAL DELEGATIONS

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

 ICRC delegation
  ICRC regional delegation
  ICRC mission



AFRICA

In 2013, the ICRC operated from 29 delegations and missions to alleviate the suffering caused by past and present armed conflicts and other situations of violence in Africa. Owing to pressing humanitarian needs in the Central African Republic (hereafter CAR), the Democratic Republic of the Congo (hereafter DRC), Mali, Somalia, South Sudan and Sudan, ICRC operations in these countries remained among the organization's largest worldwide, even though insecurity, sometimes coupled with limited acceptance of humanitarian work, challenged the ICRC's efforts to reach people affected by conflict/violence. In response to upsurges in fighting, particularly in the CAR, the DRC, Mali and South Sudan, the ICRC expanded its emergency activities in the hardest hit areas, while continuing to implement early-recovery initiatives in places where they were feasible. It increased its proximity to the communities affected, for example, by upgrading its presence in Mali to a delegation and opening two sub-delegations in South Sudan's Jonglei and Unity states. In post-conflict/violence situations where tensions persisted, as in Guinea and Libya, it engaged in dialogue with the relevant parties to promote respect for humanitarian principles. Where humanitarian needs decreased – for example, in Chad, Sierra Leone and Uganda – it concentrated on helping local authorities and communities strengthen their capacities for recovery.

Where necessary, as in Somalia and Sudan (in Darfur), the ICRC continued to adapt its working methods to pursue its assistance activities in partnership with local communities and organizations and with National Societies while ensuring accountability. It conducted field visits and interviewed beneficiaries in order to review programme results and identify areas for improvement. Backed by ICRC funds and other support, National Societies strengthened their capacities, including to apply the Safer Access Framework, and remained the ICRC's main partners when it came to helping vulnerable populations meet urgent needs and strengthen their resilience to the effects of conflict/violence on their livelihoods and their safety. To maximize impact, the ICRC coordinated its activities with those of Movement partners, UN agencies and other humanitarian players.

Dialogue with all parties involved in the ongoing conflicts/violence, as in the CAR and South Sudan, enabled National Society/ICRC teams to deliver assistance to people in areas accessible to few/no other organizations. Discussions were pursued on gaining access to conflict-affected regions such as Ethiopia's Somali Regional State and Sudan's Blue Nile and South Kordofan states. In Eritrea, such efforts led to the resumption of some ICRC livelihood support activities in Northern Red Sea state for the first time since 2004. Dialogue with the Harakat al-Shabaab al-Mujahideen

also allowed the ICRC to further expand its assistance activities in central and southern Somalia.

Many communities still faced insecurity associated with the activities of military forces and/or armed groups, violations of applicable law, such as sexual violence, the presence of mines/explosive remnants of war, intercommunal tensions and criminal activities such as banditry and kidnapping. Attacks against patients and medical services continued to be reported. In response, the ICRC reminded the authorities, weapon bearers and other influential players of the need to protect those who are not/no longer fighting, in accordance with IHL or other applicable law. It made representations on reported violations urging the relevant authorities to take corrective action, fostered respect for the applicable law during training sessions for armed forces, including peacekeeping troops, and arranged for public communication and events – using opportunities provided by the Health Care in Danger project and the “150 years of humanitarian action” initiative – to underscore the importance of ensuring the safe delivery of medical/humanitarian aid.

Where the lack of resources and attacks against patients and medical personnel and facilities reduced access to health care, the ICRC scaled up its medical activities, as in the CAR, Somalia and South Sudan, to help local health workers and National Societies address growing medical needs. Victims of abuses, including sexual violence, and other vulnerable people availed themselves of care at primary health care centres run by local authorities or National Societies with support in the form of funds, supplies, training and infrastructure improvements. Mobile clinics addressed the health needs of people in areas where health structures were non-existent, or closed because of insecurity, as in the CAR and Somalia. Support was provided to 34 fixed and mobile Somali Red Crescent clinics in Somalia and to a stabilization centre for malnourished children in Kismayo, notably to fill gaps left by the departure of other humanitarian agencies. Health authorities in Harare, Zimbabwe, strengthened their capacities to run 12 polyclinics independently, allowing the ICRC to withdraw its support by year-end. Immunization activities conducted in several countries, including Mali and Niger, helped prevent the spread of disease. Dialogue with the Mouvement des Forces Démocratiques de Casamance (MFDC) paved the way for State health workers, accompanied by National Society/ICRC teams, to conduct vaccination campaigns in the Casamance region in Senegal. An ICRC review provided guidance for improving existing services for victims of sexual violence in the DRC; assessments helped define future action in this field, for example in the CAR and Mali.

People wounded in clashes received first aid from National Society teams, who also facilitated their evacuation to hospitals and helped manage human remains. ICRC medical/surgical teams backed up the casualty care chain in the CAR, Chad, the DRC, Mali, Nigeria, Rwanda and South Sudan, where up to four teams worked simultaneously in order to treat the wounded from all sides. Hospitals were better able to cope with mass-casualty influxes, thanks to supply deliveries and upgraded facilities. Patients needing physiotherapy were referred to ICRC-supported physical rehabilitation centres, as in Burundi, Chad, the DRC, Ethiopia, Guinea-Bissau, Niger, South Sudan and Sudan. An ICRC-supported centre in south-western Algeria served Sahrawi amputees and other disabled people.

Vulnerable communities, including where climate shocks exacerbated the effects of conflict, benefited from emergency provisions of food, water and other essentials. Across Africa, over 2.1 million displaced or destitute people, including over 800,000 in Mali, received food supplies, often accompanied by hygiene/household items. In areas with functioning markets in Nigeria and Somalia, families exchanged cash or vouchers for food or other items. Where fighting had damaged water systems, as in the CAR and the DRC, the ICRC worked with the local authorities to restore access to water, including by trucking in water, installing/repairing water points and providing water treatment chemicals. In Mali, it provided fuel to enable water supply/treatment stations serving three towns to remain operational. It built latrines in areas hosting IDPs to help prevent the spread of water-borne diseases. Over 3.9 million people benefited from such activities, enhancing their access to water and mitigating health risks.

Although insecurity prevented many communities from resuming their livelihood activities, whenever possible, early-recovery initiatives helped people build their resilience to the effects of conflict/violence. Farmers, including in Côte d’Ivoire, Eritrea, Mali and Niger resumed/improved production using ICRC-supplied seed, sometimes distributed with food to tide them over until the next harvest. Pastoralists, as in the Casamance region in Senegal, Somalia, South Sudan and Sudan, maintained their herds’ health with the help of livestock treatment/vaccination campaigns conducted by trained/equipped local veterinary workers. Some in Mali and Niger sold weaker animals at competitive prices to the ICRC, which donated the meat to vulnerable families. Struggling households, including in Côte d’Ivoire and Ethiopia, often led by women, started small-scale businesses with the help of cash grants and training. Others supplemented their earnings by participating in projects to improve irrigation systems or other community infrastructure in exchange for cash. Such projects allowed Kenyan communities previously involved in disputes to work together building shared facilities.

Whenever possible, assistance activities were designed to mitigate civilians’ vulnerability to risks. For example, residents in Uganda’s Karamoja region no longer needed to fetch water in unsafe areas after water points were installed close to villages. In the CAR and Sudan, farmers provided with carts were able to transport crops faster, thus lessening their exposure to risk while travelling. Communities in Libya, Western Sahara and Zimbabwe where mines/explosive remnants of war continued to pose threats learnt safety measures during National Society-facilitated courses, while the authorities were helped to address weapon contamination. For example, Zimbabwe mine-action experts drew on ICRC advice to develop national mine-action standards in line with internationally recognized standards.

Separated family members restored contact with their relatives through National Society/ICRC-run family-links services. Phone services enabled IDPs and refugees to re-establish contact with their relatives more efficiently. When appropriate, children were reunited with relatives. Those formerly associated with weapon bearers were prepared for reintegration into family/community life through community-based initiatives, as in the DRC. In Angola, the ICRC helped migrants awaiting deportation to contact their families and discussed their concerns with the relevant authorities.

The ICRC backed government and community-led initiatives to respond to the needs of people seeking news of relatives unaccounted for. For example, the Ivorian authorities launched a campaign to exhume and identify the remains of people who died in relation to the 2011 conflict, aided by forensic personnel who had received technical and material support. In Libya, the authorities conducted a post-mortem examination of 22 sets of remains allegedly recovered in Bani Walid, with the ICRC present as a neutral observer. The relatives of missing persons in northern Uganda coped with their distress with the help of a project implemented with local NGOs.

At the authorities' request, the ICRC also acted as a neutral intermediary/observer in the release, repatriation or safe transfer of people deprived of their freedom. This was the case, for example, in the release of mine-clearance workers by the MFDC, the repatriation of five POWs from Sudan to South Sudan, and the handover to the South Sudanese authorities of 36 armed group members detained in the CAR.

By visiting detainees in 34 countries in accordance with ICRC standard procedures, delegates helped ensure that the detainees' treatment and living conditions met IHL and/or other internationally recognized standards. With the authorities' consent, the ICRC began visiting people held, for example, in Nigeria and Swaziland, and resumed its visits to detainees in Ethiopian federal prisons. It also checked on the welfare of over 1,000 former fighters who had crossed from the DRC into Uganda. Meanwhile, it pursued its efforts to (re)gain access to all other detainees falling within its mandate.

During these visits, careful attention was paid to the situation of security detainees, women, minors, foreigners and those with illnesses. The ICRC shared its findings confidentially with the authorities concerned, encouraging them, when necessary and notably by sharing its expertise, to heighten respect for judicial guarantees and develop detention policies in accordance with applicable norms. Malagasy penitentiary officials were thus prompted to review detainees' case files, resulting in the release of 95 inmates. The Zimbabwe prison authorities released 100 mentally ill detainees to their families. The Burundian authorities introduced a prohibition against detaining minors under the age of 15, while the Rwandan correctional service began drafting standard detention procedures. The African Union adopted a set of guidelines to ensure the humane treatment of persons detained by its Regional Task Force.

In parallel, the ICRC encouraged the authorities' efforts to improve prison conditions, offering assistance to renovate infrastructure, improve hygiene or facilitate medical treatment. For instance, it helped national health ministries and penitentiary authorities strengthen their cooperation on enhancing detainees' access to health services. In order to curb malnutrition, detainees had their nutritional status monitored and received nutritional supplements, including in Chad, the DRC, Guinea, Madagascar and Mauritania. Pilot projects, notably to improve infrastructure in selected prisons – for example, in Gabon, Liberia and Tunisia – helped the authorities build their capacities to implement similar projects in other prisons in the future.

Long-term initiatives were taken to enhance respect for IHL. Government representatives benefited from training and technical support to advance the ratification of IHL instruments and to enact implementing legislation, while the ICRC continued to collect relevant information to update its customary IHL database. The African Union and other regional bodies worked with the ICRC to integrate IHL into their policies and promote IHL-related instruments, including the Arms Trade Treaty, which was signed by 19 African countries. Military, security and police forces worked to integrate IHL/international human rights law into their training, doctrine and operations.

PROTECTION MAIN FIGURES AND INDICATORS

PROTECTION															
	CIVILIANS														
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	Names published in the media	Names published on the ICRC family-links website	People reunited with their families	of whom UAMs/SCs*	UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	People transferred/repatriated	Human remains transferred/repatriated	People located (tracing cases closed positively)	People to whom travel documents were issued	Detainees visited	of whom women	of whom minors
Algeria	3	33	19							17		18,191	261	87	
Burundi	1,571	1,217	222			8	3	12		76		8,220	476	304	
Central African Republic	429	249				55	55	18	22		1	617	154	5	
Chad	1,565	1,148	379			3	3	82				3,593	61	87	
Congo, Democratic Republic of the	44,350	37,839	61	119		1,262	1,232	770	22			18,738	1,060	650	
Eritrea	913	2,479								10	88				
Ethiopia	3,061	3,191	39,496			2	2	79		51	21	30,619	1,218	430	
Guinea	127	164	105					5		3		3,500	148	328	
Liberia	235	417	367	41		83	72	21		17	83	2,101	57	68	
Libya	15	84	2,989			1	1		2	106	1	13,622	621	93	
Mali	270	210	1,946			21	21	16	5	76		3,515	258	160	
Mauritania	120	41	27					6		31		1,523	27	84	
Nigeria	7	7										5,943	270	15	
Rwanda	4,003	2,473	617	208		47	45	264		49	5	58,732	3,700	264	
Somalia	11,837	9,757	17,124	8,911	15,877					188	13	3,771	76	96	
South Sudan	954	632	1,642			29	19	16	37	74		3,254	151	198	
Sudan	5,965	6,181	1,284					101		256		107	8	4	
Uganda	3,122	1,908	15,848			9	8	188		13	4	5,800	156	22	
Abidjan (regional)	805	505		41		6	6	26		90		13,485	522	282	
Antananarivo (regional)	7	36										14,081	717	450	
Dakar (regional)	15	4	399			1		9		10		754	21	6	
Harare (regional)	514	337						75		3	3	17,542	798	173	
Nairobi (regional)	17,818	12,521	237,539			1	1	33		78	19	908	24	25	
Niamey (regional)	120	44	3,363			5	5	8	824	1	49	3,031	98	75	
Pretoria (regional)	115	177	366							10	65	11,901	134	51	
Tunis (regional)	38	39	1,848					7		33		17,859	587	269	
Yaoundé (regional)	170	287	5			4	3	23		11	1	2,775	170	82	
Total	98,149	81,980	325,646	9,320	15,877	1,537	1,476	1,759	912	1	1,638	264,182	11,773	4,308	

* Unaccompanied minors/separated children

PROTECTION
PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees visited and monitored individually	of whom women	of whom minors	Detainees newly registered	of whom women	of whom minors	Number of visits carried out	Number of places of detention visited	RCMs collected	RCMs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	Detainees released and transferred/repatriated by/via the ICRC	People to whom a detention attestation was issued	
411	12	3	353	11	3	35	29	35	14	210	1			Algeria
373	7	4	97	1	2	108	24	38	39				13	Burundi
122	9	5	98	2	3	35	13	1	3			36	1	Central African Republic
148	1		103			36	8	410	207	368			13	Chad
2,427	25	158	1,664	17	155	288	76	2,509	2,095	97		3	101	Congo, Democratic Republic of the
													9	Eritrea
232	10	6	148	9	6	29	25	238	33	17			86	Ethiopia
126	1	3	79		3	204	55	290	66	84			13	Guinea
32			7			74	22	63	30	41				Liberia
280	15	11	174	7	7	81	41	88	19	35			10	Libya
606	1	48	525	1	48	108	22	93	38	173				Mali
44			16			51	23	11	4	73				Mauritania
58		8	58		8	37	20							Nigeria
391	10	2	248	5	2	113	35	484	162				472	Rwanda
157	1	12	143	1	10	45	19	72	5	182		6	1	Somalia
99	6	5	95	6	5	55	16	209	81	127		7	1	South Sudan
98			85			9	6	15	12	2		80	27	Sudan
160	2	3	100	2	3	103	43	178	165	81	52	1	3	Uganda
618	9	9	396	5	7	261	73	141	70	244			3	Abidjan (regional)
65		1	45		1	70	26	49	7	22			1	Antananarivo (regional)
66	4		33	1		12	7	15	9	53	2		1	Dakar (regional)
						105	54			61	76			Harare (regional)
38	1					12	7	65	101					Nairobi (regional)
102	1	3	82	1	3	22	11	35	10	8				Niamey (regional)
31			23			12	8	11		1				Pretoria (regional)
161	8	1	132	4	1	54	20	88	54	54			11	Tunis (regional)
59	3		39	2		47	24	24	7	4			1	Yaoundé (regional)
6,904	126	282	4,743	75	267	2,006	707	5,162	3,231	1,937	131	133	767	Total

ASSISTANCE MAIN FIGURES AND INDICATORS

ASSISTANCE														
	CIVILIANS											PEOPLE DEPRIVED OF THEIR FREEDOM		
	Civilians - Beneficiaries							Health centres				Food commodities	Essential household items	Water and habitat activities
	Food commodities	Essential household items	Productive inputs	Cash	Vouchers	Work, services and training	Water and habitat activities	Health centres supported	Average catchment population	Consultations (patients)	Immunizations (doses)			
Burundi		3											35,564	3,323
Central African Republic	83,621	74,843	55,758	1,250			548,477	8	57,303	56,055		93	291	374
Chad		10,420					120						4,496	1,500
Congo, Democratic Republic of the	253,295	223,774	186,613	2,336	15,600	32,859	1,031,671	9	82,595	68,854	82,423	17,593	71,408	12,869
Eritrea		5,971	371,235	13,311			40,159							
Ethiopia		46,399	4,675	942			230,000						32,318	23,900
Guinea							84,455						10,590	2,800
Liberia		4,562					57,215						15	1,469
Libya	136,636	43,499					59,770	1	6,000				6,127	2,200
Mali	811,534	89,054	249,752	19,548		596,722	275,019	10	34,000	19,540	37,150	43	5,994	2,360
Mauritania							6,067							500
Nigeria	12,865	38,666			1,799		12,305						1,465	
Rwanda	52	840		5		131								57,500
Somalia	202,764	181,356	1,570,542	61,380		1,170	374,836	34	385,583	496,005	133,134	2,230	5,319	4,000
South Sudan	69,804	49,025	221,745				147,412						2,623	1,400
Sudan	428,942	160,766	618,037	557,813	15,000	437,015	714,093	8	119,167	83,275	209,830		50	
Uganda	19	8,491	2			2	27,744						5,596	3,379
Abidjan (regional)	9,606	4,507	19,013			18,900	145,387	6	278,940	53,297	151,606	540	9,113	12,762
Antananarivo (regional)												966	11,467	8,457
Dakar (regional)	429	44,348	15,324	751		2,752	20,260	8	56,089	24,039	49,679		21	280
Harare (regional)								12	1,193,265	1,703,270	467,667	5,268	14,758	24,000
Nairobi (regional)							61,186					19	12,362	630
Niamey (regional)	123,900	10,225	78,937	19,006		2,067,414	94,664	5	52,592	43,656	14,539			1,440
Pretoria (regional)												28	28	
Tunis (regional)		15											2,360	3,300
Yaoundé (regional)	436	380										6	3,938	
Total	2,133,903	997,144	3,391,633	676,342	32,399	3,156,965	3,930,840	101	2,265,534	2,547,991	1,146,028	26,786	235,903	168,443
of whom women	31%	23%	29%	22%	29%	28%	30%			953,373				
of whom children	42%	41%	48%	53%	51%	45%	43%			998,136	1,092,578			
of whom IDPs	503,116	444,415	312,880	87,457	7,830	385,606	805,385							

ASSISTANCE
WOUNDED AND SICK

Hospitals				First aid			Physical rehabilitation							
Hospitals supported	of which provided data	Admissions (patients)	of whom weapon-wounded	First-aid posts supported	of which provided data	Wounded patients treated	Centres supported	Patients receiving services	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered	Patients receiving physiotherapy	
							1	2,787	13	393	19	600	988	Burundi
11														Central African Republic
6	1	298	131				2	4,501	114	174	340	573	3,045	Chad
14	14	24,217	1,715				3	873	154	36	289	47	311	Congo, Democratic Republic of the
														Eritrea
							7	7,718	737	872	1,934	2,179	3,794	Ethiopia
6														Guinea
														Liberia
5							1							Libya
2	1	3,127	69											Mali
														Mauritania
24	4	26,432	381											Nigeria
4														Rwanda
11	8	8,621	2,424	38	35	311								Somalia
15	8	1,213	479				3	1,960	144	44	325	111	877	South Sudan
21	13	41,960	1,440				10	6,133	629	575	1,731	1,431	2,643	Sudan
														Uganda
1														Abidjan (regional)
														Antananarivo (regional)
							1	1,215	31	10	37	11	984	Dakar (regional)
														Harare (regional)
														Nairobi (regional)
							1	374	68	60	67	56	153	Niamey (regional)
														Pretoria (regional)
							1	500	9	16	8	36	461	Tunis (regional)
														Yaoundé (regional)
120	49	105,868	6,639	38	35	311	30	26,061	1,899	2,180	4,750	5,044	13,256	Total
		45,866	862					5,245	358	375	913	977		of whom women
		34,952	518					7,833	119	1,241	298	2,839		of whom children
of which for victims of mine or explosive remnants of war											745	30		of whom IDPs

ALGERIA



+ ICRC delegation
 + ICRC-supported prosthetic/orthotic centre
 + ICRC office/presence

The ICRC has been working in Algeria, with some interruptions, since the 1954–62 Algerian war of independence. Aside from visiting people held in places of detention run by the Ministry of Justice and people remanded in police stations and gendarmeries, it supports the authorities in strengthening national legislation with regard to people deprived of their freedom and promotes IHL. The ICRC supports the Algerian Red Crescent in its reform process and works in partnership to restore links between separated family members.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ during high-level meetings in Algeria and Switzerland, Algeria's Justice Minister and the ICRC's president discussed the country's long-term commitments on IHL implementation and the ICRC's work for detainees
- ▶ detainees held by the Justice Ministry or the police/gendarmerie, including for security reasons, were visited by the ICRC, which reported its findings on treatment and living conditions confidentially to the authorities
- ▶ families separated by armed conflict, detention, migration and other circumstances contacted their relatives through video/telephone calls and RCMs made available by the Algerian Red Crescent and the ICRC's family-links services
- ▶ people in need of urgent assistance in southern Algeria, particularly Malian refugees, met their needs solely through State services or the National Society, which had strengthened its emergency response capacity with ICRC help
- ▶ the authorities gave the ICRC their approval to open a joint office with the National Society in southern Algeria, paving the way for an enhanced Movement response to the needs of vulnerable people there

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	3
RCMs distributed	33
Phone calls facilitated between family members	19
People located (tracing cases closed positively)	17
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	18,191
Detainees visited and monitored individually	411
Number of visits carried out	35
Number of places of detention visited	29
Restoring family links	
RCMs collected	35
RCMs distributed	14
Phone calls made to families to inform them of the whereabouts of a detained relative	210

EXPENDITURE (in KCHF)

Protection	1,340
Assistance	-
Prevention	747
Cooperation with National Societies	299
General	-

2,386

of which: Overheads 146

IMPLEMENTATION RATE

Expenditure/yearly budget	103%
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PERSONNEL

Mobile staff	7
Resident staff (daily workers not included)	10

CONTEXT

Southern Algeria experienced the spillover effects of renewed hostilities in northern Mali. Following the increase in incidents of violence, such as the attack on the In Amenas gas plant, the authorities deployed troops to secure the country's borders and to counter the alleged threat posed by armed groups to the national interest. In the north, east of Algiers, localized clashes between security forces and such groups reportedly resulted in casualties and arrests.

Life in Algeria went on against a backdrop of social unrest linked to high unemployment, rising living costs and desire for political reform. The closing of the border with Mali impeded travel to and from Algeria, paralyzing commerce in some communities and adding to unrest. Malian refugees remaining in southern Algeria met their needs through State services or the Algerian Red Crescent.

Irregular migrants and other vulnerable foreigners risked detention or deportation. The authorities had built 11 prisons in the last two years and facilitated the release of some 5,000 detainees, reducing overcrowding in prisons.

Algeria's president, Abdelaziz Bouteflika, reshuffled his cabinet, which affected the Ministries of Defence, Justice and Foreign Affairs. Algeria became a member of the UN human rights council for a period of three years.

ICRC ACTION AND RESULTS

In 2013, the delegation in Algeria focused on supporting the authorities in improving detainees' treatment and living conditions. People held by the authorities, including by the police/*gendarmerie*, received visits from ICRC delegates, conducted according to standard ICRC procedures. Delegates paid special attention to vulnerable detainees, including people held for security reasons, foreigners, women and minors. Afterwards, the ICRC discussed its findings confidentially with the detaining authorities, which helped the authorities take steps to address overcrowding and strengthen mechanisms for ensuring better treatment of detainees. In the same spirit, magistrates, prison staff and trainee guards built their understanding of international norms in detention and doctors tackled ethical issues concerning the provision of health care to detainees, with ICRC help.

Families separated by armed conflicts in Mali and elsewhere – or by detention, migration or other circumstances – restored/maintained contact through family-links services made available by the Algerian Red Crescent and the ICRC. Families in Algeria stayed in touch with relatives held at the US internment facility at Guantanamo Bay Naval Station in Cuba through RCMs and video/telephone calls. Algerian internees released after their repatriation contacted/rejoined their relatives with additional assistance. Through a network set up by local and international organizations, influential actors and the ICRC, some vulnerable migrants were able to make their needs known to pertinent individuals/organizations and thereby received assistance, including for contacting relatives.

Commemoration of important events common to Algerian history and the development of IHL and the Movement enabled the general public, including people of influence, to enhance their knowledge of IHL, the ICRC and the National Society. At the invitation of Algeria's president, the president of the ICRC attended

a conference celebrating the Algerian national hero, Emir Abdelkader, and his adherence to IHL principles prior to their codification. Following discussions that the ICRC president had with heads of ministries and other State officials during this conference and two other separate occasions at ICRC headquarters in Geneva, Switzerland, the authorities made long-term commitments in connection with IHL implementation and the ICRC's work for detainees. The Justice Ministry drew up a plan of action for IHL implementation that entailed, *inter alia*, drafting legislation on the protection of cultural property, providing support for the national IHL committee and training for State officials in IHL. However, some planned training events did not take place for administrative reasons.

The authorities, the National Society and the ICRC met regularly to discuss the humanitarian consequences of the Malian conflict and Movement coordination: for instance, they did so at the conference mentioned above. At year-end, the authorities gave their approval for the ICRC to open a joint office with the National Society in southern Algeria, thereby paving the way for an enhanced Movement response to the needs of vulnerable people there. In the meantime, the Algerian Red Crescent and other National Societies in the region equipped themselves to deal with emergencies, in particular by honing their volunteers' first-aid skills in workshops in Algeria. In Adrar and Tamanrasset, the two regions most affected by the spillover effects of the conflict in Mali, Algerian Red Crescent volunteers safely accessed remote or potentially volatile areas using ICRC-provided four-wheel-drive vehicles and Red Crescent outfits, and aided by their training in the Safer Access Framework.

CIVILIANS

Separated family members stay in touch through improved National Society family-links services

With the help of trained Algerian Red Crescent volunteers and other National Societies in the region, families separated by armed conflicts in Mali or elsewhere, detention, migration or other circumstances restored contact. Notably, four unaccompanied minors seeking asylum communicated with their relatives abroad, while 17 people received news of relatives separated from them. Families stayed in touch with relatives being held at the Guantanamo Bay internment facility through RCMs and telephone/video calls. Algerian internees released after their repatriation contacted/rejoined their relatives with additional assistance (see *People deprived of their freedom*). After his release, one former internee saw his aunt and uncle for the first time in 11 years, after they had traveled to Algeria with ICRC help. For the second consecutive year, another former internee was visited by his son living abroad. Though the National Society did not attend the regional workshop on restoring family links (see *Dakar*) as planned, volunteers at branch level developed their family-links capacities with financial and technical support from the ICRC.

People separated by migration or other circumstances, including those seeking asylum in Algeria, also received some assistance and help in contacting their family members through a network, established with ICRC help, that coordinated humanitarian aid from local/international organizations, religious leaders and other influential actors. Migrants and asylum seekers in urban areas made their specific needs known to these organizations/individuals and the ICRC at a workshop organized by UNHCR. The National Societies concerned and the ICRC also discussed organizing telephone/video calls for migrants and other vulnerable foreigners.

The ICRC remained ready to share its expertise in responding to the needs of the families of people unaccounted for from the internal strife of the 1990s.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detaining authorities strengthen training for judicial and penitentiary officials

Nearly 18,200 detainees held by the authorities, including by the police/*gendarmérie*, in 29 places of detention, received visits from the ICRC, conducted in accordance with the organization's standard procedures. Security detainees held by the Justice Ministry and other vulnerable detainees – such as inmates in solitary confinement, foreigners, women and minors – were paid particular attention. During visits, detainees' access to health care and the physical/psychological effects associated with overcrowding and treatment were assessed by an ICRC detention doctor. Detainees in seven prisons were visited more frequently, enabling delegates to highlight issues unique to each prison and structural constraints common to all seven, and therefore to make detailed and specific recommendations to prison directors and the penitentiary authorities. Afterwards, the authorities received ICRC's confidential feedback, which helped them take steps to address overcrowding and improve detainees' living conditions. Regarding detainees' treatment, the Justice Ministry, the penitentiary authorities, magistrates, police/*gendarmérie* station commanders and the ICRC discussed strengthening the complaint and investigation procedures provided for in the Algerian penitentiary code. Dialogue with the pertinent authorities on the situation of security detainees under interrogation was limited.

Following high-level talks with the ICRC's president on the organization's work for detainees, (see *Authorities, armed forces and other bearers of weapons, civil society*) the authorities renewed their commitment to allowing the ICRC access to detainees and to training penitentiary staff, police and magistrates in international norms applicable to their duties. In December, 32 police/*gendarmérie* officers/trainers, magistrates and representatives of ministries concerned learnt more about international human rights law and its application to arrest/detention procedures at a seminar co-organized with the Justice Ministry. Owing to language constraints, penitentiary officials could not attend a course on international norms in detention abroad as planned. They were however provided with French translations of the course materials, which enabled them to strengthen their knowledge of the subject.

Around 30 prison officials and guards in each place of detention visited and another 270 trainee guards studying at two penitentiary training centres also learnt about the ICRC's detention activities in Algeria and abroad, through information sessions. The trainees' instructors and the centres' libraries received additional dissemination materials for use in further training.

The Algerian Medical Board, with ICRC support, continued to increase awareness among its constituents of ethical issues related to providing health care in places of detention. Two of the board's doctors participated in a conference abroad (see *Jordan*). The board's plans to organize a conference on the subject were cancelled for administrative reasons.

Foreign detainees contact their families abroad

Detainees contacted their relatives during ICRC visits through National Society/ICRC family-links services. Foreign detainees, particularly vulnerable as they often lacked family support and

had no knowledge of local legal procedures, also contacted their relatives abroad; around 180 of these detainees had their situation notified to their consular representatives or the UNHCR, upon their request. The authorities, the National Society and the ICRC discussed setting up mechanisms for foreign detainees in some prisons to contact their families abroad via telephone calls. One foreign detainee was visited by his wife and daughters.

At their request and based on their needs, four Algerians repatriated from the Guantanamo Bay internment facility were followed up by ICRC delegates prior to their repatriation (see *Washington*), upon their transfer to Algeria and during their subsequent release. One former internee met his basic food and shelter needs with ICRC assistance while waiting for the arrival of a relative.

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

Conference on Algeria's national hero spurs broad interest in and appreciation of IHL

Algerians in general, including people of influence, learnt more about IHL and the Movement through widely publicized events in Algeria and Switzerland commemorating the role of the National Society/ICRC in Algerian history. The authorities, military officers, foreign diplomats, representatives of national/international organizations and people influential in academic and religious circles attended an international conference in Algeria, co-organized with the Emir Abdelkader Foundation and the Defence and Justice Ministries, that celebrated Emir Abdelkader, Algeria's national hero, and his adherence to IHL principles prior to their codification. The extensive media coverage of the conference (over 80 articles in major publications and use of conference materials in a televised documentary on the Algerian war of independence), and similar events that took place afterwards, allowed this information to reach people nationwide.

Following the ICRC president's dialogue with heads of ministries during the conference, and with both the former and current Justice Ministers during their visits to ICRC headquarters in Geneva, the authorities made long-term commitments on IHL implementation in the country, the ICRC's work for detainees and Movement cooperation in southern Algeria (see *Red Cross and Red Crescent Movement*). The Justice Ministry adopted an action plan that entailed: drafting new legislation, such as laws on the protection of cultural objects/property in armed conflict and on the Red Crescent emblem; providing support for the national IHL committee; and organizing a meeting for national IHL committees from countries in the League of Arab States in 2014. The Defence Ministry, with technical input from the ICRC, produced a report on Algeria's implementation of the Anti-Personnel Mine Ban Convention, as well as risk-awareness materials for children living near mine-contaminated areas, for publication in 2014. The Foreign Affairs Ministry expressed interest in supporting ICRC operations in Syria and elsewhere.

Justice Ministry adopts plan of action for implementing IHL

In line with the Justice Ministry's action plan, police/*gendarmérie* officers and penitentiary/Justice Ministry officials learnt more about IHL and human rights issues of pertinence to them (see *People deprived of their freedom*). Civil and military magistrates participated in workshops and briefings and in an annual competition co-organized with the Algerian Magistrates' School. As a result, some 47 newly appointed magistrates and another

25 magistrates from various provinces had a better grasp of international norms in detention when they monitored detainees' treatment and living conditions. Moreover, four magistrates – including the winner of the school's IHL competition in 2012 and a member of the national IHL committee – and an official from the Foreign Affairs Ministry attended regional IHL courses (see *Lebanon*). The Algerian diplomat's school considered incorporating IHL in its curriculum.

Two senior military officers learnt more about incorporating IHL and human rights principles in operational practice at an annual workshop abroad (see *International law and cooperation*). Planned sessions for troops deployed in the Sahel region and trainee officers did not go ahead for administrative reasons and because the Cherchell Military Academy had already included IHL in its curriculum. However, a seminar on international human rights law, postponed since 2011, took place in December; it was attended by police/gendarmerie officers and ministry officials (see *People deprived of their freedom*).

RED CROSS AND RED CRESCENT MOVEMENT

In southern Algeria, the Movement coordinates its response for people affected by the Malian conflict

The Algerian Red Crescent, through its Adrar and Tamanrasset branches, responded to the spillover effects of the Malian conflict in southern Algeria. In 2013, the National Society and the ICRC met regularly to discuss the humanitarian consequences of the Malian conflict and coordination of the Movement's response. At year's end, following several high-level meetings, the authorities gave their approval for the ICRC to open a joint office with the National Society in southern Algeria.

The National Society also helped enhance regional emergency response by co-organizing a first-aid workshop at which 26 first-aid coordinators from National Societies in the region honed their skills. Within Algeria, National Society branches in Adrar, Tamanrasset, near the Libyan border and east of Algiers, strengthened volunteers' abilities to administer and teach first aid through a train-the-trainer course and ICRC-supplied training materials.

Volunteers in the Adrar and Tamanrasset branches safely accessed remote or potentially volatile areas using ICRC-provided four-wheel-drive vehicles and Red Crescent outfits that identified them as neutral, impartial and independent humanitarian actors, and aided by their training in the Safer Access Framework.

As the National Society moved on under new leadership, it strengthened its statutes with technical input from the International Federation and the ICRC.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		3	1	
RCMs distributed		33	1	
Phone calls facilitated between family members		19		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		52	21	16
People located (tracing cases closed positively)		17		
Tracing cases still being handled at the end of the reporting period (people)		37	14	8
Documents				
Official documents relayed between family members across border/front lines		2		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		18,191	261	87
Detainees visited and monitored individually		411	12	3
Detainees newly registered		353	11	3
Number of visits carried out		35		
Number of places of detention visited		29		
Restoring family links				
RCMs collected		35		
RCMs distributed		14		
Phone calls made to families to inform them of the whereabouts of a detained relative		210		
Detainees visited by their relatives with ICRC/National Society support		1		

* Unaccompanied minors/separated children

CONTEXT

The security environment was relatively stable, with only a few isolated incidents of armed violence. Political dialogue resumed in preparation for elections in 2015. The establishment of a Truth and Reconciliation Commission, part of the transitional justice process, remained pending.

Burundi continued to depend on international aid and to endure the consequences of underdevelopment. Population growth – driven by high birth rates and the return of refugees from neighbouring countries, including over 35,000 Burundians deported from the United Republic of Tanzania – continued to fuel ethnic tensions and disputes over access to land. Owing to past and ongoing conflicts in the region, Burundi also hosted a number of refugees, mainly from the Democratic Republic of the Congo (hereafter DRC).

The Burundian armed forces contributed troops to the African Union Mission in Somalia (AMISOM) and deployed one battalion to the International Support Mission to the Central African Republic (MISCA).

ICRC ACTION AND RESULTS

In 2013, the ICRC concentrated on fostering respect for the population, particularly detainees, and on providing assistance to those affected by past conflicts.

ICRC delegates visited detainees in places of permanent and temporary detention throughout the year to monitor their treatment and living conditions. Their findings and recommendations were communicated confidentially to the authorities concerned, through written reports and face-to-face discussions. As a result, steps were taken to improve the treatment of detainees: for instance, the authorities in some places of detention introduced measures prohibiting the detention of minors under the age of 15. The ICRC also supported the detention system more broadly, providing financial, material and technical assistance to improve inmates' living conditions. For example, it helped rehabilitate prison infrastructure and upgrade water and sanitation facilities; the ICRC also aided prison sanitation teams during pest-control campaigns. The ICRC covered 80% of the costs of basic medicines in prison dispensaries and facilitated access to medical treatment, which led to a general improvement in detainees' health.

Technical, financial and training support from the ICRC enabled the Saint Kizito physical rehabilitation centre to improve the quality of its physical rehabilitation services and become the country's referral centre for fitting disabled people, including demobilized weapon bearers, with prostheses and orthoses. The centre assumed full responsibility for procuring the materials required for its prosthetic/orthotic and physiotherapy services; it also initiated coordination efforts with other physical rehabilitation centres in the country, with a view to integrating physical rehabilitation services into the national health system.

The ICRC conducted site assessments on the mass grave in Kivyuka with a view to providing forensic expertise to the authorities in managing the human remains buried there. However, it had to cancel its plans to lend such support as the authorities decided to conduct the exhumations themselves. Nevertheless, the ICRC maintained its dialogue with the national authorities and others

involved in transitional justice and the issue of missing persons to exchange pertinent information and monitor developments.

The ICRC maintained its dialogue with political and military authorities as part of its effort to reinforce understanding of and respect for basic humanitarian principles and the Movement's work. Encouraged by the ICRC, Burundi signed the Arms Trade Treaty and acceded to the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. The ICRC provided technical advice and training support to the armed forces in their efforts to integrate IHL into military doctrine, training and operations. ICRC-trained instructors briefed five Burundian contingents on IHL before their deployment with AMISOM.

With ICRC support, the Burundi Red Cross further strengthened its capacities in the areas of emergency preparedness, first aid and restoring family links. The National Society continued to collect and distribute RCMs in all 17 of the country's provinces; it also improved its family-links services through the use of technology, such as by scanning RCMs and offering phone calls. Burundians deported from the United Republic of Tanzania were met at the border by National Society volunteers who provided emergency assistance. The National Society's enhanced capacities in water storage and treatment techniques allowed it to respond effectively to a cholera outbreak.

Movement partners met regularly to exchange views and coordinate activities.

CIVILIANS

Returnees ease their conditions following their deportation

Burundians deported from the United Republic of Tanzania, particularly vulnerable groups such as pregnant women, children, the sick and the elderly, arrived at the border in varying states of distress. Most of them had no possessions or were separated from their families. They coped with their situation thanks to emergency response operations carried out by the National Society in coordination with other humanitarian agencies and with ICRC support. Some families received emergency relief. Newly arrived deportees received first aid and psychological support as necessary. Some of them returned to their communities of origin, in National Society vehicles with fuel supplied by the ICRC.

Scanned RCMs and phone services help separated relatives restore contact

Family members dispersed while fleeing past fighting in Burundi or neighbouring countries – including Congolese and Rwandan refugees – restored contact through family-links services run by the National Society/ICRC. Through these services, 80 people were located, four children repatriated to the DRC, one child from the DRC reunited with his family in Burundi, and four vulnerable persons reunited with their relatives in Burundi after their repatriation from the United Republic of Tanzania. The volume of RCMs collected and distributed by the National Society in Burundi decreased by around 20%, partly because more than 33,000 Burundian refugees returned to the country after a Tanzanian refugee camp closed down in 2012. These returnees, including unaccompanied minors, had the progress of their reintegration assessed by National Society volunteers to determine whether further support was needed.

With the ICRC's help, the National Society strengthened its family-links capacities. Staff members from 17 provinces received salary support and underwent refresher training along with volunteers. The recommendations of a joint National Society/ICRC assessment of family-links needs and capacities were implemented, enabling the National Society to reduce RCM distribution times through technological upgrades, such as by scanning RCMs and offering phone services.

Plans to assist the authorities in exhumation at the Kivyuka gravesite cancelled

The ICRC made preliminary assessments at the site of a mass grave found in the path of road construction in Kivyuka, Bubanza province; this was part of a proposed exhumation process and in line with the ICRC's offer of forensic and other technical support to the authorities for managing the site. Associations of the families of the deceased received regular updates and met with ICRC delegates to clarify the responsibilities of all parties involved and to set their expectations. However, the authorities decided to conduct the exhumations themselves and proceed with road construction.

As the Truth and Reconciliation Commission, slated to be part of the transitional justice process in Burundi, had not yet been established, plans to work with the authorities in certain areas – clarifying the legal framework pertaining to missing persons and boosting national data management capacities – remained on hold. Nevertheless, the ICRC continued to exchange pertinent information and monitor developments with national authorities, international actors and members of civil society involved in transitional justice and the issue of missing persons. In line with this, the authorities, the families of missing persons and other individuals and organizations concerned contributed to an ICRC study that further clarified the needs of the families of missing persons.

PEOPLE DEPRIVED OF THEIR FREEDOM

Prison authorities introduce measures to improve detainees' treatment

Over 8,220 detainees in 24 places of permanent or temporary detention received ICRC visits, conducted in accordance with the organization's standard procedures, to monitor their treatment and living conditions in relation to internationally recognized standards. Of these detainees, 373 had their presence registered and individually monitored; particular attention was paid to vulnerable inmates, such as minors, women and foreigners. Some 97 former detainees registered by the ICRC were followed up after their release; one case was referred to a Burundian human rights organization for possible post-release monitoring. Inmates also restored/maintained contact with relatives in Burundi or abroad using RCMs and phone calls. Following visits, the detaining authorities received reports containing the ICRC's findings as well as its recommendations for improving the treatment and living conditions of the detainees visited.

Detainees in places of temporary and permanent detention saw improvements in their treatment after the authorities took steps to update prison management and policies. For example, the authorities in some places of temporary detention introduced measures prohibiting the detention of minors under the age of 15. With the ICRC's encouragement, they also paid greater attention to respecting detainees' judicial guarantees: by following up the work of legal services, for instance. A planned workshop for penitentiary/judicial authorities to discuss best practices on improving judicial guarantees was postponed, pending the completion of inspections

in all of the country's prisons. Discussions with police authorities brought attention to issues including in relation to the conduct of arrests, while meetings with penitentiary officials tackled challenges in the management of the detainees' case files.

At central level, sustained interaction between the penitentiary directorate and the ICRC helped address further questions relating to detainees' treatment, particularly through meetings of the working group tasked with overseeing these, which consisted of the authorities concerned, other financial and technical partners and the ICRC. The penitentiary directorate had a better understanding of the priorities and challenges in managing the country's 11 prisons after conducting inspections, internal audits, stock assessments and staff coaching with technical, financial and logistical support from the Belgian Technical Cooperation agency and the ICRC.

Study gives prison officials a basis to request additional funding to meet detainees' needs

While being reminded of the need to increase the budget for prison services and for the administration of places of temporary detention, prison authorities received the results of an ICRC study on the current surface area available for inmates in the country's 11 prisons, which provided them with a management tool and a concrete basis for requesting additional funds to rehabilitate, reconstruct or otherwise enlarge their prison areas.

Inmates improved their health and living conditions through ICRC support. Over 7,800 detainees in 11 prisons enjoyed a healthier environment as a result of pest-control campaigns carried out with prison authorities. All detainees continued to access quality health care through prison dispensaries, for which the ICRC covered 80% of the costs of basic medicines. People held in four places of temporary detention received medical attention in nearby public-health centres thanks to donated medicines or the reimbursement of medical bills. Around 230 detainees availed themselves of TB and HIV/AIDS treatment services provided by the prison authorities and local NGOs with ICRC technical, material and financial support. Detainees' nutritional status was also monitored during visits. To help them respond more effectively to detainees' health needs, the authorities drew on ICRC inputs as they established a database of prison health information and exchanged best practices with other stakeholders during various meetings and workshops.

In the prisons visited, all inmates improved their hygiene conditions with ICRC-distributed soap and cleaning materials. Some 3,320 detainees in eight places of detention benefited from improved facilities following the rehabilitation or construction of water and sanitation systems, kitchens, living quarters, including separate cells for women and minors, and dispensaries. Inmates in 11 prisons enhanced their well-being with educational and recreational materials. Detainees in two prisons prepared for their release and reintegration through a literacy programme.

WOUNDED AND SICK

People confined to wheelchairs for over a decade walk again with prosthetic devices and mobility aids

Some 2,780 patients (including 100 women, 2,358 children and 114 demobilized weapon bearers) at the Saint Kizito physical rehabilitation centre in Bujumbura enjoyed quality physical rehabilitation services following measures taken by the centre, such as provision of outpatient services and implementation of treatment

protocols and technical guidelines, with ICRC support within the framework of a multi-year plan of action agreed upon in 2010. The centre improved the quality of its services significantly and became the country's referral centre for fitting demobilized weapon bearers and other persons with disabilities with prostheses/orthoses. Amputees and those with spinal-cord injuries, some of whom had been wheelchair-bound for over a decade, were able to walk again because of orthopaedic devices and mobility aids provided by the centre. Disabled people from a wider geographical area were able to access these services because they were provided free lodging and meals at the centre. The number of outpatient consultations, mostly children needing corrective devices, increased significantly, to 157 per month.

Saint Kizito assumes full responsibility for procuring equipment and supplies

Prosthetic/orthotic and physiotherapy personnel honed their skills with on-the-job training to help the centre boost its capacity to treat disabled patients and improve the quality of care. With ICRC sponsorship, four students attended physiotherapy or orthopaedic technology courses abroad.

The centre's administration took steps to secure its long-term sustainability. The centre had assumed full responsibility by the end of May for procuring the equipment and supplies needed for its prosthetic/orthotic and physiotherapy services. It continued to receive assistance for optimizing patient flow, establishing treatment protocols in line with recognized standards and reviewing the management of human resources. The centre's director and those of three other physical rehabilitation centres agreed to jointly set standards for good practice, with a view to having their specialized services eventually integrated into the national health system. The centre's administration discussed the development and sustainability of services at a workshop and inaugurated a new physiotherapy and rehabilitation unit.

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

Burundi signs the Arms Trade Treaty and accedes to a treaty prohibiting torture and ill-treatment

With ICRC encouragement, Burundi signed the Arms Trade Treaty and acceded to the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Dialogue with the authorities concerned continued, with a view to encouraging Burundi's ratification of/accession to other IHL-related instruments, such as Additional Protocol III and the African Union Convention on IDPs. Meanwhile, a draft law recognizing the Burundi Red Cross' status and protecting the emblem remained under review; and a workshop to mobilize support among parliamentarians did not take place owing to other priorities.

Meetings with the authorities sought to foster greater acceptance of the ICRC's work, including its activities in behalf of the families of missing persons (see *Civilians*).

The armed forces and the ICRC cooperate to boost IHL instruction in military schools

As part of an agreement concluded in 2010, the Defence Ministry continued to receive ICRC support in integrating IHL provisions into Burundi's military doctrine, training and operations. An assessment of IHL instruction in Burundi, carried out jointly by the National Defence Force (NDF) and the ICRC, led to a new

cooperation agreement on ICRC support for IHL-related teaching initiatives in military schools. A two-week IHL course produced 12 new military IHL instructors; three officers, including the deputy chief of staff of the NDF, attended IHL courses abroad (see *International law and cooperation*). However, the Defence Ministry had yet to appoint a technical team to revise the military doctrine.

ICRC-trained Burundian instructors, working alongside ICRC delegates, briefed five contingents (around 2,600 soldiers) on basic IHL principles and humanitarian concerns prior to their deployment with AMISOM. The deputy commander of the peacekeeping force deployed to the Central African Republic also participated in these briefings. With ICRC support, the NDF produced IHL manuals, a code of conduct for peacekeeping troops and an IHL training video in Kirundi, the local language.

RED CROSS AND RED CRESCENT MOVEMENT

The Burundi Red Cross expands its network of volunteers

The Burundi Red Cross, with financial, material and technical support from the ICRC, continued to strengthen its capacities in emergency response, restoring family links (see *Civilians*), communication and governance. It extended its network of volunteers throughout the country, taking another step in realizing its ambition to become the main humanitarian actor in the country. It also sought to promote humanitarian principles and maintain acceptance for Movement activities by using certain communication tools (including its website) and hosting certain events (such as its 50th anniversary celebrations).

Red Cross volunteers respond to cholera outbreak

To bolster the National Society's response to emergencies, 80 volunteers from its emergency response brigades underwent training in the Safer Access Framework, as well as in water and sanitation techniques, including the storage/treatment of water and bladder assembly. These measures, together with insect-control campaigns conducted for vulnerable households, helped them respond to an outbreak of cholera. In addition, all 129 municipal education/dissemination staff were trained in the integrated lifesaving module and the Fundamental Principles, and thus equipped with the skills necessary to train volunteers.

Movement partners met regularly to exchange views and coordinate activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		1,571	5	
RCMs distributed		1,217	9	
Phone calls facilitated between family members		222		
Reunifications, transfers and repatriations				
People reunited with their families		9		
	<i>including people registered by another delegation</i>	1		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		78	21	31
People located (tracing cases closed positively)		80		
	<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)		34	10	14
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		6	4	
UAMs/SCs reunited with their families by the ICRC/National Society		4	2	1
	<i>including UAMs/SCs registered by another delegation</i>	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		12	4	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		8,220	476	304
Detainees visited and monitored individually		373	7	4
Detainees newly registered		97	1	2
Number of visits carried out		108		
Number of places of detention visited		24		
Restoring family links				
RCMs collected		38		
RCMs distributed		39		
People to whom a detention attestation was issued		13		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	3	4%	3%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items ¹	Beneficiaries	35,564		
Water and habitat activities	Beneficiaries	3,323		
Health				
Number of visits carried out by health staff		51		
Number of places of detention visited by health staff		17		
WOUNDED AND SICK				
Physical rehabilitation				
Centres supported	Structures	1		
Patients receiving services	Patients	2,787	100	2,358
New patients fitted with prostheses	Patients	13	2	1
Prostheses delivered	Units	19	2	4
	<i>of which for victims of mines or explosive remnants of war</i>	2		
New patients fitted with orthoses	Patients	393	7	311
Orthoses delivered	Units	600	5	497
	<i>of which for victims of mines or explosive remnants of war</i>	2		
Patients receiving physiotherapy	Patients	988	34	859
Crutches delivered	Units	62		
Wheelchairs delivered	Units	8		

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

CENTRAL AFRICAN REPUBLIC



ICRC delegation ICRC sub-delegation ICRC office / presence

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

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ amid reports of abuse and insecurity, confidential reminders and public communication called on all parties to meet their obligations to respect and protect civilians and the wounded and sick
- ▶ while the Central African Red Cross Society/ICRC's priorities shifted to emergency response, some security and logistical constraints initially hampered their work and thus their response to emergency needs
- ▶ casualties received life-saving care from National Society volunteers and ICRC-supported health facilities, which benefited from assistance by a surgical team
- ▶ people in violence-affected areas of Nana-Grébizi prefecture – mainly women and children – accessed health care at ICRC-supported mobile clinics
- ▶ IDPs and residents met their immediate needs through emergency relief and regular water supply, while livelihood support initiatives and rehabilitation of water sources for their early recovery were undertaken whenever possible
- ▶ while access to all detainees under the ICRC's purview had yet to become systematic, those who were visited benefited from ICRC support for the prison authorities in overcoming food shortages and improving living conditions

EXPENDITURE (in KCHF)

Protection	2,393
Assistance	13,029
Prevention	1,536
Cooperation with National Societies	1,326
General	-
Total	18,284

of which: Overheads 1,116

IMPLEMENTATION RATE

Expenditure/yearly budget	128%
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PERSONNEL

Mobile staff	32
Resident staff (daily workers not included)	187

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	429
RCMs distributed	249
People located (tracing cases closed positively)	39
People reunited with their families	57
of whom unaccompanied minors/separated children	57
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	617
Detainees visited and monitored individually	122
Number of visits carried out	35
Number of places of detention visited	13
Restoring family links	
RCMs collected	1
RCMs distributed	3

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 62,500	83,621
Essential household items	Beneficiaries 13,000	74,843
Productive inputs	Beneficiaries 98,400	55,758
Cash	Beneficiaries	1,250
Work, services and training	Beneficiaries 2,570	
Water and habitat activities	Beneficiaries 59,000	548,477
Health		
Health centres supported	Structures	8
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	11

CONTEXT

In the Central African Republic (hereafter CAR), Seleka, an alliance of armed groups, took over the capital of Bangui in March and overthrew the government. Michel Djotodia was sworn in as president in August and initiated an 18-month transition period.

The general situation remained volatile, however, with violence and looting persisting throughout the country and exacerbating intercommunal tensions. Fighting between Seleka forces and armed groups increased dramatically in September in the west, and later in the capital, where violence among civilians intensified at year's end. Reprisals against civilians – summary executions, kidnappings, attacks on medical staff, torture, sexual violence and child recruitment – resulted in hundreds of thousands of people being displaced and thousands wounded or killed. The looting and destruction of private and public property, collapse of public services, disruption of agricultural activities and markets, as well as the reduced availability of goods, compounded people's suffering.

With the authorities' agreement, foreign troops remained in the country, including those who were with the Mission for the Consolidation of Peace in the Central African Republic (MICOPAX) under the authority of the Economic Community of Central African States (ECCAS). In December, with the agreement of the UN Security Council, the International Support Mission to the Central African Republic (MISCA) under the authority of the African Union, supported by French troops deployed under Operation Sangaris, took over from MICOPAX.

In the south-east, the Lord's Resistance Army (LRA) remained a threat, though one that was diminished. Troops of the African Union Regional Task Force (AU RTF) endeavoured to counter LRA activity in the region.

ICRC ACTION AND RESULTS

Between late March and July, despite precarious conditions, the ICRC continued to be active in the CAR: part of its Bangui team was based in Yaoundé, Cameroon, but its offices in Kaga Bandoro and Ndélé remained open. With the Central African Red Cross Society as its primary operational partner, the ICRC adapted its activities to the evolving situation. Its priorities were to bolster acceptance for neutral, impartial and independent humanitarian action and to respond to the pressing needs of violence-affected people, including in areas reached by few or no others.

The ICRC engaged in dialogue with all the authorities concerned and with weapon bearers, formally and orally reminding them of their obligation under international human rights law to respect and protect: civilians and their property, the wounded and sick, and humanitarian and medical personnel/infrastructure. Contacts with the media and representatives of regional/international bodies and key members of civil society helped raise general awareness of humanitarian concerns, including the need to ensure the safe provision of health services.

Despite security constraints, the National Society/ICRC, in coordination with the authorities, helped meet some of the basic needs of violence-affected people. National Society teams administered first aid and together with the ICRC, evacuated the injured from remote areas to hospitals – mainly in Bangui and sometimes by plane – and collected and managed the remains of victims. The ICRC provided drugs and medical/surgical supplies for facilities

in Bangui and in central and northern CAR, enabling the weapon-wounded to receive suitable treatment. It also helped two hospitals in Bangui treat weapon-wounded patients in April and December.

Because health centres remained closed, the ICRC deployed mobile clinics, which provided basic health services – immunizations and ante/post-natal care – for vulnerable people in Nana-Grébizi prefecture. In Birao in the north and in certain areas in the south-east, displaced people and resident communities continued to benefit from a national programme for detecting/treating malaria at an early stage.

Following clashes, some IDPs and other vulnerable people received emergency food rations and essential household items. In coordination with the State water utility, Société de Distribution d'Eau en Centrafrique (SODECA), National Society/ICRC teams helped residents and IDPs in Bangui, Ndélé and surrounding areas access water services by delivering water every day, rehabilitating/constructing water infrastructure and/or providing water treatment chemicals. Security conditions allowed only a few vulnerable people to resume agricultural activities and participate in income-generating projects to restore self-sufficiency.

Whenever possible, the ICRC visited detainees to monitor their living conditions. Although the new authorities had agreed to visits in principle, the ICRC did not gain systematic access to all detainees within its purview. Confidential dialogue with and direct support for prison authorities helped improve detention conditions for some inmates and filled gaps in some prisons' supply chain in December.

National Society/ICRC teams offered family-links services to separated relatives. In coordination with the authorities and child-protection agencies, they helped unaccompanied children, including those formerly associated with fighting forces, restore contact with and rejoin their families.

The National Society, with ICRC support, boosted its operational capacities, particularly in emergency preparedness/response, first aid, family-links services, communication and human remains management. Meetings with Movement partners and humanitarian organizations ensured coordination of activities.

CIVILIANS

Weapon bearers and authorities pressed to abide by their obligations to protect civilians

Amid insecurity, victims approached the ICRC with allegations of abuses (see *Context*). On the basis of these and direct observation by ICRC staff, weapon bearers and the authorities available were given written and oral reminders of their obligations under international human rights law to protect civilians and their property, the wounded and sick, and medical and humanitarian personnel/infrastructure (see *Authorities, armed forces and other bearers of weapons, and civil society*).

The continuing clashes and reports of reprisals against civilians caused a shift in priorities to emergency response. Some longer-term assistance activities – related to livelihood assistance for example – were put on hold. Dialogue with all those involved in the violence enabled the National Society/ICRC to deliver assistance, including to people in areas reached by few others or no one. With ICRC support, the National Society also strengthened its emergency response capacities in all aspects of its work – including logistics, through the construction of a warehouse in Bangui.

However, security and logistical constraints hampered the National Society/ICRC's activities and thus their response to emergency needs.

IDPs and residents meet immediate needs

Despite these constraints, IDPs and residents were able to cope with their situation – made more difficult by the eruption of violence in March and again as of September – owing to emergency supplies distributed by National Society/ICRC teams. Some 84,000 people (18,082 households) received food rations, which lasted them between three days and two weeks, and some 75,000 people (15,035 households) received essential household items. More than 8,600 of these people (1,546 households) benefited from additional one-month food rations and over 2,300 (470 households) whose houses were burnt during clashes, built temporary shelters with ICRC-supplied materials.

Some 550,000 violence-affected people access clean water

As fighting damaged water networks, some 550,000 people in urban and rural areas regained or improved their access to water following emergency activities carried out by the National Society/ICRC in cooperation with SODECA and local communities, including through daily deliveries of clean water, rehabilitation/construction of water infrastructure and/or provision of water treatment chemicals.

In December, some 140,000 people who had fled to the Bangui airport and the Boy Rabe monastery relied on the daily delivery of some 420,000 litres of water; the installation of water tanks, pipes and taps facilitated distribution. Such activities also helped medical facilities (360 beds in two hospitals in Bangui and 70 beds in Kaga Bandoro) remain functional (see *Wounded and sick*).

Communities in these areas also benefited from the construction of waste management and sanitation facilities, such as separate latrines for men, women and children. After attending National Society-run hygiene-promotion sessions, community members maintained these facilities and built their own latrines with technical guidance and the necessary tools.

Violence-affected people receive primary health care from mobile teams

As health centres in violence-affected areas remained closed, vulnerable people in five remote areas in Nana-Grébizi prefecture – among them, children, the wounded and victims of sexual violence – accessed health services provided by three mobile teams. These mobile teams delivered primary health care, such as ante/post-natal consultations and immunization against a broad range of diseases for children and some pregnant women.

Displaced people and resident communities in Birao, Obo and Rafai benefited from free malaria testing by ICRC-trained community health workers, which was carried out within a national framework for detecting/treating malaria at an early stage. Some 12,300 people out of over 16,400 who complained of symptoms during consultations were diagnosed and treated, pre-empting the need for hospitalization. Some 5,800 households (29,000 individuals), pregnant women and children under five among them, received mosquito nets after information sessions on malaria prevention.

The needs of victims of sexual violence were assessed, with a view to planning for 2014.

Some IDPs and returnees resume livelihood activities

In violence-affected areas, the prevailing insecurity often prevented IDPs from returning home, leading to looting of food reserves and disrupted access to grazing/farming land. A few IDPs/returnees were able to augment their income and/or supplies of food through livelihood-recovery initiatives.

Around 220 households (1,250 IDPs) in Kaga Bandoro earned money through cash-for-work projects, which included making bricks to build houses for IDPs in Dekoa, Mbrès and Nana Outa, and constructing a fence around Kaga Bandoro hospital (see *Wounded and sick*).

In Kaga Bandoro, Ndélé and some provinces in the south-east, over 4,400 households (23,488 IDPs/returnees) increased their supplies of food using donated staple crop seed and tools. These included some 200 market gardeners (1,000 beneficiaries) who doubled their vegetable harvests from the previous year, and sold the surplus. Some of them received food rations to tide them over the period between harvests. Thanks to ICRC-provided disease-resistant cassava cuttings and financial support, 24 farming groups (1,982 people/389 households) in Birao and Zemio grew healthy cassava plants and supplied other farmers with disease-resistant cuttings.

Using ICRC-donated equipment and tools, 100 members of community-based committees and six tradesmen – in Batangafo, Kakouda and other places – improved community services benefiting over 30,000 people and put themselves in a position to train new apprentices. They hired out milling/grinding machines and used the earnings for their upkeep. The women who used the machines got their work done more quickly, which left them with more time for other productive activities and for looking after their children. The provision of bicycles and pushcarts enabled farmers to transport their crops faster and improved their access to markets, which brightened their economic prospects.

Family members dispersed by fighting restore contact

Separated family members – including children, IDPs, relatives of people detained in the CAR (see *People deprived of their freedom*) and Sudanese refugees – restored contact with one another using Movement family-links services. Violence-affected people mainly used RCMs and short oral messages relayed by National Society/ICRC staff.

Coordination with the authorities and child-protection agencies enabled 57 unaccompanied minors to be reunited with their relatives, mainly in the CAR. Among them were minors formerly associated with weapon bearers who had prepared for reintegration through third-party vocational training at a rehabilitation centre in Bangui.

Trained National Society volunteers, together with community members, managed over 600 sets of human remains so as to allow future identification and gave them a dignified burial or when possible, handed them over to their families. This included proper management of 429 sets of remains in Bangui in December, with ICRC support.

PEOPLE DEPRIVED OF THEIR FREEDOM

Dialogue with the authorities focuses on renewed access to detainees

Detainees received ICRC visits before the upsurge of violence in March, to monitor their treatment and living conditions; they were conducted mainly according to the organization's standard procedures. After the destruction and looting of many prisons, and the escape of inmates, in March, the ICRC conducted similar visits – albeit to a limited extent – to detainees in prisons that reopened or remained functional. Dialogue with the new authorities aimed to gain access to all inmates within the ICRC's purview, including in places of temporary detention. Despite the agreement of key people – the president, officials from the various ministries concerned and the director of the national police – access to all detainees had not become systematic at year's end.

During ICRC visits, people held in connection with State security received individual follow-up; other vulnerable inmates, such as women and children, were given special attention but not followed up individually in every case. Detainees kept in touch with relatives through family-links services and, at their request, foreigners had their embassies informed of their situation through ICRC delegates. After visits, the detaining authorities received confidential feedback and, as necessary, recommendations for improvement.

South Sudanese weapon bearers repatriated from Obo

In May, 36 members of armed groups detained in Obo by Ugandan troops under the AU RTF also benefited from ICRC visits. At the request of the South Sudanese government and with the approval of the AU RTF, they were handed over to the South Sudanese authorities, with the ICRC acting as a neutral intermediary. Seven sets of human remains were also repatriated (see *South Sudan*).

Detainees survive food shortages

In December, in response to the disruption of the supply chain in Bangui, nearly 100 detainees in three places of detention met their immediate needs with ICRC-provided food rations and basic hygiene items.

Discussions with the authorities on improving inmates' conditions led to the renovation of water/sanitation facilities in two prisons, benefiting over 300 detainees, including 63 women. Some 240 inmates improved their living conditions using hygiene and essential items and, along with prison staff, learnt good hygiene practices during awareness-raising sessions. Some of them improved their diet with vegetables grown using donated seed and tools, while some benefited from ad hoc medical assistance.

WOUNDED AND SICK

Community members take steps to protect patients and medical staff

On the basis of documented cases of abuses committed against patients, health workers, structures, vehicles and the Movement's emblems, public communication as well as confidential discussions with weapon bearers, authorities and hospital administrators emphasized the importance of ensuring security and respect for these facilities, patients and personnel. In light of these abuses, and after the National Society/ICRC had conducted a number of information sessions, some community members started taking measures to facilitate the safe delivery of medical services. Patients, staff and medical facilities were better protected after community members built a fence around the Kaga Bandoro hospital and posted

signs prohibiting weapons at hospitals in Bangui, Birao and Kaga Bandoro with National Society/ICRC support.

Casualties receive life-saving treatment

ICRC-trained National Society volunteers administered first aid to some 800 injured people. Together with the ICRC, they evacuated over 350 weapon-wounded people, sometimes by plane, from remote areas to hospitals, mainly in Bangui. When public transportation services became unavailable in December, an ICRC-organized ambulance service ferried 241 people to hospitals.

Using ICRC-donated drugs and medical/surgical supplies, 11 selected hospitals – mostly in Bangui, Kaga Bandoro and Ndélé, but also across central and northern CAR – treated weapon-wounded and sick people and made up for shortages caused by looting. Casualties benefited from proper care because of material and logistical support provided for organizations such as Médecins Sans Frontières (MSF). Local and MSF teams worked with ICRC teams in Bangui's Amitié Hospital in April and the community hospital in December.

During and after clashes, patients and staff at hospitals in Bangui, Kaga Bandoro, Ndélé and Obo and at a clinic in Nana Outa had access to clean water and better sanitation conditions, made possible by National Society/ICRC water deliveries and/or repairs to water infrastructure. In Amitié Hospital, people benefited from the installation of a 10,000-litre water tank, the rehabilitation of the hospital's water distribution system and the construction of latrines. After the clashes in March, Bangui's community hospital received clean water and fuel for its generator and no longer faced water and power shortages; in December, structural repairs were made in its trauma unit. Drainage of stagnant water at the hospital in Obo helped prevent water/vector-borne diseases. The roof and other parts of the Kaga Bandoro hospital were repaired and additional kitchens constructed, which improved conditions for patients.

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

Community members help carry out humanitarian activities

Dialogue with religious/traditional leaders and dissemination sessions for communities promoted understanding and acceptance of the emblem and the Movement's work. It also facilitated cooperation with beneficiaries in conducting assistance activities. For example, female IDPs in Bangui organized the distribution of water after the ICRC had installed water points (see *Civilians*).

Sustained contact with the media contributed to raising public awareness of the plight of violence-affected people. Regular and accurate coverage of the humanitarian situation by national/international media, based on ICRC press releases and other materials, contributed to disseminating information about humanitarian issues and Movement activities. A video on the situation in Ndélé, broadcast by 43 television channels throughout Europe, and an interactive radio programme highlighting the issue of sexual violence drew on ICRC communication materials.

Dialogue with representatives of regional/international bodies, including the African Union, ECCAS/MICOPAX, the French army, the European Commission, UN agencies, and key members of civil society enhanced mutual understanding of humanitarian issues, facilitated coordination and garnered support for the Movement's activities.

With ICRC support, the National Society enhanced its communication capacities and helped promote IHL and the Movement, including through newsletters.

Weapon bearers learn more about humanitarian norms while training in first aid

Whenever possible, local/national authorities, including the new government as from April, and weapon bearers were called on to foster respect for human life and dignity, in accordance with applicable laws and principles. Written representations, face-to-face meetings and awareness sessions appealed for the need to respect people not/no longer participating in the fighting and to facilitate their access to medical/humanitarian aid (see above).

Over 600 weapon bearers throughout the country familiarized themselves with IHL, international human rights law and the ICRC's neutral, impartial and independent action through dialogue and briefings, often conducted alongside National Society-run first-aid training sessions. They included members of Seleka and other armed groups, *gendarmes*, armed forces personnel, and Chadian and South African military staff deployed to the CAR. Twelve officers from the new army furthered their understanding of the role of commanders in ensuring respect for the rule of law among the ranks, while one officer participated in an IHL course abroad.

IHL implementation activities postponed

Owing to the violence, efforts to help the authorities, armed forces and universities integrate IHL into domestic legislation, military policy and university curricula were postponed.

RED CROSS AND RED CRESCENT MOVEMENT

The Central African Red Cross, as the ICRC's primary operational partner, boosted its operational capacities, particularly in first aid, restoring family links, communication and governance, through ICRC financial, technical, logistical and material support. It also bolstered its emergency response capacities to respond to the needs of violence-affected people (see above), by implementing a contingency plan drafted with the ICRC in December 2012, for instance.

National Society staff and volunteers sharpened their skills in administering first aid and managing human remains: their training also included psychological techniques for coping with traumatic situations. As the National Society's priority was responding to emergencies, plans to review and upgrade its first-aid training curriculum were put on hold.

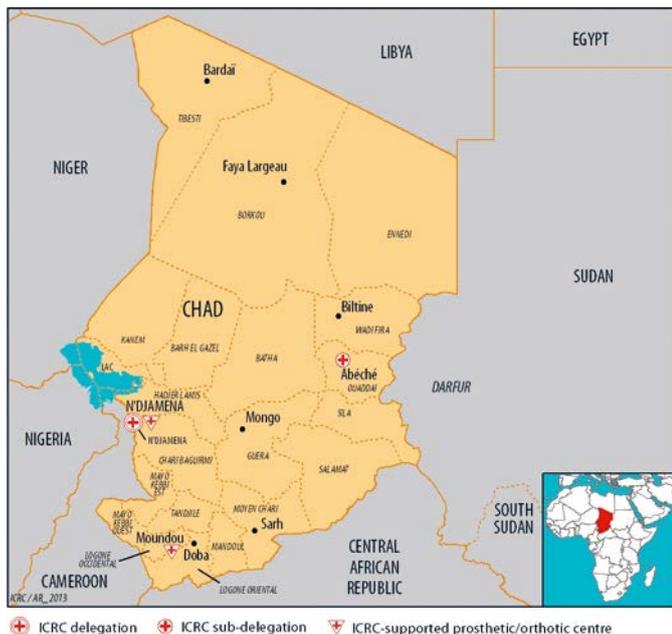
Movement partners met regularly to coordinate activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		429	173	
RCMs distributed		249	35	
Reunifications, transfers and repatriations				
People reunited with their families		57		
	<i>including people registered by another delegation</i>	2		
People transferred/repatriated		22		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		69	6	13
People located (tracing cases closed positively)		39		
	<i>including people for whom tracing requests were registered by another delegation</i>	5		
Tracing cases still being handled at the end of the reporting period (people)		42	1	8
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		93	12	85
UAMs/SCs reunited with their families by the ICRC/National Society		57	11	51
	<i>including UAMs/SCs registered by another delegation</i>	2		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		18	2	16
Documents				
People to whom travel documents were issued		1		
Official documents relayed between family members across border/front lines		1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		617	154	5
Detainees visited and monitored individually		122	9	5
Detainees newly registered		98	2	3
Number of visits carried out		35		
Number of places of detention visited		13		
Restoring family links				
RCMs collected		1		
RCMs distributed		3		
Detainees released and transferred/repatriated by/via the ICRC		36		
People to whom a detention attestation was issued		1		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	83,621	23%	58%
	<i>of whom IDPs</i>	68,849		
Essential household items	Beneficiaries	74,843	18%	66%
	<i>of whom IDPs</i>	68,634		
Productive inputs	Beneficiaries	55,758	28%	43%
	<i>of whom IDPs</i>	37,728		
Cash	Beneficiaries	1,250	27%	33%
	<i>of whom IDPs</i>	833		
Water and habitat activities	Beneficiaries	548,477	30%	40%
	<i>of whom IDPs</i>	274,238		
Health				
Health centres supported	Structures	8		
Average catchment population		57,303		
Consultations	Patients	56,055		
	<i>of which curative</i>		15,585	24,204
	<i>of which ante/post-natal</i>		1,246	
Referrals to a second level of care	Patients	1,956		
Health education	Sessions	99		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	93		
Essential household items	Beneficiaries	291		
Productive inputs	Beneficiaries	16		
Water and habitat activities	Beneficiaries	374		
Health				
Number of visits carried out by health staff	Beneficiaries	3		
Number of places of detention visited by health staff	Beneficiaries	3		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	11		

CHAD



The ICRC has operated in Chad since 1978. With armed conflict in Chad subsiding, the ICRC has scaled back its emergency activities to focus mainly on visiting detainees and restoring links between separated family members, most of whom are refugees from neighbouring countries. It continues supporting rehabilitation services for amputees countrywide, while pursuing longstanding programmes to promote IHL among the authorities, armed forces and civil society. The ICRC supports the Red Cross of Chad.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ weapon-wounded returnees and refugees from Darfur, Sudan, received first aid from Red Cross of Chad teams and more advanced care from an ICRC surgical team based at the Abéché regional hospital
- ▶ ICRC support for the Abéché hospital ended, but despite various measures – such as war-surgery training for 2 doctors belatedly assigned to the hospital – the sustainability of the hospital's services could not be guaranteed
- ▶ malnourished detainees relied on emergency provisions as the authorities took steps to resolve food-supply issues and pursued broad judicial/penitentiary reform, which progressed slowly
- ▶ over 1,000 soldiers/officers deployed to the Central African Republic (hereafter CAR) and Mali, and Chadian members of the CAR/Chadian/Sudanese tripartite force, began, in July, to attend ICRC briefings on IHL
- ▶ dispersed family members from the CAR and Sudan, especially separated children, restored/maintained contact through Movement family-links services, with some of them rejoining their relatives in Chad or abroad

EXPENDITURE (in KCHF)	
Protection	2,823
Assistance	4,698
Prevention	1,515
Cooperation with National Societies	1,115
General	-
	10,151

of which: Overheads 620

IMPLEMENTATION RATE	
Expenditure/yearly budget	92%

PERSONNEL	
Mobile staff	20
Resident staff (daily workers not included)	98

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	1,565
RCMs distributed	1,148
Phone calls facilitated between family members	379
People located (tracing cases closed positively)	27
People reunited with their families	4
of whom unaccompanied minors/separated children	4
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	3,593
Detainees visited and monitored individually	148
Number of visits carried out	36
Number of places of detention visited	8
Restoring family links	
RCMs collected	410
RCMs distributed	207
Phone calls made to families to inform them of the whereabouts of a detained relative	368

ASSISTANCE	Targets	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Essential household items	Beneficiaries	10,420	
Water and habitat activities	Beneficiaries	120	
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	1	6
Water and habitat			
Water and habitat activities	Number of beds	850	
Physical rehabilitation			
Centres supported	Structures	2	2
Patients receiving services	Patients	4,000	4,501

CONTEXT

Chad remained relatively calm, despite occasional bouts of localized intercommunal tension, banditry, and an alleged attempt to destabilize the presidency in May that led to arrests.

Instability in neighbouring countries drove returnees/refugees into various parts of Chad. In March, tens of thousands of new returnees and refugees fleeing violence in Darfur, Sudan, began to arrive in Tissi, south-eastern Chad. Some Chadian and Nigerian nationals escaping hostilities in north-eastern Nigeria sought refuge in the Lake Chad region. In December, thousands of Chadian nationals were repatriated from the Central African Republic (hereafter CAR) owing to armed fighting there; more CAR refugees arrived in camps in southern Chad. They added to some 350,000 CAR and Sudanese refugees who remained in Chad, unable to return to their countries because of the prevailing insecurity. In addition to the loss of remittances from returnees, the abrupt increase in the population strained already scarce resources.

Chadian troops were deployed in the CAR and Mali. The joint Chadian/Sudanese force, the CAR/Chadian/Sudanese tripartite force, and the mixed force of the Lake Chad Basin Commission continued to be stationed along their common borders.

Mines and explosive remnants of war (ERW) continued to endanger people in the north.

ICRC ACTION AND RESULTS

In 2013, the ICRC met some urgent needs of Chadian returnees and refugees from the CAR, Nigeria and Sudan, while continuing to address certain consequences of past conflict.

Weapon-wounded people who had arrived in south-eastern Chad (see *Context*) were given first aid by Red Cross of Chad teams and evacuated to the Abéché regional hospital where they, along with emergency cases from eastern Chad, were treated by an ICRC surgical team based at the hospital. Financial/material support and training from the ICRC enabled the hospital to maintain its emergency/surgical/physiotherapy capacities. The three-year joint project with the Health Ministry to train student nurses at the Abéché Health College drew to a close. The ICRC progressively scaled down its operations in eastern Chad owing to reduced needs; towards year's end, as announced in 2012, it ended its support for the Abéché hospital, after which it closed down its sub-delegation in the region and managed its operations from N'Djamena. Despite several measures – sustained dialogue with the authorities concerned and belated war-surgery training for two doctors assigned to the hospital by the Defence and Health Ministries around mid-year – the sustainability of the Abéché hospital's services was not assured.

While encouraging the Health and Social Affairs Ministries to invest more in physical rehabilitation services, the ICRC continued to support Chad's two physical rehabilitation centres. This included the provision of prosthetic/orthotic components and funds to treat, primarily, conflict-disabled people. Training for staff, including abroad, enhanced the quality of services at the centres.

In line with a renewed agreement with the Justice Ministry, the ICRC visited inmates of selected detention facilities to monitor their treatment and living conditions; security detainees were followed

up individually. The ICRC maintained dialogue with the authorities on judicial/penitentiary reform – on establishing prison health care services and addressing overcrowding, as well as other matters – and started contributing to the training of prison staff. Developing pertinent policies took time and more investment by the authorities was required to make lasting changes. Delegates responded to nutritional emergencies in some prisons, providing high-energy food supplements and therapeutic food for malnourished/severely malnourished detainees; they also encouraged the authorities to resolve deficiencies in the food-supply system. This resulted in the Justice Ministry increasing daily food rations for detainees in some prisons and drafting a decree to remedy the nutritional situation of detainees.

Dispersed family members, especially separated children, from the CAR and Sudan restored/maintained contact through Movement family-links services. Four children formerly associated with weapon bearers rejoined their relatives in Chad or abroad. Distributions of essential household items to vulnerable Chadian returnees in Tissi enabled them to cover their basic needs.

Sustained dialogue with the authorities, armed/security forces, and key members of civil society served to foster respect for IHL and international human rights norms applicable to law enforcement operations. Briefings were held for soldiers before their deployment abroad and for cadets at the Garde Nationale et Nomade du Tchad (GNNT). Efforts were made to support military academies in incorporating IHL in their training; however, IHL instruction in the army remained unsystematized. Discussions with the authorities on domestic IHL implementation facilitated ratification of the Convention on Cluster Munitions and signature of the Arms Trade Treaty. Parliamentary committees drew on ICRC expertise to advance reform of the penal code; however, no progress was made in connection with a draft law protecting the emblem.

ICRC support for the National Society helped it bolster its capacities in first aid, family-links restoration, public communication and IHL promotion. Regular meetings with Movement partners and other humanitarian organizations helped coordinate activities.

CIVILIANS

The ICRC monitored the situation of returnees and refugees fleeing armed conflicts or other situations of violence in neighbouring countries – such as the CAR, Nigeria and Sudan – and that of civilians affected by past armed conflict in Chad. Dialogue with the authorities and armed/security forces drew their attention to humanitarian concerns and allegations of abuse reported to ICRC delegates. Formal representations reminded them of their obligations under IHL or other applicable law to protect and respect civilians, and, in particular, to prevent the recruitment of minors into fighting forces.

Children formerly associated with fighting forces rejoin their families

Separated family members, including those who fled violence in neighbouring countries, restored/maintained contact through RCMs and phone calls facilitated by National Society/ICRC teams; others requested help in locating their relatives. Around 80 unaccompanied minors, as well as other vulnerable people, received special attention. In coordination with government bodies and/or child-protection agencies, four children formerly associated with weapon bearers rejoined their relatives in Chad or in the CAR.

Returnees cover basic needs

The National Society/ICRC responded to the pressing needs of returnees in Tissi (see *Context*), in coordination with the authorities and other humanitarian organizations. Some 2,000 vulnerable Chadian returnee families (10,000 people) registered by the IOM received essential household items, which helped them cope with their situation. Similar items helped 84 households (420 people) in the Ouaddai region deal with the consequences of a bush fire.

PEOPLE DEPRIVED OF THEIR FREEDOM

Having renewed an agreement with the Justice Ministry on visiting people detained in Chad, the ICRC visited 3,593 detainees at eight detention facilities. During the visits, which were conducted according to the organization's standard procedures, delegates monitored the treatment and living conditions of inmates. Security detainees, including those arrested in relation to an alleged attempt to destabilize the presidency, were followed up individually; vulnerable inmates, such as women and children, received special attention.

After the visits, the authorities concerned were given confidential feedback and recommendations for improvements, including in connection with prolonged detention without trial, overcrowding and detainees' health and nutrition (see below). In its discussions with the authorities, the ICRC stressed the importance of accessing all detainees within its purview, and receiving notification when people were arrested/transferred.

Detainees – particularly inmates of the Koro Toro high-security prison who received no family visits because of the remoteness of the prison – restored/maintained contact with relatives through RCMs and short oral messages or *salamats*. Foreign detainees informed their consular representatives of their situation via the ICRC, which also notified UNHCR about detained refugees.

Judicial/penitentiary reform progresses slowly

The Health and Justice Ministries, the penitentiary administration, international stakeholders and the ICRC maintained dialogue to advance judicial and penitentiary reform, with a particular view to resolving pressing issues of detainee health and overcrowding. The authorities drew on ICRC expertise as they considered the establishment of prison health care services. However, the pertinent policies were developed slowly; more investment by the authorities was needed for sustainable improvements to take effect. Some 150 new prison wardens studying at a national school for the judiciary attended presentations on detention-related topics and on the ICRC's work for detainees.

Malnourished detainees rely on therapeutic food as authorities work to improve food supply in prisons

As detainees' nutritional status worsened in some prisons, the ICRC stepped in to assist the authorities. Some 548 malnourished inmates – 247 of whom were severely malnourished – of three detention facilities, including Koro Toro, received high-energy food supplements and therapeutic food. However, their nutritional status remained precarious, exacerbated by issues of food stock management. The Justice Ministry, with ICRC support, continued to work on measures to overcome deficiencies in food supply in the prison system and improve detainees' overall nutrition. It drafted a decree based on ICRC recommendations to fix detainees' diet, although it had yet to be approved by the Council of Ministers and signed by the president. The ministry also increased the budget for 2013 to augment inmates' daily food rations in selected prisons;

the food situation in the Koro Toro prison, however, remained problematic owing to logistical challenges. The Justice Ministry and the ICRC agreed to organize a workshop on food-supply-chain management in prisons to identify the causes of malnutrition among detainees and the necessary remedies.

Ailing inmates were referred by the ICRC to medical facilities for appropriate treatment. Those requiring urgent care received free treatment, in line with a national health policy.

To reduce their exposure to health risks and improve their living conditions, about 2,500 detainees in five prisons were given hygiene items, and around 1,500 inmates of two detention facilities benefited from infrastructural improvements: emergency cleaning of the wastewater evacuation system at the Abéché prison and an upgraded ventilation system for the dormitories of one prison in N'Djamena. The authorities and the organizations concerned drew on ICRC advice for maintaining the infrastructure.

One detained minor formerly associated with fighting forces – released after ICRC intervention – underwent vocational training to aid his social reintegration; he was subsequently reunited with his family in the CAR (see *Civilians*). Other newly released inmates were given financial assistance to return home and/or referred to suitable facilities for physical/psychological care.

WOUNDED AND SICK

Weapon-wounded returnees/refugees receive emergency care

Injured and critically ill people, including returnees and refugees who had arrived in south-eastern Chad from Darfur (see *Context*), were given first aid by trained National Society first-responders and evacuated by plane to Abéché, in coordination with the Health Ministry and other humanitarian organizations. They included 131 weapon-wounded people and seven people injured by ERW; together with other emergency surgical cases from eastern Chad, they were treated by an ICRC surgical team based at the Abéché regional hospital. Over 240 destitute patients had their treatment costs covered.

Medical/surgical kits, a tent for setting up a clinic, water tanks and body bags provided by the ICRC to Médecins Sans Frontières in Tissi enabled on-the-spot treatment for the weapon-wounded and facilitated proper management of human remains. Returnees/refugees from the CAR and Nigeria were treated at ICRC-supported medical facilities in N'Djamena and near Lake Chad.

Sustainability of Abéché hospital's services uncertain

The Abéché hospital maintained its emergency/surgical/physiotherapy capacities with regular financial/material support and training from the ICRC, including through an ICRC surgical team that had been at the hospital since 2009. Both patients and staff benefited from upgrades to the operating theatre's electrical wiring and the construction of shelter to protect a tent in which burn victims were treated; amputees received good-quality post-surgical care from two ICRC-trained physiotherapists, whose salaries the ICRC paid.

The ICRC, following through on its announcement in 2012, ended its support for the Abéché hospital at year's end (see *ICRC action and results*). Before doing so, it worked with all relevant stakeholders, particularly the health authorities, to help ensure the sustainability of the hospital's services. Hospital staff took over certain

tasks, such as the management of beds. Although a few local doctors occasionally worked with the ICRC's surgical team, only one young doctor assigned to the hospital by the Health Ministry underwent regular training in war surgery from the team – for six months, beginning in May. An army doctor assigned to the hospital by the Defence Ministry in July underwent similar training. During meetings with the Health Ministry, the ICRC stressed the importance of keeping the ICRC-trained doctors at the hospital to provide surgical services in the region, given the shortage of qualified State surgeons in the country. Despite these measures, the independent long-term functioning of the hospital could not be guaranteed.

Around 250 interns/student nurses at the Abéché Health College underwent ICRC training coupled with on-the-job supervision; this included practicing their skills at the Abéché hospital. The college amended its curriculum to bring it in line with national standards; technical support for this was provided by an ICRC nursing instructor assigned to the college for the duration of a three-year joint training project with the Health Ministry, which ended in July. Staff and students benefited from upgraded facilities, including a library.

New working group established to address rehabilitation needs in a more sustainable way

In all, 4,501 disabled persons, including victims of mines/ERW, were treated at Chad's two ICRC-supported physical rehabilitation centres – the Centre d'appareillage et de rééducation de Kalabaye (CARK) in N'Djamena and the Maison Notre-Dame de Paix (MNDP) in Moundou. Prosthetic/orthotic devices made from ICRC-supplied components – more efficiently produced at the CARK after the donation of a generator and the rehabilitation of the electrical system – and wheelchairs and crutches/canes provided by the centres helped the disabled regain mobility. At the CARK, 43 people – war amputees and amputees from eastern/northern Chad and their caretakers – had their treatment/transport costs covered.

Training sessions for the centres' staff enhanced the quality of services. Eight technicians upgraded their qualifications through courses in Togo run by the ICRC Special Fund for the Disabled; eight other technicians/physiotherapists attended three-year courses at schools in Benin or in Togo.

As support for both centres was provided mainly by the ICRC, the Health and Social Affairs Ministries were encouraged to increase their investment in physical rehabilitation services. Dialogue with a Chadian NGO resulted in the finalization of a three-year action plan aimed at helping the CARK implement recommendations outlined in a 2012 review. With the ICRC's help, the CARK obtained funding from the European Union for a three-year project. In May, the Health Ministry signed a decree creating a working group to follow up a national plan of action – drafted in 2012 – to address physical rehabilitation needs in Chad; it started working in July.

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

Media raise public awareness of humanitarian issues

Given the situation in neighbouring countries (see *Context*), dialogue with national/local authorities, armed/security forces, diplomats, representatives of regional/international organizations, and key members of civil society, such as traditional/

religious leaders and human rights or other NGOs, was especially important: it served to foster respect for humanitarian principles, IHL and international human rights law, and to facilitate Movement operations.

Media coverage of the Movement's work – based on ICRC press releases, interviews and a press conference organized with the CARK on the International Day of Persons with Disabilities – stimulated interest in humanitarian affairs among these actors and the general public. The coverage included reports/radio broadcasts on National Society activities organized on World Red Cross and Red Crescent Day (8 May), such as a well-attended photo exhibition, which drew authorities, high-ranking military officers and diplomats. Journalists learnt more about reporting on humanitarian affairs at a workshop in N'Djamena that included a visit to the CARK, where they were able to gather first-hand information on the plight of conflict-disabled people in Chad. After the workshop, the participants established a humanitarian journalists' network in Chad.

Over 100 law students at the Abéché University attended presentations in preparation for an IHL competition; students/lecturers from a university in N'Djamena added to their knowledge of IHL at a conference.

After months of planning, troops deployed abroad/in-country learn more about IHL

Through ICRC briefings, often conducted alongside military instructors, armed/security forces familiarized themselves with IHL and international human rights norms applicable to the use of force in law enforcement operations. The personnel attending these briefings included over 1,000 cadets and 40 officers from the GNNT – a branch of the security forces responsible for, *inter alia*, maintaining order in rural areas – 300 officers from the presidential guard, and senior police officers. GNNT/*gendarmérie* officers from across the country refined their knowledge of these subjects at a train-the-trainer course.

To ensure respect for civilians and humanitarian/medical personnel and infrastructure during military operations, 1,000 Chadian soldiers and 60 officers bound for the CAR and Mali learnt about basic IHL principles at briefings that began in July, even though the ICRC had offered to conduct such sessions in January. In December, over 50 Chadian members of the CAR/Chadian/Sudanese tripartite force attended similar briefings.

Dialogue with the armed forces, including the chief of staff, centred on the incorporation of IHL in military training. With ICRC guidance, directors and instructors at military training institutions enhanced their IHL teaching curricula; they also received pertinent IHL publications/materials. However, IHL instruction in the army was not yet systematized. A high-ranking military officer attended the Senior Workshop on International Rules Governing Military Operations (see *International law and cooperation*).

The situation in Chad did not warrant contact with/briefings for armed groups.

Chad ratifies the Convention on Cluster Munitions

The authorities drew on ICRC expertise to advance the incorporation of key IHL/other relevant treaties in the domestic legal system. This facilitated ratification of the Convention on Cluster Munitions and signature of the Arms Trade Treaty.

A National Society/ICRC information session for two parliamentary committees – one dealing with ratification of international treaties and another with draft domestic laws – enabled the exchange of information and formulation of recommendations, particularly with regard to the revision of the penal code and the law protecting the Movement's emblems. The revised penal code, which contained provisions for the repression of IHL violations, was foreseen to be submitted to the Council of Ministers for review; no progress was made in the matter of the emblem law. During a briefing, members of the interministerial committee dealing with human rights-related international treaties and ICRC delegates explored possibilities for cooperation in promoting and implementing IHL.

RED CROSS AND RED CRESCENT MOVEMENT

The Chadian Red Cross bolstered its governance/management/financial skills and its operational capacities with financial/material/technical/training support from the ICRC, provided in coordination with other Movement partners in Chad. Support included the donation of vehicles to national/regional committees and the construction of a regional office in Massakoury.

Trained first-aiders/instructors, applying the Safer Access Framework, expanded the scope of the National Society's first-aid/road-safety project to seven regional committees and to Tissi (see *Wounded and sick*). National Society volunteers, equipped with donated first-aid kits, tended to 2,300 road-accident victims. Information sessions and radio advertisements raised awareness of the first-aid/road-safety project among 17,360 students/drivers. The National Society strengthened its first-aid programme on the basis of recommendations arising from an assessment of its first-aid capacities, conducted with the support of the French Red Cross.

National Society teams also provided family-links services for dispersed relatives and promoted IHL and the Fundamental Principles among the public, including through major events (see above). In northern Chad, they conducted fumigation campaigns to get rid of scorpions, one of the main causes of death in the region.

Movement partners met regularly to coordinate their activities and avoid duplication of efforts.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		1,565	35	
RCMs distributed		1,148	14	
Phone calls facilitated between family members		379		
Reunifications, transfers and repatriations				
People reunited with their families		4		
	<i>including people registered by another delegation</i>	1		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		82	18	29
People located (tracing cases closed positively)		27		
	<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)		94	26	23
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		64	24	3
UAMs/SCs reunited with their families by the ICRC/National Society		4		4
	<i>including UAMs/SCs registered by another delegation</i>	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		82	24	18
Documents				
Official documents relayed between family members across border/front lines		7		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		3,593	61	87
Detainees visited and monitored individually		148	1	
Detainees newly registered		103		
Number of visits carried out		36		
Number of places of detention visited		8		
Restoring family links				
RCMs collected		410		
RCMs distributed		207		
Phone calls made to families to inform them of the whereabouts of a detained relative		368		
People to whom a detention attestation was issued		13		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	10,420	14%	42%
Water and habitat activities	Beneficiaries	120	15%	15%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme) ¹				
Essential household items	Beneficiaries	4,496		
Cash	Beneficiaries	1		
Water and habitat activities	Beneficiaries	1,500		
Health				
Number of visits carried out by health staff		22		
Number of places of detention visited by health staff		6		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	6		
	<i>of which provided data</i>	Structures	1	
Patients whose hospital treatment has been paid for by the ICRC	Patients	242		
Admissions	Patients	298	25	66
	<i>of whom weapon-wounded</i>	Patients	2	1
	<i>(including by mines or explosive remnants of war)</i>	Patients	7	
	<i>of whom other surgical cases</i>	Patients	167	
Operations performed		1,818		
Water and habitat				
Water and habitat activities	Number of beds	850		
Physical rehabilitation				
Centres supported	Structures	2		
Patients receiving services	Patients	4,501	922	1,780
New patients fitted with prostheses	Patients	114	27	4
Prostheses delivered	Units	340	70	23
	<i>of which for victims of mines or explosive remnants of war</i>	Units	173	
New patients fitted with orthoses	Patients	174	15	120
Orthoses delivered	Units	573	78	364
	<i>of which for victims of mines or explosive remnants of war</i>	Units	13	
Patients receiving physiotherapy	Patients	3,045	626	1,194
Crutches delivered	Units	667		
Wheelchairs delivered	Units	58		

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

CONGO, DEMOCRATIC REPUBLIC OF THE



KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ the armed/security forces, the UN Stabilization Mission in the Democratic Republic of the Congo (hereafter DRC) and armed groups were reminded of the protection afforded to civilians by IHL and other applicable law
- ▶ following armed fighting, weapon-wounded and injured people were given first-level care by first-responders from the Red Cross Society of the DRC and, later, treatment by 2 ICRC surgical teams in Bukavu and Goma
- ▶ 1,277 separated children, including 511 demobilized children, rejoined their families in the DRC or abroad, with most of them also receiving community and National Society/ICRC support for their social reintegration
- ▶ as the humanitarian situation deteriorated and displacement recurred, IDPs/returnees benefited, security/logistical constraints permitting, from DRC Red Cross/ICRC emergency relief and repairs to damaged water infrastructure
- ▶ detainees visited by delegates saw immediate gains owing to direct ICRC nutritional support and work with authorities to improve conditions/access to health care, leading to the appointment of health staff to prisons, for instance
- ▶ high-level meetings and media events during the ICRC president's visit increased awareness among the authorities, influential civil society members and the public of the plight of DRC conflict victims and the Movement's work

EXPENDITURE (in KCHF)

Protection	14,804
Assistance	42,611
Prevention	5,420
Cooperation with National Societies	1,897
General	-
Total	64,732

of which: Overheads 3,831

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Mobile staff	102
Resident staff (daily workers not included)	756

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

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	44,350
RCMs distributed	37,839
Phone calls facilitated between family members	61
People located (tracing cases closed positively)	405
People reunited with their families	1,310
of whom unaccompanied minors/separated children	1,277
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	18,738
Detainees visited and monitored individually	2,427
Number of visits carried out	288
Number of places of detention visited	76
Restoring family links	
RCMs collected	2,509
RCMs distributed	2,095
Phone calls made to families to inform them of the whereabouts of a detained relative	97

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 130,000	253,295
Essential household items	Beneficiaries 180,000	223,774
Productive inputs	Beneficiaries 176,250	186,613
Cash	Beneficiaries	2,336
Vouchers	Beneficiaries 12,500	15,600
Work, services and training	Beneficiaries 25,000	32,859
Water and habitat activities	Beneficiaries 450,000	1,031,671
Health		
Health centres supported	Structures 16	9
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 9	14
Water and habitat		
Water and habitat activities	Number of beds	2,942
Physical rehabilitation		
Centres supported	Structures 3	3
Patients receiving services	Patients 700	873
Comments		
Owing to operational and management constraints, figures presented in this table may not reflect all activities carried out during the reporting period.		

CONTEXT

Armed conflict continued unabated in the eastern Democratic Republic of the Congo (hereafter DRC). Fighting between the army – supported by the UN Stabilization Mission in the DRC (MONUSCO) and its ‘intervention brigade’ – and armed groups, as well as among armed groups in North Kivu (e.g. in Beni, Masisi, Rutshuru and Walikale regions) and South Kivu (e.g. Kalehe, Ruzizi, Shabunda, Uvira/Itombwe and Walungu regions), occurred along-side reprisals and intercommunal tensions, leading to numerous casualties, destruction of property, and displacement, often in remote areas. In November, the M23 was defeated militarily. Explosive remnants of war (ERW) in Rutshuru endangered local communities.

In northern Katanga, particularly in the Manono-Mitwaba-Pweto region, the situation deteriorated further: increased confrontations between the army and armed groups resulted in displacement and the destruction of livelihoods. In Province Orientale, while armed attacks by the Lord’s Resistance Army (LRA) continued to decrease, hostilities between the army and an armed group in southern Ituri territory uprooted tens of thousands of civilians. Refugees fleeing armed conflict in the Central African Republic (hereafter CAR) arrived in the province, as they did in the province of Equateur.

People throughout the country struggled with economic difficulties, dilapidated infrastructure and poor basic services, forcing some to migrate in search for work, reportedly illegally, from Kasai Occidental to Lunda Norte, Angola.

ICRC ACTION AND RESULTS

The ICRC made adjustments constantly, during 2013, as the situation in eastern DRC remained in flux.

The ICRC adapted to the security and logistical constraints and maintained a multidisciplinary and flexible approach, to protect and assist conflict-affected people, including in remote areas. It launched a budget extension appeal in May and stepped up its emergency response to meet the most pressing needs, including in Katanga province, where it opened an office in Manono.

It prioritized promotion of respect for civilians and the wounded and sick, and secured access to conflict-affected people through sustained confidential dialogue with military/security forces and armed groups at all levels, during which it also discussed documented instances of abuse reported to its delegates. Contacts with political/traditional leaders, influential civil society members and the media drew attention to humanitarian principles/concerns and garnered wider support for neutral, impartial and independent Movement action.

In the hardest-hit areas in North and South Kivu, teams from the Red Cross Society of the DRC, with ICRC support, administered first aid, evacuated the injured and managed human remains. Emergency ICRC supplies helped medical facilities provide the necessary care for patients. Two ICRC surgical teams, active since 2012, helped to treat the weapon-wounded in two hospitals in Bukavu and Goma and to build local war-surgery capacity.

Health authorities and the ICRC also supported the provision of adequate health care for conflict-affected people in these provinces. Regular assistance to selected health care facilities, including drugs/medical supplies, expertise, staff training and upgrades to infrastructure, helped boost the quality of services. Sustained

support for community counselling centres enabled victims of sexual violence to cope with their situation and obtain timely medical treatment in nearby health facilities. People suffering from conflict-related trauma in these provinces and in Province Orientale also benefited from psychological support.

Security and logistical constraints permitting, the National Society/ICRC, in coordination with the authorities, responded to the urgent and growing needs of conflict-affected people. New IDPs/returnees sustained themselves with emergency relief and had access to safe drinking water after repairs to infrastructure damaged by fighting. Although, owing to hostilities, fewer livelihood-support activities than planned were carried out in North and South Kivu, IDPs/returnees in stabilized areas in these provinces and in Province Orientale became self-sufficient to a degree by jump-starting or resuming agricultural and fish-farming activities.

Uprooted family members, particularly unaccompanied minors and demobilized children, restored/maintained contact using Movement family-links services. They were reunited within the DRC or abroad, when appropriate. While insecurity impeded follow-up in some areas, community-based initiatives in North and South Kivu, run with local associations and National Society teams, facilitated children’s social reintegration and aimed to prevent further child recruitment.

Delegates visited detainees, including some held by armed groups, to monitor treatment and living conditions. Their recommendations to the penitentiary authorities contributed to the creation of a more secure food-supply chain in prisons and better access to health care for detainees. The ICRC also responded to nutritional emergencies in some detention facilities, providing supplementary food, including therapeutic food for severely malnourished detainees that helped them recover their health.

Meetings with ministry officials/parliamentarians fostered domestic IHL implementation and progress in ratifying weapon-related treaties. However, a national IHL committee had yet to be established.

The National Society, a key partner in implementing activities, made use of ICRC financial/material support and training to bolster its capacity to provide relief and first aid, restore family links, and promote IHL. Regular meetings with Movement partners and humanitarian organizations helped coordinate activities.

CIVILIANS

Conflict-affected people reported abuse allegedly committed against them by weapon bearers, including extrajudicial executions, sexual violence and child recruitment. Whenever feasible, confidential oral/written representations were made to parties to armed conflict concerning these reports and delegates’ direct observations. With a view to preventing further abuse, weapon bearers were also reminded of the protection afforded by IHL to civilians, including those seeking or providing medical care.

IDPs/returnees meet urgent and increased needs

Where permitted by security conditions and logistics, the National Society/ICRC stepped up emergency relief activities to meet the increased humanitarian needs of conflict-affected people in Katanga, North and South Kivu, and Province Orientale. New IDPs/returnees met their short-term needs generally with two-week food rations (252,630 people/50,075 households),

(sometimes partial) essential household item kits (223,109 people/44,622 households), or with vouchers to buy such items at two fairs (15,600 people/3,120 households). Among them, some 18,700 households, including 465 in Kitchanga, North Kivu, whose houses were destroyed, built temporary shelters with tarpaulins.

Continued hostilities thwarted the implementation of all planned livelihood-support initiatives for conflict/violence-affected households in North and South Kivu. Nonetheless, 37,365 IDP/returnee/resident households (186,462 people) in stabilized areas, including in Province Orientale, became more self-sufficient, resuming or stepping up their agricultural, fish-farming and veterinary activities, aided mainly by ICRC supplies/equipment and training. For example, some 4,200 farming households grew disease-resistant cassava and distributed the cuttings or provided seed to 7,835 other households, thus varying their diet and at least doubling their productivity. In North and South Kivu, 438 fishing households (2,186 people) jump-started/resumed fish-farming activities or rehabilitated their fish ponds with material and technical support, and re-distributed fingerlings to 237 other households for re-breeding. As well as providing an additional protein source for their communities, fish farmers increased their household income by up to 20%. In Minembwe, livestock association members (50 households/250 individuals) bred healthier animals after acquiring veterinary skills at training sessions. Accessibility and quality of services were improved by the construction of 11 new vaccination halls/offices.

In addition, 2,336 people (468 households) covered some of their financial needs by participating in cash-for-work projects, such as preparing farming plots closer to home in Ngilima.

The involvement of 114 local associations, State agencies and cooperatives, the daily follow-up and training of 654 heads-of-household by local workers, and monitoring by trained National Society teams contributed to the success and sustainability of these activities.

Communities regain access to clean water

Over 1 million people had access to safe drinking water as a result of coordinated action by local water authorities, communities, the DRC Red Cross and the ICRC.

They included over 300,000 IDPs/residents who regained access to safe drinking water after the chlorination of water points and emergency repairs to infrastructure damaged by fighting. About 69,000 of them were in Kitchanga, with some also rebuilding their homes with ICRC support.

In North and South Kivu, 460,000 urban residents, and 270,000 villagers in 18 locations had access to water in greater quantities and of better quality after the construction/rehabilitation of water infrastructure. This included major rehabilitation work in Goma, benefiting 450,000 people, and projects in rural areas benefiting some 90,000 people, in addition to what was initially planned. Equipment installed by National Society volunteers with ICRC support benefited some 10,000 of them. Trained water committees managed and maintained the facilities, sustaining the improvements made.

Thousands of victims of sexual violence cope with their situation

Though insecurity sometimes impeded monitoring, 4,544 victims of sexual violence received psychological support at 40 ICRC-supported counselling centres, including nine newly constructed/

renovated ones, in North and South Kivu. Some 2,205 were referred to nearby ICRC-supported health facilities for treatment. During awareness-raising campaigns partly aimed at preventing stigmatization linked to sexual assault, women learnt about the centres and the importance of beginning post-exposure prophylactic treatment within 72 hours of being raped. Some women said when interviewed that such support helped them regain their self-worth and resume normal family life. As recommended by a 2013 review, the ICRC began to develop guidelines aimed at enhancing the management of activities related to counselling.

Another 2,077 people suffering from trauma linked to the conflict in North and South Kivu and to LRA-related attacks in five areas in Bas and Haut Uélé in Province Orientale also received psychological support from trained community counsellors. Over 2,000 people in Province Orientale learnt, at information sessions, about the difficulties faced by those suffering from trauma-related mental health disorders and ways to cope with these.

Over 1,100 health staff upgrade their skills

Nine health centres serving some 83,000 people regularly benefited from drugs/medical supplies, staff training, monitoring of care, and infrastructure upgrades. At these facilities: destitute patients had their treatment costs covered; 2,768 patients were referred to secondary care; some 19,800 vaccinations were performed out of a total of over 82,400, of which 96% were for children, as part of ICRC-supported national immunization campaigns; and women received mosquito nets after learning about malaria prevention at antenatal-health consultations.

While circumstances did not allow support to more centres, around 1,120 health personnel bolstered their skills in identifying/treating diseases at training courses organized with health authorities.

Unaccompanied children rejoin their families, some after years of separation

Family members dispersed by conflict/violence, particularly unaccompanied minors, including CAR refugees and economic migrants deported from Angola, restored/maintained contact through family-links services run with trained National Society teams. Some 1,277 separated children, including 511 formerly associated with weapon bearers, rejoined their families in the DRC or abroad. In the DRC, they arrived home with food/essential household items; 416 demobilized children also undertook occupational activities, facilitating their social reintegration. After their reunification, 742 families received follow-up visits, repeated as necessary, to monitor the child's welfare.

While insecurity impeded follow-up in some areas, in 11 locations throughout North and South Kivu, including two new ones, community-based initiatives facilitated children's reintegration into family life and helped prevent further child recruitment. During educational/training activities run by nine associations and at National Society/ICRC information sessions and culturally adapted events, including in nine transit/day-care centres, children interacted with fellow community members and, along with community leaders, learnt about the risks they faced when they returned home. Children in four centres received furniture, blankets and mattresses, while 290 children in such centres saw their living conditions eased by the rehabilitation of latrines/showers. Children in centres or hosted by 30 families covered their basic needs with ICRC-provided supplementary food and household/hygiene items.

In ERW-contaminated Rutshuru, residents/returnees, particularly children, reduced their exposure to risk after attending risk-education sessions. Radio advertisements, regularly broadcast on community stations, supported these activities.

PEOPLE DEPRIVED OF THEIR FREEDOM

Over 18,000 detainees, including people awaiting transfer from the MONUSCO-run disarmament, demobilization, repatriation, resettlement and reintegration process and some held by armed groups, received ICRC visits to monitor treatment and living conditions, in most cases conducted according to the organization's standard procedures. Some 2,400 security detainees and vulnerable inmates, such as women, children and foreigners, were monitored individually/received special attention. After the visits, the relevant authorities received confidential feedback and recommendations for improvements, including in connection with treatment or *non-refoulement*. Dialogue arising from reports of arrest also focused on securing access to all detainees within the ICRC's purview.

The judicial authorities acted on individual cases brought up by the ICRC, which contributed to the release of 71 inmates, including those whose pre-trial detention had exceeded the legal limit.

Detainees communicated with relatives through RCMs.

Severely malnourished detainees recover their health

In 19 prisons, work with health authorities on detainees' diet and health monitoring enabled a timely response to emergencies. Monthly, some 2,950 detainees boosted their nutritional intake with daily food rations, and 1,233 malnourished/severely malnourished detainees received ready-to-use therapeutic food or supplementary rations. These efforts contributed to improving nutrition management and to holding the global acute malnutrition level below the emergency threshold of 30% in most facilities. Around 500 detainees grew fresh vegetables in two prison gardens with ICRC-supplied seed, tools and fertilizer, with 300 of them consuming their production and thus improving their diet. Newly released, individually followed-up inmates returned home with food and financial assistance.

To secure the penitentiary food-supply chain, the Justice Ministry obtained the release of four consecutive food budgets and promoted the proper allocation of funds in prisons under its authority.

The ICRC suspended food distributions in some prisons and concentrated on providing technical guidance for strengthening the functioning of the penitentiary system.

Health Ministry appoints health staff to prisons

Detainees had access to adequate care in 18 prison health clinics that benefited from ICRC medical supplies and training in prison health procedures for staff. On arrival, inmates systematically underwent medical screening. Transfer/treatment costs were covered for those requiring urgent care. With ICRC encouragement, the Health Ministry appointed health personnel to several prisons.

Over 17,000 detainees improved their personal hygiene with soap/cleaning items, while some 12,800 inmates in 13 prisons, including 1,250 in Bunia who also had water trucked in from March, saw improvements in their access to clean water and/or were less exposed to health hazards after the rehabilitation of water/sanitation infrastructure, including in health posts. Sleeping space for 2,200 of them, including some 1,000 women, also increased after the renovation/construction of dormitories. Trained prison staff maintained the rehabilitated facilities.

Dialogue with the authorities helped ensure detainees' access to national HIV/AIDS, TB and malaria prevention programmes. A plan to incorporate prison clinics in the local health services was drafted and approved by the Justice and Health Ministries; however, it was not yet implemented.

WOUNDED AND SICK

As fighting intensified, weapon bearers were reminded of their obligation to allow the wounded safe access to care, in line with the goals of the Health Care in Danger project. The increase in weapon-wounded casualties made it even more necessary to support first-aid services and medical facilities.

Wounded people stabilized and evacuated

Over 230 injured and sick people received first-aid and were evacuated – including from remote areas – by trained National Society teams, who also dealt with human remains. Weapon bearers learnt first-aid skills at National Society-run courses, enabling them to administer first aid to their peers during clashes.

PEOPLE DEPRIVED OF THEIR FREEDOM	DRC AUTHORITIES	ARMED GROUPS	MONUSCO
ICRC visits			
Detainees visited	18,460	63	215
<i>of whom women</i>	1,059		1
<i>of whom minors</i>	634	3	13
Detainees visited and monitored individually	2,149	63	215
<i>of whom women</i>	24		1
<i>of whom minors</i>	142	3	13
Detainees newly registered	1,427	31	206
<i>of whom women</i>	16		1
<i>of whom minors</i>	142	3	10
Number of visits carried out	276	6	6
Number of places of detention visited	71	3	2
Restoring family links			
RCMs collected	2,509		
RCMs distributed	2,095		
Phone calls made to families to inform them of the whereabouts of a detained relative	97		
Detainees released and transferred/repatriated by/via the ICRC	3		
People to whom a detention attestation was issued	101		

Hospitals in Bukavu and Goma benefit from on-site support and capacity-building measures

In North and South Kivu, 1,840 weapon-wounded civilians and weapon bearers received medical/surgical care at 14 ICRC-supported hospitals, some of which regularly benefited from drugs, supplies/equipment and training for staff. Nearly 500 patients had their treatment costs covered, and 419 were operated on by two ICRC surgical teams, active since late 2012, in two hospitals in Bukavu and Goma. Forty doctors/surgeons from across North and South Kivu participated in a war-surgery seminar, as part of long-term support to help both hospitals cope with emergencies and improve care for the weapon-wounded. A second seminar was postponed, as its programme had to be updated.

In these hospitals (2,942 beds) and in 18 other health care facilities (including two physical rehabilitation centres), patients and staff alike benefited from improvements resulting from the rehabilitation of water/sanitation infrastructure. Trucked-in water and/or food rations provided amelioration for some staff, often working day and night, and patients.

Over 870 conflict-disabled people in three ICRC-supported physical rehabilitation centres in Bukavu, Goma and – until the withdrawal of support at year's end, as the sustainability of activities could not be guaranteed – Kinshasa had their treatment, transportation and/or accommodation costs covered. Given technical support, tools, equipment and prosthetic/orthotic materials, the centres provided services to help disabled people restore their mobility and dignity. Selected technicians/physiotherapists at the centres upgraded their qualifications by taking courses in the DRC or abroad.

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

Some 7,500 weapon bearers learn more about IHL

With the hostilities ongoing, it was particularly important to sustain contact at all levels with parties to the conflict, including the armed/security forces, MONUSCO and armed groups, who were reminded of their obligations under IHL (see above); such contact also aimed to secure safe access for National Society/ICRC staff to conflict-affected people.

Briefings, sometimes combined with first-aid training (see *Wounded and sick*), for some 7,500 members of the armed/security/police forces, including the presidential guard, and armed groups, encouraged compliance with humanitarian principles and reinforced understanding of the Movement. MONUSCO 'intervention brigade' units attended IHL dissemination sessions.

IHL-promotion activities organized by the National Society/ICRC included briefings/round-tables for government officials, diplomats, NGO representatives and academics from various provinces; 100 senior officials/parliamentarians and over 1,500 students/lecturers took part. Student teams from universities in Bukavu and Kinshasa won ICRC-supported IHL competitions in Tunisia and Rwanda, respectively.

Community radio stations raise public awareness of humanitarian issues

National/international media coverage of the Movement's work, which intensified during the ICRC president's visit, engaged the wider public's interest in humanitarian concerns, including in relation to sexual violence and ERW (see *Civilians*), and in neutral,

impartial and independent Movement action. Using ICRC press releases, interviews, and audiovisual materials, as well as the information they themselves had gathered during field trips, journalists drew attention to the plight of conflict victims and National Society/ICRC activities, including through radio advertisements broadcast in local languages and a TV programme highlighting issues related to the emblem. Owing to internal constraints, a National Society campaign to promote respect for the emblem, as part of the Health Care in Danger project, did not push through. Twenty journalists in Maniema refined their ability to report on humanitarian affairs at a workshop.

The DRC signs the Arms Trade Treaty

Meetings with the authorities emphasized issues related to resolutions adopted at the 31st International Conference. They also contributed to the incorporation of IHL/other relevant treaties in domestic legislation – particularly the adoption of a bill to ratify the Convention on Cluster Munitions – the signing of the Arms Trade Treaty and the promulgation of a law ratifying the Convention on the Rights of Persons with Disabilities. Other meetings, including with senior ministry officials/parliamentarians and a workshop on the emblem, gave encouragement for creating a national IHL committee and adopting a law on the emblem.

Armed forces incorporate detention guidelines in manual

With the authorities' agreement, key stakeholders in security sector reform, including the European Union, MONUSCO and various embassies, and the ICRC coordinated their approach. Working groups focused on the incorporation of IHL in military doctrine and training; regular meetings between the Defence Ministry and the ICRC supported the process. As a result, the armed forces included IHL principles concerning military detention in their civil-military operations manual, and updated their IHL curriculum for officers-in-training. At workshops, these officers practised applying basic IHL provisions in military planning and operations.

Similarly, 231 officers at police academies underwent training in applying human rights norms regulating the use of force in policing operations.

RED CROSS AND RED CRESCENT MOVEMENT

While partnering the ICRC during relief, family-links, first-aid and IHL promotion activities (see above), the DRC Red Cross boosted its managerial and operational capacities with ICRC funding, equipment/materials, expertise and training. It implemented its own assistance activities (e.g. in water/sanitation and economic security) for conflict/violence-affected people. It organized a national workshop and later, provincial meetings, during which disaster-management officers and training focal points reviewed/updated their contingency plans, first-aid programme and training curricula.

The National Society reorganized itself, adopting revised/new statutes, internal regulations and a code of conduct for its governance. It elected its governing members for the next five years and held branch elections.

Movement partners met regularly to coordinate their activities.

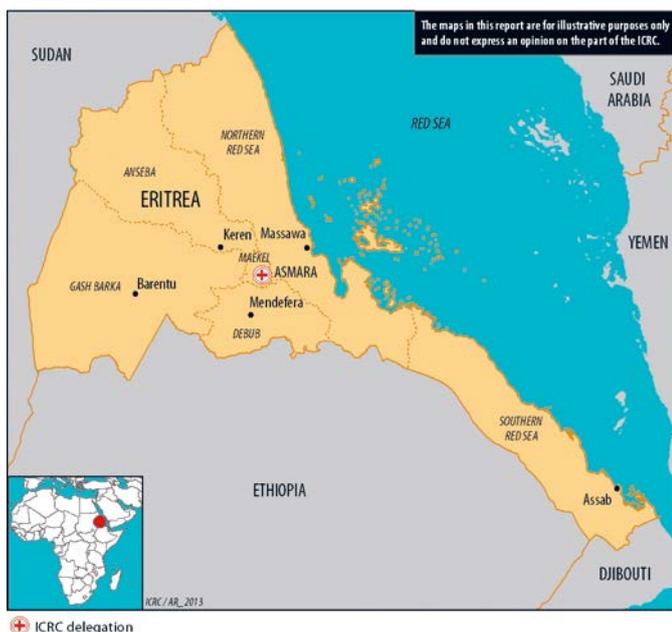
MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		44,350	2,521	
RCMs distributed		37,839	1,999	
Phone calls facilitated between family members		61		
Names published in the media		119		
Reunifications, transfers and repatriations				
People reunited with their families		1,310		
	<i>including people registered by another delegation</i>	48		
People transferred/repatriated		22		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		641	66	427
People located (tracing cases closed positively)		405		
	<i>including people for whom tracing requests were registered by another delegation</i>	78		
Tracing cases still being handled at the end of the reporting period (people)		710	69	483
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		1,550	500	526
UAMs/SCs reunited with their families by the ICRC/National Society		1,277	379	511
	<i>including UAMs/SCs registered by another delegation</i>	45		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		770	287	152
Documents				
Official documents relayed between family members across border/front lines		6		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		18,738	1,060	650
Detainees visited and monitored individually		2,427	25	158
Detainees newly registered		1,664	17	155
Number of visits carried out		288		
Number of places of detention visited		76		
Restoring family links				
RCMs collected		2,509		
RCMs distributed		2,095		
Phone calls made to families to inform them of the whereabouts of a detained relative		97		
Detainees released and transferred/repatriated by/via the ICRC		3		
People to whom a detention attestation was issued		101		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities ¹	Beneficiaries	253,295	30%	40%
	<i>of whom IDPs</i>	Beneficiaries		
		55,260		
Essential household items ¹	Beneficiaries	223,774	25%	33%
	<i>of whom IDPs</i>	Beneficiaries		
		86,801		
Productive inputs	Beneficiaries	186,613	40%	35%
	<i>of whom IDPs</i>	Beneficiaries		
		17,401		
Cash	Beneficiaries	2,336	35%	27%
	<i>of whom IDPs</i>	Beneficiaries		
		648		
Vouchers	Beneficiaries	15,600	35%	40%
	<i>of whom IDPs</i>	Beneficiaries		
		630		
Work, services and training	Beneficiaries	32,859	35%	37%
	<i>of whom IDPs</i>	Beneficiaries		
		66		
Water and habitat activities	Beneficiaries	1,031,671	30%	39%
	<i>of whom IDPs</i>	Beneficiaries		
		154,707		
Health				
Health centres supported	Structures	9		
Average catchment population		82,595		
Consultations	Patients	68,854		
	<i>of which curative</i>	Patients	16,018	24,616
	<i>of which ante/post-natal</i>	Patients	13,758	
Immunizations	Doses	82,423		
	<i>of which for children aged five or under</i>	Doses		
		79,166		
Referrals to a second level of care	Patients	2,768		
Health education	Sessions	955		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Food commodities ¹	Beneficiaries	17,593		
Essential household items ¹	Beneficiaries	71,408		
Productive inputs	Beneficiaries	510		
Water and habitat activities	Beneficiaries	12,869		
Health				
Number of visits carried out by health staff		192		
Number of places of detention visited by health staff		21		
WOUNDED AND SICK				
Hospitals¹				
Hospitals supported	Structures	14		
	<i>of which provided data</i>	Structures	14	
Patients whose hospital treatment has been paid for by the ICRC	Patients	1,039		
Admissions	Patients	24,217	11,565	7,776
	<i>of whom weapon-wounded</i>	Patients	100	91
	<i>(including by mines or explosive remnants of war)</i>	Patients		
	<i>of whom other surgical cases</i>	Patients		
	<i>of whom medical cases</i>	Patients		
	<i>of whom gynaecological/obstetric cases</i>	Patients		
Operations performed		11,319		
Outpatient consultations	Patients	15,624		
	<i>of which surgical</i>	Patients		
	<i>of which medical</i>	Patients		
	<i>of which gynaecological/obstetric</i>	Patients		
		1,947		
Water and habitat				
Water and habitat activities	Number of beds	2,942		
Physical rehabilitation				
Centres supported	Structures	3		
Patients receiving services	Patients	873	159	68
New patients fitted with prostheses	Patients	154	33	18
Prostheses delivered	Units	289	70	34
	<i>of which for victims of mines or explosive remnants of war</i>	Units		
		29		
New patients fitted with orthoses	Patients	36	4	5
Orthoses delivered	Units	47	7	5
	<i>of which for victims of mines or explosive remnants of war</i>	Units		
		1		
Patients receiving physiotherapy	Patients	311	70	36
Crutches delivered	Units	868		
Wheelchairs delivered	Units	26		

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

ERITREA



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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ vulnerable communities increased their economic security through livelihood-support initiatives implemented in border regions – including, for the first time since 2004, Northern Red Sea – despite travel and import restrictions
- ▶ border communities in Debub, Gash Barka and Southern Red Sea accessed clean water from solar-powered water supply systems installed/repared in cooperation with local water authorities
- ▶ vulnerable Ethiopians benefited from ICRC assistance to contact their relatives and cover the costs of repatriation, resident permits and medical care, and/or other needs
- ▶ the ICRC remained without access to people detained in Eritrea, with government-imposed restrictions limiting its humanitarian efforts, notably, to monitor the welfare of vulnerable people and help them restore family links

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	913
RCMs distributed	2,479
People located (tracing cases closed positively)	13

ASSISTANCE	Targets	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Essential household items	Beneficiaries	10,000	5,971
Productive inputs	Beneficiaries	141,500	371,235
Cash	Beneficiaries	4,800	13,311
Work, services and training	Beneficiaries	25,000	
Water and habitat activities	Beneficiaries	15,000	40,159

EXPENDITURE (in KCHF)

Protection	768
Assistance	1,897
Prevention	283
Cooperation with National Societies	29
General	-

2,978

of which: Overheads 182

IMPLEMENTATION RATE

Expenditure/yearly budget	96%
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PERSONNEL

Mobile staff	4
Resident staff (daily workers not included)	37

CONTEXT

Tensions between Eritrea and Ethiopia persisted, but no clashes took place in border regions. Physical demarcation of the Eritrea-Ethiopia border remained stalled; both countries maintained a military presence in the disputed areas.

No progress was made in the demarcation of the Djibouti-Eritrea border; thus, implementation of the mediation agreement between the two countries, signed in 2010, did not move forward. Acting as a mediator, Qatar maintained troops in the disputed region.

The effects of past conflicts on livelihoods and public services continued to be felt. Although the government instructed national and foreign/international NGOs to reduce or terminate their activities in Eritrea in 2011, it signed framework agreements with the UN and the European Union on the resumption of cooperation with these organizations. However, the implementation of these agreements proceeded slowly.

ICRC ACTION AND RESULTS

Despite the restrictions on the operations of foreign/international agencies in Eritrea, the ICRC endeavoured to regain the authorities' acceptance for its humanitarian mandate and activities in behalf of vulnerable populations, including detainees and civilians affected by past armed conflicts.

Difficulties in implementing the ICRC's planned activities persisted, particularly because of the unavailability of travel permits for expatriate ICRC staff. In addition, the organization could not work as it wished with the "Red Cross Society of Eritrea," which had received government instructions, in place since January 2012, not to accept support from international organizations. Nevertheless, the ICRC carried out assistance operations in areas where it had access and focused on aiding people in border regions most affected by past armed conflict and border tensions; meanwhile, it sought to persuade the authorities that it was in their interest to recognize the applicability of the 1949 Geneva Conventions to the Eritrean context. It also held dissemination sessions for local authorities and beneficiary communities, and participated in public events organized by the National Union of Eritrean Youth and Students (NUEYS), to generate wider support for IHL and the Movement.

The ICRC pursued dialogue on resuming visits to detainees of Ethiopian origin, including POWs and former POWs. The authorities had withdrawn authorization for such visits in 2009. The ICRC also continued to appeal to the authorities for any information they had on 17 Djiboutian soldiers reported by their government as missing after the Djibouti-Eritrea hostilities in June 2008.

In 2009, the Eritrean authorities withdrew permission for the ICRC to assist in the voluntary repatriation of civilians. Hence, the ICRC did its best to monitor the situation of the Ethiopian community in Eritrea, with a view to ensuring that their rights under the 1949 Geneva Conventions were respected, including in connection with voluntary repatriation. It provided financial aid for people of Ethiopian origin to obtain residence permits if they wished to stay in Eritrea, or to cover transport and other expenses if they wished to be repatriated. In areas accessible to it, the ICRC helped separated family members restore contact using RCMs. It pursued dialogue with the authorities to follow up requests for

information from families of people reported as missing in relation to the 1998–2000 international armed conflict with Ethiopia, and sought to reunite unaccompanied Eritrean minors in Ethiopia with their families or find suitable alternatives for them.

Vulnerable people in areas accessible to the ICRC received some support to rebuild their livelihoods. The ICRC helped the Ministry of Agriculture protect the livelihoods of border communities in Debub, Gash Barka, Southern Red Sea and, for the first time since 2004, in Northern Red Sea. For example, pastoralists had their herds treated against parasites, while farmers increased their food production with the help of ICRC-distributed seed, tools and irrigation pumps. Communities accessed clean water from solar-powered water supply systems built and maintained by the ICRC in cooperation with local authorities. At the request of Southern Red Sea authorities, and in consultation with the "Red Cross Society of Eritrea", the ICRC helped people displaced by the eruption of the Nabro volcano in 2011 to rebuild their homes, by providing them with mats and ropes bought from local artisan households. Other displaced families improved their living conditions with ICRC-provided household items.

CIVILIANS

The ICRC pursued dialogue with the Eritrean authorities to gain acceptance for its mandate and activities in the country. Although several of the ICRC's programmes were delayed or put on hold because of government-imposed restrictions, civilians in areas accessible to it benefited from some support.

Border communities rebuild their livelihoods

Vulnerable families in Debub, Gash Barka, Southern Red Sea, and, for the first time since 2004, in Northern Red Sea benefited from ICRC support to restore their livelihoods. Over 72,000 pastoralist households (360,150 people) with limited access to veterinary services had their herds (some 2.3 million head of livestock) treated against parasites by the Ministry of Agriculture and the ICRC. At the request of the local authorities, several ad hoc treatment campaigns were organized to curb livestock mortality. Some 1,900 households (9,585 people) in Gash Barka benefited from the construction of two ponds, which provided water for roughly 25,000 animals. The construction of a third pond was under way.

In Anseba and Debub, over 300 farming households (1,500 people) resumed or increased production with ICRC-distributed vegetable seed, tools and jerrycans. Farmers reported that they irrigated their crops more efficiently after the installation of 75 foot-operated pumps. Under a new memorandum of understanding, the Ministry of Agriculture agreed to work with the ICRC until 2014 to help farmers increase production.

In the Southern Red Sea region, people displaced by the eruption of the Nabro volcano in 2011 resettled in their villages with logistical/financial assistance provided by the ICRC at the request of the region's authorities and in consultation with the "Red Cross Society of Eritrea". Some 1,000 households (5,445 people) rebuilt their homes with palm mats and rope produced by 1,910 artisan households (9,730 people) and transported with ICRC support. These artisan households supplemented their incomes, as the ICRC bought these shelter materials from them. In addition, nearly 6,000 people improved their living conditions with ICRC-supplied household items.

Households access clean water from solar-powered infrastructure

Local authorities worked with the ICRC to repair damaged water points and install new ones for some 40,000 people. However, owing to restrictions on cooperation with foreign organizations, training sessions planned for local technicians did not take place.

In Gash Barka, after the authorities and the ICRC had resolved difficulties in importing the necessary materials, the construction/rehabilitation of three solar-powered water supply systems, begun in 2011, was completed. People in the Debub and Southern Red Sea regions benefited from newly repaired/installed water infrastructure as well. These activities were planned on the basis of an assessment of the condition of 15 solar-powered systems installed by the ICRC from 2004 to 2009. These environment-friendly systems kept running costs to a minimum, as fuel was scarce and expensive in Eritrea.

People of Ethiopian origin cope with their situation

People of Ethiopian origin continued to be repatriated through Sudan by the Eritrean authorities. In March 2009, the government withdrew permission for the ICRC to assist in the voluntary repatriation of civilians across the Eritrea-Ethiopia border. Given these constraints, the ICRC did all it could to monitor the situation of the Ethiopian community in Eritrea, to ensure that their rights under the 1949 Geneva Conventions were respected, including with regard to voluntary repatriation in humane conditions.

Particularly vulnerable Ethiopians – women, minors, former detainees and elderly people – coped with their difficult situation with the help of ICRC financial assistance. Among them were 2,176 people who renewed their resident permits; 452 people who covered transport expenses for their repatriation; some former detainees who covered food and accommodation costs; and others who covered medical and other expenses.

To enable them to apply for further studies or jobs, 30 people, comprising both Eritrean and Ethiopian nationals who had lived or studied in Eritrea, had important documents such as school transcripts sent across the sealed border or elsewhere in the world. Seventeen Ethiopians registered by the IOM received identification documents.

Family-links services remain limited by access constraints

Tracing services, which used to be run by the “Red Cross Society of Eritrea” (see *Red Cross and Red Crescent Movement*), remained suspended since January 2012. Through dialogue with the authorities, the ICRC continued to follow up requests from families for news of their relatives missing in relation to the 1998–2000 international armed conflict with Ethiopia; it also sought to reunite unaccompanied Eritrean minors – including those who had crossed the border to Ethiopia (see *Ethiopia*) – with their families or find appropriate alternatives for them.

In areas of Eritrea accessible to the ICRC, people used RCMs to restore or maintain contact with relatives separated from them by conflict. Through the ICRC’s efforts in their behalf, with the authorities and other organizations, and its subsequent issuance of travel documents, 88 Somali refugees resettled in the United States of America.

PEOPLE DEPRIVED OF THEIR FREEDOM

Dialogue pursued with authorities to regain access to detainees

Despite requests from the ICRC, the authorities did not permit delegates to resume visits to detainees of Ethiopian origin, including POWs or former POWs. The authorities had withdrawn permission for such visits in 2009.

Requests to the Eritrean government for any information it had about the 17 Djiboutian soldiers reported by their government as missing after the Djibouti-Eritrea hostilities in June 2008 remained unanswered, as did a request for the authorities’ response to a proposal to repatriate an ailing Eritrean POW in Djibouti.

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

Local authorities allow the resumption of some ICRC activities

Because of the restrictions imposed on the ICRC, dialogue with the authorities continued to focus on strengthening trust and on persuading them that it was in their interest to recognize the applicability of the 1949 Geneva Conventions to the Eritrean context. Meetings with government officials, including the heads of various ministries, enabled the ICRC to discuss humanitarian concerns with them and appeal for wider access to the population, including to detainees (see *People deprived of their freedom*). The planning and implementation of ICRC assistance activities also provided opportunities for briefing local and national officials on the nature of the organization and its neutral, impartial and independent humanitarian action. These efforts resulted in the resumption of livelihood-support activities in some border communities (see *Civilians*) and IHL promotion at institutions of higher education (see below).

Cooperation with Eritrean youth organization facilitates IHL promotion

Thousands of people – local authorities, police/security forces, community leaders, teachers and young people – learnt about IHL and the Movement through dissemination sessions organized by the NUEYS and the ICRC, and held in Anseba and Northern and Southern Red Sea. About 600 students and lecturers attended an IHL dissemination session, organized for four institutions of higher education for the first time since their establishment in 2004. In addition to the Eritrean Book Fair in Asmara, book fairs in three other regions welcomed the ICRC’s presence. At each of these events, which were attended by some 140,000 people, government officials and civil society members received IHL briefings and leaflets at an ICRC information booth.

Articles in local languages published in the NUEYS magazine and the donation of reference materials to academic institutions and three public libraries provided people with more access to IHL-related information. The Asmara Law School and the ICRC maintained contact, with a view to reinforcing local capacities for providing adequate IHL instruction for law students. However, the unavailability of visas for ICRC experts in this field resulted in the cancellation of training sessions planned for law instructors and students.

RED CROSS AND RED CRESCENT MOVEMENT

Because of government restrictions imposed in January 2012, the “Red Cross Society of Eritrea” was not able to accept support from the ICRC for building its capacities or conduct any joint activities with it. Dialogue on resuming cooperation continued.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
			UAMs/SCs*	
RCMs collected		913	120	
RCMs distributed		2,479	220	
Tracing requests, including cases of missing persons				
			Women	Minors
People for whom a tracing request was newly registered		31	7	7
People located (tracing cases closed positively)		13		
	<i>including people for whom tracing requests were registered by another delegation</i>	3		
Tracing cases still being handled at the end of the reporting period (people)		80		10
Documents				
People to whom travel documents were issued		88		
Official documents relayed between family members across border/front lines		47		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Restoring family links				
People to whom a detention attestation was issued		9		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	5,971	60%	
Productive inputs	Beneficiaries	371,235	75%	
Cash	Beneficiaries	13,311	85%	2%
Water and habitat activities	Beneficiaries	40,159	40%	35%

ETHIOPIA



ICRC/AR_2013

+ ICRC delegation + ICRC sub-delegation + ICRC office
 * ICRC-supported prosthetic/orthotic centre
 * The ICRC delegation to the African Union is also in Addis Ababa

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ detainees in regionally run prisons in Afar, Amhara, Harari, Oromia and Tigray received ICRC visits and, for the first time since 2005, so did detainees in all federally run prisons
- ▶ conflict-displaced people and Ethiopian returnees from Saudi Arabia, including unaccompanied minors, re-established contact with their relatives through phone services provided by the Ethiopian Red Cross Society/ICRC
- ▶ vulnerable residents and refugees had better access to water and more hygienic conditions following efforts by the local water authorities and the ICRC to build/repair water and sanitation infrastructure
- ▶ thousands of physically disabled people, many of whom had been injured during armed conflicts or episodes of violence, received free rehabilitation services at seven ICRC-supported physical rehabilitation centres
- ▶ the ICRC remained without access to conflict-affected people, including detainees, in the Somali Regional State and to people held by the Federal Police Crime Investigation Sector

EXPENDITURE (in KCHF)

Protection	3,731
Assistance	8,975
Prevention	2,214
Cooperation with National Societies	710
General	-

15,629

of which: Overheads 954

IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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PERSONNEL

Mobile staff	34
Resident staff (daily workers not included)	167

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

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	3,061
RCMs distributed	3,191
Phone calls facilitated between family members	39,496
People located (tracing cases closed positively)	60
People reunited with their families	3
of whom unaccompanied minors/separated children	2
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	30,619
Detainees visited and monitored individually	232
Number of visits carried out	29
Number of places of detention visited	25
Restoring family links	
RCMs collected	238
RCMs distributed	33
Phone calls made to families to inform them of the whereabouts of a detained relative	17

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries 10,000	46,399
Productive inputs	Beneficiaries 5,000	4,675
Cash	Beneficiaries 2,125	942
Water and habitat activities	Beneficiaries 100,000	230,000
WOUNDED AND SICK		
Physical rehabilitation		
Centres supported	Structures 7	7
Patients receiving services	Patients 5,000	7,718

CONTEXT

Tensions between Eritrea and Ethiopia persisted, but no clashes took place in border regions. Physical demarcation of the Eritrea-Ethiopia border remained stalled; both countries maintained a military presence in the disputed areas.

In the Somali Regional State (SRS), the armed conflict between regional special police forces, operating with the Ethiopian National Defence Forces (ENDF), and the Ogaden National Liberation Front continued. Intercommunal violence, related mainly to competition for resources, in Moyale and East and West Hararghe displaced thousands of people. Police forces, sometimes supported by the ENDF, were deployed to stabilize the situation.

The ENDF continued to play an active role in military operations abroad: in Sudan with the United Nations Interim Security Force for Abyei and the African Union/United Nations Hybrid Operation in Darfur, and in Somalia to support its federal government.

The increased influx of refugees in Ethiopia, particularly owing to upsurges in violence in South Sudan, further strained the resources of host communities.

From November to December, over 139,000 irregular Ethiopian migrants were deported from Saudi Arabia. Some of them were hosted at transit centres in Addis Ababa while arrangements were being made for transporting them home.

ICRC ACTION AND RESULTS

The ICRC remained in dialogue with the Ethiopian authorities to strengthen acceptance for its neutral, impartial and independent humanitarian action, while continuing to assist people affected by armed conflict and other situations of violence. During these discussions – which included meetings between the ICRC's president and Ethiopia's prime minister and newly elected president – the ICRC sought to regain access to detainees within its purview, including those held in places of temporary detention, and to conflict-affected civilians and detainees in the SRS.

Following a multidisciplinary assessment of all six federal prisons in 2012, the ICRC resumed visits to detainees at these prisons in January. It also began visiting people held at police stations in three regions and continued to expand its activities in regional prisons in Afar, Amhara, Harari, Oromia and Tigray. In cooperation with prison officials, and through an approach integrating capacity building and project implementation, the ICRC improved inmates' living/health conditions by renovating water, sanitation, kitchen and dormitory facilities, including separate cells for women, at several prisons. To advance reforms, prison authorities developed their knowledge of prison management, health, water and sanitation through ICRC-organized training courses in Ethiopia and Switzerland.

In regions bordering Eritrea and in places hosting refugees, the ICRC, with the authorities and rural communities, continued to improve access to water by building or rehabilitating water points. Communities improved sanitation practices and built latrines with ICRC-provided materials/training. Water bureau personnel in Tigray continued to receive ICRC technical support for managing water resources more efficiently with a jointly developed geographic information system.

Ethiopian Red Cross Society/ICRC teams stepped up their emergency response to needs arising from intercommunal violence

in Hararghe and Moyale, and to those created by the arrival of Ethiopian deportees from Saudi Arabia. IDPs and returnees received assistance for meeting their immediate needs through distributions of hygiene/household items, and for reconnecting with their families through phone calls/RCMs. Family members dispersed by conflict – Ethiopian/Eritrean civilians separated by the sealed border and Somali/South Sudanese/Sudanese refugees, including unaccompanied minors at a transit centre – restored contact through family-links services.

Vulnerable groups worked towards restoring their livelihoods with National Society/ICRC assistance. The National Society/ICRC provided cash grants/training for repatriated families and for families of people still missing from the Eritrea-Ethiopia conflict and of former POWs/internees, to help them become self-sufficient. Violence-affected returnees resumed or improved their food production with ICRC-supplied seed/tools. The ICRC facilitated the delivery of school transcripts and similar documents across the border to/from Eritrea, to enable both Eritreans and Ethiopians to apply for jobs or further studies.

Physical rehabilitation centres for disabled people, including those wounded during armed conflict or other situations of violence, continued to receive ICRC support in the form of funding, resources, on-the-job supervision and training. Trainees who graduated from an ICRC-run diploma course in prosthetics and orthotics returned to their respective regions, increasing the number of skilled technicians in those areas. ICRC-supplied basketball wheelchairs helped disabled people to build their self-confidence through sports.

The ICRC continued to promote IHL and humanitarian principles among the authorities, military/police forces and civil society. Following their participation in National Society/ICRC seminars, the authorities decided to revive the national IHL implementation committee. Backed by ICRC funds, training, materials and technical support, the Ethiopian Red Cross continued to strengthen its capacity to assist civilians affected by conflict/violence and to promote IHL.

CIVILIANS

Dialogue maintained to gain access to the SRS

Given the armed conflicts and other situations of violence, the ICRC reminded the authorities and weapon bearers concerned to protect civilians and allow humanitarian aid to reach those in need, including in the SRS. The ICRC's president met the prime minister and the newly elected president of Ethiopia separately to discuss the organization's request for access to the region's conflict-affected communities.

Having visited its Gode compound in the SRS in December 2012, the ICRC sought the government's permission to renovate the structure. The Ministry of Federal Affairs gave its preliminary approval, but permission from the regional authorities remained pending.

Rural communities have better access to water and improved sanitation

In the Afar and Tigray regions bordering Eritrea, and in Benishangul Gumuz, which hosted thousands of refugees from Sudan, some 230,000 people had access to clean water following the construction/rehabilitation of water points, saving them long treks to potentially polluted sources. Local water boards participated in these activities, increasing their technical capacities in the

process and contributing to the repair of more hand pumps than planned in Afar and Tigray. The Benishangul Gumuz water bureau, with ICRC-provided spare parts and technical assistance, installed a new generator for a water supply system serving over 3,300 people. Construction of latrines and training sessions on sanitation practices enabled nearly 57,000 people to reduce health risks.

To facilitate better management of water resources, the Tigray water bureau extended the coverage of a geographical information system, developed with the ICRC, from two pilot districts to the entire region. Based on the project's results, the Ministry of Water and Energy considered replicating it in all other regions.

Violence-affected people benefit from emergency assistance

In response to the displacement caused by clashes, mainly in East and West Hararghe and Moyale, and to the arrival of Ethiopian deportees from Saudi Arabia, National Society/ICRC teams increased their distributions of emergency supplies. Over 46,300 people, mainly IDPs, improved their living conditions with National Society/ICRC-supplied shelter/household materials. These beneficiaries included hundreds of people of Ethiopian origin repatriated from Eritrea via Sudan, who had their transportation and other costs covered by the ICRC. The ICRC continued to monitor their situation to ensure that they were repatriated voluntarily and humanely, in accordance with IHL.

As the National Society was able to independently assist people wounded during clashes, the planned donation of emergency supplies to medical facilities did not take place.

Families of missing persons and former POWs/internees start small businesses

Families with relatives reported as missing in relation to the 1998–2000 international armed conflict with Eritrea had their requests for information followed up by the ICRC with the authorities concerned. To mitigate difficulties caused by the absence of their breadwinners, some 140 heads of household (840 people) began to engage in income-generating activities with the help of cash grants and training from the National Society/ICRC. Although these initiatives had fewer beneficiaries than planned, they received more substantial assistance for various activities, ranging from small-scale trade to livestock rearing. Their participation in these projects also allowed them to interact with and receive emotional support from other families of missing persons.

Another 17 households (102 individuals) of people taken prisoner or interned during the 1977–79 conflict between Ethiopia and Somalia improved their economic circumstances after receiving similar support. In Bench Maji, over 900 returnee households (4,675 people) whose livelihood assets had been destroyed by violence resumed/boosted their agricultural production after receiving seed/tools.

Eritrean and Ethiopian nationals were able to apply for jobs or further studies after having important documents, such as school transcripts, sent across the sealed border. People who had studied in Ethiopia had 22 official documents sent to them in Eritrea or elsewhere.

Family members separated by conflict restore contact

The Ethiopian Red Cross enhanced its capacity to restore family links in partnership with the ICRC, which provided training/funds/materials/technical support, and worked with National Societies in neighbouring countries to help refugees re-establish contact with their relatives. A specialist from the Swedish Red

Cross helped the Ethiopian Red Cross become more capable of providing such services independently.

People separated by conflict restored/maintained contact through RCMs. Among them were unaccompanied Eritrean minors hosted at the Indabaguna transit centre, who were registered with a view to locating their family members or, when appropriate, to repatriating them. Some people whose families lived in areas in Eritrea accessible to the ICRC (see *Eritrea*) sent messages informing their relatives that they had arrived safely. Through phone calls facilitated by the National Society/ICRC (39,496 calls made), South Sudanese/Sudanese refugees in camps and Ethiopian returnees, including children, from Saudi Arabia and Yemen reconnected with their relatives. Somali refugees in the SRS had the names of relatives read out on the “Missing Persons” radio programme on the BBC Somali service (see *Somalia*). Through tracing services, 60 people were located.

Twenty-one people resettled abroad or returned to their home countries using ICRC travel documents, issued in cooperation with the embassies concerned, immigration authorities and National Societies. Two unaccompanied minor siblings rejoined their mother abroad, and a vulnerable man repatriated from Egypt was reunited with his family.

PEOPLE DEPRIVED OF THEIR FREEDOM

Inmates of federal prisons receive ICRC visits for the first time since 2005

Access to people held at police stations was granted in three regions; and for the first time since 2005, the ICRC resumed visits, conducted according to its standard procedures, to all detainees at the six federal prisons in January, following a multidisciplinary assessment of these prisons in 2012. Inmates of regionally run prisons in Afar, Amhara, Harari, Oromia and Tigray continued to receive similar visits from delegates. In total, over 30,000 detainees, including four Eritrean POWs, received visits. Some of them got back in touch with their relatives through family-links services.

After the visits, the authorities received confidential feedback on the ICRC's findings and, where necessary, recommendations for improvement. The ICRC continued to engage in dialogue with them, with a view to gaining access to all detainees within its purview, particularly those held in the SRS and in places of temporary detention such as those run by the Federal Police Crime Investigation Sector.

Authorities take steps towards prison reform

With ICRC support, the authorities established working groups for implementing reforms in federal prisons and in regional prisons in Oromia. About 80 federal and regional prison stakeholders learnt about international human rights standards and prison management at a three-day conference organized by the Federal Prison Administration (FPA) with financial/technical ICRC support. In addition, four senior prison officials from the FPA and the Amhara Regional Commission attended a one-week course in prison management in Switzerland, organized in cooperation with the International Centre for Prison Studies.

Detainees' health risks reduced through medical aid and rehabilitation of infrastructure

Inmates of federal and regional prisons had their health monitored regularly by an ICRC doctor, who made recommendations to the authorities for improving health care. Ailing detainees were given ad hoc medical assistance, and over 12,000 inmates underwent

treatment for worms. Prison staff learnt how to treat mentally ill inmates from an ICRC expert.

Federal and regional prison health officials, including some from the SRS, tackled the challenges faced by the prison health system and identified solutions through a workshop organized by the FPA/ICRC. Following an assessment of the health and prison authorities' capacity to curb the spread of TB, the ICRC studied ways to support an existing national TB-control programme in lieu of initiating a pilot project in two prisons.

Over 10,000 inmates of nine regional prisons and some 13,000 at federal prisons had healthier living conditions following improvements to their water supply, sanitation, ventilation, and kitchen facilities. In Maychew regional prison, female detainees enjoyed greater security following the completion of separate cells for them. At federal prisons, inmates and staff used fuel more efficiently after receiving fuel-saving stoves and training. ICRC-distributed household, hygiene and recreational items eased detainees' living conditions.

Training courses and donations of equipment further enhanced federal prison authorities' ability to maintain infrastructure. In consultation with the ICRC, Oromia prison managers reviewed new standards for prison design and construction.

After their release, 49 detainees had their transport costs home covered by the ICRC.

WOUNDED AND SICK

People with disabilities improve their prospects for reintegration

Over 7,700 patients, many of them wounded during armed conflicts or episodes of violence, received treatment at seven physical rehabilitation centres supported by funding, materials, equipment, on-the-job supervision and training from the ICRC. Their transport, food and administrative costs were covered as well. Refugees and residents in Ethiopia's western border areas stood to benefit from three centres being set up in Assosa, Gambella, and Nekemte. Besides providing physiotherapy services and prosthetic/orthotic devices, staff at these centres assembled wheelchairs in accordance with international standards. ICRC-distributed sport wheelchairs enabled members of disabled people's associations in Amhara and Tigray to play basketball, which had a beneficial effect on their self-confidence.

Twenty-three prosthetic/orthotic technicians, who graduated in May from a nationally accredited three-year diploma course run by the ICRC, returned to their respective regions, adding to the pool of skilled local personnel at centres in those areas. Twenty-four staff members were selected for introductory/advanced training.

The Ministry of Labour and Social Affairs, with technical advice from the ICRC, continued to work on plans to implement a national physical rehabilitation strategy, which included establishing a training structure for prosthetic/orthotic technicians at an existing college and developing a national supply chain for orthotic and prosthetic materials.

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

Authorities and community leaders familiarize themselves with the ICRC's mandate and work

Gaining access to conflict-affected communities in the SRS and to detainees at places of temporary detention required regular

dialogue with the authorities (see *Civilians and People deprived of their freedom*) and members of civil society, to ensure their understanding of and gain their support for the ICRC's neutral, impartial and independent humanitarian action. In violence-prone areas across Ethiopia, more than 950 local figures of authority – religious leaders, representatives of community-based organizations and volunteers – learnt about IHL and the Movement at National Society/ICRC dissemination sessions. Drawing on ICRC press releases, website updates and a consultative session organized with the National Society, journalists published media features on various events, such as the ICRC president's visit to Ethiopia and the revival of the national IHL committee.

Authorities agree to revive national IHL committee

To further their knowledge of IHL, mechanisms for its domestic implementation and the Movement's work, 45 federal parliamentarians and 40 representatives of federal ministries, along with 350 judges and prosecutors, participated in seminars organized by the ICRC or in cooperation with regional judicial training centres. Government officials added to their expertise in IHL implementation at seminars in Ethiopia and Kenya (see *Nairobi*). During a National Society/ICRC-organized seminar, the authorities decided to revive the national IHL committee – which was to be composed of 14 government institutions led by the Ministry of Foreign Affairs, with the Ethiopian Red Cross serving as the secretariat.

Police forces take steps to incorporate international human rights standards in training and operations

To facilitate the incorporation of international human rights standards and humanitarian principles in their doctrine/training/operations, some 1,000 members of the federal and regional police forces (including female officers) from across Ethiopia attended training sessions organized jointly with the regional police training centre. Instructors took train-the-trainer courses.

Meanwhile, 125 members of the Ethiopian Air Force attended a training course before their deployment to Sudan, to help ensure compliance with IHL during peace-support missions.

Universities help future decision-makers add to their knowledge of IHL

Some 500 senior law students and 50 instructors from five universities enhanced their understanding of IHL and their ability to do research on related subjects at dissemination sessions organized jointly with their respective law faculties. To encourage further studies, these institutions were also given IHL reference materials. Students demonstrated their knowledge of IHL during a national moot court competition; a team of three students also took part in a regional moot court competition in the United Republic of Tanzania after being sponsored by the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

National Society raises public awareness of Movement activities

The Ethiopian Red Cross worked with the ICRC to assist vulnerable communities, provide family-links services and promote IHL and humanitarian principles (see above). It reinforced its capacities in these areas with the help of ICRC training and financial and logistical support. It underwent a structural review and drew on ICRC expertise to improve its management, particularly in the areas of human resources, logistics, monitoring and evaluation. It enhanced its ability to respond to emergencies through the acquisition of 60 ambulances imported with ICRC assistance, the

organization of first-aid training courses for 343 youth volunteers and the construction of warehouses for emergency items.

The National Society promoted support for its activities through dissemination sessions for local authorities and community leaders; the formation of Red Cross clubs at five universities;

public events; and television and radio spots. Twenty staff members enhanced their communication skills at a workshop. Monthly coordination meetings between Movement partners, representatives of the National Society and the ICRC further strengthened their cooperation.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		3,061	169	
RCMs distributed		3,191	100	
Phone calls facilitated between family members		39,496		
Reunifications, transfers and repatriations				
People reunited with their families		3		
	<i>including people registered by another delegation</i>	1		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		216	89	33
People located (tracing cases closed positively)		60		
	<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)		401	91	61
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		78	4	
UAMs/SCs reunited with their families by the ICRC/National Society		2	1	
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		79	4	
Documents				
People to whom travel documents were issued		21		
Official documents relayed between family members across border/front lines		22		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		30,619	1,218	430
Detainees visited and monitored individually		232	10	6
Detainees newly registered		148	9	6
Number of visits carried out		29		
Number of places of detention visited		25		
Restoring family links				
RCMs collected		238		
RCMs distributed		33		
Phone calls made to families to inform them of the whereabouts of a detained relative		17		
People to whom a detention attestation was issued		86		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Essential household items		Beneficiaries	46,399	26%
	<i>of whom IDPs</i>	Beneficiaries	43,126	17%
Productive inputs		Beneficiaries	4,675	43%
	<i>of whom IDPs</i>	Beneficiaries	4,675	25%
Cash		Beneficiaries	942	41%
Water and habitat activities		Beneficiaries	230,000	23%
	<i>of whom IDPs</i>	Beneficiaries	34,500	45%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items		Beneficiaries	32,318	
Cash		Beneficiaries	49	
Water and habitat activities		Beneficiaries	23,900	
Health				
Number of visits carried out by health staff			23	
Number of places of detention visited by health staff			12	
WOUNDED AND SICK				
Physical rehabilitation				
Centres supported		Structures	7	
Patients receiving services		Patients	7,718	1,657
New patients fitted with prostheses		Patients	737	104
Prostheses delivered		Units	1,934	314
	<i>of which for victims of mines or explosive remnants of war</i>	Units	391	155
New patients fitted with orthoses		Patients	872	225
Orthoses delivered		Units	2,179	563
	<i>of which for victims of mines or explosive remnants of war</i>	Units	9	986
Patients receiving physiotherapy		Patients	3,794	912
Crutches delivered		Units	6,589	
Wheelchairs delivered		Units	560	

The ICRC's delegation to the African Union (AU) aims to achieve better understanding and wider acceptance of the ICRC within the AU Commission and other AU bodies. In its capacity as official observer to the AU, it works with member States to draw attention to problems requiring humanitarian action, to promote greater recognition and much wider implementation of IHL throughout Africa and to raise awareness of the ICRC's role and activities. It endeavours to build strong relations with AU-accredited intergovernmental organizations, NGOs and UN agencies.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ the African Union (AU) adopted a set of standard procedures to ensure the humane treatment of persons detained by its Regional Task Force, while developing other normative frameworks for its peace-support missions
- ▶ the AU Commission and the ICRC provided member States with technical advice on incorporating provisions of the African Union Convention on IDPs in domestic legislation, following the treaty's entry into force in 2012
- ▶ representatives of member States endorsed a plan of action for tackling the obstacles to meeting clearance deadlines set by the Mine Ban Convention and the Convention on Cluster Munitions
- ▶ following a meeting between the Peace and Security Council and the ICRC president, the AU called on parties to armed conflicts to fulfil their obligations under IHL, encouraging States to support the ICRC's humanitarian work

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE (in KCHF)

See Ethiopia

IMPLEMENTATION RATE

See Ethiopia

PERSONNEL

See Ethiopia

CONTEXT

The African Union (AU) continued to pursue efforts to resolve armed conflicts and other situations of violence in Africa, particularly in the Central African Republic (hereafter CAR), the Democratic Republic of the Congo (hereafter DRC), Mali, Somalia, South Sudan and Sudan.

The AU maintained peacekeeping forces in Somalia and, jointly with the UN, in Darfur, Sudan. Aided by the UN, the European Union and the United States of America, the AU-led Regional Task Force (AU RTF) endeavoured to counter the armed activities of the Lord's Resistance Army (LRA). In Mali, the AU and the Economic Community of West African States (ECOWAS) deployed the African-led International Support Mission in Mali (AFISMA), which later became a UN-led peacekeeping mission. As part of the efforts to address the instability in the CAR, the Mission for the Consolidation of Peace in the Central African Republic (MICOPAX) transferred its authority to the African-led International Support Mission to the Central African Republic (AFISM-CAR).

During the 21st AU Summit, the AU adopted a resolution to establish an "African Capacity for Immediate Response to Crises", a military force capable of rapid intervention in conflict situations on the continent.

ICRC ACTION AND RESULTS

To bolster protection and assistance for conflict-affected populations across Africa, the ICRC promoted the incorporation of IHL in the AU's decisions and policies and raised awareness of IHL and Movement activities among AU officials, representatives of member States and members of civil society in the region.

The AU and the ICRC worked together to incorporate IHL in the AU's normative frameworks for its peace-support operations. For example, the AU RTF adopted a set of detention procedures developed in consultation with an ICRC legal adviser seconded to the AU. While a set of detention guidelines for the AU Mission in Somalia (AMISOM) remained pending, the ICRC continued to provide the AMISOM with technical advice on the treatment of armed group defectors and former combatants held in their custody. The AU drew on ICRC expertise in reviewing the rules of engagement of the AU RTF, AFISMA, AMISOM and AFISM-CAR to ensure that they conformed to IHL. In parallel, the ICRC reminded AU officials of the peace-support troops' responsibilities under IHL to respect those who are not/no longer taking part in the fighting and to facilitate their access to aid.

With the ICRC's technical guidance, the AU continued to foster broad implementation of IHL-related instruments. After the African Union Convention on IDPs entered into force in 2012, the AU Commission and the ICRC encouraged member States, at several workshops, to incorporate the treaty's provisions in domestic legislation. During meetings with State representatives, AU officials and humanitarian agencies, the ICRC underscored the need to reinforce domestic legal protection for women, children and victims of sexual violence during armed conflict. As anti-personnel mines, cluster munitions and explosive remnants of war (ERW) continued to affect many people across Africa, the AU and the ICRC gathered experts from member States, donor States and various organizations to discuss the challenges of clearing mines/ERW and ways to overcome them.

Regular interaction with the AU contributed to increasing support for the ICRC's operations in countries contending with conflict or unrest. Through presentations and meetings, including a discussion between the Peace and Security Council (PSC) and the ICRC president, the ICRC facilitated the exchange of information on evolving humanitarian situations and raised awareness of IHL and humanitarian concerns – including those covered by the Health Care in Danger project – among leaders of AU member States, AU bodies and other organizations, with a view to influencing decision-making in behalf of people affected by armed conflicts and other situations of violence.

AUTHORITIES AND CIVIL SOCIETY

AU incorporates IHL in detention standards for peace-support missions

AU bodies, including the Peace Support Operations Division (PSOD), worked with the ICRC to incorporate IHL in legal frameworks governing AU military/peacekeeping operations. AU experts reviewed – in consultation with an ICRC legal adviser seconded to the AU – the rules of engagement of the AU RTF, AMISOM, and AFISM-CAR to make sure that they conformed to IHL. The AU RTF adopted a set of detention standards, developed in 2012 with ICRC support, to help ensure the humane treatment of persons detained by its troops. Following the deployment of AFISMA, the AU and ECOWAS drew on ICRC expertise for drafting detention guidelines, including on the transfer of detainees to the Malian authorities. While the adoption of the AMISOM detention procedures remained pending, AU officials continued to receive legal advice, notably on AMISOM's treatment of defectors from armed groups and detained former combatants.

In parallel, specific representations were made to the AU regarding the obligations of peace-support troops, notably to foster respect for people not/no longer participating in hostilities and facilitate their access to health care.

To encourage long-term adherence to IHL in the planning and conduct of peacekeeping operations, the AU, with ICRC input, drafted policy documents on protecting civilians and on detention procedures related to the disarmament, demobilization and reintegration of former combatants. Senior mission leaders of the African Standby Force participated in an IHL course, while the PSOD, with advice from the ICRC, formulated guidelines for IHL training for trainers and AU peace-support troops. Reinforcing these efforts, AU officials developed their IHL expertise during a course in San Remo.

States receive guidance in implementing the AU Convention on IDPs and other IHL-related treaties

After the African Union Convention on IDPs entered into force in December 2012, the AU and the ICRC encouraged member States to incorporate the treaty's provisions in domestic legislation during workshops in Chad, Mauritania and Nigeria. Meetings with the Department of Political Affairs followed up on the development of a model law for implementing the treaty.

The AU and the ICRC discussed cooperation in promoting other IHL-related instruments, such as the Arms Trade Treaty. After an ICRC presentation on IHL promotion at the 36th conference of the African Parliamentary Union (APU), the APU included in the conference's resolution a commitment to adapting domestic laws to facilitate the implementation of IHL.

The AU Commission of International Law (AUCIL) increased its capacity to promote accession to/implementation of IHL instruments, as a result of its representatives' participation in regional IHL seminars (see *Nairobi* and *Pretoria*). The AUCIL and the Defense and Security Division had better access to IHL-related information following the ICRC's donation of publications and audiovisual materials.

AU and member States study measures to protect and assist children and victims of sexual violence

Representatives of member States, humanitarian agencies and other organizations examined the plight of children in armed conflict and their protection under IHL at seminars/presentations organized with the African Committee of Experts on the Rights and Welfare of the Child.

During an AU-led open debate, an ICRC presentation underscored the need to accelerate implementation of existing instruments that would strengthen protection for women and children. Participants in these events learnt more about ICRC activities specifically addressing the needs of children, including those formerly associated with weapon bearers.

At an AU-organized meeting, member States and humanitarian agencies, including the ICRC, discussed measures to address the problem of sexual violence in armed conflict. ICRC recommendations underscored, *inter alia*, the need to facilitate victims' access to medical care and other assistance.

Government officials seek to overcome challenges in mine/ERW clearance

Many people across Africa continued to contend with the effects of anti-personnel mines, cluster munitions and ERW from past and current conflicts. At a workshop organized by the AU and the ICRC, experts from 23 member States, donor States and various organizations tackled challenges in meeting clearance deadlines set by the Anti-Personnel Mine Ban Convention and the Convention on Cluster Munitions. Participants from States Parties that had already fulfilled their clearance obligations described how they had overcome such constraints as lack of resources and training. At the conclusion of the workshop, the participants endorsed the AU Commission's proposed three-year work plan (covering 2013–15).

Officials from member States and representatives of international organizations learnt more about the Movement's activities in behalf of people suffering the consequences of weapon contamination, including persons with disabilities, through ICRC presentations and an exhibit at the AU's headquarters.

AU calls on parties to conflicts to ensure that humanitarian aid reaches people in need

The AU frequently included IHL-related concerns in its resolutions and public communication, which the ICRC encouraged at regular meetings with representatives of bodies such as the PSC, the Panel of the Wise and the AU Partners Group, and at events such as the 20th and 21st Ordinary Sessions of the AU Assembly. Dialogue with ambassadors to the AU sought to boost acceptance for the Movement's neutral, impartial and independent activities in countries affected by conflict or unrest (see *Context*).

After a dialogue with the ICRC president, the PSC issued a press statement calling on all parties involved in armed conflicts to

fulfill their responsibilities under IHL, deploring attacks against humanitarian workers, and encouraging member States to support the ICRC's work in behalf of conflict-affected people. Moreover, during an AU/ICRC-organized Health Care in Danger exhibition, some 3,000 people learnt more about the need to safeguard the provision of health care in situations of conflict/violence.

Interaction with NGOs and think-tanks working with the AU enhanced mutual understanding of working methods to ensure effective coordination of humanitarian activities. This interaction took the form of round-tables and international conferences, such as the Tokyo International Conference on African Development and seminars organized by the Institute of Security Studies on peace and security issues in Africa.

Academics and members of civil society accessed IHL-related reference materials for research at the ICRC documentation centre in Addis Ababa.

GUINEA

COVERING: Guinea, Sierra Leone



ICRC delegation ICRC sub-delegation ICRC office

* Sierra Leone is covered by the ICRC delegation in Guinea

The ICRC has worked in Guinea since 1970, opening its delegation in 2001. It seeks to protect violence-affected people, restore links between separated relatives, help enhance the capacity of the health system and improve water supply. It visits detainees and advises the authorities and civil society. Since 2009, the delegation oversees the ICRC's cooperation and prevention activities in Sierra Leone. The ICRC works with each National Society to help it strengthen its capacities, including to respond to emergencies and to promote the Movement.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ people allegedly responsible for abuses perpetrated during violent protests in Guinea raised their awareness of humanitarian principles, with fewer casualties reported during demonstrations in the latter half of the year
- ▶ people wounded during protests in Conakry and ethnic tensions in N'Zérékoré received first aid from ICRC-trained Red Cross Society of Guinea volunteers, who evacuated the severely injured to hospitals
- ▶ hospitals developed their capacity to cope with influxes of the wounded with the help of previously established contingency plans and staff trained in war-surgery techniques, allowing the ICRC to withdraw its support at year's end
- ▶ the Red Cross Society of Guinea developed a first-aid education programme for the public, prompting the Ministry of Health, through an official act, to recognize it as the reference institution for first aid in the country
- ▶ while prison health staff remained in short supply, malnutrition rates in prisons in Guinea's interior decreased for the first time in years, following penitentiary authorities' efforts to improve prison food services
- ▶ urban and rural water authorities provided clean water for over 84,000 Guineans by upgrading/maintaining water infrastructure with ICRC support

EXPENDITURE (in KCHF)

Protection	1,827
Assistance	3,044
Prevention	1,272
Cooperation with National Societies	996
General	-
Total	7,139

of which: Overheads 436

IMPLEMENTATION RATE

Expenditure/yearly budget	101%
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PERSONNEL

Mobile staff	16
Resident staff (daily workers not included)	92

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	127
RCMs distributed	164
Phone calls facilitated between family members	105
People located (tracing cases closed positively)	11
People reunited with their families	1
of whom unaccompanied minors/separated children	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	3,500
Detainees visited and monitored individually	126
Number of visits carried out	204
Number of places of detention visited	55
Restoring family links	
RCMs collected	290
RCMs distributed	66
Phone calls made to families to inform them of the whereabouts of a detained relative	84

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries 900	
Water and habitat activities	Beneficiaries 65,000	84,455
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 6	6

CONTEXT

The perceived lack of transparency in the preparations for Guinea's legislative elections held in September aggravated political tensions along ethnic lines, triggering demonstrations throughout the country early in the year. In the capital, Conakry, protests sometimes led to violence. Hundreds of people were reportedly injured or killed, both protesters and law enforcement officers. In these circumstances, access to the wounded was not always available to humanitarian workers. Guinea made little progress in reforming its justice and security sectors.

Despite overall economic growth in the country, many Guineans struggled with poverty, unemployment and meagre access to basic services. Water authorities faced significant hurdles in upgrading antiquated water infrastructure. Sierra Leone enjoyed relative calm and stability.

Both countries participated in the UN Multidimensional Integrated Stabilization Mission in Mali. Sierra Leone contributed troops to the African Union Mission in Somalia.

ICRC ACTION AND RESULTS

In response to election-related tensions in Guinea and in preparation for other emergencies, the ICRC worked closely with the Red Cross Society of Guinea and the Sierra Leone Red Cross Society as they enhanced their ability to provide rapid and effective assistance, particularly in administering first aid, managing human remains and restoring family links.

Trained National Society volunteers provided prompt on-site attention during demonstrations in Conakry and ethnic tensions in N'Zérékoré, evacuated the severely wounded to hospital and transferred human remains to morgues. Weapon-wounded people in hospitals were tended to by medical staff who had been trained in war surgery. ICRC-supported hospitals carried out simulation exercises to test their emergency action plans and improve coordination. As these hospitals reinforced their capacities to prepare for and respond to violence-related emergencies, the ICRC was able to withdraw its support by year's end.

The ICRC helped the National Societies of Guinea and Sierra Leone strengthen their capacities to deliver first-aid services, including through training. It supported the Guinean Red Cross in developing a first-aid education programme for the general public, prompting the Ministry of Health to recognize the National Society as the reference institution for first aid in the country.

Following violent protests in Guinea, victims reported abuses to the ICRC; dialogue with the alleged perpetrators on preventing recurrence was based on these reports. Through briefings and other contacts, police/*gendarmérie* units refreshed their knowledge of IHL and international norms applicable to law enforcement operations. Contacts with religious/community leaders, politically active young people and other influential civil society members enabled National Society volunteers to safely tend to the wounded. The National Society/ICRC reminded the public to respect the emblem through TV/radio messages and, indirectly, through briefings for media representatives.

People contacted/located dispersed relatives through family-links services provided by the National Societies in Guinea and Sierra Leone and the ICRC.

The ICRC continued to visit detainees in Guinea, including those held in connection with the protests. Delegates monitored their treatment and living conditions and afterwards, provided confidential feedback to the authorities. To help improve respect for detainees' judicial guarantees, cases of those who had been in custody longer than legally permitted were brought to the attention of the authorities concerned. Dialogue with prison/health authorities, on improving detainees' access to adequate health care, continued. Ailing detainees were referred to hospitals by the penitentiary authorities; some had their treatment costs covered by the ICRC. Pest-control campaigns and donations of hygiene/cleaning materials reduced health risks for detainees. New policies on food procurement and storage resulted in detainees being better fed and, for the first time in years, decreasing malnutrition rates.

Local water authorities, working with the ICRC, continued to upgrade water supply/treatment infrastructure, thus improving people's long-term access to safe water. Construction/rehabilitation of water supply systems increased the supply of water for over 84,000 inhabitants of both rural and urban areas. Community-based committees received training in the maintenance of these systems.

The authorities, with the ICRC's technical support, worked to integrate IHL into domestic legislation. The Guinean and Sierra Leonean authorities received ICRC input for integrating provisions of the Rome Statute and the Convention on Cluster Munitions into domestic legislation. The ICRC also lent its expertise to Guinean authorities involved in reforming the justice and security sectors, particularly to a European Union-supported working group in charge of reviewing pertinent legislation. At the same time, the Guinean military's IHL office finalized teaching manuals adapted to the various ranks. Guinean and Sierra Leonean troops bound for Mali and Somalia, respectively, learnt more about IHL through ICRC briefings. Contacts and activities with university professors, secondary school teachers and students helped stimulate general interest in IHL.

Owing to the marked decrease in urgent humanitarian needs in Sierra Leone, the ICRC closed down its office in Freetown in December.

CIVILIANS

Authorities and weapon bearers are reminded of their obligation to protect civilians

Following violent protests in Guinea (see *Context*), people provided first-hand accounts of abuses to the ICRC; oral and written representations were made to the alleged perpetrators on the basis of these accounts. Such representations, reinforced by dissemination sessions for armed/security forces and community leaders (see *Authorities, armed forces and other bearers of weapons, and civil society*), helped increase respect for humanitarian principles and international norms applicable to law enforcement. The number of protest-related deaths and injuries reported declined during the latter half of the year. Owing to the public's acceptance of the emblem and the Movement's work, people wounded during violence received timely assistance from National Society/ICRC teams (see *Wounded and sick*).

Family members separated during violence in election-related protests locate/contact each other

Family members separated during emergencies, including election-related demonstrations in Guinea, restored/maintained contact or located each other using Movement family-links services. In Guinea, one unaccompanied child was reunited with his family.

Five others, including two who had fled the 2011 post-electoral crisis in Côte d'Ivoire, continued to have their situation monitored by the ICRC; three of them rejoined their families with ICRC financial assistance. National Society volunteers in Guinea and Sierra Leone improved their ability to provide family-links services – by participating in workshops, for instance.

In Guinea, the remains of people killed during the protests were transported to morgues by National Society volunteers, who, along with security forces personnel, had received ICRC training in managing human remains. To help identify the deceased – and inform the families concerned – key messages were broadcast on television and radio to reach the widest possible audience. One family identified their relative through these broadcasts; this enabled them to mourn the death and carry out funeral rites.

Guinean water authorities increase supply of water for over 84,000 people

The water authorities and the ICRC assessed the water needs of people in both urban and rural areas in order to prioritize upgrades to water infrastructure; places where unrest was likeliest and/or that had exceptionally poor access to clean water took precedence over others. In Pita prefecture, 30,000 residents had more water at their disposal after the authorities and the ICRC drilled two new boreholes: each person could access up to 50 litres of clean water a day. Community-based committees trained in the maintenance of these boreholes. Over 54,000 residents in rural areas had better access to safe drinking water following the construction of 10 wells in N'Zérékoré and the rehabilitation of 20 others in Guéckédou and Kankan; these activities were carried out with the rural water authorities within the framework of a cooperation agreement for improving water systems.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees held in connection with protests receive ICRC visits

In Guinea, detainees held by the Justice Ministry or the police/*gendarmérie* – including in connection with the protests or in preventive detention in the country's interior – received visits from the ICRC, conducted according to its standard procedures, to monitor their treatment and living conditions. Vulnerable inmates, including women and foreigners, received special attention; 126 detainees were individually followed up. During visits, detainees contacted their relatives through Movement family-links services; at their request, 35 foreign detainees informed their consular representatives of their situation, which led to two of them being repatriated.

After these visits, the detaining authorities received confidential feedback from delegates, who had discussions with them about alleged ill-treatment in places of temporary detention, and other matters. Policemen/*gendarmes* and prison guards were briefed about IHL, other international norms applicable to their work and the ICRC's activities for detainees. To help improve respect for detainees' judicial guarantees, cases of those who had been in custody longer than legally permitted were brought to the attention of the authorities concerned. The support of relevant organizations was sought in this regard.

Administrative hurdles and other matters held up the authorities' efforts to tackle penitentiary reforms, which were to be carried out within the framework of a broader reform of the justice sector. Nonetheless, to help spur their efforts, they received the ICRC's

input for drafting a policy on prison regulations and management, and discussed how best to appropriate the ICRC's recommendations during a workshop organized for that purpose.

Prison authorities' new food management policies reduce overall malnutrition rates

Detainees benefited from a more stable food supply owing to the penitentiary authorities' efforts to improve prison food services, which included: appointing an official to manage the food supply, signing new contracts with private food suppliers and updating policies for managing the food supply chain. Some of these policies were developed with ICRC input. To increase storage capacity at Conakry's main prison, the authorities built a new storeroom with the ICRC's help. Since part of the area housing detained minors had been used to store food, the construction of this storeroom also allowed them to enjoy more spacious living quarters separately from the adults.

Monitoring by an ICRC nutritionist revealed that following the implementation of these measures, overall malnutrition rates in prisons in Guinea's interior decreased for the first time in years, from 21% in January to 13% in December. Complementing the authorities' efforts, over 2,200 malnourished detainees, of whom 154 suffered from severe malnutrition, supplemented their diets with high-calorie biscuits provided by the ICRC, resulting in about half of them being cured (the other half had served their sentences and were released before the data were collected). Rates of severe malnutrition in ICRC-supported prisons remained low, with no deaths from malnutrition reported.

Health and Justice Ministries receive continued encouragement to improve detainees' health access

The Health and Justice Ministries and the ICRC discussed ways to improve access for detainees to medical care: the hiring of a prison doctor and provision of funds for referring detainees to hospital, for instance. With ICRC input, the penitentiary authorities updated their list of standard essential drugs. The infirmaries of 22 prisons were fully stocked, and 26 detainees, out of 331 needing hospital-level care, had their treatment costs covered by the ICRC: these measures were undertaken to give an immediate boost to the level of medical attention given to detainees. There was virtually no progress in assigning health staff to prisons and training them; however, the prison authorities continued to receive ICRC advice on this matter and facilitated the referral of sick detainees for hospital care.

With technical support from the ICRC, the prison authorities took measures to sustainably rehabilitate and maintain prison infrastructure, which included: allocating budgets, appointing an official to oversee maintenance and signing a cooperation agreement with the ICRC. As a result, some 2,800 detainees in five prisons enjoyed a cleaner and more comfortable environment thanks to the construction and/or rehabilitation of kitchen and water/sanitation infrastructure. ICRC-trained maintenance teams in four prisons ensured the upkeep of these facilities.

Across the country, 10,590 detainees minimized their risk of disease and improved their general well-being with the help of cleaning and hygiene items supplied by the ICRC. The authorities cooperated with the National Society/ICRC to implement preventive measures against vector/water-borne diseases, including cholera. At the Conakry prison, the prison's hygiene committee, composed of detainees, and National Society/ICRC teams fumigated cells.

WOUNDED AND SICK

Weapon-wounded people receive first aid and urgent medical treatment

The National Societies of Guinea and Sierra Leone continued to work with the ICRC to enhance their emergency-response capacities, so that people injured during emergencies could receive timely medical assistance. People wounded during violence, such as the protests in Conakry and inter-ethnic tensions in N'Zérékoré, received first aid from National Society volunteers, who evacuated them to hospital as necessary, applying skills developed in ICRC workshops. In hospital, the wounded – 379 in the Donka national hospital, of whom 61 had gunshot wounds, and 102 in the N'Zérékoré regional hospital – received urgent attention from previously trained staff.

Hospitals' reinforced emergency-response capacities allow the ICRC to withdraw its support

Four hospitals, namely the Samoury Touré military hospital in Conakry and the regional hospitals of Kankan, Labé and Mamou, put their emergency action plans, previously established with National Society/ICRC help, into effect during simulation exercises carried out with National Society stretcher-bearers. Hospital staff sharpened coordination during these exercises with the help of monitoring tools developed jointly with hospital management.

Six ICRC-supported hospitals received medical supplies to replenish their stock for future emergencies. Hospital staff/interns continued, through training, to become more adept at treating weapon-wounded people. To help strengthen the country's overall capacity to treat wounded people, 43 doctors specializing in surgery took an ICRC-taught war-surgery module at Conakry University. In addition, 45 military health professionals from across the country underwent similar training, which also covered the Health Care in Danger project.

The strengthened capability of these hospitals to respond effectively to the needs of the injured during emergencies allowed the ICRC to completely withdraw its support for them at year's end.

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

Broad acceptance of the Movement and the emblem facilitates humanitarian access in emergencies

Dialogue with religious/community leaders, politically active youth and other influential civil society members aimed at securing their support for humanitarian action. The general public learnt about the National Society/ICRC's neutrality and the importance of respecting the emblem through a televised interview with National Society/ICRC staff and messages broadcast on 10 radio stations, as well as through other events. Through ICRC workshops and information provided by the organization, representatives of the Guinean and Sierra Leonean media learnt about pressing humanitarian issues – including those raised by the Health Care in Danger project – and the National Society/ICRC's response to them, notably in the fields of water/sanitation and war surgery; this enriched their coverage of the Movement's work.

Policemen/gendarmes learn more about international standards applicable to their work

At ICRC briefings, *gendarmes* from Conakry and from Guinea's interior, police officers and instructors learnt more about international norms on law enforcement, including the use of force in arrest and detention (see *Civilians* and *People deprived of their*

freedom); they also learnt about the National Society/ICRC's working procedures in situations of violence, which facilitated access for wounded people to first aid/medical treatment. Guinean troops bound for Mali and Sierra Leonean peacekeepers bound for Somalia enhanced their knowledge of IHL through ICRC briefings.

Guinean military's IHL office finalizes teaching aids adapted to different ranks

With ICRC support, a commission set up within the Guinean military's IHL office in 2012 finalized IHL teaching manuals adapted to different military ranks. The head of the IHL office attended a course in San Remo, with a view to strengthening the military's capacity to teach IHL to troops.

IHL professors, law faculty heads and university students from around the country attended ICRC presentations aimed at stimulating interest in the subject. Around 700 students from eight universities tested their grasp of IHL at a national moot court competition. Some 20 teachers from five secondary schools developed lesson plans on the Movement's Fundamental Principles during a National Society-run workshop, with a view to incorporating them in a national educational programme and building support for the Movement among young Guineans.

Working group revising legislation as part of justice/security sector reform draws on ICRC expertise

Sustained dialogue with national authorities and the international community sought to advance the ratification and domestic implementation of IHL instruments. The Guinean and Sierra Leonean authorities drew on ICRC input for draft laws on the Rome Statute and the Convention on Cluster Munitions, respectively. Sponsored by the ICRC, officials from both countries attended IHL meetings abroad. Sierra Leone's national IHL committee benefited from ICRC expertise during meetings to discuss the implementation of its plan of action and other related matters.

Guinean authorities involved in reforming the justice and security sectors, particularly a European Union-supported working group in charge of reviewing pertinent legislation, drew on ICRC advice to revise the penal code, the code of criminal procedure and the code of military justice. They received recommendations, notably on incorporating the suppression of IHL violations in the code of military justice.

RED CROSS AND RED CRESCENT MOVEMENT

Volunteers prepare emergency-response plans for situations of violence

With ICRC technical, financial, material and logistical support, the Red Cross Society of Guinea and the Sierra Leone Red Cross Society enhanced their emergency-response capacities, especially in situations of violence, by developing/implementing contingency plans (see *Wounded and sick*). They sharpened their first-aid skills at ICRC-supported training sessions, both locally and abroad, and provided first-aid training for violence-prone communities. With ICRC support, the Guinean Red Cross developed a first-aid education programme for the public, prompting the Ministry of Health, through an official act, to recognize it as the reference institution for first aid in the country. This act also acknowledged the National Society's first-aid standards.

In Sierra Leone, the National Society and the authorities, with Movement support, signed an agreement with a mobile phone

company to facilitate the sending of SMS messages during emergencies. Both National Societies incorporated family-links services in their emergency-response plans. In Guinea, this was implemented during protests (see *Civilians*).

Through the above-mentioned activities, as well as dissemination sessions and interaction with the media, the National Societies promoted the Movement and humanitarian principles and awareness of the emblem and its use.

To support the implementation of their activities, both National Societies carried out organizational changes. With help from other Movement components, they began preparing their new plans of

action. The Guinean Red Cross revised its statutes, drawing on the expertise of other Movement components. It pursued efforts to improve its management capacities and identified income-generating activities, such as the provision of pest-control services, that could help finance its humanitarian activities.

Movement partners met regularly to exchange views and coordinate activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		127	9	
RCMs distributed		164	3	
Phone calls facilitated between family members		105		
Reunifications, transfers and repatriations				
People reunited with their families		1		
	<i>including people registered by another delegation</i>	1		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		44	14	14
People located (tracing cases closed positively)		11		
	<i>including people for whom tracing requests were registered by another delegation</i>	8		
Tracing cases still being handled at the end of the reporting period (people)		30	8	12
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs reunited with their families by the ICRC/National Society		1		
	<i>including UAMs/SCs registered by another delegation</i>	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		5	1	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		3,500	148	328
Detainees visited and monitored individually		126	1	3
Detainees newly registered		79		3
Number of visits carried out		204		
Number of places of detention visited		55		
Restoring family links				
RCMs collected		290		
RCMs distributed		66		
Phone calls made to families to inform them of the whereabouts of a detained relative		84		
People to whom a detention attestation was issued		13		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	84,455	49%	29%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	10,590		
Water and habitat activities	Beneficiaries	2,800		
Health				
Number of visits carried out by health staff		539		
Number of places of detention visited by health staff		30		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	6		

LIBERIA



ICRC delegation ICRC sub-delegation

The ICRC has worked in Liberia since 1970, opening its delegation in 1990. Following intense fighting early in 2003 and the subsequent signing of a peace agreement, the ICRC stepped up its operations. Since 2005, it has focused on protecting and assisting returnees (former IDPs and refugees) and residents, the wounded and sick, detainees, and children separated from their families, winding down these activities as the situation has become more stable. The ICRC supports the Liberia National Red Cross Society and runs programmes to promote IHL among armed forces present in the country.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ in eastern Liberia and in Monrovia, some Ivorian refugees, their hosts and others had a reliable supply of safe water because of communities' efforts to help upgrade water/sanitation infrastructure and promote its proper use
- ▶ nearly 80 Ivorian children, including 20 whose relatives or legal guardians had been found through a cross-border photo tracing campaign, rejoined their families through ICRC/National Society family-links services
- ▶ the Liberia National Red Cross Society gradually stepped up its humanitarian activities, as the ICRC scaled down its operations in Liberia, owing to the steady departure of Ivorian refugees and the changing humanitarian environment
- ▶ detainees at the Monrovia Central Prison benefited from enhanced disease monitoring and control, after the ICRC had helped link the prison health system with national AIDS and TB programmes
- ▶ Liberian authorities, with ICRC help, took steps – notably by creating a national IHL committee – to ensure their capacity to implement IHL treaties that Liberia had already signed, the Arms Trade Treaty being the most recent

EXPENDITURE (in KCHF)

Protection	1,141
Assistance	1,444
Prevention	1,136
Cooperation with National Societies	1,499
General	-

5,220

of which: Overheads 319

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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PERSONNEL

Mobile staff	10
Resident staff (daily workers not included)	82

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	235
RCMs distributed	417
Phone calls facilitated between family members	367
People located (tracing cases closed positively)	28
People reunited with their families	88
of whom unaccompanied minors/separated children	76
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	2,101
Detainees visited and monitored individually	32
Number of visits carried out	74
Number of places of detention visited	22
Restoring family links	
RCMs collected	63
RCMs distributed	30
Phone calls made to families to inform them of the whereabouts of a detained relative	41

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 50,000	57,215

CONTEXT

Liberia was largely peaceful despite public frustration stemming from inadequate government services and youth unemployment. Rainstorms and fires throughout the year affected thousands of people and caused widespread damage to property.

In the east, 18,000 Ivorian refugees returned home with help from the authorities/UNHCR. However, an estimated 53,000 Ivorian refugees remained, in refugee camps and host communities, straining limited water/sanitation infrastructure. Incidents of violence in Côte d'Ivoire (see *Abidjan*) and the cross-border activities of weapon bearers along the porous Ivorian-Liberian border continued to obstruct the return of these refugees and cause further displacement; the Armed Forces of Liberia (AFL) and UN peacekeeping missions in Côte d'Ivoire and Liberia tightened their monitoring of the border.

As the UN Mission in Liberia (UNMIL) gradually withdrew, Liberian armed/security forces prepared to assume sole responsibility for security in the country, stepping up training and recruitment efforts. The authorities pursued efforts to cope with the tripling of the prison population and its effects on detainees.

Liberia contributed troops to peacekeeping missions in Mali.

ICRC ACTION AND RESULTS

After concluding its agricultural projects, and after it had handed over health-related activities to the authorities, the ICRC delegation in Liberia concentrated on addressing the needs of detainees and, with its main partner in the country – the Liberia National Red Cross Society – the needs of Ivorian refugees/their host communities. Accordingly, the ICRC helped the National Society strengthen its ability to carry out family-links and water/sanitation activities. Movement components in the region met regularly to coordinate their activities, which helped ensure a coherent approach.

In accordance with its standard procedures, the ICRC monitored detainees' treatment and living conditions: this included people held in connection with the 2011 post-electoral conflict in Côte d'Ivoire. Findings and recommendations were shared confidentially with the authorities, which, together with technical/material support, helped them ensure the well-being of inmates. Both the penitentiary and the health authorities drew on ICRC expertise to plan their budgets, which helped them raise funds for detainees' health care from national authorities or other actors and maximize limited resources. Prison health workers, with some support from district health teams, continued monitoring detainees' health and providing treatment accordingly; the ICRC helped them with training, supervision and medical supplies/equipment. Repairs to water/sanitation infrastructure and the regular provision of soap-making materials created a healthier environment for detainees.

As more Ivorian refugees returned home, the ICRC cut back on direct support for them and their host communities and focused on working with and helping build the capacities of local actors. National Society volunteers, local authorities and the communities themselves assumed more responsibility for upgrading, maintaining and promoting the proper use of water and sanitation facilities. Coupled with information sessions on good hygiene practices, such efforts helped the aforementioned communities improve their access to clean water and safeguard its long-term availability.

Families separated by conflict – notably the 2011 post-electoral crisis in Côte d'Ivoire – and by detention, migration or other circumstances restored/maintained contact through ICRC/National Society family-links services. Coordination between the Red Cross Society of Côte d'Ivoire, the authorities, UN agencies and other humanitarian actors enabled Ivorian refugees, including unaccompanied children, to rejoin their families or receive news of them.

The authorities, armed/security forces and members of civil society were encouraged – through meetings, workshops and National Society communication activities – to continue supporting IHL and Movement activities in Liberia. The authorities drew on technical support from the ICRC as they took steps – for instance, the creation of a national IHL committee – to ratify/implement IHL treaties already signed, like the Arms Trade Treaty. The armed forces moved to incorporate IHL modules in their training and operations; they also drafted an IHL training manual with expert guidance from the ICRC.

CIVILIANS

As its economic security/health initiatives for civilians had been concluded or handed over to other actors, the ICRC focused on restoring family links and improving access to safe water for Ivorian refugees and host communities. Some 150 women affected by or at risk of sexual violence established small businesses with help from Movement components in Liberia.

Ivorian refugees contact family members across the border

Ivorian refugees/Liberians restored/maintained contact with relatives through RCMs, telephone calls and other Movement family-links services. Some 30 people received word of their relatives, including children whose relatives or legal guardians were found through a cross-border photo tracing campaign (see *Abidjan*), which led to their reunion in some cases: nearly 80 Ivorian children and three vulnerable adults rejoined their families across the border. As necessary, people were issued ICRC travel documents to facilitate travel to their country of destination, and vulnerable children referred to child-protection actors and UNHCR-established or State-run health centres for additional assistance.

The Liberian Red Cross, the Ivorian Red Cross and other actors coordinated their family-links activities – for example, by cross-checking information – which reduced caseloads and made for clearly defined roles in cross-border tracing. An assessment conducted earlier in the year found that family-links needs had decreased; the ICRC therefore scaled back its operations in this regard.

Communities safeguard their access to clean water

Some 57,000 people had a more reliable supply of safe water and a reduced risk of contracting water-borne diseases, owing to efforts by their communities, the water authorities and the National Society/ICRC. In eastern Liberia, Ivorian refugees and their hosts accessed clean water from 200 upgraded or newly constructed wells/hand pumps and 450 chlorinated wells; people in the Monrovia area did so from water kiosks that had either been repaired or connected to the water system. Over 40 community water committees and 18 water/sanitation supervisors were in charge of maintaining these water points and promoting their correct use; all of them had benefited from ICRC training. Coupled with the National Society's own promotion

of good hygiene practices, these efforts helped ensure that communities used and maintained previously installed/upgraded facilities, particularly latrines.

Monitoring revealed that most communities, in addition to successfully maintaining such facilities, made upgrades of their own. For example, some communities built fences to protect their pumps and set up bathhouses, clotheslines, dish racks and so on. Most latrines were kept in good condition.

Disaster-affected people receive prompt National Society aid

Approximately 200 households (1,200 people) who lost their homes because of storms or fires withstood their difficult conditions using household essentials provided by National Society volunteers. These items were part of the 4,500 kits pre-positioned by the ICRC at National Society branches, in keeping with the Movement's approach to emergency preparedness (see *Red Cross and Red Crescent Movement*).

PEOPLE DEPRIVED OF THEIR FREEDOM

Over 2,100 people held by the Justice Ministry, police/*gendarmerie* and other authorities at 22 places of detention – including women, minors and those needing specialized health care – received ICRC visits, conducted according to the organization's standard procedures. Delegates monitored detention conditions and followed up 32 detainees – nine of whom were alleged former combatants from Côte d'Ivoire – individually. Afterwards, the authorities received confidential feedback and recommendations, which helped them improve treatment and living conditions for detainees and ensure respect for judicial guarantees.

During visits, detainees communicated with their families through RCMs or telephone calls facilitated by the National Societies concerned and the ICRC.

Detainees benefit from authorities' efforts to address their limited access to health care

The Justice and Health Ministries pursued efforts to develop penitentiary health care and apply the national health policy for detainees. The Bureau of Corrections and Rehabilitation, under the Justice Ministry, and the Health Ministry planned their 2013–14 budgets and drafted proposals for national authorities, based on the findings and recommendations of UNMIL, the ICRC and other actors. The Health Ministry also included prison health facilities in its accreditation process, raised funds to maintain a focal point for prison health care and asked district health teams to continue visiting prisons to monitor detainees' health/nutritional status and support prison health workers in providing health care. However, district health teams had to adjust to their altered workloads; consequently, not all detainees benefited from such visits.

Prison health workers, aided by ICRC nutrition courses/supervision/equipment, continued monitoring detainees' health and nutrition. They conducted body mass index surveys, which helped identify and treat malnourished detainees; in this way, 150 malnourished detainees at Monrovia Central Prison and three other prisons prevented their condition from worsening. As penitentiary authorities did not receive additional funding for medicines, health workers treated detainees with ICRC-provided medical supplies meant for use during outbreaks of disease or other emergencies.

At the Monrovia Central Prison, where over half of Liberia's prison population were housed, detainees benefited from better disease monitoring and control after the ICRC helped link the prison health system with national AIDS and TB programmes; this linkage led to the building of an on-site laboratory and training for prison health staff and selected correctional officers in counselling and testing. Detainees attended HIV education sessions at the prison clinic in small groups, which allowed them to be discreetly tested for HIV if they so wished, and gave them some time away from their cells as well. In the second half of the year, the local district health team and the ICRC stepped up support, to ensure that these sessions would continue.

Detainees see improvements in their living conditions

Owing to upgrades to water/sanitation infrastructure, almost 1,500 detainees in eight prisons had enough water, improved living conditions and reduced risks of hygiene-related illnesses; resources originally intended for infrastructural upgrades at police stations were reallocated for this purpose. In some prisons, inmates also received soap-making materials, among other things.

At the Monrovia Central Prison, detainees stood to gain from better maintenance of water and sanitation facilities, after the penitentiary authorities created a pilot prison maintenance team, who were supported by ICRC training and on-the-job supervision. Inmates also stood to benefit from access to open air and sunlight, after the completion of a pilot project by the authorities, UNMIL and the ICRC to revise procedures and further upgrade infrastructure in outdoor areas. This project, along with repairs to walls/fencing already carried out by the ICRC, aimed to help penitentiary authorities find a way to grant detainees access to outdoor areas without compromising security.

Independent monitoring body surveys detainees' treatment

Liberia's Independent National Commission on Human Rights created a prison-monitoring tool, using skills learnt in an UNMIL workshop for which the ICRC provided input. Contributing to the workshop not only helped in the development of the aforementioned local inspecting body, it also cemented relationships with State officials and humanitarian actors working on detention issues.

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

The AFL adapts IHL manuals for its troops

Nearly 90 AFL troops bound for Mali or the Ivorian-Liberian border, and some 300 UNMIL troops, learnt more about IHL and the ICRC's mandate during briefings conducted by ICRC-trained AFL instructors and the ICRC. In the same way, 136 security forces personnel and 300 police recruits furthered their understanding of international human rights law, internationally recognized standards on arrest and detention and the ICRC's activities for detainees. The importance of protecting those seeking or providing medical care was impressed upon all weapon bearers briefed.

The AFL created an IHL manual for its troops, part of the effort to incorporate IHL modules in training and operations. Some 20 instructors and officers, who had attended two joint AFL/ICRC workshops on teaching IHL, adapted this manual for various military ranks. One officer attended an advanced IHL course in San Remo.

Liberia establishes a national IHL committee with ICRC support

The authorities continued to work on integrating IHL into domestic legislation, notably by taking steps to ensure their capacity to ratify/implement and incorporate in domestic legislation IHL treaties that Liberia had already signed, the Arms Trade Treaty being the most recent. Parliamentarians and other State officials continued adding to their knowledge of IHL through ICRC information sessions or by participating in regional meetings, including on arms control treaties (see *Abidjan* and *Nigeria*). With technical support from the ICRC, the authorities created a national IHL committee; the ten committee members – representing the Justice/Foreign Affairs Ministries and the human rights, law reform and small arms commissions – assumed their new duties already knowledgeable about the status of IHL implementation in Liberia and the implementation process, owing to a workshop and an exercise in drafting a law in connection with the Anti-Personnel Mine Ban Convention. During an ICRC-backed study trip, committee members shared experiences/best practices and discussed cooperation on IHL implementation with their counterparts in Sierra Leone.

Journalists report on Movement activities after learning about IHL and the ICRC's mandate

Some 70 journalists furthered their understanding of IHL through two information sessions; others learnt about ICRC activities throughout the world via news articles given to them. A competition on humanitarian reporting, organized with the Press Union of Liberia, and National Society-facilitated field trips encouraged and helped journalists produce more in-depth features on humanitarian issues and draw attention to the Movement's activities. Thus, local authorities, members of civil society and the public learnt about humanitarian issues and Movement activities from journalists who already had a basic knowledge of IHL and the ICRC's mandate, as well as through ICRC briefings and National Society communication efforts (see *Red Cross and Red Crescent Movement*).

The ICRC sought to encourage universities to introduce IHL courses into their curricula, for example, by helping them explore ways to overcome the scarcity of resources and other obstacles. The national moot court competition did not take place, owing to administrative constraints.

RED CROSS AND RED CRESCENT MOVEMENT

National Society steps up activities with ICRC help

The National Society, acknowledging the changing humanitarian environment, gradually assumed more responsibility for humanitarian action in the country, with ICRC support. It took active part in water/sanitation, economic security and family-links activities (see *Civilians*), gaining practical experience for undertaking such endeavours independently. However, the National Society could not develop monitoring systems for its previous livelihood support projects with the ICRC, owing to administrative constraints. Volunteers were better prepared to respond to emergencies and access violence-prone areas, following training in the Safer Access Framework/first aid, and the provision of financial support for the National Society's emergency response team and of emergency stocks to branches. With ICRC help, the National Society resumed its weekly radio programme, through which it raised awareness of and support for IHL and Movement activities in Liberia.

The National Society, with support from the Movement, strengthened its statutes, organizational structure and management, by attending the Council of Delegates, implementing financial reforms and earning money by conducting first-aid courses for NGOs. Movement components in Liberia avoided duplication by regularly coordinating their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		235	92	
RCMs distributed		417	80	
Phone calls facilitated between family members		367		
Names published in the media		41		
Reunifications, transfers and repatriations				
People reunited with their families		88		
	<i>including people registered by another delegation</i>	5		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		28	2	7
People located (tracing cases closed positively)		28		
	<i>including people for whom tracing requests were registered by another delegation</i>	11		
Tracing cases still being handled at the end of the reporting period (people)		15	3	7
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		48	21	
UAMs/SCs reunited with their families by the ICRC/National Society		76	34	
	<i>including UAMs/SCs registered by another delegation</i>	4		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		21	11	
Documents				
People to whom travel documents were issued		83		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		2,101	57	68
Detainees visited and monitored individually		32		
Detainees newly registered		7		
Number of visits carried out		74		
Number of places of detention visited		22		
Restoring family links				
RCMs collected		63		
RCMs distributed		30		
Phone calls made to families to inform them of the whereabouts of a detained relative		41		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	4,562	44%	36%
Water and habitat activities	Beneficiaries	57,215	39%	34%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	15		
Water and habitat activities	Beneficiaries	1,469		
Health				
Number of visits carried out by health staff		61		
Number of places of detention visited by health staff		16		



ICRC/AR_2013
 + ICRC delegation + ICRC sub-delegation + ICRC office/presence
 + ICRC-supported prosthetic/orthotic centre

The ICRC opened a delegation in Libya in 2011 after social unrest escalated into armed conflict. It visits people deprived of their freedom and seeks to clarify the fate of missing persons and to address their families' needs. While supporting the Libyan Red Crescent in developing its capacities, the ICRC works alongside it to respond to the emergency needs of violence-affected people in terms of medical care, emergency relief, essential services and family contact. It also promotes IHL and humanitarian principles, by raising these rules with the authorities and providing expertise on their integration into the army/security forces' curricula.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ the deteriorating security situation often impeded or curtailed operations, limiting the ICRC's capacity to protect and assist people affected by the ongoing violence and the consequences of the 2011 armed conflict
- ▶ broader contacts with Libya's new administration, armed forces, revolutionary brigades, and political and traditional/religious leaders contributed to fostering respect for humanitarian principles and acceptance for ICRC action
- ▶ detainees visited by delegates saw some improvements in their living conditions, brought about by direct ICRC support and work, while dialogue with the authorities on broader reforms began to take shape slowly
- ▶ vulnerable violence-affected people, including new IDPs, met their needs thanks to National Society/ICRC relief assistance and, where the security situation permitted, the rehabilitation of water/sanitation facilities
- ▶ over 140 doctors/surgeons upgraded their trauma-management/war-surgery skills at courses/seminars organized by the Health Ministry and the ICRC, thus increasing national capacities
- ▶ over 30 military officers started teaching IHL to fellow officers from throughout Libya after attending IHL training and train-the-trainer courses organized by the Defence Ministry and the ICRC

EXPENDITURE (in KCHF)

Protection	3,907
Assistance	4,756
Prevention	4,003
Cooperation with National Societies	1,024
General	-
Total	13,690

of which: Overheads 836

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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PERSONNEL

Mobile staff	33
Resident staff (daily workers not included)	131

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	15
RCMs distributed	84
Phone calls facilitated between family members	2,989
People located (tracing cases closed positively)	113
People reunited with their families	1
of whom unaccompanied minors/separated children	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	13,622
Detainees visited and monitored individually	280
Number of visits carried out	81
Number of places of detention visited	41
Restoring family links	
RCMs collected	88
RCMs distributed	19
Phone calls made to families to inform them of the whereabouts of a detained relative	35

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 30,000	136,636
Essential household items	Beneficiaries 35,000	43,499
Water and habitat activities	Beneficiaries 425,000	59,770
Health		
Health centres supported	Structures	1
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	5
Physical rehabilitation		
Centres supported	Structures	1

CONTEXT

The political landscape in Libya remained highly fragmented, and the security situation fragile, as military and traditional/religious leaders jockeyed for influence. Consequently, progress in reforming the justice and security sectors was slow. Revolutionary brigades formed during the 2011 conflict continued to operate alongside armed/security forces, and all the detainees held by them had not yet been transferred to State custody.

Officials from both the pre- and post-2011 periods were subjected to threats and targeted killings. Tensions and sporadic clashes between opposing armed elements, together with tribal feuds, affected communities in the east and south, as well as in Misrata and the Nafusa Mountains. In Tripoli at year's end, popular protests against the presence of revolutionary brigades escalated into clashes, causing injuries and dozens of deaths. The availability of weapons throughout the country and the widespread scattering of mines/explosive remnants of war (ERW) put people at significant risk. Thousands of families waited for news of relatives unaccounted for between 1969 and 2011 and afterwards; a comprehensive framework to address this issue had not yet been adopted.

Migrants were trafficked into Libya or through the country towards Europe. Detention conditions for migrants awaiting deportation were often a matter for serious concern.

ICRC ACTION AND RESULTS

The prevailing security situation hindered the ICRC's ability to protect and assist people and communities still dealing with the consequences of the 2011 armed conflict. Operations were often impeded or had to be curtailed, but activities in the Benghazi and Misrata regions – suspended following security incidents in 2012 – gradually resumed.

The ICRC helped the Libyan Red Crescent, its primary partner, boost its emergency response and communication capacities even as it was undergoing reorganization; whenever possible, the organizations operated jointly. The ICRC made it a priority to establish and maintain contact with the authorities, military forces, revolutionary brigades, political/traditional/religious leaders and the media; it did this to foster, among them and the wider public, respect for humanitarian principles and support for neutral, impartial and independent Movement action.

It often took numerous preliminary contacts with the authorities before delegates were able to visit people detained in connection with the 2011 conflict or with migration to Libya. They monitored detainees' treatment and living conditions. The detaining authorities were given confidential feedback on the visits and on various issues, particularly respect for judicial guarantees. Dialogue on broader reforms – regarding health services, the management of premises, etc. – began to take shape slowly. As a consequence of the ICRC's support for and work with the detaining authorities, living conditions improved rapidly: this was brought about mainly by construction of outdoor recreational areas, improvements in the water supply system, disease-control campaigns and distributions of essential household and hygiene items.

Individuals uprooted by clashes, including IDPs living in camps since 2011, and their host families were enabled to meet their needs as a result of provisional support – food and/or household essentials – provided by the Libyan Red Crescent/ICRC to

the authorities, including in winter. In Tripoli and in a National Society-run camp in Benghazi, access to water improved and exposure to health hazards was reduced owing to maintenance work on water/sanitation facilities. Despite the insecurity that hampered some activities, certain communities in clash-prone areas benefited from similar initiatives carried out with the local authorities.

During clashes, ICRC medical supplies helped emergency services provide the necessary care. First-aid courses for National Society volunteers and other first responders, and trauma-management/war-surgery seminars for doctors/surgeons, organized in coordination with the Health Ministry, bolstered national capacities. National Society/ICRC risk-education sessions helped communities adopt safe practices in weapon-contaminated areas. Progress in establishing a degree course in physical rehabilitation at the University of Tripoli was slow; but, with ICRC support, the University of Misrata and others worked to set up an orthopaedic workshop for disabled people in the area.

As communication networks improved, few people sought assistance in contacting their relatives. Some people however continued to wait for news of relatives who were missing owing to conflict/violence. To help address their needs, the ICRC provided technical support for drafting a law on the missing; it also guided the ministry concerned in forensic procedures, which included a post-mortem exhumation of remains allegedly recovered in Bani Walid. A needs assessment of the families of the missing began, with a view to mobilizing the support required.

The importance of implementing IHL nationally, particularly provisions governing civilians'/detainees' rights, was discussed with the authorities. Owing to the prevailing political situation, there were delays in re-establishing a national IHL committee. To help the armed forces incorporate IHL in their doctrine and training, officers underwent IHL train-the-trainer courses, and some of them began teaching their fellow officers.

CIVILIANS

People reported abuses committed against them during armed confrontations (see *Context*). Such reports formed the basis of dialogue with national/local authorities, armed forces and revolutionary brigades on the need to respect and protect civilians, people injured in clashes, and medical workers and infrastructure (see *Wounded and sick*).

Social welfare authorities aware of vulnerable groups' needs

The prevailing political situation hampered efforts to encourage the authorities to create an environment conducive to the return of IDPs to their places of origin, and to alert them to vulnerable groups/individuals at risk of slipping through the social welfare net. Nonetheless, Tripoli IDP camp managers were able, for the first time, to discuss their grievances directly with representatives of the Social Affairs Ministry and the prime minister's office at a round-table chaired by the Libyan Red Crescent with ICRC support. Social Affairs Ministry officials in Sabha enhanced their data-management skills, through ICRC training, to ensure that people entitled to social benefits received them.

Vulnerable people improve their conditions as water/sanitation activities resume

Because of gaps in State aid, violence-affected people met their needs through assistance provided by National Society volunteers

– working alongside ICRC delegates and learning on the job – or through the Libyan Humanitarian Relief Agency.

In all, 136,636 IDPs (20,770 households), some of whom have been in camps since 2011, sustained themselves with one-off food rations – some stocks of which were carried over from 2012 – at times distributed through local partner organizations, as the ICRC filled gaps in their assistance. During Ramadan, about 37,000 among them in various cities received food parcels, distributed in coordination with the Religious Affairs Ministry.

Some 10,500 new IDPs (1,800 households) in the Nafusa Mountains also eased their difficult conditions with hygiene items and household essentials, including – as winter drew near – blankets/mattresses. Around 33,000 people improved their living conditions with ICRC-donated hygiene kits distributed by National Society branches in response to emergencies in violence-prone areas.

Following clashes, 3,400 IDPs in camps in Benghazi and Tripoli found their access to clean water improved or became less exposed to health risks after the rehabilitation of the water distribution system and the emptying of a septic tank. Around 900 people in a National Society-run camp in Benghazi benefited from improvements to the camp's water/sanitation and power infrastructure.

In other clash-prone areas, several initiatives, aimed at helping residents gain a reliable water supply and decrease their exposure to health hazards, remained suspended. However, some gradually resumed, in cooperation with local water authorities, benefiting some 38,800 people. For instance, in Al Bayda, near Benghazi, 14,700 people saw their daily supply of clean water increase after the installation of submersible water pumps. Some 600 and 15,000 people in Benghazi and Kufra, respectively, saw similar benefits following repairs to their water networks; in Kufra, 5,000 people also became less exposed to health hazards after the installation of a sewage pump that drained stagnant wastewater away from residential areas. Around 20,000 residents of Tamina, near Misrata, had running water again following the construction of a pipeline to the town. The renovation and expansion of a health clinic at Zliten, near Misrata, improved access to health care by people in the area and enabled around 165 consultations daily.

Residents of ERW-contaminated areas adopt safer practices

Residents in areas heavily contaminated by ERW (see *Context*), including those affected by clashes and inaccessible to most humanitarian organizations, made themselves safer after attending National Society/ICRC risk-education sessions. The training of National Society volunteers from 18 branches enabled the geographical expansion of such sessions.

The number of people injured by mines/ERW, though fewer than in 2012, remained significant. The Libyan Mine Action Centre received ICRC support for collecting/sharing weapon-contamination data; by year's end, it had recorded 13 mine/ERW incidents in its casualty-data management system. A plan to help the national safety authorities boost their mine/ERW-clearing capacities was cancelled owing to a shift in their approach.

Families still seek news of missing relatives

Few people needed help to exchange family news as communication networks improved, but separated family members – including foreigners – seeking news of their relatives continued to

approach the National Society/ICRC; they reported arrests, cross-border movement and other circumstances of disappearance. In particular, migrants restored/maintained contact with their relatives through nearly 3,000 phone calls facilitated by National Society teams trained on the job and the ICRC.

The Ministry for the Affairs of the Families of Martyrs and Missing Persons (MAFMM) received input from the ICRC for a draft law on the missing, which aims to address the needs of families of persons unaccounted for between 1969 and 2011 and after. The MAFMM also drew on ICRC advice for handling cases of missing persons, estimated at up to 10,000, with a view to improving the process of identifying human remains and reducing errors and delays in providing families with information about their missing relatives. The MAFMM conducted a post-mortem examination of 22 remains allegedly recovered in Bani Walid, which the ICRC attended as a neutral observer. Joint MAFMM-ICRC visits to the MAFMM's DNA sample collection centres in Bani Walid and Sabha helped identify ways to enhance sampling and other forensic procedures.

Associations of families of missing persons, including vulnerable households from particularly stigmatized groups often unable to access State services, were helped by the ICRC to meet with the MAFMM and discuss their situation. A countrywide assessment of such families' needs, to serve as a basis for mobilizing the support necessary, got under way.

PEOPLE DEPRIVED OF THEIR FREEDOM

Around 13,600 people held in 41 places of detention including some in central and eastern Libya (see *ICRC action and results*), received ICRC visits, carried out in accordance with the organization's standard procedures; delegates monitored their treatment and living conditions. The detainees were mainly people held in relation to the 2011 conflict or alleged irregular migrants in retention centres. Some 280 detainees were monitored individually, and women, minors, foreigners and the sick received special attention. These visits often required numerous preliminary contacts with the relevant authorities.

Detainees contacted their families through Movement family-links services, with migrants making extensive use of the services, particularly for phoning relatives. Over 1,500 foreigners informed their consular representative of their situation via the ICRC.

Development of dialogue with detaining authorities delayed

Following ICRC visits, the detaining authorities – including the Defence, Interior and Justice Ministries, as well as revolutionary brigades subject to the process for bringing all places of detention under government oversight – received confidential feedback and recommendations for improvements. Treatment issues and individual cases requiring specific attention were among the subjects raised by the findings; as a result, some detainees were released on medical grounds. Discussions with prosecutors/judges centred on respect for detainees' judicial guarantees, as a significant majority of inmates were still awaiting trial. No training took place but dialogue on broader reforms – regarding health services, the management of premises, etc. – slowly took shape. Signature of an agreement with the central authorities concerning the ICRC's detention-related work remained pending; owing to the political situation, efforts in this regard were set aside temporarily.

Detainees gain better living conditions

The authorities dealt with certain deficiencies in the prison system with ICRC technical support, notably in relation to health care. This included input on a draft design for prison clinics and on ensuring that detainees underwent medical screening upon their arrival and had access to national health programmes. Two representatives of the Libyan Medical Association refined their grasp of prison-related medical ethics at a regional meeting in Amman (see *Jordan*).

Whenever security conditions permitted it, the penitentiary authorities and the ICRC worked to improve living conditions, particularly general hygiene, for detainees in selected prisons/retention centres. For example, in Tripoli, 1,050 detainees in two prisons, and 150 migrants in one centre, had better access to daylight and fresh air after the construction/installation of an outdoor recreational area and windows in cells. In one centre in Sabha, 1,000 migrants benefited from drier cells and had access to more water after emergency works stopped leakages and increased the centre's water storage capacity. In four centres, migrants benefited from anti-scabies campaigns during which the entire premises were cleaned/disinfected.

In addition, some 6,100 inmates, including migrants, received essential items such as water storage units, cleaning materials and hygiene kits. As State resources for food were made available, distributions of additional food rations by the ICRC were not required.

WOUNDED AND SICK

In response to injuries caused by the sporadic violence, authorities and weapon bearers were reminded of their obligation to allow the wounded safe access to care, in line with the goals of the Health Care in Danger project.

Doctors/surgeons upgrade war-surgery skills

People wounded during clashes received emergency care at five selected hospitals supported with medical supplies. Some victims, as in Benghazi, Derna and Tripoli, were administered first aid from National Society volunteers using ICRC-donated dressing materials.

National capacities grew as a result of ICRC-supported/conducted training. Some 270 people, including National Society volunteers, scouts, emergency services/civil defence staff and nurses, strengthened first-level care provision through refresher courses. Second-level care provision also received a boost: during seminars organized with the Health Ministry, 55 doctors/surgeons from across Libya upgraded their skills in emergency room trauma-management and 87 surgeons/anaesthetists in war-surgery; three of the doctors/surgeons also began to teach alongside ICRC instructors.

Disabled people benefit from new workshop in Misrata

In line with a 2012 agreement, Tripoli University and the ICRC worked to set up a physical rehabilitation undergraduate course, with a view to expanding the country's pool of professionals trained to care for disabled people. Progress was slow, however, and construction of the building for the course had not yet begun.

Misrata University, associations of weapon-wounded people and the ICRC cooperated in setting up an orthopaedic workshop for disabled people in and around Misrata.

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

Humanitarian dialogue expands

Given Libya's state of transition and uncertain security situation (see *Context*), contact with the new administration, weapon bearers and influential civil society members served to build awareness of and support for IHL/international human rights law, humanitarian goals, such as those of the Health Care in Danger project, and the Movement, including the ICRC's mandate and neutral, impartial and independent approach. Such contact also facilitated humanitarian coordination.

Meetings/events with political and traditional/religious leaders, such as the Ansar al-Sharia group, the Grand Mufti of Libya, and the Muslim Brotherhood broadened their understanding of IHL and the ICRC and fostered acceptance for Movement activities in their communities; these events included a seminar jointly organized with a leading Libyan think-tank. Members of Libya's Supreme Security Council – made up of armed brigades around the country being absorbed into the State security forces, as well as other brigades – enhanced their understanding of these matters at information sessions organized with them for the first time. Outreach towards Islamic circles countrywide resulted in seminars being organized on IHL and Islamic law, in cooperation with local associations. Representatives of the Social Affairs Ministry discussed future cooperation with the ICRC during a workshop about the organization.

The wider public grew more familiar with the Movement because of broad media coverage of its activities – which drew on ICRC press releases, updates, interviews and audiovisual materials – and the dissemination efforts of the National Society, which had received support in finalizing its communication strategy. Journalists, together with NGO representatives, enhanced their knowledge of IHL/international human rights law and the Movement at information sessions organized at their request; this helped to promote accurate reporting on/advocacy for pertinent issues.

To encourage the academic study of IHL, representatives from universities in Benghazi, Misrata and Tripoli and National Society/ICRC staff discussed the incorporation of IHL in the curricula of those institutions. Updated IHL publications were donated to one university's library.

Trained military officers teach peers

As part of a 2012 agreement, the Libyan Armed Forces, with ICRC support, moved forward with the incorporation of IHL in their doctrine and training.

Nearly 150 senior officers added to their knowledge at training courses in IHL. Of these, 33 became IHL instructors themselves after completing the basic and the advanced session. Some of them taught alongside ICRC instructors at week-long courses for about 100 officers from Gharyan, Misrata and Tripoli; the courses were part of a 2013–14 action plan agreed upon with the Defence Ministry. The ministry produced an IHL teaching manual, which was circulated among students at the military academy.

High-ranking military officers and/or senior ministry officials, including representatives from the Interior Ministry, enhanced their grasp of IHL at a course in San Remo and at a regional training session organized with the League of Arab States in Beirut (see *Lebanon*). During these courses, officials discussed ways of implementing IHL nationally (see below).

Possibilities were explored with police training institutions for cooperation in training national and judicial police in IHL/international human rights law.

Re-establishment of national IHL committee delayed

Officials from the Defence, Interior and Justice Ministries and ICRC delegates continued dialogue on the importance of incorporating IHL in domestic legislation, particularly provisions relating to law enforcement. The Justice Ministry promulgated a law prohibiting the trial of civilians by military courts. However, a legal framework integrating all places of detention under the ministry had yet to be adopted (see *People deprived of their freedom*).

Owing to the prevailing political situation, little progress was made in re-establishing a national IHL committee, a process initiated by a former participant in an ICRC-sponsored IHL course.

RED CROSS AND RED CRESCENT MOVEMENT

As the ICRC's primary partner, the Libyan Red Crescent continued to receive financial, material and technical support for boosting its operational capacities, notably in first aid, economic security, restoration of family links, mine-risk education and public communication (see above). It had not yet drawn up its contingency plans and post-conflict strategy, including its policies for dealing with needs arising from migration.

In consultation with the International Federation and the ICRC, the National Society worked to strengthen its legal base. After electing its new leadership, it made a commitment to revising its statutes. Its participation in Movement meetings, including those held abroad, reinforced its adherence to the Fundamental Principles.

Movement components met regularly to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		15		
RCMs distributed		84		
Phone calls facilitated between family members		2,989		
Reunifications, transfers and repatriations				
People reunited with their families		1		
People transferred/repatriated		2		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		227	26	31
People located (tracing cases closed positively)		113		
	<i>including people for whom tracing requests were registered by another delegation</i>	7		
Tracing cases still being handled at the end of the reporting period (people)		1,434	46	65
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		2	2	
UAMs/SCs reunited with their families by the ICRC/National Society		1	1	
Documents				
People to whom travel documents were issued		1		
Official documents relayed between family members across border/front lines		3		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		13,622	621	93
Detainees visited and monitored individually		280	15	11
Detainees newly registered		174	7	7
Number of visits carried out		81		
Number of places of detention visited		41		
Restoring family links				
RCMs collected		88		
RCMs distributed		19		
Phone calls made to families to inform them of the whereabouts of a detained relative		35		
People to whom a detention attestation was issued		10		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	136,636	35%	24%
	<i>of whom IDPs</i>	106,270		
Essential household items	Beneficiaries	43,499	30%	23%
	<i>of whom IDPs</i>	21,720		
Water and habitat activities	Beneficiaries	59,770	39%	29%
Health				
Health centres supported	Structures	1		
Average catchment population		6,000		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	6,127		
Cash	Beneficiaries	6		
Water and habitat activities	Beneficiaries	2,200		
Health				
Number of visits carried out by health staff		33		
Number of places of detention visited by health staff		18		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	5		
Physical rehabilitation				
Centres supported	Structures	1		



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

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ the Malian authorities, Malian/French/international troops and armed groups were reminded of their obligations to people not or no longer participating in the fighting, in conformity with domestic law and IHL
- ▶ amidst security constraints, 93,000 families affected by conflict and 40,200 farming/pastoral households affected by the hunger gap period met their urgent needs with one-month and four-month food rations, respectively
- ▶ farmers and herders rebuilt their livelihoods with help from pertinent State services and the Mali Red Cross/ICRC, thereby enhancing their economic status and building their resilience to violence and harsh climatic conditions
- ▶ weapon-wounded patients recovered with medical care at the Gao regional hospital, which was able to operate uninterrupted because of support from an ICRC team of six medical specialists and financial incentives for hospital staff
- ▶ people in urban and rural areas of Gao, Kidal and Tombouctou regions had enough water, including for their crops/livestock, thanks to upgrades to water points along herding routes/near farms and support to water companies
- ▶ owing to a formal agreement signed with the Malian government, detainees, including those being held in relation to the armed conflict, received ICRC visits and direct assistance, which helped improve their living conditions

EXPENDITURE (in KCHF)

See Niamey (regional)

IMPLEMENTATION RATE

See Niamey (regional)

PERSONNEL

See Niamey (regional)

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	270
RCMs distributed	210
Phone calls facilitated between family members	1,946
People located (tracing cases closed positively)	146
People reunited with their families	21
of whom unaccompanied minors/separated children	21
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	3,515
Detainees visited and monitored individually	606
Number of visits carried out	108
Number of places of detention visited	22
Restoring family links	
RCMs collected	93
RCMs distributed	38
Phone calls made to families to inform them of the whereabouts of a detained relative	173

ASSISTANCE	Targets	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	420,000	811,534
Essential household items	Beneficiaries	78,000	89,054
Productive inputs	Beneficiaries	168,000	249,752
Cash	Beneficiaries		19,548
Work, services and training	Beneficiaries	226,800	596,722
Water and habitat activities	Beneficiaries	215,500	275,019
Health			
Health centres supported	Structures	2	10
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	4	2

CONTEXT

Clashes between Malian/French/international forces and armed groups – since the resumption of hostilities in January – caused casualties and fresh displacements in northern Mali and disrupted commerce and food production. By mid-year the transitional government had regained Gao, Kidal and Tombouctou towns and negotiated a peace agreement with the Mouvement National de Libération de l'Azawad and some other armed groups. Presidential and legislative elections took place peacefully in July and November. The authorities made little progress in addressing conflict-related crimes and re-establishing the rule of law in the north.

The armed conflict was however far from over. Continued operations by Malian/French forces, the UN Multidimensional Integrated Stabilization Mission in Mali (MINUSMA) and armed groups added to already chronic insecurity and derailed communities' recovery from drought and conflict. In Kidal, protests against State control sometimes ended violently. State/humanitarian actors who increased their activities in the north to rebuild notably health, water and penitentiary services encountered obstacles in relation to access and security.

The continued presence of IDPs among host communities – in some cases, since 2012 – strained local resources and exacerbated social, economic and political tensions. Some residents – returnees and families who had lost their breadwinners – faced poor livelihood prospects because of the conflict.

ICRC ACTION AND RESULTS

In 2013, the ICRC's regional delegation in Niamey addressed growing needs in northern Mali arising from the renewed hostilities and successive food crises. The ICRC intensified efforts to promote respect for the population and continued large-scale assistance activities from 2012, drawing on increased funding for its operations in Mali and Niger (see *Niamey*). In September, the ICRC upgraded its presence in Mali to a separate delegation.

As a matter of priority, the ICRC reminded the authorities, Malian/French/international troops and the Mouvement National de Libération de l'Azawad (MNLA) of their obligations under IHL to people not or no longer participating in the fighting. The importance of allowing people safe access to health care services and humanitarian aid was impressed upon weapon bearers through information sessions or messages via the media. Reports of abuse were shared with parties concerned, which helped prevent recurrence. The authorities also drew on ICRC input for ratifying weapon-related IHL treaties and updating legislation applicable to the conflict.

Conflict-affected people met their immediate needs with help from the ICRC and the Mali Red Cross: new IDPs who had fled during renewed fighting settled into host communities, aided by food rations and household essentials; IDPs who were staying with host communities – some since 2012 – received food rations throughout the year, as before; and returning IDPs and refugees resettled in their home communities with ICRC assistance. Vulnerable residents, helped by ICRC-supplied food rations, withstood the hunger gap period. In the towns of Gao, Kidal and Tombouctou, residents enjoyed uninterrupted access to clean water, thanks to fuel provided by the ICRC to power water supply/treatment stations, because the conflict prevented the authorities from doing so.

With ICRC help, communities affected by armed conflict/successive droughts stepped up food production and coped with increasingly strained local resources. For example, vulnerable residents supplemented their incomes by participating in cash-for-work projects to upgrade community infrastructure, which helped ensure that farmers and herders had enough water for their crops or livestock. Farmers supplemented their sources of food/income by consuming and selling crops cultivated with ICRC-supplied seed and tools. Because of free veterinary services, destocking programmes and training, pastoralists had healthier, more productive herds. In this way, vulnerable communities built their resilience to harsh climatic conditions and violence.

Wounded and sick people recovered thanks to uninterrupted medical services at the Gao regional hospital, which maintained and enhanced its services with substantial ICRC support, in particular a team of six ICRC specialists. Patients with specific needs were evacuated to other facilities, including physical rehabilitation centres. Other people, mainly women and children, accessed primary health care at ICRC-supported community health centres or during immunization campaigns.

People arrested in connection with the conflict, including those held by the MNLA or transferred by French/international forces to Malian custody, received visits from ICRC delegates, who monitored their treatment and living conditions. The authorities, with direct ICRC support, took steps to improve health care for all detainees and to mitigate the impact of overcrowding on inmates by upgrading prison facilities.

Families separated by armed conflict, or owing to detention, restored contact thanks to National Society/ICRC family-links services coordinated with ICRC efforts in neighbouring countries. Encouraged by the ICRC, the authorities, health structures and the National Society considered incorporating human remains management in their contingency planning. Trained National Society volunteers helped ensure that casualties could be identified and their families informed.

The National Society built up its emergency-response capacities with the help of its primary partner, the ICRC. Movement components in Mali signed a new cooperation agreement, thereby formalizing the systematic coordination of their activities with each other and other actors, helping avoid duplication.

CIVILIANS

Civilians' claims provide basis for representations to alleged perpetrators

Following the resumption of hostilities, the Malian authorities, French/Malian/international forces, the MNLA and other armed groups received oral/written reminders of their responsibilities towards those not or no longer participating in the fighting, particularly regarding people's safe access to medical services, in conformity with IHL and domestic law. The prevailing insecurity limited direct contact with some armed groups.

People approached the ICRC to report missing relatives and abuses, such as sexual violence and disregard for medical services/personnel. Documented allegations were shared with parties concerned, encouraging them to prevent recurrence. A detailed assessment of the needs of victims of sexual violence and related cultural/security issues, conducted at mid-year, helped guide the ICRC's activities later in 2013, as well as its planning for 2014.

Families reconnect with displaced or detained relatives in Mali and abroad

Thousands of people, including separated/unaccompanied minors, restored/maintained contact with their relatives through telephone calls and RCMs, thanks to the Mali Red Cross' family-links network and ICRC/National Society efforts in countries hosting Malian refugees (see, for example, *Abidjan* and *Mauritania*). In coordination with State/humanitarian actors, children formerly associated with armed groups, including those in a special transit centre (see *People deprived of their freedom*), received family-links and other assistance in line with their specific needs. For example, upon their return, 21 such children had a more receptive home environment, after their families were informed of possible security concerns.

With ICRC encouragement, the National Society, the authorities and ICRC-supported health structures considered incorporating human remains management in their contingency planning and coordinating their efforts in this regard. Trained National Society volunteers helped ensure that casualties of violence could be properly identified and their families notified.

The conflict having halted the return of migrants from Algeria, National Society/ICRC activities in their behalf were cancelled.

IDPs, host families and vulnerable residents meet urgent food and water needs

The National Society strengthened its presence in northern Mali with ICRC support, mainly by upgrading its branches and its Mopti warehouse and reinforcing volunteers' knowledge of the project management cycle. Thus, trained volunteers monitored the humanitarian environment and people's changing needs, and adapted planned food distributions accordingly.

In the Mopti and Ségou regions in central Mali and the Kidal, Gao and Tombouctou regions in northern Mali, some 365,370 people (60,893 households), including new and former IDPs, their hosts and vulnerable farming and pastoral households, met urgent needs and/or settled into host communities with one-month food rations provided by the National Society/ICRC between January and March, in coordination with the World Food Programme. They included some 24,630 households directly affected by heavy fighting, some 14,860 of whom also received household essentials.

In Tinzaouatène, Kidal, 7,200 IDPs had prompt access to clean water owing to the distribution of water purification and storage kits and the speedy upgrade of water/sanitation infrastructure. In Gao, Kidal and Tombouctou towns, over 115,000 residents enjoyed uninterrupted access to clean water, because power plants serving water supply stations and waste water treatment plants continued operating thanks to ICRC-supplied fuel and water treatment chemicals. As agreed, the authorities took over supplying fuel in September.

In northern Mali, women and children protect their health with preventive and ante/postnatal care

Although two ICRC-supported health centres ceased operations because of heavy fighting, seven others, aided with medical supplies, infrastructural upgrades, and financial incentives for their staff, continued functioning. By end-2013, support to the Bourem district hospital began, with health authorities' formal agreement, while the French Red Cross assumed support for two centres. A catchment population of 34,000 people, mainly women and

children, had access to government-approved levels of health care in the seven regularly-supported facilities, while women of childbearing age and children, including those without access to these centres in the Gao region, were immunized against common diseases during ICRC-supported Health Ministry campaigns (37,150 doses).

Farmers and herders rebuild livelihoods in the wake of successive food crises

Between April and October, 40,177 vulnerable farming and pastoral households (240,937 people) saw the hunger gap period through with ICRC-provided four-month food rations. In November and December, 31,711 returnee households (some 190,250 people) who had missed the planting season and vulnerable residents supplemented their meagre resources with one-month food rations. They and other vulnerable households began rebuilding their livelihoods, with ICRC support.

Over 74,600 herding households (457,000 people) in Mopti and northern Mali improved the health and raised the market value/productivity of their livestock through free veterinary services from the State, a specialist consultant and the National Society/ICRC; over 2,620,000 animals were vaccinated and 893,000 dewormed – notably at four newly built permanent vaccination pens. Some 2,300 households (13,900 people) supplemented their income by selling their weak animals to the ICRC at competitive prices. Around 112,900 people (20,360 households) diversified their diet with meat, which passed veterinary inspection, from the purchased animals. Eleven local auxiliary veterinarians supported these activities after ICRC-sponsored specialized training.

During the hunger gap period, around 5,200 households (31,200 people) maintained their herds, with ICRC-provided animal fodder and multi-nutrient blocks, and by drawing on technical advice from about 370 members of 32 herders' cooperatives who had deepened their knowledge of animal health care and pasture management at workshops.

Over 33,000 farming households (214,700 people), including those managing fodder banks and market gardens, supplemented their food and income by consuming/selling food or fodder produced using ICRC-provided seed and tools. They, other vulnerable residents, IDPs and their hosts (160,000 people) had enough water for themselves and their crops/livestock, following upgrades to water points in rural areas/along herding routes and the installation of environment-friendly solar-powered irrigation systems; such systems helped notably market gardeners reduce their dependence on rainfall. Some of this infrastructural work was done by 2,970 breadwinners with poor livelihood prospects (17,838 people), who thereby earned income to purchase essentials.

Another 285 households (1,700 people), some at risk of sexual exploitation/violence, resumed income-generating activities with ICRC cash grants.

PEOPLE DEPRIVED OF THEIR FREEDOM

People arrested in relation to the conflict have their presence registered by the ICRC

Some 3,400 detainees, including those sentenced by the International Criminal Tribunal for Rwanda, held by Malian authorities – in northern Mali, the Mopti region, Bamako city and the Kati military camp – and 56 MNLA-held people, received regular ICRC visits, even during their transfer to Bamako or handover to Malian authorities by French/international forces. In April, Malian authorities signed a formal agreement permitting the ICRC to visit all detainees in accordance with its standard procedures. Over 500 detainees held for conflict-related reasons – including 48 minors – were registered and monitored; minors formerly associated with armed groups were followed during transfer to a special transit centre. When detainees were released as part of the peace agreement between Malian authorities and the MNLA, the ICRC was present as a neutral observer, at both parties' request.

Detainees contacted their relatives through Movement family-links services during ICRC visits; families abroad restored contact with 17 inmates located through tracing services. Foreign detainees who wished to do so had their consular representatives notified of their situation. Minors and registered detainees released by the MNLA and Malian authorities, respectively, journeyed home with additional assistance.

Malian authorities drew on the ICRC's confidential feedback on detainees' treatment, circumstances of arrest and living conditions to rebuild penitentiary services; the Defence and Internal Security Ministries received a summary report.

Inmates benefit from improved health care and water/sanitation infrastructure

With the ICRC's detailed assessment of detainees' diet and other technical input, the authorities pursued efforts to establish mechanisms for combating malnutrition. During a workshop, penitentiary and health officials discussed applying national health policies to detainees.

Meanwhile, the authorities enhanced detainee health care and living conditions with the ICRC's direct support. Inmates maintained good personal hygiene and clean surroundings with

ICRC-distributed household essentials. In the Kati prison, 200 detainees received free medical attention from a nurse, newly appointed by the authorities and equipped by the ICRC. Some 130 severely malnourished inmates recovered their health through therapeutic feeding, as part of a broader nutritional programme in three prisons housing 46% of the prison population. In Bamako the judicial investigation services treated wounded detainees transferred to them using ICRC-provided wound-dressing kits.

Around 1,800 detainees saw improved living conditions after upgrades to waste management systems in Bamako prison, while another 2,400 detainees stood to gain from rehabilitation work to cells and the infirmary. Some 360 inmates in the newly reopened Sevaré prison likewise benefited from the reconnection of water and electricity systems. In Koulikouro prison, 200 detainees accessed open air at an outdoor hangar.

WOUNDED AND SICK

In Gao and Kidal, wounded patients recover thanks to uninterrupted medical services

Some 3,100 inpatients and 17,700 outpatients – of whom weapon-wounded people and victims of sexual violence – benefited from uninterrupted medical services at the Gao regional hospital. This hospital continued functioning adequately during heavy fighting, through a six-person medical team's support, financial incentives for remaining staff (resumed by the Health Ministry in June) and infrastructural upgrades (e.g. repairs to the operating theatre and refurbishment of power and water supplies). In the Kidal district hospital, weapon-wounded people were treated by an ICRC surgeon as needed, under an agreement with the NGO supporting the facility. Following their evacuation, wounded patients, 15 in Bamako and 8 in Niger (see *Niamey*), benefited from specialized care.

Moreover, 53 people disabled by weapon wounds attended ICRC-supported physical rehabilitation services, of whom 26 in Bamako, for example at the Centre Père Bernard Verspieren, and 27 in Niger (see *Niamey*). Treatment and travel/accommodation costs were covered by the ICRC. People at different stages of the casualty care chain received technical/material support; National Society volunteers, ambulance drivers and other first responders trained in first aid, helping ensure timely on-site care for wounded people.

PEOPLE DEPRIVED OF THEIR FREEDOM	MALI GOVERNMENT	ARMED GROUPS	FRENCH FORCES
ICRC visits			
Detainees visited	3,413	56	46
	<i>of whom women</i>	258	
	<i>of whom minors</i>	143	7
Detainees visited and monitored individually	510	50	46
	<i>of whom women</i>	1	
	<i>of whom minors</i>	31	7
Detainees newly registered ¹	429	50	46
	<i>of whom women</i>	1	
	<i>of whom minors</i>	31	7
Number of visits carried out	87	9	12
Number of places of detention visited	18	2	2
Restoring family links			
RCMs collected	93		
RCMs distributed	38		
Phone calls made to families to inform them of the whereabouts of a detained relative	173		

1. 5 detainees were registered twice; first held by an armed group and later held by the Malian government

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

Malian authorities and troops in the country understand their responsibilities to the population

Parties concerned were reminded of their duties under IHL (see *Civilians*); they also discussed, with the ICRC, the humanitarian needs arising from the conflict, including among IDPs and detainees, and their responsibilities in this regard. Some 5,000 Malian military/security personnel and over 2,350 MINUSMA soldiers – at information sessions and through other means – learnt more about these responsibilities, particularly the respect due to medical services, and the ICRC's mandate.

Weapon bearers and actors of influence facilitate Movement action

Including during periods of heavy fighting, contacts with military and *gendarmerie* commands and the MNLA and other armed groups, notably through their detained members, were expanded. This kept the National Society/ICRC and other humanitarian actors informed of the prevailing conditions for civilians and allowed the development and implementation of mechanisms for ensuring the safety of humanitarian/health workers; for example, workers systematically notified weapon bearers of their presence. Such mechanisms were mostly successful, but some violence during aid distributions and pillaging of stock reportedly occurred.

During discussions and information sessions on neutral, impartial and independent humanitarian action and the ICRC's mandate, actors of influence, including weapon bearers and the authorities, and communities in northern Mali were regularly encouraged to facilitate access for the Mali Red Cross/ICRC to vulnerable people. People influential in religious circles, such as scholars, Koranic teachers, members of the High Islamic Council and community leaders learnt more about IHL and the ICRC's neutrality at conferences on the common ground between Islam and IHL, from publications and National Society first-aid courses. Government officials, representatives of the UN and bodies such as the Organisation of Islamic Cooperation, and the ICRC discussed humanitarian and security concerns, and defined each participant's involvement during regular coordination meetings.

Through talks during aid distributions and the media, other actors unreachable for security reasons and the public learnt about Movement action and ICRC neutrality, particularly regarding its role in the release of detainees in line with a peace agreement (see *People deprived of their freedom*). Domestic and international media drew on ICRC material, publications and other support in raising awareness of the humanitarian situation/Movement response in northern Mali. About 25 local journalists learnt about reporting on humanitarian affairs at a workshop; 10 of them observed Movement operations first hand during ICRC-organized field visits.

The authorities update domestic legislation pertaining to armed conflict

The Malian government developed the level of IHL expertise in the country with ICRC help. Two Malian officials involved in the implementation of IHL treaties added to their knowledge, of weapon contamination in particular, at workshops abroad (see *Abidjan, African Union and Nigeria*). Mali ratified the Arms Trade Treaty in December, paving the way for future domestic implementation. At the same time, the Malian government sought to update IHL-related legislation; it drew on the ICRC's proposals

for penal reform, particularly in connection with broadening the definition of war crimes in the penal code to include offences committed during non-international armed conflict and with adapting legislation to the needs of detained minors. As part of its efforts to restore the rule of law in the north, the Malian government, with ICRC advice, worked to establish mechanisms for monitoring IHL/human rights violations, including sexual violence.

While they were reorganizing, the military forces also strove to incorporate IHL in military doctrine and training; to this end, they drew up a training manual on basic IHL for Malian troops. Officers in the Bamako Peacekeeping School, of whom 10 had been involved in the drafting of said training manual, added to their knowledge of IHL through information sessions and a workshop. At conferences abroad (see *Lebanon and Mauritania*), two instructors at a religious institution refined their ability to teach IHL.

RED CROSS AND RED CRESCENT MOVEMENT

Movement components working in Mali coordinate their efforts

The Mali Red Cross, the International Federation and the ICRC formalized their cooperation through a tripartite agreement, thus establishing a common platform with the National Societies working internationally in Mali to coordinate the Movement's activities.

The Mali Red Cross enhanced its emergency-response capacities, particularly in economic security and first aid, and expanded its network in northern Mali (see *Civilians*); being the organization's main operational partner, it did so with financial and technical support from the ICRC. It carried out dissemination activities at both the national and the regional level, with a view to fostering awareness of Movement activities and respect for the emblem; it also, through various activities, stimulated interest in volunteerism, particularly among young people.

With Movement support, the National Society held local, regional and central elections – postponed since 2012 owing to the situation in the country – and strengthened its statutes.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
			UAMs/SCs*	
RCMs collected	270	25		
RCMs distributed	210	26		
Phone calls facilitated between family members	1,946			
Reunifications, transfers and repatriations				
People reunited with their families	21			
People transferred/repatriated	5			
Tracing requests, including cases of missing persons				
		Women	Minors	
People for whom a tracing request was newly registered	144	26	24	
People located (tracing cases closed positively)	146			
<i>including people for whom tracing requests were registered by another delegation</i>	70			
Tracing cases still being handled at the end of the reporting period (people)	107	14	22	
UAMs/SCs*, including unaccompanied demobilized child soldiers				
		Girls	Demobilized children	
UAMs/SCs newly registered by the ICRC/National Society	44	1	39	
UAMs/SCs reunited with their families by the ICRC/National Society	21	1	20	
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	16		13	
Documents				
Official documents relayed between family members across border/front lines	2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits				
		Women	Minors	
Detainees visited	3,515	258	160	
Detainees visited and monitored individually	606	1	48	
Detainees newly registered	525	1	48	
Number of visits carried out	108			
Number of places of detention visited	22			
Restoring family links				
RCMs collected	93			
RCMs distributed	38			
Phone calls made to families to inform them of the whereabouts of a detained relative	173			

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	811,534	35%	36%
	<i>of whom IDPs</i>	45,192		
Essential household items	Beneficiaries	89,054	32%	34%
	<i>of whom IDPs</i>	16,090		
Productive inputs	Beneficiaries	249,752	40%	30%
	<i>of whom IDPs</i>	2,124		
Cash	Beneficiaries	19,548	28%	45%
	<i>of whom IDPs</i>	361		
Work, services and training	Beneficiaries	596,722	32%	38%
	<i>of whom IDPs</i>			
Water and habitat activities	Beneficiaries	275,019	25%	50%
	<i>of whom IDPs</i>	68,755		
Health				
Health centres supported	Structures	10		
Average catchment population		34,000		
Consultations	Patients	19,540		
	<i>of which curative</i>		6,316	6,663
	<i>of which ante/post-natal</i>		1,635	
Immunizations	Doses	37,150		
	<i>of which for children aged five or under</i>	36,499		
Referrals to a second level of care	Patients	72		
Health education	Sessions	99		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	43		
Essential household items	Beneficiaries	5,994		
Water and habitat activities	Beneficiaries	2,360		
Health				
Number of visits carried out by health staff		100		
Number of places of detention visited by health staff		7		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
	<i>of which provided data</i>	1		
Patients whose hospital treatment has been paid for by the ICRC	Patients	33		
Admissions	Patients	3,127	2,371	23
	<i>of whom weapon-wounded</i>	69	5	11
	<i>(including by mines or explosive remnants of war)</i>	23		
	<i>of whom other surgical cases</i>	459		
	<i>of whom medical cases</i>	579		
	<i>of whom gynaecological/obstetric cases</i>	2,020		
Operations performed		353		
Outpatient consultations	Patients	17,697		
	<i>of which surgical</i>	2,061		
	<i>of which medical</i>	7,165		
	<i>of which gynaecological/obstetric</i>	8,471		

MAURITANIA



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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ detainees reduced risks to their health and safety following upgrades to prison water, sanitation and electrical systems and support to health care systems undertaken by the authorities and the ICRC
- ▶ detainees benefited from steps taken by the authorities, with ICRC help, to improve their treatment – for example, by increasing awareness of international norms on detention among National Guard units serving as prison guards
- ▶ Malian refugees in the M'bera camp and communities in the Bassikounou area benefited from the expanded capacity of the nearby health centre, as construction/renovation work was completed and installation of equipment began
- ▶ in Bassikounou town, people accessed enough water, including for their livestock, from infrastructure upgraded using ICRC resources meant for Malian refugees in the M'bera camp, as other actors had already covered needs there
- ▶ Mauritania's military/security forces, with technical advice from the ICRC, drafted a four-year action plan for training army, National Guard, *gendarmerie* and police units in IHL and international human rights law

EXPENDITURE (in KCHF)

Protection	1,071
Assistance	2,907
Prevention	598
Cooperation with National Societies	294
General	-

4,871

of which: Overheads 297

IMPLEMENTATION RATE

Expenditure/yearly budget	84%
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PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	22

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	120
RCMs distributed	41
Phone calls facilitated between family members	27
People located (tracing cases closed positively)	32
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	1,523
Detainees visited and monitored individually	44
Number of visits carried out	51
Number of places of detention visited	23
Restoring family links	
RCMs collected	11
RCMs distributed	4
Phone calls made to families to inform them of the whereabouts of a detained relative	73

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	20,000
		6,067

CONTEXT

Mauritania felt the effects of regional insecurity, which exacerbated social, political and religious tensions. Mauritanian troops deployed along the country's eastern borders, but not in Mali itself, reportedly arrested people in connection with the armed conflict in northern Mali or armed groups suspected of endangering State security.

Many refugees remained in the Bassikounou area of south-eastern Mauritania, tensions being high in northern Mali. In the M'bera camp, refugees met their food, water and health needs with help from humanitarian actors. However, in the surrounding communities, the presence of refugees who had chosen to live outside the camp to tend to their livestock tripled the population, straining water resources and health services and exacerbating the effects of widespread poverty and the fragile food situation.

Mauritania remained a major hub for migrants travelling north into Europe. The town of Nouadhibou in the north-west was host to reportedly 30,000 migrants and asylum seekers.

Legislative and municipal elections in Mauritania took place in November and December; the ruling party won a majority.

ICRC ACTION AND RESULTS

In 2013, following the authorities' ratification of a headquarters agreement at end-2012, the ICRC upgraded its presence in Mauritania from a mission to a separate delegation; this facilitated its operations, which continued to focus on supporting the authorities' efforts to meet detainees' needs.

ICRC delegates visited detainees according to the organization's standard procedures; dialogue with the authorities on ensuring the ICRC's access to security detainees continued. After visits, delegates provided the authorities with confidential feedback and recommendations, helping them improve detainees' treatment and living conditions and encouraging them to follow up detainees whose judicial status was unclear. In addition, by organizing a workshop and a round-table with the Justice Ministry, the ICRC facilitated discussions among representatives of ministries concerned and penitentiary officials, which yielded concrete recommendations for addressing shortcomings in the penitentiary system.

Meanwhile, detainees benefited from direct steps taken by the authorities, with ICRC help, to improve their treatment. The authorities recruited and trained people to serve exclusively as prison guards, while conducting training and information sessions on professional practices and human rights principles for National Guard units temporarily performing this task. Some inmates also avoided/recovered from illnesses, as prison health staff, supported by the ICRC with training and salary incentives, regularly monitored their health and diet and gave them adequate care. Detainees' exposure to health and safety risks was further reduced by the renovation of water/sanitation infrastructure, the provision of hygiene items and pest-control/health-awareness campaigns.

The ICRC and trained Mauritanian Red Crescent volunteers assessed Malian refugees' needs and coordinated efforts with other actors, which helped ensure that all needs were covered and duplication avoided. Refugees living in one part of the M'bera camp had uninterrupted access to clean water because the ICRC had

replaced a burnt-out water pump at an NGO's request. Otherwise, needs in the camp being covered by others, resources were reallocated to support the authorities in helping refugee herders living outside the camp, and their hosts, access enough water. At year-end, the first phase of planned upgrades was completed, increasing people's access to water in Bassikounou town. Residents and refugees protected their health or eased their recovery with care provided by the Bassikounou health centre, which had enhanced its services following the completion of comprehensive upgrades and the construction of additional wards.

People separated by armed conflict in Mali or elsewhere – or by detention, migration or other circumstances – restored contact through Movement family-links services. Malian refugees accessed these services through trained National Society volunteers, while detainees did so during ICRC visits. The needs of migrants in Nouadhibou were assessed, with a view to improving family-links services already available to them; however, initial findings being inconclusive, further study was required before any action could be taken.

The authorities signed the Arms Trade Treaty and worked to incorporate previously ratified IHL treaties in domestic legislation, for which the officials concerned trained with ICRC help. Mauritania's military/security forces began implementing a four-year plan of action for training army, *gendarmerie*, National Guard and police units in IHL and international human rights law, drawing on ICRC expertise. For example, officers from all four forces developed their capacities to teach both subjects at four train-the-trainer courses. Information sessions for religious leaders, academics, journalists and other civil society actors increased awareness of IHL and support for the Movement, not only among them but also among people in their circles of influence and the general public.

CIVILIANS

Malian refugees restore contact with relatives through family-links services

Family members separated by armed conflict in Mali or elsewhere – or by detention or other circumstances – restored/maintained contact with each other through the Movement's family-links services. Malian refugees accessed these services through ICRC-trained Mauritanian Red Crescent volunteers, who had assessed needs in the M'bera camp. Some families made telephone calls or sent RCMs or parcels to relatives held at the US internment facility at Guantanamo Bay Naval Station in Cuba.

With a view to improving family-links services in Nouadhibou, ICRC delegates assessed the difficulties faced by migrants in contacting relatives in their home countries. However, as initial findings were inconclusive, further study was required before any action could be taken.

People in Bassikounou town benefit from increased water supply

Residents of the Bassikounou area and refugees in the M'bera camp avoided/recovered from health risks, thanks to the Bassikounou health centre's enhanced services and increased capacity. The centre reopened in August, following the completion of comprehensive infrastructural upgrades, the construction of additional wards and the development of a maintenance plan; some 70 staff members enjoyed better working conditions. During these renovations, the centre's services continued uninterrupted in a nearby structure rented by the ICRC for the purpose. The installation of

waste management systems, generators and other equipment was under way and scheduled for completion in 2014.

Malian refugees living in one part of the M'bera camp had uninterrupted access to clean water because the ICRC had replaced a burnt-out water pump at an NGO's request. However, other humanitarian actors took charge of providing clean water to refugees in the camp, and the ICRC's resources – for supplying water to 20,000 refugees – were freed up for other purposes.

An ICRC assessment found that because of limited access to watering holes for livestock, many refugee herders used water points in Bassikounou town or neighbouring villages, overtaxing the water system and increasing exposure to hygiene-related illnesses. The authorities, using reallocated ICRC resources, set out to upgrade water points in the town and surrounding villages by mid-2014. At year-end, some 6,000 people in Bassikounou town could already access up to 20 litres of water daily, up from 7.7 litres, following the completion of the first phase of upgrades.

PEOPLE DEPRIVED OF THEIR FREEDOM

National Guard units serving as prison guards learn more about international norms on detention

Over 1,500 detainees held in correctional facilities across Mauritania, including in the country's remote interior, received visits from the ICRC, conducted in accordance with its standard procedures. The authorities and the ICRC continued to discuss the issue of regular access to people held for security reasons, particularly those held in remote locations or in places of temporary detention. After visits, the ICRC sent the authorities confidential feedback and recommendations, which helped them improve detainees' treatment and living conditions. Feedback also informed the authorities of detainees whose judicial status was unclear, including those newly arrested or under interrogation, which encouraged follow-up and respect for judicial guarantees.

In parallel, at a round-table organized with the Justice Ministry, penitentiary authorities, the National Guard, representatives of the Justice and Health Ministries and other government officials discussed judicial guarantees, detainee treatment and health/hygiene and budgeting; the discussions yielded a number of recommendations. A visit to Algeria for 2014 was also organized for penitentiary officials, to enable them to study another penitentiary system.

During visits, some detainees contacted their families through National Society/ICRC family-links services. In Nouakchott's central prison, some 150 detainees spent time with their relatives in ICRC-renovated family visiting areas and in a room for conjugal visits. Consular representatives were notified of the detention of their nationals, at the request of the detainees in question; in some cases, these detainees then received material assistance. The ICRC stood ready to provide assistance to repatriated Mauritians who had been detained abroad or to released vulnerable detainees; a study was conducted to determine the feasibility of providing livelihood training to 10 of the latter.

The authorities, with technical input from the ICRC, bolstered knowledge of human rights principles and international norms on detention among penitentiary administrators and staff, thereby helping improve detainee treatment. For example, National Guard units temporarily serving as prison guards, notably at Mauritania's five largest prisons, learnt more about such norms and professional practices through a workshop and an information campaign

organized with the National Guard command and the national human rights committee, respectively. The penitentiary authorities also drew on ICRC help to establish a pool of people trained exclusively to guard prisons. The head prison doctor and the president of the medical association tackled the ethical issues of providing health care in detention at a workshop abroad (see *Jordan*).

Detainees obtain preventive and curative care from enhanced prison health services

The penitentiary authorities worked with the ICRC to make sustainable improvements that would allow detainees needing care to access readily available and good-quality health services. In Mauritania's biggest prisons, full-time health staff began checking detainees' body mass indices on a quarterly basis and conducting compulsory medical examinations for new inmates, which helped identify detainees' health/nutritional status and facilitated efforts to provide treatment. In Dar Naïm and Nouadhibou prisons, some 40 malnourished detainees prevented their health from deteriorating through a therapeutic feeding programme carried out by ICRC-supervised health staff.

Detainees could access the improved health services more frequently because health staff were given on-the-job training/supervision and basic medical supplies/equipment by the ICRC, as well as salary incentives for keeping regular working hours and increasing the frequency of consultations. In addition, with ICRC encouragement, penitentiary and health authorities appointed a full-time health worker at Nouadhibou prison; in Aleg prison and again in Nouadhibou prison, penitentiary authorities signed agreements with nearby referral centres, giving detainees access to hospital care.

At eight prisons, including those mentioned above, inmates faced fewer health risks as a result of the fumigation of their cells, distribution of hygiene items and information campaigns on hygiene-related and sexually transmitted illnesses. ICRC delegates conducted post-release follow-ups of inmates suffering from TB or HIV/AIDS after their release, to ensure that they continued to receive care from the health authorities concerned.

Detainees in two prisons face fewer risks in relation to fire and hygiene via infrastructural upgrades

Some 500 detainees in Aleg and Nouadhibou prisons had better access to water and adequate sanitation facilities after the authorities renovated infrastructure with ICRC support. Upgrades included replacing faulty wiring in electrical systems, which helped protect against fire. The authorities had discussions with the ICRC on upgrading the Nouadhibou prison's existing fire-safety system and installing similar systems in Aleg and Dar Naïm prisons. The authorities appointed an official for maintaining prison infrastructure, a first step in establishing a unit within the penitentiary administration for this purpose.

As the authorities deliberated on a suitable site for detaining minors, the ICRC remained ready to proceed with planned upgrades.

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

Dialogue with the Mauritanian authorities, weapon bearers and influential members of civil society focused on support for IHL and for the ICRC's neutral, impartial and independent humanitarian action. Amidst discussions on the ICRC's work for detainees and, in light of Mauritania's signing of the Arms Trade Treaty, IHL implementation, the authorities, with ICRC support, worked to integrate previously ratified IHL treaties into domestic legislation and increase State officials' knowledge of IHL. However, owing to administrative constraints, planned activities with State officials, magistrates and the national IHL committee did not take place.

Military/security forces draft a four-year plan for IHL training

Mauritania's military and security forces, with ICRC input, jointly drafted a four-year action plan for training army, National Guard, *gendarmerie* and police units in IHL and international human rights law. As a first step, 20 officers from all four forces developed their capacities to teach both subjects, at four train-the-trainer courses. Military officers began drafting an IHL manual for completion in 2014. Over 90 officers and troops who were deploying to Mali were briefed on their obligations under IHL and encouraged to support Movement activities. One senior officer attended an IHL workshop abroad (see *International law and cooperation*).

Religious leaders grow more familiar with humanitarian issues and Movement activities

Representatives of religious organizations and scholars from Islamic universities discussed IHL, humanitarian issues and ICRC activities at meetings and two round-tables organized with the National Society. Journalists reporting on humanitarian affairs learnt about IHL and the challenges faced by health care providers at international workshops (see *Dakar* and *Lebanon*) and elsewhere. At a local workshop, 10 members of human rights groups as well as 14 journalists familiarized themselves with the challenges involved in humanitarian work and the ICRC's mandate and activities. In the M'bera camp, religious and community leaders learnt about the ICRC and the Movement family-links services through briefings. Such efforts helped raise awareness and foster support for Movement action among others in these people's circles of influence and the general public.

Planned IHL activities involving universities, including training abroad and the inclusion of IHL courses in university curricula, were postponed to 2014, pending the selection of qualified candidates and the resolution of administrative constraints at partner institutions.

RED CROSS AND RED CRESCENT MOVEMENT

National Society volunteers train in preparation for spillover effects of the conflict in Mali

The Mauritanian Red Crescent, with ICRC help, developed its emergency response and other capacities to respond to the spillover effects of the conflict in northern Mali; a three-year framework agreement formalized this partnership. Volunteers underwent training in restoring family links (see *Civilians*), conducting economic security activities and managing water resources during crises. Support for first-aid training was limited to one coordinator attending a workshop abroad (see *Algeria*), while the process of identifying qualified volunteers continued. The National Society strengthened its capacity to raise public awareness of and support for Movement activities with the hiring of a communications expert and the provision of communication equipment.

The National Society also strengthened its knowledge of IHL, and its legal base and statutes, by sending representatives to an annual meeting of legal advisers in Switzerland, to an IHL course abroad (see *Lebanon*) and to the Council of Delegates, with support from the ICRC/International Federation.

Representatives from 11 National Societies, the International Federation and the ICRC exchanged views and best practices with regard to security, access and the evolving humanitarian environment in the Sahel region.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
			UAMs/SCs*	
RCMs collected		120	2	
RCMs distributed		41	1	
Phone calls facilitated between family members		27		
Tracing requests, including cases of missing persons				
			Women	Minors
People for whom a tracing request was newly registered		97	8	14
People located (tracing cases closed positively)		32		
	<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)		71	7	12
UAMs/SCs*, including unaccompanied demobilized child soldiers				
			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		4	1	
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		6	1	
Documents				
Official documents relayed between family members across border/front lines		3		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits				
			Women	Minors
Detainees visited		1,523	27	84
Detainees visited and monitored individually		44		
Detainees newly registered		16		
Number of visits carried out		51		
Number of places of detention visited		23		
Restoring family links				
RCMs collected		11		
RCMs distributed		4		
Phone calls made to families to inform them of the whereabouts of a detained relative		73		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	6,067	19%	63%
	<i>of whom IDPs</i>	Beneficiaries		
		6,067		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Water and habitat activities	Beneficiaries	500		
Health				
Number of visits carried out by health staff		70		
Number of places of detention visited by health staff		10		

NIGERIA



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

Active in Nigeria during the Biafran war (1966–70), the ICRC established a delegation in Lagos in 1988, relocating to Abuja in 2003. It seeks to protect and assist conflict/violence-affected people, visits detainees, and works with the Nigerian Red Cross Society and health services to respond to emergencies, particularly in the centre and north of the country and the Niger Delta. It supports the National Society's tracing and IHL promotion activities. Working with the authorities, the armed forces/police, civil society and the Economic Community of West African States, the ICRC promotes awareness of IHL and its implementation at national level.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ despite their progress in assisting vulnerable populations, Nigerian Red Cross Society and ICRC teams were unable to reach a number of communities in need, hampered by security-related restrictions
- ▶ inmates held in prisons run by the Ministry of the Interior and places of detention under the responsibility of the Nigeria Police Force began receiving visits from the ICRC
- ▶ wounded and sick people received timely care from community members, National Society volunteers and other first responders trained in first aid, and from local doctors trained and assisted by an ICRC surgical team
- ▶ households that had lost their main breadwinners met their nutritional requirements through a six-month food voucher programme launched in cooperation with two local widows' associations and the National Society
- ▶ Nigeria became the first African country to sign the Arms Trade Treaty

EXPENDITURE (in KCHF)

Protection	1,076
Assistance	6,435
Prevention	2,589
Cooperation with National Societies	1,038
General	-

11,139

of which: Overheads 680

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	26
Resident staff (daily workers not included)	85

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	7
RCMs distributed	7
People located (tracing cases closed positively)	2
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	5,943
Detainees visited and monitored individually	58
Number of visits carried out	37
Number of places of detention visited	20

ASSISTANCE	Targets	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	14,000	12,865
Essential household items	Beneficiaries	14,000	38,666
Vouchers	Beneficiaries	17,500	1,799
Water and habitat activities	Beneficiaries	30,000	12,305
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	4	24

CONTEXT

The security situation in Nigeria remained volatile, with attacks and bombings occurring regularly in the central, northern and north-eastern sections of the country. In May, owing to the armed conflict between military forces and armed groups, the government declared a state of emergency in the north-eastern states of Adamawa, Borno and Yobe; in November, this was extended by six months. Intercommunal and inter-religious clashes fuelled by disputes over land, access to water or sectarian issues also increased, mainly in Bauchi, Kaduna and Plateau states. In the Niger Delta, despite the relative calm linked to an ongoing government amnesty for former fighters, incidents of kidnapping, crude oil theft and sea piracy were reported.

The fighting between security forces and armed groups resulted in casualties, destruction of property and displacement and, consequently, a rise in humanitarian needs. The security situation hampered the humanitarian response.

Nigeria remained a key player in addressing peace and security issues in the region through the Economic Community of West African States (ECOWAS), and regularly contributed troops to international peacekeeping operations.

ICRC ACTION AND RESULTS

The ICRC, together with the Nigerian Red Cross Society, sought to respond to humanitarian needs resulting from the armed conflict/violence in Nigeria, mainly in the central and north-eastern states. It endeavoured to remind authorities and weapon bearers of their responsibility to respect and protect people not/no longer participating in the fighting and to allow medical/humanitarian personnel to safely reach those in need, while promoting neutral, impartial and independent humanitarian action in order to gain acceptance and support for its action. The ICRC made progress in assisting vulnerable populations, but security-related restrictions hampered its access to a number of areas.

ICRC/National Society teams focused on helping people endure the day-to-day effects of conflict/violence in the areas they reached. They provided people, including IDPs and host communities, with urgent assistance such as food and essential household items, while conducting assessments to further understand their needs and help them restore their livelihoods. Together with local organizations, they launched a food voucher programme to help vulnerable widows meet their families' nutritional needs. ICRC engineers, aided by trained National Society volunteers, responded to the water and sanitation needs of displaced communities and the health care facilities serving them.

The National Society/ICRC pursued efforts to build a countrywide network of people likely to be on the scene during an emergency and well-placed to administer first aid. The National Society, with ICRC support, provided basic, refresher or instructors' first-aid courses to community first-aid teams and its own volunteers, thereby enhancing the quality of pre-hospital care, especially during medical evacuations.

ICRC support to hospitals in conflict/violence-prone states focused on helping them strengthen their capacities to deal with mass-casualty situations. ICRC health professionals, including a fully staffed mobile surgical team, carried out on-site surgical interventions and trained local medical staff. They provided

emergency medical supplies to key hospitals and shared their expertise in weapon-wound management, including in triage, trauma surgery, physiotherapy and post-operative care. To help ensure that the deceased were properly identified and their families informed of their fates, the ICRC also trained hospital staff and National Society volunteers in the management of human remains.

ICRC delegates visited inmates held in places of detention in Nigeria for the first time. This was a consequence of two agreements: one in January 2012 granting the ICRC access, in principle, to people deprived of their freedom, and another in September 2012 authorizing the ICRC to visit people held in police stations. The organization carried out its first visits to inmates held in places of detention under the responsibility of the Nigeria Police Force and prisons run by the Ministry of the Interior, mainly in states affected by conflict/violence. Delegates monitored detainees' treatment and living conditions and provided them with some material assistance. Afterwards, the delegates shared their findings and recommendations confidentially with the authorities. They also sought access to people held by the armed and security forces in relation to the conflict in north-eastern Nigeria.

The ICRC worked with the Nigerian authorities and international bodies such as ECOWAS to secure support for IHL and for its implementation. It provided technical advice to representatives of ECOWAS States and to members of the national IHL committee and its sub-committees on ratifying and implementing IHL-related treaties, such as the Arms Trade Treaty, which Nigeria signed in August, and the Convention on Cluster Munitions. Events organized for that purpose raised awareness of IHL and other humanitarian norms and gained support for Movement activities among the authorities, armed/security forces and key members of civil society.

The ICRC helped to strengthen the capacities of the Nigerian Red Cross, particularly in emergency preparedness and response, in states affected by conflict/violence.

CIVILIANS

The ICRC sought to remind the authorities, security forces and other weapon bearers concerned of their responsibility to respect and protect people not/no longer participating in the fighting, and to allow medical/humanitarian personnel to safely reach people in need. The ICRC was unable to monitor the situation directly in some areas because of insecurity or ongoing military operations; in such instances, it documented allegations of abuse, such as those reported by people who fled Borno state (see *Niamey*).

People affected by conflict/violence receive emergency supplies, where possible

The security situation also hampered the assistance activities of the National Society/ICRC. For example, as IDPs in Plateau state had not returned to their homes, plans to help rebuild their shelters and livelihoods could not be implemented. Consequently, the Ministry of Agriculture and the ICRC identified some 400 farming households in other areas affected by conflict/violence who would benefit from a donation of fertilizer. In Borno and Yobe, insecurity hindered the implementation of initiatives to repair water supply infrastructure (see below) and build the capabilities of primary health care facilities.

In areas that National Society/ICRC teams were able to reach, conflict/violence-affected people met their immediate needs

following distributions of emergency supplies. In Borno, Kaduna and Plateau states, over 12,800 people – including children in an orphanage and a juvenile home – survived on food rations that lasted for about one month. Some 38,600 people improved their living conditions with essential household items.

Through a programme implemented jointly with two local widows' associations and the National Society, 253 households (1,799 people) whose breadwinners were killed during conflict/violence met their nutritional requirements by exchanging vouchers for six months' worth of food. Owing to the insecurity, plans to help them carry out income-generating activities were postponed to 2014.

Clinics maintain services as access to safe water is restored

Water infrastructure projects in some areas had to be put on hold because of insecurity. In places that the National Society/ICRC could reach, some 12,000 IDPs increased their access to water supply and sanitation installations following construction/rehabilitation initiatives carried out with previously trained National Society volunteers. For example, in Plateau, some 300 IDPs hosted in a school benefited from five newly-built latrines; several thousand people, including IDPs and their host communities, had their water supply improved following the rehabilitation/installation of wells, pumps and taps. In Kaduna and Plateau states, around 1,100 IDPs retained access to health care services, thanks to improved water and sanitation systems in five health care facilities serving them.

Around 162 volunteers from 10 National Society branches, some of them women, prepared for emergencies by learning to rapidly install or construct water and sanitation facilities and promote good hygiene practices in communities hosting IDPs. The National Society office in Bauchi state also underwent renovations to upgrade its facilities.

Separated family members keep in touch

IDPs, refugees, migrants and families of Nigerians detained abroad maintained contact with their relatives through the Movement's family-links services. The National Society and the ICRC discussed family-links issues and possible initiatives to further develop these services.

PEOPLE DEPRIVED OF THEIR FREEDOM

People held in prisons and police facilities receive ICRC visits for the first time

In 2012, the federal government agreed in principle to grant the ICRC access to people deprived of their freedom, and the police inspector-general authorized the ICRC to visit people held in police stations. Following bilateral meetings and dissemination sessions on the ICRC's standard procedures, over 5,900 inmates held in places of detention under the responsibility of the Nigeria Police Force and in prisons run by the Ministry of the Interior began receiving ICRC visits. They included over 1,000 detainees held in police stations. Visits focused on detainees held in Abuja and in conflict/violence-affected states.

During these visits, conducted according to ICRC standard procedures, detainees' treatment and living conditions were monitored. Afterwards, the relevant authorities received confidential feedback and, as necessary, recommendations for improvements. Detainees saw their living conditions improve thanks to the distribution of hygiene and other essential items.

The ICRC continued its dialogue with the authorities to seek access to all detainees falling within its mandate, such as those held by armed/security forces in connection with the conflict in north-eastern Nigeria.

WOUNDED AND SICK

Weapon-wounded people receive life-saving care from trained first-aiders

Casualties benefited from emergency care and transport to medical facilities carried out by first responders trained by the National Society/ICRC. In preparation for emergencies, some 260 military personnel and over 3,600 members of religious and civil society organizations participated in first-aid training, during which they also learnt about the Movement's neutral, impartial and independent approach. Similarly, some 3,000 National Society volunteers from 10 states, including Bauchi, Borno, Kaduna and Plateau, underwent basic/refresher courses in first aid and received first-aid kits. Some 30 trainees, including seven women, qualified as instructors and began to facilitate first-aid training sessions for isolated communities affected by conflict/violence. Follow-up visits to these communities showed that previously trained volunteers continued to actively assist the National Society during emergencies. Owing to other priorities, training for volunteers on providing basic psychological support did not take place.

During exercises simulating mass-casualty situations, local authorities, police officers, hospital staff, National Society volunteers and other first responders identified and discussed obstacles to the timely delivery of care.

Hospital staff benefit from ICRC surgical team's expertise

Some 380 weapon-wounded people (including 80 women and 35 children) received treatment at four hospitals, which increased their capacities with material support and training from the ICRC. Other health facilities, including those serving IDPs, treated casualties with the help of ad hoc supplies. In some instances, particularly after clashes in the northern states, local teams coped with influxes of patients with the assistance of an ICRC surgical team.

Staff at the four ICRC-supported hospitals in conflict/violence-prone areas in Bauchi, Kaduna and Plateau states benefited from training conducted by the ICRC surgical team, composed of a surgeon, an anaesthetist, an operating theatre/ward nurse and a physiotherapist. They enhanced their skills in emergency first aid, triage, trauma surgery, physiotherapy and post-operative care through a training programme encompassing all stages of the casualty-care chain. Over 60 surgeons and medical personnel from across Nigeria learnt more about weapon-wound management, and 20 other physicians about trauma care, at seminars held locally and abroad.

Volunteers and hospital staff enhance their skills in managing human remains

Human remains were often handled by National Society volunteers and hospitals receiving the deceased. In order to facilitate identification and inform the families, more than 200 National Society volunteers and hospital staff, such as mortuary attendants and emergency services personnel, received training in the management of human remains at ICRC workshops. The topics discussed included record keeping, the use of basic equipment and procedures for the collection of human remains, for which National Society volunteers received body bags and protective clothing.

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

The ICRC sought to gain support for its work from the authorities and weapon bearers concerned. Contacts with them enabled the National Society/ICRC to gain access to some conflict/violence-affected areas, and to detainees (see *Civilians* and *People deprived of their freedom*).

Military officers familiarize themselves with IHL

Nearly 9,000 military personnel, including peacekeepers, increased their knowledge of IHL and the Movement's work during ICRC presentations. At the request of the National Defence College, 130 senior officers learnt more about protection of civilians and concerns raised by the Health Care in Danger project at an ICRC seminar. Fifteen officers refined their IHL expertise at courses abroad (see *International law and cooperation*), and 28 others became IHL instructors after undergoing advanced training. During bilateral meetings and workshops with military advisers and other stakeholders, the Nigerian Armed Forces and the ICRC discussed how IHL could be better integrated into military doctrine, training and operations.

The police acquaint themselves with norms applicable to law enforcement

More than 760 police officers bound for peacekeeping missions in Liberia, Mali, Somalia and Sudan, and 25 police instructors working with personnel involved in security operations, familiarized themselves with the ICRC's work and with norms applicable to law enforcement. Some 600 other police officers learnt more, at information sessions, about the ICRC's standard procedures for visiting detainees (see *People deprived of their freedom*). A team of police officers, academics and NGO representatives drew on ICRC advice in reviewing the Nigeria Police Force's draft manual on human rights. They received the ICRC's training manual for the police and key information on its detention-related activities.

Religious/traditional leaders learn more about IHL and the Movement's neutral and impartial work

Developing contacts with religious/traditional leaders and community members remained vital for assessing humanitarian needs, particularly in remote areas, and for ensuring acceptance of the Movement's activities. Around 5,500 members of religious or civil society organizations better understood the Movement and its Fundamental Principles and the proper use of the red cross/red crescent emblems. Many of them also trained in first aid (see *Wounded and sick*).

Using National Society/ICRC information materials, local/international media reported on humanitarian concerns, including on the need to ensure safe access to health care, and on Movement activities. Materials translated into the Hausa language made IHL/ICRC information more accessible to journalists in the northern states and in Cameroon and Niger. Over 20 journalists learnt more about IHL at a seminar organized by the National Society/ICRC.

Nigeria becomes the first African country to sign the Arms Trade Treaty

Regional and national authorities worked with the ICRC to foster long-term adherence to IHL through the ratification/implementation of IHL-related treaties.

Representatives of 15 West African States reviewed their progress in implementing IHL-related instruments at an ECOWAS/ICRC-organized seminar. ECOWAS and ICRC representatives discussed various issues, particularly in connection with the conflict in Mali and ECOWAS's humanitarian policy.

At a round-table on the Arms Trade Treaty organized by ECOWAS and the British High Commission, representatives of ECOWAS States, national authorities and civil society members exchanged views on the humanitarian consequences of the proliferation of small arms and light weapons in the region. This enabled them to agree on a common position ahead of the final negotiations for the Arms Trade Treaty, which Nigeria – the first African country to do so – signed in August. Subsequently, at a workshop organized with the Defence Ministry, over 30 legal experts from the National Assembly and relevant ministries discussed the technicalities of drafting a bill that would integrate key provisions of the treaty into national law. Drawing on ICRC expertise, the national IHL committee worked to define its priorities and developed its annual plan of action to facilitate the ratification and implementation of IHL-related instruments, including the Convention on Cluster Munitions.

Cooperation with universities helped to cultivate interest in IHL among future decision-makers. Thirty-six lecturers and 150 law students deepened their understanding of IHL and the Movement at ICRC workshops/presentations, complemented by publications donated to university libraries.

RED CROSS AND RED CRESCENT MOVEMENT

The Nigerian Red Cross Society remained the ICRC's main operational partner in providing vital assistance to violence-affected people.

Its headquarters, and especially its 10 priority branches located in violence-affected areas, continued to receive financial, material, technical and logistical support from the ICRC aimed at bolstering their operational capacities, particularly in emergency response (see *Civilians* and *Wounded and sick*). The National Society also received communication equipment to enable two priority branches to continue their activities in violence-affected areas where the means of communication were unavailable, as well as a vehicle to facilitate its operations to assist communities affected by the previous year's floods.

Movement partners met regularly to exchange views and coordinate activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		7		
RCMs distributed		7		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		27	9	9
People located (tracing cases closed positively)		2		
	<i>including people for whom tracing requests were registered by another delegation</i>	2		
Tracing cases still being handled at the end of the reporting period (people)		38	15	11
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		5,943	270	15
Detainees visited and monitored individually		58		8
Detainees newly registered		58		8
Number of visits carried out		37		
Number of places of detention visited		20		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	12,865	20%	60%
	<i>of whom IDPs</i>	12,865		
Essential household items	Beneficiaries	38,666	20%	58%
	<i>of whom IDPs</i>	23,601		
Vouchers	Beneficiaries	1,799	40%	60%
Water and habitat activities	Beneficiaries	12,305	70%	10%
	<i>of whom IDPs</i>	9,229		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	1,465		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	24		
	<i>of which provided data</i>	4		
Admissions	Patients	26,432	12,269	7,662
	<i>of whom weapon-wounded</i>	381	80	35
	<i>of whom other surgical cases</i>	5,979		
	<i>of whom medical cases</i>	12,139		
	<i>of whom gynaecological/obstetric cases</i>	7,933		
Operations performed		4,306		
Outpatient consultations	Patients	52,525		
	<i>of which surgical</i>	12,057		
	<i>of which medical</i>	34,598		
	<i>of which gynaecological/obstetric</i>	5,870		

RWANDA



Having worked in the country since 1960, the ICRC opened a delegation in Rwanda in 1990. It visits detainees held in central prisons and places of temporary detention such as police stations and military facilities, while supporting the authorities in improving detainees' living conditions. It helps reunite children and their families who were separated in relation to the genocide and its aftermath or the conflicts in the Democratic Republic of the Congo. The ICRC works with the authorities to incorporate IHL into domestic legislation. It supports the development of the Rwandan Red Cross.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ civilians and 176 wounded M23 members who fled to Rwanda following clashes in the Democratic Republic of the Congo received emergency medical care from the Rwandan Red Cross and an ICRC surgical team
- ▶ 117 unaccompanied minors reunited with their families thanks to family-links services provided by the Rwandan Red Cross/ICRC, which continued to monitor the cases of 264 such children at the end of the reporting period
- ▶ notably relying on ICRC support, the Rwanda Correctional Service began drafting standard detention procedures and management policies while progressing in the implementation of a plan to improve health services in prisons
- ▶ Rwanda mobilized regional support for the Arms Trade Treaty by hosting the Council of Ministers of the Regional Centre on Small Arms

EXPENDITURE (in KCHF)

Protection	2,453
Assistance	1,850
Prevention	500
Cooperation with National Societies	622
General	-
	5,425

of which: Overheads 331

IMPLEMENTATION RATE

Expenditure/yearly budget	105%
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PERSONNEL

Mobile staff	10
Resident staff (daily workers not included)	74

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	4,003
RCMs distributed	2,473
Phone calls facilitated between family members	617
People located (tracing cases closed positively)	83
People reunited with their families	125
of whom unaccompanied minors/separated children	117
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	58,732
Detainees visited and monitored individually	391
Number of visits carried out	113
Number of places of detention visited	35
Restoring family links	
RCMs collected	484
RCMs distributed	162

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	52
Essential household items	Beneficiaries	840
Cash	Beneficiaries	5
Work, services and training	Beneficiaries	131
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	4

CONTEXT

When the conflict in the North Kivu province of the Democratic Republic of the Congo (hereafter DRC) between the M23 armed group and DRC armed forces intensified, more than 25,000 people fled the country for Rwanda. M23 members were disarmed by the Rwandan army and transferred to internment camps; the wounded among them were taken to the nearest hospital. The fighting slowed the repatriation of former weapon bearers, including minors formerly associated with armed groups, from the DRC to Rwanda as part of the Disarmament, Demobilization, Repatriation, Resettlement and Reintegration programme facilitated by the UN Organization Stabilization Mission in the Democratic Republic of the Congo.

Over 14,000 Rwandans returned to Rwanda after their deportation from the United Republic of Tanzania. Most of them were subsequently reunited with their relatives in various parts of the country.

The government endeavoured to develop the country's economy and infrastructure and to further integrate Rwanda into the East African Community. Having overhauled the penitentiary system, the authorities, led by the Rwanda Correctional Service (RCS), pursued efforts to address overcrowding in prisons.

The UN Mechanism for International Criminal Tribunals (MICT), responsible for carrying out the residual functions of the International Criminal Tribunal for Rwanda (ICTR), continued to work on having detainees transferred to Rwanda to stand trial.

Rwanda contributed troops to peacekeeping missions in Mali and Sudan.

ICRC ACTION AND RESULTS

The ICRC in Rwanda continued to focus on: visiting detainees to monitor their treatment and living conditions while working with the detaining authorities to carry out improvements; and responding to needs arising from the intensification of fighting in the DRC by providing medical assistance and family-links services in conjunction with the Rwandan Red Cross.

When wounded civilians and M23 members arrived in Rwanda, the National Society and the ICRC provided emergency medical/surgical care. Local emergency response teams composed of National Society volunteers administered first aid and transported casualties to hospital, while local staff at Gisenyi District Hospital and an ICRC surgical team treated those needing more advanced medical care. The hospital staff received material assistance and compensation to ensure adequate services, and later, training in medical/surgical procedures to enable them to respond to future emergencies. First-aid instructors and volunteers received training and equipment, which also helped the National Society boost its emergency response capacity.

Family members dispersed by conflict – people fleeing the hostilities in the DRC, former weapon bearers and returnees, including Rwandans deported from the United Republic of Tanzania – contacted their relatives through National Society/ICRC family-links services. In coordination with the authorities, other organizations involved, and other ICRC delegations concerned, the delegation in Rwanda continued to help unaccompanied minors locate their relatives, reuniting them when appropriate, and supporting their reintegration into their families. The ICRC also continued to help

refugees access health facilities operated by the authorities. The National Society received financial, technical and training support to undertake these activities.

The ICRC monitored the treatment and living conditions of over 58,700 detainees held in 35 places of detention throughout the country. People regularly visited by the ICRC included: those detained on security-related charges, including M23 members from the DRC held in various camps; detainees transferred to Rwanda by the Special Court for Sierra Leone (SCSL) or the ICTR; and former weapon bearers, including minors formerly associated with armed groups, in camps run by the Rwanda Demobilization and Reintegration Commission. Following these visits, the ICRC shared its findings and recommendations confidentially with the authorities. It continued to provide, within the framework of a cost-sharing agreement, technical/material support that would enable the RCS to take over the task of rehabilitating prison infrastructure. Other initiatives were undertaken with the prison authorities to improve inmates' diet and health/hygiene conditions: improving the management of prison health data, HIV/AIDS and TB-prevention/control programmes, installation of biogas plants and chlorine production facilities, and provision of essential items for women and children.

The ICRC continued to promote IHL and the Movement's work through various activities involving members of Rwandan political, military and academic circles. During a meeting of the Council of Ministers of the Regional Centre on Small Arms, hosted by Rwanda, the ICRC promoted the adoption of the Arms Trade Treaty. It also worked with the Rwanda Defence Force (RDF) and the Rwanda National Police (RNP) to train military and police personnel, including peacekeepers, in IHL and other humanitarian norms. University lecturers and students discussed key IHL developments at a national IHL round-table organized by the ICRC.

The National Society, with ICRC support, continued to strengthen its capacity to raise awareness of IHL and the Movement through promotional activities. Movement partners in Rwanda and other organizations active in similar fields met regularly to coordinate activities, maximize impact and avoid duplication of effort.

CIVILIANS

Families separated by conflict restore contact

Family members dispersed by conflict or the genocide relied on family-links and tracing services provided by the National Society/ICRC to re-establish or maintain contact with their relatives in Rwanda or abroad. Among them were refugees from neighbouring countries, particularly those fleeing the insecurity in the DRC, Rwandan returnees, and repatriated former weapon bearers, including minors formerly associated with armed groups (see *People deprived of their freedom*). For instance, Rwandans deported from the United Republic of Tanzania contacted their families through RCMs and telephone calls and informed them of their safety.

While carrying out these activities, the National Society, with ICRC training and material support, continued to improve its ability to restore family links.

Unaccompanied minors receive help in finding their families and improving their well-being

With ICRC support, a total of 117 unaccompanied minors reunited with their families, including 45 whom the National Society/ICRC

registered in Rwanda, while 264 such children continued to have their cases monitored. Some 50 of those reunited who were particularly vulnerable eased their reintegration with the help of food rations, and all of them with kits of essential items, including clothes and school material that also benefited children awaiting family reunification. Rwandan national radio broadcast the names of 75 minors still seeking their families, resulting in five of them being found by their parents. Some minors in the DRC and Uganda who were formerly associated with M23 got in touch with their families in Rwanda through RCMs.

The Ministry of Disaster Management and Refugee Affairs (MIDIMAR) sought to integrate into domestic legislation provisions supporting repatriation and/or family reunification for unaccompanied minors/separated children; it drafted a bill to this end, with ICRC support.

Through a partnership involving the Rusayo Centre for Unaccompanied Children, Joint Aid Management and the ICRC, some 240 children housed by the centre improved their health through hygiene items and enhanced their well-being with school kits and sports equipment.

Particularly vulnerable refugees meet medical and psychological needs

Refugees with health and/or psychological concerns received medical treatment and/or psychological support after being referred by the ICRC to health facilities operated by the authorities. Regular contacts with organizations providing services for refugees – IOM, UNHCR and UNICEF – enhanced coordination of activities and awareness of the Movement's family-links services.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detaining authorities begin drafting standard procedures for prison management

Over 58,700 people held in 35 places of detention under the authority of the RCS, the RDF and the RNP received visits, conducted according to the ICRC's standard procedures, to monitor their treatment and living conditions and respect for judicial guarantees. Particular attention was paid to the following: security detainees held in connection with the armed conflict in the DRC, among them, members of the M23 detained in camps; former weapon bearers – including minors formerly associated with armed groups – in camps run by the Rwanda Demobilization and Reintegration Commission; detainees transferred to Rwanda by the SCSL, the ICTR and the MICT; and other vulnerable detainees, such as the elderly, the mentally ill, foreigners and women with infants. Wounded M23 members who had been treated at ICRC-supported facilities (see *Wounded and sick*) received follow-up visits to determine whether they needed further treatment.

The detaining authorities concerned received confidential oral and written reports containing delegates' feedback and, where appropriate, recommendations for improvement. These reports, as well as ICRC technical and material support, helped the authorities in their efforts to improve the treatment and living conditions of detainees and bring them in line with internationally recognized standards. Notably, the RCS began drafting standard detention procedures and management policies. Constructive dialogue with the RDF, the RNP and MIDIMAR, conducted with a view to seeking access to all detainees under the ICRC's purview, resulted in regular and increased access to detainees in some military places of detention.

Detainees, among them 104 minors detained at Nyagatare Prison, reconnected with their relatives through family-links services. These minors also saw their families more often, through a family-visit programme carried out with Dignité en Détention, an international NGO.

Detainees become peer educators in HIV/AIDS prevention and control

The prison health services continued to work with the ICRC and other organizations to improve detainees' health. During a seminar organized with the Ministry of Internal Security and the RCS, stakeholders from the detention and health sectors discussed ways to apply basic concepts of public health to the prison setting and to strengthen the partnership between the prison system and the Ministry of Health.

In line with a strategic plan covering 2013–17 developed with ICRC support in 2012, the authorities concerned strove to improve monitoring of and response to health concerns in prisons. For instance, the Ministry of Health, the RCS and the Ministry of Internal Security took measures to harmonize data collection. Officials attended training sessions and technical meetings that left them better equipped to implement a nutrition monitoring system. Prison health staff learnt how to detect and curb malnutrition among inmates. The prison authorities, guided by the ICRC, examined the possibility of establishing prison farms to produce vegetables, with a view to improving detainees' diet.

Some 900 detainees from the 14 central prisons trained to become peer educators in HIV/AIDS prevention and control, with technical and financial backing from the Joint UN Programme on HIV and AIDS and the ICRC. Through training, around 100 prison nurses enhanced their capacity to provide medical care for detainees, while two permanent health staff completed their postgraduate studies with financial support from the ICRC.

Prison authorities work to improve detainees' living conditions

Working within the framework of an RCS/ICRC cost-sharing agreement, prison authorities gradually assumed responsibility for projects to improve inmates' living conditions. For instance, the installation/maintenance of biogas plants steadily reduced fuel costs and enhanced sanitation conditions. Detainees had a cleaner and healthier environment as chlorine production facilities were installed and kitchens repaired. Following the construction of a workshop in Huye prison, trained inmates and prison staff made cooking pots for several prisons. A total of 57,500 inmates benefited from these improvements. They included 4,100 women and children in 12 prisons who maintained their personal hygiene with regular supplies of soap and other hygiene items.

The RCS also strengthened its managerial capacity when two senior managers, who had completed an ICRC-supported course in prison management, took over major responsibilities. Through their participation in seminars, 32 staff members from the 14 central prisons learnt to become more effective at promoting hygiene in prisons, while 22 RCS engineers became more adept at maintaining prison infrastructure.

WOUNDED AND SICK

At the request of the Rwandan authorities, the National Society and the ICRC addressed the emergency and secondary medical needs of the wounded civilians and M23 members who had fled to Rwanda (see *Context*).

The civilians and M23 members injured during clashes were given first aid and evacuated by the National Society, with ICRC support. Two hospitals, Gisenyi hospital and Kigali military hospital, benefited from ICRC donations of medicines and medical equipment. An ICRC surgical team temporarily deployed in March and November helped local medical staff at Gisenyi hospital cope with influxes of casualties. In total, 176 seriously wounded people received medical/surgical care from local staff and the ICRC surgical team there. They also received food and hygiene items during their hospitalization. Twenty of them were transferred to the military hospital in Kigali for treatment that was not available in Gisenyi. Three patients underwent physical rehabilitation and were fitted with prostheses, while seven were treated for ailments of the eye.

To ensure adequate treatment for the wounded, Gisenyi hospital staff received food, firewood and monetary compensation for overtime work and for fuel used to transport the wounded. To help them care for the remaining patients and enable them to respond to future medical emergencies, the hospital staff at Gisenyi were trained by the ICRC surgical team in weapon-wound treatment.

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

Conferences hosted by Rwanda foster regional support for the Arms Trade Treaty

The Rwandan authorities continued to receive ICRC technical support for promoting regional harmonization of legislation to control the trafficking of small arms and light weapons, and for mobilizing regional support for the Arms Trade Treaty. During a meeting of the Council of Ministers of the Regional Centre on Small Arms hosted by Rwanda, representatives from 10 countries, including six ministers in charge of security matters in their respective countries (Burundi, the DRC, Eritrea, Ethiopia, Rwanda and the United Republic of Tanzania), discussed the Arms Trade Treaty and received support in ratifying and implementing IHL instruments domestically.

During a three-day seminar co-organized with the Rwanda Law Reform Commission, representatives from the government, the police and correctional services and the academe discussed the state of IHL and identified priorities for the country, including ratification and domestic implementation of IHL treaties and establishment of a national IHL committee. These subjects were also highlighted during bilateral meetings with the authorities. Two officials participated in separate IHL events abroad, with ICRC sponsorship.

Peacekeeping troops learn about basic IHL principles before deploying

The RDF and the ICRC discussed areas of cooperation, especially IHL training for troops taking part in peacekeeping missions. More than 190 RDF officers familiarized themselves with the ICRC's work and with the basic principles of IHL before their deployment to Sudan. Similarly, 337 officers participating in the platoon/company commanders' course and 24 civilian members

of the East Africa Standby Force learnt more about these matters. RDF officials were given guidance in promoting the integration of IHL into military training.

Following bilateral meetings, senior RNP officers accepted an ICRC-designed training programme for raising awareness among RNP personnel of international human rights law and international policing standards governing arrest and detention. In line with this, 140 RNP officers bound for a peacekeeping mission in Mali enhanced their knowledge of such topics.

Lecturers share their views at the first national round-table on IHL

During the first national round-table organized by the ICRC to further knowledge of IHL at university level, eight IHL lecturers discussed various legal developments, particularly with regard to customary IHL and the classification of conflicts. During a series of conferences, more than 300 law students learnt about key developments in IHL, mainly with regard to the classification of conflicts. Lecturers and law students from five universities availed themselves of the latest reference materials on IHL for research purposes.

With financial support from the ICRC, a university lecturer participated in a round-table and three university students in an IHL competition (see *Nairobi*). At a regional IHL competition held in Kigali, Rwandan students tested their knowledge of IHL against that of their peers from neighbouring countries.

RED CROSS AND RED CRESCENT MOVEMENT

The Rwandan Red Cross and the ICRC continued to develop their institutional and operational partnership through a three-year partnership framework agreement, particularly in restoring family links (see *Civilians*), responding to emergencies – with an emphasis on the provision of first aid (see *Wounded and sick*) – and promoting the Movement's principles and activities. The National Society boosted its capacities in these areas with ICRC material and technical support.

Some 60 first-aid trainers and 706 volunteers participated in training sessions and received basic equipment, enabling them to form 36 additional local emergency response teams; this took place within the framework of a multi-year programme aimed at enhancing the National Society's ability to provide free first-aid services to the public.

The National Society carried out various promotional activities to raise awareness of and gain support for humanitarian principles and the Movement: for instance, it produced multimedia materials and organized events to familiarize the public with its work.

Movement partners got together regularly, at meetings organized by the National Society, to exchange views and coordinate activities, including lobbying for domestic laws recognizing the National Society as an auxiliary to the government and for laws regulating the use of the emblem in Rwanda.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		4,003	157	
RCMs distributed		2,473	46	
Phone calls facilitated between family members		617		
Names published in the media		208		
Reunifications, transfers and repatriations				
People reunited with their families		125		
	<i>including people registered by another delegation</i>	78		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		95	6	67
People located (tracing cases closed positively)		83		
	<i>including people for whom tracing requests were registered by another delegation</i>	34		
Tracing cases still being handled at the end of the reporting period (people)		153	19	90
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		332	164	21
UAMs/SCs reunited with their families by the ICRC/National Society		117	50	
	<i>including UAMs/SCs registered by another delegation</i>	72		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		264	119	46
Documents				
People to whom travel documents were issued		5		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		58,732	3,700	264
Detainees visited and monitored individually		391	10	2
Detainees newly registered		248	5	2
Number of visits carried out		113		
Number of places of detention visited		35		
Restoring family links				
RCMs collected		484		
RCMs distributed		162		
People to whom a detention attestation was issued		472		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	52		100%
	<i>of whom IDPs</i>	7		
Essential household items	Beneficiaries	840		100%
	<i>of whom IDPs</i>	331		
Cash	Beneficiaries	5		100%
Work, services and training	Beneficiaries	131		100%
	<i>of whom IDPs</i>	25		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Water and habitat activities	Beneficiaries	57,500		
Health				
Number of visits carried out by health staff		45		
Number of places of detention visited by health staff		17		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	4		
Patients whose hospital treatment has been paid for by the ICRC	Patients	176		

SOMALIA



ICRC / AR, 2013
 ICRC Somalia delegation is based in Nairobi ICRC-supported hospital ICRC office

The ICRC has maintained a presence in Somalia since 1982, basing its delegation in Nairobi, Kenya, since 1994. Working with the Somali Red Crescent Society to implement many of its activities, it focuses on providing emergency aid to people directly affected by armed conflict, runs an extensive first-aid, medical and basic health care programme and supports projects to help restore or improve livelihoods in communities weakened by crises. It visits detainees and endeavours to promote respect for IHL, particularly the protection of civilians and medical staff and infrastructure. It works closely with and supports the National Society.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ dialogue with all the parties to the conflict resulted in the resumption of activities in areas controlled by the Harakat al-Shabaab al-Mujahideen in southern and central Somalia
- ▶ the ICRC continued to support an average of 34 functioning Somali Red Crescent Society clinics in 2013, despite the restriction of assistance activities caused by security and access constraints in certain parts of Somalia
- ▶ wounded/sick people, including some 2,400 weapon-wounded, received treatment at ICRC-supported hospitals, including in Kismayo, where a new stabilization centre for malnourished children was opened
- ▶ detainees in Somaliland – in addition to people held in Baidoa, Belet Weyne, Mogadishu and Puntland – received ICRC visits for the first time, following an agreement with the authorities concerned
- ▶ vulnerable households, including some headed by women, attained a degree of self-sufficiency through ICRC-supported agricultural activities or small businesses
- ▶ conflict/flood-affected families met their basic needs through cash transfers and rations of food and household items, saving livelihood assets they would otherwise have exchanged for food

EXPENDITURE (in KCHF)	
Protection	2,409
Assistance	56,584
Prevention	3,558
Cooperation with National Societies	1,532
General	-
	64,083

of which: Overheads 3,876

IMPLEMENTATION RATE	
Expenditure/yearly budget	97%

PERSONNEL	
Mobile staff	29
Resident staff (daily workers not included)	67

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	11,837
RCMs distributed	9,757
Phone calls facilitated between family members	17,124
People located (tracing cases closed positively)	198
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	3,771
Detainees visited and monitored individually	157
Number of visits carried out	45
Number of places of detention visited	19
Restoring family links	
RCMs collected	72
RCMs distributed	5
Phone calls made to families to inform them of the whereabouts of a detained relative	182

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 120,000	202,764
Essential household items	Beneficiaries 120,000	181,356
Productive inputs	Beneficiaries 372,000	1,570,542
Cash	Beneficiaries 3,000	61,380
Work, services and training	Beneficiaries 3,000	1,170
Water and habitat activities	Beneficiaries 550,720	374,836
Health		
Health centres supported	Structures 38	34
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 2	11
Water and habitat		
Water and habitat activities	Number of beds	240

CONTEXT

Fighting continued between military forces supporting the Somali government, including the African Union Mission in Somalia (AMISOM), and the Harakat al-Shabaab al-Mujahideen, better known as al-Shabaab. The government made efforts to consolidate the various sections of the country into a federal State; at the same time, al-Shabaab continued to control a number of areas in southern and central Somalia. In November, a UN Security Council resolution requested the African Union to send more troops to AMISOM.

In the south, a dispute between the government and supporters of an autonomous Jubaland administration led to clashes in Kismayo.

In the north, the disputed areas between the semi-autonomous region of Puntland and the self-declared Republic of Somaliland remained tense. Intercommunal fighting over the control of land and other assets intensified.

People throughout Somalia continued to endure the consequences of protracted armed conflict and climate shocks, such as flooding in Middle Shabelle and a cyclone in Puntland. The precarious security situation limited humanitarian activities; attacks and threats against medical/humanitarian workers resulted in restricting people's access to aid. In August, Médecins Sans Frontières (MSF) announced the closure of all its programmes in Somalia.

ICRC ACTION AND RESULTS

The ICRC, in cooperation with the Somali Red Crescent Society, continued to address the needs of conflict-affected people across Somalia. National Society/ICRC staff adapted to security and access constraints (see *Context*) and worked with community leaders to implement assistance activities, adjusting ICRC monitoring procedures to ensure accountability. The National Society, as the ICRC's main operational partner, received support to strengthen its capacities to assist vulnerable communities and promote the Movement's work.

The ICRC reminded the authorities and weapon bearers concerned of their responsibility under IHL to respect those not/no longer participating in hostilities and facilitate their access to humanitarian aid. It worked with Somali government forces to incorporate IHL in their training. Dissemination sessions increased acceptance for the ICRC's mandate and working methods among its beneficiaries.

Security guarantees from the authorities and weapon bearers concerned enabled National Society/ICRC teams to assist communities accessible to few/no other organizations. The ICRC increased the size of its Mogadishu staff and the frequency of their field visits, particularly in Baidoa, Belet Weyne, Galkayo, Kismayo, Puntland and Somaliland; it maintained a base in Nairobi, Kenya. At the request of community leaders, the ICRC resumed, for the first time since January 2012, assistance programmes in areas controlled by al-Shabaab. However, movement restrictions and security conditions continued to hamper activities, such as provision of health care services.

Out of the 51 National Society-run clinics that provided health care across Somalia throughout 2012, an average of 26 fixed and 8 mobile clinics were functioning in 2013. With ICRC support, these clinics continued to provide free health care to violence/

disaster-affected Somalis, including malnourished children and victims of sexual violence. Comprehensive support for Keysaney and Medina hospitals in Mogadishu continued, enabling them to cope with the influx of wounded and sick people. Doctors from these hospitals assisted Kismayo hospital staff in treating casualties of the heavy fighting. Following MSF's departure, the ICRC established a stabilization centre in Kismayo for severely malnourished children. Ad hoc deliveries of supplies to medical facilities benefited weapon-wounded people from all sides of the conflict.

The ICRC's priorities shifted, from emergency aid to early-recovery initiatives; it therefore stepped up efforts to strengthen communities' resilience to the effects of conflict. Farmers/herders were enabled to increase their supply of food and augment their income through provision of seed and tools, treatment for livestock and upgraded irrigation and flood-prevention structures. Some households established small businesses with cash grants/training provided by the ICRC.

Emergency response remained a necessity, especially after the disasters that struck vulnerable communities in Middle Shabelle and Puntland. IDPs and residents met their immediate needs through National Society/ICRC distributions of food/essential household items and water trucking. Repairs to flood-control and water infrastructure mitigated flood damage.

ICRC delegates visited detainees in Baidoa, Belet Weyne, Mogadishu, Puntland and, for the first time, in Somaliland, to monitor their treatment and living conditions. Meanwhile, the ICRC continued to seek access to all detainees under its purview. Following discussions with the ICRC, the prime minister of Somalia agreed in principle to allow it to visit people detained by the National Intelligence and Security Agency. AMISOM was encouraged to adopt detention guidelines to ensure the welfare of people held by its forces. Living conditions for inmates of some of the prisons visited improved following infrastructural upgrades and distributions of hygiene items. Detainees restored contact with their relatives through family-links services. Six foreign detainees received ICRC assistance for returning home after their release.

To maximize their effectiveness, the National Society and the ICRC coordinated their activities with other humanitarian and international organizations in Kenya and Somalia.

CIVILIANS

Local authorities permit resumption of assistance activities

Security constraints restricted first-hand monitoring of the situation of civilians. The ICRC made representations to the parties to the conflict – based on allegations documented by local field officers – reminding them of their obligation under IHL to safeguard those not/no longer taking part in hostilities and to facilitate their access to medical and other humanitarian assistance.

Dialogue with authorities, community leaders and weapon bearers throughout Somalia enabled the National Society/ICRC to assist communities accessible to few/no other organizations, and ICRC staff to increase their field visits. These communities benefited from a multidisciplinary response that combined provision of emergency supplies and medical services with, whenever possible, long-term livelihood support. At the request of community leaders and with the local authorities' consent, Somali Red Crescent/ICRC teams resumed – for the first time since January 2012 – water infrastructure and livelihood-support activities in areas controlled

by al-Shabaab in southern and central Somalia. However, movement restrictions and insecurity limited their activities, such as provision of health care services.

Conflict/disaster-affected civilians meet their immediate needs

Over 202,700 people (33,794 households) covered their food needs via National Society/ICRC one-off rations that mostly lasted for one month, allowing them to preserve livelihood assets that they would otherwise have exchanged for food. Especially vulnerable people – children, pregnant women and the elderly – received high-energy food supplements. Most of these households also built temporary shelters and/or improved their living conditions using household/hygiene items. In parts of Kismayo and Mogadishu with functioning markets, 9,800 households (58,800 people) purchased food for one to four months with cash vouchers obtained through a mobile phone platform.

People bolster their self-sufficiency after emergencies

Some 99,000 people, including those displaced by floods/violence in Middle Shabelle and by the cyclone in Puntland, benefited from the installation of latrines and relied on emergency water rations, using chlorine tablets to purify their drinking water. Meanwhile, National Society/ICRC teams reinforced riverbanks to control the flooding.

In Gedo, over 67,000 drought-affected people benefited from water rations, while later repairs to rainwater catchments increased their water storage capacities. In total, 275,000 people (less than projected due to an overestimation of the catchment population) and their livestock in some 50 locations benefited from long-term improvements in water supply through the installation/rehabilitation of infrastructure and the training of local technicians in their maintenance. For instance, 4,500 people regained access to water in drought-affected areas of Mudug following borehole repairs.

Community members contributed to these projects by participating in cash-for-work initiatives. Some 27,000 breadwinners, who repaired rainwater catchments and flood-control structures serving over 870,000 people, earned enough money to cover their families' needs for one month. In Gedo, Lower Shabelle and Mogadishu, 625 heads of vulnerable households (3,750 people), some of whom were women, found employment or started small businesses through vocational training/cash grants.

Except where floods had destroyed crops, 78,015 farming households (about 471,800 people) in south-central Somalia increased their food supply with the help of staple and vegetable seed (benefiting 57,500 and 19,500 households respectively) and tools, including irrigation pumps for some 1,000 of them. Through ICRC-provided training/materials/equipment, 20 new agricultural cooperatives began to produce high-quality seed that the ICRC will purchase and distribute to farmers in 2014. Date palm seedlings were prepared for distribution in community-built nurseries in Puntland.

In Puntland, Somaliland and southern and central Somalia, 34,965 pastoralist households (some 209,800 people) had healthier herds after roughly 3 million animals were treated for parasites and immunized against disease by ICRC-assisted animal health departments. More beneficiaries than planned were reached, as the herd size per household was smaller than foreseen. Sixty ICRC-trained veterinary workers in Puntland and Somaliland enhanced access

to veterinary services for communities in remote areas, where animal health clinics were being rehabilitated. Fifteen veterinary pharmacies received supplies.

Some 3,745 households (22,470 people) resettled in Bay and Lower Shabelle, raising goats provided along with household items and cash to cover their expenses for three months. About 1,550 people in coastal and riverside communities learnt fishing techniques and made their own tools after undergoing training conducted in cooperation with community-based organizations in Lower Juba and Lower Shabelle.

Malnourished children and other vulnerable people access health care

In 2012, 39 fixed and 12 mobile National Society-run clinics were functioning; owing to security and access constraints, for most of 2013, those figures had dropped to an average of 26 and 8 respectively. In November, a temporary clinic was set up to serve weapon-wounded people (see *Wounded and sick*) and others displaced by floods and violence in Jowhar (see above); wounded/sick people were referred to hospitals as needed. By year-end, four fixed clinics in south-central Somalia had reopened with the local authorities' approval; however, another two had closed down in a different region. Thus, 28 fixed clinics were open by end-2013.

Despite the constraints, ICRC-assisted National Society clinics provided an average catchment population of 385,600 with health services, including mother and child care and health-education sessions. Vulnerable women, including victims of sexual violence, availed themselves of specialized care from ICRC-trained midwives in managing health concerns related to rape, sexually transmitted diseases and malnutrition. Over 23,000 children, and 6,000 pregnant and lactating women, with severe acute malnutrition benefited from therapeutic feeding at most of these clinics. Following nutritional surveys, people with complicated acute malnutrition – including nearly 260 children – received treatment at a stabilization centre established in Kismayo in November to cover gaps created by MSF's departure (see *Context*). Those cured received follow-up care at National Society clinics.

These clinics provided immunization, but, owing to the difficulty of delivering supplies and getting the local authorities' consent for vaccination campaigns, many children were susceptible to wild polio, which had recently re-emerged in Somalia.

Patients at three other clinics with upgraded facilities benefited from better treatment conditions.

Separated family members re-establish contact

Thousands of people used the National Society/ICRC-run family-links services to locate and exchange news with their relatives in Somalia – including detainees – and abroad. Families re-established/maintained contact through over 17,000 calls using telephone services provided at an IDP camp in Mogadishu. Others tried to locate some 9,000 relatives by having their names read out on the "Missing Persons" radio programme on the BBC Somali service, or consulted the list of almost 16,000 missing persons registered by the Movement's Family Links Network on the ICRC's family-links website (familylinks.icrc.org). Two coordination meetings between National Society and ICRC tracing specialists, and a regional meeting held in Somaliland, which was also attended by ICRC tracing officers from Djibouti and Yemen, helped process cases in Somalia and abroad.

Thirteen refugees without official identification papers resettled in third countries with ICRC travel documents issued in cooperation with the embassies concerned and UNHCR.

PEOPLE DEPRIVED OF THEIR FREEDOM

Somaliland detainees receive ICRC visits for the first time

Dialogue with the authorities expanded the ICRC's access to detainees throughout Somalia. Delegates continued to visit detainees in Baidoa, Belet Weyne, Mogadishu and Puntland; they began visiting detainees in Somaliland following an agreement with its authorities. Efforts were made to reach a similar written agreement with Puntland authorities, with a view to ensuring regular access to detainees under their authority.

Meetings with the relevant authorities and weapon bearers raised awareness of the ICRC's work in behalf of detainees and helped secure access to all detainees within its purview. Following these meetings, the Somali prime minister gave his preliminary approval for the ICRC to visit people held by the National Intelligence and Security Agency. AMISOM received encouragement to adopt guidelines it drafted in 2012 – with ICRC legal input – for the treatment of detainees and defectors from armed groups (see *African Union*). IHL briefings for AMISOM troops emphasized applicable rules on detention (see *Authorities, armed forces and other bearers of weapons, and civil society*).

Over 3,700 detainees received ICRC visits, carried out according to the organization's standard procedures. Delegates shared their findings confidentially with the authorities and made recommendations as necessary, to ensure that the treatment of detainees complied with IHL and other relevant norms. At their request, 89 foreign detainees had their embassies notified of their detention. Some of them informed their families of their situation through RCMs or phone calls; with ICRC assistance, six detainees returned to their countries voluntarily after their release.

Prison health staff curb outbreaks of disease

In the prisons visited by ICRC teams, which often included a nurse and a water engineer, inmates' conditions were improved by the provision of hygiene/household items. Detainees in Baidoa, Belet Weyne and Mogadishu had healthier surroundings after

infrastructural improvements, such as the installation of water and sanitation facilities. Prison maintenance staff mitigated risks of disease among inmates through hygiene promotion campaigns in eight places of detention.

Dialogue was developed with the authorities on providing regular support for health care services in the Mogadishu prison. Prison health staff in Baidoa and Mogadishu attended a course in preventing the spread of sexually transmitted diseases. In Baidoa, inmates benefited from the delivery of drugs every three months. In Mogadishu, these drugs - supplied on an ad hoc basis - enabled prison staff to curb a cholera outbreak.

In Bossaso, 60 detainees prepared for life after prison through vocational training. Some 3,000 detainees marked Ramadan with food and Korans provided by the ICRC.

WOUNDED AND SICK

Weapon-wounded people receive treatment

Some medical/humanitarian organizations reduced/ended their activities in Somalia because of threats and attacks against their personnel, prompting the ICRC to remind the authorities and weapon bearers concerned of their obligation to ensure access to health care by the wounded and the sick.

Casualties of clashes received first aid from ICRC-trained staff/volunteers at National Society clinics or first-aid posts. Human remains were handled responsibly by National Society volunteers, with their future identification in mind. Following a train-the-trainer course, National Society instructors trained first responders in the proper management of human remains.

Some 2,400 weapon-wounded patients received care at eight ICRC-supported hospitals that provided data to the organization. Most of these patients were treated at the National Society-run Keysaney and community-run Medina hospitals in Mogadishu, where ICRC-provided training, materials and infrastructure maintenance helped them strengthen their capacities. In October, the Kismayo hospital started receiving similar support. A surgical team from the Keysaney and Medina hospitals assisted staff in Galkayo North in treating casualties transferred from Kismayo.

PEOPLE DEPRIVED OF THEIR FREEDOM	SOMALIA	PUNTLAND	SOMALILAND
ICRC visits			
Detainees visited	1,390	979	1,402
<i>of whom women</i>	28	23	25
<i>of whom minors</i>	23		73
Detainees visited and monitored individually	41	99	17
<i>of whom women</i>		1	
<i>of whom minors</i>	4	6	2
Detainees newly registered	27	99	17
<i>of whom women</i>		1	
<i>of whom minors</i>	2	6	2
Number of visits carried out	25	12	8
Number of places of detention visited	7	5	7
Restoring family links			
RCMs collected	9	48	15
RCMs distributed	2	2	1
Phone calls made to families to inform them of the whereabouts of a detained relative	19	133	30
Detainees released and transferred/repatriated by/via the ICRC	5	1	
People to whom a detention attestation was issued		1	

Ad hoc delivery of supplies to hospitals in Baidoa, Belet Weyne, Bossaso, Bullo Hawa, Daynile, Galkayo, Jowhar, Kismayo and Merka, and National Society clinics helped ensure that wounded people from all sides of the conflict had access to medical care. Such assistance also helped a hospital remain functional after the withdrawal of support by foreign agencies.

Upgraded medical facilities improve health care

Hospitals enhanced the quality of their services with the help of infrastructural upgrades. In Medina hospital, pregnant women received better care after repairs to the maternity ward. Rehabilitation of sanitation and other facilities were planned for the Keysaney hospital. Upgrading of the Kismayo hospital's surgical facilities got under way.

Owing mainly to security constraints, a refresher course for local surgical teams and an internship in surgery for newly graduated doctors were put on hold.

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

Authorities and weapon bearers urged to ensure protection for civilians

National Society/ICRC dialogue with a broad range of weapon bearers facilitated the provision of essential services, including health care, to vulnerable populations. Nine radio stations in Mogadishu and Mudug promoted respect for civilians by broadcasting programmes on the subject; parallels were drawn between IHL and traditional Somali rules of warfare, with a view to furthering understanding and acceptance of IHL among young people, including weapon bearers.

The Somali military/police forces worked with the ICRC to incorporate IHL in their training, which would bolster long-term compliance with IHL. Nearly 100 senior officers studied IHL norms on the conduct of hostilities and received booklets on the subject. The European Union Training Mission used 200 of these booklets to supplement their training for Somali troops. AMISOM personnel attended IHL briefings in their countries of origin (see *Nairobi* and *Uganda*).

After attending local and regional seminars on domestic IHL implementation (see *Nairobi*), Somali government officials agreed to take steps to accede to the three Protocols additional to the Geneva Conventions of 1949. Efforts to incorporate IHL in AMISOM's normative frameworks continued (see *People deprived of their freedom* and *African Union*).

Dialogue with community leaders broadens acceptance for the ICRC's work

The ICRC sought, through meetings with the authorities, including the president of Somalia, to gain further acceptance for its activities in the country – for those carried out in behalf of detainees as well (see *People deprived of their freedom*). Talks with al-Shabaab resulted in the resumption of selected programmes in southern and central Somalia (see *Civilians*). The National Society's discussions with community representatives contributed to securing their acceptance of the Movement's working methods, and to ensuring the smooth implementation of activities.

Religious leaders, academics, NGOs, diplomatic personnel and international organizations in Somalia learnt more about IHL and humanitarian principles during meetings and dissemination

sessions. They also enhanced their awareness of the Movement's activities through events, such as photo exhibitions staged with the British Red Cross (see *London*), and workshops abroad (see *Kuwait* and *Nairobi*). Local and international media used ICRC press releases, including via social media, to report on humanitarian issues and the Movement's activities. Public communication in three languages – Arabic, English and Somali – helped raise the public's awareness of humanitarian affairs.

ICRC-facilitated communication training helped National Society staff promote support for the Movement.

RED CROSS AND RED CRESCENT MOVEMENT

The Somali Red Crescent remained the ICRC's main partner in delivering humanitarian aid and promoting Movement principles (see above). Owing to the volatility of their working environment, its volunteers were trained to apply the Safer Access Framework in their activities.

With the support of Movement partners, the National Society began the implementation of a comprehensive financial management system and adopted a five-year strategy to enhance its health care services. During assistance operations, Movement partners received support from the ICRC, including the use of its aircraft to transport staff and goods.

The Somali Red Crescent chaired the periodic Movement meetings attended by the ICRC and other National Societies working in the country. To maximize impact and minimize the duplication of activities, the ICRC maintained contact with international aid organizations and attended meetings of Nairobi-based coordination bodies for Somalia.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
			UAMs/SCs*	
RCMs collected	11,837			
RCMs distributed	9,757			
Phone calls facilitated between family members	17,124			
Names published in the media	8,911			
Names published on the ICRC family-links website	15,877			
Tracing requests, including cases of missing persons				
			Women	Minors
People for whom a tracing request was newly registered	550	123		314
People located (tracing cases closed positively)	198			
	10			
	<i>including people for whom tracing requests were registered by another delegation</i>			
Tracing cases still being handled at the end of the reporting period (people)	965	224		481
Documents				
People to whom travel documents were issued	13			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits				
			Women	Minors
Detainees visited	3,771	76		96
Detainees visited and monitored individually	157	1		12
Detainees newly registered	143	1		10
Number of visits carried out	45			
Number of places of detention visited	19			
Restoring family links				
RCMs collected	72			
RCMs distributed	5			
Phone calls made to families to inform them of the whereabouts of a detained relative	182			
Detainees released and transferred/repatriated by/via the ICRC	6			
People to whom a detention attestation was issued	1			

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	202,764	17%	65%
	<i>of whom IDPs</i>	Beneficiaries		
		34,254		
Essential household items	Beneficiaries	181,356	16%	65%
	<i>of whom IDPs</i>	Beneficiaries		
		9,049		
Productive inputs ¹	Beneficiaries	1,570,542	17%	65%
	<i>of whom IDPs</i>	Beneficiaries		
		14,083		
Cash	Beneficiaries	61,380	30%	56%
Work, services and training	Beneficiaries	1,170	17%	66%
Water and habitat activities	Beneficiaries	374,836	20%	59%
	<i>of whom IDPs</i>	Beneficiaries		
		93,709		
Health				
Health centres supported	Structures	34		
Average catchment population		385,583		
Consultations	Patients	496,005		
	<i>of which curative</i>	Patients	149,008	224,288
	<i>of which ante/post-natal</i>	Patients	44,272	
Immunizations	Doses	133,134		
	<i>of which for children aged five or under</i>	Doses	122,068	
Referrals to a second level of care	Patients	2,655		
Health education	Sessions	2,165		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	2,230		
Essential household items ¹	Beneficiaries	5,319		
Water and habitat activities	Beneficiaries	4,000		
Health				
Number of visits carried out by health staff		23		
Number of places of detention visited by health staff		11		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	11		
	<i>of which provided data</i>	Structures	8	
Admissions	Patients	8,621	3,407	829
	<i>of whom weapon-wounded</i>	Patients	2,424	515
	<i>(including by mines or explosive remnants of war)</i>	Patients	149	
	<i>of whom other surgical cases</i>	Patients	3,596	
	<i>of whom medical cases</i>	Patients	952	
	<i>of whom gynaecological/obstetric cases</i>	Patients	1,649	
Operations performed		16,591		
Outpatient consultations	Patients	27,731		
	<i>of which surgical</i>	Patients	10,418	
	<i>of which medical</i>	Patients	12,176	
	<i>of which gynaecological/obstetric</i>	Patients	5,137	
First aid				
First-aid posts supported	Structures	38		
	<i>of which provided data</i>	Structures	35	
Wounded patients treated	Patients	311		
Water and habitat				
Water and habitat activities	Number of beds	240		

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

SOUTH SUDAN



Present in Juba since 1980, the ICRC opened a delegation in newly independent South Sudan in mid-2011. It works to ensure that people affected by armed conflicts, including between South Sudan and Sudan, are protected in accordance with IHL, have access to medical/surgical care, physical rehabilitation and safe water, receive emergency relief and livelihood support, and can restore contact with relatives. It visits POWs and other detainees and seeks to increase knowledge of IHL among the authorities, armed forces and other weapon bearers. It works with and supports the South Sudan Red Cross Society.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ tens of thousands of IDPs, vulnerable residents and detainees met their immediate needs during upsurges of fighting, including the outbreak of clashes in Juba in December, with National Society/ICRC assistance
- ▶ thousands of casualties benefited from emergency care from up to 4 ICRC surgical teams at various medical facilities, often after receiving first aid from ICRC-trained South Sudan Red Cross volunteers
- ▶ security and logistical constraints slowed down the delivery of humanitarian assistance in violence-affected places or in isolated bush areas where people sought refuge
- ▶ 5 South Sudanese POWs were repatriated from Sudan, and, after being released by armed groups, 3 Sudanese women and 6 children returned to Sudan, and 13 South Sudanese men went home from Sudan, with ICRC support
- ▶ 5 POWs and over 3,000 people held in military facilities and in prisons under the authority of the National Prisons Service benefited from ICRC visits conducted according to the organization's standard procedures
- ▶ community leaders, armed groups and government forces familiarized themselves with IHL and humanitarian principles during dissemination sessions and meetings with ICRC delegates

EXPENDITURE (in KCHF)	
Protection	5,757
Assistance	39,789
Prevention	4,014
Cooperation with National Societies	4,167
General	-
	53,726

of which: Overheads 3,230

IMPLEMENTATION RATE	
Expenditure/yearly budget	95%

PERSONNEL	
Mobile staff	88
Resident staff (daily workers not included)	389

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	954
RCMs distributed	632
Phone calls facilitated between family members	1,642
People located (tracing cases closed positively)	83
People reunited with their families	34
of whom unaccompanied minors/separated children	23
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	3,254
Detainees visited and monitored individually	99
Number of visits carried out	55
Number of places of detention visited	16
Restoring family links	
RCMs collected	209
RCMs distributed	81
Phone calls made to families to inform them of the whereabouts of a detained relative	127

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	60,000 / 69,804
Essential household items	Beneficiaries	60,000 / 49,025
Productive inputs	Beneficiaries	132,000 / 221,745
Water and habitat activities	Beneficiaries	210,000 / 147,412
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	1 / 15
Water and habitat		
Water and habitat activities	Number of beds	792
Physical rehabilitation		
Centres supported	Structures	3 / 3
Patients receiving services	Patients	2,000 / 1,960

CONTEXT

The production/export of oil in South Sudan and Sudan resumed after an agreement between the two countries in March. However, tensions remained, the dispute over the Abyei region being one example. Each side alleged military operations by the other in areas along the contested border, where confrontations between South Sudanese and Sudanese tribes were also reported. The influx of Sudanese refugees into South Sudan continued.

In Jonglei state, fighting between ethnic militias escalated following hostilities between the Sudan People's Liberation Army (SPLA) and the South Sudan Democratic Army. Intercommunal violence also affected other states, such as Lakes, Unity and Warrap.

On 15 December, clashes between two SPLA factions erupted in Juba, rapidly spreading to Jonglei, Unity and Upper Nile states. Tens of thousands of people were displaced, some in areas that lack access to basic services. Thousands fled to neighbouring countries. Thousands were reportedly wounded or killed.

Communities in Western Bahr al-Ghazal and Western Equatoria continued to cope with the consequences of past violence. African Union Regional Task Force (AU RTF) troops were deployed to these areas to counter the activities of the Lord's Resistance Army.

ICRC ACTION AND RESULTS

The ICRC expanded its operations in South Sudan in response to the growing emergency and longer-term humanitarian needs of people affected by armed conflict and other situations of violence. It increased its proximity to vulnerable communities, opening two sub-delegations in Bentiu (Unity) and Bor (Jonglei). For the first time since 2011, it conducted assessments in several volatile areas, some near the border with Sudan, with a view to helping communities recover from the effects of conflict/violence. When heavy and widespread clashes erupted in December, it reallocated its human and material resources to further scale up emergency assistance to IDPs, wounded people and detainees in the areas worst affected.

As its access to vulnerable populations was sometimes limited by insecurity, the ICRC reminded the authorities and weapon bearers concerned of their responsibilities under IHL and other applicable law to respect those not/no longer involved in the fighting and facilitate the safe delivery of medical/humanitarian aid. Dissemination sessions, in addition to public communication activities, raised awareness of IHL and the ICRC's neutral, impartial and independent approach among SPLA officers and armed groups; efforts to integrate IHL into domestic legislation continued.

The ICRC worked with the South Sudan Red Cross to increase acceptance for the Movement's work, including in areas where few or no other humanitarian agencies could operate. In places that National Society/ICRC teams could reach, a multidisciplinary approach was used to meet emergency needs, restore family links and strengthen self-sufficiency.

After clashes, National Society volunteers administered first aid, evacuated casualties and facilitated the management of human remains. Up to four ICRC surgical teams, including one based in the Malakal Teaching Hospital (MTH), and a team deployed by the Canadian Red Cross Society assisted local doctors in different

conflict-affected areas. People needing care – including victims of sexual violence or other abuse – were referred/transported to ICRC-supported hospitals, including the MTH, which served a catchment population of about 3 million. People with disabilities were referred to the Juba Physical Rehabilitation Reference Centre (PRRC). The provision of supplies helped medical facilities overcome shortages.

Conflict/violence-affected communities benefited from a combination of emergency and resilience-building activities. They received food rations, built temporary shelters with National Society/ICRC-distributed materials, and had access to water following repairs to/installation of water points. Separated family members, including minors formerly associated with armed groups, re-established contact with relatives through family-links services. Whenever possible, livelihood-support initiatives helped people cope with the loss/destruction of their assets. Vulnerable families augmented their food supplies and/or income using ICRC-supplied seed or fishing equipment. Livestock vaccination campaigns, organized with the Ministry of Animal Resources and Fisheries (MARF), helped pastoralists maintain their herds' health.

The ICRC sought access to all detainees within its purview to help ensure that their treatment and living conditions conformed to internationally recognized standards. Having gained permission from the Ministry of Interior in 2012, it visited people held in civilian prisons, and in some military facilities, in accordance with its standard procedures. Under ICRC auspices, five POWs were repatriated from Sudan to South Sudan. After being released by armed groups, three Sudanese women and their children returned to Sudan, and 13 South Sudanese men came home from Sudan, with ICRC support. At the South Sudanese government's request, the ICRC also facilitated the repatriation and handover to the relevant authorities of 36 armed group members detained in the Central African Republic.

With funds, training and other support from the ICRC, the South Sudan Red Cross bolstered its capacities and achieved formal recognition as a National Society within the Movement. The ICRC coordinated its activities with those of Movement partners, UN agencies and other humanitarian actors in order to maximize impact, identify unmet needs and avoid duplication.

CIVILIANS

Authorities and weapon bearers reminded to protect civilians

The authorities and weapon bearers concerned were reminded – through meetings, written representations, phone calls and public communication – of their obligations under IHL to respect people not/no longer participating in hostilities and to facilitate their access to humanitarian aid. All parties involved were sent representations based on what ICRC delegates had themselves observed and on documented allegations of abuse.

Victims of sexual violence and/or other abuses benefited from medical/psychological care after referral to the appropriate facilities; they also received ad hoc assistance. Whenever possible, livelihood support was provided and water infrastructure repaired/constructed (see below) to help communities lessen their exposure to risks.

Amid difficult conditions, vulnerable people receive emergency aid

Uncertain security conditions, impassable roads and bad weather slowed down the ICRC from reaching conflict/violence-affected areas. The ICRC requested all parties involved to guarantee safe access to these areas; it was also prepared to give emergency support as soon as the situation allowed. After receiving ICRC training and supplies, National Society branches in volatile areas conducted relief distributions independently and with ICRC staff.

During outbreaks of/upsurges in violence, particularly in December, National Society/ICRC operations focused almost exclusively on helping IDPs, wounded people (see *Wounded and sick*) and detainees (see *People deprived of their freedom*) meet their immediate needs and/or protect their livelihoods. As a result, some long-term projects – to upgrade water supply infrastructure, for instance – were delayed.

In places accessible to National Society/ICRC teams, conflict/violence-affected people benefited from emergency assistance. These areas included: Firka (Western Bahr al-Ghazal); Agok (which hosted people who had fled Abyei) and Jaac (Northern Bahr al-Ghazal); Shilluk Kingdom (Upper Nile); Bor and Waat (Jonglei); and Awerial (Lakes).

Nearly 70,000 people received food supplies that lasted for up to a month, partly easing the burden on communities hosting IDPs. Over 49,000 people improved their living conditions with materials – distributed by the ICRC – that were generally unavailable or expensive. They protected themselves from malaria using mosquito nets.

Over 147,000 residents and IDPs accessed clean water from facilities built or repaired by local technicians, National Society volunteers and the ICRC. In Jonglei and Unity, 37 technicians trained and equipped by the ICRC maintained water systems serving some 52,000 people. Improved access to water meant that people did not have to walk several kilometres through unsafe areas for it.

Communities improve their food security and increase their income

Conflict/violence-affected households coped with the destruction/loss of their livelihood assets with ICRC support.

Over 5,000 households (30,900 people) diversified their diet with fish caught with ICRC-supplied equipment that they could easily carry away with them whenever they had to move to be safe. Some bartered their fish for household essentials.

Over 12,000 IDP and resident households (69,000 people) started/resumed farming and increased their food supply, following distributions of seed and tools. They included 2,000 households in Gumuruk (Jonglei) that had also received fishing kits. Most of them also benefited from the provision of foodstuff that helped prevent the consumption of grains meant for planting. During post-harvest surveys, beneficiaries in Gumuruk and Malakal reported that ICRC-supplied seed yielded 50–100% of their food production. Some sold their crops and/or saved enough seed for the next planting season.

Farming groups organized by the Ministry of Agriculture and Forestry with ICRC support increased the availability of seed in Western Equatoria. In 2012, 72 farmers received and planted

720 kilograms of maize. In 2013, they gave back the same amount of seed (out of their estimated yield of 3,600 kilograms), which was then distributed to other farmers.

Pastoralists, including in counties near the border with Sudan, maintained their herds' health aided by improved services provided by MARF/ICRC-trained animal health workers. After completing basic/refresher courses, 78 veterinary workers vaccinated/treated some 339,000 head of livestock belonging to over 24,000 households (133,000 people). Authorities from six states learnt – at a seminar – how to deal with outbreaks of animal disease.

Over 36,900 households (221,700 people) added to their food supply/income by fishing, farming or raising livestock, which also reduced their need to forage or hunt in insecure areas.

Dispersed family members restore contact

The National Society, with training/technical/material ICRC support, strengthened its capacity to deliver family-links services. Family members separated by conflict/violence in South Sudan or abroad re-established contact through RCMs and phone services provided by the National Society/ICRC. Thirty-four people – including 23 separated/unaccompanied minors, of whom 10 were formerly associated with weapon bearers – rejoined their families, mainly in the Democratic Republic of the Congo (hereafter DRC), Sudan and Uganda.

During the crisis in December, unaccompanied minors were registered and phone services offered where security conditions allowed. Health personnel and National Society volunteers, using ICRC-supplied body bags, facilitated the management of human remains in a manner that would allow their identification in the future.

The ICRC pursued dialogue with the relevant authorities to enable families to contact relatives allegedly detained in South Sudan or abroad.

PEOPLE DEPRIVED OF THEIR FREEDOM

POWs and civilians released in Sudan return home safely

Five South Sudanese POWs voluntarily returned from Sudan, with the ICRC acting as a neutral intermediary in their repatriation (see *Sudan*). After being released by armed groups, three Sudanese women and their six children returned to Sudan, and 13 South Sudanese men came home from Sudan, with ICRC support. In addition, after their release, two former detainees went home, and two others returned voluntarily to the DRC, with the ICRC ensuring their safe transfer/repatriation.

At the South Sudanese government's request, the ICRC facilitated the repatriation, and handover to the South Sudanese authorities, of 36 armed group members detained in the Central African Republic. Seven sets of human remains were also repatriated. (See *Central African Republic*)

People held in prisons and military facilities receive ICRC visits

The ICRC engaged in dialogue with the authorities, with a view to gaining access to everyone held in relation to the conflicts and increasing acceptance for its working methods. During seminars and meetings, officials from the Defence Ministry and military/police/penitentiary officers learnt more about international norms

governing detention and about the ICRC's standard procedures. The SPLA police drew on ICRC expertise for drafting detention standards.

Following written approval from the Ministry of Interior in December 2012, the ICRC visited detainees in prisons run by the National Prisons Service; the visits, conducted in accordance with its standard procedures, were undertaken to monitor treatment and living conditions. Five POWs and some people held in military facilities received similar visits. When clashes erupted in December, the ICRC checked on the welfare of detainees at a prison in Juba and at a military facility in Rubkona while seeking permission to visit those held in relation to the crisis.

After these visits, the ICRC sent the authorities its findings and recommendations in confidence. The authorities were also reminded of their responsibilities under IHL and other applicable law, including the principle of *non-refoulement*. Detainees exchanged news with their relatives through RCMs; 56 foreign inmates informed their respective embassies of their situation through the ICRC.

Detainees benefit from emergency assistance

In areas affected by the clashes in December, two prisons (Bentiu and Malakal) overcame food shortages with ICRC-donated supplies; this sustained some 300 detainees for about two weeks. About 1,400 detainees in Juba regained access to water after two water tanks were replaced.

Following an assessment, the ICRC informed the authorities of the nutritional status of detainees in three prisons, with a view to encouraging them to tackle malnutrition. Detainees and prison staff learnt first aid and checked outbreaks of disease through hygiene promotion.

Over 2,600 inmates in prisons and military facilities received hygiene and household items to improve their living conditions. In one prison, a maintenance team composed of penitentiary staff ensured the facilities' upkeep with technical advice from the ICRC. Detainees at four prisons stood to benefit from long-term infrastructure projects initiated after the National Prisons Service's approval of an ICRC plan for improving detention facilities. However, the crisis in December caused these projects to be postponed.

WOUNDED AND SICK

Despite difficulties, some wounded and sick people receive treatment

Attacks on health facilities and threats against medical personnel narrowed the population's already limited access to health care. The ICRC urged all parties concerned – through public communication and confidential dialogue – to facilitate the safe delivery of medical services to all wounded/sick people. It addressed medical/surgical needs in close coordination with local health authorities and humanitarian organizations.

Where security conditions allowed, casualties received first aid from ICRC-trained National Society volunteers, who also transported them to hospitals. Weapon bearers, equipped with ICRC training/materials, also administered emergency care.

Seven hospitals coped with influxes of casualties with the help of ad hoc supply rations. Over 1,200 people received treatment at eight health facilities where doctors were assisted by ICRC surgical

teams working simultaneously, whenever possible, in both government- and opposition-controlled areas. For example, in July, while one team worked at a hospital in Bor, another – normally based at the MTH – provided surgical/obstetric care alongside Médecins Sans Frontières at a campsite in Dorain, where there was no other health facility. Hospitals in Bor and Nasir benefited from the services of a Canadian Red Cross surgical team, who came with medical supplies, beds and equipment that enabled the Bor hospital to treat more patients. In December, four ICRC surgical teams performed operations in Bentiu, Juba and Malakal.

In December, emergency water rations and the rehabilitation of its water supply system enabled a hospital in Juba (500 beds) to maintain its access to water.

Children receive care from ICRC paediatric team

The MTH (292 beds) continued to serve a catchment population of 3 million with comprehensive ICRC support. Increased donations of supplies and fuel filled gaps caused by scarcity of funds and insecurity. Local personnel continued to hone their skills through training. Patients enjoyed better treatment conditions following infrastructural improvements – including the construction/rehabilitation of operating theatres and the renovation of a paediatric building – and the establishment of a maintenance team. Children received care from an ICRC paediatric team. Over 30,000 diagnostic tests were carried out at a newly constructed and equipped paediatric laboratory. Children and adults received physiotherapy from local staff coached by an ICRC physiotherapist, and were referred as needed to the Juba PRRC.

Persons with disabilities enhance their mobility and independence

Nearly 2,000 disabled people underwent physical rehabilitation at ICRC-supported centres in Juba, Rumbek and Wau. Some 300 of them had their transportation, food and accommodation costs covered during their treatment.

Coordination with local authorities and humanitarian agencies facilitated the referral of patients to the PRRC. The donation of 12 sport wheelchairs to the South Sudan Wheelchair Basketball Association – which was broadcast over TV and radio – and the celebration of a national day for disabled people raised public awareness of the physical rehabilitation services available.

The Ministry of Gender, Child and Social Welfare, together with the ICRC, endeavoured to address challenges in managing the PRRC and enhancing the quality of its services. Representatives from various ministries considered measures – such as a possible increase in staff salaries – to address these challenges. Four students pursued ICRC-sponsored orthopaedic training abroad, which would eventually expand the pool of trained professionals.

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

Communities learn more about humanitarian principles

Dialogue with local authorities and community leaders broadened acceptance of the Movement's work. Religious/traditional leaders, health workers and youth groups furthered their understanding of humanitarian principles and Movement activities through meetings with ICRC delegates and National Society/ICRC-facilitated dissemination sessions. A seminar for customs service staff, on the ICRC's mandate and legal status, sought to facilitate more efficient importation of supplies for assistance initiatives.

The public learnt more about ICRC activities through an online newsletter, radio spots and media coverage of the ICRC's work. An ICRC-organized workshop encouraged journalists to give IHL-related issues more coverage. Lecturers on law took part in a regional seminar (see *Nairobi*), which contributed to bolstering IHL expertise at the universities.

Members of the armed forces and other weapon bearers familiarize themselves with IHL

Training sessions/reference materials for weapon bearers promoted compliance with IHL and support for ICRC activities, including in behalf of detainees (see *People deprived of their freedom*).

Some 100 armed group members learnt about IHL during dissemination sessions. These sessions often included first-aid training, but various constraints, impeding access and communication, prevented the ICRC from conducting most of its planned first-aid courses for armed groups.

About 3,700 SPLA troops and some 70 AU RTF personnel attended basic/refresher IHL training. Some 1,300 SPLA personnel attended train-the-trainer courses, which equipped them to provide better instruction in IHL. Various agencies that were instructing the SPLA in IHL and international human rights law identified gaps in training and strengthened their coordination through a meeting in December.

SPLA officials, including a military judge and a legal adviser, learnt more about incorporating IHL in military doctrine by participating in seminars abroad (see *International law and cooperation*). Discussions began with the SPLA police on drafting detention guidelines in line with applicable laws (see *People deprived of their freedom*).

National authorities develop expertise in IHL implementation

Following South Sudan's accession in 2012 to the 1949 Geneva Conventions and their Additional Protocols, 24 officials from various ministries discussed the incorporation of IHL in domestic legislation at an ICRC-organized workshop. Two members of the Ugandan IHL committee shared their experiences in implementing IHL with the South Sudanese authorities. A legal adviser from the Defence Ministry learnt more about the subject during a regional seminar (see *Nairobi*).

With ICRC encouragement, the National Legislative Assembly approved South Sudan's accession to the Convention on the Rights of the Child and its Optional Protocols.

RED CROSS AND RED CRESCENT MOVEMENT

South Sudan Red Cross receives formal recognition within the Movement

After implementing the recommendations of the ICRC/International Federation Joint Statutes Commission, the South Sudan Red Cross received formal recognition within the Movement. Training, funds and logistical support enabled it to work with the ICRC in providing emergency response, restoring family links and promoting IHL (see above). Nine new emergency-response teams were trained in key areas, including the Safer Access Framework.

The National Society, with ICRC input, developed a plan covering 2013–17 for strengthening its management and its assistance capacities.

All Movement partners met regularly to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
			UAMs/SCs*	
RCMs collected	954	29		
RCMs distributed	632	14		
Phone calls facilitated between family members	1,642			
Reunifications, transfers and repatriations				
People reunited with their families	34			
	<i>including people registered by another delegation</i>	5		
People transferred/repatriated	37			
Human remains transferred/repatriated	7			
Tracing requests, including cases of missing persons				
			Women	Minors
People for whom a tracing request was newly registered	253	26		35
People located (tracing cases closed positively)	83			
	<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)	333	31		48
UAMs/SCs*, including unaccompanied demobilized child soldiers				
			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society	38	17		3
UAMs/SCs reunited with their families by the ICRC/National Society	23	16		10
	<i>including UAMs/SCs registered by another delegation</i>	4		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	16	2		
Documents				
Official documents relayed between family members across border/front lines	1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits				
			Women	Minors
Detainees visited	3,254	151		198
Detainees visited and monitored individually	99	6		5
Detainees newly registered	95	6		5
Number of visits carried out	55			
Number of places of detention visited	16			
Restoring family links				
RCMs collected	209			
RCMs distributed	81			
Phone calls made to families to inform them of the whereabouts of a detained relative	127			
Detainees released and transferred/repatriated by/via the ICRC	7			
People to whom a detention attestation was issued	1			

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	69,804	27%	52%
	<i>of whom IDPs</i>	63,827		
Essential household items	Beneficiaries	49,025	26%	52%
	<i>of whom IDPs</i>	32,774		
Productive inputs	Beneficiaries	221,745	22%	29%
	<i>of whom IDPs</i>	134,412		
Water and habitat activities	Beneficiaries	147,412	30%	40%
	<i>of whom IDPs</i>	53,068		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)¹				
Essential household items	Beneficiaries	2,623		
Water and habitat activities	Beneficiaries	1,400		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	15		
	<i>of which provided data</i>	8		
Admissions	Patients	1,213	189	288
	<i>of whom weapon-wounded</i>	479	45	60
	<i>(including by mines or explosive remnants of war)</i>	22		
	<i>of whom other surgical cases</i>	728		
	<i>of whom gynaecological/obstetric cases</i>	6		
Operations performed		1,397		
Outpatient consultations	Patients	354		
	<i>of which surgical</i>	340		
	<i>of which gynaecological/obstetric</i>	14		
Water and habitat				
Water and habitat activities	Number of beds	792		
Physical rehabilitation				
Centres supported	Structures	3		
Patients receiving services	Patients	1,960	393	187
New patients fitted with prostheses	Patients	144	27	9
Prostheses delivered	Units	325	61	17
	<i>of which for victims of mines or explosive remnants of war</i>	56		
New patients fitted with orthoses	Patients	44	12	12
Orthoses delivered	Units	111	32	29
Patients receiving physiotherapy	Patients	877	210	88
Crutches delivered	Units	1,070		
Wheelchairs delivered	Units	141		

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

SUDAN



ICRC/AR_2013
 + ICRC delegation + ICRC sub-delegation + ICRC office / presence
 + ICRC-supported prosthetic/orthotic centre

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ vulnerable communities in Darfur met their immediate needs with ICRC-supplied food and household supplies, supplemented by resilience-building activities such as seed distributions and livestock health services
- ▶ during violence in Jebel Amir, some 600 women, children and elderly people found refuge in a safe zone marked by flags bearing the ICRC logo and respected by weapon bearers on both sides after they were notified by the ICRC
- ▶ injured and sick people, including 1,440 weapon-wounded patients, received timely treatment in 21 hospitals and some health clinics across Sudan, which increased their capacities with the help of ICRC-provided supplies
- ▶ the ICRC's humanitarian operations in Darfur continued despite security and access constraints, while the organization remained without access to vulnerable populations in Blue Nile and South Kordofan
- ▶ with the ICRC acting as a neutral intermediary, 5 South Sudanese POWs returned voluntarily from Sudan, and 75 Sudanese people released by armed groups in Darfur were handed over to the Sudanese authorities
- ▶ government forces took steps to incorporate IHL and humanitarian principles in their training by, for example, forming a committee to develop a training programme in IHL and international human rights law for the police

EXPENDITURE (in KCHF)

Protection	3,927
Assistance	26,949
Prevention	2,946
Cooperation with National Societies	1,847
General	-
Total	35,669

of which: Overheads 2,165

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

Mobile staff	53
Resident staff (daily workers not included)	685

The ICRC opened an office in Khartoum in 1978 and began operations during the armed conflict between the government forces and the Sudan People's Liberation Movement/Army. It currently addresses needs arising from armed conflicts between South Sudan and Sudan, and in Darfur. It works to ensure that conflict-affected people are protected in accordance with IHL and other internationally recognized standards, receive emergency aid, livelihood support and medical care, and can restore contact with relatives. It works with and supports the Sudanese Red Crescent Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	5,965
RCMs distributed	6,181
Phone calls facilitated between family members	1,284
People located (tracing cases closed positively)	287
People reunited with their families	8
of whom unaccompanied minors/separated children	8
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	107
Detainees visited and monitored individually	98
Number of visits carried out	9
Number of places of detention visited	6
Restoring family links	
RCMs collected	15
RCMs distributed	12
Phone calls made to families to inform them of the whereabouts of a detained relative	2

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 210,000	428,942
Essential household items	Beneficiaries 72,000	160,766
Productive inputs	Beneficiaries 453,930	618,037
Cash	Beneficiaries 49,200	557,813
Vouchers	Beneficiaries	15,000
Work, services and training	Beneficiaries 207,000	437,015
Water and habitat activities	Beneficiaries 650,000	714,093
Health		
Health centres supported	Structures 7	8
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	21
Water and habitat		
Water and habitat activities	Number of beds	829
Physical rehabilitation		
Centres supported	Structures 3	10
Patients receiving services	Patients 3,400	6,133

CONTEXT

The production/export of oil in South Sudan and Sudan resumed following an agreement between the two countries in March. However, tensions remained over such issues as the dispute over the Abyei region. Each side alleged military operations by the other in areas along the disputed border, where confrontations between South Sudanese and Sudanese tribes were also reported.

Internally, the security situation deteriorated in various regions, resulting in deaths and displacement. In Darfur, a number of inter-tribal clashes erupted, notably in Central, East and North Darfur (Jebel Amir), while confrontations between the Sudanese Armed Forces (SAF) and armed groups continued to take place. Hostilities between the SAF and armed groups in Blue Nile and South Kordofan persisted, briefly extending into North Kordofan. Peacekeeping forces – the African Union-United Nations Mission in Darfur (UNAMID) and the United Nations Interim Security Force for Abyei (UNISFA) – maintained their presence.

International/foreign organizations had very limited access to Blue Nile and North and South Kordofan; some assistance was channelled through designated national organizations. In Darfur, international humanitarian actors were given temporary access to violence-affected areas to conduct assessments and deliver aid.

ICRC ACTION AND RESULTS

Despite security and access constraints in some parts of Sudan (see *Context*), the ICRC assisted people affected by conflict and other situations of violence in Darfur. It adapted its operations, working when practicable through partners such as the Sudanese Red Crescent Society, national and regional authorities, and communities. With the authorities' consent, ICRC staff carried out and monitored operations in some areas, including Jebel Amir. The ICRC remained without access to Blue Nile and South Kordofan.

Dialogue with the authorities, weapon bearers and community leaders sought to foster awareness of humanitarian concerns, including the need to facilitate safe access to health care, and secure acceptance for the ICRC's neutral, impartial and independent action. The authorities and weapon bearers concerned received reminders of their obligations under IHL; when possible, violations were brought to their attention for follow-up with those allegedly responsible. Specific representations were backed by IHL briefings/training; long-term initiatives advanced the incorporation of IHL in domestic law, military training and academic curricula.

Acting as a neutral intermediary, the ICRC helped to protect people not/no longer participating in fighting. During violence in Jebel Amir, some 600 people found refuge in a safe zone marked by flags bearing the ICRC logo, which the weapon bearers respected. Under ICRC auspices and according to their wishes, five South Sudanese POWs returned from Sudan and 75 people released by armed groups were handed over to the Sudanese authorities. The ICRC visited people held by armed groups in Darfur. Seeking access to other people held in relation to the conflicts, it maintained dialogue with the authorities and armed groups concerned.

The ICRC partnered with the National Society, which received training, funds and other support, in delivering emergency, livelihood-support and family-links services to people in areas they were able to reach.

People wounded in clashes received care at 21 hospitals and some clinics across Sudan, which increased their capacities with ICRC-provided supplies. Communities in remote and violence-affected areas benefited from services, including vaccinations and mother and child care, at ICRC-supported health centres. A centre in Garra al-Zawia served wounded and displaced people from Jebel Amir with comprehensive ICRC assistance that lasted for three months. People needing specialized care, including victims of sexual violence, benefited from their referral/transfer to hospitals or other suitable services. Physical rehabilitation centres managed by the National Authority for Prosthetics and Orthotics (NAPO) with ICRC support also provided services to thousands of people.

Food and shelter materials distributed by National Society/ICRC teams enabled violence-affected IDPs, residents and returnees to cope. Local technicians and the National Society/ICRC repaired damaged water infrastructure, providing families with water for themselves and their livestock. Family members separated by conflict/violence restored contact through phone/RCM services.

Communities restored/maintained their self-sufficiency with the help of livelihood-support initiatives. Farmers produced their own food with seed received from the ICRC or bought at local markets with ICRC-provided vouchers. Donations of seed and equipment to agricultural research centres increased the availability of viable seed. Pastoralists benefited from livestock vaccination campaigns conducted by the Ministry of Animal Resources and Fisheries (MARF) with ICRC support. ICRC funds, training and materials helped animal health workers ensure the sustainability of veterinary services. Former internees at the US internment facility at Guantanamo Bay Naval Station in Cuba participated in income-generating projects.

The ICRC coordinated with Movement partners and other humanitarian agencies, maximizing the impact of their activities, identifying unmet needs and avoiding duplication of effort.

CIVILIANS

People fleeing fighting find refuge in a safe zone

Security and access constraints limited the ICRC's ability to monitor the situation in a number of conflict/violence-affected areas. The ICRC adjusted its activities according to the evolving needs and its operational capacities. For instance, although more people received food supplies, some of them benefited from half-month instead of one-month rations. ICRC staff regularly visited areas they could reach, designing assistance activities that helped communities strengthen their self-protection mechanisms. For example, families who received donkey carts transported goods to market or people to clinics more efficiently, thereby reducing their exposure to risk while travelling.

Whenever possible and on the basis of documented allegations, the ICRC engaged in dialogue with the authorities and armed groups concerned, reminding them of their responsibility to respect and protect people not/no longer taking part in fighting and to ensure their access to humanitarian assistance, including medical care. When possible, reported violations were brought to their attention for follow-up with those allegedly responsible. Victims were given referrals for medical/psychological care (see below) and had their treatment costs covered. During clashes in Jebel Amir, some 600 women, children and elderly people found safety in a zone that an ICRC team had marked with flags bearing the ICRC logo, with

the local authorities' consent. The weapon bearers involved, having been notified by the ICRC, respected this zone.

The ICRC also sought to ensure that South Sudanese citizens in Sudan could return to their country if they so wished and receive appropriate support; it coordinated to this end with the authorities and other humanitarian agencies.

Vulnerable families meet their immediate needs

With access to conflict/violence-affected areas limited, the ICRC worked with local authorities, communities and the National Society to ensure that emergency assistance could reach vulnerable communities. Some 180,000 IDPs, residents and returnees, mainly in Jebel Marra and Jebel Si, met their immediate needs with ICRC-provided one-month food rations; some 110,500 of them also built temporary shelters or improved their living conditions with ICRC-supplied items. About 50,000 others in Blue Nile, Central, South and West Darfur, and Khartoum states benefited from household items distributed mainly by the National Society with ICRC support, including for 16,500 flood-affected people in Blue Nile and Khartoum.

The strain on host villages' resources – caused by the presence of IDPs and their livestock – eased after National Society volunteers, local technicians and the ICRC repaired/installed water supply infrastructure. Trained and equipped by the ICRC, some 60 local workers maintained water systems. In total, over 713,000 people in Darfur benefited from emergency and long-term responses carried out by the water authorities and the ICRC.

Rural communities strengthen their economic security

Farming communities (75,500 households/455,628 people) produced their own food by planting seed, which was distributed to some 54,000 households or bought with vouchers provided to 2,500 households. Around 40,000 of these households relied on two-week food rations to avoid consuming their seed before planting. In the communities, approximately 37,000 households received farming tools. Agricultural research centres in al-Fashir, al-Junaina and Nyala used ICRC-provided seed, equipment and financial support to increase the availability of viable seed to local farmers benefiting some 25,700 households.

During interviews conducted after the harvest, farmers reported that they produced food that lasted for about three months, but owing to dry spells, the yield was lower than expected.

Households boosted their income through livelihood-support initiatives. For example, rented tractors or animal-drawn ploughs helped 1,655 returnee farmers cultivate more land. Some 80 households, including 50 headed by disabled people, started businesses – small-scale retailing, cheese production, etc. – with the help of cash grants/training. After undergoing psychological therapy, nine former internees at the Guantanamo Bay internment facility embarked on income-generating activities. With ICRC support, two of them expanded their businesses – selling kitchen and building supplies – which enabled the other seven to work with them.

Some 25,000 pastoralist households (152,000 people) had healthier herds following vaccination campaigns for over 1.2 million animals carried out by the MARF with ICRC technical, material and financial support in more areas than planned, including West Kordofan. Some 50,700 households (304,200 people) accessed veterinary services provided by 338 trained and equipped animal health workers. Three veterinary clinics were renovated using ICRC-supplied

equipment; a veterinary research institute in Khartoum raised the quality and the quantity of the vaccines it produced.

People in remote and violence-prone areas gain access to health care

Support to seven primary health care centres aimed at providing Darfur communities with adequate medical services. However, government-imposed restrictions limited the ICRC's access to a centre serving 17,500 people in Golol, Jebel Marra, and a centre in Guildo serving 19,500 persons remained closed after being looted during clashes in 2012. Thus, only five of the seven centres received regular and comprehensive support (medical supplies, infrastructural maintenance and training); the staff at the other two continued to get financial incentives. Comprehensive support lasting three months also enabled a clinic in Garra al-Zawia – which served a population of 8,000, including displaced/wounded people from Jebel Amir – to raise the quality of its care up to Ministry of Health standards.

Local teams at ICRC-supported clinics curbed disease outbreaks by carrying out over 83,000 consultations and nearly 210,000 vaccinations, mainly for children. During a three-month vaccination campaign in five North Darfur localities with sparse vaccination coverage, children under five and women of childbearing age were vaccinated against common diseases. Community members further mitigated disease risks, organizing garbage collection campaigns and information sessions on disease prevention and good hygiene practices. Families protected themselves against malaria with mosquito nets.

Through ICRC-sponsored midwifery training, 44 women became more adept at ensuring safe deliveries in remote villages. Midwives and traditional birth attendants discussed the health needs of victims of sexual violence at seminars organized by the Ministry of Health/ICRC. A midwifery school (170 beds) in Zalinji reopened after two years and was equipped with chairs, tables and other furnishings.

Over 200 patients requiring specialized care, including children, victims of sexual violence and women suffering from vesicovaginal fistula, were referred/transferred to hospitals.

Family members restore contact through expanded phone service

Guided by a 2012 review, the National Society strove to restore family links more efficiently. For instance, it established phone booths in nine states. Meetings with local authorities and other humanitarian agencies raised awareness of such services and facilitated coordination.

Thousands of IDPs, residents, refugees and migrants re-established contact with relatives within the country or abroad (in Ethiopia and South Sudan, for example) through National Society/ICRC family-links services. One family exchanged news with a relative held in Afghanistan via video calls. A Sudanese minor rejoined his family in Sudan after being repatriated from South Sudan.

Some 100 cases of unaccompanied children continued to be monitored. In North Darfur, in 88 cases, separated children returned by themselves to their families once the situation in their villages calmed down. Over 500 new tracing requests were received from families of people allegedly arrested/captured or missing in relation to the conflicts. The cases were followed up with the

authorities and armed groups concerned (see *People deprived of their freedom*) and other potential sources of information. Tracing requests related to over 280 people were solved.

National Society staff/volunteers underwent training in human remains management, with a view to preventing people from becoming unaccounted for.

PEOPLE DEPRIVED OF THEIR FREEDOM

POWs and others released by armed groups return home safely

Five POWs returned to South Sudan after the ICRC, as a neutral intermediary, had facilitated their voluntary repatriation. They received clothing, hygiene and medical items and mobile phone credit. They had received ICRC visits in 2012. After being released by armed groups, three Sudanese women and their six children came home from South Sudan and 13 South Sudanese men returned to South Sudan, with ICRC support (see *South Sudan*).

In 10 separate instances, a total of 75 civilians and SAF personnel released by armed groups in Darfur were handed over, in accordance with their wishes, to the Sudanese authorities under ICRC auspices.

People held by armed groups are visited by the ICRC

People held by armed groups in Darfur received visits from the ICRC, which checked on their treatment and living conditions. They used RCMs to contact their relatives.

To gain access to all people held in relation to the conflicts, confidential discussions with government authorities – including officials from the Ministry of the Interior and the national IHL committee – and with armed groups continued.

Families having reported the alleged arrest/capture of their relatives to the ICRC, the alleged detaining authorities received requests to provide, if possible, information on the whereabouts of these people. As a result, dozens of families received information on the whereabouts of their detained relatives.

WOUNDED AND SICK

Casualties receive life-saving care from National Society teams and local hospitals

In response to intensified fighting, the National Society formed and trained four new emergency response teams, in addition to the 23 already in place. Over 100 police officers and 20 clinic staff learnt to provide emergency care in National Society/ICRC courses.

With ICRC support, National Society teams administered first aid and evacuated casualties, including in East and North Darfur and South Kordofan. Some 1,400 weapon-wounded people received timely treatment in 13 hospitals that provided data, out of the 21 hospitals (15 in Darfur, 4 in Khartoum, 1 in South Kordofan and 1 in West Kordofan) that received supplies from the ICRC. In al-Sireaf, an ICRC team helped hospital personnel improve triage and patient care.

Disabled people avail themselves of physical rehabilitation services

Over 6,300 patients, of whom 1,372 were women and 1,196 were children, received prostheses/orthoses and physiotherapy at ICRC-supported rehabilitation centres in Khartoum and Nyala. Transport, food and accommodation costs were covered for particularly vulnerable patients during their treatment. People also benefited from such services at five satellite centres in ad-Damazin, Dongola, Gedaref, Kadugli and Kassala, and at a mobile clinic during outreach missions to remote regions. An association of disabled people in al-Fashir facilitated the referral of patients with ICRC support. Children were fitted with orthoses at the Khartoum Cheshire Home's limb-fitting workshop, which was supplied with raw materials.

The NAPO managed its centres with ICRC support in the form of components, equipment and training. During an NAPO/ICRC-organized seminar, directors of NAPO centres, the social welfare minister and other government officials discussed ways to improve the accessibility and quality of national physical rehabilitation services. Two technicians updated their skills through an online course run by the Tanzania Training Centre for Orthopaedic Technologists.

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

Authorities and weapon bearers urged to facilitate humanitarian assistance

Meetings with national and state authorities – supplemented by monthly reports – aimed at increasing acceptance for the ICRC's neutral, impartial and independent work and gaining access to all conflict-affected populations, including in Blue Nile and South Kordofan, while taking into account the limits set by the government (see *Context*). Officials from the Humanitarian Aid Commission, which regulates the activities of humanitarian agencies in Sudan, enhanced their understanding of the ICRC's working procedures during seminars.

PEOPLE DEPRIVED OF THEIR FREEDOM	SUDAN GOVERNMENT	ARMED GROUPS
ICRC visits		
Detainees visited		107
		<i>of whom women</i> 8
		<i>of whom minors</i> 4
Detainees visited and monitored individually		98
Detainees newly registered		85
Number of visits carried out		9
Number of places of detention visited		6
Restoring family links		
RCMs collected		15
RCMs distributed		12
Phone calls made to families to inform them of the whereabouts of a detained relative		2
Detainees released and transferred/repatriated by/via the ICRC	5	75
People to whom a detention attestation was issued	27	

Briefings/training for weapon bearers, aimed at strengthening compliance with IHL, continued. During ICRC-facilitated handovers of people released by armed groups (see *People deprived of their freedom*), members of these groups received briefings on IHL and the ICRC's mandate. Meanwhile, some 350 military, security and auxiliary officers and UNAMID personnel learnt the basics of IHL at dissemination sessions. Air force officers attended IHL training. Because of the restrictions on access for the ICRC, UNISFA troops did not receive such training; however, UNISFA officials had discussions with the ICRC on the humanitarian situation in areas within their mandate. Central Reserve Police officers attended a seminar where they strengthened their grasp of humanitarian norms related to the conduct of their operations.

Cooperation with communities having proved vital in the implementation of projects, briefings on the ICRC's mandate and working procedures were conducted with the National Society for over 950 people. During a dissemination session, thirty religious leaders discussed the similarities between IHL and sharia law as well as the Movement's work. The media kept the public informed of ICRC activities, including its relief efforts and role as a neutral intermediary. As part of the effort to encourage reporting on humanitarian issues, the ICRC sponsored a journalist's attendance at a regional media workshop.

Long-term initiatives help incorporate IHL in domestic policy and training for security forces

Within the framework of a cooperation agreement between the SAF and the ICRC (covering 2011–14), some 15 SAF officers underwent a train-the-trainer course to ensure that military personnel received systematic instruction in IHL. IHL reference materials were distributed. Following an ICRC-conducted seminar for police commanders, the Sudanese Police Force appointed a committee comprising senior officers to develop, in conjunction with the ICRC, its training programme in international human rights law and IHL.

To encourage the Ministry of Health and the SAF medical corps to incorporate in their procedures measures promoting respect for medical services, they received the recommendations made during a 2012 round-table held within the framework of the Health Care in Danger project. Ninety medical professionals shared their concerns during ICRC-organized fora.

A seminar for the newly reconstituted national IHL committee encouraged further progress in incorporating IHL in domestic law and policies. Officials from the Ministry of Foreign Affairs and the National Intelligence and Security Services learnt more about implementing IHL during a course abroad (see *Lebanon*).

Academic institutions made progress in incorporating IHL in their curricula. Professors were provided with reference materials; they caught up with IHL-related developments during courses abroad. Over 150 law students became better acquainted with IHL and the ICRC's mandate through seminars.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		5,965	5	
RCMs distributed		6,181	2	
Phone calls facilitated between family members		1,284		
Reunifications, transfers and repatriations				
People reunited with their families		8		
	<i>including people registered by another delegation</i>	8		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		534	46	78
People located (tracing cases closed positively)		287		
	<i>including people for whom tracing requests were registered by another delegation</i>	31		
Tracing cases still being handled at the end of the reporting period (people)		633	52	108
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		92	28	
UAMs/SCs reunited with their families by the ICRC/National Society		8	5	
	<i>including UAMs/SCs registered by another delegation</i>	8		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		101	21	
Documents				
Official documents relayed between family members across border/front lines		29		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		107	8	4
Detainees visited and monitored individually		98		
Detainees newly registered		85		
Number of visits carried out		9		
Number of places of detention visited		6		
Restoring family links				
RCMs collected		15		
RCMs distributed		12		
Phone calls made to families to inform them of the whereabouts of a detained relative		2		
Detainees released and transferred/repatriated by/via the ICRC		80		
People to whom a detention attestation was issued		27		

* Unaccompanied minors/separated children

RED CROSS AND RED CRESCENT MOVEMENT

Flood-affected communities receive timely aid

In line with a partnership framework agreement signed in 2012, the National Society and the ICRC strengthened their cooperation in delivering emergency assistance and livelihood support, restoring family links and promoting IHL (see above). When floods displaced thousands in August, the National Society distributed household items and installed water points with ICRC support, in the form of specialists, materials and vehicles. It drafted, with the assistance of Movement partners, guidelines for preparing for and

responding to emergencies. It implemented an improved financial management system, in coordination with the International Federation and the Norwegian Red Cross Society.

The National Society usually coordinated its activities with those of Movement partners and discussed security-related concerns with them to ensure the safety of all volunteers/staff. During a workshop abroad, its representatives exchanged views with Movement partners on issues covered by the Health Care in Danger project.

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	428,942	36%	45%
	<i>of whom IDPs</i>	110,775		
Essential household items	Beneficiaries	160,766	21%	59%
	<i>of whom IDPs</i>	137,089		
Productive inputs	Beneficiaries	618,037	28%	50%
	<i>of whom IDPs</i>	101,980		
Cash	Beneficiaries	557,813	20%	54%
	<i>of whom IDPs</i>	85,182		
Vouchers	Beneficiaries	15,000	21%	60%
	<i>of whom IDPs</i>	7,200		
Work, services and training	Beneficiaries	437,015	19%	52%
	<i>of whom IDPs</i>	52,920		
Water and habitat activities	Beneficiaries	714,093	30%	40%
	<i>of whom IDPs</i>	52,046		
Health				
Health centres supported	Structures	8		
Average catchment population		119,167		
Consultations	Patients	83,275		
	<i>of which curative</i>		14,579	41,187
	<i>of which ante/post-natal</i>		10,666	
Immunizations	Doses	209,830		
	<i>of which for children aged five or under</i>	206,872		
Referrals to a second level of care	Patients	212		
Health education	Sessions	191		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	50		
Cash	Beneficiaries	5		
Work, services and training	Beneficiaries	10		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	21		
	<i>of which provided data</i>	13		
Admissions	Patients	41,960	16,040	18,308
	<i>of whom weapon-wounded</i>	1,440	115	160
	<i>(including by mines or explosive remnants of war)</i>	71		
	<i>of whom other surgical cases</i>	3,338		
	<i>of whom medical cases</i>	30,962		
	<i>of whom gynaecological/obstetric cases</i>	6,220		
Operations performed		6,369		
Outpatient consultations	Patients	106,296		
	<i>of which surgical</i>	16,348		
	<i>of which medical</i>	77,832		
	<i>of which gynaecological/obstetric</i>	12,116		
Water and habitat				
Water and habitat activities	Number of beds	829		
Physical rehabilitation				
Centres supported	Structures	10		
Patients receiving services	Patients	6,133	1,372	1,196
New patients fitted with prostheses	Patients	629	145	23
Prostheses delivered	Units	1,731	373	58
	<i>of which for victims of mines or explosive remnants of war</i>	43		
New patients fitted with orthoses	Patients	575	97	371
Orthoses delivered	Units	1,431	275	910
Patients receiving physiotherapy	Patients	2,643	604	471
Crutches delivered	Units	2,092		
Wheelchairs delivered	Units	25		

UGANDA



ICRC delegation

The ICRC has been present in Uganda since 1979. Given the progress towards peace in the north of the country, ICRC assistance activities, many of which are implemented in partnership with the Uganda Red Cross Society and State institutions, have been adapted to decreasing humanitarian needs. In parallel, the ICRC continues to monitor the treatment of detainees and strives to raise awareness of IHL and humanitarian principles among the armed and police forces.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ over 200 relatives of missing persons in northern Uganda coped with their distress after sharing their experiences at pilot community-support sessions conducted by facilitators trained by a local NGO and the ICRC
- ▶ in the Karamoja region, previously disputing communities jointly cultivated agricultural land, which brought them closer together and enabled the safer movement of people
- ▶ around 1,000 former fighters who crossed from the Democratic Republic of the Congo into Uganda received ICRC visits according to its standard procedures and household and recreational items to ease their living conditions
- ▶ while military troops involved in regional operations learnt more about IHL, army and police officials worked to enhance cooperation between their teams during joint law enforcement operations
- ▶ after a financial and governance crisis that led to the replacement of some of its senior officials, the Uganda Red Cross Society drew on support from Movement partners to strengthen its management and accountability

EXPENDITURE (in KCHF)	
Protection	2,048
Assistance	388
Prevention	1,265
Cooperation with National Societies	669
General	-
Total	4,370

of which: Overheads 267

IMPLEMENTATION RATE	
Expenditure/yearly budget	93%

PERSONNEL	
Mobile staff	9
Resident staff (daily workers not included)	37

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	3,122
RCMs distributed	1,908
Phone calls facilitated between family members	15,848
People located (tracing cases closed positively)	28
People reunited with their families	19
of whom unaccompanied minors/separated children	16
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	5,800
Detainees visited and monitored individually	160
Number of visits carried out	103
Number of places of detention visited	43
Restoring family links	
RCMs collected	178
RCMs distributed	165
Phone calls made to families to inform them of the whereabouts of a detained relative	81

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	19
Essential household items	Beneficiaries	8,491
Productive inputs	Beneficiaries	2
Work, services and training	Beneficiaries	2
Water and habitat activities	Beneficiaries	18,680
Total		27,744

CONTEXT

Violence in the Karamoja region reportedly decreased. Nevertheless, violent incidents related to cattle theft and the disarmament operations occurred from time to time.

Many people fleeing the violence in the Kivu provinces in the Democratic Republic of the Congo (hereafter DRC) added to Uganda's already sizeable refugee population, majority of which came from the DRC and South Sudan.

The military defeat of the M23 in the DRC and the stalled implementation of a negotiated solution to the conflict in the Kivu provinces, resulted in over a thousand former fighters seeking sanctuary in Uganda.

The Uganda People's Defence Force (UPDF) continued its military operations against the Lord's Resistance Army (LRA) and contributed troops to the African Union Mission in Somalia (AMISOM).

ICRC ACTION AND RESULTS

To address the needs of violence-affected populations in Uganda, the ICRC continued to integrate protection concerns into its assistance activities. It systematically reminded weapon bearers to respect civilians and strengthened community-based self-protection mechanisms through various initiatives.

In Karamoja, the joint efforts of weapon bearers and local leaders reportedly contributed to a decrease in violence related to the disarmament process. With the ICRC acting as an intermediary, representatives of previously disputing communities engaged in dialogue and cultivated agricultural land together, easing tensions and enabling the safe movement of people.

To continue assisting victims of conflict and disaster, the Uganda Red Cross Society, with support from Movement partners, strengthened its management and accountability, especially following an internal crisis. It received funds, training, materials and technical support from the ICRC specifically to build its emergency response capacities. Despite some delays in the implementation of National Society/ICRC projects, residents of Karamoja became less vulnerable to violence-related risks with the installation of water points close to their homes and by learning how to build energy-saving stoves that limited their need to collect firewood. In view of the decrease in violence in the region, the ICRC wrapped up its joint assistance activities with the National Society by year's end.

The National Society/ICRC continued to provide family-links services for refugees, notably through the provision of a phone service. Women and minors formerly associated with armed groups were reunited with their families, including through cross-border operations. In northern Uganda, an ICRC pilot project enabled the families of missing persons to cope with their distress by means of community-support groups and a commemorative event. Foreign nationals with security or other concerns were followed up and referred to UNHCR or other organizations providing the necessary support.

The ICRC sought to promote the humane treatment of detainees, in line with applicable domestic laws and internationally recognized standards. It visited, in accordance with its standard procedures, those detained under the authority of the Ministries of Defence and Internal Affairs, as well as an increased number of

former fighters from the DRC who arrived in Uganda. Delegates assessed inmates' treatment and living conditions, confidentially sharing their findings and recommendations with the authorities. A management course bolstered the ability of prison authorities to address the humanitarian issues faced by inmates, while a seminar facilitated dialogue among stakeholders on improving health care for detainees. Improvements to their water, sanitation or sleeping facilities reduced detainees' health risks. The ICRC supported the authorities in covering the needs of vulnerable detainees and in coping with the influx of former fighters from the DRC, by distributing household and recreational items. Inmates maintained contact with their relatives through family-links services, for instance, family visits were arranged for detainees serving life sentences or who had not received visits for several years. The ICRC's efforts to gain access to all other detainees within its purview had minimal progress.

The delegation, sometimes with the help of the National Society, continued to foster interest in and support for IHL among the authorities, weapon bearers and members of civil society. Training sessions for military personnel involved in local and regional operations encouraged respect for IHL; a workshop helped strengthen cooperation between the army and police during joint law enforcement operations. The national IHL committee worked with the ICRC to promote domestic IHL implementation by conducting various events, including for government officials and the academic community.

CIVILIANS

Communities involved in past disputes ease tensions by jointly cultivating land

Although Karamoja remained prone to intercommunal tensions, no major incidents occurred in 2013. Local security forces took into account the protection of the resident population while conducting disarmament operations; coupled with the reduced availability of weapons, this possibly contributed to the reported decrease in instances of violence. Dissemination sessions reminded weapon bearers and local leaders to respect people not/no longer involved in the fighting, as required by domestic and international norms. ICRC delegates made confidential representations to the parties concerned, urging them to prevent or end abuses.

Karamoja residents continued to strengthen their livelihoods and self-protection mechanisms through various activities. For example, they identified safe sites and other best practices during information sessions.

In the Kotido and Moroto districts, previously disputing communities eased tensions by jointly cultivating fertile agricultural land, inaccessible in the past owing to security concerns. During meetings facilitated by the ICRC, the local authorities and representatives of various villages discussed existing threats and possible solutions. In the presence of UPDF officers charged with ensuring their safety, villagers planted/harvested vegetables in 'group gardens', using seed and tools provided by the NGO Welthungerhilfe. At review meetings, participants said that the project had brought them closer together and enabled the safe movement of community members.

National Society/ICRC projects helped Karamoja residents, especially women and children, lessen their exposure to risks related to sexual violence while fetching water and firewood. However, the lack of National Society personnel led to the delayed

implementation or completion of projects, including water improvement works that began in 2012. Owing to the decrease in violence in the region, the ICRC wrapped up its joint assistance activities with the National Society by year's end.

Over 18,000 people in southern Karamoja accessed drinking water from 8 drilled and 16 rehabilitated boreholes close to their homes. In 26 villages, including those that benefited from the installed/rehabilitated boreholes, hygiene-promotion sessions conducted by ICRC-trained National Society volunteers enabled nearly 30,000 people to protect themselves from health hazards. A mechanics' association in the Moroto district and the water committees of 28 villages maintained water systems with ICRC technical/logistical support.

During training conducted by Welthungerhilfe and with ICRC financial support, 18 women from 8 villages learnt how to build energy-saving stoves, with a view to passing on this knowledge to their neighbours. These stoves, more weather-resistant and portable than those produced in 2011, reduced beneficiaries' need to walk long distances to collect firewood and provided a sustainable means for cooking.

In Old Lolelia, Kaabong district, ICRC-provided bicycle ambulances boosted the capacity of some 240 households (1,103 people) to transport injured or sick people to health centres.

Local support groups help families of missing persons cope with their distress

In northern Uganda, where minors had allegedly been recruited by armed groups, hundreds of families continued to live without news of their relatives. Pilot community-support sessions, conducted by facilitators trained by a local NGO, the Kitgum Concerned Women Association, and the ICRC helped over 200 residents of the Kitgum district cope with their distress. An evaluation showed that participants felt less lonely and stressed and became more engaged in their daily activities after attending the sessions. With ICRC financial support, families of the missing in one village commemorated their relatives through a prayer ceremony, which was attended by the local authorities and other community members.

In parts of Uganda, refugees living in settlements or urban areas communicated with their relatives through National Society/ICRC family-links services. RCMs – collected/distributed by delegates – and over 15,000 phone calls enabled refugees, most of them from the DRC, to re-establish contact with relatives in their home country or in other settlements in Uganda. All settlements hosting newly arrived refugees from the DRC and South Sudan were periodically visited by National Society/ICRC teams, with National Society personnel receiving on-the-job training.

Foreign nationals who had expressed concerns about their security were registered and followed up. Where appropriate, they were referred to UNHCR for registration as asylum seekers or to other organizations providing psychological and social support. Particular attention was paid to unaccompanied minors, who were also systematically registered and followed up. Nineteen people, including women and minors formerly associated with armed groups, were reunited with their families, some abroad, with the help of the National Society/ICRC and other humanitarian actors in the region; women and minors received food and essential items, thereby easing the financial/material burden on their relatives.

PEOPLE DEPRIVED OF THEIR FREEDOM

More former fighters from the DRC receive ICRC visits

Over 5,500 detainees held by the Ministries of Defence and Internal Affairs in 43 places of detention in priority areas – Kampala, Karamoja and south-western Uganda – received visits from ICRC delegates. They included: in Kampala, people held on charges of armed rebellion, “terrorism” or political unrest; in Karamoja, people held in relation to the disarmament operations; and in south-western Uganda, people held in relation to their alleged connection with the Allied Democratic Forces and to the violence in the DRC. Around 1,000 former fighters who crossed over from the DRC into Uganda and surrendered to the authorities were also among those visited (see *Context*). Some 160 detainees were followed up individually.

During visits carried out according to the ICRC's standard procedures, delegates assessed detainees' treatment and living conditions, such as the accommodation for the massive influx of former fighters from the DRC; afterwards, they shared their findings and recommendations confidentially with the authorities. The authorities were reminded of their obligation to: hold detainees in gazetted (officially recognized) places of detention; ensure humane treatment and adequate living conditions; and uphold respect for judicial guarantees, including the principle of *non-refoulement*. ICRC efforts to gain access to all other detainees within its purview had minimal progress.

Vulnerable detainees, including foreigners, stayed in touch with their relatives through RCMs; the families of 81 detainees were informed by phone of their relatives' arrest or transfer to another place of detention. If they so wished, foreign detainees informed their embassies/consulates or UNHCR of their detention via the ICRC. In the Luzira Upper Prison, 52 detainees who were serving life sentences or who had not received visits for several years personally spoke with their relatives during ICRC-facilitated visits. Upon their release, 10 detainees had their transport costs home covered by the ICRC, enabling them to make the most of their meagre resources.

Detainees reduce health risks with the help of rehabilitated infrastructure

At an international management course, two Uganda Prisons Service (UPS) officers sharpened their skills in analysing the humanitarian issues affecting detainees and in providing creative solutions to the most urgent problems. At a two-day seminar, some 30 officers from the Uganda Police Force and the UPS exchanged ideas on improving health care for detainees. A review of the pilot project, aimed at providing treatment for HIV/AIDS, TB and malaria in detention facilities and turned over to the UPS in 2012, was moved to 2014.

In Luzira Upper Prison, some 3,000 inmates reduced their health risks following improvements to water supply/sanitation infrastructure, which included the construction of toilets and showers, replacement of old water pipes and installation of additional facilities for storing water for kitchen use. The authorities worked with the ICRC to enhance living conditions for detainees in police stations. For instance, women in Fort Portal had more privacy after the construction of cells specifically for them, while detainees in Kasese had 24-hour access to rehabilitated toilets and showers. ICRC-provided materials enabled the authorities to make renovations at three other police stations.

More than 5,500 vulnerable detainees eased their living conditions after being supplied with household and recreational items. They included former fighters from the DRC whose unexpected arrival into Uganda put a strain on the authorities' capabilities to cover their immediate needs.

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

Military troops involved in regional operations learn more about IHL

Dialogue with the authorities and weapon bearers helped bolster respect for the rights of the population, possibly leading to a reported decrease in allegations of abuse (see *Civilians*).

In view of the UPDF's involvement in operations against the LRA, in Somalia and in the Karamoja region, some 3,500 UPDF officers and troops – including military police, non-commissioned officers and personnel deployed to peacekeeping missions – attended training sessions, where they learnt more about IHL. Independently or with ICRC support, the UPDF trained officers to become future IHL instructors.

During a joint law enforcement workshop, 28 senior UPDF and police officers worked towards greater cooperation by discussing their respective rules of engagement, as well as ICRC-supported drafts of a code of conduct for joint operations and a soldier's card.

At a train-the-trainer course, 40 police officers learnt how to incorporate human rights law in their operations.

Some 30 Somali military officers learnt more about IHL and human rights law during an ICRC presentation at a course organized by the African Union's Department of Political Affairs.

National IHL committee promotes respect for IHL in Uganda and abroad

Various events, some co-organized by the national IHL committee and government ministries, encouraged support for IHL. Some 300 persons representing the government, military, media and academia discussed ways to advance the integration of IHL into domestic law during a workshop; another 40 of them participated in a meeting on the Toxic Chemicals Prohibition and Control Bill before its submission to the parliament. Around 70 officials, including newly appointed judges and prosecutors, learnt more about IHL-related protocols under the International Conference of the Great Lakes Region, and IHL and war crimes during workshops/seminars.

With ICRC support, the IHL committee further promoted IHL in the country by publishing a book on the subject and, with the UPDF, opening an IHL resource centre.

Two IHL committee members shared their expertise with the South Sudanese authorities at a seminar on implementing IHL (see *South Sudan*).

IHL committee members enhanced their knowledge and understanding of the law at seminars abroad (see *Caracas* and *Nairobi*). During its statutory meetings, the committee reviewed the status of pending domestic legislation on the use of mines, toxic chemicals and cluster munitions. The working group established to amend the Red Cross Act and the Geneva Conventions Act continued to receive technical support.

Academics improve IHL instruction at universities

To strengthen the quality of IHL teaching, some 30 academics exchanged views at a round-table and university lecturers attended training abroad (see *Nairobi* and *Pretoria*). Student teams participated in national and regional moot court competitions (see *Nairobi*); one student began an internship at the International Criminal Tribunal for Rwanda. Around 70 students and lecturers from universities that had just included IHL in their curricula increased their knowledge of the subject during interactive sessions. An assessment of universities that began teaching or already taught IHL showed that there was a growing awareness of and interest in the subject.

Government officials and members of civil society and the international community continued to support the National Society/ICRC in fostering public awareness and acceptance of IHL and the Movement, including by participating in various events, such as pre-election dissemination sessions on the emblem. During a workshop, Christian and Islamic clerics/academics, the authorities and the media, explored common themes in religious teachings and IHL, and acknowledged the pertinence of IHL to ongoing conflicts in East Africa. At a seminar, over 30 journalists assigned to violence-prone areas familiarized themselves with IHL provisions that protected them and with humanitarian issues, especially those covered by the Health Care in Danger project.

RED CROSS AND RED CRESCENT MOVEMENT

National Society responds to the needs of people affected by violence and disaster

The Ugandan Red Cross, with ICRC technical, financial, material and logistical support, continued to respond to emergencies, deliver assistance to returnees, restore family links (see *Civilians*) and promote the goals of the Health Care in Danger project, while working to enhance its capacities to carry out these activities.

National Society volunteers responded to the needs of those affected by natural disasters with first-aid supplies and non-food items provided by the ICRC. The training of 75 Red Cross Action Team members from three regions and 25 first-aid trainers from 18 districts helped sustain their emergency response activities.

Managers/staff of all National Society branches participated in a workshop on bolstering the capacities of dissemination teams.

The National Society and the ICRC incorporated their recommendations into their amended partnership agreement for 2013. Regular meetings among Movement partners aimed at strengthening coordination and at supporting the National Society in improving its management and accountability, which was particularly important owing to a financial/governance crisis that led to the replacement of senior officials at the National Society.

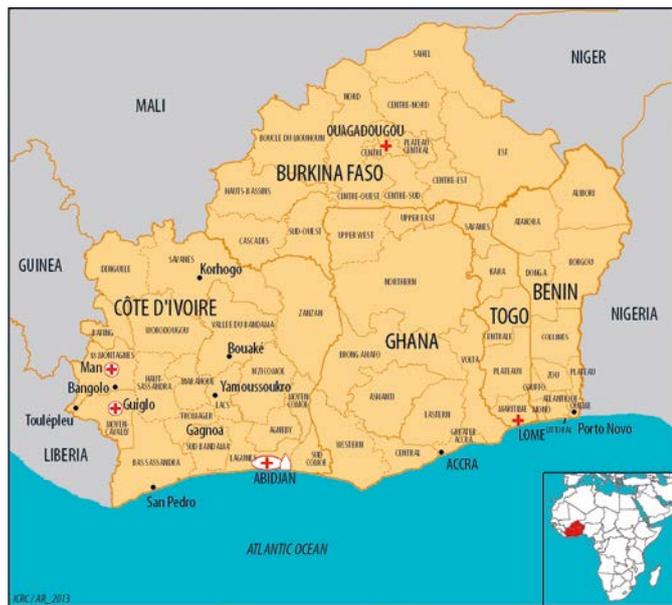
MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		3,122	170	
RCMs distributed		1,908	132	
Phone calls facilitated between family members		15,848		
Reunifications, transfers and repatriations				
People reunited with their families		19		
	<i>including people registered by another delegation</i>	10		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		12	1	11
People located (tracing cases closed positively)		28		
	<i>including people for whom tracing requests were registered by another delegation</i>	15		
Tracing cases still being handled at the end of the reporting period (people)		5		4
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		187	17	97
UAMs/SCs reunited with their families by the ICRC/National Society		16	8	3
	<i>including UAMs/SCs registered by another delegation</i>	8		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		188	25	95
Documents				
People to whom travel documents were issued		4		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		5,800	156	22
Detainees visited and monitored individually		160	2	3
Detainees newly registered		100	2	3
Number of visits carried out		103		
Number of places of detention visited		43		
Restoring family links				
RCMs collected		178		
RCMs distributed		165		
Phone calls made to families to inform them of the whereabouts of a detained relative		81		
Detainees visited by their relatives with ICRC/National Society support		52		
Detainees released and transferred/repatriated by/via the ICRC		1		
People to whom a detention attestation was issued		3		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	19	21%	79%
Essential household items	Beneficiaries	8,491	19%	29%
Productive inputs	Beneficiaries	2		
Work, services and training	Beneficiaries	2		
Water and habitat activities	Beneficiaries	27,744	27%	36%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	5,596		
Cash	Beneficiaries	10		
Water and habitat activities	Beneficiaries	3,379		

ABIDJAN (regional)

COVERING: Benin, Burkina Faso, Côte d'Ivoire, Ghana, Togo



ICRC / APR 2013
 ICRC regional delegation ICRC sub-delegation ICRC office/presence
 ICRC regional logistics centre

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ people affected by the 2011 post-electoral conflict in Côte d'Ivoire, including returnees and women heads of households, rebuilt their livelihoods, notably using ICRC support to resume farming activities and start small businesses
- ▶ in Burkina Faso, Malian refugees and their hosts saw the hunger gap period through thanks to the timely provision of food rations and essential household items, and the upgrade of water and sanitation infrastructure
- ▶ in western Côte d'Ivoire, people enduring psychological/emotional trauma induced by post-conflict stress or sexual violence benefited from specialized treatment at six-ICRC supported health facilities
- ▶ in Côte d'Ivoire and Togo, detainees eased their living conditions, through infrastructural upgrades in prisons done by the pertinent authorities with ICRC help, even as the latter country reviewed its agreement with the ICRC
- ▶ Ivorian medico-legal personnel were well equipped to support the authorities' campaign to identify remains of people who died during the 2011 conflict, as they had benefited from ICRC specialized training and forensic material
- ▶ Benin, Burkina Faso, Côte d'Ivoire, Ghana and Togo signed the Arms Trade Treaty, while taking steps – with ICRC help – to implement other treaties regulating the sale and use of arms

EXPENDITURE (in KCHF)	
Protection	3,075
Assistance	5,440
Prevention	2,075
Cooperation with National Societies	1,682
General	-

12,272

of which: Overheads 749

IMPLEMENTATION RATE	
Expenditure/yearly budget	93%

PERSONNEL	
Mobile staff	37
Resident staff (daily workers not included)	216

In the countries covered by the delegation, established in 1992, the ICRC supports the authorities in implementing IHL, encourages armed/security forces to respect that law and visits detainees. It works with and supports the development of the region's National Societies. The delegation focuses on responding to the protection and assistance needs of people, including refugees, affected by the lasting consequences of the crisis in Côte d'Ivoire that began in 2002 and the 2011 post-election conflict, and by the consequences of armed conflict/other situations of violence in the greater region.

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	805
RCMs distributed	505
People located (tracing cases closed positively)	114
People reunited with their families	90
of whom unaccompanied minors/separated children	80
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	13,485
Detainees visited and monitored individually	618
Number of visits carried out	261
Number of places of detention visited	73
Restoring family links	
RCMs collected	141
RCMs distributed	70
Phone calls made to families to inform them of the whereabouts of a detained relative	244

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 6,000	9,606
Essential household items	Beneficiaries 18,000	4,507
Productive inputs	Beneficiaries 18,000	19,013
Work, services and training	Beneficiaries 600	18,900
Water and habitat activities	Beneficiaries 61,500	145,387
Health		
Health centres supported	Structures 6	6
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	1

CONTEXT

Supported by the international community, Côte d'Ivoire continued recovering from the 2011 post-electoral conflict. In April, local and regional elections concluded peacefully. Some progress was made in the reconciliation process; the conditional release of some detained members of the former regime led to direct talks between the ruling and opposition parties. The process of disarmament wore on slowly; some former fighters were re-integrated into the armed forces or resumed livelihood activities with State support. With the stabilizing security situation in the west, more Ivorian refugees returned from Liberia. However, land tenure issues, competition for scarce resources and immigration caused violence and displacement.

In Burkina Faso, UNHCR camps moved south, away from the Malian border. Malian refugees who remained in that area and their host communities required humanitarian aid, particularly during the hunger gap period, as local resources were insufficient to meet all needs. Hygiene conditions deteriorated as water infrastructure came under pressure from the growing numbers of people and livestock.

Togolese authorities detained opposition leaders in relation to fires at two major markets, sparking protests. Nevertheless, elections passed off peacefully in July.

Benin, Burkina Faso, Côte d'Ivoire, Ghana and Togo participated in the UN Multidimensional Integrated Stabilization Mission in Mali.

ICRC ACTION AND RESULTS

The ICRC helped refugees, IDPs and vulnerable residents across the region meet their urgent and long-term needs. In Côte d'Ivoire and Burkina Faso, the ICRC and the National Societies concerned provided direct assistance to such people, while helping volunteers strengthen their capacities in various areas: first aid, restoration of family links, hygiene promotion and economic security.

In western Côte d'Ivoire, the ICRC/Red Cross Society of Côte d'Ivoire provided IDPs and vulnerable residents/returnees with household essentials, and support for livelihoods and water/health systems; this helped them cope and aided their recovery from the trauma of the 2011 conflict. Female heads of households covered their families' basic needs with income earned through small businesses. Returnee/resident farmers diversified their sources of food and income by consuming/selling produce cultivated with ICRC-provided agricultural supplies and equipment. Farmers and people in rural areas had enough clean water and better protection from hygiene-related diseases, thanks to upgraded water infrastructure maintained by trained local committees and the beneficial effects of hygiene promotion and vaccination campaigns. People needing medical attention, including pregnant women, children and victims of sexual violence, maintained their good health with preventive, ante/post-natal, curative and basic psychological care at six ICRC-supported health structures.

In Burkina Faso, Malian refugees, aided by household essentials from the Burkinabé Red Cross Society and the ICRC, settled into host communities. Refugees and their hosts saw the hunger gap period through and faced fewer health risks owing to the timely provision of food, free veterinary services and upgrades to water/sanitation infrastructure.

ICRC delegates visited detainees in Benin, Burkina Faso, Côte d'Ivoire and Togo, including people held for security reasons. Afterwards, the authorities received confidential feedback for improving detainee treatment and living conditions. In Ivorian prisons, the authorities and the ICRC monitored detainees' health/nutritional status and treated malnourished detainees. Wounded or sick inmates were looked after in infirmaries supported by the ICRC with medical supplies; others benefited from the reduction in health risks brought about by upgraded water/sanitation facilities. In early 2013, as 32 decommissioned prisons were reopened, the Ivorian authorities strove to adapt the penitentiary system to expanded needs; with ICRC input, they revised penitentiary policies and addressed core problems in detainee health and prison infrastructure.

Malian refugees in Burkina Faso, families in Côte d'Ivoire awaiting news of their relatives and others separated from their families by conflict, detention or other circumstances restored/maintained contact through Movement family-links services. In connection with the 2011 conflict, Ivorian authorities and the ICRC discussed the needs of the families of people who went missing and the importance of clarifying the fate of their relatives. In April, the Ivorian authorities launched a campaign to exhume and identify the remains of people who died in relation to the 2011 conflict, aided by local medico-legal personnel who had received technical and material ICRC support. The authorities were also encouraged to adopt legislation on missing persons and their families; to this end, a study was conducted on the compatibility of domestic legislation with international laws and practices. At a workshop where the study was presented, ministries concerned considered the ICRC's proposals in this regard.

The ICRC and the five countries covered by the delegation discussed ratification and implementation of IHL treaties. Within the year, all five had signed the Arms Trade Treaty. Troops deployed in western Côte d'Ivoire, the Burkina Faso-Mali border and in Mali itself learnt more about IHL principles and neutral and impartial humanitarian action through ICRC information sessions. Briefings for civil society representatives and in-depth media coverage helped rouse general interest in IHL and support for Movement action.

CIVILIANS

As Côte d'Ivoire continued to stabilize (see *Context*), the ICRC received fewer reports of IHL violations in relation to violence, mines and former combatants. Nonetheless, documented cases were shared with parties concerned, to prevent recurrence. In December, the effect of weapon bearers' presence on access to health facilities in the west was assessed, helping guide planning for 2014.

Malian refugees and conflict-affected Ivorians restore contact with relatives

In coordination with ICRC efforts in Mali (see *Mali*), Malian refugees in Burkina Faso, including unaccompanied minors, regained contact with their relatives thanks to family-links services offered by the Burkinabé National Society, with logistical/communication support from the ICRC.

Similarly, although most families separated by the 2011 Ivorian conflict had already re-established contact, some people still restored family links through these services, offered by the Ivorian National Society/ICRC in cooperation with the authorities and

UNHCR. Around 80 unaccompanied children and 10 vulnerable adults rejoined their families, including some located through a photo tracing campaign (see *Liberia*).

Ivorian authorities and the ICRC dialogued on the importance of informing families of the fate of relatives missing since the 2011 conflict, and these families' other needs. The authorities were encouraged to update legislation applicable to missing people and their families and define a framework for providing State support to the families. Following the completion of a detailed study on the compatibility of current legislation with international laws and practices, the Justice Ministry and other ministries considered the ICRC's recommendations in this regard at a workshop.

The authorities and the ICRC also regularly discussed exhuming and identifying the remains of people buried in unmarked gravesites and setting up an office dedicated to the task, including during an exhumation/identification campaign conducted by the special commission charged with investigating alleged IHL/human rights violations during the 2011 conflict. Medico-legal personnel supporting the campaign were trained in ante-mortem data collection and identification techniques and supplied materials for forensic investigation by the ICRC. With the families' consent, cases lodged with the ICRC were shared with the authorities, facilitating investigations. In April, a first batch of 40 bodies were exhumed, 22 of which were identified; the authorities returned five bodies to the families, helping them find some closure.

Malian refugees in Burkina Faso meet urgent needs

The Ivorian National Society stepped up its presence in western Côte d'Ivoire by constructing/upgrading four branches, while the Burkinabé National Society extended its reach in northern Burkina Faso with ICRC help.

In Burkina Faso, some 420 Malian households (2,500 people) living outside UNHCR camps settled into host communities, aided by ICRC-provided household essentials. They and other refugees and host communities, with ICRC help, saw the hunger gap period through; roughly 9,000 people (1,500 households) received food rations, while some 2,000 of them accessed sufficient water for their personal needs or their livestock, from ICRC-upgraded water points. Around 2,500 local and refugee herders (18,900 people) maintained their livestock's health and productivity through free veterinary services provided with livestock authorities. Despite crowding with livestock and the limited sanitation infrastructure,

people maintained good hygiene and reduced their health risks, partly because of newly constructed showers and latrines and hygiene promotion campaigns.

Residents and IDPs in western Côte d'Ivoire continue rebuilding their lives

In western Côte d'Ivoire, 2,015 people (331 households) – mainly returnees struggling with land tenure issues – met their immediate needs through the provision of household essentials by National Society volunteers; some also received one-off food rations. Over 3,100 IDPs and residents returning to damaged homes/water infrastructure reintegrated into their communities, aided by ICRC-supplied roofing materials and chlorine tablets for purifying well water.

Vulnerable residents and returnees, with ICRC help, rebuilt their livelihoods and bolstered their resilience to violence. Some 3,000 households (18,000 people), mainly returnees, supplemented their sources of food and income by consuming/selling maize and rice they had cultivated with seed, tools and technical advice from the National Society/ICRC. Farmers resumed working coffee/cacao farmland rehabilitated during cash-for-work activities in 2012. Over 110 female heads of households (755 people) covered their families' basic needs with money earned from small businesses they had established using ICRC training and funds. Roughly 93% of the 200 women benefiting from this initiative since 2012 reported a significant increase in income.

Over 65,900 people in rural areas had enough clean water and better protection against hygiene-related diseases owing to the construction/repair of water points, which were maintained by local water committees trained and supplied with tools and spare parts by the ICRC. For example, some 8,600 reduced their exposure to hygiene-related diseases thanks to the construction of latrines and wells and hygiene promotion campaigns by the National Society/ICRC teams. Another 68,600 people in suburban areas likewise strengthened their resilience to diseases such as cholera.

People cope with conflict-related psychological trauma thanks to basic care in Ivorian health centres

Children and pregnant women in the isolated areas of northern Boléquin, where health services were largely absent, and in areas covered by four community health centres (see below) were vaccinated against polio and other illnesses by ICRC-supported health teams.

CIVILIANS		BURKINA FASO	CÔTE D'IVOIRE
Economic security, water and habitat			
Food commodities	Beneficiaries	9,000	606
Essential household items	Beneficiaries	2,492	2,015
Productive inputs	Beneficiaries		19,013
Work, services and training	Beneficiaries	18,900	
Water and habitat activities	Beneficiaries	2,054	143,333
Health			
Health centres supported	Structures		6
Average catchment population			306,752
Consultations	Patients		53,297
	<i>of which curative</i>		38,566
	<i>of which ante/post-natal</i>		9,574
Immunizations	Doses		151,606
	<i>of which for children aged five or under</i>		146,827
Referrals to a second level of care	Patients		495
Health education	Sessions		223

Nearly 53,300 patients – of whom pregnant women – reduced health risks and recovered from their illnesses/injuries after receiving ante/post-natal and curative care at four community health centres and two hospitals regularly supported by the ICRC with upgrades to sanitation infrastructure, medical supplies, professional guidance and fuel for transporting people needing specialized treatment to the regional hospital, which also received ad hoc support. Of these people, some 226 were treated for post-conflict stress or the consequences of sexual violence by 44 doctors, midwives and nurses trained to deal with mental illnesses.

Communities themselves became more involved in ensuring that people suffering psychological distress could benefit from proper care and a suitable home environment. At information sessions, over 47,500 people learnt about mental illness, available care and referral procedures. Around 80 community first-responders underwent training in psychological first aid.

Victims of sexual violence faced fewer obstacles in proving abuse, as the Ivorian Order of Physicians, with ICRC encouragement, urged its members to lower the prices of requisite medical examinations.

PEOPLE DEPRIVED OF THEIR FREEDOM

Region's authorities use the ICRC's confidential feedback in improving detainee treatment

Detainees in Benin, Burkina Faso, Côte d'Ivoire and Togo were visited by the ICRC in accordance with its standard procedures; security detainees, women, children and other vulnerable inmates were monitored individually. In Côte d'Ivoire, delegates also visited people in solitary confinement and those held by the police/*gendarmérie*, intelligence services or the military. People detained by Togolese authorities for their alleged role in the 2009 coup attempt or in setting fires (see *Context*), detainees held by Burkinabé authorities in relation to the 2011 mutiny and people sentenced by the International Criminal Tribunal for Rwanda serving their sentences in Benin, also received visits. The respective authorities used the ICRC's confidential feedback to improve treatment and living conditions for detainees.

Detainees contacted their relatives via telephone calls or RCMs or received parcels through Movement family-links services. At their request, foreign detainees had their consular representatives notified of their situation.

Ivorian authorities cope with the expanded needs following the reopening of 32 prisons

In Côte d'Ivoire, penitentiary authorities maintained a system to monitor the food supply chain and detainees' diet. Following body mass index checks, over 800 detainees with acute malnutrition recovered their health through therapeutic and supplementary feeding; at one prison, 540 moderately malnourished detainees maintained their health through a complementary feeding programme. In 15 prisons, some 600 inmates with vitamin-deficiency illnesses were treated directly; 2,000 inmates in six prisons received vitamin/mineral supplements. Roughly 5,000 detainees benefited from kitchen upgrades (see below). Partly through such measures, the overall rate of acute malnutrition remained below 15%, despite an increase in the prison population.

Over 10,300 detainees had improved living conditions and reduced health risks following repairs to kitchen/water/sanitation infrastructure and cleaning/pest-control campaigns. Some 8,270 also benefited from sleeping mats and hygiene and recreational items. Sick or injured detainees recovered at infirmaries supported by the ICRC with technical advice and medical supplies or through medical interventions, as in the case of 89 inmates.

After 32 prisons decommissioned during the violence in 2011 conflict were reopened in early 2013, the Ivorian authorities, with ICRC input, revised the penal code and penitentiary policies and assessed the state of prison infrastructure, with a view to redefining domestic detention standards. At two workshops, prison directors, officials from the Health Ministry and other ministries concerned shared best practices with the ICRC and identified practical solutions to core issues related to health, construction/maintenance/upgrade of prison infrastructure and budget.

PEOPLE DEPRIVED OF THEIR FREEDOM	BENIN	BURKINA FASO	CÔTE D'IVOIRE	TOGO
ICRC visits				
Detainees visited	13	11	10,785	2,676
<i>of whom women</i>			451	71
<i>of whom minors</i>			281	1
Detainees visited and monitored individually	13	11	564	30
<i>of whom women</i>			9	
<i>of whom minors</i>			9	
Detainees newly registered		1	370	25
<i>of whom women</i>			5	
<i>of whom minors</i>			7	
Number of visits carried out	1	4	236	20
Number of places of detention visited	1	2	61	9
Restoring family links				
RCMs collected			141	
RCMs distributed	1		69	
Phone calls made to families to inform them of the whereabouts of a detained relative		1	230	13
People to whom a detention attestation was issued			2	1

PEOPLE DEPRIVED OF THEIR FREEDOM	BENIN	CÔTE D'IVOIRE	TOGO
Economic security, water and habitat			
Food commodities	Beneficiaries	540	
Essential household items	Beneficiaries	9,113	
Water and habitat activities	Beneficiaries	10,350	2,412
Health			
Number of visits carried out by health staff	1	170	13
Number of places of detention visited by health staff	1	34	8

In Togo, planned upgrades to prisons' water/sanitation facilities were scaled back as the penitentiary authorities reviewed the terms of their agreement with the ICRC. Nevertheless, some 2,400 detainees in four prisons improved their living conditions with ICRC-supplied cleaning material. Inmates in the Lomé central prison were protected against outbreaks of disease by urgent sanitation measures carried out with the authorities.

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

Soldiers deploying to Burkina Faso or Mali or deployed in western Côte d'Ivoire learn more about IHL

With the Ivorian military focused on reorganization, activities with its IHL office were limited to campaigning for support for domestic integration of IHL among influential actors in Côte d'Ivoire and in the region. Nonetheless, over 2,300 soldiers, including auxiliary troops in western Côte d'Ivoire, learnt more about their responsibilities under IHL through information sessions. Another 2,100 troops – among them Burkinabé soldiers deployed near Burkina Faso's border with Mali and Burkinabé and Ivorian and Togolese forces deploying to Mali or Côte d'Ivoire – added to what they knew about IHL. Through information sessions and workshops, some 840 police/*gendarmérie* agents acquired a better grasp of IHL/human rights principles applicable to their duties, such as international standards governing the use of force during arrests.

One military officer from every country in the region attended courses in San Remo and some 180 Ivorian officers took part in similar courses in Côte d'Ivoire; in addition, 20 Ivorian military and *gendarmérie* instructors bolstered their ability to teach IHL. In Benin, Burkina Faso, Ghana and Togo, 165 students at military/*gendarmérie* academies learnt more about IHL and internationally recognized law enforcement standards. Burkina Faso's national officers' school and the Ivorian military's IHL office received IHL material. Benin's armed forces established their own IHL office.

All the countries in the region sign the Arms Trade Treaty

The region's authorities, including officials handling weapon-related issues, discussed ratification/implementation of IHL treaties at ICRC information sessions and conferences, for example on treaties relating to weapon proliferation (see *Nigeria*) and, in Togo, on the implementation of the Convention on Cluster Munitions in Africa. All five States covered by the delegation signed the Arms Trade Treaty. Togolese and Ivorian officials, with ICRC help, worked on the draft of a regional treaty regulating the proliferation of small arms and light weapons.

Beninese, Ivorian and Togolese authorities reviewed their respective penal codes; while doing so they took into account the ICRC's views on incorporating sanctions against IHL violations in domestic law. Ghanaian authorities and the Ivorian Justice Ministry also heeded the ICRC's advice while drafting a law on the emblem, ratifying the Rome Statute and implementing the Convention on Cluster Munitions.

Burkinabé and Togolese authorities discussed strengthening their respective IHL committees with ICRC help. The Togolese IHL committee had new members, appointed by the authorities.

Over 3,000 influential civil society members learn about IHL and the Movement's neutral action

Civil society members throughout the region, including student

magistrates, members of human rights groups and youth leaders, learnt about IHL/humanitarian issues of specific interest to them and broadened their exposure to the Movement through briefings and other events organized by the pertinent National Society with the ICRC. Medical personnel learnt about best practices in situations of insecurity through a white paper produced by the Ivorian Order of Physicians with ICRC input; this was in line with the goals of the Health Care in Danger project. Beninese, Ivorian and Togolese students participated in national moot court competitions in their respective countries. With ICRC support, an Ivorian university introduced an IHL course. Local authorities, particularly in western Côte d'Ivoire and in the area near Burkina Faso's border with Mali, were made aware of IHL and the ICRC's activities.

Journalists were informed of the complexities of reporting on humanitarian action through IHL courses in Côte d'Ivoire and in Togo. In-depth television and print coverage familiarized the public with Movement activities. As the country recovered from the events of 2011, people in Côte d'Ivoire learnt more about the ICRC's activities.

RED CROSS AND RED CRESCENT MOVEMENT

The five National Societies in the region improved their emergency response capacities with ICRC help: they shared best practices during workshops and trained volunteers in family-links services, first-aid and hygiene promotion. Burkinabé volunteers provided assistance/family-links services for Malian refugees and host communities in Burkina Faso, while Ivorian volunteers helped meet the needs of conflict-affected people, including those in remote communities (see *Civilians*). In Togo, trained volunteers were present at election-related events and protests, to tend to victims of violence.

The National Societies organized dissemination sessions and other related events, notably in line with the World Red Cross and Red Crescent Day, with a view to raising public awareness of neutral and impartial humanitarian action and the Movement's emblems. In Côte d'Ivoire, private health care facilities discussed the proper use of the red cross/red crescent emblem with the National Society and the ICRC.

Where necessary, the National Societies reformed their managerial and financial practices, and strengthened their statutes with help from the International Federation and the ICRC. However, the Benin Red Cross's financial/organizational issues remained unresolved despite an external audit.

Movement partners met regularly to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		805	177	
RCMs distributed		505	111	
Names published in the media		41		
Reunifications, transfers and repatriations				
People reunited with their families		90		
	<i>including people registered by another delegation</i>	84		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		221	42	28
People located (tracing cases closed positively)		114		
	<i>including people for whom tracing requests were registered by another delegation</i>	24		
Tracing cases still being handled at the end of the reporting period (people)		265	42	40
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		26	7	
UAMs/SCs reunited with their families by the ICRC/National Society		80	36	
	<i>including UAMs/SCs registered by another delegation</i>	74		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		26	9	
Documents				
Official documents relayed between family members across border/front lines		1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		13,485	522	282
Detainees visited and monitored individually		618	9	9
Detainees newly registered		396	5	7
Number of visits carried out		261		
Number of places of detention visited		73		
Restoring family links				
RCMs collected		141		
RCMs distributed		70		
Phone calls made to families to inform them of the whereabouts of a detained relative		244		
People to whom a detention attestation was issued		3		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)¹				
Food commodities	Beneficiaries	9,606	29%	47%
Essential household items	Beneficiaries	4,507	12%	17%
Productive inputs	Beneficiaries	19,013	31%	51%
Work, services and training	Beneficiaries	18,900	30%	50%
Water and habitat activities	Beneficiaries	145,387	28%	37%
	<i>of whom IDPs</i>	37,859		
Health²				
Health centres supported	Structures	6		
Average catchment population		278,940		
Consultations	Patients	53,297		
	<i>of which curative</i>		10,486	28,080
	<i>of which ante/post-natal</i>		9,574	
Immunizations	Doses	151,606		
	<i>of which for children aged five or under</i>			
Referrals to a second level of care	Patients	495		
Health education	Sessions	223		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)³				
Food commodities	Beneficiaries	540		
Essential household items	Beneficiaries	9,113		
Water and habitat activities	Beneficiaries	12,762		
Health⁴				
Number of visits carried out by health staff		184		
Number of places of detention visited by health staff		43		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		

1. Burkina Faso, Côte d'Ivoire

2. Côte d'Ivoire

3. Côte d'Ivoire, Togo

4. Benin, Côte d'Ivoire, Togo

ANTANANARIVO (regional)

COVERING: Comoros, Madagascar, Mauritius, Seychelles



 ICRC regional delegation

Having worked in Madagascar intermittently during the 1990s, the ICRC has been permanently present in the country since 2002. In 2011, it opened its regional delegation for the Indian Ocean in Antananarivo. The ICRC visits detainees in the Comoros and Madagascar, working closely with the latter's authorities to improve conditions in prisons. It raises awareness of IHL and international human rights law among the authorities and armed and security forces. It supports the activities of the region's National Societies, while helping them strengthen their capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ thousands of malnourished detainees in Madagascar, including inmates of 16 prisons no longer receiving external aid, recovered their health through direct food assistance, medical care and regular nutrition monitoring
- ▶ detainees at selected Malagasy prisons had access to sufficient quantities of water and better hygiene/living conditions following the renovation of infrastructure, vector-control campaigns, and distributions of hygiene items
- ▶ in Madagascar, the efforts of a technical committee to enhance respect for detainees' judicial guarantees, and ICRC support for the authorities, led to the review of individual case files and the release of 95 inmates
- ▶ Malagasy security units learnt more about rules applicable to law enforcement through briefings/training, with the Interior Security Ministry committing to updating security policies/manuals to ensure compliance with such rules
- ▶ in the Comoros, drawing on ICRC expertise, the authorities concerned worked towards establishing a national penitentiary administration
- ▶ the region's National Societies, with ICRC support, strengthened their emergency preparedness/response and IHL-promotion capacities, with over 1,000 first-aiders in Madagascar undergoing training ahead of the elections

EXPENDITURE (in KCHF)

Protection	798
Assistance	1,417
Prevention	417
Cooperation with National Societies	558
General	-

3,190

of which: Overheads 195

IMPLEMENTATION RATE

Expenditure/yearly budget	100%
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PERSONNEL

Mobile staff	7
Resident staff (daily workers not included)	23

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	7
RCMs distributed	36
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	14,081
Detainees visited and monitored individually	65
Number of visits carried out	70
Number of places of detention visited	26
Restoring family links	
RCMs collected	49
RCMs distributed	7
Phone calls made to families to inform them of the whereabouts of a detained relative	22

CONTEXT

The political crisis in Madagascar remained unresolved until presidential and legislative elections at year's end. The elections were the culmination of multilateral efforts, including those of the Southern African Development Community, to implement a road map agreed upon by the transitional government and the opposition in 2011. They passed off without major incident.

Economic difficulties continued to exacerbate poverty, already chronic, in Madagascar, which affected delivery of basic services, including in prisons. A widespread locust invasion, which had a devastating impact on food production, added to the country's difficulties. Direct financial support from main international donors remained frozen until the completion of the electoral process.

In the Comoros, an alleged attempt in April to overthrow the president led to arrests. The forced return of Comoran migrants from Mayotte Island drew international attention.

Natural disasters of varying scale affected the region.

ICRC ACTION AND RESULTS

The Antananarivo regional delegation continued to focus on: supporting the penitentiary authorities in Madagascar – and, on a smaller scale, in the Comoros – in making structural improvements and responding to detainees' urgent needs; promoting IHL/ other relevant norms; and assisting the region's National Societies in reinforcing their emergency services.

The ICRC visited detainees in the Comoros and Madagascar, including those detained for security reasons, to monitor their treatment and living conditions. In Madagascar, it began to visit prisons in the north no longer receiving support from other organizations. Confidential feedback and recommendations shared with the authorities after the visits, complemented by sessions for prison staff on detainees' rights, improved the treatment of detainees in certain prisons.

As the Malagasy authorities lacked the resources to address detainees' urgent needs and the penitentiary administration's budget was cut again, the ICRC, with a local partner, regularly distributed supplementary high-energy food rations to malnourished detainees in selected prisons and extended its coverage to 16 other prisons no longer receiving external aid. This led to a rapid improvement in detainees' nutritional status in the prisons concerned. Following

the renovation of water/sanitation and other infrastructure, the implementation of vector-control campaigns and distributions of hygiene and other essential items in some prisons, inmates had better access to safe drinking water and better hygiene/living conditions. To ensure lasting results, some prison staff learnt how to control/prevent plague outbreaks and became public health promoters, as it were, for the further dissemination and implementation of such techniques.

The ICRC supported efforts by the Comoran and Malagasy authorities to advance penitentiary reform. In Madagascar, it lent its expertise to the two technical committees dealing with health issues and respect for judicial guarantees. The health committee monitored the implementation of a national prison health charter and helped maintain efforts to improve TB management in two prisons. Detainees had better access to health care following the authorities' appointment of at least one health worker to each of Madagascar's central prisons. A nutrition monitoring system ensured regular follow-up for malnourished inmates. The committee on respect for judicial guarantees worked to reduce overcrowding in prisons by advocating detainees' rights and the timely resolution of their cases. This contributed to speeding up the judicial process; the authorities acted on individual cases brought up by the ICRC, which led to the release of a number of detainees. In the Comoros, the authorities, with guidance from the ICRC, worked towards establishing a national penitentiary administration; training, including in applicable human rights principles, helped build their capacities in prison management. On the ICRC's recommendation, the Justice Ministry and Caritas signed an agreement to improve detainees' access to health care.

Briefings for security forces on rules applicable to law enforcement helped ensure respect for civilians in the event of unrest; Malagasy authorities committed to updating their security policies/manuals to ensure compliance with such rules. National Society/ICRC meetings with the region's national IHL committees contributed to the Seychelles signing the Arms Trade Treaty. In Madagascar, owing to the political situation, no progress was made in drafting a law protecting the emblem. Civil society learnt more about the Movement, IHL and humanitarian principles and concerns through specific events and media coverage of National Society/ICRC activities in the region.

The region's National Societies, with ICRC support, strengthened their emergency preparedness/response and IHL promotion/communication capacities, as well as their ability to apply the

PEOPLE DEPRIVED OF THEIR FREEDOM	COMOROS	MADAGASCAR
ICRC visits		
Detainees visited	246	13,835
<i>of whom women</i>	9	708
<i>of whom minors</i>	11	439
Detainees visited and monitored individually	22	43
<i>of whom minors</i>		1
Detainees newly registered	22	23
<i>of whom minors</i>		1
Number of visits carried out	5	65
Number of places of detention visited	1	25
Restoring family links		
RCMs collected	1	48
RCMs distributed	1	6
Phone calls made to families to inform them of the whereabouts of a detained relative	4	18
People to whom a detention attestation was issued	1	

Safer Access Framework. Malagasy Red Cross Society instructors trained around 1,000 people in first aid in preparation for the elections. Meetings among Movement partners facilitated coordination of activities.

PEOPLE DEPRIVED OF THEIR FREEDOM

More detainees in Madagascar visited by ICRC

In Madagascar, the ICRC expanded the scope of its detention visits to prisons in the north no longer receiving support from other organizations. Thus, over 75% of the prison population held under the authority of Madagascar's Ministry of Justice, and detainees at the Moroni prison in the Comoros – including those arrested in relation to an alleged coup attempt – received visits, conducted according to the ICRC's standard procedures. Delegates monitored their treatment and living conditions, including respect for their judicial guarantees. Security detainees were followed up individually and vulnerable inmates, such as women, children and foreigners, received special attention. Detainees contacted their families through RCMs/phone calls or notified their consular representatives of their situation via the ICRC.

After the visits, the ICRC gave the authorities confidential feedback and recommendations for improvements – for instance, in connection with overcrowding and detainees' treatment; this information sometimes took the form of written reports. In addition, information sessions on detainees' rights were often organized for prison staff (see below). The Malagasy authorities followed up some of the ICRC's recommendations, which led to improvements in detainees' treatment in certain prisons and/or the adoption of measures to ensure prison staff's compliance with pertinent norms/procedures.

Malagasy prison authorities receive support to deal with emergencies and structural deficiencies

The Malagasy authorities often lacked the resources to address issues in the prison system; this was compounded by further cuts in their budgets, which affected, *inter alia*, detainees' diet and the maintenance of prison infrastructure. The ICRC provided support for meeting detainees' urgent needs and finding long-term solutions to structural deficiencies in the prison system (see below); it also helped the authorities boost their capacity to mobilize national and international support.

Thousands more recover from malnutrition in Malagasy prisons

Within the framework of an emergency nutritional assistance programme implemented by a local NGO with financial/ in-kind/ technical ICRC support, 4,712 malnourished inmates of 27 detention facilities received supplementary high-energy food rations, distributed monthly in the form of a cooking pot containing rice, beans, oil and salt. They included 3,746 inmates of 16 prisons who started benefiting from the programme in 2013, in keeping with an agreement signed with the penitentiary administration and the

NGO to extend the programme to detention facilities no longer receiving aid from other organizations. The assistance contributed to a rapid improvement in detainees' nutritional status and a reduction in related mortality rates, and to maintaining the overall acute malnutrition rate at 10-13%. Malnourished inmates also received comprehensive care from prison health staff equipped with drugs/medical supplies distributed to prison dispensaries. Those in need of urgent medical attention were transferred to hospital, with ICRC support.

Detainees in Madagascar have sufficient water and cleaner surroundings

In all, 4,344 inmates of nine detention facilities saw improvements in their conditions following the renovation of water/sanitation infrastructure and other facilities, such as kitchens, food storage rooms and sleeping cells for women. These repairs were carried out in coordination with the authorities and other relevant actors. One result was that 82% of these inmates had access to the recommended quantity of 20 litres – or more – of water per day.

Almost 11,200 inmates of 19 prisons enhanced their personal hygiene with soap, cleaning products and rubbish bins, and good hygiene practices learnt at awareness-raising sessions. Vector-control campaigns, which included the disinfection of prison cells, reduced health hazards for some of them – for instance, the 708 inmates of the Ambatondrazaka prison, which was situated in a region prone to bubonic plague. To help ensure lasting results, at a training session organized with the Health Ministry and the Pasteur Institute, 27 staff members of the Ambatondrazaka prison were trained to prevent/control bubonic plague and rodent infestations, and became public health promoters, as it were, for the further dissemination and implementation of such techniques. A film on the subject, developed in cooperation with local partners, was shown at the training sessions.

In November, with ICRC input, the relevant authorities drafted guidelines on hygiene in prisons, which called for the establishment of hygiene committees to monitor their implementation.

Allocation of health staff to all Malagasy central prisons improves detainees' access to health care

The relevant authorities, with ICRC expertise and support, sought to advance penitentiary reform; they were encouraged to set up an interministerial steering committee and an executive body under the Justice Ministry to tackle pertinent issues in a comprehensive manner. Two technical committees – on health issues and on respect for judicial guarantees – continued to meet, bringing together the penitentiary administration, medical sector and judiciary, with the ICRC facilitating coordination/discussions.

The health committee, which usually met twice a month, followed up the implementation of policies and guidelines set out in the national prison health charter. It maintained efforts to improve

PEOPLE DEPRIVED OF THEIR FREEDOM		COMOROS	MADAGASCAR
Economic security, water and habitat			
Food commodities	Beneficiaries		966
Essential household items	Beneficiaries	272	11,195
Cash	Beneficiaries		3,746
Water and habitat activities	Beneficiaries	243	8,214
Health			
Number of visits carried out by health staff			33
Number of places of detention visited by health staff			23

TB management in the Antanimora and Tsiafahy prisons. A pilot project to enhance the quality of health care in these two prisons – developed within the framework of a 2012 agreement with the Health and Justice Ministries – was not implemented owing to lack of resources. In line with a 2012 decree that restored prison medical services, the authorities continued to deploy health staff to detention facilities lacking such personnel; this resulted in the 41 central prisons having at least one health worker each, thereby improving detainees' access to health care.

A nutrition monitoring system, established in late 2012 at the ICRC's suggestion and covering the 41 central prisons, provided the penitentiary administration with data on detainees' nutritional status, mortality rates and prison food stocks, enabling it to monitor acute malnutrition among inmates. The authorities adopted and began implementing a framework, developed in 2012 with ICRC support, for nutritional intervention.

Malagasy detainees benefit from better management of their case files

The committee on respect for judicial guarantees issued seven recommendations concerning the penitentiary administration and judiciary. It worked to reduce overcrowding and adopted measures aimed at improving awareness of, and respect for, detainees' rights, including the rights to apply for bail and parole and for their cases to be processed within a reasonable length of time. The authorities concerned, particularly the Justice Ministry, received technical guidance/material support from the ICRC for managing detainee registers and case files. They acted on individual cases brought up by the ICRC, which helped expedite court proceedings and led to the release of 95 inmates. During briefings, staff at selected detention facilities learnt more about detainees' rights and internationally recognized standards on arrest and detention. Similar sessions for students at the national prison administration school were postponed.

Donations of office supplies/equipment improved working conditions in the legal offices of nine prisons – including Antananarivo's main prison – that held over 7,500 people.

Comoran prison staff build capacities in prison administration and management

The Comoran authorities continued to rely on ICRC expertise for establishing a national penitentiary administration. The national human rights committee and the ICRC jointly organized a training session, at which around 20 penitentiary officials, and staff from three detention facilities, learnt more about human rights principles and prison administration/management.

Acting on ICRC recommendations, the Justice Ministry signed an agreement with Caritas to improve detainees' access to health care.

Work with the authorities enhanced living conditions for detainees. Over 240 inmates of the Moroni prison saw improvements in their surroundings and in their access to clean water following repairs to the prison's water/sanitation infrastructure and to its kitchen and other facilities. Risks to their health were lessened by a vector-control campaign, which included disinfection of the prison's premises, carried out with the Comoros Red Crescent; they also improved their personal hygiene with soap and cleaning materials.

Some migrants expelled from Mayotte benefited from essential items distributed by the National Society with ICRC support, and maintained/restored contact with their relatives using family-links services.

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

Malagasy authorities take steps to update security policies/manuals

To ensure respect for civilians from armed/security forces during unrest, the ICRC maintained dialogue with the Comoran and Malagasy authorities on detention-related issues (see *People deprived of their freedom*) and, in Madagascar, on enhancing law enforcement officers' understanding of humanitarian principles, IHL, international human rights law and internationally recognized standards applicable to law enforcement, including arrest and detention. Discussions took place with Malagasy governors, ministry officials and senior military officers on security operations in the south. Such contact also served to garner support for the Movement's neutral, impartial and independent work and draw attention to humanitarian concerns, including in relation to the Health Care in Danger project.

In Madagascar, over 280 commanders/officers from the military and security forces and around 60 officers from mixed forces (composed of units from the army/police/*gendarmerie*), attended briefings or training sessions on the subjects mentioned above. Private security personnel serving companies in the mining areas of Fort Dauphin, Moramanga and Toamasina attended similar sessions. Twenty-four military/police/*gendarmerie* officers, some of whom were involved in law enforcement operations, learnt to teach these subjects at a train-the-trainer course. Plans were made to use them as trainers in future sessions. The measured responses of the mixed forces during subsequent law enforcement operations encouraged the continuation of such activities.

Contact with police and *gendarmerie* training commands aimed to advance the incorporation of applicable international law in their doctrine, training and operations. The Interior Security Ministry and the ICRC signed a cooperation agreement in September for updating security policies and manuals and training the various forces. At year's end, a working group charged with implementing the agreement held its first meeting. Preparations were under way for a similar agreement with the *gendarmerie*.

Seychelles signs Arms Trade Treaty

Meetings between the region's national IHL committees and the National Societies/ICRC kept the former up to date on developments in IHL and encouraged domestic IHL implementation. The meetings also contributed to the Seychelles signing the Arms Trade Treaty and enhanced the Comoran, Malagasy and Mauritian governments' understanding of the National Societies'/ICRC's role in promoting accession to or ratification/implementation of key IHL/other relevant treaties. In Madagascar, however, no progress was made in drafting a bill on using/protecting the emblem, as the legislative authorities had yet to resume work in this area. In the Comoros, dialogue with the national human rights committee resulted in the organization of a training course for penitentiary officials/prison staff (see *People deprived of their freedom*).

Representatives from the region's national IHL committees discussed domestic IHL implementation at a workshop abroad

(see *Pretoria*), after which they sent written reports to fellow officials, outlining recommendations developed at the workshop and priority action points for their respective governments. Officials from Mauritius and the Seychelles discussed similar subjects at a meeting of national IHL committees from member States of the Commonwealth of Nations (see *Caracas*).

Academic institutions continued to stimulate interest in IHL. In Madagascar, the University of Fianarantsoa, with ICRC help, established an IHL course. At a round-table at a university in Antananarivo, organized with the national IHL committee and the Swiss embassy, over 100 law students and media representatives discussed challenges to IHL implementation in the country. Outreach to an Islamic university in the Comoros and to student associations in several Malagasy universities contributed to raising awareness of IHL, as did National Society IHL-promotion activities in Mauritius and the Seychelles.

Malagasy journalists raise public awareness of humanitarian issues

Contact with the media and international organizations/NGOs served to raise their awareness of humanitarian principles/concerns, IHL and the Movement's work.

The general public grew more familiar with such topics through national/international media coverage of Movement activities – including the vector-control campaigns in Malagasy prisons (see *People deprived of their freedom*) – based on National Society/ICRC press releases, interviews and publications, including a recently launched newsletter. Malagasy Red Cross/ICRC briefings for Malagasy journalists, and public events organized by the National Societies on World Red Cross and Red Crescent Day (8 May), supported these efforts.

Youth activists, members of the Independent National Electoral Commission for the Transition and labour union representatives were briefed, before the elections in Madagascar, on Movement activities and the ICRC's mandate.

An orthopaedic centre in Ambositra, Madagascar, supported by the ICRC Special Fund for the Disabled, received assistance for raising awareness of its services and in promoting the rights of the disabled.

RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies – with ICRC financial/material/technical/training support – strengthened their governance/management and capacities in emergency preparedness/response, IHL promotion and communication on the Movement and its Fundamental Principles (see above). For instance, before the elections, 14 Malagasy Red Cross instructors trained 74 branch team leaders and doctors in managing first-aid services and in applying the Safer Access Framework; they in turn prepared over 1,000 volunteers to respond in case of unrest.

ICRC support also facilitated the response to the needs of migrants expelled from Mayotte (see *People deprived of their freedom*) and of people affected by severe floods in the Comoros and Mauritius, and by a cyclone in Madagascar.

With the backing of the Office of the Prime Minister, the Mauritius Red Cross Society promoted the incorporation of IHL in secondary school activities and submitted a proposal to the pertinent authorities in this regard.

Meetings among all Movement partners in the region facilitated the coordination of activities; the French Red Cross also coordinated activities through the Indian Ocean Regional Intervention Platform.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		7		
RCMs distributed		36		
Tracing requests, including cases of missing persons			Women	Minors
Tracing cases still being handled at the end of the reporting period (people)		1	1	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		14,081	717	450
Detainees visited and monitored individually		65		1
Detainees newly registered		45		1
Number of visits carried out		70		
Number of places of detention visited		26		
Restoring family links				
RCMs collected		49		
RCMs distributed		7		
Phone calls made to families to inform them of the whereabouts of a detained relative		22		
People to whom a detention attestation was issued		1		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
Economic security, water and habitat (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	966		
Essential household items	Beneficiaries	11,467		
Cash	Beneficiaries	3,746		
Water and habitat activities	Beneficiaries	8,457		
Health				
Number of visits carried out by health staff		33		
Number of places of detention visited by health staff		23		

1. Comoros, Madagascar

CONTEXT

In Senegal, peace talks between the Mouvement des Forces Démocratiques de Casamance (MFDC) and the authorities had yielded no results at year's end. Thus, despite the comparative calm, safe access to conflict-affected areas of the Casamance region of Senegal (hereafter Casamance) remained difficult for government officials and many humanitarian workers. Sporadic violence, mines – some newly laid – and explosive remnants of war (ERW) continued to claim lives, affect people's movements and livelihoods and slow the return of IDPs and refugees. By July, all 12 mine clearance workers captured by the MFDC in April had been released. In some areas, demining began with the consent of all parties; it followed the construction route of a national highway.

In Guinea-Bissau, the presence of international troops and the signing of a transition pact by political parties provided some stability for the transitional government, which was plagued by allegations of corruption, particularly in relation to the military. Presidential elections were postponed to April 2014.

Gambia, Guinea-Bissau and Senegal participated in the UN Multidimensional Integrated Stabilization Mission in Mali.

The region remained a major migratory route to Europe for people from these four countries and elsewhere in Africa.

ICRC ACTION AND RESULTS

The ICRC worked closely with the region's National Societies to help meet the needs of IDPs/returnees and other conflict/violence-affected people in Casamance and inhabitants of north-western Guinea-Bissau out of reach of State services. The Gambia Red Cross Society, the Red Cross Society of Guinea-Bissau and the Senegalese Red Cross Society – the ICRC's primary partners in their countries – developed their emergency response and family-links capacities. Movement components regularly coordinated their efforts.

Dialogue with the Senegalese authorities, armed forces and the MFDC served to promote respect for people, particularly their need for unhindered access to health care. Documented abuses were presented to the parties concerned, to encourage them to prevent recurrence. Dialogue also facilitated access to Casamance for National Society volunteers and ICRC staff, and for those whom they accompanied: this enabled third-party mediators to meet with MFDC factions, and State health workers to conduct immunization/deworming activities in areas otherwise inaccessible to them. Similarly, National Society volunteers and ICRC staff, together with trained community health workers, were able to upgrade/install water and sanitation infrastructure and safely conduct health-awareness briefings, which helped communities better protect themselves against illnesses. People in Casamance and Guinea-Bissau also maintained/recovered their health thanks to ante/post-natal and curative care at ICRC-supported health centres, including the fully renovated facility in São Domingos, and physical therapy at the physical rehabilitation centre in Bissau.

IDPs, returnees and other conflict/violence-affected people reduced their exposure to violence and mines outside their communities by pursuing livelihood activities in or near their home or host villages, aided by the Senegalese National Society and the ICRC. For example, farmers and herders maintained healthy herds

through ICRC-supported animal vaccination campaigns and were helped to increase their yields through ICRC-provided agricultural supplies and equipment and upgraded irrigation systems. Some IDPs launched small businesses with ICRC support in the form of funding and business training. Returning IDPs and refugees eased their resettlement with ICRC-provided construction material and household essentials.

People detained in Senegal were visited by ICRC delegates, who provided confidential feedback to the detaining parties, helping them improve detainees' treatment and living conditions. With feedback and technical support from the ICRC, penitentiary authorities pursued system-wide reforms that addressed detainees' treatment and lengthy pre-trial detention, among other things. Detainees visited by the ICRC contacted their relatives through National Society/ICRC family-links services. The 12 mine clearance workers held by the MFDC did so as well; the ICRC acted as a neutral observer during their release, at the MFDC's request and with the authorities' consent.

Families separated by conflict – in Casamance and in northern Mali – or by migration or other circumstances contacted their relatives through Movement services. Movement components and international organizations exchanged views and best practices at a workshop on restoring family links for Malian refugees, and migrants and minors in general; in particular, the Bissau-Guinean, Gambian and Senegalese National Societies coordinated their activities. In Senegal, families of missing migrants better coped with the absence of their relatives and were informed of legislation applicable to their situation with psychological and legal/administrative support.

The region's authorities drew on the ICRC's expertise to ratify and implement IHL treaties: Cabo Verde, Guinea-Bissau and Senegal signed the Arms Trade Treaty within the year. Military/police/*gendarmerie* units deployed locally or abroad were briefed on IHL and international norms applicable to their duties. At workshops and other events, the Senegalese National Society and the ICRC encouraged influential people, including religious leaders, to discuss IHL and the challenges faced by humanitarian and health workers. These efforts, together with extensive media coverage, helped build a broad base of support for the Movement's neutral, impartial and independent humanitarian action.

CIVILIANS

Casamance remained relatively calm, but people continued to report mine-related incidents and abuse, including sexual violence, to the ICRC; few people reported relatives missing during conflict. Documented allegations were presented to parties concerned, to encourage them to prevent further abuses.

More pregnant women benefit from ante/post-natal care in Casamance and Guinea-Bissau

Substantial dialogue with parties concerned, including all MFDC factions, facilitated access for the Senegalese Red Cross/ICRC to vulnerable and isolated communities. As a result, communities in Casamance could, *inter alia*, benefit from National Society/ICRC livelihood support or national vaccination/deworming campaigns that State health workers were able to safely conduct in conflict-affected areas while accompanied by ICRC staff. In the same way, some third-party mediators were able to meet with MFDC factions.

Over 24,000 people, including pregnant women and children, maintained their health with preventive, ante/post-natal or curative care at five primary health centres in Casamance and three in Guinea-Bissau that had improved services with medical consumables, technical input and other ICRC support. Health workers in one centre in Casamance treated people in isolated areas, using an ICRC-provided motorcycle to travel there. In Guinea-Bissau's São Domingos referral centre, health staff provided care and conducted information sessions on family-planning/disease prevention more efficiently, following the completion of extensive infrastructural upgrades begun in 2011.

Outside centres, people better protected themselves against disease thanks to National Society-supported campaigns. More than 20,000 people, mostly women in Casamance and some female migrants in Dakar, learnt about sexually-transmitted illnesses from a network of community health workers and Senegalese National Society volunteers, established with ICRC help; some women availed themselves of screening services. In Guinea-Bissau, roughly 9,500 people, of whom 8,500 school children and beneficiaries of upgrades to sanitation infrastructure (see below), reduced health risks, following hygiene-promotion sessions organized with school teachers.

Some 1,870 people in Casamance and 4,830 in Guinea-Bissau had access to clean water in greater quantities and reduced their exposure to hygiene-related and water-borne illnesses after a borehole was drilled, 41 village wells rehabilitated, and 2 rainwater collectors installed. In the Ziguinchor area of Casamance, roughly 2,170 people, including 600 long-time IDPs, benefited from the installation of 150 latrines by National Society volunteers. Around 40 local water committees trained in long-term maintenance.

Thousands of herding families maintain healthier livestock

Communities learnt about maintaining their livestock's health and available veterinary services at information sessions. Afterwards, some 4,000 herding families in Casamance and 600 in Guinea-Bissau (32,200 people) improved the health, and therefore the productivity/market value, of their livestock through national veterinary campaigns conducted by animal health workers trained and equipped by the ICRC.

People in Casamance increased their food/income sources and protected themselves from violence and mines outside their communities by pursuing Senegalese National Society/ICRC-supported livelihood activities in or near their home/host villages. In Diagonon and Kouram villages, 800 residents were able to plant on more arable land, because community members, under National Society/ICRC supervision, had built dikes for collecting rainwater and protecting the soil from the Casamance River's salty water; 60 families (480 people) produced rice using ICRC-provided seed. Some 70 women in eight villages reduced the amount of effort and time needed for grinding cereals, using a milling machine donated by the ICRC. These women and other recipients in previous years maintained/built shelter structures for these mills with technical advice and some material support. Similarly, around 250 female heads of households in Guinea-Bissau and Senegal (2,400 people) who had planted market gardens in previous years continued benefiting from technical advice and donations of tools; several women diversified their plantings after training in banana cultivation. In Ziguinchor, 40 IDPs covered their families' (430 people) basic needs through income earned from small businesses, ranging from fishing to metalworking, that they had set up with ICRC funding and training. Candidates were selected based on their need, skills and on the viability of their ventures.

IDPs and refugees returning from Gambia eased their resettlement into their communities with additional assistance. Nearly 150 families (1,600 people) rebuilt their houses or improved their living conditions using ICRC building materials and household essentials. Some 155 families (1,540 people) supplemented their diet and income by consuming or selling meat/milk or cereals they had produced using ICRC-provided goats, seeds and other agricultural inputs.

In Casamance, nearly 30 families (400 people) displaced by fire and 3 other IDP families (28 people) in northern Guinea-Bissau coped with their temporary displacement with ICRC-provided one-month food rations and household essentials. Thousands of people used buckets, tarps, nails and other items distributed to them by the ICRC to reduce surplus stock from past years.

CIVILIANS		GUINEA-BISSAU	SENEGAL
Economic security, water and habitat			
Food commodities	Beneficiaries	28	401
	<i>of whom IDPs</i>	28	401
Essential household items ¹	Beneficiaries	28	44,320
	<i>of whom IDPs</i>	28	492
Productive inputs ¹	Beneficiaries		15,324
Cash	Beneficiaries		751
	<i>of whom IDPs</i>		433
Work, services and training ¹	Beneficiaries		2,390
Water and habitat activities	Beneficiaries	14,379	5,881
	<i>of whom IDPs</i>		1,627
Health			
Health centres supported	Structures	3	5
Average catchment population		38,714	17,375
Consultations	Patients	9,581	14,458
	<i>of which curative</i>	6,667	12,935
	<i>of which ante/post-natal</i>	2,914	1,523
Immunizations	Doses	27,955	21,724
	<i>of which for children aged five or under</i>	26,758	21,276
Referrals to a second level of care	Patients	46	83
Health education	Sessions	547	210

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

Unaccompanied children restore contact with their families

In Senegal, the National Society, with ICRC help, set up its family-links network and organized a family-links workshop at which volunteers from National Societies in the region and elsewhere in West Africa, as well as representatives from the International Federation, UN agencies and IOM, exchanged views and best practices regarding Malian refugees, migrants and minors; the Bissau-Guinean, Gambian and Senegalese National Societies coordinated their approaches, particularly regarding unaccompanied minors. Separated family members restored contact through RCMs and telephone calls. In Senegal, they included unaccompanied minors working at a mining site and Koranic students unable to communicate with their families for logistical reasons. Hundreds of children and vulnerable adults rejoined relatives with whom they had lost contact during crowded religious events in Guinea-Bissau and Senegal.

In Senegal, some families better coped with the absence of their breadwinners/relatives missing in relation to migration and were informed of legislation applicable to their situation through psychological and legal/administrative support provided by the National Society; planned social/economic support was cancelled owing to limited resources. Other actors were informed of these families' specific needs – through a detailed National Society/ICRC report – and encouraged to provide long-term support; the report was presented to these actors individually or during international fora (see, for example, *Brussels* and *Europe*).

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees held in Senegal, including in relation to the Casamance conflict, and some in Guinea-Bissau received visits from the ICRC, conducted in accordance with the organization's standard procedures. Following visits, the detaining parties received confidential feedback and recommendations, which helped them improve detainees' treatment and living conditions. Senegalese authorities permitted the ICRC to start visiting people held by the *gendarmérie* in 2014. However, the Gambian authorities and the ICRC had yet to reach agreement on access to people detained in the country.

Mine clearance workers held by the MFDC contact their families

During visits, detainees contacted their relatives using National Society/ICRC family-links services; among them were 12 mine clearance workers held by the MFDC, who sent their families "safe and well" messages, and made themselves more comfortable using ICRC-provided blankets and hygiene items. The ICRC acted as a neutral observer during The ICRC acted as a neutral observer during the release of some of them, at the MFDC's request and with the authorities' consent.

Senegalese penitentiary authorities took steps, with ICRC technical input, to implement systemwide reforms. Aided by the ICRC's analysis of the judicial system, they determined how best to tackle overcrowding caused by lengthy pre-trial detention. In December, judges, prosecutors and other decision-makers discussed issues related to judicial guarantees and ways to address them at a round-table organized with the Justice Ministry and OHCHR; this resulted in concrete recommendations, such as the creation of a committee responsible for amending sentencing and detention procedures. Penitentiary staff developed their management skills through training modules on infrastructure maintenance, nutrition and health care, developed with ICRC help.

The authorities and the ICRC discussed improving detainees' access to health care; in the meantime, some detainees benefited from health-related activities conducted by an NGO using ICRC medical materials. In Kolda prison, 280 detainees had enough clean water, and fewer health risks, following the installation of a water tank.

WOUNDED AND SICK

Six victims of violence in Casamance received medical/surgical treatment at a regional hospital; the costs were covered by the ICRC. This hospital had prepared itself for any surge in needs by replenishing its stock for treating weapon wounds with ICRC supplies.

CIVILIANS	GAMBIA	GUINEA-BISSAU	SENEGAL
Red Cross messages (RCMs)			
RCMs collected	1	5	9
RCMs distributed	1	1	2
			<i>including from UAMs/SCs*</i>
Phone calls facilitated between family members			399
Reunifications, transfers and repatriations			
People reunited with their families			1
Tracing requests, including cases of missing persons			
People for whom a tracing request was newly registered		7	11
			<i>of whom women</i>
			<i>of whom minors at the time of disappearance</i>
People located (tracing cases closed positively)	3	7	3
			<i>including people for whom tracing requests were registered by another delegation</i>
Tracing cases still being handled at the end of the reporting period (people)	7	1	16
			<i>of whom women</i>
			<i>of whom minors at the time of disappearance</i>
UAMs/SCs*, including unaccompanied demobilized child soldiers			
UAMs/SCs newly registered by the ICRC/National Society			9
UAM/SC cases still being handled at the end of the reporting period			9

* Unaccompanied minors/separated children

Local associations of disabled people help identify potential patients for physical rehabilitation

More than 1,200 people accessed physical rehabilitation services at the ICRC-supported physical rehabilitation centre in Bissau, but less than 50 needed prostheses/orthoses. Potential patients were thus encouraged to avail themselves of the centre's services through leaflets and outreach programmes organized with local associations of disabled people. A study on communities' capacity to independently cover health care/physical rehabilitation costs was undertaken, with a view to developing support mechanisms for destitute patients.

Staff and technicians at the centre in Bissau continued to strengthen their abilities through ICRC presentations, on-the-job training and courses abroad, thereby expanding Guinea-Bissau's pool of qualified professionals. Two ICRC-sponsored technicians started their third and last year of training at a school abroad. In September, the authorities signed an international convention pertaining to the support due to persons with disabilities.

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

Political, military and religious leaders facilitate people's unhindered access to health care

Dialogue with Senegalese authorities, armed forces and the MFDC fostered respect for the population and unhindered access to health care (see *Civilians*), and support for the Movement's humanitarian activities. At a workshop abroad (see *Suva*), one military officer discussed challenges faced by health care providers with his peers. Senegalese religious leaders and other parties of influence from West Africa proposed recommendations on similar matters at an expert workshop.

Local authorities, international actors based in Dakar and others broadened their awareness of the needs of Casamance communities during information sessions and themed events, such as a photo exhibit on conflict-affected women, held in Casamance, at the ICRC's IHL documentation centre in Dakar or elsewhere. Journalists learnt about IHL and specific issues connected with reporting on humanitarian affairs; 17 of them participated in a workshop organized with the National Society and the International Federation of Journalists. In this way, people, particularly in conflict-affected areas, were informed of and encouraged to support IHL and neutral, impartial and independent humanitarian action by media representatives versed in both topics.

Influential people from Guinea-Bissau, Senegal and other countries discussed the similarities between IHL and Islam at a National Society workshop in Senegal. Senegalese students, including those studying religion or journalism, added to their knowledge of IHL and the Movement at a moot court competition abroad (see *Tunis*) or at information sessions.

Peacekeepers and law enforcement officers add to their knowledge of IHL and other relevant norms

Reinforcing weapon bearers' familiarity with IHL and human rights principles remained a priority. One officer each from Senegal and Guinea-Bissau attended a course in San Remo. Senegalese troops – 15 trainee officers and over 1,100 deploying to Casamance, Côte d'Ivoire, Mali and Sudan – and international peacekeepers in Guinea-Bissau learnt more about these matters through training, briefings or manuals printed with ICRC support. Senegalese *gendarmes* – 60 in Casamance and 150 deploying to Mali – and instructors at Guinea-Bissau's new police academy built upon their knowledge of international norms applicable to law enforcement. Meanwhile, over 30 Gambian police officers learnt about these topics from National Society first-aid trainers.

Senegalese authorities and the ICRC discussed establishing an IHL office within the military. The Gambian military's IHL office closed, halting planned activities with the armed forces.

Cabo Verde, Guinea-Bissau and Senegal take steps to regulate the sale and use of arms

Dialogue with the authorities stressed the importance of ratifying and implementing IHL treaties, such as the African Union Convention on IDPs and the Arms Trade Treaty, recently signed by Cabo Verde, Guinea-Bissau and Senegal. Senegalese officials boosted their expertise at regional meetings on IHL and arms control (see *Abidjan, African Union* and *Nigeria*).

In Senegal, the authorities, with ICRC input, revised the military justice code to include pillage as a war crime and to protect the Red Cross emblem. Following discussions between the Justice Ministry and the ICRC on creating a national IHL committee, the national human rights committee was asked to include IHL in its purview; therefore 45 members underwent basic training. At their request, officials of the Extraordinary African Chambers reviewed the application of IHL in international tribunals with ICRC help, in preparation for the trial of a former Chadian president.

PEOPLE DEPRIVED OF THEIR FREEDOM	GAMBIA	GUINEA-BISSAU	SENEGAL	SENEGAL-MFDC
ICRC visits				
Detainees visited		9	733	12
			18	3
			6	
Detainees visited and monitored individually		9	45	12
			1	3
Detainees newly registered			33	
			1	
Number of visits carried out		1	10	1
Number of places of detention visited		1	5	1
Restoring family links				
RCMs collected			15	
RCMs distributed			9	
Phone calls made to families to inform them of the whereabouts of a detained relative			53	
Detainees visited by their relatives with ICRC/National Society support	2			
People to whom a detention attestation was issued	1			

Guinea-Bissau launched a comprehensive assessment of its implementation of the Geneva Conventions; with ICRC help, the National Society drafted, for submission to the parliament, a proposal for a law protecting the emblem. In Gambia, during a meeting of the African Commission on Human and People's Rights, participating States were encouraged to ratify/implement an African Union protocol on women's rights.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies prepare for spillover effects from Mali

In addition to restoring family links and raising awareness of health issues (see *Civilians*), the region's National Societies enhanced their emergency response with ICRC help. In Gambia, Guinea-Bissau and Senegal, volunteers at National Society branches in/near Casamance or on the border with Mali enhanced their first-aid services with material support and through workshops and a competition organized by experts trained abroad (see *Algeria*). The three National Societies practiced coordination, including with the authorities, during a cross-border exercise. In Cabo Verde and Gambia, volunteers trained police officers in basic first aid. In Guinea-Bissau, activities planned in connection with the presidential elections were postponed.

In Casamance, 132 health facilities learnt the proper use of the emblem during a nationwide awareness-raising campaign by the National Society. The National Societies of Cabo Verde, Guinea-Bissau and Senegal encouraged people to resolve their differences peacefully through radio shows.

The region's National Societies strengthened their statutes and their management practices with help from the International Federation/ICRC; all four were able to attend the Council of Delegates. Guinea-Bissau's National Society underwent reorganization, with advice from an external consultant.

Movement components coordinated their efforts through regular meetings and a conference on cooperation in the Sahel (see *Mauritania*).

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		15		
RCMs distributed		4	1	
Phone calls facilitated between family members		399		
Reunifications, transfers and repatriations				
People reunited with their families		1		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		18	4	4
People located (tracing cases closed positively)		13		
	<i>including people for whom tracing requests were registered by another delegation</i>	3		
Tracing cases still being handled at the end of the reporting period (people)		24	5	5
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		9		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		9		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
ICRC visits			Women	Minors
Detainees visited		754	21	6
Detainees visited and monitored individually		66	4	
Detainees newly registered		33	1	
Number of visits carried out		12		
Number of places of detention visited		7		
Restoring family links				
RCMs collected		15		
RCMs distributed		9		
Phone calls made to families to inform them of the whereabouts of a detained relative		53		
Detainees visited by their relatives with ICRC/National Society support		2		
People to whom a detention attestation was issued		1		

* Unaccompanied minors/separated children

1. Gambia, Guinea Bissau, Senegal

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)¹				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	429	35%	35%
Essential household items ²	Beneficiaries	44,348	49%	30%
	<i>of whom IDPs</i>	Beneficiaries		
Productive inputs ²	Beneficiaries	15,324	40%	36%
Cash	Beneficiaries	751	40%	34%
	<i>of whom IDPs</i>	Beneficiaries		
Work, services and training ²	Beneficiaries	2,752	36%	39%
Water and habitat activities	Beneficiaries	20,260	26%	47%
	<i>of whom IDPs</i>	Beneficiaries		
Health				
Health centres supported	Structures	8		
Average catchment population		56,089		
Consultations	Patients	24,039		
	<i>of which curative</i>	Patients	5,990	8,658
	<i>of which ante/post-natal</i>	Patients	4,437	
Immunizations	Doses	49,679		
	<i>of which for children aged five or under</i>	Doses		
Referrals to a second level of care	Patients	129		
Health education	Sessions	757		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)³				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	21		
Water and habitat activities	Beneficiaries	280		
Health				
Number of visits carried out by health staff		16		
Number of places of detention visited by health staff		5		
WOUNDED AND SICK				
Hospitals³				
Patients whose hospital treatment has been paid for by the ICRC	Patients	6		
Physical rehabilitation⁴				
Centres supported	Structures	1		
Patients receiving services	Patients	1,215	454	193
New patients fitted with prostheses	Patients	31	4	1
Prostheses delivered	Units	37	7	3
	<i>of which for victims of mines or explosive remnants of war</i>	Units		
New patients fitted with orthoses	Patients	10	2	3
Orthoses delivered	Units	11	2	3
Patients receiving physiotherapy	Patients	984	366	159
Crutches delivered	Units	155		
Wheelchairs delivered	Units	31		

1. Guinea Bissau, Senegal

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

2. Senegal

2. Guinea Bissau

HARARE (regional)

COVERING: Malawi, Mozambique, Namibia, Zambia, Zimbabwe



ICRC regional delegation ICRC sub-delegation

The Harare regional delegation has existed in its current form since 1981, although the ICRC has been present in some of the countries for much longer. It visits detainees throughout the region, working closely with Zimbabwe's authorities to improve detainees' conditions. Also in Zimbabwe, it assists the country's Mine Action Centre in strengthening its capacities. Throughout the region, it helps refugees and relatives separated by armed conflict/other situations of violence restore contact; raises awareness of IHL and international human rights law among the authorities and armed and security forces; and helps National Societies develop their operational capacities.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ Harare's City Health Services gradually assumed responsibility for running its 12 polyclinics, enabling the ICRC to progressively reduce material support for the clinics and withdraw it altogether at year's end as planned
- ▶ the Zimbabwe Mine Action Centre adopted national guidelines to ensure that mine action in the country complied with the International Mine Action Standards
- ▶ following representations made by the ICRC, the Zimbabwe Prison and Correctional Service (ZPCS) released 100 mentally ill detainees to their families, while continuing to enhance inmates' access to health services
- ▶ the ZPCS curbed malnutrition among detainees by regularly monitoring their nutritional status, providing therapeutic feeding and increasing the productivity of prison farms with ICRC technical and material support
- ▶ drawing on ICRC advice, Mozambique and Zambia signed the Arms Trade Treaty

EXPENDITURE (in KCHF)

Protection	1,367
Assistance	4,435
Prevention	1,557
Cooperation with National Societies	1,198
General	-

8,556

of which: Overheads 522

IMPLEMENTATION RATE

Expenditure/yearly budget	96%
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PERSONNEL

Mobile staff	12
Resident staff (daily workers not included)	75

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	514
RCMs distributed	337
People located (tracing cases closed positively)	9
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	17,542
Number of visits carried out	105
Number of places of detention visited	54
Restoring family links	
Phone calls made to families to inform them of the whereabouts of a detained relative	61

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	1,250
Essential household items	Beneficiaries	1,250
Health		
Health centres supported	Structures	12
		12

CONTEXT

Zimbabwe was largely peaceful as it completed its constitution-making process and held general elections in July. However, poverty and unemployment remained major issues. Relative calm and stability prevailed in Namibia and Zambia.

In Mozambique, tensions between the ruling party, the Mozambique Liberation Front (FRELIMO), and the country's main opposition party, the Mozambican National Resistance (RENAMO), grew following sporadic clashes between their members.

Malawi, Mozambique and Namibia prepared for general elections in 2014.

ICRC ACTION AND RESULTS

In Zimbabwe, as before, the ICRC focused on visiting detainees to monitor their treatment and living conditions and working with the detaining authorities to carry out improvements. Throughout the region, it maintained its preparedness to respond to violence, nurturing its network of contacts among political/community leaders and authorities at all levels in order to retain access to victims; it also continued to raise awareness of the humanitarian consequences of violence and promote acceptance for the Movement. As tensions rose in Mozambique, it held discussions on humanitarian principles with both parties involved and reminded them of the respect due to civilians.

The ICRC visited detainees at Zimbabwe Prison and Correctional Service (ZPCS)¹ facilities, paying particular attention to vulnerable inmates, such as minors, the mentally ill and foreigners. It provided the ZPCS with confidential feedback and, when necessary, recommendations for improvement. Following ICRC representations, the ZPCS released some 100 mentally ill detainees and allowed them to rejoin their families.

Detaining authorities built their capacities in the areas of nutrition, health care and infrastructure. The ICRC worked with the ZPCS to meet supply gaps by distributing essential items and food supplements. It provided technical advice and operational support for the ZPCS to ensure optimal use of funds; and to address management, health and infrastructural issues, it organized capacity-building workshops for ZPCS personnel. To improve food security, the ICRC continued to support the ZPCS in enhancing food production and management and in performing nutritional screening/monitoring. The ZPCS took steps to make prison farms more efficient and productive, based on the recommendations of an economic study it conducted with ICRC input.

The ICRC also visited detainees held at the main police stations in Malawi and Zimbabwe, monitored their treatment and living conditions, and provided the authorities with confidential feedback/recommendations. In Namibia, the National Society/ICRC facilitated family visits for detainees held in connection with the 1999 Caprivi Strip uprising and provided financial assistance to those who were released.

The ICRC helped the Zimbabwe Mine Action Centre (ZIMAC) bolster its capacity to manage the national mine-action programme and worked with it to enhance demining operations, with a view to mitigating the consequences of weapon contamination.

In accordance with the recommendations of the Twelfth Meeting of the States Parties to the Anti-Personnel Mine Ban Convention, Zimbabwe, with ICRC support, developed national standards for humanitarian demining compliant with internationally recognized norms. ZIMAC and the ICRC also trained demining instructors/officers in the proper disposal of mines and explosive remnants of war (ERW) and facilitated mine-risk education activities.

In Zimbabwe, the ICRC also helped the City Health Services (CHS) gradually assume responsibility for running the 12 polyclinics serving Harare's suburban population by ensuring the sustainability of good-quality health care. Joint efforts by UNICEF and the ICRC to have the CHS included in the Health Transition Fund, a broad development programme for the supply of basic drugs, were successful and enabled the ICRC to withdraw support for the polyclinics at year's end.

The ICRC, with the region's National Societies whenever possible, continued to raise awareness of IHL and the Movement's neutral, impartial and independent work among the authorities, the armed/security forces, journalists, academics and other civil society actors. It conducted dissemination sessions for military/police personnel, and advised national authorities in the region on the ratification and domestic implementation of IHL-related instruments. Drawing on such inputs, Mozambique and Zambia signed the Arms Trade Treaty.

The region's National Societies, with ICRC support, developed their emergency response capacities and family-links services, and promoted awareness and understanding of humanitarian principles. Movement partners met regularly to coordinate their activities.

CIVILIANS

To mitigate the consequences of sporadic violence in Zimbabwe, dialogue with the authorities and community leaders concerned promoted support for the Fundamental Principles and the Movement's work. The ICRC followed up the situation of those affected by past violence and stood ready to assist them.

As tensions rose between government and RENAMO forces in Mozambique, the ICRC held discussions on humanitarian principles with both parties and emphasized the respect due to civilians; it also made preparations for assessing the impact of such tensions on affected communities.

Harare residents benefit from CHS' increased ability to run polyclinics independently

In Zimbabwe, residents of Harare's suburbs accessed good-quality preventive/curative primary health care – immunization, mother and child care, cervical cancer screening and family-planning services – at 12 polyclinics that received material/logistical/technical support from the ICRC. During a typhoid outbreak, patients were referred to hospitals. With the help of ICRC-provided transport, the city's health department managed the clinics' supply chain more efficiently.

Serving a catchment population of around 1.2 million inhabitants, the polyclinics' staff carried out over 1.7 million consultations and administered over 467,600 doses of vaccine, mostly for children. The polyclinics improved the quality of their services as their staff, including new recruits, upgraded their skills through ICRC-facilitated training. Courses for midwives in handling obstetric emergencies sought to reduce Zimbabwe's maternal mortality rate.

1. Formerly the Zimbabwe Prison Service (ZPS)

The clinics' staff disposed of medical waste properly and maintained their incinerators with the help of ICRC-provided training and spare parts. Health-promotion instructors were able, after taking a train-the-trainer course, to conduct health information sessions for community members.

To boost the financial sustainability of its health services, the City Council of Harare approved the adoption of financial mechanisms recommended by an ICRC-sponsored study. However, the implementation of these mechanisms was delayed.

Owing to efforts by UNICEF and the ICRC, the CHS was included in the Health Transition Fund, a broad development programme for strengthening Zimbabwe's health system. As the programme would cover future supplies of basic drugs to the polyclinics, the ICRC reduced its support in this regard to 50% of 2012 levels by mid-year and withdrew it altogether at year's end, as planned.

Authorities take more steps to protect people from mines/ERW

The 2012 agreement between the government of Zimbabwe and the ICRC to build ZIMAC's capacity to manage the national mine-action programme, and develop a joint strategy for training support and provision of equipment was extended to February 2014. ZIMAC and the ICRC took measures to enhance demining operations in contaminated areas along the border with Mozambique, with a view to reducing the humanitarian impact of weapon contamination.

In line with recommendations from the Twelfth Meeting of the States Parties to the Anti-Personnel Mine Ban Convention, the Zimbabwean government adopted national mine-action standards drafted in 2012 with ICRC support. Local demining bodies began to use them as a guide for conducting humanitarian mine-action activities in compliance with the International Mine Action Standards. Authorities in Mozambique and Zimbabwe, with ICRC support, drafted a co-operation agreement on cross-border demining.

To boost local expertise, 15 demining instructors and mine-clearance officers attended a course in the proper disposal of mines/ERW; nine of them became qualified to conduct future demining operations. The mine-clearance unit also benefited from donations of basic demining equipment. Medics were trained to provide emergency trauma care to any deminers injured at work.

Members of affected communities along Zimbabwe's north-eastern border with Mozambique learnt how to reduce their risk of injury from mines/ERW during mine-risk education sessions. Mine-action officers trained in conducting such sessions. Local and foreign journalists gave more coverage to the humanitarian consequences of weapon contamination after a ZIMAC/ICRC-organized visit to a mine-affected community.

Separated family members exchange news

Migrants and displaced persons in the region restored/maintained

contact with their relatives through family-links services provided directly by the ICRC in Zimbabwe and by the National Societies in Malawi, Mozambique, Namibia, Zambia and Zimbabwe with ICRC support (see *Red Cross and Red Crescent Movement*).

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees in Malawi and Zimbabwe to check on their welfare. Following an official invitation from the Malawi National Police, 195 detainees held at three police stations were visited by the ICRC for the first time. Some 17,000 detainees in Zimbabwe held under the authority of the ZPCS and the Zimbabwe Republic Police (ZRP) also received visits from ICRC. During these visits, carried out according to the organization's standard procedures, delegates assessed the detainees' treatment and living conditions, thereafter confidentially sharing their findings and, where appropriate, recommendations with the authorities.

100 mentally ill inmates in Zimbabwe rejoin their families

Cases of vulnerable inmates, such as minors, the mentally ill and foreigners, were brought to the attention of ZPCS officials as well as other authorities and stakeholders in order for their specific needs and judicial guarantees to be addressed. These representations contributed to the discharge of 100 mentally ill inmates to their families and enabled 61 foreign detainees to contact their relatives, leading to the release of 36 of them.

The ZPCS improved its prison management capacities, drawing on ICRC technical advice during meetings and joint visits to prisons. A ZPCS official further enhanced his expertise during a prison management course abroad.

Detainees in Zimbabwe improve their diet with vegetables from prison farms

As the ZPCS assumed full responsibility for providing food to detainees, the ICRC continued to provide technical advice, specifically on monitoring systems and on addressing remaining supply gaps.

Inmates at all prisons visited by the ICRC had their nutritional status checked on arrival and, afterwards, on a monthly basis. This monitoring system allowed the authorities to detect and address a slight decline in detainees' nutritional status at year's end. Inmates diagnosed to be severely malnourished benefited from therapeutic food provided by the Ministry of Health and UNICEF. Moderately malnourished inmates in 23 prisons met their nutritional requirements through supplementary feeding programmes implemented by the ZPCS with ICRC support. Over 11,000 detainees received food rations during supply shortages.

Nearly 16,000 inmates regularly supplemented their diet with vegetables and other crops grown on prison farms with ICRC-provided seed, tools and fertilizer. Among them, inmates of two prisons benefited from the ICRC's rehabilitation of their prison farms' irrigation systems. The planting area of legumes steadily increased owing to seed/fertilizer and technical advice from the

PEOPLE DEPRIVED OF THEIR FREEDOM	MALAWI	NAMIBIA	ZIMBABWE
ICRC visits			
Detainees visited	195		17,347
Number of visits carried out	3		102
Number of places of detention visited	3		51
Restoring family links			
Phone calls made to families to inform them of the whereabouts of a detained relative			61
Detainees visited by their relatives with ICRC/National Society support		76	

ICRC. Technical support through field trips and training in farming techniques and management helped prison authorities/staff to diversify and increase crop yields. The ZPCS, with ICRC support, completed a study examining the production capacity of prison farms. Based on its findings, the ZPCS took measures to increase the farms' efficiency and productivity, such as matching crops with environmental conditions.

Prison health staff stave off disease outbreaks

Detainees in Zimbabwe accessed health care at prison clinics regularly supplied with drugs by the ICRC in cooperation with the National Pharmaceutical Company of Zimbabwe and UNICEF. As health care was provided in accordance with national health guidelines, the mortality rate of detainees remained within acceptable levels. Nevertheless, the ZPCS health department, with ICRC support, continued to devise contingency plans for epidemics.

Regular meetings, round-tables and joint visits to prisons and reports on the health situation enabled the ZPCS and the ICRC to strengthen coordination between national and local prison health authorities. Inmates increased their access to mental health services and treatment for HIV/AIDS and TB. To further support these initiatives, 10 ZPCS doctors and nurses attended a course on the management of antiretroviral drugs, organized with the Ministry of Health and Child Welfare and the Newlands Clinics in Harare. In addition, some 20 national/regional health managers trained in food chain and nutrition management.

Living conditions for detainees at Zimbabwe's prisons and police stations improved following ICRC distributions of essential hygiene/household items (for 14,758 people) and repairs to infrastructure (benefiting 24,000). For example, detainees in five police stations enjoyed better surroundings after the rehabilitation of their cellblocks. Based on a 2011 joint assessment of prison kitchens throughout the country, the ZPCS and the ICRC continued to renovate prison kitchens, improving food sanitation and increasing cooking capacity. As a result, inmates at 11 prisons consumed food that had been prepared in a safe, sanitary and efficient manner. Thanks to the installation of a medical waste incinerator, detainees at four prisons, prison officers and their families enjoyed a safer environment.

The ZPCS construction unit began to develop, at ZPCS/ICRC workshops, maintenance plans for existing prison infrastructure in the Manicaland and Mid/Masvingo regions. ZPCS environmental health technicians learnt to delouse prison facilities at an ICRC-facilitated seminar.

Detainees released in Namibia return home with ICRC assistance

In Namibia, 43 of the 120 detainees arrested in connection with the 1999 Caprivi Strip uprising were released. They benefited from ICRC assistance to cover the costs of their transportation home and to facilitate their reintegration into their communities. The remaining 77 inmates maintained contact with their families through letters and visits facilitated by the National Society/ICRC.

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

Mozambique and Zambia sign the Arms Trade Treaty

National authorities in the region continued to receive ICRC technical advice, with a view to encouraging the ratification and domestic implementation of IHL-related instruments. Drawing

on such inputs, Mozambique and Zambia signed the Arms Trade Treaty, and Zambia also took steps to become party to a number of other weapon-related treaties. Representatives from a number of IHL committees in the region participated in a meeting of national IHL committees from Commonwealth member States in Trinidad and Tobago (see *Caracas*).

The armed forces and police discuss IHL and the ICRC's work

During dissemination sessions, over 500 officers/members of the armed forces in Malawi, Namibia and Zimbabwe increased their knowledge of IHL, humanitarian principles and the ICRC's work. Senior military, police and civilian officials attending courses at the South African Development Community (SADC) Regional Peacekeeping Training Centre in Harare also benefited from similar sessions. At refresher courses conducted by the ICRC upon the ZRP's invitation, over 500 senior police officers enhanced their knowledge of IHL and international human rights norms applicable to law enforcement, notably regarding detention and the use of force.

Students of the Defence Services Command and Staff College in Zambia drew on ICRC technical inputs as they participated in regional exercises aimed at fostering greater cooperation within the SADC. Moreover, the National Defence College in Zimbabwe explored the possibility of cooperating with the ICRC in developing its curriculum.

Journalists learn more about reporting on humanitarian issues in dangerous settings

The region's National Societies and the ICRC continued to raise awareness of humanitarian concerns, such as those covered by the Health Care in Danger project, and promote acceptance for the Movement's neutral, impartial and independent work among government authorities, weapon bearers and key members of civil society in the region. In this connection, the region's National Societies, with ICRC help, carried out public communication activities that were incorporated in Movement operations and organized public events that received wide media coverage.

Using information provided by the National Societies/ICRC, journalists in the region reported on humanitarian issues and Movement activities. Local and international media covered ZIMAC's ICRC-supported activities to address the humanitarian impact of mines (see *Civilians*). At various workshops, around 25 journalists from Malawi and Zimbabwe learnt more about reporting on humanitarian issues in dangerous settings. Other members of civil society also learnt more about humanitarian issues and the ICRC's work.

Zimbabwean students test their knowledge of IHL at moot court competitions abroad

In Malawi, Zambia and Zimbabwe, 150 university students familiarized themselves with IHL at an ICRC introductory lecture. The team that won the national IHL moot court competition co-organized with the High Court of Zimbabwe represented Zimbabwe at the All Africa International Humanitarian Law Moot Court Competition in the United Republic of Tanzania (see *Nairobi*), while another Zimbabwean team participated in the Jean-Pictet Competition on IHL in Thailand (see *Bangkok*).

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region enhanced their emergency response capacities and family-links services and raised awareness of the Movement's work (see above), with ICRC technical, material and financial support, including contributions to staff salaries.

The Zimbabwe Red Cross Society bolstered its emergency preparedness by training volunteers/staff in first aid and the Safer Access Framework, with support from Movement partners. It deployed first-aid teams during the constitutional referendum and the general elections. First-aid training for over 200 volunteers helped the Malawi Red Cross Society and the Namibia Red Cross improve their emergency-response capacities, in light of the forthcoming elections.

The region's National Societies endeavoured to improve their family-links services, exchanging best practices during workshops. The Zimbabwean Red Cross produced a family-links plan of action with the elections in mind, and implemented a system for preventing children from being separated from their families during large-scale events. The Zambia Red Cross Society carried out assessments of its branches' family-links capacities. To help prevent migrants from being unaccounted for during disasters, the

Malawian Red Cross and the ICRC conducted a dissemination session for Malawian police officers on human remains management.

National Societies received support in addressing organizational issues. During a workshop facilitated by Movement partners, newly elected officers of the Zimbabwean Red Cross were inducted into their duties, and participants agreed on key activities, including a review of the National Society's constitution. In Namibia, the National Society, with help from the Namibian Law Reform Commission and the ICRC, reviewed the Namibian Red Cross Act.

Movement partners continued to coordinate their activities through the South African Partnership of Red Cross Societies and other meetings in the region. Senior personnel from the region's National Societies also participated in various Movement events abroad.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		514		
RCMs distributed		337		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		13	2	4
People located (tracing cases closed positively)		9		
	<i>including people for whom tracing requests were registered by another delegation</i>	6		
Tracing cases still being handled at the end of the reporting period (people)		22	5	8
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		75	35	
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		75	36	
Documents				
People to whom travel documents were issued		3		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
ICRC visits			Women	Minors
Detainees visited		17,542	798	173
Number of visits carried out		105		
Number of places of detention visited		54		
Restoring family links				
Phone calls made to families to inform them of the whereabouts of a detained relative		61		
Detainees visited by their relatives with ICRC/National Society support		76		

* Unaccompanied minors/separated children

1. Malawi, Namibia, Zimbabwe

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Health				
Health centres supported	Structures	12		
Average catchment population		1,193,265		
Consultations	Patients	1,703,270		
	<i>of which curative</i>		476,207	617,640
	<i>of which ante/post-natal</i>		159,164	
Immunizations	Doses	467,667		
	<i>of which for children aged five or under</i>	440,843		
Referrals to a second level of care	Patients	56,839		
Health education	Sessions	10,697		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)¹				
Food commodities ²	Beneficiaries	4,161		
Essential household items	Beneficiaries	14,758		
Productive inputs ²	Beneficiaries	8,979		
Water and habitat activities	Beneficiaries	24,000		
Health				
Number of visits carried out by health staff		174		
Number of places of detention visited by health staff		47		

1. Zimbabwe

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

NAIROBI (regional)

COVERING: Djibouti, Kenya, United Republic of Tanzania



The ICRC's regional delegation in Nairobi was set up in 1974 and has a dual purpose: first, to promote IHL and carry out operations in the countries covered, namely restoring contact between refugees and their families, protecting and assisting people injured, displaced or otherwise affected by armed conflict or other situations of violence, visiting detainees falling within its mandate, and supporting the development of the National Societies; and second, to provide relief supplies and other support services for ICRC operations in neighbouring countries in the Horn of Africa and Great Lakes regions, as well as further afield.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ more refugees and migrants reconnected with their relatives through the National Society/ICRC family-links network, which included a new mobile phone service in 3 camps in the United Republic of Tanzania
- ▶ following the installation of rainwater catchments/wells, people in drought- and violence-prone areas in Kenya reduced their exposure to risks associated with fetching water from distant sources
- ▶ while some detainees in Djibouti and the United Republic of Tanzania continued to receive ICRC visits, dialogue was pursued with the authorities to gain access to all detainees within ICRC purview
- ▶ Djiboutian, Kenyan and Tanzanian military/police officers slated for peacekeeping missions abroad enhanced their awareness of IHL during training
- ▶ at regional seminars, representatives from various African countries deepened their understanding of the integration of IHL provisions into domestic law and of the application of Islamic jurisprudence and IHL in detention

EXPENDITURE (in KCHF)	
Protection	1,836
Assistance	1,667
Prevention	2,349
Cooperation with National Societies	1,185
General	710

7,746

of which: Overheads **473**

IMPLEMENTATION RATE	
Expenditure/yearly budget	80%

PERSONNEL	
Mobile staff	34
Resident staff (daily workers not included)	332

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	17,818
RCMs distributed	12,521
Phone calls facilitated between family members	237,539
People located (tracing cases closed positively)	130
People reunited with their families	1
of whom unaccompanied minors/separated children	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	908
Detainees visited and monitored individually	38
Number of visits carried out	12
Number of places of detention visited	7
Restoring family links	
RCMs collected	65
RCMs distributed	101

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries	60,000
Work, services and training	Beneficiaries	27,000
Water and habitat activities	Beneficiaries	35,000
Comments		61,186
Owing to operational and management constraints, figures presented in this table may not reflect all activities carried out during the reporting period		

CONTEXT

In Kenya, general elections were held in March, with no major incidents of violence reported. In coastal areas and in the north-east, notably Marsabit, Moyale, Tana Delta and Turkana, competition for scarce resources and political tensions led to clashes and the displacement of thousands of people.

The Kenya Defence Forces (KDF) continued operations in Somalia within the framework of the African Union Mission in Somalia, which reportedly led to retaliatory acts by the Harakat al-Shabaab al-Mujahideen, particularly in Kenyan towns bordering Somalia and in the capital, Nairobi, where an attack on a shopping mall by alleged members of the group left over 60 people dead and hundreds injured. Djibouti sent additional troops to Somalia and reinforced its internal security owing to perceived threats from the same group.

People fleeing the conflict in Somalia continued to take refuge in Djibouti and Kenya; a growing number of those affected by the fighting in South Sudan also sought safety in Kenya.

In the United Republic of Tanzania, some members of a group called Uamsho, arrested in 2012 in relation to demonstrations calling for a referendum on Zanzibar's independence, faced charges at a high court in Zanzibar.

People sentenced by the International Criminal Tribunal for Rwanda (ICTR) continued to be held at the UN Detention Facility in Arusha, United Republic of Tanzania. The transition from the ICTR to the Mechanism for International Criminal Tribunals (MICT) continued.

Relations between Djibouti and Eritrea remained strained owing to a border dispute.

ICRC ACTION AND RESULTS

The ICRC, together with the National Societies, sought to protect and assist people affected by armed conflict, other situations of violence and drought in the region. As the ICRC's main operational partners, the National Societies enhanced their capacities to provide emergency assistance, restore family links and promote IHL, with training, financial, material and technical support.

The Nairobi regional delegation and the National Societies helped refugees and migrants keep in touch with their relatives, particularly through a mobile phone service offered in various camps in the three countries covered. In Djibouti and Kenya, efforts to inform families of the fate of relatives missing in relation to armed conflict or other situations of violence generated limited results.

In Kenya, in preparation for outbreaks of violence related to elections or intercommunal tensions, the ICRC conducted training courses in weapon-wound surgery for doctors and, in cooperation with the Kenya Red Cross Society, in emergency response for National Society volunteers/staff and representatives of other humanitarian organizations.

The Kenyan Red Cross/ICRC assisted communities in coping with the effects of violence and drought. The rehabilitation/installation of water systems in schools and public areas reduced people's need to walk long distances to access drinking water and alleviated tensions over competition for this scarce resource.

Through cash-for-work projects, households previously involved in disputes worked together on building community infrastructure while generating income. ICRC support for these assistance activities ended, as the National Society was able to implement them independently.

The ICRC maintained dialogue with authorities, weapon bearers and community leaders throughout the region, to promote respect for IHL and to safeguard access to humanitarian aid, including health care, for those in need. Training courses sought to ensure compliance with IHL and international human rights law among the military/police, including those slated for deployment on peacekeeping missions abroad. As part of efforts to promote national implementation and interest in IHL, representatives from the three countries participated in local and international workshops and competitions. During seminars, journalists working in violence-prone areas discussed their concerns and IHL provisions promoting their protection.

To ensure that detainees' living conditions and treatment complied with IHL and other internationally recognized standards, ICRC delegates visited detainees, in accordance with the organisation's standard procedures. They included POWs of Eritrean origin and other detainees held in Djibouti and Congolese detainees and people sentenced by the ICTR held in the United Republic of Tanzania. During visits, delegates shared their findings confidentially with the detaining authorities. In Djibouti and Kenya, the ICRC endeavoured to gain access to all detainees within its purview, including those held in relation to "terrorism"; however in Kenya, dialogue with the authorities remained limited. In the United Republic of Tanzania, the Zanzibari authorities approved an ICRC request to visit detainees held in relation to Uamsho's campaign for a referendum on independence for Zanzibar although actual visits had not yet taken place. Detainees in Djibouti and the United Republic of Tanzania improved their living conditions with monthly distributions of hygiene items and household supplies and/or the rehabilitation of infrastructure.

ICRC delegations in and beyond the region continued to receive relief and other supplies procured and delivered by the ICRC's Nairobi-based logistics centre. They also benefited from courses, advice and field support provided by the regional training and assistance units.

CIVILIANS

Schoolchildren in Kenya reduce their exposure to violence-related risks

In Kenya, the authorities, weapon bearers, community leaders and the ICRC maintained dialogue on IHL-related issues (see *Authorities, armed forces and other bearers of weapons, and civil society*).

Through training, Kenyan Red Cross staff and volunteers, as well as members of other humanitarian organizations, boosted their capacities to respond to emergencies and to analyse, design, implement and monitor projects, including water, sanitation, livestock and cash-for-work initiatives.

Some 61,100 people living in drought- and violence-prone areas of Isiolo, Marsabit, Mount Elgon and Moyale improved their access to water owing to the rehabilitation/upgrade of water facilities by the National Society/ICRC. This also alleviated tensions over competition for this scarce resource. Following the installation of

rainwater catchments in 22 schools, and of 3 spring catchments and 14 shallow wells in other areas, children and women did not have to go as far to fetch water, which reduced their exposure to violence-related risks. Water committees learnt how to maintain these facilities during National Society/ICRC training.

In the Rift Valley and the Upper Eastern region, cash-for-work projects provided opportunities for communities previously involved in disputes to work together to build/repair communal infrastructure, for example, roads and water systems. Some 5,400 heads of vulnerable households who participated in these projects earned an income, benefiting 32,000 people. Besides enhancing intercommunity relationships, the projects restored access for approximately 7,800 households to basic services and helped increase communities' resilience to the effects of periodic crises such as drought, intercommunal conflict/violence and flooding.

Kenyan Red Cross teams assisted victims of clashes and floods throughout the country, with ICRC material and logistical support. For instance, victims of outbreaks of violence in Moyale coped with their situation through National Society distributions of emergency relief and installations of water and sanitation facilities; those injured were evacuated to hospitals. National Society volunteers, specifically trained to respond to election-related tensions, did not provide emergency assistance as no major incidents occurred.

With the National Society becoming increasingly capable of independently running assistance activities, ICRC support for these projects ended.

More refugees and migrants restore or maintain contact with their families

Refugees and migrants, including unaccompanied minors, re-established or maintained contact with their relatives through family-links services run by the National Societies and the ICRC, including by sending nearly 18,000 RCMs and receiving some 12,500. Training and technical support to bolster the National Societies' tracing and RCM capacities and regular coordination among the National Societies and ICRC delegations in the wider region enhanced the provision of these services. In Kenya, National Society/ICRC trips to refugee camps enabled the follow-up of pending cases and helped tracing volunteers overcome various challenges. Meetings with community leaders in the Kakuma camp and with representatives of international organizations helped promote these services. To meet the need for family-links services in Djibouti, the National Society/ICRC made preparations for carrying out tracing activities in the recently reopened Hol Hol camp.

Refugees in Ali Adé camp (Djibouti) and Dadaab and Kakuma camps (Kenya), including minors, spoke to relatives in Somalia or elsewhere by making 227,780 calls via a mobile phone service. Despite some delays faced by the Tanzania Red Cross Society, refugees at the Bagamoyo, Chogo and Nyarugusu camps used the same service by July and made nearly 10,000 phone calls to their families. ICRC travel documents, issued in coordination with the pertinent embassies and UNHCR, allowed 19 people in Kenya to return home or resettle in a third country.

In Djibouti and Kenya, efforts to ensure that the families of missing persons were informed of the fate of their relatives produced limited results: post-election staff changes in Kenya delayed discussions with the authorities, and requests for information submitted to the Eritrean authorities regarding Djiboutian soldiers reported

CIVILIANS	DJIBOUTI	KENYA	UNITED REPUBLIC OF TANZANIA
Red Cross messages (RCMs)			
RCMs collected	1,035	13,551	3,232
			3
RCMs distributed	962	9,147	2,412
			1
Phone calls facilitated between family members	18,439	209,341	9,759
Reunifications, transfers and repatriations			
People transferred/repatriated		1	
Tracing requests, including cases of missing persons			
People for whom a tracing request was newly registered		250	5
		37	
		61	4
People located (tracing cases closed positively)		130	
		52	
Tracing cases still being handled at the end of the reporting period (people)	17	388	10
		56	
		100	7
UAMs/SCs*, including unaccompanied demobilized child soldiers			
UAMs/SCs newly registered by the ICRC/National Society		3	
		1	
UAMs/SCs reunited with their families by the ICRC/National Society		1	
		1	
UAM/SC cases still being handled at the end of the reporting period		8	25
		1	10
Documents			
People to whom travel documents were issued		19	
Official documents relayed between family members across borders/front lines		1	

* Unaccompanied minors/separated children

missing after the 2008 Djibouti-Eritrea conflict remained unanswered (see *Eritrea*). Families of the missing in Djibouti accessed psychological and material assistance from stakeholders with the facilitation of the National Society/ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM

Some detainees within ICRC purview still do not receive visits

In Djibouti and Kenya, the ICRC strove to collect information from and/or follow up with authorities, organizations, media, community leaders and families allegations of capture, detention or extradition of people held in relation to “terrorism”. Dialogue with the Kenyan authorities on access to these detainees, however, remained limited. In the United Republic of Tanzania, the Revolutionary Government of Zanzibar approved an ICRC request to visit those arrested and detained in relation to Uamsho’s campaign for a referendum on independence for Zanzibar although actual visits had not yet taken place.

To ensure that the living conditions and treatment of people held in relation to armed conflict or other situations of violence complied with IHL and other internationally recognized standards, detainees received ICRC visits according to its standard procedures. They included, in Djibouti, 19 POWs of Eritrean origin and other detainees at the Gabode civilian prison and, in the United Republic of Tanzania, eight detainees of Congolese origin. In Kenya, one foreign detainee received a visit at the request of an embassy and in response to humanitarian concerns. During the visits, detainees got in touch with their relatives using family-links services.

The detaining authorities and ICRC delegates discussed confidentially delegates’ findings and recommendations during bilateral meetings. Dialogue with the Djiboutian authorities focused on facilitating the repatriation or resettlement of POWs who so wished. In the United Republic of Tanzania, the MICT authorities and the ICRC discussed the treatment and living conditions of ICTR-convicted detainees, including those in Benin and Mali (see *Abidjan and Mali*), the social reintegration of acquitted or released detainees and the ICTR’s transition to the MICT.

Detainees reduce health risks through regular supply of hygiene items

To improve health services for detainees in Djibouti, the Justice Ministry and the penitentiary administration drew on ICRC advice in planning prison reforms, such as those discussed during a workshop held in 2012. Detainees visited, including those held at the Nagad police detention centre, enhanced their sanitation conditions with monthly distributions of hygiene and cleaning products. The rehabilitation of facilities at the Gabode civilian prison enabled over 600 inmates to reduce health-related risks. Congolese detainees in the United Republic of Tanzania eased their living conditions with ICRC-supplied hygiene kits and clothes.

WOUNDED AND SICK

During seminars to prepare for any upsurges of violence in Kenya, 28 surgeons sharpened their skills in weapon-wound treatment, as did 40 doctors in emergency trauma care. Certification provided by the Health Ministry ensured that all the participants became part of the national disaster response roster. Two hospitals received surgical supplies to increase their capacity to respond to any influx of casualties. Thirty representatives of humanitarian organizations discussed best practices in emergency response during a course in Health Emergencies in Large Populations (H.E.L.P.) run by the Kenyan Red Cross/ICRC.

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

Peacekeepers learn more about IHL

Authorities, weapon bearers and community leaders throughout the region participated in dialogue aimed at building respect for IHL and promoting safe access to humanitarian aid, including health care, for those in need. In view of Kenya’s military involvement in Somalia, the KDF and the ICRC discussed issues connected with protecting civilians, such as the conduct of hostilities and respect for human rights. Almost 750 KDF officers familiarized themselves with IHL before their deployment to South Sudan and Sudan. Similar courses prepared 900 officers of the Tanzania People’s Defence Forces and 27 Djiboutian police officers for their peacekeeping assignments in the Democratic Republic of the Congo and South Sudan, respectively. Representatives from various African countries, including military/police officers and members of civil society, discussed protection concerns

PEOPLE DEPRIVED OF THEIR FREEDOM	DJIBOUTI	ICTR	KENYA	UNITED REPUBLIC OF TANZANIA
ICRC visits				
Detainees visited	890	9	1	8
<i>of whom women</i>	23	1		
<i>of whom minors</i>	25			
Detainees visited and monitored individually	21	9		8
<i>of whom women</i>		1		
Number of visits carried out	8	1	1	2
Number of places of detention visited	4	1	1	1
Restoring family links				
RCMs collected	7			58
RCMs distributed	34			67

PEOPLE DEPRIVED OF THEIR FREEDOM		DJIBOUTI	UNITED REPUBLIC OF TANZANIA
Economic security, water and habitat			
Food commodities	Beneficiaries	19	
Essential household items	Beneficiaries	12,354	8
Water and habitat activities	Beneficiaries	630	

and obstacles to applying IHL, at courses organized by the International Peace Support Training Centre in Nairobi and the ICRC. Military officers from the three countries covered attended IHL courses/workshops abroad, on such subjects as the rules governing military operations (see *International law and cooperation and Yaoundé*).

Some 260 senior officers of the Kenya Police operating in violence-prone regions, or assigned to respond to election-related violence, reinforced their understanding of international human rights law and humanitarian principles applicable to law enforcement at training sessions conducted by the Kenyan Red Cross/ICRC. In view of tensions, particularly in Zanzibar, the Tanzania Police Force and the Tanzanian Red Cross, with ICRC support, conducted a similar course for some 50 officers at the Zanzibar Police Academy.

To promote long-term respect for IHL, representatives from East African countries – Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Uganda and United Republic of Tanzania – learnt more about integrating IHL provisions into domestic law during a one-week regional seminar organized by the State Law Office in Kenya and the ICRC. Members of the Kenyan national IHL committee participated in an IHL event abroad (see *Caracas*) and Djiboutian and Tanzanian officials discussed the Convention on Cluster Munitions with regional counterparts (see *Abidjan*).

Journalists refresh their understanding of the protection afforded to them by IHL

The media reported on the ICRC's activities in the countries covered, which contributed to public acceptance of Movement activities. National and international media received information regarding the National Society's emergency response during an attack at a shopping mall in Kenya.

During ICRC-organized seminars before the Kenyan elections, 40 journalists working in violence-prone areas discussed what they had learnt while covering the 2007 elections. They also refreshed their understanding of the IHL provisions promoting their protection and learnt more about various ICRC services, such as its 24-hour hotline that they could call in an emergency. In Djibouti, 20 journalists took part in a similar National Society/ICRC workshop before the national elections.

In Kenya, a workshop organized with the Islamic University in Uganda and the Union of African Muslim Scholars enabled representatives from six countries to discuss Islamic jurisprudence and IHL in detention.

Future decision-makers get a firmer grasp of IHL

University students did IHL-related research and took up internships, including at the ICTR. Twenty-eight students from three countries in East Africa demonstrated their knowledge of IHL and the issues covered by the Health Care in Danger project in an essay competition. Kenyan and Tanzanian student teams participated in national moot court competitions and challenged teams from five other countries at the All Africa International Humanitarian Law Moot Court Competition in the United Republic of Tanzania.

During two round-tables in Kenya, 34 East African lecturers from journalism and law schools discussed emerging issues that impact conflict or humanitarian reporting and/or ways to strengthen the

quality of IHL teaching in universities. Training courses prepared novice IHL lecturers from five countries to teach the subject.

The ICRC's documentation centre in Nairobi continued to provide reference materials on IHL for the public's use.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies boost emergency response capacities

Independently or alongside the ICRC, the National Societies assisted vulnerable communities, offered family-links services and promoted IHL, with financial, material and technical support from the ICRC (see *Civilians and Authorities, armed forces and other bearers of weapons, and civil society*).

Training in first aid and other related areas, in accordance with the Safer Access Framework, enhanced their ability to respond to humanitarian needs, including during potential election-related emergencies. Trained National Society teams from Djibouti conducted an emergency simulation exercise with the Balbala hospital, and 30 volunteers from the Obock branch boosted their capacity to rescue or assist migrants crossing water channels. The Tanzanian Red Cross provided first-aid and family-links services to people affected by disasters such as a building collapse in the capital. Ahead of the constitutional referendum in Zanzibar, 25 National Society volunteers boosted their life-saving skills with a course on first aid in conflict.

To improve their management and strengthen coordination within the Movement, six Kenyan Red Cross branches in the Upper Eastern region conducted governance committee meetings; board members of the Tanzanian National Society, at branch and regional levels, participated in induction and governance training. Movement components held regular meetings at local and regional levels.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		17,818	3	
RCMs distributed		12,521	1	
Phone calls facilitated between family members		237,539		
Reunifications, transfers and repatriations				
People reunited with their families		1		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		255	37	65
People located (tracing cases closed positively)		130		
	<i>including people for whom tracing requests were registered by another delegation</i>	52		
Tracing cases still being handled at the end of the reporting period (people)		415	56	107
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		3	1	
UAMs/SCs 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		33	11	
Documents				
People to whom travel documents were issued		19		
Official documents relayed between family members across border/front lines		1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
ICRC visits			Women	Minors
Detainees visited		908	24	25
Detainees visited and monitored individually		38	1	
Number of visits carried out		12		
Number of places of detention visited		7		
Restoring family links				
RCMs collected		65		
RCMs distributed		101		

* Unaccompanied minors/separated children

1. Djibouti, ICTR detainees held in the United Republic of Tanzania, Kenya, United Republic of Tanzania

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)^{1,2}				
Water and habitat activities	Beneficiaries	61,186	59%	40%
	<i>of whom IDPs</i>	19,580		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Food commodities ³	Beneficiaries	19		
Essential household items ⁴	Beneficiaries	12,362		
Water and habitat activities ³	Beneficiaries	630		

1. Kenya

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

3. Djibouti

4. Djibouti, United Republic of Tanzania

NIAMEY (regional)

COVERING: Mali (see separate report), Niger



ICRC regional delegation
 ICRC delegation
 ICRC sub-delegation
 ICRC-supported prosthetic/orthotic centre
 ICRC office
 ICRC logistics centre

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ upon their arrival or while in Niger, thousands of people, notably some 13,800 Malian refugees, met their urgent needs through the timely provision of food and other assistance by the Red Cross Society of Niger and the ICRC
- ▶ people who had fled violence in their home countries, as well as vulnerable migrants, reported IHL and human rights abuses to ICRC delegates, who discussed these with the parties concerned to prevent recurrence
- ▶ over 2 million herders maintained their livestock's health and productivity through free veterinary services, destocking activities and fodder production projects conducted by the authorities, the National Society and the ICRC
- ▶ thousands of vulnerable migrants, including minors, contacted their relatives through National Society branches along the migration route or a transit centre in Agadez also providing hot meals, health care and accommodation
- ▶ even as the armed conflict in Mali required the reallocation of resources, over 1,400 people held in Niger, including security detainees, still eased their living conditions after infrastructural upgrades by the authorities and the ICRC
- ▶ people wounded during an attack on a military base in Agadez obtained critical treatment at the regional hospital, which worked with rapidly provided medical supplies and with the help of a flown-in Health Ministry surgeon

EXPENDITURE (in KCHF)

Protection	5,267
Assistance	61,354
Prevention	3,770
Cooperation with National Societies	2,677
General	-
Total	73,068

of which: Overheads 4,430

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	57
Resident staff (daily workers not included)	307

Continually present in the region since 1982, the ICRC opened its Niamey regional delegation in 2010 in response to the consequences of fighting between government forces and armed groups and of other situations of violence in northern Mali and Niger. It seeks to protect and assist people affected by violence and adverse climatic conditions and visits detainees, providing them with aid where necessary. It also promotes IHL among armed and security forces and armed groups and encourages its implementation by the authorities of the region. It works closely with the region's National Societies and helps them develop their operational capacities.

YEARLY RESULT¹

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

PROTECTION¹

	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	120
RCMs distributed	44
Phone calls facilitated between family members	3,363
People located (tracing cases closed positively)	58
People reunited with their families	7
of whom unaccompanied minors/separated children	7

PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)

ICRC visits	
Detainees visited	3,031
Detainees visited and monitored individually	102
Number of visits carried out	22
Number of places of detention visited	11
Restoring family links	
RCMs collected	35
RCMs distributed	10
Phone calls made to families to inform them of the whereabouts of a detained relative	8

ASSISTANCE¹

	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 108,000	123,900
Essential household items	Beneficiaries 21,000	10,225
Productive inputs	Beneficiaries 42,000	78,937
Cash	Beneficiaries	19,006
Work, services and training	Beneficiaries 1,290,000	2,067,414
Water and habitat activities	Beneficiaries 22,680	94,664

Health			
Health centres supported	Structures	3	5

WOUNDED AND SICK

Physical rehabilitation			
Centres supported	Structures		1
Patients receiving services	Patients		374

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

1. Niger only

CONTEXT

While consolidating internal security, Niger experienced the spill-over effects of regional instability, primarily in its border areas. For example, in Diffa region, communities hosted people fleeing armed conflict in Nigeria; and in Tahua and Tillabery regions, communities hosted the many Malian refugees who lived outside UNHCR camps. The presence of these people and their livestock strained resources meant to cover their host communities' needs, and exacerbated intercommunal violence. In Diffa, the presence of weapon bearers was reported, as was the steady deterioration of security.

Niger deployed troops along its borders, resulting in arrests and weapon confiscations. It also contributed troops to regional operations, notably in Mali; afterwards, armed groups attacked a military base in Agadez, a mining site in Arlit, and the Niamey prison.

Uneven rainfall in Niger led to drought and heavy flooding, which caused widespread property damage and worsened chronic food insecurity by disrupting harvests. State and humanitarian actors worked to meet food, health and veterinary needs, but were less present in remote areas.

In October, the death of 90 migrants close to Niger's border with Algeria was widely publicized and underlined the difficulties faced by thousands of migrants who crossed Niger on their journey north.

ICRC ACTION AND RESULTS

In 2013, the Niamey regional delegation helped vulnerable residents, refugees, returnees and migrants meet urgent needs and cope with threats to their livelihood. It responded quickly to renewed hostilities in Mali, increasing its budget and appealing for additional funds to support its activities in the country (see the separate report: *Mali*). By September, the ICRC had opened a separate delegation in Mali.

In Niger, the authorities and armed/security forces drew on technical support from the ICRC to implement IHL treaties and take steps to ensure weapon bearers' awareness and observance of IHL. The ICRC maintained dialogue – with the authorities, military commanders and, where security conditions permitted, armed groups – on the current situation, which ICRC delegates monitored closely, particularly in Diffa and other border areas (see *Context*). Through dialogue and information sessions, weapon bearers were reminded to respect IHL and people's basic human rights, notably the right to access humanitarian aid/medical care. Violations were documented and then discussed with the alleged perpetrators and other parties concerned, including community/religious leaders, to prevent recurrence.

Malian refugees living outside UNHCR camps and people fleeing armed conflict in Nigeria withstood their displacement thanks to regular food rations and essential household items provided by the Red Cross Society of Niger and the ICRC. Vulnerable migrants travelling through the Agadez region enjoyed hot meals/temporary accommodation and medical/psychological care in a National Society-run transit centre and in nearby health centres. These people restored or maintained contact with relatives through the National Society's family-links network, which had been expanded with ICRC technical/material support.

Communities affected by violence, recovering from past drought/armed conflict or hosting people fleeing armed conflict in Mali or Nigeria, enhanced their food production or earned more income to purchase food and other necessities with livelihood support from the National Society and the ICRC. For example, pastoralists in Agadez and Tillabery boosted their herds' overall health and market value through free veterinary services and destocking activities. Farmers – some of whom managed cereal and fodder banks – sold/consumed staple food/fodder crops that had been cultivated using ICRC-supplied seed and tools. Vulnerable people earned extra income by helping upgrade community infrastructure, which also helped ensure that communities and the people they hosted had sufficient clean water for themselves and their crops/livestock. Such efforts helped communities reduce the risk of violence arising from competition for scarce resources, and build their resilience to the harsh climatic conditions.

The ICRC provided hospitals with medical materials to treat people wounded during violence in Niger – such as the attack on the Agadez military base – or in neighbouring countries. People at different levels of the casualty care chain – National Society volunteers and other first responders, Malian and Nigerien surgeons, and physical rehabilitation technicians – added to their ability to respond to medical emergencies through training sessions or seminars jointly organized with the National Society. In isolated communities, women giving birth, victims of sexual violence, or others needing urgent care were treated in nearby health centres or on site by trained community workers.

ICRC delegates visited inmates, including detained migrants, according to its standard procedures, paying particular attention to security detainees. Drawing on confidential feedback on their treatment and living conditions and direct support, the authorities upgraded prison infrastructure, which helped improve detainees' overall health and living conditions.

Government bodies, UN agencies, humanitarian actors, Movement partners and the ICRC identified unmet needs and avoided duplication by coordinating their activities in areas of common interest, thereby maximizing impact.

CIVILIANS

People who had fled violence or armed conflicts in neighbouring countries, as well as vulnerable migrants, reported abuse and arrests to ICRC delegates. Documented allegations were shared with the parties concerned (see *Mali* and *Nigeria*), including community/religious leaders, which helped ensure that they were informed and therefore able to act accordingly.

People fleeing conflict in Mali or Nigeria and migrants meet their food, water and family-links needs

Nearly 13,800 Malian refugees (2,296 households) living outside UNHCR camps in Niamey and rural areas of Tahua and Tillabery, some 18,500 Nigerians and returnee Nigeriens (3,026 households) in the Diffa region, and 16,680 flood victims (2,780 households) met their urgent needs with two-month food rations; nearly 1,100 people in Tillabery were provided with clean water as well. Some also used household essentials they had received to improve living conditions/set up temporary shelters. Despite the surge in needs, people accessed adequate aid promptly, because the Red Cross Society of Niger and the ICRC increased their presence in these areas, particularly in Diffa, allowing trained volunteers and the ICRC staff to closely monitor and adapt to changes in the

situation. Some National Society branches also used emergency relief supplies pre-positioned by the ICRC.

Vulnerable migrants travelling through Niger's remote regions found relief in a National Society-run transit centre in Agadez. Over 7,500 migrants, including some deported from Libya, enjoyed hot meals, showers and temporary accommodation. About 100 of them also received medical/psychological care in nearby health centres, for which the French Red Cross provided financial support. Some 830 Nigerien migrants in the centre, including 260 minors, traveled home with ICRC transport assistance.

Families separated by armed conflict, migration or other circumstances restored/maintained contact through telephone calls and other Movement family-links services. The National Society, with ICRC help, constructed/upgraded three branches and trained 60 staff members and volunteers, helping ensure that people in Agadez, Diffa, Tahua and Tillabery, had ready access to these services; particularly, vulnerable migrants were able to contact their relatives through National Society branches along the migration route or the transit centre in Agadez. Seven unaccompanied children rejoined their families.

Vulnerable/violence-affected families access enough food and water during the hunger gap period

The arrival and continued presence of people who had fled conflict in Mali or Nigeria strained local resources already depleted by drought and past armed conflict, thereby risking soured relations with host communities. Therefore, they – along with the host communities – pursued activities diversifying sources of food, income and water with ICRC/National Society help.

In Agadez and Tillabery, 6,283 households (34,229 people) purchased food at lower prices from cereal banks run by community members trained in cereal stock management. In the Tillabery region, 5,000 households (34,400 people) consumed/sold millet and beans that they had cultivated using ICRC-provided seed; some of them met their immediate food needs through an average of three-month rations per person, which helped them not to consume seed or harvest early. Some 1,500 families (10,000 people) in Agadez and Tillabery diversified their diet or increased their incomes by consuming/selling vegetables grown in ICRC-supported market gardens. These families also reduced their dependence on rainfall through ICRC-installed irrigation systems.

Over 3,100 households (19,000 people) covered food and other basic needs mainly through cash-for-work projects to upgrade infrastructure used by their communities. Through such projects and others, over 81,000 people in Agadez, Diffa, Tahua and Tillabery – of whom refugees and returnees – had enough water for personal consumption or for their animals/crops. A group of 51 vulnerable households, mainly headed by women, started small businesses.

Some 2 million people in Agadez and Tillabery increase productivity of their herds

Roughly 1.9 million people (313,700 families) in rural areas had healthier and therefore more productive herds, following the vaccination/treatment of approximately 4.2 million of their animals during a campaign organized with the Livestock Ministry. Herders also enjoyed improved veterinary services overall, as

animal health workers benefited from training and new infrastructure; 12 local auxiliary veterinarians completed certification courses and six permanent vaccination parks (total capacity of 12,000 animals) were built.

About 8,000 herding households (72,000 people) increased their income and culled their weaker, less productive livestock through commercial/strategic destocking conducted with the pertinent authorities. Herders sold their animals at competitive prices by using ICRC-subsidized transport to markets or by selling directly to the ICRC; purchased animals were re-distributed or slaughtered. Over 14,165 vulnerable households (84,990 people) – including hospital staff/patients and schoolchildren – diversified their sources of food/income through the provision of live animals, meat or animal skins for crafts.

Around 3,100 herding families (21,000 people) in the drought-prone Air area of Agadez maintained their herds' productivity during the hunger gap period thanks to the provision of multi-nutrient blocks and fodder; some benefited from the doubled milk production of their livestock. As part of a pilot fodder production project, 330 families, managing 64 fodder banks, cultivated 500 tonnes of alfalfa, which supplemented their income and provided herders with an additional fodder source. Following these results, other actors expressed their interest in replicating the project in other areas.

In Agadez, women and children protect themselves against common diseases

Isolated communities enjoyed government-approved levels of preventive and curative care under sanitary conditions in nearby ICRC-supported health centres. A total of five health centres enhanced such services through upgrades to water/sanitation infrastructure and regularly-provided medical equipment, and training, notably in cold-chain management. The three health centres initially targeted increased their maximum capacity to 215 patients per day.

Communities better protected themselves against common diseases thanks to vaccinations carried out by the supported centres (14,539 doses administered). In the Agadez region, some 1,720 young children and 9,130 women of childbearing age were vaccinated against common contagious diseases through a region-wide campaign conducted by the health authorities with ICRC help. Similarly expectant mothers, as well as victims of sexual violence, had access to timely, on-site care after 20 midwives and community health workers developed their skills in reproductive health care.

PEOPLE DEPRIVED OF THEIR FREEDOM

People arrested in connection with conflict or regional insecurity have their presence registered

Some 3,000 detainees, including migrants, in 11 places of detention received visits from the ICRC, conducted according to its standard procedures, paying particular attention to security detainees. Afterwards, the authorities received confidential feedback on detainee treatment and living conditions. Around 100 detainees – of whom 3 minors and 1 woman – had their presence registered by ICRC delegates and were followed up on an individual basis, including after their release. Meanwhile, dialogue with the authorities – on concluding a formal visiting agreement – continued.

Detainees contacted their families through Movement family-links services and, at their request, 39 foreigners had their consular representatives notified of their situation.

Based on the ICRC's recommendations and with its direct support, the authorities upgraded water/sanitation/electrical systems and jointly organized hygiene promotion activities in the Agadez, Bilma, Kollo, Maradi and Ouallam prisons. As a result, some 1,400 detainees had healthier and safer living conditions. Some of them also benefited from expanded cooking capacities and newly-constructed clinics. Despite the strength of the authorities' commitment, the original target of 2,400 detainees could not be reached, as some ICRC resources in Niger had to be reallocated to respond to urgent needs in Mali.

WOUNDED AND SICK

People wounded in Mali and Niger recover thanks to rapid medical and/or surgical attention

In Agadez, casualties of the attack on the military base were treated without delay at the regional hospital, which coped with the sudden influx of serious cases because of the speedy provision of surgical/anaesthetic materials and support from a Health Ministry surgeon, who had flown in from Niamey on an ICRC plane. Eight weapon-wounded patients were evacuated from Mali and underwent surgery at the Niamey National Hospital; two of the evacuees were flown to Niamey on an ICRC plane (see *Mali*).

Hospitals in or near places at risk of violence prepared for sudden influxes of wounded people by supplementing their emergency stocks with ICRC medical materials; thus, after their evacuation, four Nigerian soldiers injured during an attack by armed groups were adequately treated in the Diffa regional hospital. People at different stages of the casualty-care chain also strengthened their response to medical emergencies. Potential first responders, such as police officers, community leaders, students and Koranic teachers, learnt basic first aid from trained National Society volunteers, while several Nigerien and Malian surgeons reinforced their war-surgery skills at a seminar.

Mine/ERW victims and patients injured in Mali undergo physical rehabilitation

With ICRC help, 374 patients – of whom victims of mines or explosive remnants of war (ERW) – underwent physiotherapy and/or received prostheses/orthoses at the Niamey National Hospital's physical rehabilitation centre, thereby regaining a measure of functionality; they included 27 patients referred from Mali. To help draw the public's attention to the importance of facilitating disabled people's integration into their communities, Paralympic athletes used 12 ICRC-provided sport wheelchairs in their competitions.

Prosthetic/orthotic technicians continued to hone their skills at the centre itself or through courses abroad. However, not all technicians attended these courses as planned, notably two physiotherapists who left the centre to pursue advanced studies elsewhere. The partner school also postponed some classes. Nevertheless, three members of the centre's staff received formal certification of training in polypropylene technology, expanding Niger's pool of qualified therapists.

With ICRC help, the centre also enhanced its logistical/management capacities and explored ways to establish sustainable support mechanisms for patients with limited means. In 2013, destitute

patients had their treatment/related accommodation costs covered by humanitarian actors.

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

The authorities, military officials and influential civil society actors facilitate humanitarian action

The authorities and the ICRC discussed the prevailing security situation and humanitarian concerns, particularly with regard to people who had fled conflict in Mali and Nigeria and to those detained for security reasons. The military/security forces requested and received guidance from the ICRC on understanding and applying IHL principles. More than 1,000 military/security officers and other weapon bearers in Agadez, Diffa, Tahua and Tillabery, and around 2,000 peacekeepers deploying to Côte d'Ivoire or Mali, learnt more about their IHL-mandated responsibilities and the ICRC through dissemination sessions.

UN agencies, humanitarian organizations, including Islamic NGOs, and the ICRC exchanged views regularly during coordination meetings. Influential members of civil society – diplomats, lawyers, religious/community leaders and others – learnt more about humanitarian issues of specific concern to them through information sessions, training in first aid, conferences, and events marking important moments in Movement history. For example, health care personnel learnt more about the protection due to them in line with the goals of the Health Care in Danger project, while journalists were informed about specific issues in connection with reporting on humanitarian action. These efforts raised awareness of humanitarian needs and broadened support for Movement activities in Niger, northern Mali and elsewhere.

Niger moves to ratify and implement international law on the use and sale of weapons

The military bolstered IHL training by drafting an instructor's manual with technical advice from the ICRC. Five of the instructors involved in that process refined their knowledge of IHL at a course in San Remo. More than 150 officers from various West African countries attending an officers' school in Niger, and about 160 officers at the national *gendarmerie* school, learnt about the basics of IHL and the ICRC's work through seminars. Students across the country – among them, students at a national administration and magistracy school – gained a deeper insight into IHL through information sessions and a national moot court competition. In addition, an instructor from the Islamic University of Niger enhanced his capacity to teach IHL by taking a course abroad (see *Lebanon*).

Niger advanced IHL implementation by moving to sign the Arms Trade Treaty and by submitting a draft law to the parliament aimed at implementing Protocol V to the Convention on Certain Conventional Weapons. Proposals amending the criminal code, the code of military justice and the criminal procedure code were under review at the Justice Ministry's technical services. Analysis and decision-making with regard to implementation of the Anti-Personnel Mine Ban Convention took into account the ICRC's views on the subject. Ministry officials, drawing on skills acquired at ICRC training sessions, reviewed and commented on bills related to cluster munitions and small arms. These officials shared their views and experiences with peers from other countries at workshops abroad on IHL treaties, particularly in connection with weapons (see *Abidjan* and *Nigeria*) and mine/ERW contamination (see *African Union*).

RED CROSS AND RED CRESCENT MOVEMENT

The Red Cross Society of Niger expands the coverage of its family-links network

As the ICRC's primary partner in delivering humanitarian assistance in the country, the National Society boosted its emergency response with the ICRC's financial, material and technical support. For instance, it replenished its emergency stocks, which helped ensure prompt response to needs generated by incidents of violence and natural disasters. Some 200 volunteers strengthened their first-aid skills, and were thus prepared not only to provide, but to teach first aid as well (see *Wounded and sick*). The National

Society also used various means – messages on the radio in the local languages, for instance – to remind the public and influential actors of the need to respect the emblem as well as neutral, impartial and independent humanitarian action.

The National Society expanded its family-links network (see *Civilians*) by upgrading/constructing three branches and training its staff. It also strengthened its statutes, drawing on the International Federation and the ICRC for technical advice. Movement components met regularly to coordinate activities.

MAIN FIGURES AND INDICATORS: PROTECTION ¹		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		120	17	
RCMs distributed		44	20	
Phone calls facilitated between family members		3,363		
Reunifications, transfers and repatriations				
People reunited with their families		7		
	<i>including people registered by another delegation</i>	2		
People transferred/repatriated		824		
Human remains transferred/repatriated		1		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		121	17	20
People located (tracing cases closed positively)		58		
	<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)		113	14	17
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		7	3	1
UAMs/SCs reunited with their families by the ICRC/National Society		7	2	3
	<i>including UAMs/SCs registered by another delegation</i>	2		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		8	3	
Documents				
Official documents relayed between family members across border/front lines		1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		3,031	98	75
Detainees visited and monitored individually		102	1	3
Detainees newly registered		82	1	3
Number of visits carried out		22		
Number of places of detention visited		11		
Restoring family links				
RCMs collected		35		
RCMs distributed		10		
Phone calls made to families to inform them of the whereabouts of a detained relative		8		

* Unaccompanied minors/separated children

1. Niger only

MAIN FIGURES AND INDICATORS: ASSISTANCE ¹		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)¹				
Food commodities ²	Beneficiaries	123,900	28%	43%
	<i>of whom IDPs</i>	5,817		
Essential household items	Beneficiaries	10,225	33%	45%
	<i>of whom IDPs</i>	4,708		
Productive inputs ²	Beneficiaries	78,937	36%	40%
	<i>of whom IDPs</i>	477		
Cash	Beneficiaries	19,006	32%	43%
Work, services and training ²	Beneficiaries	2,067,414	29%	46%
	<i>of whom IDPs</i>	332,595		
Water and habitat activities	Beneficiaries	94,664	30%	49%
Health				
Health centres supported	Structures	5		
Average catchment population		52,592		
Consultations	Patients	43,656		
	<i>of which curative</i>		7,649	22,800
	<i>of which ante/post-natal</i>		6,783	
Immunizations	Doses	14,539		
	<i>of which for children aged five or under</i>	12,269		
Referrals to a second level of care	Patients	161		
Health education	Sessions	348		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Water and habitat activities	Beneficiaries	1,440		
WOUNDED AND SICK				
Physical rehabilitation¹				
Centres supported	Structures	1		
Patients receiving services	Patients	374	74	126
New patients fitted with prostheses	Patients	68	16	4
Prostheses delivered	Units	67	16	4
	<i>of which for victims of mines or explosive remnants of war</i>	26		
New patients fitted with orthoses	Patients	60	8	42
Orthoses delivered	Units	56	6	41
	<i>of which for victims of mines or explosive remnants of war</i>	1		
Patients receiving physiotherapy	Patients	153	37	14
Crutches delivered	Units	22		
Wheelchairs delivered	Units	12		

1. Niger only

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

PRETORIA (regional)

COVERING: Botswana, Lesotho, South Africa, Swaziland



ICRC regional delegation

The ICRC has worked in South Africa since the early 1960s, opening a regional delegation in Pretoria in 1978. It visits detainees, monitoring their conditions; helps refugees and asylum seekers to restore contact with family members; and supports research on violence reduction among South African youth. It promotes ratification of IHL treaties and their national implementation and encourages the incorporation of IHL into military training and university curricula. The ICRC supports the region's National Societies in building their capacities.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ in addition to security detainees in Lesotho, detainees in Swaziland and migrants held at an immigration detention centre in South Africa, as well as some foreign detainees in that country, received ICRC visits
- ▶ with a number of countries in the region taking steps towards the promotion and implementation of IHL-related instruments, Lesotho, South Africa and Swaziland signed the Arms Trade Treaty
- ▶ over 3,000 South African peacekeepers bound for the Democratic Republic of the Congo and Sudan received briefings on IHL rules specific to their missions

EXPENDITURE (in KCHF)	
Protection	377
Assistance	-
Prevention	1,131
Cooperation with National Societies	578
General	-

2,086

of which: Overheads 127

IMPLEMENTATION RATE	
Expenditure/yearly budget	69%

PERSONNEL	
Mobile staff	5
Resident staff (daily workers not included)	24

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	115
RCMs distributed	177
Phone calls facilitated between family members	366
People located (tracing cases closed positively)	10
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	11,901
Detainees visited and monitored individually	31
Number of visits carried out	12
Number of places of detention visited	8
Restoring family links	
RCMs collected	11
Phone calls made to families to inform them of the whereabouts of a detained relative	1

CONTEXT

South Africa remained influential, politically and economically, within the region and in Africa more generally. It took part in diplomatic initiatives regularly and provided troops for peacekeeping operations abroad: the Democratic Republic of the Congo (hereafter DRC) and Sudan, for instance. It hosted the Fifth Summit of the BRICS group of emerging economies comprising Brazil, the Russian Federation, India, China and South Africa. It also continued to host African Union institutions such as the Pan-African Parliament (PAP), a large diplomatic community, regional offices of UN agencies, humanitarian agencies, think-tanks and major media agencies.

Governments in the region continued to grapple with socio-economic issues, including migration and, particularly in South Africa, urban violence. In February, South African police arrested a group of Congolese nationals on charges of violating the Regulation of Foreign Military Assistance Act, which seeks to curb mercenary activity in the country. In Swaziland, demonstrations against government policies and inadequate services, characterized by a strong police and military presence and pre-emptive arrests, occurred regularly; this was particularly in evidence before parliamentary elections in August. Botswana and Lesotho remained politically stable.

ICRC ACTION AND RESULTS

The Pretoria delegation focused on promoting wider understanding of IHL and other humanitarian principles, as well as on reinforcing the ICRC's standing as a reference on IHL for political/military authorities and other influential regional actors.

The ICRC continued to visit foreign/security detainees in Lesotho, in accordance with its standard procedures. Discussions with the detaining authorities about access to places of detention in Swaziland resulted in ICRC delegates visiting detainees at three police stations and two prisons; they also had discussions with police and correctional officers about international norms applicable to law enforcement and detention. Delegates also visited – for the first time – migrants held at a South African immigration detention centre as well as Congolese detainees in Pretoria. Some of those visited in Lesotho and South Africa restored/maintained contact with their families through phone calls/RCMs. Prison authorities in Lesotho and Swaziland developed their management skills at ICRC-run courses.

The ICRC continued to engage with national and regional authorities on promoting/implementing IHL. Delegates made presentations on IHL and the ICRC's work at several meetings and other events: for instance, a workshop on ratifying and implementing the Amendments to the Rome Statute of the International Criminal Court hosted by Botswana, which ratified the Amendments during

the event. The region's national IHL committees kept abreast of and conferred on IHL-related matters, such as the Arms Trade Treaty, which was signed by Lesotho, South Africa and Swaziland.

The ICRC raised awareness of pressing humanitarian issues – such as the need to safeguard access to health care – among key decision-makers in the region. It made presentations on IHL and humanitarian issues to the PAP during meetings and workshops. Following a presentation on sexual violence, the PAP issued a resolution calling on African parliaments to assist victims, improve the monitoring of abuses and punish perpetrators. Together with a South African think-tank, the ICRC hosted a seminar on the humanitarian consequences of the use of nuclear weapons. The South African government's Department of International Relations and Cooperation (DIRCO) and the ICRC discussed IHL-related developments.

The delegation also sought to strengthen knowledge of IHL among the region's armed forces, with an emphasis on predeployment training for peacekeeping troops. Delegates briefed over 3,000 officers of the South African National Defence Force (SANDF) bound for the DRC and Sudan on IHL rules specific to their missions. The SANDF and the ICRC discussed expanding their training cooperation to include ICRC support for incorporating IHL in SANDF doctrine, training and operations. The ICRC also provided training/technical assistance for other military officers in the region.

The ICRC reached out to a broad range of civil society actors, with a view to securing support for promoting IHL and humanitarian principles. This included providing support for a programme run by a local NGO seeking to mitigate the risk of violence, and for a research initiative to gauge its results among young people in South Africa. The ICRC also continued to assist universities in strengthening their IHL instruction capacities, by providing material/technical support for IHL lecturers and sponsoring students for IHL competitions abroad.

Throughout the region, the ICRC worked closely with the National Societies, providing them with material/financial/technical support for strengthening their capacities in the areas of emergency response, restoring family links, communication and management. Movement partners met regularly to exchange views and coordinate their activities.

PEOPLE DEPRIVED OF THEIR FREEDOM

Inmates in some places of detention in Lesotho, South Africa and Swaziland received ICRC visits, conducted in accordance with the organization's standard procedures, during which delegates monitored their treatment and living conditions in relation to internationally recognized standards. Following visits, the detaining authorities received confidential oral and written reports providing the ICRC's observations and, where necessary, recommendations for improvement.

PEOPLE DEPRIVED OF THEIR FREEDOM	LESOTHO	SOUTH AFRICA	SWAZILAND
ICRC visits			
Detainees visited	600	8,800	2,501
Detainees visited and monitored individually	11	20	
Detainees newly registered	3	20	
Number of visits carried out	2	3	7
Number of places of detention visited	1	2	5
Restoring family links			
RCMs collected		11	
Phone calls made to families to inform them of the whereabouts of a detained relative	1		

Migrants held in South Africa and detainees in Swaziland receive ICRC visits for the first time

Over 8,000 migrants held at a South African immigration detention centre were visited for the first time, following a formal agreement with the detaining authorities. Twenty Congolese nationals detained at the Pretoria Correctional Centre in relation to the Regulation of Foreign Military Assistance Act were registered during visits by ICRC delegates; they also availed themselves of family-links services to locate or contact their relatives.

Some 2,500 detainees held in three police stations and two prisons in Swaziland also benefited from ICRC visits. Access to these detainees followed from dialogue with the Swazi police and correctional services on the ICRC's mandate, activities and standard procedures.

Foreign detainees in Lesotho contact their families

During ICRC visits, 11 foreign nationals held at the Maseru Central Correctional Institution in Lesotho, including eight security detainees, received food and hygiene items and maintained regular contact with their families abroad through monthly phone calls facilitated by the National Society since March.

Authorities learn more about improving detainees' treatment and living conditions

During meetings with ICRC delegates, the detaining authorities in Swaziland were reminded about international norms applicable to law enforcement operations, particularly with regard to the use of force in arrest and detention, and discussed a training plan for police officers on such norms. Two senior officers of the Swazi Correctional Services participated in an ICRC-organized prison management course in Geneva, Switzerland. Meetings were held with correctional service experts from the South African Development Community (SADC), with a view to supporting their prison reform initiatives.

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

Lesotho, South Africa and Swaziland sign Arms Trade Treaty

National authorities in the region furthered their understanding of IHL through ICRC presentations at various workshops and meetings; some of them took steps towards its implementation/promotion. Botswana ratified the Amendments to the Rome Statute of the International Criminal Court during a workshop it hosted to promote the ratification and implementation of the Amendments. High-level representatives from Lesotho and South Africa at the workshop confirmed their countries' commitment to ratify the Amendments. As announced at the Fourth Meeting of States Parties to the Convention on Cluster Munitions in Zambia, the South African cabinet approved the ratification of the Convention and forwarded it to parliament for review.

At meetings and through newsletters, national IHL committees in the region exchanged views on the Health Care in Danger project and on current IHL developments, including the Arms Trade Treaty, which Lesotho, South Africa and Swaziland signed in September.

PAP calls on parliaments to address the problem of sexual violence

Fourteen members of the PAP participated in an introductory workshop on IHL, after which, issues related to the International

Criminal Court and various IHL-related instruments were reflected in their plenary speeches and debates. Following an ICRC presentation on the issue of sexual violence in armed conflict, the PAP adopted a resolution calling on parliaments to work with the ICRC and other organizations to take steps to improve the monitoring of abuses, assist victims and punish perpetrators.

At a seminar co-hosted with a South African think-tank, representatives from the region's governments, the diplomatic community and civil society discussed the humanitarian consequences of the use of nuclear weapons and ways in which they could contribute to nuclear disarmament.

Twelve representatives from DIRCO discussed current IHL developments at a round-table meeting. DIRCO officials and the ICRC met to formalize South Africa's hosting of a Health Care in Danger workshop in 2014.

Peacekeepers further their understanding of IHL before deployment

During predeployment briefings, over 3,000 South African soldiers bound for the DRC and Sudan furthered their understanding of IHL and humanitarian considerations specific to their missions. These briefings also underscored the need to safeguard access to health care. Planned post-deployment debriefings to review the performance of these troops had not yet taken place as they were still on mission at year's end. Over 250 junior and senior officers also learnt more about IHL and the ICRC's work during presentations and training sessions.

The SANDF and the ICRC broadened their dialogue on IHL training for SANDF officers/peacekeepers. Discussions with senior officers aimed at expanding the scope of ICRC support to include helping SANDF incorporate IHL in their doctrine, training and operations.

Elsewhere in the region, officers from the defence forces of Botswana and Swaziland benefited from ICRC technical input during military exercises and IHL training, respectively.

South African youth participate in a programme seeking to mitigate the risk of violence

Disaffected South African youth participated in a programme seeking to mitigate the risk of violence by encouraging them to play football and develop leadership and other life skills. This was carried out by Amandla, an NGO, with ICRC support. Amandla's facilitators and community members trained in first aid, and some participants attended sessions regularly with the help of transportation allowances. A research project found that in two townships, the initiative had a positive impact on those who took part regularly and helped explain the causes of youth violence.

Contacts were developed with UNICEF, the provincial government of the Western Cape, the University of Cape Town and other ICRC delegations, with a view to carrying out further studies on violence.

University lecturers and students put their IHL knowledge to use

All 15 universities in the region that had included IHL in their curricula benefited from ICRC assistance in strengthening IHL teaching/research and in highlighting humanitarian issues for future decision-makers. Lecturers on IHL received material/

technical support for enhancing their teaching skills; some of them conducted research and published articles on the subject. Students and faculty members throughout the region added to their knowledge of IHL at events such as the All-Africa Course on International Humanitarian Law, and through a newsletter. Moreover, some students, with ICRC sponsorship, participated in the 2013 Jean-Pictet Competition on IHL (see *Bangkok*) and in the All Africa International Humanitarian Law Moot Court Competition (see *Nairobi*).

Media promote public awareness of the ICRC's work

Using information provided by the ICRC, journalists raised awareness of humanitarian issues and Movement activities in the region: for example, a South African journalist visited ICRC operations in the Central African Republic and drew attention to the effects of violence against the provision of health services in the country. Members of the media throughout Africa learnt more about IHL and the protection it affords them during an ICRC presentation at the Highway Africa Conference, the largest gathering of journalists in the continent.

Contacts with civil society organizations were strengthened, with ICRC delegates contributing to public debates and other events to promote the organization's neutral, impartial and independent humanitarian action.

RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies worked towards strengthening their capacities in the areas of emergency response, restoring family links, communication and management, with training and material/technical/financial support from the ICRC.

The Baphalali Swaziland Red Cross Society, with ICRC help, worked to boost its contingency planning/emergency response capacities – particularly in first aid and communication – in preparation for the elections. Volunteers administered first aid to those injured during strikes and election-related demonstrations.

The Botswana Red Cross, the Lesotho Red Cross Society and the Swazi Red Cross continued to help refugees/migrants reconnect with their families through RCMS/phone calls and facilitated passage for some refugees to third countries by means of ICRC-issued travel documents. Staff/volunteers enhanced their ability to provide family-links services through training/refresher courses.

National Societies affected by financial/structural crises received support for their recovery/restructuring efforts. Movement partners met regularly to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		115		
RCMs distributed		177		
Phone calls facilitated between family members		366		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		18	3	6
People located (tracing cases closed positively)		10		
Tracing cases still being handled at the end of the reporting period (people)		108	20	40
Documents				
People to whom travel documents were issued		65		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
ICRC visits			Women	Minors
Detainees visited		11,901	134	51
Detainees visited and monitored individually		31		
Detainees newly registered		23		
Number of visits carried out		12		
Number of places of detention visited		8		
Restoring family links				
RCMs collected		11		
Phone calls made to families to inform them of the whereabouts of a detained relative		1		

* Unaccompanied minors/separated children

1. Lesotho, South Africa, Swaziland

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
Economic security, water and habitat (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	28		
Essential household items	Beneficiaries	28		

1. Lesotho

TUNIS (regional)

COVERING: Morocco/Western Sahara, Tunisia



The regional delegation based in Tunisia, which has been operating since 1987, regularly visits people deprived of their freedom in Tunisia to monitor their treatment and conditions of detention. It addresses issues of humanitarian concern arising from the aftermath of the Western Sahara conflict. It promotes implementation of IHL by the authorities, including its integration into national legislation and into training programmes for the armed forces. The Red Crescent Societies in the region are essential partners in this process.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ against a backdrop of increased insecurity, dialogue with authorities and military/security forces, as well as training courses and other events, contributed to gaining respect and acceptance for applicable norms and the Movement
- ▶ in Tunisia, efforts to reform the prison sector continued despite being slowed down by the prevailing situation, which impeded certain ICRC activities, in the health sector, for example
- ▶ even so, the efforts above resulted in the launching of a project by the Interior Ministry to enhance respect for detainees under interrogation and the opening of a first probation office to encourage the use of alternative sentencing
- ▶ contact with the Moroccan authorities, the Polisario Front and pertinent organizations made little headway in clarifying the fate of people who went missing in connection with the Western Sahara conflict
- ▶ Sahrawi amputees received treatment at an ICRC-supported physical rehabilitation centre, despite security concerns temporarily curtailing operations at the centre and causing its relocation
- ▶ although progress in domestic IHL implementation was slow, the National Council for Human Rights in Morocco, with ICRC support, established a department specifically for promoting IHL

EXPENDITURE (in KCHF)

Protection	1,961
Assistance	1,650
Prevention	1,331
Cooperation with National Societies	723
General	-

5,665

of which: Overheads 345

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	15
Resident staff (daily workers not included)	35

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	38
RCMs distributed	39
Phone calls facilitated between family members	1,848
People located (tracing cases closed positively)	34
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	17,859
Detainees visited and monitored individually	161
Number of visits carried out	54
Number of places of detention visited	20
Restoring family links	
RCMs collected	88
RCMs distributed	54
Phone calls made to families to inform them of the whereabouts of a detained relative	54

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries	15
Physical rehabilitation		
Centres supported	Structures	1
Patients receiving services	Patients	500

CONTEXT

The assassination of two prominent opposition figures in February and July caused a political upheaval in Tunisia and stalled the political transition. The security situation across the country deteriorated. Confrontations between protesters and law enforcement officers, targeted attacks against security forces, and clashes between military/security forces and armed individuals suspected of endangering State security, including near the border with Algeria and Libya, reportedly led to arrests and casualties. Presidential and legislative elections did not take place.

In Morocco, the population continued to struggle through the economic crisis and public confidence in the government's ability to improve the situation dwindled.

Sub-Saharan migrants continued to arrive in Morocco or pass through Tunisia on their way to Europe.

The potential security repercussions of the armed conflict in Mali continued to be a source of regional concern. The status of Western Sahara remained a contentious issue; no progress was made in the negotiations between the Moroccan government and the Polisario Front. The mandate of the UN Mission for the Referendum in Western Sahara (MINURSO) was extended to April 2014. Families in both Moroccan- and Polisario Front-controlled areas of Western Sahara were still waiting for news of relatives who went missing during the 1975–91 conflict. Mines/explosive remnants of war (ERW) from this period continued to menace the local population.

ICRC ACTION AND RESULTS

The Tunis regional delegation continued to focus on the protection of detainees and civilians in Tunisia, including those separated from and/or seeking news of their relatives.

Given the situation in the region, it became even more important to garner support for humanitarian principles, IHL, international human rights norms applicable to arrest and detention, and Movement activities. To this end, the ICRC sustained dialogue with Moroccan and Tunisian authorities and military/security forces. Contact with the media, universities and other influential civil society actors broadened public awareness of humanitarian principles and the ICRC's work, particularly for detainees. In Morocco, the ICRC focused on these activities as a headquarters agreement had yet to be finalized.

ICRC delegates visited detainees in Tunisia and reported on their treatment and living conditions, in confidence, to the authorities. Although the prevailing situation slowed down work and impeded certain activities, detaining authorities received ICRC support for advancing penitentiary reform.

The Interior Ministry, following up an ICRC report, launched a project promoting respect for detainees under interrogation and created a working group to that end. Members of the working group shared best practices with peers during a study tour abroad; instructors at the prison directorate's school became mobile trainers in prison management practices for colleagues after completing a course organized with ICRC help; and the Interior and Justice Ministries received recommendations for improving the curriculum of the prison directorate school.

Tunisia's first-ever probation office, established to tackle overcrowding, drew on ICRC expertise to set various activities in

motion. The ICRC met with magistrates, judicial officials and police/National Guard officers and updated them on the office's work; it also promoted the use of alternative sentencing.

Discussions with the Health and Justice Ministries led to an agreement aimed at enhancing prison health services by transferring responsibility for them to the Health Ministry. However, no further decisions were taken in this regard, which impeded implementation as well as planned ICRC support. Nonetheless, inmates in four detention facilities had access to better health care after the ICRC provided medical supplies and renovated an infirmary in one prison.

Sahrawi amputees and other disabled people benefited from physiotherapy/limb-fitting services at an ICRC-supported physical rehabilitation centre near Tindouf, in south-western Algeria, even after its relocation on the Rabouni hospital's premises because of security concerns. In the Moroccan-administered part of Western Sahara, the Moroccan Red Crescent/ICRC conducted risk-education sessions for communities in mine/ERW-contaminated areas and helped some mine victims restore/improve their livelihoods.

People dispersed by conflict, migration or other circumstances restored/maintained contact with their relatives through Movement family-links services; for instance, these services benefited people in the Choucha camp on the Tunisian side of the border with Libya, until its closure mid-year, and families who visited relatives detained in Afghanistan. Owing to prevailing conditions, an assessment of their needs could not be carried out.

The ICRC continued to encourage the Moroccan authorities, the Polisario Front and relevant organizations to clarify the fate of people who went missing during the Western Sahara conflict, but without much success. As the situation did not favour dialogue on the issue, a planned assessment of the needs of the families of missing persons was cancelled.

During discussions with the authorities, including national IHL committees and members of parliament, implementation of IHL was encouraged. Although this progressed slowly, Morocco's National Council for Human Rights established a department specifically for promoting IHL.

The Moroccan Red Crescent and the Tunisian Red Crescent developed their operational capacities with ICRC support – financial, material, technical and training. Movement partners coordinated their activities regularly.

CIVILIANS

Separated relatives restore/maintain contact

People at the Choucha camp in Tunisia, who had fled Libya in 2011, restored/maintained contact with relatives through family-links services run by Tunisian Red Crescent/ICRC teams. This confirmed the local National Society branch's ability to continue providing these services to the few hundred people left in the area after the camp's closure in June. Elsewhere in Tunisia and in the wider region, families dispersed by conflict, migration or other circumstances – including migrants who had left Libya by boat and were rescued by the Tunisian coast guard – also benefited from these services. Prevailing conditions did not allow assessments of the needs of such people to take place in Tunisia. In northern Morocco, migrants – living in the forest out of necessity – notified Moroccan Red Crescent/ICRC teams of their most pressing

concerns during first-aid courses and information sessions on family-links services, which was helpful for developing a broader response to their needs.

Family-links services also helped families in Morocco and Tunisia maintain contact with relatives detained/interned abroad. For instance, one Tunisian detainee's son was able to meet his father – at the Parwan detention facility in Afghanistan – after nine years. One person who had returned to Tunisia after being released from the US internment facility at Guantanamo Bay Naval Station in Cuba resettled in his community with ICRC material assistance.

Volunteers from the Moroccan and Tunisian National Societies bolstered their ability to provide family-links services through training and on-the-job mentoring, and the Moroccan Red Crescent signed a cooperation agreement with the ICRC on restoring family links.

Families remain without news of missing relatives

The ICRC continued to encourage the Moroccan authorities and the Polisario Front to clarify the fate of people missing in connection with the Western Sahara conflict. Two meetings were held with Morocco's National Council for Human Rights, centring on the pending caseload of missing people, but they yielded no results. While ICRC discussions with the "Sahrawi Red Crescent" (mandated to deal with the issue of missing persons) made little headway in strengthening the Polisario Front's commitment to working with the ICRC in this area, two meetings with a Sahrawi NGO dealing with such matters provided information on a few cases. Conditions on both sides were such that a planned assessment of the needs of the families of missing persons (see *Context*) could not be carried out; no training course on the management of human remains took place.

Dialogue with the Tunisian authorities on helping families of people reportedly missing in relation to migration or conflicts/violence abroad continued. Some families, with the ICRC's advice, initiated legal proceedings to obtain official recognition of the disappearance of their relatives in Lebanon. Because of the situation in Tunisia, limited support was provided to the growing number of families requesting help in locating their relatives in the Syrian Arab Republic or in having their remains repatriated (see *Syrian Arab Republic*).

PEOPLE DEPRIVED OF THEIR FREEDOM

In Tunisia, the ICRC visited some 17,800 detainees – including those under arrest and interrogation – held in 20 detention facilities, including two juvenile centres, one centre for migrants and a few police stations; the visits were carried out according to the organization's standard procedures and monitored treatment and living conditions. Detainees held on security charges were followed-up individually and other vulnerable inmates – minors, women and foreigners – received special attention. Detainees contacted their families or consular representatives using family-links services. After these visits, the detaining authorities, including the *gendarmerie*, received, in confidence, the ICRC's findings and recommendations for improvements, including in connection with the treatment of particularly vulnerable inmates. The frequent shuffling of people in key positions, because of the political environment (see *Context*), slowed down cooperation, notably with the health and justice authorities, and some projects as well. Two areas in particular taxed the ICRC's resources: the newly established probation office and detainees on hunger strike (see below).

Dialogue with Polisario Front representatives continued, with a view to resuming visits to detainees under the group's responsibility – as agreed in principle in 2009.

Tunisian officials launch measures to improve prison management

The Interior Ministry followed up a 2012 ICRC report on detainees' treatment during interrogation: it launched a project to enhance respect for detainees' rights, particularly for those held on remand, and created a working group specifically for this purpose. At an ICRC-supported training course in this connection, 25 senior members of the military judiciary, the National Guard and the Justice Ministry's prison directorate explored the possibility of reaching this objective – increasing respect for detainees' rights – through improved project management. Members of the working group went on a study tour to Switzerland, which gave them an opportunity to exchange ideas with their peers about prison management and monitoring and sanction mechanisms to ensure procedural compliance. After completing a twelve-week prison management course co-organized with the prison directorate, 20 penitentiary instructors became mobile trainers for their colleagues. The Interior and Justice Ministries received a report on the curriculum of the prison directorate's school, which also contained recommendations for improvements.

In coordination with the authorities concerned, other actors involved in judicial/penitentiary reform were contacted, with a view to winning their support in addressing the needs of detainees, particularly minors.

Tunisia's first probation office extends follow-up to persons on conditional release

Staff at the probation office in Sousse – the first of its kind in Tunisia, established in 2012 to tackle overcrowding in prisons – started following up cases of persons sentenced to community service, with ICRC help. Beginning in September, the office extended this to cover persons on conditional release.

Magistrates, Justice Ministry officials and/or police/National Guard officers learnt more – at briefings/meetings supplied with up-to-date information – about the use of alternative sentencing as a means of rehabilitation and about its impact on the size of the prison population. The finalization of a draft bill establishing probation services on a wider scale remained pending.

The acceptance criteria for participation in a prison rehabilitation programme were due to be revised, but that, too, did not take place.

Stalled dialogue hampers initiatives to secure detainees' access to health care

Discussions with the Health and Justice Ministries early in the year led to an agreement aimed at enhancing prison health services, including psychological treatment, by transferring responsibility for them to the Health Ministry. However, no further decisions were taken in this regard, which impeded implementation of the agreement. This also impeded the signature of an agreement with the ICRC for improving detainees' access to health care over the long term, through a pilot initiative envisaged with the authorities after a 2012 ICRC health assessment report.

Nonetheless, 1,900 detainees in Tunisia's second-largest prison, and some inmates in three detention facilities that were taking part, in principle, in the pilot initiative, had better access to health

services thanks to donations of medical supplies/equipment. Some 500 inmates in one prison became less exposed to health risks following an anti-scabies campaign. The Tunisian medical board's president attended a regional meeting in Amman on medical ethics in the prison sector (see *Jordan*).

A number of inmates, especially those requiring close medical attention – such as detainees on hunger strike – benefited from increased health monitoring.

In all, 3,300 inmates saw their living conditions improve following repairs to prison facilities and other initiatives carried out with the prison directorate – such as the installation of fire detection/alarm systems in one prison housing 700 inmates, the renovation of one prison infirmary serving 1,900 detainees, and upgrades to cooking and sanitation infrastructure for 700 inmates in another facility. Blankets kept 2,350 of them warm at night, while some others received a few essential items. The training of prison guards in first aid and in recommended hygiene practices had yet to take place.

WOUNDED AND SICK

Security concerns affect services for disabled Sahrawis at physical rehabilitation centre

At the end of April, an ICRC-supported physical rehabilitation centre near Tindouf, in south-western Algeria, serving Sahrawi amputees and other disabled people living in nearby refugee camps, temporarily curtailed its operations owing to heightened security concerns. In September, it was moved to a safer location on the premises of the Rabouni hospital. Despite these setbacks, 500 people benefited from the centre's physiotherapy/limb-fitting services; others restored their mobility using wheelchairs and crutches provided by the centre. An assessment of needs for similar services in the refugee camps began at year's end. With ICRC supervision, six assistant technicians/physiotherapists enhanced their skills on the job, bolstering the sustainability of these services.

In the Moroccan-administered part of Western Sahara, communities learnt how to negotiate the dangers posed by mines/ERW through risk-education sessions conducted by trained Moroccan Red Crescent teams. Similar sessions in the Polisario Front-controlled part of Western Sahara had yet to take place.

Five families of mine victims (30 people) restored a degree of self-sufficiency through Moroccan Red Crescent micro-economic initiatives.

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

Authorities and public broaden their understanding of humanitarian principles

Against a backdrop of increased insecurity, contact with the authorities, military/security forces, penitentiary staff in Tunisia (see *People deprived of their freedom*), and influential civil society members built awareness of and support for IHL, international human rights law, humanitarian concerns, including those related to the Health Care in Danger project, and the Movement's humanitarian activities. Meetings/round-tables – with religious/traditional leaders and representatives of political groups, regional/international bodies, including MINURSO, and NGOs dealing with detention-related issues – broadened understanding of IHL and the ICRC's work.

Dialogue with Moroccan authorities focused on finalizing a headquarters agreement.

Media coverage of the ICRC's activities, particularly for detainees, enabled the public to become more familiar with the subjects mentioned above; much of this coverage was based on briefings and ICRC press materials and other publications, including new bulletins. Journalists learnt more about IHL and equipped themselves to report on humanitarian affairs through courses at home and/or abroad (see *Egypt*).

Military/security officers enhance their knowledge of IHL and applicable norms/standards

During meetings with Tunisian authorities, the ICRC advocated respect for human rights norms applicable in law enforcement operations, including those related to the use of force (see *People deprived of their freedom*). At a course co-organized with a security forces' school, senior Interior Ministry officials, high-ranking officers and officers-in-training learnt more about international human rights law and internationally recognized standards applicable to arrest and detention. Around 100 police officers on deployment to peacekeeping missions abroad attended ICRC-supported briefings on similar topics.

At briefings/seminars organized with Moroccan or Tunisian military forces, including at the most prestigious military establishments, over 300 officers learnt more about IHL and the ICRC. Other military officers from the region did the same at a course organized by the Tunisian armed forces' medical services, with the support of the Canadian and Swiss Defence Ministries and the ICRC. Tunisia's reorganized National Defence Institute held a conference for military and civilian defence experts, at which IHL was the first subject of discussion; the ICRC took part in this event.

No course on weapon contamination-related issues for Moroccan military officers took place.

National Human Rights Council in Morocco establishes department to promote IHL

In its efforts to advance domestic IHL implementation, the Moroccan National Human Rights Council, with ICRC support, created a department specifically to promote IHL, in line with the country's 2011 constitution. In Tunisia, owing to the political situation no progress was made in adopting draft laws on the repression of war crimes, the protection of cultural property and the Movement's emblems.

In both Tunisia and Morocco, to help advance domestic IHL implementation and its incorporation in military/security forces' doctrine, training and operations and to stimulate interest in IHL in academic circles, military and civilian magistrates, National Human Rights Council members, parliamentarians, a member of Tunisia's national IHL committee, and lecturers/researchers refined their knowledge of IHL and their teaching skills at a train-the-trainer course and seminars/round-tables abroad, one of which took place in Beirut (see *Lebanon*).

Academic institutions incorporate IHL modules in curricula

Universities were given support to incorporate IHL in their curricula, with a view to boosting students'/future magistrates' interest in the subject. They included one Moroccan university and three Tunisian institutions, selected after an assessment of IHL teaching capacities in the country, one of which completed the integration of IHL with its public law course.

Forty-two students from Tunisia and other African countries tested their IHL skills at national/regional moot court competitions.

RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies drew on financial, material, technical and training support from the ICRC to increase their operational capacities.

In line with an agreement signed in 2012, Tunisian Red Crescent first-responders, in coordination with the International Federation, received first-aid/medical equipment; and over 100 staff/volunteers learnt first-aid skills. Other staff/volunteers, including instructors, underwent training in project management,

restoring family links, and communication techniques/IHL promotion; they also participated in workshops abroad. With ICRC guidance, the National Society improved existing systems for financial management and for integrating the Safer Access Framework.

The Moroccan Red Crescent provided mine-risk education for communities in the Moroccan-administered part of Western Sahara (see *Civilians*), using jointly developed teaching techniques and information materials. Three branches enhanced their capacities with ICRC-provided furniture/equipment.

Movement components met regularly to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)¹				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		38		
RCMs distributed		39		
Phone calls facilitated between family members		1,848		
Tracing requests, including cases of missing persons²			Women	Minors
People for whom a tracing request was newly registered		73	20	23
People located (tracing cases closed positively)		34		
	<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)		164	22	22
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		3		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		7		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
ICRC visits			Women	Minors
Detainees visited		17,859	587	269
Detainees visited and monitored individually		161	8	1
Detainees newly registered		132	4	1
Number of visits carried out		54		
Number of places of detention visited		20		
Restoring family links				
RCMs collected		88		
RCMs distributed		54		
Phone calls made to families to inform them of the whereabouts of a detained relative		54		
People to whom a detention attestation was issued ³		11		

* Unaccompanied minors/separated children

1. Tunisia
2. Not including people missing as a consequence of the Western Sahara armed conflict
3. Attestations also delivered to persons formerly held as a consequence of the Western Sahara armed conflict

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	15	17%	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	2,360		
Water and habitat activities	Beneficiaries	3,300		
Health				
Number of visits carried out by health staff		35		
Number of places of detention visited by health staff		6		
WOUNDED AND SICK				
Physical rehabilitation²				
Centres supported	Structures	1		
Patients receiving services	Patients	500	114	143
New patients fitted with prostheses	Patients	9		1
Prostheses delivered	Units	8		
	<i>of which for victims of mines or explosive remnants of war</i>	7		
New patients fitted with orthoses	Patients	16	5	2
Orthoses delivered	Units	36	9	4
	<i>of which for victims of mines or explosive remnants of war</i>	4		
Patients receiving physiotherapy	Patients	461	111	129
Crutches delivered	Units	111		
Wheelchairs delivered	Units	8		

1. Tunisia
2. Physical rehabilitation centre near Tindouf (south-western Algeria) for disabled Sahrawis

YAOUNDÉ (regional)

COVERING: Angola, Cameroon, Congo, Equatorial Guinea, Gabon, Sao Tome and Principe



The ICRC set up its Yaoundé regional delegation in 1992 but has been working in the region since 1972. It monitors the domestic situation in the countries covered, visits security detainees and helps restore contact between refugees, migrants and their families. It pursues longstanding programmes to spread knowledge of IHL among the authorities, armed forces and civil society, and supports the development of the region's National Societies.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ security detainees, particularly in northern Cameroon and in Equatorial Guinea's largest civil prison, received ICRC visits to monitor their treatment and living conditions, with some benefiting from ad hoc direct assistance
- ▶ in Gabon, the Justice Ministry and the ICRC began the government-led implementation of an agreement to enhance health/hygiene conditions for detainees in 2 prisons, with a view to making similar improvements in other prisons
- ▶ insecurity in border areas and regional tensions lent urgency to the ICRC's dialogue with the authorities, armed/security/police forces on IHL, international human rights law and the proper use of force in law enforcement
- ▶ the governments of Cameroon, Congo and Gabon drew on ICRC expertise to advance domestic IHL implementation, with Cameroon and Congo also ratifying key weapon-related treaties
- ▶ the region's National Societies strengthened their capacities in emergency preparedness/response, including in providing and teaching first aid, and in restoring family links, particularly for vulnerable migrants and refugees

EXPENDITURE (in KCHF)

Protection	1,442
Assistance	376
Prevention	1,609
Cooperation with National Societies	1,324
General	-

4,751

of which: Overheads 290

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	52

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	170
RCMs distributed	287
Phone calls facilitated between family members	5
People located (tracing cases closed positively)	16
People reunited with their families	5
of whom unaccompanied minors/separated children	3
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	2,775
Detainees visited and monitored individually	59
Number of visits carried out	47
Number of places of detention visited	24
Restoring family links	
RCMs collected	24
RCMs distributed	7
Phone calls made to families to inform them of the whereabouts of a detained relative	4

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	436
Essential household items	Beneficiaries	380

CONTEXT

The region remained generally stable and free of armed conflict. However, insecurity in neighbouring countries had an adverse impact on security conditions and the socio-political situation in the areas covered by the Yaoundé delegation, notably in northern Cameroon, where refugees from Nigeria had gathered. People fleeing violence in the Central African Republic (hereafter CAR) sought refuge in eastern Cameroon and in north-eastern Congo.

In Angola, tensions between the armed forces and alleged members of the Front for the Liberation of the Enclave of Cabinda persisted; negotiations between the Front and the government remained stalled. Angolan authorities continued to deport allegedly irregular migrants, mostly nationals of the Democratic Republic of the Congo (hereafter DRC), from Lunda Norte to Kasai Occidental, DRC. Border posts between the two countries officially reopened in July. In late 2013, popular protests against the government and an incursion of the Angolan army into Congolese territory led to arrests.

Economic and social issues – unequal distribution of wealth, high youth unemployment and rising food prices – created discontent and, in Congo, Gabon and Sao Tome and Principe, led to recurring strikes.

Local, legislative and senatorial elections in Cameroon, Equatorial Guinea and Gabon passed off largely without incident.

ICRC ACTION AND RESULTS

The Yaoundé regional delegation focused on visiting detainees, particularly those held on security charges; promoting understanding of humanitarian principles and the Movement; and helping the region's National Societies strengthen their operational capacities to assist people in need. The ICRC reacted to the security situation in northern Cameroon (see *Context*) by opening an office in Maroua in November, to get a better understanding of the situation and to develop a response to the needs of refugees and host communities in the area.

Detainees in Angola, Cameroon, Congo, Equatorial Guinea and Gabon received ICRC visits to monitor their treatment and living conditions. Those visited included detainees in northern Cameroon and, following strengthened dialogue with the authorities, people in Equatorial Guinea's largest civil prison, as well as irregular migrants held in retention centres in Angola. Afterwards, the detaining authorities received confidential feedback on various issues, such as respect for norms and principles applicable to arrest and detention, and to deportation.

The Gabonese authorities, aided by ICRC expertise, worked on various penitentiary reforms. Despite a slow start early in the year, the Health Ministry, penitentiary officials, prison health staff and the ICRC tackled issues relating to health in detention at a seminar in April. The Justice Ministry and the ICRC, working within the framework of an agreement signed during the seminar, launched a pilot project to enhance detainees' health and hygiene conditions in two prisons, with a view to making broader structural improvements in the long term. Ad hoc distributions of essential household, hygiene and recreational items improved detainees' conditions in selected prisons.

In Angola, meetings with local/national authorities focused on the situation of irregular migrants in Lunda Norte: discussions were based on information directly collected by the ICRC, including during visits to those awaiting deportation at border posts or in retention centres. These migrants and other detainees visited by delegates, as well as dispersed family members (mainly in Congo), used family-links services to restore/maintain contact. In most cases, these services were carried out with the National Society concerned, and enabled unaccompanied minors to rejoin their families. Particularly vulnerable separated children and former CAR soldiers in eastern Cameroon covered their immediate needs with food rations and essential items distributed by National Society/ICRC teams.

In view of the insecurity in border areas and the tensions in the region (see *Context*), the ICRC sustained or expanded contact – through briefings/workshops and other means – with local/national/regional authorities and armed/security/police forces, including the Economic Community of Central African States (ECCAS), the Multinational Force of Central Africa (FOMAC) and the International School for Security Forces (EIFORCES). All this, together with networking efforts among influential members of civil society – religious leaders and Islamic organizations in northern Cameroon, academics and the media – furthered understanding of and garnered support for humanitarian principles, IHL, international human rights law, internationally recognized standards applicable to law enforcement, and the Movement.

Meetings with the authorities in Cameroon, Congo and Gabon helped advance domestic IHL implementation, with the Cameroonian and Congolese governments ratifying key weapon-related treaties. To help the armed forces incorporate IHL in their doctrine, training and operations, officers/instructors – particularly at military academies in Cameroon, Equatorial Guinea and Gabon – with the ICRC's technical guidance, refined curricula and developed their understanding of IHL.

Whenever possible, the delegation carried out activities with the National Societies. Given the potential for violence, particularly in relation to elections, it provided financial/material support and training to help them strengthen their capacities in emergency preparedness/response, restoring family links, and disseminating/promoting IHL. Movement components met regularly to coordinate their activities.

CIVILIANS

Angolan authorities and ICRC discuss humanitarian principles and human rights

Civilians – particularly irregular migrants awaiting deportation from Lunda Norte to the DRC, violence-affected people in Angola's Cabinda enclave and, when the security situation allowed, refugees in northern Cameroon fleeing hostilities in north-eastern Nigeria – reported abuses committed against them to the ICRC. These allegations, together with information collected at Angolan border posts during the deportation of migrants and in migrant retention centres (see *People deprived of their freedom*), served as the basis for dialogue with the relevant local/national authorities, who were encouraged to put an end to such abuses.

The dialogue yielded results, particularly in Angola. In Lunda Norte, the ICRC received fewer allegations of abuse than before its arrival. Meetings with the Foreign Affairs and Interior Ministries and the national foreign migration service confirmed the commitment of the Angolan authorities to improving respect for the law. For example, the authorities, acting on the basis of reports presented by the ICRC, instructed their troops to prevent such abuses. Moreover, police/security officers in Angola, and mining companies' private security personnel, added to their knowledge of the respect due to civilians under international human rights law and other applicable legal norms (see *Authorities, armed forces and other bearers of weapons, and civil society*).

Unaccompanied minors rejoin their families

Separated family members, mostly in Congo, restored/maintained contact through family-links services run by National Society/ICRC teams. These dispersed people included migrants and refugees and unaccompanied minors, three of whom were reunited with their families (one going from Congo to rejoin a grandmother in Rwanda). In Angola and Congo, particularly vulnerable separated children – among them, children from an orphanage – were enabled to cover their immediate needs or ease their return home with food parcels and essential household items.

With ICRC support and training, the Angolan, Cameroonian and Congolese National Societies sustained their capacities in restoring family links. The Congolese National Society strengthened coordination within its tracing service, enabling it to function more independently. At a training session in Brazzaville, Congo, authorities and National Society representatives learnt more about the proper handling of human remains. In Cameroon, training helped the National Society to systematize, in cooperation with UNHCR, the registration of unaccompanied minors in refugee camps, including those from the CAR; training also prepared National Society volunteers for assessing the family-links needs of Nigerian refugees.

Irregular migrants and refugees meet their basic needs

Communities consisting mainly of irregular migrants learnt good hygiene practices at hygiene-promotion sessions run by the Angola Red Cross with ICRC help, as part of a cholera-prevention project launched in 2012.

Around 150 former members of the CAR military who arrived in eastern Cameroon in March/April sustained themselves with food rations and essential household items distributed by National Society/ICRC teams, with some of them receiving up to three rounds of relief. The health-care needs of people who had arrived in Congo's Likoula region were brought up with the authorities concerned.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees at Equatorial Guinea's largest civil prison receive first visit since 2011

Detainees in Angola, Cameroon, Congo, Equatorial Guinea and Gabon received visits, conducted in accordance with the ICRC's standard procedures, during which delegates monitored their treatment and living conditions. The detainees included people held on security charges – among them, foreign detainees arrested in Cabinda in late 2012, inmates in northern Cameroon, and people arrested in relation to the 2012 Mpila explosion – and irregular migrants awaiting deportation in retention centres or police stations in Lunda Norte (see *Civilians*). Security detainees were monitored individually, and vulnerable inmates such as women, children and foreigners received special attention. Inmates, particularly foreigners, contacted their families through RCMs or informed their consular representatives of their situation via the ICRC. Following visits, the authorities concerned received confidential feedback and recommendations for improvements, including, in Angola, on respect for norms and principles applicable to arrest and detention.

CIVILIANS	ANGOLA	CAMEROON	CONGO	GABON
Red Cross messages (RCMs)				
RCMs collected	3	35	130	2
			1	
RCMs distributed	3	19	262	3
			9	
Phone calls facilitated between family members	5			
Reunifications, transfers and repatriations				
People reunited with their families	2		3	
			1	
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered	4	12	30	
		1	9	
	3	4	10	
People located (tracing cases closed positively)		11	5	
		4	1	
Tracing cases still being handled at the end of the reporting period (people)	6	7	61	4
		1	14	1
	3	4	21	1
UAMs/SCs*, including unaccompanied demobilized child soldiers				
UAMs/SCs newly registered by the ICRC/National Society	4	6	6	
	2	2	5	
UAMs/SCs reunited with their families by the ICRC/National Society	2		1	
	1			
UAM/SC cases still being handled at the end of the reporting period	6	6	11	
		2	9	
Documents				
People to whom travel documents were issued			1	

* Unaccompanied minors/separated children

After its resumption in 2012, strengthened dialogue with the Defence, Justice and National Security Ministries in Equatorial Guinea paved the way for visits to inmates at 10 detention facilities, some of which held a number of foreigners. For the first time since 2011, the ICRC conducted a complete visit to inmates at the country's largest civil prison, where a number of security detainees were being held.

Gabonese authorities take steps to improve detainees' health and hygiene

Gabonese authorities, with ICRC encouragement, worked on various penitentiary reforms. At an ICRC-supported seminar in Libreville in April, officials from the Health Ministry and the penitentiary administration, nine prison directors, and prison health staff learnt about issues related to health care provision in the prison sector. The Justice Ministry and the ICRC signed an agreement at the seminar outlining cooperation on improving detainees' health, hygiene and nutrition at two pilot prisons, with a view to making similar improvements at other prisons in the long term. The agreement followed from an ICRC report submitted to the Justice Ministry in 2012, containing findings and recommendations on health and sanitation at the two prisons. Implementing it took time, as discussions with the authorities focused on clarifying the terms of the agreement and on establishing coordination mechanisms and working groups for the project. Following assessment visits to both prisons, the Ministry of Justice, with ICRC support, contracted private companies to carry out repairs at the prisons, which included renovating a ward for minors.

Detainees at 11 prisons in Cameroon, Congo, Equatorial Guinea and Angola's Cabinda enclave enhanced their hygiene/living conditions with household essentials, hygiene kits, ceiling fans and recreational items provided on an ad hoc basis.

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

Authorities and armed/security forces learn more about IHL and other applicable law

Insecurity in border areas and the tensions in the region (see *Context*) made dialogue with the authorities and armed/security forces even more important: it furthered their understanding of – and gained support for – humanitarian principles, IHL, international human rights law, internationally recognized standards applicable to law enforcement, and the Movement.

Officers and officers-in-training of the armed/security forces, the police and the *gendarmerie* in Angola (as well as employees of private security companies in mining areas), Cameroon (including forces stationed in the north), Equatorial Guinea and Gabon participated in briefings/workshops concerning these matters as well as the ICRC's response to humanitarian needs in the region (see *Civilians* and *People deprived of their freedom*).

In Cameroon, contact with the command of EIFORCES, which conducts peacekeeping courses mainly for officers from ECCAS-member countries, resulted in senior police/*gendarmerie* officers and officers-in-training attending similar sessions. In addition, military officers discussed related subjects at two seminars associated with the Health Care in Danger project.

At the regional level, bilateral discussions with ECCAS/FOMAC, including the regional central command, led to plans for IHL briefings for its standby brigade and for ICRC involvement in future field exercises.

Military training institutions – in Cameroon, Equatorial Guinea and Gabon – and the ICRC discussed the incorporation of IHL in military doctrine, training and operations. To this end, Rapid

PEOPLE DEPRIVED OF THEIR FREEDOM	ANGOLA	CAMEROON	CONGO	EQUATORIAL GUINEA	GABON
ICRC visits					
Detainees visited	17	18	22	815	1,903
<i>of whom women</i>		1	1	88	80
<i>of whom minors</i>				13	69
Detainees visited and monitored individually	17	18	22	2	
<i>of whom women</i>		1	1	1	
Detainees newly registered	10	10	17	2	
<i>of whom women</i>		1		1	
Number of visits carried out	9	9	5	21	3
Number of places of detention visited	3	6	3	10	2
UAMs/SCs*, including unaccompanied demobilized child soldiers					
RCMs collected		19	5		
RCMs distributed		3	4		
Phone calls made to families to inform them of the whereabouts of a detained relative		4			
People to whom a detention attestation was issued	1				

PEOPLE DEPRIVED OF THEIR FREEDOM	ANGOLA	CAMEROON	CONGO	EQUATORIAL GUINEA	GABON
Economic security, water and habitat					
Food commodities			6		
Essential household items	565	2,966	6	401	
Health					
Number of visits carried out by health staff					3
Number of places of detention visited by health staff					2

Intervention Battalion instructors in Limbé, Cameroon, with ICRC input, deepened their understanding of IHL, and the Mouila national training school for non-commissioned officers in Gabon expanded its IHL curriculum.

Humanitarian dialogue in northern Cameroon expands

Increased contact with influential civil society members fostered mutual understanding of humanitarian principles and raised awareness of the Movement and its activities. In northern Cameroon, religious leaders and members of Islamic organizations took part in a seminar on such topics and a youth forum was organized by youth clubs from the Cameroonian National Society.

The public grew more familiar with the Movement because of media coverage of its activities, such as the health-in-detention seminar in Gabon (see *People deprived of their freedom*); the media drew on ICRC publications, press releases and interviews. Around 100 members of Cameroon's largest media organization, and journalists in Gabon, learnt more about reporting on humanitarian affairs at National Society/ICRC workshops, where sometimes they also received first-aid training. National Society dissemination sessions, and events like World Red Cross and Red Crescent Day (8 May), added to the public's knowledge of the Movement. With ICRC support, the National Societies developed their public communication activities – a radio programme in Cameroon, for instance – and upgraded their communication skills and materials/equipment.

Cameroon and Congo ratify weapon-related treaties

National Society/ICRC briefings and workshops helped the pertinent ministries in Cameroon, Congo and Gabon advance ratification and implementation of IHL-related treaties: Cameroon ratified the Optional Protocol to the Convention on the Rights of the Child and the Biological Weapons Convention; Cameroon and Congo ratified a convention for the control of small arms and light weapons in Central Africa; and Cameroon also adopted implementing legislation for the Hague Convention on Cultural Property. In Congo and Gabon, however, draft bills protecting the emblem remained pending.

The Cameroonian Justice Ministry tapped into ICRC expertise for the revision of a draft national criminal code to be submitted to the National Assembly.

Angolan and Congolese government officials discussed domestic IHL implementation and issues linked to the use of anti-personnel mines at workshops abroad (see *African Union* and *Pretoria*).

Congolese students test their knowledge of IHL at debate

Selected universities and judicial bodies such as the Supreme Court in Equatorial Guinea stimulated interest in IHL and in its academic study, helped by ICRC expertise and IHL resources geared to their needs, including updated publications for their libraries and an e-learning platform. Students and teachers used the delegation's IHL documentation centre for study/research purposes.

Students and lecturers tightened their grasp of IHL at ICRC-supported events. Although no moot court competitions took place, in Congo, around 150 students attended a conference held at one university, and 53 students tested each other's knowledge of IHL at a debate organized by an IHL club directed by the National School of Administration and Magistracy. Officials from the Defence, Humanitarian Action, Interior, Justice and Youth

Ministries attended the debate. Students from the national institutes of public administration in Cameroon and Gabon, and from a penitentiary administration school in Cameroon, attended IHL seminars.

RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies strengthened their capacities in emergency preparedness/response, restoring family links, and disseminating/promoting IHL with financial/material ICRC support and training (see above).

Following a 2012 regional workshop in Brazzaville aimed at harmonizing first-aid approaches, 15 first-aid instructors from the Cameroon Red Cross Society honed their skills at a train-the-trainer workshop, and teams from the Angola Red Cross and the Gabonese Red Cross Society upgraded their skills at training sessions, which sometimes contained a family-links module. The Gabonese Red Cross organized a regional train-the-trainer course, which was attended by representatives of various National Societies, who then taught their peers at home. The Congolese Red Cross updated its first-aid manual, while 40 volunteers refreshed their emergency response and first-aid skills, applying the Safer Access Framework. The National Societies received first-aid equipment and, in Sao Tome and Principe, an ambulance.

Owing to internal constraints, a regional workshop on activities related to economic security did not take place.

The Congolese Red Cross strengthened its internal management and took over the administration of its finances. The Gabonese Red Cross elected the members of its governing board.

Movement components met regularly – sometimes in third countries – to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		170	1	
RCMs distributed		287	9	
Phone calls facilitated between family members		5		
Reunifications, transfers and repatriations				
People reunited with their families		5		
	<i>including people registered by another delegation</i>	1		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		46	10	17
People located (tracing cases closed positively)		16		
	<i>including people for whom tracing requests were registered by another delegation</i>	5		
Tracing cases still being handled at the end of the reporting period (people)		78	16	29
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		16	9	
UAMs/SCs reunited with their families by the ICRC/National Society		3	1	
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		23	11	
Documents				
People to whom travel documents were issued		1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
ICRC visits			Women	Minors
Detainees visited		2,775	170	82
Detainees visited and monitored individually		59	3	
Detainees newly registered		39	2	
Number of visits carried out		47		
Number of places of detention visited		24		
Restoring family links				
RCMs collected		24		
RCMs distributed		7		
Phone calls made to families to inform them of the whereabouts of a detained relative		4		
People to whom a detention attestation was issued		1		

* Unaccompanied minors/separated children

1. Angola, Cameroon, Congo, Equatorial Guinea, Gabon

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)¹				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	436		26%
Essential household items	Beneficiaries	380	3%	4%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)²				
Economic security, water and habitat (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	6		
Essential household items	Beneficiaries	3,938		
Health				
Number of visits carried out by health staff		3		
Number of places of detention visited by health staff		2		

1. Angola, Congo

2. Angola, Cameroon, Congo, Equatorial Guinea, Gabon

ASIA AND THE PACIFIC

KEY RESULTS/CONSTRAINTS

In 2013:

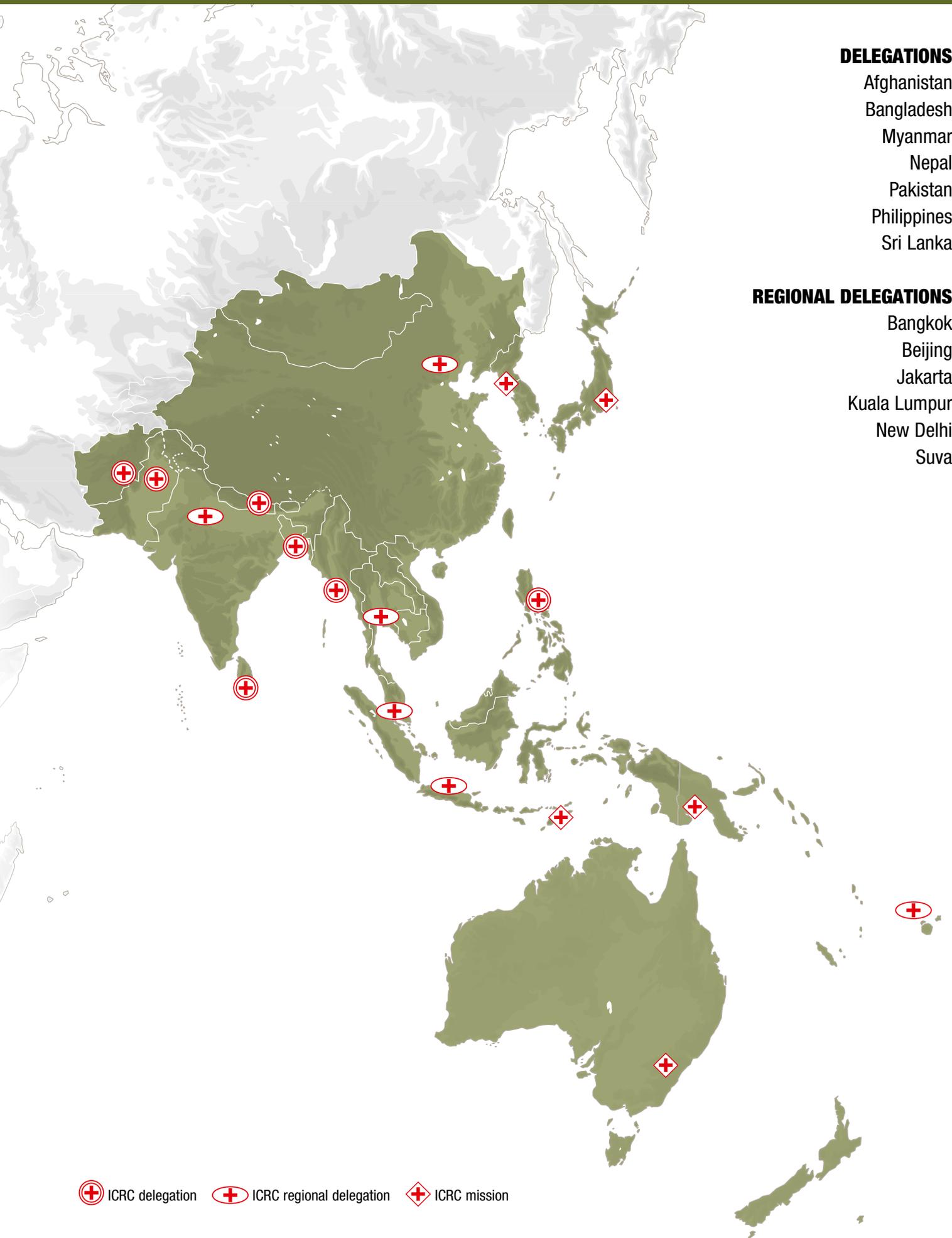
- ▶ in parts of the region, authorities and weapon bearers showed support for the ICRC, notably by enabling it to continue assisting vulnerable people in Afghanistan, in spite of constraints, and to expand activities in Myanmar
- ▶ the wounded and sick received timely and quality first aid, preventive and curative medical care and/or physical rehabilitation services from ICRC-supported emergency responders, health staff and facilities
- ▶ detainees faced reduced health risks, particularly those caused by overcrowding, such as TB, following ICRC visits and after the authorities took steps to improve health care services and water and sanitation infrastructure
- ▶ despite some access and acceptance constraints faced by the ICRC in some contexts, victims of conflict/violence and complex emergencies addressed their short- and long-term needs through relief goods and livelihood assistance
- ▶ people separated by conflict/violence, migration or natural disasters kept in touch/were reunited via the family-links network run by the region's National Societies and the ICRC
- ▶ the authorities and civil society members worked with the ICRC to promote respect for humanitarian principles, IHL, international human rights law and internationally recognized standards, including by co-organizing seminars

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	7,944
RCMs distributed	11,362
Phone calls facilitated between family members	3,621
People located (tracing cases closed positively)	1,256
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	218,068
Detainees visited and monitored individually	6,758
Number of visits carried out	872
Number of places of detention visited	440
Restoring family links	
RCMs collected	11,339
RCMs distributed	6,949
Phone calls made to families to inform them of the whereabouts of a detained relative	2,653

EXPENDITURE (in KCHF)	
Protection	36,453
Assistance	130,092
Prevention	28,570
Cooperation with National Societies	15,705
General	1,079
	211,900
	<i>of which: Overheads 12,733</i>

ASSISTANCE	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)	
Food commodities	Beneficiaries 773,423
Essential household items	Beneficiaries 738,805
Productive inputs	Beneficiaries 839,521
Cash	Beneficiaries 241,574
Vouchers	Beneficiaries 11,200
Work, services and training	Beneficiaries 272,873
Water and habitat activities	Beneficiaries 597,738
Health	
Health centres supported	Structures 239
WOUNDED AND SICK	
Hospitals	
Hospitals supported	Structures 107
Water and habitat	
Water and habitat activities	Number of beds 4,519
Physical rehabilitation	
Centres supported	Structures 33
Patients receiving services	Patients 133,687

IMPLEMENTATION RATE	
Expenditure/yearly budget	86%
PERSONNEL	
Mobile staff	359
Resident staff (daily workers not included)	3,002



DELEGATIONS

- Afghanistan
- Bangladesh
- Myanmar
- Nepal
- Pakistan
- Philippines
- Sri Lanka

REGIONAL DELEGATIONS

- Bangkok
- Beijing
- Jakarta
- Kuala Lumpur
- New Delhi
- Suva

+ ICRC delegation
 + ICRC regional delegation
 + ICRC mission



Brecht GORIS / ICRC

ASIA AND THE PACIFIC

In 2013, the ICRC pursued its efforts in Asia and the Pacific to respond to the needs of victims of armed conflict in Afghanistan, other ongoing and past conflicts and other situations of violence, natural disasters, as in the Philippines, and other situations of concern to the organization. It continued strengthening its relations with and promoting its “150 years of humanitarian action” initiative among the authorities, weapon bearers and key members of civil society to garner support for its neutral, impartial and independent humanitarian action, especially in countries where it faced difficulties in relation to access and acceptance. In Afghanistan, for instance, following sporadic restrictions imposed by armed groups on the transport of ICRC supplies throughout the year and an attack on the ICRC office in Jalalabad in May, the organization engaged in further dialogue with stakeholders to ensure it was able to continue providing assistance to the most vulnerable, albeit on a different scale. It strengthened its ties with the Myanmar authorities, community leaders and an armed group, thus obtaining access to north-eastern states and maintaining its assistance to both Muslim and Rakhinese people affected by intercommunal tensions/clashes in Rakhine state. As a result of discussions with the Pakistani authorities, it resumed some activities under the terms of the 1994 headquarters agreement and reviewed other areas of possible cooperation, notably restarting support for the casualty care chain. It made little progress, however, in negotiations to

renew its headquarters agreement and to resume prison visits in Indonesia. Assistance to communities in Chhattisgarh, India, ended in June, at the government’s request.

With support from the regional resource centre attached to the Kuala Lumpur delegation (Malaysia), ICRC delegations continued to promote understanding of and respect for humanitarian principles and IHL, linking them, as appropriate, with regional and local issues. Those issues included prison overcrowding, migration, the needs of families of persons unaccounted for, the presence of mines/explosive remnants of war and peacekeeping, as well as new topics of interest such as cyber warfare. To support these efforts, the ICRC participated in and held various regional events, for instance, a consultation on the “Strengthening IHL” process co-organized with the Malaysian government and a workshop on protecting medical personnel and facilities during military operations, in line with the goals of the Health Care in Danger project, hosted by the Australian government and armed forces. The ICRC continued to update its database on customary IHL and used existing findings to adapt its offer of expertise and technical support to governments for acceding to IHL instruments and enacting national legislation, to armed and security forces for integrating IHL, relevant internationally recognized standards and humanitarian practices into their doctrine, training and operations, and to relevant universities for including humanitarian principles and IHL in

their curricula. Such support facilitated the signing of the Arms Trade Treaty by eight Pacific States and the establishment of the Bangladeshi IHL committee. The education ministries and National Societies of 10 countries, including China, the Republic of Korea, Malaysia, Mongolia and Singapore, received similar support, tailored to the degree of implementation of the Exploring Humanitarian Law programme in their countries; in Thailand, they assumed full responsibility for the programme. Cooperation with key regional players, such as the Association of Southeast Asian Nations (ASEAN), helped reinforce these initiatives. Moreover, the ICRC president explored possible areas of cooperation with the authorities of six countries he visited, including China, the Democratic People's Republic of Korea (hereafter DPRK), Japan and the Republic of Korea, where officials expressed interest in strengthening their partnership with the organization.

Its partnerships with the region's National Societies allowed the ICRC to increase the coverage or effectiveness of its operations, particularly in Afghanistan, Myanmar, Nepal, Pakistan and the Philippines. In Afghanistan, this partnership, combined with intense networking and adapted working procedures, was pivotal to reaching some of the most affected communities. At the same time, the ICRC provided National Societies with technical, financial and material support to develop their own profiles and activities and to strengthen their capacities to respond to the needs resulting from emergencies in accordance with the Movement's Fundamental Principles. As in the past, ICRC activities were also coordinated with the International Federation, other Movement partners, UN agencies and other humanitarian players in fields of common interest, to maximize impact and avoid gaps or duplication, for instance, in the Philippines following Typhoon Haiyan.

While working to gain acceptance and support, the ICRC provided tailored responses, in a neutral and impartial way, to the needs of more people affected by conflicts or other situations of violence, including some who also suffered from the devastation caused by natural disasters. These victims faced difficulties in accessing essential and high-quality services, notably health care, food sources and/or a means of livelihood. In contexts where IHL applied and dialogue was forthcoming, such as after an outbreak of hostilities in Zamboanga City, Philippines, the ICRC reminded the parties to conflicts of their obligation to respect those not or no longer taking part in the fighting and the need to allow medical and humanitarian workers to access victims. Despite the limitations imposed on its operations in Afghanistan, the ICRC sought to improve access to adequate first aid and surgical care for civilian casualties and other weapon-wounded patients and continued to provide support for hospitals. It provided similar assistance in Bangladesh, the DPRK, India, Myanmar, Nepal, Papua New Guinea, the Philippines and Thailand, which received people wounded along the border with Myanmar. It did so by financing or carrying out evacuations, providing support for ambulance services, training medical staff and first responders, equipping first-aid posts and hospitals, and covering patients' treatment costs, as needed. Several ICRC health teams worked alongside National Society staff on loan and local health personnel to provide these services. In Kachin state, Myanmar, hospitals run by the government or by an armed group received medical supplies to boost their capacities. The renovation/reconfiguration of the Mirwais Hospital's entrances and rooms by the Afghan Health Ministry/ICRC reduced patients' exposure to conflict-related risks.

Primary health care centres and National Society emergency, fixed and mobile health clinics in Afghanistan, India, Myanmar, Pakistan and the Philippines received ICRC supplies, training, infrastructure and maintenance support, enabling them to provide quality preventive and curative health care.

In 11 countries, including Afghanistan, Bangladesh, Cambodia, China, the DPRK and Myanmar, the ICRC provided assistance for the provision of physical rehabilitation services to and the social reintegration of amputees and other disabled patients. Nearly 134,000 such patients, including mine victims, regained their mobility at ICRC-supported centres. In some countries, the National Society, assisted by the ICRC, ran outreach programmes to identify, transport and accommodate vulnerable amputees, particularly those from remote areas. With the National Societies of, for example, the Lao People's Democratic Republic (hereafter Lao PDR), Pakistan and Viet Nam, the ICRC took steps to decrease the number of victims of mines/explosive remnants of war through risk-education sessions.

Together with the National Societies, the ICRC responded to the immediate needs of victims of armed conflicts, other situations of violence and natural disasters, including IDPs and host communities. Over 773,000 people in Afghanistan, Bangladesh, Myanmar and the Philippines, particularly victims of Typhoons Bopha and Haiyan, coped with their losses using emergency food rations, often accompanied by essential household items. Water-trucking services and the installation of water and sanitation facilities helped reduce health hazards.

Whenever possible, the ICRC endeavoured to contribute to early recovery. Communities regained access to clean water for drinking and/or irrigation through various projects aimed at building or rehabilitating permanent water and sanitation infrastructure in cooperation with the local authorities and the community members themselves. Residents, IDPs and returnees affected by ongoing fighting and unrest, including in Afghanistan and southern Thailand, the consequences of past conflicts in Nepal and Sri Lanka or natural disasters in the Philippines, restored their incomes through various livelihood initiatives, usually carried out with the help of local partners. Nearly 840,000 people started or resumed agricultural activities using distributed seed and tools; others set up small businesses with the help of cash grants and business management training. Community members boosted their incomes by working in exchange for cash, for example on the construction/rehabilitation of communal infrastructure in Afghanistan and Myanmar and on storm-resilient shelters in Typhoon Bopha-affected provinces in the Philippines.

Owing to the authorities' understanding and recognition of the ICRC's neutral and independent stance and longstanding experience in the field of detention, ICRC delegates were able to visit detainees, particularly those held in relation to armed conflicts and other situations of violence or for reasons of State security. In 13 countries, including Afghanistan, Fiji, India (in relation to the situation in Jammu and Kashmir), Malaysia, Papua New Guinea and Thailand, inmates received visits in accordance with the ICRC's standard procedures. Following these visits, delegates submitted confidential reports to the authorities containing, where necessary, recommendations for improving treatment or living conditions. In Myanmar and Sri Lanka, the ICRC resumed its visits, previously suspended by the authorities, to detainees

in prisons and rehabilitation centres. An ICRC offer of service to conduct similar visits to inmates in Bangladesh remained under discussion with the authorities. The ICRC and officials of Afghanistan and the United States of America discussed the need to safeguard the rights of detainees transferred from US to Afghan custody at the Parwan detention facility.

Efforts continued to improve the living conditions of the general prison population in the most problematic detention facilities. While boosting their technical and managerial capacities thanks to ICRC support, the detaining authorities worked with the organization to find solutions to the causes and consequences of overcrowding and to strengthen health care services, including with regard to TB, as in Cambodia and the Philippines. Chinese and Lao authorities broadened their knowledge of prison management practices during ICRC-organized tours in detention facilities abroad. In the Philippines, the justice system resolved the cases of some inmates in one pilot jail more quickly, contributing to a fall in the detainee population there. National seminars, as in China, India and Malaysia, enabled stakeholders to discuss ways to enhance detainee health care, while a regional seminar in Cambodia focused on environmental engineering and design standards. Infrastructure improvement projects, notably for water and sanitation facilities, reduced the health risks faced by over 117,000 detainees, including those in a centre in the Lao PDR and women and juveniles in Afghanistan.

The ICRC also strove to address the needs of vulnerable migrants. It provided hygiene kits to deported migrants, including children, in western Mindanao, Philippines, easing their living conditions while in transit. It discussed the plight of migrants held in offshore processing centres in Nauru and Papua New Guinea with government bodies in those countries and in Australia. ICRC delegates regularly visited detained migrants in Malaysia and Thailand.

In line with the Movement's Restoring Family Links Strategy, National Societies and ICRC delegations continued to develop and offer services to family members separated by armed conflicts, other situations of violence, migration or natural disasters. They organized RCM, tracing and sometimes telephone/videoconference services to help people contact relatives, including those detained locally or abroad; they also issued travel documents, allowing asylum seekers to resettle in a host country. The ICRC impressed upon the governments and National Societies of the Korean peninsula the importance of finding a solution to the prolonged anguish endured by family members split up by the 1950–53 Korean War. It pursued efforts to improve the capacities of governments and local players in Indonesia, Nepal, Papua New Guinea (Bougainville), Sri Lanka and Timor-Leste to address the issue of persons unaccounted for. This included psychological, social, economic and legal support, provided directly or indirectly to families of missing persons. Such support was expanded to 10 additional districts in Nepal after a review revealed that the well-being of previous beneficiaries had improved. Training in the correct handling of human remains helped ensure that people were accounted for. The ICRC continued to act as a neutral intermediary in facilitating the handover of the remains of fallen fighters between the parties to the conflict in Afghanistan.

PROTECTION MAIN FIGURES AND INDICATORS

PROTECTION													
	CIVILIANS												
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	Names published in the media	Names published on the ICRC family-links website	UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	People transferred/repatriated	Human remains transferred/repatriated	People located (tracing cases closed positively)	People to whom travel documents were issued	Detainees visited	of whom women	of whom minors
Afghanistan	6,919	9,193	3,122				1	620	1,081		29,440	570	711
Bangladesh	112	214	17				4		7				
Myanmar	123	124				6			25		20,918	3,258	187
Nepal	41	43		1,360	1,401				29	44			
Pakistan	557	1,427	402						44				
Philippines	13	16			4,064				8		79,712	5,836	400
Sri Lanka	18	126	80			18			55	15	834	40	
Bangkok (regional)										37	64,129	3,247	267
Jakarta (regional)	45	35							7		339		25
Kuala Lumpur (regional)	72	137									17,946	1,664	637
New Delhi (regional)										687	451	1	8
Suva (regional)	44	47									4,299	311	197
Total	7,944	11,362	3,621	1,360	5,465	24	5	620	1,256	783	218,068	14,927	2,432

* Unaccompanied minors/separated children

PROTECTION

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees visited and monitored individually	of whom women	of whom minors	Detainees newly registered	of whom women	of whom minors	Number of visits carried out	Number of places of detention visited	RCMs collected	RCMs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	Detainees released and transferred/repatriated by/via the ICRC	People to whom a detention attestation was issued	
3,053	9	99	1,444	7	58	173	80	9,507	6,320	870	2,726	5	29	Afghanistan
														Bangladesh
153	2	31	110	2	31	22	18	695	130	106	70		11	Myanmar
								56	31				6	Nepal
													3	Pakistan
1,025	54	17	496	18	15	397	195	18	5	163	298			Philippines
834	40		193	8		53	27	157	25	50	922		709	Sri Lanka
555	10	2	208	3	2	122	63	705	363	412	117			Bangkok (regional)
						1	1		1				52	Jakarta (regional)
672	38	316	671	38	315	29	15	128	27	1,035				Kuala Lumpur (regional)
411	1	8	146	1	5	30	17	1	10	8	123			New Delhi (regional)
55			23			45	24	72	37	9	51		4	Suva (regional)
6,758	154	473	3,291	77	426	872	440	11,339	6,949	2,653	4,307	5	814	Total

ASSISTANCE MAIN FIGURES AND INDICATORS

ASSISTANCE														
	CIVILIANS											PEOPLE DEPRIVED OF THEIR FREEDOM		
	Civilians - Beneficiaries							Health centres				Food commodities	Essential household items	Water and habitat activities
	Food commodities	Essential household items	Productive inputs	Cash	Vouchers	Work, services and training	Water and habitat activities	Health centres supported	Average catchment population	Consultations (patients)	Immunizations (doses)			
Afghanistan	112,261	82,335	625,690	80,170	11,200	255,141	386,390	45	974,295	1,076,427	478,109		38,230	25,804
Bangladesh	892	4,022		613										
Myanmar		28,153	13,687	3,422		5,282	28,305	183	636,000				15,701	28,106
Nepal		3,725		4,366		6								
Pakistan								6	67,782	74,499	4,167		891	
Philippines	659,725	610,339	199,134	152,000		12,444	165,584	1	53,426	7,193			14,675	30,824
Sri Lanka				615			12,985						9,839	2,250
Bangkok (regional)	125	384	354									542	53,773	27,363
Beijing (regional)														
Kuala Lumpur (regional)												1,136	5,587	
New Delhi (regional)	420	1,772	656	388			3,064	4	57,800	16,422	10			
Suva (regional)		8,075					1,410						2,043	2,700
Total	773,423	738,805	839,521	241,574	11,200	272,873	597,738	239	1,789,303	1,174,541	482,286	1,678	140,739	117,047
of whom women	32%	25%	33%	28%	45%	31%	36%			392,550				
of whom children	39%	26%	37%	30%	35%	39%	40%			480,280	372,247			
of whom IDPs	133,763	316,391	25,829	71,114		161	28,871							

ASSISTANCE

WOUNDED AND SICK														
Hospitals				First aid			Physical rehabilitation							
Hospitals supported	of which provided data	Admissions (patients)	of whom weapon-wounded	First-aid posts supported	of which provided data	Wounded patients treated	Centres supported	Patients receiving services	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered	Patients receiving physiotherapy	
24	2	52,474	2,023				8	94,868	1,084	5,421	4,335	12,775	56,291	Afghanistan
2							2	630	150	480	161	887		Bangladesh
16							4	4,559	538	393	1,741	1,071	952	Myanmar
36				43	43	13,597	2	1,371	79	87	115	138	186	Nepal
1	1	538	133				4	16,836	2,239	3,771	2,578	5,830	7,087	Pakistan
23	15	200,662	978				1	408	45	7	98	13	346	Philippines
							1	1,573	104	153	320	325	708	Sri Lanka
							3	11,063	204	310	1,597	1,166	3,191	Bangkok (regional)
5	1	128					3	957	378	6	803	10	727	Beijing (regional)
														Kuala Lumpur (regional)
														New Delhi (regional)
							5	1,422	164	213	285	339	768	Suva (regional)
107	19	253,802	3,134	43	43	13,597	33	133,687	4,985	10,841	12,033	22,554	70,256	Total
		135,035	329					19,971	577	1,857	1,281	3,437		of whom women
		64,379	101					38,504	353	5,118	680	11,584		of whom children
of which for victims of mine or explosive remnants of war											5,621	364		of whom IDPs

AFGHANISTAN



+ ICRC delegation + ICRC sub-delegation + ICRC office/presence + ICRC-supported hospital
+ ICRC regional logistics centre + ICRC-supported prosthetic/orthotic centre
 * Hospital run fully by the ICRC ** Map shows structures supporting ICRC operations in Afghanistan

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ following an attack on the ICRC office in Jalalabad on 29 May, the ICRC changed its set-up, adjusting some of its programmes and working with fewer offices and with some of its staff based abroad
- ▶ dialogue with parties to the conflict, including at high level, encouraged them to respect IHL, resulting in fewer ambulances being delayed at checkpoints in two areas and the restoration of disrupted ICRC supply lines
- ▶ detainees visited by the ICRC saw their treatment and living conditions improve, notably as a result of feedback given to the authorities, access to family-links services and rehabilitated infrastructure
- ▶ Afghan Red Crescent Society clinics and community-based volunteers improved the quality of their services with Swedish Red Cross/ICRC support for their capacity-building efforts
- ▶ Afghan authorities took steps to protect health services, including in Mirwais hospital where the authorities reconfigured entrances/rooms and confirmed their commitment to ensuring security
- ▶ in spite of limited access, thousands of particularly vulnerable people, including disabled patients, received National Society/ICRC assistance to meet their nutritional needs and restore their livelihoods

EXPENDITURE (in KCHF)	
Protection	12,529
Assistance	57,415
Prevention	4,410
Cooperation with National Societies	2,462
General	-
Total	76,816

of which: Overheads 4,688

IMPLEMENTATION RATE	
Expenditure/yearly budget	89%

PERSONNEL	
Mobile staff	116
Resident staff (daily workers not included)	1,613

Having assisted victims of the Afghan armed conflict for six years in Pakistan, the ICRC opened a delegation in Kabul in 1987. Its current operations aim at: protecting detainees and helping them keep in contact with their families; monitoring the conduct of hostilities and working to prevent IHL violations; assisting the wounded and disabled; supporting health and hospital care; improving water and sanitation services; promoting accession to and national implementation of IHL treaties and compliance with IHL by military forces; and helping the Afghan Red Crescent Society strengthen its capacities.

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	6,919
RCMs distributed	9,193
Phone calls facilitated between family members	3,122
People located (tracing cases closed positively)	1,081
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	29,440
Detainees visited and monitored individually	3,053
Number of visits carried out	173
Number of places of detention visited	80
Restoring family links	
RCMs collected	9,507
RCMs distributed	6,320
Phone calls made to families to inform them of the whereabouts of a detained relative	870

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	134,050 / 112,261
Essential household items	Beneficiaries	114,150 / 82,335
Productive inputs	Beneficiaries	91,000 / 625,690
Cash	Beneficiaries	5,110 / 80,170
Vouchers	Beneficiaries	11,200
Work, services and training	Beneficiaries	560 / 255,141
Water and habitat activities	Beneficiaries	220,000 / 386,390
Health		
Health centres supported	Structures	48 / 45
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	2 / 24
Water and habitat		
Water and habitat activities	Number of beds	896
Physical rehabilitation		
Centres supported	Structures	8 / 8
Patients receiving services	Patients	80,000 / 94,868

CONTEXT

Responsibility for security was handed over to Afghan forces, while international troops continued their departure. Having begun the process in 2012, the United States of America (hereafter US) completed in May the transfer to Afghan authority of some 4,000 detainees/internees held at the Parwan detention facility.

As the security situation deteriorated, humanitarian needs grew. Civilians bore the brunt of the fighting, which caused death, injury and displacement, and impeded access to essential services. Many lost their mainly agriculture-based livelihoods; infrastructure, where not destroyed, was in disrepair.

The fragmentation of the political/military landscape and the volatility of the situation complicated matters, blurring communication lines and further restricting access. Humanitarian workers continued to be attacked. On 29 May, the ICRC office in Jalalabad was attacked by unknown persons, resulting in the death of one ICRC staff member and injuries to others.

ICRC ACTION AND RESULTS

The ICRC reviewed its operations in light of the insecurity, consulting the authorities and other key stakeholders as it did so. While it aimed to reduce the risks to its staff, the ICRC remained committed to providing humanitarian assistance in Afghanistan; hence, following the partial suspension of its activities in the immediate aftermath of the Jalalabad attack, it resumed its activities with a revised set-up, adjusting some programmes and working with fewer offices and with some staff members based abroad.

The Afghan Red Crescent Society and the ICRC faced difficulties throughout the year in reaching many parts of the country and in conducting their activities. For instance, the main armed group sporadically placed restrictions on the transport of ICRC supplies throughout the year, often disrupting the delivery of aid. The ICRC therefore focused on maintaining/developing its dialogue with the parties to the conflict, with a view to furthering their understanding of the National Society/ICRC's work and improving access to the people affected. In these – sometimes high-level – discussions, the ICRC reminded the Afghan and international forces and the main armed group of their obligations under IHL, including protecting medical services, for which various ministries began initiatives. The ICRC also called the parties' attention to alleged IHL violations. ICRC presentations and materials, delivered to military/police personnel, government officials and influential community leaders, reinforced the dialogue at the working level. This resulted in fewer ambulances being delayed at checkpoints in two areas, resumption of ICRC visits to detainees held under the authority of the Afghan National Police, and, in spite of continuing challenges, the restoration of some of the ICRC's supply lines.

Delegates continued to visit detainees under Afghan, NATO/International Security Assistance Force (ISAF) and US authority according to standard ICRC procedures and shared their findings and recommendations confidentially with the authorities concerned. Through briefings and dialogue, the ICRC supported Afghan and US authorities in safeguarding the rights of the detainees transferred from US to Afghan custody at the Parwan detention facility. It enabled detainees/internees to contact their families, including through a new phone system adapted to reach remote areas, and foreign detainees to get in touch with their consular

officials. The ICRC helped the authorities respond to emergencies and sustainably improve detainees' living conditions by supporting the repair/rehabilitation of water, sanitation and health infrastructure and by advising prison staff on health issues.

Despite the constraints mentioned above, the soundness of their working relationship enabled National Society/ICRC teams, with local partners, to reach some of the most affected communities.

The National Society/ICRC helped address health needs by taking a comprehensive approach throughout the casualty care chain. First-aid training enabled volunteers, including women, and weapon bearers to save lives, while an ICRC-funded transport system in the south evacuated the wounded to hospital. Providing supplies, equipment and training, the ICRC and other Movement partners helped the National Society improve services offered by its clinics and community-based first-aiders. Regular support to the Health Ministry-run Mirwais and Shiberghan hospitals, ad hoc provisions of supplies to other hospitals and training for health professionals helped boost the quality of higher-level care. Services provided by ICRC-run physical rehabilitation centres helped the disabled to regain self-sufficiency and reintegrate into their communities.

The ICRC also worked to effect long-term improvement in conflict-affected communities. It enlisted community support in rehabilitating irrigation systems and other damaged infrastructure in exchange for food or cash, which helped people earn an income and boosted communal resources. The ICRC assisted communities in resuming/protecting income-generating activities through micro-credits, animal health programmes and provision of agricultural inputs. It supported the repair/construction of water systems to improve water quality and sanitation in rural and urban areas.

National Society/ICRC teams helped conflict-affected families meet their urgent needs through distributions of one-month rations of food and household essentials.

Under an approach emphasizing joint service delivery, the National Society worked alongside the ICRC in assisting victims while developing its institutional and branch-level capacities. While preserving its independence, the ICRC regularly met with other humanitarian organizations to ensure maximum coverage of needs and to avoid duplication.

CIVILIANS

Civilians continued to suffer, many being killed, wounded, displaced or hindered from accessing basic services. People reported IHL violations to the ICRC; the reports formed the basis of the ICRC's dialogue with the alleged perpetrators. Such dialogue aimed to urge respect for IHL and prevent further violations, although the sheer number of actors often made follow-up difficult (see *Authorities, armed forces and other bearers of weapons, and civil society*).

The main parties called on the ICRC to act as a neutral intermediary in the handover of the remains of fallen fighters to their families, who were often identified/located through active tracing efforts by National Society/ICRC teams. Some families buried their relatives with ICRC help. Relatives separated by the conflict used Movement family-links services to restore/maintain contact (see *People deprived of their freedom*). Using its

strengthened capacities, the National Society clarified the fates of 808 people sought by Afghans abroad and continued to handle these services in the north.

Helped by training and/or ICRC-donated equipment, Health Ministry and mortuary staff and National Society volunteers improved their management of human remains, thereby facilitating their identification and thus helping prevent future cases of people becoming unaccounted for.

Restrictions affect aid delivery in the south-west

Insecurity and disruption of ICRC supply lines – the result of restrictions imposed by armed groups – limited humanitarian access and response, particularly in the south-western regions. However, some communities received assistance following programme adjustments and the establishment of remote management approaches by National Society/ICRC teams.

Conflict-affected communities boost their income and food security

Some 79,400 conflict- or disaster-affected people (11,300 households, of which over 8,000 were IDPs), eased their daily conditions through four-week food rations, with 55,500 of them also receiving household essentials.

Vulnerable people supported themselves and their families (totaling 74,333 people) by repairing vital infrastructure such as irrigation canals and roads in 325 communities in exchange for food (936 participants) or, owing to food supply disruptions or security constraints, cash (9,683 participants); their work directly benefited an estimated 600,000 people. Some 170 households started businesses with micro-loans from a newly established community revolving fund that benefited more people once the initial loans were repaid. Thousands of families increased their sources of income/food with ICRC-donated supplies and equipment: 213 households planted almond orchards; also using vouchers for seeds, 1,600 farmers grew high-quality wheat; and 1,206 female-headed households raised poultry. Over 940 pastoral farmers in the central and southern regions managed their herds better with fodder, basic items and knowledge gained from animal husbandry training. Some 34,200 families (240,000 people) raised healthier animals, helped by deworming and treatment programmes facilitated by 74 ICRC-equipped veterinary workers.

Disabled people (see *Wounded and sick*) and their families became more self-sufficient: 346 breadwinners (with 2,076 dependents) availed ICRC micro-credits for the first time to boost/begin livelihood activities; 358 people started vocational training; 1,128 students received stationery kits; and 220 children benefited from home tuition. Some 3,760 homebound people with spinal cord injuries and their families (totalling 26,341 people) received food rations and hygiene and medical items.

Communities face less health hazards as they access clean water and health care facilities

Over 310,000 people in rural areas – much more than initially planned – had access to safe drinking water because of new/rehabilitated hand pumps and water supply systems maintained by trained management committees; security conditions forced available resources to focus on this remotely-managed initiative. Another 73,000 people benefited from improved/rehabilitated urban water networks in four provinces.

Civilians received preventive/curative health care at 44 National Society clinics and one ICRC-supported community-run health centre in Korengal, near Jalalabad. Over one million patients were given consultations at the clinics while thousands, including 108,000 pregnant women and 60,000 babies, were vaccinated (478,000 doses). Some 94,000 people obtained treatment/emergency care from trained community-based National Society volunteers, including women.

With Norwegian Red Cross/ICRC support, the National Society enhanced the care available from its volunteers and clinics, in line with the government's Basic Package of Health Services. It provided first-aid training to some 2,000 volunteers and instructors and strengthened its medical logistics and clinic management capacities, improving monthly reporting, for instance.

The Health Ministry and other organizations conducted polio vaccinations in the south, with the ICRC facilitating access.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees/internees under Afghan, NATO/ISAF and US authority received visits; detainees held by the Afghan police were visited after more than a year, following the resumption of dialogue between the Afghan police and the ICRC. All visits were conducted according to standard ICRC procedures, enabling delegates to monitor detainees' treatment and living conditions, including respect for judicial guarantees and for the principle of *non-refoulement*. Particular attention was paid to vulnerable groups such as foreigners, women, minors and the mentally ill. Delegates shared their findings and recommendations confidentially with the authorities.

Detainees benefit from enhanced working relationship between Afghan authorities and the ICRC

Having attended ICRC briefings, National Directorate of Security officials were familiar with the ICRC's standard procedures, which made for smooth visits. High-level authorities and the ICRC discussed a new agreement strengthening their cooperation and increasing the ICRC's access to detainees.

Moreover, the Afghan and US authorities and other stakeholders, with ICRC input, ascertained respect for the rights of the detainees/internees transferred from US to Afghan custody at the Parwan detention facility (see *Context*). The detaining authorities, notably, tackled the legal and humanitarian implications of the transfers and ensured the continuation of family-links services. Afghan National Army units newly in charge of the facility regularly sought the ICRC's guidance in connection with standards of treatment and living conditions for detainees. Foreign detainees remaining in US custody benefited from ICRC representations on their situation and ICRC-facilitated visits from their consular officials.

A working group reviewing Afghanistan's penal code welcomed ICRC advice.

Detainees contact families in remote areas through new ICRC telephone system

Detainees/internees held in Afghanistan and in the US internment facility at Guantanamo Bay Naval Station in Cuba communicated with their families through RCMs, phone/video services, oral messages relayed by delegates during visits, and for detainees in Parwan, through ICRC-organized family visits and a new

telephone system extending the service to their families in remote areas. Families were reassured of the whereabouts of 929 detained relatives through notifications of arrest/transfer/release furnished by US and NATO/ISAF authorities to the ICRC. Five foreigners released from detention returned home with ICRC support.

Inmates gain access to safe drinking water and better health services

Mobilizing international stakeholders to invest in prison infrastructure became difficult, with many of them in the process of pulling out. While coordination with all concerned continued, the rising prison population strained the authorities' capacities, prompting the ICRC to combine emergency and long-term support.

Hence, over 38,000 detainees received hygiene items, clothing and other essentials, as did people held by armed groups, while detainees used ICRC-supported libraries to ease the monotony of their confinement.

Some 25,800 inmates had access to safe drinking water and better functioning sanitation facilities following repairs/improvements to infrastructure, including in a prison for women, a juvenile centre in Kabul as well as at the Sarpoza prison clinic. Over 26,000 detainees improved their hygiene using kits and information learnt from health promotion sessions conducted by dedicated committees composed of staff and detainees; they included some 4,000 people facing fewer health risks following scabies and bloody diarrhoea treatment campaigns.

Further to promoting hygiene and controlling disease outbreaks in provincial and central prisons, prison health staff treated ailing inmates, including mentally ill detainees at Pul-i-Charkhi prison, and referred them to hospital. They conducted such activities with the help of ICRC-provided equipment, supplies and technical advice, on standardizing medical screening, for instance. Detainees at Sarpoza prison relied on the ICRC to temporarily provide health services following the withdrawal of the Health Ministry's service provider.

WOUNDED AND SICK

Much of the population continued to have difficulty in obtaining timely and appropriate treatment, as attacks on medical staff/facilities impeded services (see *Civilians and Authorities, armed forces and other bearers of weapons, and civil society*). Despite these challenges, wounded and sick patients benefited from various levels of treatment provided by ICRC partners.

Wounded people given first aid by skilled responders

Injured people received emergency care from National Society volunteers and some 2,700 National Society/ICRC-trained first-aiders, including Health Ministry staff, taxi drivers, police personnel (including 14 instructors) and other weapon bearers. Informal surveys indicated that in Kandahar nearly all weapon-wounded patients received first aid before arriving at hospital, helping save lives.

Some 1,100 weapon-wounded patients in southern Afghanistan reached hospital through an ICRC-funded transport system, with a new referral procedure that improved system monitoring.

Hospitals reduce security-related risks for patients/staff

More than 52,000 inpatients and nearly 265,000 outpatients were treated at the Health Ministry-run Mirwais hospital in Kandahar (420 beds) and Shiberghan hospital in Jawzjan (150 beds). Both hospitals received regular, comprehensive ICRC support, helping them implement the Ministry's Essential Package of Hospital Services.

In Mirwais, patients' treatment, notably in surgery, obstetrics and paediatrics, improved owing to streamlined hospital protocols and management, including use of an infection prevention/control checklist, regular staff assessments and improved hygiene promotion on the premises and among patients and their families. With some guidance, maintenance teams carried out infrastructure repairs; the construction of a new operating theatre in Mirwais met some delays.

PEOPLE DEPRIVED OF THEIR FREEDOM	AFGHAN GOVERNMENT	US FORCES	IN NATO/ISAF CUSTODY PRIOR TO THEIR TRANSFER TO AFGHAN CUSTODY
ICRC visits			
Detainees visited	28,663	645	132
<i>of whom women</i>	570		
<i>of whom minors</i>	697	9	5
Detainees visited and monitored individually	2,517	525	11
<i>of whom women</i>	9		
<i>of whom minors</i>	90	9	
Detainees newly registered	1,035	401	8
<i>of whom women</i>	7		
<i>of whom minors</i>	50	8	
Number of visits carried out	149	9	15
Number of places of detention visited	70	2	8
Restoring family links			
RCMs collected	7,769	1,738	
RCMs distributed	5,665	655	
Phone calls made to families to inform them of the whereabouts of a detained relative	629	241	
Detainees visited by their relatives with ICRC/National Society support	2,595	131	
Detainees released and transferred/repatriated by/via the ICRC	5		
People to whom a detention attestation was issued	26	3	

Prompted by a 2012 security incident, the Health Ministry and the ICRC reduced conflict-related risks in Mirwais by renovating/reconfiguring entrances and rooms and employing other practical measures. They continued to discuss protection for medical services (see *Authorities, armed forces and other bearers of weapons, and civil society*) and their roles with regard to service delivery.

Emergency supplies enabled 22 other hospitals to cope with mass casualties; 52 Afghan surgeons refined their war-surgery techniques at a seminar organized with the Kabul Medical University. The Tirin Kot hospital repaired its water system with ICRC support.

Disabled people improve their mobility

Some 94,000 disabled Afghans benefited from physiotherapy and prosthetic/orthotic devices provided by one component factory and seven ICRC-run physical rehabilitation centres managed by disabled employees educated and trained with ICRC assistance. Patients from remote areas were transported to the centres or referred to specialist care, while those with spinal cord injuries received some 8,000 home visits. Disabled people became more self-sufficient (see *Civilians*) and added to their well-being through sports.

Construction of a new centre in Faizabad was suspended owing to technical problems, but work was carried out on other facilities: for instance, construction work on a sports facility for the disabled in the centre in Kabul and repairs to the roof of the Jalalabad centre.

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

Parties to the conflict encouraged to comply with IHL and grant humanitarian access

Parties to the conflict were reminded of their obligation under IHL to respect the principles of distinction and proportionality in the conduct of hostilities. In particular, they were reminded to protect people not/no longer participating in the fighting and to allow civilians access to basic services, including by protecting medical services.

The parties were contacted regularly, with a view to securing acceptance for neutral, impartial and independent humanitarian action and support for National Society/ICRC access to people affected. High-level meetings with the parties resulted in the restoration of some of the ICRC's supply lines (see *Civilians*) and helped shape the ICRC's thinking about its operations after the Jalalabad attack (see *Context and ICRC action and results*). Contact at working level, including with influential members of civil society, resulted in, for example, fewer ambulances being delayed at checkpoints in Helmand and Kandahar and renewed ICRC access to detainees in certain places of detention (see *People deprived of their freedom*). ICRC dialogue with Afghan and international forces in Afghanistan and abroad (see *Brussels, London and Washington*) helped address humanitarian issues related to the conduct of hostilities and detention and helped advance the debate on the use of remotely piloted aircraft and other IHL-related topics.

Afghan authorities increase protection for medical services

Incorporating ICRC recommendations, the Defence, Health and Interior Ministries worked on a joint agreement safeguarding medical services. The Interior Ministry assigned a focal point to monitor police conduct towards ambulances and medical personnel at checkpoints and facilities. The Health

Ministry continued discussions on safeguarding the neutrality and impartiality of health services. International forces issued specific orders for protecting medical personnel/facilities and trained their troops accordingly.

Afghan armed forces and police include IHL in training

The Interior Ministry, with ICRC input, enacted a policy to teach IHL regularly across the police force, similar to a 2009 Defence Ministry directive incorporating IHL in army doctrine, training and operations.

Hence, over 250 army and police instructors honed their IHL teaching skills at ICRC courses. Military and police personnel (e.g. three participants to San Remo, some 130 senior Afghan National Security Force (ANSF) officers attending the Command and Staff College and over 9,000 ANSF and police troops), Afghanistan-bound international personnel on predeployment training, and members of armed groups increased their knowledge of IHL through ICRC briefings and materials.

Community/religious leaders enhance their support for the Movement

About 5,000 influential community leaders, including elders, religious teachers and *shura* council members, diplomats and representatives of international organizations, deepened their understanding of IHL and the Movement through presentations and ICRC materials, some in local languages. Religious scholars/leaders and sharia law students discussed the links between IHL and Islam at conferences and courses in Afghanistan and abroad (see *Lebanon*).

The public learnt more about Movement activities and their rights and obligations under IHL through local-language radio programmes broadcast across the country. Using ICRC materials for their stories and guided by insights from ICRC seminars on conflict reporting, international and local media highlighted humanitarian issues, including those raised by the Health Care in Danger project, and helped rally support for Movement activities, such as those related to health care.

Progress in IHL treaty ratification remains slow

Treaty implementation remained stalled by the conflict. Nevertheless, publications, including an IHL handbook in Dari and Pashto for parliamentarians, round-tables and conferences, some abroad (see *Bangladesh* and *Nepal*), encouraged Afghan authorities and civil society representatives to incorporate IHL provisions into domestic legislation, particularly recognition/protection of the red cross and red crescent emblems. The authorities considered forming a national IHL committee. After a participant in a past ICRC IHL conference circulated a proposal, including to the Ministry of Foreign Affairs and the president's office, the matter was discussed at a round-table.

RED CROSS AND RED CRESCENT MOVEMENT

The Afghan Red Crescent remained the ICRC's main partner and, governed by an approach emphasizing joint service delivery, worked alongside it in assisting victims (see *Civilians* and *Wounded and sick*), many of whom were beyond the reach of overstretched/unreliable government services or other humanitarian actors.

With ICRC support, the National Society developed its institutional and branch-level capacities, including in financial management and project monitoring and evaluation. It also drew

on Swedish Red Cross/ICRC assistance to strengthen its volunteer management by pursuing volunteer registration, establishing data-bases across the country and completing a programme review.

The National Society created a committee to oversee its implementation of the Safer Access Framework and shared its experience in this field at a regional consultation (see *Kuala Lumpur*) and as chair of an experts' workshop at the Council of Delegates.

The organization's constitution remained pending the approval of the president of Afghanistan.

Movement partners met regularly to strengthen their security and access framework and coordinate activities.

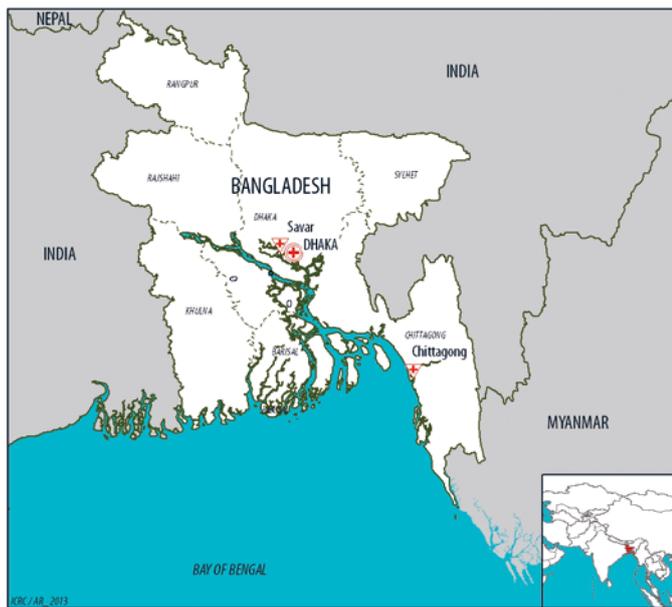
MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		6,919		
RCMs distributed		9,193		
Phone calls facilitated between family members		3,122		
Reunifications, transfers and repatriations				
People transferred/repatriated		1		
Human remains transferred/repatriated		620		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		1,497	103	241
People located (tracing cases closed positively)		1,081		
Tracing cases still being handled at the end of the reporting period (people)		361	57	128
Documents				
Official documents relayed between family members across border/front lines		257		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		29,440	570	711
Detainees visited and monitored individually		3,053	9	99
Detainees newly registered		1,444	7	58
Number of visits carried out		173		
Number of places of detention visited		80		
Restoring family links				
RCMs collected		9,507		
RCMs distributed		6,320		
Phone calls made to families to inform them of the whereabouts of a detained relative		870		
Detainees visited by their relatives with ICRC/National Society support		2,726		
Detainees released and transferred/repatriated by/via the ICRC		5		
People to whom a detention attestation was issued		29		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	112,261	29%	29%
	<i>of whom IDPs</i>	Beneficiaries	58,793	
Essential household items	Beneficiaries	82,335	20%	18%
	<i>of whom IDPs</i>	Beneficiaries	52,037	
Productive inputs	Beneficiaries	625,690	33%	37%
	<i>of whom IDPs</i>	Beneficiaries	24,469	
Cash	Beneficiaries	80,170	33%	36%
	<i>of whom IDPs</i>	Beneficiaries	1,226	
Vouchers	Beneficiaries	11,200	45%	35%
Work, services and training	Beneficiaries	255,141	30%	40%
	<i>of whom IDPs</i>	Beneficiaries	161	
Water and habitat activities	Beneficiaries	386,390	28%	38%
Health				
Health centres supported	Structures	45		
Average catchment population		974,295		
Consultations	Patients	1,076,427		
	<i>of which curative</i>	Patients	276,362	434,055
	<i>of which ante/post-natal</i>	Patients	86,092	
Immunizations	Doses	478,109		
	<i>of which for children aged five or under</i>	Doses	369,316	
Referrals to a second level of care	Patients	311		
Health education	Sessions	9,045		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	38,230		
Work, services and training	Beneficiaries	1		
Water and habitat activities	Beneficiaries	25,804		
Health				
Number of visits carried out by health staff		182		
Number of places of detention visited by health staff		35		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	24		
	<i>of which provided data</i>	Structures	2	
Patients whose hospital treatment has been paid for by the ICRC	Patients	40		
Admissions	Patients	52,474	35,715	2,412
	<i>of whom weapon-wounded</i>	Patients	134	30
	<i>(including by mines or explosive remnants of war)</i>	Patients	950	
	<i>of whom other surgical cases</i>	Patients	13,570	
	<i>of whom medical cases</i>	Patients	8,424	
	<i>of whom gynaecological/obstetric cases</i>	Patients	28,457	
Operations performed		16,253		
Outpatient consultations	Patients	264,919		
	<i>of which surgical</i>	Patients	99,347	
	<i>of which medical</i>	Patients	83,365	
	<i>of which gynaecological/obstetric</i>	Patients	82,207	
Water and habitat				
Water and habitat activities	Number of beds	896		
Physical rehabilitation				
Centres supported ¹	Structures	8		
Patients receiving services	Patients	94,868	14,936	28,945
New patients fitted with prostheses	Patients	1,084	109	87
Prostheses delivered	Units	4,335	401	247
	<i>of which for victims of mines or explosive remnants of war</i>	Units	2,630	
New patients fitted with orthoses	Patients	5,421	1,133	2,228
Orthoses delivered	Units	12,775	2,211	5,998
	<i>of which for victims of mines or explosive remnants of war</i>	Units	40	
Patients receiving physiotherapy	Patients	56,291	9,603	21,965
Crutches delivered	Units	13,812		
Wheelchairs delivered	Units	1,144		

1. Including a component factory

BANGLADESH



Present in Bangladesh since 2006, the ICRC opened a delegation there in 2011. It works to protect and assist people affected by tensions and violence; promotes IHL and its implementation among the authorities, armed and security forces and academic circles; and supports the Bangladesh Red Crescent Society in building its capacities. It seeks to visit people deprived of their freedom in the country.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ people injured during political strikes in Chittagong and Dhaka divisions received life-saving care from ICRC-supported Bangladesh Red Crescent Society first-aid teams
- ▶ victims of communal clashes in Chittagong and Rajshahi divisions covered their immediate needs through National Society/ICRC distributions of emergency relief
- ▶ the Bangladeshi government showed support for IHL by establishing a national IHL committee and acceding to Protocol V and Amended Article I of the Convention on Certain Conventional Weapons
- ▶ ICRC-trained/supported emergency responders, including the National Society and members of the Fire Service and Civil Defence, properly handled human remains during a rescue operation at a collapsed building in Savar
- ▶ more members of security forces' training academies, Islamic institutions and student wings of main political parties increased their knowledge of humanitarian principles, IHL and the Movement's activities in Bangladesh

EXPENDITURE (in KCHF)	
Protection	407
Assistance	1,095
Prevention	1,167
Cooperation with National Societies	365
General	-
	3,035

of which: Overheads 185

IMPLEMENTATION RATE	
Expenditure/yearly budget	104%

PERSONNEL	
Mobile staff	8
Resident staff (daily workers not included)	31

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION		Total
CIVILIANS (residents, IDPs, returnees, etc.)		
Red Cross messages (RCMs)		
RCMs collected		112
RCMs distributed		214
Phone calls facilitated between family members		17
People located (tracing cases closed positively)		7

ASSISTANCE		Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries		892
Essential household items	Beneficiaries	7,500	4,022
Cash	Beneficiaries		613
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures		2
Physical rehabilitation			
Centres supported	Structures	2	2
Patients receiving services	Patients	900	630

CONTEXT

Tensions, unrest and strikes (*hartals*) that surfaced during early 2013 increased in frequency by year-end, leading to confrontations between demonstrators and security forces and disrupting daily life in Bangladesh.

Verdicts pronounced by Bangladesh's International Crimes Tribunal on alleged 1971 war criminals triggered several days of unrest. Garment factory workers staged frequent demonstrations over issues such as wages and working conditions.

Sporadic communal clashes in parts of the country, notably in Chittagong division, resulted in casualties and the destruction of houses.

Natural and man-made disasters occurred regularly. In April, over 1,100 people died when a garment factory collapsed in Savar, near Dhaka, the capital.

ICRC ACTION AND RESULTS

Working closely with the Bangladesh Red Crescent Society, the ICRC continued to promote humanitarian principles and IHL, as well as strengthen and support the Movement's neutral, impartial and independent action in the country. It provided technical, material and financial support to the National Society to help boost the organization's institutional, operational and emergency response capacities, particularly in first aid, restoring family links and communication.

Independently or with the National Society, the ICRC held bilateral meetings and organized information campaigns and events to raise awareness of humanitarian principles, the Movement and the need to respect the red crescent emblem and to permit the safe passage of medical personnel during violence/*hartals*. Contacts with security forces' training academies, Islamic institutions and student wings of main political parties expanded, and relations with other actors of influence were developed. The ICRC pursued its dialogue with the authorities regarding its offer of services to visit people deprived of their freedom, according to its standard procedures. This was still being discussed with the authorities at year-end.

These efforts, as well as technical input and tailored activities, encouraged the incorporation of IHL and/or international human rights law into domestic law, the training and operations of the armed forces and the police, and the curricula of institutions of higher education. Activities included training courses, the 23rd South Asian Teaching Session (SATS) on IHL in Dhaka, and sponsorship of representatives of Bangladeshi institutions at IHL events abroad. As a result, the government acceded to Protocol V and Amended Article I of the Convention on Certain Conventional Weapons (CCW), signed the Arms Trade Treaty (ATT) and established a national IHL committee, while two academic institutions included IHL in their curricula. The police and the National Society/ICRC took steps to incorporate first aid into the training manual for constables.

The National Society/ICRC organized training sessions on family-links services and management of human remains for National Society volunteers, security forces and emergency responders from other institutions concerned. This helped ensure that vulnerable migrants and people affected by violence/*hartals* or disasters were

provided with the means to keep in touch with their families and that human remains were accounted for. In coordination with the Bangladeshi Foreign and Home Affairs Ministries, the National Society/ICRC, in Bangladesh and elsewhere, helped families of Bangladeshi migrants detained abroad re-establish and maintain contact with their relatives and provided ad hoc assistance to the most vulnerable migrants following their repatriation. With ICRC support, the National Society conducted search and rescue operations and tracing activities at a collapsed building and offered family-links services to foreign detainees.

National Society/ICRC assistance helped people cope with the consequences of violence, notably in Chittagong and Rajshahi divisions. Food, essential household items and cash grants helped cover the immediate needs of families affected by communal clashes. National Society first-aid teams administered life-saving treatment to those injured during *hartals*; people who needed secondary care were referred to hospitals, some of which used ICRC-donated materials to treat patients. The National Society/ICRC submitted a proposal to the authorities for a project to provide health care services for communities in Cox's Bazar district.

Outreach activities, referrals and financial assistance enabled more disabled people to benefit from the services of the trained staff at the Chittagong and Savar branches of the ICRC-supported Centre for the Rehabilitation of the Paralyzed (CRP). The ICRC also provided technical and financial support for prosthetic/orthotic training institutes to develop their services at the national level.

CIVILIANS

Emergency responders apply their improved capacities to handle human remains

The authorities concerned and the ICRC maintained regular dialogue, notably on the authorities' responsibilities to protect and assist victims of political unrest, intercommunal tensions, migration and natural and man-made disasters.

During an orientation workshop, representatives from various ministries, the penitentiary system and the media learnt more about the consequences stemming from the separation of relatives and the family-links services offered by the National Society/ICRC.

With ICRC technical and financial input and training, the National Society further enhanced its capacities in providing the abovementioned services. For example, volunteers from all National Society branches underwent training in conducting tracing activities. Medical personnel, members of the Disaster Management and Relief Ministry, Fire Service and Civil Defence, the security forces and four branches of a local NGO collecting and burying unclaimed dead bodies and the National Society were better equipped to respond to disasters after attending ICRC workshops. They, including some 50 National Society volunteers, applied what they learnt and used ICRC-provided helmets, gloves and over 1,100 body bags during the rescue operation at a collapsed building in Savar (see *Context*). In coordination with hospitals, the police and civil authorities, the National Society followed up 457 tracing requests and facilitated 95 phone calls. Following this rescue operation, a Disaster Management and Relief Ministry/ICRC lessons learnt round-table enabled stakeholders to discuss and clarify their roles during disasters.

Family members of migrants detained abroad restore contact with their relatives

Relatives of Bangladeshi migrants used family-links services offered by the National Society/ICRC in Bangladesh and other countries, and in cooperation with the Bangladeshi Foreign and Home Affairs Ministries. Families of Bangladeshi detainees, including those held in Iraq, Jordan and Lebanon, and of Muslims from Rakhine state, Myanmar, detained in Malaysia and Thailand, received 214 and/or sent 112 RCMS; others exchanged 115 oral messages through ICRC delegates. Out of the 74 Bangladeshis previously detained in Georgia, Malaysia and Sri Lanka who returned home, 17 informed their families of their arrival through ICRC-enabled phone calls, while 60 benefited from transportation home, provided by the National Society, with ICRC support.

Victims of violence repair their damaged houses

Following intercommunal clashes in parts of the country, those affected recovered from their losses with the help of material assistance from the National Society/ICRC. In Chittagong division, 106 families (552 people) in two districts repaired their damaged houses using cash grants. In two other districts, one in Chittagong and the other in Rajshahi division, 892 people (194 households) covered their immediate needs with donated food, of which 702 (156 households) also benefited from essential items.

In response to the government's request for the National Society to provide assistance to vulnerable communities in Cox's Bazar district, in-depth assessments on existing health care services in two sub-districts were conducted by the National Society/ICRC. Based on the findings, a project proposal was submitted to the Health and Family Welfare Ministry for review and approval.

PEOPLE DEPRIVED OF THEIR FREEDOM

Foreign detainees restore contact with their families

According to the authorities, over 70,000 people were detained in some 68 prisons in Bangladesh, including people held in connection with violence/*hartals* and unrest or for reasons of State security.

The Foreign and Home Affairs Ministries and the ICRC maintained dialogue on the organization's 2011 offer of services for people deprived of their freedom, particularly visits to detainees in accordance with the ICRC's standard procedures. The offer was still under discussion at year-end.

Security personnel learnt more about international norms, notably those linked to arrest and detention, via ICRC information sessions (see *Authorities, armed forces and other bearers of weapons, and civil society*).

Some 300 vulnerable foreign detainees in 15 prisons eased their living conditions thanks to National Society/ICRC-provided hygiene kits. Those who so wished restored contact with their relatives at home or their embassies through the ICRC-supported National Society family-links services. A detainee who already completed his sentence had his release papers processed by the authorities concerned, with the facilitation of the ICRC.

WOUNDED AND SICK

Injured people receive life-saving treatment

With violence/*hartals* leading to casualties, the authorities, security forces and members of civil society, including student wings of main political parties, learnt more about the need to ensure the safe

passage of medical services and enhanced their ability to provide or conduct training in first aid during National Society and/or ICRC activities. Military personnel assessed health care delivery during violence/*hartals* at a Directorate General Medical Services/ICRC round-table. Over 20 newly trained instructors from the police and the Ansar and Village Defence Party independently held first-aid sessions for their colleagues.

Starting October, National Society first-aid teams in Chittagong and Dhaka divisions provided emergency assistance for people injured during *hartals*; nearly 70 received timely first aid and the most severely wounded were referred to hospitals. Donations of medical supplies to two facilities enabled prompt treatment for patients.

More financially vulnerable patients access quality rehabilitative care

Representatives of a referral hospital in Chittagong, NGOs and other organizations in the physical rehabilitation sector, and 2,000 National Society volunteers attended dissemination sessions to help disabled people increase their knowledge of and therefore access to the ICRC-supported CRP branches in Chittagong and Savar. CRP Chittagong's community-based workers and National Society youth volunteers trained in patient identification conducted an outreach programme in Cox's Bazar district and identified 44 new patients.

With the ICRC covering the cost of their treatment and transportation, 630 patients, including 19 victims of the Savar building collapse, accessed and received rehabilitative care from the two CRP branches. Both centres offered improved prosthetic/orthotic services, as 73 physiotherapists underwent training and some updated their knowledge of the service during an international conference; a prosthetist started training on the management of upper limb amputation. Infrastructure improvement projects to further enhance patient care were done in 2012. Patients participated in various sporting events that promoted their social inclusion.

Stakeholders at the national level worked with the ICRC and received financial and technical support to improve their services. Construction of a training facility at the Bangladesh Health Professions Institute began after the Institute received government approval to offer the first diploma course on prosthetics and orthotics in the country. At its inaugural conference, the Bangladesh Society for Prosthetics and Orthotics discussed ways to develop and standardize its professional training programme with prosthetists/orthotists.

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

Civil society actors understand the Movement and IHL better

With violence/*hartals* occurring throughout the country, familiarizing key actors and the public with humanitarian issues and principles and with the Movement was essential.

Bangladeshis learnt about National Society/ICRC activities through various events and through traditional and social media. Two journalists participated at an international conference (see *New Delhi*), thereby encouraging the continued and accurate coverage of humanitarian issues in Bangladesh. Bilateral meetings, ICRC-supported door-to-door National Society campaigns,

and publications in the local language helped the authorities, civil society, and communities in four districts increase their knowledge of the Movement and/or the importance of protecting the red crescent emblem.

Relations with Islamic organizations developed and led to National Society/ICRC participation in an international event in Dhaka. The Islamic University of Kushtia co-produced a booklet on Islam and IHL in Bangla and promoted it among Islamic academic institutions.

Dissemination sessions with security forces expanded to include the Air Force, the Naval Academy and the National Defence College. Paramilitary and police officers boosted their knowledge of the Movement, IHL and international human rights law, including law enforcement provisions on arrest and detention. During predeployment briefings, troops learnt more about such matters in relation to peacekeeping missions.

Government establishes a national IHL committee

Representatives of the parliament, government ministries, security forces, Islamic organizations and academia, as well as SATS alumni, took part in various ICRC-supported initiatives aimed at encouraging IHL integration into national law, the curricula of higher education institutions and the training and operations of security forces. For instance, they discussed IHL implementation and the relationship between IHL and human rights law with their regional counterparts from eight countries at the 23rd SATS in Dhaka, co-organized with the Foreign Affairs Ministry. Government officials and academics attended similar events abroad (see *Lebanon* and *Nepal*); others took an online postgraduate IHL course offered by an Indian law university.

Bangladesh acceded to Protocol V and Amended Article I of the CCW and signed the ATT. Dialogue continued with the authorities regarding their pledge at a “Strengthening IHL” process seminar (see *International law and cooperation*), notably on the review of the 1949 Geneva Conventions translated into Bangla. Officials concerned participated in a workshop aimed at updating the 1936 Geneva Convention Implementing Act and incorporating the changes into the Bangladesh Code. A national IHL committee, established with material and technical support from the ICRC, began its work.

Future leaders stood to benefit from improved and standardized IHL courses following the integration of IHL into the respective curricula of the Foreign Service Academy and the Al-Fiqh Department of the Islamic University of Kushtia. Moreover, 40 law teachers from six universities underwent basic IHL training, and

some universities added ICRC-donated resource materials to their libraries. Students enriched their knowledge of IHL by participating in national or regional moot court and essay writing competitions (see *New Delhi*).

Security forces develop their teaching capacities

In accordance with written agreements previously made, the armed forces, the police and paramilitary forces continued to work with the ICRC to incorporate IHL and, where applicable, international human rights law into their training and operations. Instructors from all three underwent train-the-trainer programmes to enhance their teaching techniques, while two senior police officers took part in a regional seminar on public order management (see *Jakarta*). The police and the National Society/ICRC continued to work on incorporating first aid into the training manual for constables.

RED CROSS AND RED CRESCENT MOVEMENT

National Society boosts emergency response capacities

Having renewed its partnership framework agreement with the ICRC, the National Society continued to work with the organization to provide first-aid and family-links services to people affected by violence/*hartals* or disasters and to conduct needs assessments and communication/dissemination sessions. The partnership enabled the National Society to continue strengthening its capacities in these areas (see above).

The final version of the new Red Crescent law, drafted by the National Society with the support of the International Federation and the ICRC, was pending at the Cabinet Division for endorsement to the parliament.

The National Society continued to coordinate its activities with Movement partners.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		112		
RCMs distributed		214		
Phone calls facilitated between family members		17		
Reunifications, transfers and repatriations				
People transferred/repatriated		4		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		8	5	
People located (tracing cases closed positively)		7		
Tracing cases still being handled at the end of the reporting period (people)		13	5	

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	892	31%	39%
Essential household items	Beneficiaries	4,022	48%	7%
Cash	Beneficiaries	613	29%	39%
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
Physical rehabilitation				
Centres supported	Structures	2		
Patients receiving services	Patients	630	29	438
New patients fitted with prostheses	Patients	150	12	8
Prostheses delivered	Units	161	12	9
New patients fitted with orthoses	Patients	480	17	430
Orthoses delivered	Units	887	21	818

MYANMAR



+ ICRC delegation + ICRC sub-delegation + ICRC office
+ ICRC-supported prosthetic/orthotic centre

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ detainees in 17 prisons and labour camps benefited from visits conducted according to the ICRC's standard procedures, following an eight-year suspension of visits
- ▶ 4 hospitals in government- and armed opposition-controlled areas in Kachin state boosted their capacities to treat weapon-wounded patients through the provision of medical and surgical supplies
- ▶ Muslim and Rakhinese households earned income through agricultural input from and cash-for-work initiatives implemented by the ICRC, despite the organization facing some difficulties in securing acceptance in Rakhine state
- ▶ more disabled patients, including victims of landmines, accessed services at the 4 ICRC-supported physical rehabilitation centres, some with the help of Myanmar Red Cross Society outreach programmes and referrals
- ▶ high-level officials of the government and armed groups developed their dialogue with the ICRC on humanitarian issues concerning victims of conflict/violence and detainees
- ▶ during two seminars, senior police officials from throughout the country, as well as from Rakhine state, enhanced their understanding of international policing standards and crowd control practices

EXPENDITURE (in KCHF)	
Protection	3,633
Assistance	6,976
Prevention	1,166
Cooperation with National Societies	1,438
General	-
	13,212

of which: Overheads 806

IMPLEMENTATION RATE	
Expenditure/yearly budget	84%

PERSONNEL	
Mobile staff	29
Resident staff (daily workers not included)	165

The ICRC began working in Myanmar in 1986. It visits detainees, offers them family-links services and helps improve conditions in prisons; and promotes IHL and other internationally recognized standards and humanitarian principles. Working with the Myanmar Red Cross Society in most cases, it responds to the needs of communities in areas prone to armed conflict/other situations of violence. It supports health and hospital care and physical rehabilitation centres run by the Ministry of Health and the National Society to ensure quality services for mine victims and other disabled patients. It helps the Myanmar Red Cross build its operational capacities.

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	123
RCMs distributed	124
People located (tracing cases closed positively)	25
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	20,918
Detainees visited and monitored individually	153
Number of visits carried out	22
Number of places of detention visited	18
Restoring family links	
RCMs collected	695
RCMs distributed	130
Phone calls made to families to inform them of the whereabouts of a detained relative	106

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries	26,000 / 28,153
Productive inputs	Beneficiaries	17,500 / 13,687
Cash	Beneficiaries	3,422 / 3,422
Work, services and training	Beneficiaries	5,282 / 5,282
Water and habitat activities	Beneficiaries	85,000 / 28,305
Health		
Health centres supported	Structures	183
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	6 / 16
Water and habitat		
Water and habitat activities	Number of beds	200
Physical rehabilitation		
Centres supported	Structures	4 / 4
Patients receiving services	Patients	3,100 / 4,559
Comments		
Owing to operational and management constraints, figures presented in this table may not reflect all activities carried out during the reporting period.		

CONTEXT

After coming to power in 2011, the government of Myanmar continued on its path of reform. Initiatives included: amnesties that led to the release of a reported 20,000 detainees, including opposition figures; parliamentary by-elections; the resumption of peace talks with armed groups; and the start of discussions on possible areas of cooperation with various humanitarian and development organizations. Many countries responded to the reforms by increasing their economic engagement and suspending and/or lifting sanctions, with the exception of the arms embargo. A committee composed of parliamentarians began a review of the 2008 Constitution with the aim of updating/amending it.

The 2011 bilateral peace talks led to initial ceasefire agreements with a reported 10 groups. Discussions about the potential return to Kayah and Kayin states of an estimated 400,000 persons displaced within the country and abroad yielded no results yet. Despite a preliminary ceasefire agreement in May, tensions between the Myanmar Armed Forces (MAF) and the Kachin Independence Army (KIA) persisted in Kachin state. In northern Shan state, skirmishes between the MAF and armed groups resumed. Fighting in these two states left thousands of civilians displaced, with some facing difficulties in accessing basic health and other essential services. Mines/explosive remnants of war remained a source of concern in an estimated 10 out of 14 regions/states.

In Rakhine state, Muslim and Rakhinese residents and over 145,000 IDPs continued to endure the consequences of the intercommunal violence which erupted in 2012. Fear and mutual distrust between Muslims and Rakhinese limited people's access to essential services, such as health care, and livelihoods and obstructed the delivery of humanitarian aid. Around 7,000 people in central and eastern Myanmar were also affected by intercommunal clashes that spread to those areas. The violence posed a serious challenge to the security forces, particularly the police.

ICRC ACTION AND RESULTS

Strengthened relations between the ICRC and the Myanmar authorities, including during the first-ever visit of an ICRC president in the country, paved the way for more substantial discussions about and cooperation in tackling humanitarian issues of common concern. These focused on victims of conflict/violence in Kachin and Rakhine states and on people deprived of their freedom. The ICRC stepped up its operations in Myanmar and appealed for additional funds to support its efforts.

The Myanmar Red Cross Society used ICRC support to strengthen its capacities in first aid, needs assessment and project implementation and in promoting awareness of humanitarian principles and the Movement. Acting in their neutral and impartial role, the National Society/ICRC addressed the humanitarian needs of conflict/violence-affected communities, notably in Rakhine state where they had some difficulty in securing acceptance.

The ICRC resumed its visits to detainees, which had been suspended for eight years. It monitored detainees' treatment and living conditions according to its standard procedures and shared its findings and recommendations confidentially with the authorities. The construction/rehabilitation of water and sanitation facilities and provision of cleaning/recreational materials improved living conditions for detainees. Inmates restored/maintained contact with their relatives through regular National Society/ICRC

family-links services. Some of those released had the cost of their transport home covered.

The ICRC, with permission from both parties, assessed needs of and provided the necessary medical/surgical supplies to four hospitals in government- and KIA-controlled areas in Kachin state. Workshops boosted the capacities of Health Ministry medical staff in Kachin and Shan states to treat weapon-wounded patients.

In Rakhine state, National Society/ICRC material, staff and logistical support, including for the protection/safe passage of medical vehicles and personnel, enabled the emergency referral of wounded or sick Muslims and Rakhinese to secondary-level care and allowed people from both communities to access government health services. Health facilities enhanced their services with the provision of medical/surgical supplies and infrastructure rehabilitation.

More disabled people, including mine victims, received treatment at the four ICRC-supported centres. Efforts began to establish physical rehabilitation services in two states not covered by currently supported facilities. An ICRC proposal to resume support to three Defence Ministry centres remained unanswered.

Independently or with the National Society, the ICRC provided emergency relief and early recovery support for communities affected by conflict/violence in north-eastern border areas and in Mandalay and Rakhine states. Household items and improved water and sanitation facilities helped victims cover their basic needs; livelihood support, particularly cash-for-work initiatives, enabled households to earn additional income.

National Society and/or ICRC bilateral dialogue and dissemination activities familiarized the authorities, security forces, other weapon bearers, key members of civil society, universities and the public with humanitarian issues, IHL and the Movement's neutral, impartial and independent action. The ICRC sponsored their participation in courses and other events abroad to further understanding of these matters. Cooperation with the police force began in the form of seminars on international policing standards. Dialogue with the Defence Ministry/armed forces was established.

The ICRC worked closely with Movement partners and other humanitarian actors to coordinate efforts and prevent duplication.

CIVILIANS

In conflict/violence-affected parts of the country, the local authorities, community leaders, members of civil society groups, health personnel and the ICRC discussed the need to respect and protect civilians and medical staff/facilities and to allow people to access basic services. Regular contact with stakeholders in Rakhine state also focused on clarifying the National Society/ICRC's neutral, impartial and independent humanitarian activities. This facilitated the organizations' delivery of assistance, which were sometimes delayed by constraints related to acceptance.

The authorities and the ICRC began discussions based on ICRC written representations submitted to the authorities about 11 minors who had allegedly been recruited into the armed forces. While seven of these minors reunited with their family on their own, six cases were still under review by year-end.

Muslim and Rakhinese residents and IDPs access preventive health care

To meet the needs of communities in conflict- and violence-prone areas, Myanmar Red Cross volunteers, particularly those from other regions deployed in Rakhine state, used ICRC support to strengthen their emergency response capacities, in accordance with the Safer Access Framework. National Society staff and volunteers from the Mong Hsat branch in eastern Shan state delivered humanitarian assistance more efficiently after the construction of a new office. Training in Kachin and Shan states, and joint National Society/ICRC vulnerability and capacity assessments of five villages in Mon and northern Shan states, helped volunteers develop their skills in assessing the water, sanitation and economic security needs of communities and in implementing assistance projects.

In Rakhine state, the Health Ministry worked with the National Society/ICRC to improve/restore basic health care delivery for around 636,000 Muslim and Rakhinese residents and IDPs in Sittwe and five other townships. A total of 183 facilities and 282 midwives affiliated to the Health Ministry continuously catered to the needs of patients with ICRC financial, material, infrastructural, rehabilitation and logistical (safe transport) support. Health Ministry-conducted polio vaccination campaigns helped boost the immune systems of mothers and children, while trained midwives/traditional birth attendants helped mothers maintain their health. A 24-hour emergency medical evacuation scheme enabled nearly 1,900 wounded or sick people in and around Sittwe to have prompt and safe access to secondary-level care, across communal lines, at Sittwe General Hospital. In Kachin state, 15 midwives became more adept at providing mother and child care through a six-month training programme.

Violence-affected families earn additional income through cash-for-work projects

Distributed essential household items and hygiene kits helped some 39,650 victims (7,966 households) of intercommunal clashes in Mandalay and Rakhine states cope with their losses. Beneficiaries included over 3,900 Muslim and Rakhinese IDPs (around 800 households) in two camps in Sittwe who limited their need to collect firewood outside of the camp and thus their risk of being attacked, by using ICRC-provided fuel sticks to cook their food.

A total of 2,284 Muslim and Rakhinese heads of resident, returnee and resettled IDP households in Rakhine state earned additional income (benefiting 8,704 people) through conditional cash grants or cash-for-work projects such as building/expanding community footpaths and drinking ponds. Support in the form of winter crop seed and fishing equipment for nearly 2,670 families (some 13,700 people) helped them diversify their diets and acquire/restore livelihoods. In Kachin state, 63 IDP households (315 people) began income-generating activities following the implementation of the National Society's community-based pilot projects.

Conflict/violence-affected communities accessed drinking water close to their homes and improved their living conditions with the help of National Society and/or ICRC projects. These projects were adapted according to needs and thus reached less people than initially planned. In Rakhine state, over 5,600 Rakhinese IDPs in Sittwe benefited from water trucking services. The installation/rehabilitation of water points, latrines and shelters enabled some 20,000 Muslim IDPs and resettled Rakhinese IDPs to maintain their health. ICRC-trained National Society volunteers in

southern Shan state helped over 1,100 people protect themselves from disease by conducting hygiene-promotion sessions and upgrading communal water sources within walking distance of people's homes.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees benefit again from ICRC visits

In November 2012, the government announced the resumption of ICRC visits to detainees in prisons and labour camps, suspended since 2005; this was confirmed during the ICRC president's visit to Myanmar in January 2013. Detainees in 18 of those facilities, including in Kachin, Rakhine and Shan states, received ICRC visits according to the organization's standard procedures. During these visits, delegates discussed their findings and recommendations confidentially with the Home Affairs Ministry and prison authorities. As a result, the authorities in some prisons informed detainees' families of their relatives' arrest/transfer and increased the weekly soap ration for inmates. Moreover, to further improve the material conditions of detainees, dialogue on cooperation began with the medical and engineering offices of the Prisons Department; three of the Department's engineers participated in a regional seminar on international standards governing prison infrastructure and design (see *Bangkok*).

Inmates maintain health and hygiene

Some 15,700 detainees in all the prisons visited eased the monotony of their incarceration with the help of recreational items, including books and sports equipment. The installation/rehabilitation of water storage tanks, solar water heaters, kitchens, clinics and waste management systems enhanced the living conditions of over 18,100 detainees in four prisons. In 11 other prisons, detaining authorities helped nearly 10,000 inmates, who also received hygiene kits, stay healthy by eradicating pests and renovating facilities using ICRC-provided vector control and basic construction materials. Donated medicines helped the Prisons Department tackle diseases commonly occurring in prisons.

Inmates restored/maintained contact with their families through National Society/ICRC family-links services. Seventy detainees received ICRC-facilitated visits from relatives living far away and nearly 700 wrote to their families using RCMs. At their request, 41 foreign detainees notified their embassies or the UNHCR of their situation, with ICRC facilitation. Transport costs enabled 47 released detainees to safely return home and to use their resources for other necessities.

People detained by the KIA in relation to the armed conflict received two visits from ICRC delegates during field trips to Laiza in Kachin state (see *Wounded and sick*).

WOUNDED AND SICK

Around 300 National Society volunteers from Kayah, Mon, Rakhine and Shan states received training to provide or teach first aid; those in Rakhine state passed on what they had learnt to IDP volunteers in camps.

Twelve hospitals in areas affected by the intercommunal violence in Rakhine state, including Sittwe General Hospital, bolstered their emergency response capacities with the provision of medical/surgical equipment and supplies. Six of these hospitals further improved their services thanks to the rehabilitation of their water, sanitation and medical waste management facilities.

Weapon-wounded patients in Kachin state access improved medical care

In February, ICRC delegates, with permission from both sides concerned, carried out field visits to assess hospitals in Kachin state and to discuss with local authorities possibilities for long-term assistance to those hospitals. Following two ICRC visits, four hospitals – two run by the government in Bhamo and Myitkyina, and two run by the KIA in Laiza and Ma Ja Yan – treated weapon-wounded patients with provided medical/surgical supplies. The government approved an ICRC proposal to provide infrastructural support to hospitals in Laiza and training for its staff.

During Health Ministry/ICRC workshops in Kyaing Tong (Shan state) and Myitkyina (Kachin state), over 60 medical staff, including surgeons, sharpened their skills in triage, treating gunshot and mine wounds and performing amputations.

More disabled patients referred to ICRC-supported rehabilitation centres

Around 4,560 disabled people improved their mobility at the four ICRC-supported physical rehabilitation centres – one run by the National Society and three by the Health Ministry – with mine victims receiving 44% of the prostheses delivered. Following the construction/refurbishment of their foot production units, the Health Ministry and the National Society-run Hpa-an Orthopaedic Rehabilitation Centre (HORC) created 3,842 prosthetic feet for their patients.

Amputees in some parts of the country learnt about these centres through dissemination sessions and information materials. National Society/ICRC outreach programmes referred 547 people from south-eastern Myanmar to the HORC and 148 patients from central and northern Myanmar to a Health Ministry centre near Mandalay. A trial mobile workshop offered foot and strap repair services to 29 patients who could not go to the HORC.

To further improve the quality and reliability of the HORC's services, four staff members continued to enhance their professional skills through prosthetic/orthotic or physical rehabilitation courses abroad. Surgeons from the centre became more adept at performing amputations through a seminar organized with the National Society and local physical rehabilitation providers. The centre, with ICRC support, upgraded some of its infrastructure, including storage, water and emergency facilities.

To address the needs of a greater number of disabled people not covered by the ICRC-supported centres, the Health Ministry and the ICRC began to discuss the establishment of physical rehabilitation centres in Kachin and Shan states and to conduct assessments in this connection. An ICRC proposal to resume support to three Defence Ministry-run physical rehabilitation centres remained unanswered.

The Social Welfare, Relief and Resettlement Ministry, with ICRC support, continued to take steps to establish a national coordinating body for prosthetic and orthotic services.

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

Police officers learn more about international policing standards

Owing to the political developments in the country, dialogue between the authorities and the ICRC expanded and strengthened.

President Thein Sein and other high-level government officials met with the ICRC's president during his visit to Myanmar and discussed issues of common concern, primarily the plight of detainees and of people affected by conflict/violence.

The ICRC president's visit also initiated dialogue on incorporating internationally recognized standards on policing into the training and operations of the Myanmar Police Force. This resulted in the organization of two seminars wherein over 20 senior officials/commanders from throughout the country and 30 officers in Rakhine state learnt more about international policing standards, including those governing crowd control practices and the exercise of police powers. Two officers discussed their experiences in this connection with their counterparts at a regional seminar (see *Jakarta*).

Increased contacts with the Defence Ministry led to discussions on possible in-country, IHL-related activities involving the armed forces.

Armed groups discuss humanitarian issues with the ICRC

During the ICRC's visits in Kachin state (see *Wounded and sick*), KIA officials and ICRC delegates established dialogue on displaced people's concerns, including access to health care, and on IHL issues. In Thailand, representatives of armed groups from Myanmar continued to be reminded of the need to respect IHL, especially with regard to the use of anti-personnel mines and the recruitment of child soldiers (see *Bangkok*).

As conflict and violence persisted in parts of Myanmar, fostering understanding of and support for humanitarian principles, IHL, ICRC activities and the Movement's neutral, impartial and independent action among the authorities, security forces and key civil society actors was essential. Nearly 2,500 local authorities, police officers, school teachers, university students, members of social and civil society organizations and Red Cross volunteers learnt more about these topics at National Society/ICRC dissemination sessions. This was supplemented by information materials in local languages. These communication efforts also encouraged the media to feature various National Society/ICRC activities in Myanmar, such as the provision of assistance for victims of violence in Rakhine state, ICRC detention visits and police seminars, thereby helping raise public awareness.

Government officials, military/police officers and university lecturers participated in IHL teaching sessions or workshops abroad (see *International law and cooperation, Nepal and Philippines*). Several officials completed an online post-graduate IHL course offered by the NALSAR University of Law in India.

Students pursuing law degrees consulted reference works on IHL at the ICRC's resource centres in Mandalay and Yangon. Contact with the Education Ministry could not be established.

RED CROSS AND RED CRESCENT MOVEMENT

National Society helps families restore contact

The Myanmar Red Cross continued to strengthen its capacity to respond to the needs of people affected by conflict/violence with ICRC financial, material, logistical and technical support (see *Civilians and Wounded and sick*). Senior volunteers in Shan state developed leadership skills at a workshop.

Through training conducted by the International Federation/ICRC, National Society volunteers in Chin and Kachin states furthered their understanding of humanitarian principles,

IHL and the Movement, and learnt how to organize dissemination/information sessions on these matters (see *Authorities, armed forces and other bearers of weapons, and civil society*).

The National Society continued to enhance its family-links services within the framework of an Australian Red Cross-supported project, with the ICRC providing technical advice. It coordinated with National Societies in the region to deliver RCMs/oral messages from migrants or refugees abroad to their relatives in Myanmar.

The National Society submitted a revised Red Cross Act, aimed at strengthening its legal base and updated with the help of the International Federation/ICRC, to the authorities concerned for their approval.

Regular meetings with partners in Myanmar and abroad, including on the National Society's revised strategic plan, helped strengthen Movement coordination and response.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		123		
RCMs distributed		124		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		4		
People located (tracing cases closed positively)		25		
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		6		6
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		20,918	3,258	187
Detainees visited and monitored individually		153	2	31
Detainees newly registered		110	2	31
Number of visits carried out		22		
Number of places of detention visited		18		
Restoring family links				
RCMs collected		695		
RCMs distributed		130		
Phone calls made to families to inform them of the whereabouts of a detained relative		106		
Detainees visited by their relatives with ICRC/National Society support		70		
People to whom a detention attestation was issued		11		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Essential household items ¹	Beneficiaries	28,153	25%	29%
	<i>of whom IDPs</i>	28,153		
Productive inputs	Beneficiaries	13,687	28%	47%
	<i>of whom IDPs</i>	1,360		
Cash	Beneficiaries	3,422	30%	43%
	<i>of whom IDPs</i>	348		
Work, services and training	Beneficiaries	5,282	50%	10%
Water and habitat activities	Beneficiaries	28,305	30%	19%
	<i>of whom IDPs</i>	25,625		
Health				
Health centres supported	Structures	183		
Average catchment population		636,000		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	15,701		
Water and habitat activities	Beneficiaries	28,106		
Health				
Number of visits carried out by health staff		19		
Number of places of detention visited by health staff		17		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	16		
Water and habitat				
Water and habitat activities	Number of beds	200		
Physical rehabilitation				
Centres supported	Structures	4		
Patients receiving services	Patients	4,559	637	377
New patients fitted with prostheses	Patients	538	77	22
Prostheses delivered	Units	1,741	200	85
	<i>of which for victims of mines or explosive remnants of war</i>	761		
New patients fitted with orthoses	Patients	393	90	155
Orthoses delivered	Units	1,071	235	485
	<i>of which for victims of mines or explosive remnants of war</i>	1		
Patients receiving physiotherapy	Patients	952	79	46
Crutches delivered	Units	1,846		
Wheelchairs delivered	Units	15		

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

NEPAL



ICRC / AR, 2013
 + ICRC delegation + ICRC office + ICRC-supported prosthetic/orthotic centre

The ICRC initially worked in Nepal out of its regional delegation in New Delhi, opening a delegation in Kathmandu in 2001. Since the May 2006 agreement between the government and the Communist Party of Nepal-Maoist, the ICRC has focused on: helping clarify the fate of missing persons and supporting their families; promoting full compliance with IHL; and improving medical care for the wounded and physical rehabilitation services for those in need. It works closely with and helps the Nepal Red Cross Society strengthen its operational capacities.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ the authorities were encouraged to clarify the fate of persons missing in connection with past conflict, while in 25 districts, families of missing persons received support through a Nepal Red Cross Society/ICRC/NGO project
- ▶ forensic workers and officers from the Armed Police Force (APF) and the Nepal Police (NP) enhanced their ability to manage data on missing persons and human remains with National Society/ICRC support
- ▶ people injured during unrest/natural disasters received care from trained National Society and security forces first-responders, while over 60 medical specialists honed their emergency room trauma-management skills at courses
- ▶ cooperation with the Nepalese Army in IHL training for its officers resumed, while training on international human rights law for APF and NP officers took place on an ad hoc basis
- ▶ the National Society strengthened its emergency response capacities – particularly in the run-up to elections – by integrating its volunteers into district disaster-response teams countrywide and training first-responders

EXPENDITURE (in KCHF)	
Protection	661
Assistance	1,184
Prevention	766
Cooperation with National Societies	407
General	-

3,018

of which: Overheads 184

IMPLEMENTATION RATE	
Expenditure/yearly budget	75%

PERSONNEL	
Mobile staff	5
Resident staff (daily workers not included)	67

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	41
RCMs distributed	43
People located (tracing cases closed positively)	29
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
Restoring family links	
RCMs collected	56
RCMs distributed	31

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries	3,725
Cash	Beneficiaries	4,366
Work, services and training	Beneficiaries	6
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	36
Physical rehabilitation		
Centres supported	Structures	2
Patients receiving services	Patients	1,371

CONTEXT

The absorption of former members of the Maoist People's Liberation Army (PLA) into the Nepalese Army was officially completed, but progress in the peace process remained slow. Nepal, without a legislative body since May 2012, was mired in a constitutional and political crisis. Elections for a new Constituent Assembly took place in November; they were conducted by the Interim Election Council, which acted as a caretaker government following the resignation of the coalition government in March. The formation of a new government was envisaged for 2014.

The absence of a fully functioning political apparatus slowed down reform and the adoption of a unified bill on the establishment of transitional justice mechanisms. The Ordinance on Investigation of Disappeared Persons, Truth and Reconciliation Commission was issued by presidential decree, but it remained pending at the Supreme Court, as its provisions were challenged by various parties.

Countrywide protests and strikes persisted alongside political unrest and intercommunal tensions. They remained limited in scale, although violent incidents intensified in the run-up to the elections. Explosive remnants of war (ERW) from the past conflict and improvised explosive devices (IEDs) linked to criminality or election-related violence endangered lives.

The country had to endure a number of natural disasters.

ICRC ACTION AND RESULTS

The ICRC, together with its main partner, the Nepal Red Cross Society, continued to assist people suffering from the residual effects of past conflict, while monitoring and responding to the humanitarian needs of people affected by present unrest and natural disasters.

The organization kept up comprehensive efforts to help ascertain the fate of almost 1,400 persons missing in connection with the past conflict. The ICRC, together with trained National Society volunteers, compiled and verified information on missing persons gathered from their families, and submitted it to the former parties to the conflict, with a view to clarifying the fate of these persons. National Society staff/volunteers served as primary contacts with the families and kept them abreast of developments. As there was no national mechanism that comprehensively addressed the needs of the families of missing persons, the ICRC encouraged the authorities to take measures to alleviate their suffering. National Society/ICRC help facilitated financial assistance – through the government's interim relief programme – for families.

The families of missing persons had access – through a project run with the National Society and local partners – to comprehensive support for their psychosocial, legal and economic needs. The Nepalese Red Cross and partner NGOs recruited and trained community volunteers, some of whom were themselves relatives of missing persons, to facilitate peer support group meetings and provide individual counselling for the families. A 2012 review showed that the project had markedly improved the well-being of beneficiary families; it was therefore expanded to 10 districts, benefiting 746 families in total. Forensic support for the authorities and other relevant actors – for instance, donation of ante/post-mortem data-management software for the Institute of Medicine – aimed to facilitate exhumations and help resolve cases of missing persons.

In addition to promoting safe access to medical care for wounded people, the ICRC provided hospitals with ad hoc medical supplies, ensuring that people injured during internal disturbances or natural disasters received timely and appropriate treatment. It also supported the National Society's first-aid and ambulance services, and the integration of additional volunteers into district disaster-response teams countrywide. First-aid and human remains management training for National Society staff/volunteers and Armed Police Force (APF) and Nepal Police (NP) instructors/officers helped build up local capacities. To the same end, doctors and medical students attended emergency room trauma-management courses, conducted with local instructors. To address the needs of disabled people, including conflict-amputees, the ICRC supported two physical rehabilitation centres, including through staff training. National Society risk-education sessions helped prevent further casualties among communities in mine/ERW-contaminated areas.

Though the political situation hampered IHL-treaty accession and domestic IHL implementation, the national IHL committee, with ICRC support, prepared documents to guide the pertinent authorities in advancing such processes. The 22nd South Asia Teaching Session on IHL, hosted with the Kathmandu School of Law, enabled the sharing of best practices in IHL implementation. The ICRC maintained dialogue with the armed/security forces on incorporating IHL and other applicable law in their doctrine, training and operations. It resumed cooperation with the Nepalese Army after a two-year gap, leading to the organization of various training courses for officers, some of whom were preparing for deployment abroad. Although cooperation with them had not yet been formalized, the APF and the NP included sessions on IHL and international norms applicable to law enforcement in their training courses, on an ad hoc basis. Discussions with influential members of civil society, including the media, raised public awareness of humanitarian concerns and the Movement's work.

The National Society boosted its emergency capacities and pursued organizational development with ICRC support. Movement components met regularly to coordinate their activities.

CIVILIANS

Bearing in mind the prevailing political uncertainty and the country's susceptibility to natural disasters, the ICRC reminded the authorities of their obligations to meet the basic needs of civilians affected and to permit them to have access to medical care (see *Wounded and sick*). ICRC support helped the Nepalese Red Cross boost its emergency response capacities. The National Society integrated 100 additional trained volunteers in disaster-response teams in 37 districts. It distributed essential household items to 3,725 victims of natural disasters such as landslides and floods.

Families ascertain the fate of missing relatives

Families were still seeking 1,359 relatives missing in connection with the past conflict, which ended in 2006. Information on missing persons collected from the families and verified by the National Society/ICRC was submitted to the former parties to the conflict – the security forces and the PLA – with a view to clarifying their fate. National Society/ICRC teams also cross-checked data against publicly available records, such as a voters' register and a list of missing persons drawn up by NGOs/international organizations dealing with the issue. In the process, 45 new cases of missing persons were registered – including 3 women and 11 others who were minors at the time of disappearance – and

the fate of 29 people ascertained: among them, 3 were found alive and the graves of 2 others located, giving closure to their families, who visited the graves with ICRC support. An updated list of people who remained unaccounted for was published on the ICRC's family-links website (familylinks.icrc.org). Attestations confirming the deaths of 21 persons provided closure to their families and enabled them to access government benefits/compensation.

The Nepalese Red Cross, primarily in charge of maintaining contact with the families of missing persons, did so through a pool of 245 trained staff/volunteers, who visited the families regularly, informed them of developments concerning the fate of their relatives and helped facilitate their access to government benefits (see below).

Families of missing persons access support for various needs

While waiting for information on the whereabouts of their missing relatives, 746 families (4,295 people) in 25 districts received assistance for their psychosocial, legal and economic needs within the framework of a comprehensive support project launched in 2010 and implemented with the National Society and partner NGOs. The families included 272 households in 10 districts to which the project was extended after a 2012 review of its implementation in one district demonstrated a marked improvement in the families' psychological well-being. Under the project, families coped with their situation through peer support/other activities facilitated by trained community volunteers for 41 groups of mothers, wives and fathers. Among these volunteers were 35 who had been recruited when the project was expanded; some of them were relatives of missing persons. About 170 people had individual consultations with trained counsellors; nine people with mental health disorders were referred for professional treatment, the costs of which were covered. Around 100 people benefited from legal/administrative assistance and 38 from vocational training, owing to referrals by partners/the ICRC. Adolescents learnt life skills during National Society/ICRC training sessions. The holding of commemorative events and construction of memorials fostered communities' understanding of issues related to missing persons and reduced the stigma attached to them.

During interviews, 348 families in nine districts where the project ended by year's end confirmed the strengthening of their ability to function, at individual, family and community levels.

Families receive government assistance

As there was still no national mechanism that comprehensively addressed the needs of families of missing persons, the ICRC encouraged the authorities to take measures to alleviate their suffering. A report on the ten-year effort by the National Society/ICRC to resolve issues related to missing persons was not yet ready; however, an updated publication on missing persons in Nepal was issued.

With National Society/ICRC help, families received financial support under the government's interim relief programme. To date, of the 1,359 cases registered by the ICRC (see above), 1,219 received first installment payments and 1,041 families received first and second installment payments; the ICRC followed up the cases of families who had yet to receive such support. As in previous years, children of missing persons, and children detained during the conflict or orphaned as a result of it, did not regularly benefit from government assistance, owing to lack of funding. Nonetheless,

through referrals/follow-up, 84 such children received scholarships from the government or private establishments.

Acting on ICRC recommendations, the Nepal Society of Families of the Disappeared and Missing (NEFAD; formerly the National Network of Families of Disappeared and Missing) worked with various agencies to raise awareness countrywide of the plight of the families of the missing, and support for them.

Stakeholders boost forensic capacities

The authorities and other relevant actors received ICRC input for facilitating exhumations and ensuring that people did not go unaccounted for. The department of forensic medicine at Nepal's Institute of Medicine installed ICRC-provided ante/post-mortem data-management software to help it – and any future commission on the missing – resolve cases of missing persons. The National Human Rights Commission and the ICRC worked to obtain court approval for exhuming human remains related to cases of disappearance, including at five gravesites identified by National Society/ICRC teams; however, the exhumations had yet to be carried out.

APF/NP officers became more adept at managing human remains through National Society/ICRC train-the-trainer courses; afterwards, they passed on what they had learnt to peers, including at a disaster-management course. Nearly 400 APF/NP officers underwent basic training in the subject. National Society instructors and 175 volunteers attended similar sessions.

Refugees and vulnerable detainees re-establish contact with relatives

After obtaining permission from the Department of Prison Management with ICRC help, trained National Society teams resumed family-links services – in June, following a year-long suspension – at three prisons in Kathmandu Valley, benefiting foreign detainees and vulnerable Nepalese inmates who had had no contact with relatives.

Families separated from relatives abroad, particularly Bhutanese refugees in Nepal and their relatives detained in Bhutan (see *New Delhi*), restored/maintained contact through such services. Forty-three refugees visited 20 relatives detained in Bhutan, and one family travelled to Bhutan to bury a deceased, formerly detained relative.

Six people, who were detained during the conflict, obtained government compensation after receiving detention attestations.

WOUNDED AND SICK

Injured people receive emergency care

Almost 13,600 people, including those wounded during unrest (see *Context*), received first aid from ICRC-supported National Society teams. Ad hoc donations of medical supplies helped 36 hospitals provide medical/surgical care to wounded and other patients.

Reports of obstruction of/damage sustained by ambulances, including those belonging to the National Society, prompted a need to reinforce the messages of the Health Care in Danger project. Through bilateral contacts and seven round-tables, all relevant actors were reminded of their obligation to permit the wounded access to care. At one such round-table, representatives of various sectors – including health authorities, ambulance service providers and the media – and of National Society branches discussed

the misuse of ambulances and obstacles to service delivery. They adopted a code of conduct harmonizing ambulance services and set up a committee to monitor its implementation. District ambulance management committees and National Society branches coordinated the provision of first-aid training to ambulance drivers. Jingles in local languages, aired on radio in 62 districts, also raised awareness of the need to respect medical personnel/infrastructure. Some 25 hospital directors attended a workshop – organized with the Nepal Medical Association – on these issues.

Nepalese doctors upgrade trauma-management skills

Local capacities were strengthened by National Society/ICRC-supported training, helping overcome constraints in the provision of emergency/health services. Over 330 APF/NP officers added to their first-aid skills and to their ability to teach the subject. Particularly in the run-up to the elections, National Society instructors and nearly 540 volunteers attended similar sessions on first aid. The National Society maintained/repaired its ambulances with ICRC support, enabling services to resume in some districts.

Through emergency room trauma-management courses facilitated with instructors from the Kathmandu University Hospital, 63 doctors, including 2 from the Bangladesh army, and 40 medical students upgraded their skills. One orthopaedic surgeon learnt more about mass-casualty management at a course abroad.

Disabled people improve their mobility

In all, 1,371 disabled people, including mine/ERW/IED victims, received physical rehabilitation services at the ICRC-supported Yerahiti National Rehabilitation Centre and the Green Pastures Hospital. They included amputees whose mobility was enhanced by artificial limbs. Over 160 people, including conflict-disabled patients, received free treatment; 51 had their transport costs covered. Technical support from both the centre and the hospital enabled 119 disabled people in a camp in Butwal, southern Nepal, to receive follow-up care, such as repairs to their devices or referrals for new ones.

To enhance local capacities/service quality, three technicians from the centre and the hospital underwent formal schooling abroad; others benefited from on-the-job training. To ensure sustainability, the National Association of Service Providers in Rehabilitation, with ICRC input, drafted a national plan for physical rehabilitation services. Discussions with the Peace and Reconstruction Ministry explored the possibility of providing interim support for disabled people.

National Society mine-risk education sessions helped reduce the risks to communities in mine/ERW-contaminated areas, as did radio advertisements broadcast countrywide – including on government stations – in coordination with the Peace and Reconstruction Ministry.

Two conflict-disabled people restored a degree of self-sufficiency through ICRC-supported micro-economic initiatives.

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

Authorities and public broaden their awareness of humanitarian concerns

National Society/ICRC dialogue with the authorities, military/security forces and key members of civil society raised awareness of and garnered support for humanitarian principles and concerns

(see *Wounded and sick*), IHL, international human rights law, and the Movement's activities. Given the potential for unrest, this was especially important.

Media coverage of National Society/ICRC activities, based on ICRC press releases, interviews, round-tables and audiovisual materials – including a documentary on the plight of the families of missing persons in Nepal – raised public awareness of humanitarian concerns and the Movement, as did National Society IHL-promotion activities backed by updated materials. These activities included a photo exhibition marking the Nepalese Red Cross's 50th anniversary and a weekly radio programme. At a regional conference, two Nepalese journalists shared best practices with peers and bolstered their ability to report on humanitarian affairs (see *New Delhi*).

Human rights advocates, lawyers, lecturers and students furthered their understanding of IHL at ICRC-supported briefings/events. Students from three universities tested each other's knowledge of IHL at a competition. Two universities received updated IHL publications for their libraries.

Cooperation in IHL training with army resumes after two years

National Society/ICRC briefings and courses in IHL enhanced knowledge of the subject among the Nepalese Army/APF/NP and encouraged its dissemination among their ranks.

Following the resumption of cooperation after a two-year gap, the Nepalese Army organized two advanced IHL courses for instructors and, for the first time, one IHL course exclusively for legal officers (totalling 66 participants). Officers from the Army Command and Staff College and 50 peacekeepers attended pre-deployment briefings. Two senior military officers attended advanced IHL courses in San Remo, and in Colombia (see *International law and cooperation*).

Although formal cooperation with the APF in training officers in IHL/international human rights law remained on hold as the Home Affairs Ministry was reviewing it, the APF and the ICRC kept up dialogue on incorporating international norms in the former's doctrine, training and operations. The APF/NP included ICRC briefings on IHL and international norms on the use of force in law enforcement, on an ad hoc basis, in their training courses in these subjects; the courses were attended by some 250 and 20 officers, respectively.

National IHL committee pursues initiatives despite political impasse

The prevailing political situation and the absence of a legislative body hampered the adoption of mechanisms to address the needs of families of missing persons and of a stand-alone Red Cross Act to strengthen the National Society's legal status. The situation also delayed accession to IHL-related treaties and domestic IHL implementation. Nevertheless, through the initiatives of the national IHL committee and with National Society/ICRC input, the authorities engaged in discussions on the Hague Convention on Cultural Property, voted in favour of the Arms Trade Treaty and continued working on an official Nepali translation of the 1949 Geneva Conventions. The national IHL committee finalized, and prepared to issue, an IHL handbook for parliamentarians and civilian authorities, which was drafted in 2012. It had not yet approved the Geneva Conventions Bill.

The Public Service Commission incorporated IHL in the training of civil servants. Two government officials contributed to a regional consultation on the “Strengthening IHL” process (see *Kuala Lumpur*). At the 22nd South Asia Teaching Session on IHL, organized with the Kathmandu School of Law, 46 officials from 10 countries, among them 11 from Nepal, shared best practices in implementing IHL. Others discussed similar subjects at events abroad, including a meeting of national IHL committees from member States of the Commonwealth of Nations (see *Caracas*).

RED CROSS AND RED CRESCENT MOVEMENT

The Nepalese Red Cross – the ICRC’s key operational partner – reinforced its capacities in restoring family links, human remains management, first aid, mine-risk education and IHL promotion, and strove to strengthen its legal status and government-auxiliary role; the ICRC provided financial/material/technical/training support for this (see above).

National Society volunteers underwent training in applying the Safer Access Framework, particularly important in light of the potential for emergencies. This also enhanced the public image of the National Society among stakeholders, locally and nationally.

The National Society continued to review its constitution, in accordance with organizational development initiatives begun in 2012. Its gender and social inclusion department organized workshops at which staff/volunteers from headquarters and district chapters shared their views on promoting gender diversity and social inclusion within the National Society.

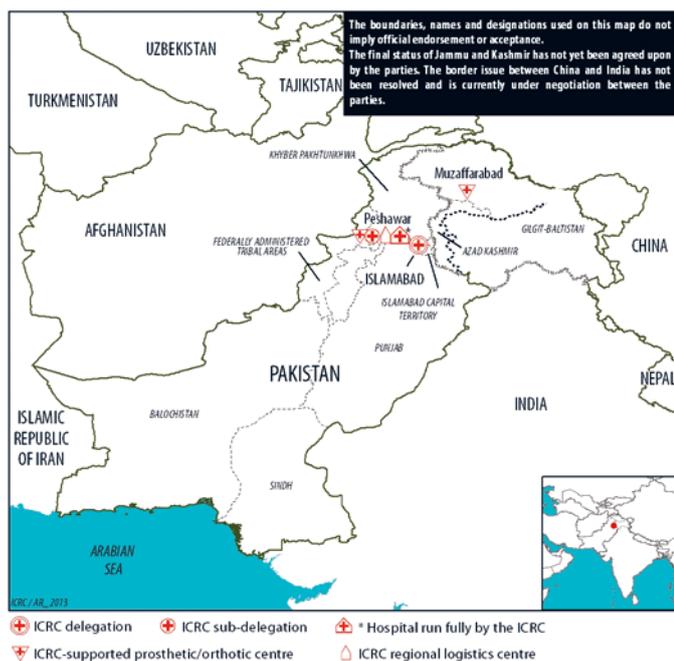
The National Society, the International Federation and the ICRC renewed their cooperation agreement and met regularly to coordinate activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		41		
RCMs distributed		43		
Names published in the media		1,360		
Names published on the ICRC family-links website		1,401		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		45	3	11
People located (tracing cases closed positively)		29		
Tracing cases still being handled at the end of the reporting period (people)		1,359	94	148
Documents				
People to whom travel documents were issued		44		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Restoring family links			Women	Minors
RCMs collected		56		
RCMs distributed		31		
People to whom a detention attestation was issued		6		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	3,725	51%	
Cash	Beneficiaries	4,366	36%	32%
Work, services and training	Beneficiaries	6	50%	33%
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	36		
First aid				
First-aid posts supported	Structures	43		
	<i>of which provided data</i>	Structures	43	
Wounded patients treated	Patients	13,597		
Physical rehabilitation				
Centres supported	Structures	2		
Patients receiving services	Patients	1,371	409	114
New patients fitted with prostheses	Patients	79	23	4
Prostheses delivered	Units	115	31	7
	<i>of which for victims of mines or explosive remnants of war</i>	Units	13	
New patients fitted with orthoses	Patients	87	23	28
Orthoses delivered	Units	138	39	46
	<i>of which for victims of mines or explosive remnants of war</i>	Units	1	
Patients receiving physiotherapy	Patients	186	58	19
Crutches delivered	Units	321		
Wheelchairs delivered	Units	150		

PAKISTAN



The ICRC began working in Pakistan in 1981 to assist victims of the armed conflict in Afghanistan and continues to support operations there. Its dialogue with the authorities aims to encourage the provision of care for violence-affected people, particularly the weapon-wounded. It fosters discussions on the humanitarian impact of violence and on neutral and independent humanitarian action with the government, religious leaders and academics. It supports: rehabilitation services for the disabled and IHL instruction among the armed forces, while working with the Pakistan Red Crescent Society to provide primary health care and family-links services.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ the government approved ICRC activities within the terms of the 1994 headquarters agreement, namely: cooperation with the Pakistan Red Crescent Society, IHL-promotion activities and logistical support to ICRC Afghan operations
- ▶ at the government's request, the ICRC initiated consultations on continuing activities outside the 1994 agreement, later submitting a draft annex updating the 1994 agreement to reflect current needs and proposed ICRC activities
- ▶ disabled people had much shorter waits to obtain quality prostheses/orthoses at ICRC-supported centres, which had, with the ICRC's technical support, improved work processes and increased production
- ▶ vulnerable populations learnt to reduce their exposure to risks of weapon contamination, following the resumption of Pakistani Red Crescent/ICRC mine-risk education activities
- ▶ the authorities received an ICRC report containing recommendations for protecting medical services, made by government, health and private sector representatives over the course of more than 20 consultations
- ▶ the air force, navy and a training institution for peacekeepers took steps to strengthen knowledge of IHL among their personnel, accepting/reviewing ICRC support/input for their training programmes

EXPENDITURE (in KCHF)

Protection	1,521
Assistance	5,970
Prevention	4,188
Cooperation with National Societies	2,130
General	-

13,808

of which: Overheads 843

IMPLEMENTATION RATE

Expenditure/yearly budget	66%
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PERSONNEL

Mobile staff	17
Resident staff (daily workers not included)	352

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	557
RCMs distributed	1,427
Phone calls facilitated between family members	402
People located (tracing cases closed positively)	44

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Health		
Health centres supported	Structures 6	6
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 1	1
Physical rehabilitation		
Centres supported	Structures 4	4
Patients receiving services	Patients 18,300	16,836

CONTEXT

For the first time since its independence and despite some election-related violence, Pakistan experienced a successful transition between two civilian governments after a general election in May. The new government had to deal with complex, long-standing economic and security issues.

Fighting continued between Pakistani armed forces and armed groups in the Federally Administered Tribal Areas (FATA) and Khyber Pakhtunkhwa (KP), as did violence by armed elements against civilians and medical services in these provinces as well as in Balochistan and the city of Karachi in Sindh. Thousands of people were killed or displaced; the government estimated that more than 22,000 households were displaced in FATA alone. People's access to essential services was also disrupted.

Weapon contamination from previous armed conflicts continued to affect people in areas along the borders with Afghanistan and India, with many injured or killed while pursuing daily activities. Natural disasters often aggravated the effects of the fighting.

Independent humanitarian action across the country remained constrained by government restrictions on access and by security concerns arising from continued attacks on humanitarian and health workers.

ICRC ACTION AND RESULTS

Having received approval from the Pakistani government in February to continue its activities under the terms of the 1994 headquarters agreement, the ICRC pursued its cooperation with the Pakistan Red Crescent Society and provision of logistical support to ICRC operations in Afghanistan; it also resumed its IHL-related activities. At the government's request, the ICRC initiated further consultations on resuming activities not covered by the agreement, notably the provision of support to the casualty care chain, including through a field surgical hospital in Peshawar. At year-end, also at the government's request, the ICRC submitted for their approval an annex updating the 1994 agreement to reflect current humanitarian needs and its proposed scope of action. These changes followed the ICRC's suspension in mid-2012 of all of its activities – except physical rehabilitation work, family-links services and cooperation with the Pakistani Red Crescent – owing to government reservations and restrictions on its operations and significant security concerns, marked by the kidnapping and murder of an ICRC delegate in April 2012.

Within the limited humanitarian space in which it could operate, the ICRC thus continued to help the Pakistani Red Crescent boost its capacities to conduct joint activities and develop its own programmes. It provided material, technical and financial assistance to the National Society, enabling it to respond to emergencies with trained and equipped disaster response teams in FATA and KP; first-aid teams in key branches helped each other enhance their skills through a peer-training project. With the ICRC's guidance, the National Society improved the services offered by its basic and mobile health units to people affected by conflict and disasters in Balochistan, FATA and KP provinces. The ICRC helped the National Society sharpen its staff and volunteers' skills in delivering family-links services and in promoting IHL; it also supported the National Society's efforts to improve its institutional set-up and management methods, and encouraged it to share its experiences at Movement meetings.

Disabled people received treatment at ICRC-supported physical rehabilitation centres. Improved workflow increased the annual production of prostheses/orthoses at the centres; as a result, patients did not have to wait as long for their devices. The ICRC worked with local authorities, other key stakeholders and partner centres to ensure the sustainability of services. The Pakistan-administered Kashmir government assumed responsibility for the Muzaffarabad Physical Rehabilitation Centre, but the ICRC would continue to provide technical support until 2018.

National Society/ICRC family-links services helped various groups of people – the families of people detained abroad, relatives separated during fighting or disasters, refugees, stateless persons and asylum seekers – contact their relatives.

Following the government's decision about the ICRC's activities in the country, joint National Society/ICRC mine-risk education activities resumed for communities living in areas strewn with mines and explosive remnants of war (ERW), in FATA, KP and Pakistan-administered Kashmir. Both the air force and the navy accepted ICRC offers of support for their IHL training programmes, and reviewed draft IHL training modules presented to them.

At various events throughout the year, the authorities, armed/security forces, key stakeholders, including academics and religious scholars, and the ICRC built up trust and mutual understanding of each other's work and views on humanitarian action. The ICRC organized consultations with a broad range of actors on the issue of protecting medical services in Pakistan; a report summarizing their recommendations was submitted to the authorities concerned.

The ICRC met regularly with Movement partners, NGOs and other humanitarian organizations to coordinate activities and discuss developments in humanitarian access in the country.

CIVILIANS

Civilians affected by the violence, and often by natural disasters as well, did not benefit from direct ICRC help (see *Authorities, armed forces and other bearers of weapons, and civil society*). However, the National Society addressed some of their needs, drawing on its improved capacities to carry out assistance activities; it did so with material and technical ICRC support, including for the training of six disaster response teams in FATA and KP.

Vulnerable people access basic health care at National Society clinics

Fighting- or disaster-affected populations, including those affected by two powerful earthquakes in Balochistan, received treatment and care at five basic and one mobile health units run by the National Society with material and financial ICRC support. The clinics – in Balochistan (4), FATA (1) and KP (1) – helped the country's overstretched health system cope with the mounting needs of the population. Altogether, close to 74,500 patients were given consultations, including some 4,750 who received ante/post-natal care. Many others were immunized against common diseases: among them, children under the age of five, who received some 2,930 doses of vaccines. Over 59,000 people learnt more about key health issues and good hygiene practices at 2,745 health education sessions.

The National Society, with the ICRC's help, improved its documentation tools and clinical protocols, such as for monitoring drug consumption/procurement and staff activity, and coordination between its headquarters and branches and with district health authorities. With such mechanisms in place, ICRC support for the clinics concluded at year-end, in line with the National Society/ICRC partnership agreement.

Communities at risk learn to protect themselves from mines/ERW

National Society/ICRC mine/ERW-risk education activities for vulnerable communities resumed in FATA, KP and Pakistan-administered Kashmir following the government's decision on ICRC operations in Pakistan (see *Authorities, armed forces and other bearers of weapons, and civil society*). Some 79,110 people living in high-risk communities in these three areas learnt to reduce their exposure to mine/ERW-related risks at information sessions facilitated by specially trained National Society staff and supplemented by National Society/ICRC-produced materials.

Opportunities to liaise with national authorities and other stakeholders on a data collection network and legal frameworks comprehensively addressing the issue of weapon contamination remained limited, given the prevailing political and security sensitivities and the ongoing consultations about the ICRC's work. However, at a National Society-organized fair celebrating the International Day for Mine Awareness and Assistance in Mine Action, government representatives, journalists, students, teachers and civil society representatives in Rawalakot district discussed the issue during related National Society/ICRC activities. Mine/ERW victims and other beneficiaries of the Muzaffarabad Physical Rehabilitation Centre (see *Wounded and sick*) attended the fair; they were featured in a documentary highlighting their reintegration into society through sports.

Separated relatives restore contact

Using National Society/ICRC tracing and RCM services, separated family members – including refugees, stateless persons, asylum seekers and people who had lost touch with their families during fighting – contacted relatives in Pakistan and abroad.

Families communicated with their relatives interned/detained abroad – notably at the US internment facility at Guantanamo Bay Naval Station in Cuba or at the Parwan detention facility in Afghanistan – via ICRC-facilitated video or telephone calls (see *Afghanistan* and *Washington*), or through oral messages relayed by ICRC interpreters/delegates during visits. One family visited a relative detained in Afghanistan. The families of eight Pakistani nationals detained in India were notified of their relatives' situation through ICRC services.

Trained National Society volunteers pursued a review of its family-links services to determine needs and areas for improvement. The review, begun in 2012, continued in one province, after having been completed in six others.

Pending the government's approval for its local training courses, the ICRC made little progress in helping to strengthen capacities for managing human remains, to prevent cases of missing persons during violence or disasters. However, two NGO representatives and one senior police officer participated in an ICRC course abroad on managing human remains and preserving data for future identification efforts.

PEOPLE DEPRIVED OF THEIR FREEDOM

Over 890 vulnerable detainees in KP prisons got through the winter with ICRC-donated clothing and hygiene items. One person, previously detained in Afghanistan, received medical care on returning to Pakistan after his release. The families of 16 people in long-term detention abroad met some of their basic needs with ICRC packages containing food and other essential items.

WOUNDED AND SICK

ICRC emergency medical services for people wounded in fighting remain suspended

Despite existing needs, ICRC activities to improve the availability and quality of services throughout the casualty care chain were heavily restricted. The ICRC field surgical hospital in Peshawar remained closed (see *Authorities, armed forces and other bearers of weapons, and civil society*); training courses on handling weapon wounds could not be conducted.

However, 133 weapon-wounded patients received ICRC-funded treatment on an ad hoc basis. Others were treated at hospitals which received ICRC donations of drugs and supplies to help them cope with influxes of mass casualties.

National Society first-aid teams learn from each other

In the meantime, injured people stood to benefit from the efforts of National Society branches to help each other enhance their first-aid capacities through ICRC-supported peer-to-peer refresher training. The more experienced first-aid teams shared their knowledge with their counterparts during inter-branch visits. The National Society/ICRC also helped train in first aid and equip some 140 officers from 28 police stations in FATA and KP, including in Peshawar. As a result of an ICRC-supported review of its first-aid programme, the Pakistani Red Crescent began the process of drafting a new strategy, with some delay owing to internal constraints.

Disabled people have much shorter waits for quality care and devices

Throughout the year, some 16,840 disabled patients received treatment and assistive devices at four centres in northern Pakistan, which maintained/improved the quality of their services/devices with ICRC-donated materials, equipment and staff training. House-bound patients in KP benefited from care, home nursing kits and house-modification services provided by the Paraplegic Centre Hayatabad. Patients had much shorter waits for prostheses/orthoses, thanks to improved production capacities, particularly in two of the centres. The centres increased production collectively by 123% compared with 2012, partly owing to ICRC-sponsored scholarships, sharing of staff experiences between the centres, and practical mentoring.

Different sectors seek to sustain physical rehabilitation services

The partner centres, local authorities, other key stakeholders and the ICRC sought to ensure the sustainability of physical rehabilitation services. The Christian Hospital Rehabilitation Centre in Quetta reopened under the management of the CHAL Foundation, having closed shortly after the 2012 kidnapping and murder of an ICRC health delegate in the area. The government of Pakistan-administered Kashmir assumed responsibility for the Muzaffarabad Physical Rehabilitation Centre after the Legislative Assembly passed an act to this effect, and after the appointment of a board of directors. The authorities and the ICRC signed an

agreement on ICRC technical and financial support to the centre until 2018.

Various groups of people, including government officials and members of the general public, learnt about the needs of disabled people and the risks associated with mines/ERW at events jointly organized by partner centres, other stakeholders and the National Society/ICRC (see *Civilians*); at one, 150 children disabled by ordnance received ICRC-donated school supplies.

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

Authorities redefine scope of ICRC activities in Pakistan

In February, following inter-ministerial consultations, the government approved ICRC activities within the scope of the 1994 headquarters agreement, namely: cooperation with the National Society; IHL-promotion activities with the authorities, armed forces and civil society; and logistical support for the ICRC's operations in Afghanistan. Joint activities with the National Society thus continued (see *Civilians* and *Wounded and sick*). IHL-promotion activities resumed, as did meetings/contacts with local authorities (see below), following the reopening of ICRC offices.

At the government's request, further consultations with them took place on activities outside the 1994 agreement, particularly ICRC support throughout the casualty care chain, including through a field hospital. In December, the authorities received, per their request, a draft annex updating the 1994 agreement to reflect current humanitarian needs and the proposed scope of ICRC activities. This document was based on previous consultations and on a concept paper submitted to them in August 2012; it remained pending approval at year-end.

At meetings/events held in parallel to the consultations, the authorities, armed/security forces, key stakeholders, including academics and religious scholars, and the ICRC worked to build trust and mutual understanding of each other's work and perspectives on humanitarian action.

The air force and navy review new IHL training modules

The air force and navy took steps to reinforce their personnel's knowledge of IHL, accepting ICRC support for their training programmes and reviewing ICRC-proposed IHL modules. The army, with which contacts remained limited, had not responded to a similar proposal. The National University of Sciences and Technology, which trains peacekeeping forces, institutionalized IHL training under a five-year agreement with the ICRC.

Three senior officers, one from each of the three corps, learnt more about their obligations under IHL at ICRC-sponsored/organized courses in Geneva, Switzerland and in San Remo. Some 650 air force and naval officers of various ranks and 60 army peacekeepers did the same at briefings/seminars.

Police officers honed their understanding of internationally recognized policing standards through ICRC publications distributed to their central and provincial training centres. Some enhanced their emergency-response capacities at National Society/ICRC-facilitated training initiatives (see *Civilians* and *Wounded and sick*).

Weapon bearers and the ICRC discussed the organization's operations in Pakistan and how they related to operations in Afghanistan.

Stakeholders share recommendations on curbing violence against health care

Government, health sector, civil society and National Society representatives discussed protection for medical services in Pakistan at over 20 ICRC-organized consultations/meetings. An ICRC report containing their recommendations was submitted to the authorities for review and helped shape future cooperation with stakeholders in this regard. Some 40 Islamic scholars, at a workshop on the same subject, reaffirmed that both Islam and IHL call for the protection of medical facilities and personnel.

Academics promoted the link between sharia law and IHL, offering certificate courses for men and women, co-organizing moot court competitions and briefings for their students, and attending training sessions, including at an Arabic IHL course (see *Lebanon*), to enhance their teaching of IHL.

Diverse groups of people enriched their understanding of humanitarian principles, neutral, impartial and independent humanitarian action and the Movement's work through National Society/ICRC communication initiatives, documentary materials on the ICRC's history in Pakistan, and various events. These initiatives and events enabled government/private-sector contacts and the organization to reconnect, fostering an environment conducive to the resumption of ICRC activities. Twelve senior reporters familiarized themselves with humanitarian perspectives in conflict reporting at an ICRC session.

Treaty implementation remains stalled

No progress was made in the domestic implementation of IHL, although the ministries concerned continued to receive ICRC input for advancing the process, including at teaching sessions (see *Bangladesh* and *Nepal*) and at a consultation in connection with the "Strengthening IHL" process (see *Kuala Lumpur*). An official from the Ministry of Law, Justice and Parliamentary Affairs proposed the establishment of a national IHL committee after attending a meeting of such committees from Commonwealth States (see *Caracas*).

RED CROSS AND RED CRESCENT MOVEMENT

The Pakistani Red Crescent remained the ICRC's main partner in running existing activities (see *Civilians* and *Wounded and sick*). At central and provincial/branch levels, especially in FATA and KP, it consolidated its operations and institutional set-up, with technical/financial ICRC support.

The National Society, with Movement support, reviewed its constitution and strategies and made changes to its internal structure. Its staff and volunteers upgraded their skills, particularly in family-links services, emergency response and IHL promotion. At meetings/conferences in the region (see *Iran, Islamic Republic of* and *Kuala Lumpur*) and in Geneva, the National Society shared its experiences in restoring family links for migrants and the Safer Access Framework, and its views on issues covered by the Health Care in Danger project.

Movement partners met regularly to coordinate their activities, especially in view of developments in the ICRC's status in Pakistan.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		557		
RCMs distributed		1,427		
Phone calls facilitated between family members		402		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		25	7	5
People located (tracing cases closed positively)		44		
Tracing cases still being handled at the end of the reporting period (people)		79	14	24
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Restoring family links				
People to whom a detention attestation was issued		3		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Health				
Health centres supported	Structures	6		
Average catchment population		67,782		
Consultations	Patients	74,499		
	<i>of which curative</i>		17,556	37,814
	<i>of which ante/post-natal</i>		4,754	
Immunizations	Doses	4,167		
	<i>of which for children aged five or under</i>			
	Doses	2,931		
Referrals to a second level of care	Patients	102		
Health education	Sessions	2,745		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	891		
Cash	Beneficiaries	8		
WOUNDED AND SICK				
Hospitals				
Hospitals supported ¹	Structures	1		
	<i>of which provided data</i>			
	Structures	1		
Patients whose hospital treatment has been paid for by the ICRC	Patients	133		
Admissions	Patients	538	267	7
	<i>of whom weapon-wounded</i>			
	Patients	133	33	7
	<i>(including by mines or explosive remnants of war)</i>			
	Patients	2		
	<i>of whom other surgical cases</i>			
	Patients	405		
Operations performed		570		
Physical rehabilitation				
Centres supported	Structures	4		
Patients receiving services	Patients	16,836	1,572	7,014
New patients fitted with prostheses	Patients	2,239	228	185
Prostheses delivered	Units	2,578	266	220
	<i>of which for victims of mines or explosive remnants of war</i>			
	Units	724		
New patients fitted with orthoses	Patients	3,771	450	1,973
Orthoses delivered	Units	5,830	582	3,416
	<i>of which for victims of mines or explosive remnants of war</i>			
	Units	320		
Patients receiving physiotherapy	Patients	7,087	1,039	1,933
Crutches delivered	Units	2,660		
Wheelchairs delivered	Units	423		

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

PHILIPPINES



KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ IDPs in Zamboanga, Filipino migrants returning from Malaysia and Typhoon Haiyan victims recovered from the effects of conflict/violence or natural disasters with emergency provisions of food, water and household items
- ▶ families affected by Typhoon Bopha in 2012 restored their livelihoods through various activities, including the community-based construction of 3,200 shelters under a cash-for-work initiative
- ▶ with ICRC support, 22 Philippine Red Cross Action Teams in conflict/violence-prone areas boosted their emergency response capacities, particularly in providing first aid and family-links services
- ▶ more detainees in Manila City Jail had their cases resolved speedily, which contributed to a 33% decrease in the number of people incarcerated there for over three years
- ▶ the Bureau of Jail Management and Penology and the Health Department introduced their improved national health information system in seven pilot jails, benefiting some 9,000 detainees
- ▶ the Philippines signed into law the Red Cross and Other Emblems Act, aimed at enhancing respect for and penalizing the misuse of the red cross emblem, and protecting humanitarian assistance during conflict/violence

EXPENDITURE (in KCHF)	
Protection	3,784
Assistance	42,922
Prevention	2,018
Cooperation with National Societies	2,534
General	-
	51,259

of which: Overheads 2,928

IMPLEMENTATION RATE	
Expenditure/yearly budget	89%

PERSONNEL	
Mobile staff	55
Resident staff (daily workers not included)	272

In the Philippines, where the ICRC has worked since 1982, the delegation seeks to protect and assist civilians displaced or otherwise affected by armed clashes and other situations of violence, including on the southern islands of Mindanao. It acts as a neutral intermediary between opposing forces in humanitarian matters. It visits persons deprived of their freedom, particularly security detainees, and, with the authorities, aims to improve conditions in prisons, through direct interventions and prison reform. It works with the Philippine Red Cross to assist displaced people and vulnerable communities and promotes national IHL compliance and implementation.

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	13
RCMs distributed	16
People located (tracing cases closed positively)	8
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	79,712
Detainees visited and monitored individually	1,025
Number of visits carried out	397
Number of places of detention visited	195
Restoring family links	
RCMs collected	18
RCMs distributed	5
Phone calls made to families to inform them of the whereabouts of a detained relative	163

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	665,715 / 659,725
Essential household items	Beneficiaries	637,335 / 610,339
Productive inputs	Beneficiaries	185,000 / 199,134
Cash	Beneficiaries	152,000
Work, services and training	Beneficiaries	196,000 / 12,444
Water and habitat activities	Beneficiaries	157,500 / 165,584
Health		
Health centres supported	Structures	8 / 1
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	17 / 23
Water and habitat		
Water and habitat activities	Number of beds	200
Physical rehabilitation		
Centres supported	Structures	1 / 1
Patients receiving services	Patients	408
Comments		
Owing to operational and management constraints, figures presented in this table may not reflect all activities carried out during the reporting period.		

CONTEXT

National/local midterm elections in May were generally peaceful. President Benigno Aquino III's Liberal Party won a majority, allowing the administration to pursue its economic and political priorities, including finalizing a peace deal with the Moro Islamic Liberation Front (MILF). In September, fighting broke out between government forces and elements of the Moro National Liberation Front (MNLF) in Zamboanga. This resulted in hundreds of casualties and tens of thousands of displaced people. In parts of Mindanao, clashes occasionally occurred between government troops and armed groups and among powerful clans.

Peace talks between the government and the Communist Party of the Philippines (CPP) were put on hold. Tensions between government forces and the New People's Army (NPA) – the military wing of the CPP – increased in areas of Mindanao and the Visayas. The NPA declared a unilateral ceasefire in the Visayas until January 2014 to facilitate the delivery of humanitarian assistance to communities – in all, some 16 million people – severely affected by Typhoon Haiyan, which struck in November and left over 6,000 people dead. In eastern Mindanao, post-Typhoon Bopha rehabilitation continued. Reaching communities affected by the two typhoons presented logistical challenges owing to the remoteness of the areas concerned and damaged infrastructure.

In February, members of the so-called “Royal Armed Forces of the Sultanate of Sulu” from the Philippines entered and laid claim to Sabah, Malaysia. The ensuing confrontation with Malaysian government troops led to deaths, arrests and the flight of thousands of Filipino migrants or people of Filipino origin back to the Philippines, primarily through western Mindanao.

The Philippines sought arbitration under the UN Convention on the Law of the Sea (UNCLOS) for its territorial dispute with China over parts of the South China Sea.

ICRC ACTION AND RESULTS

In response to various crises that struck the Philippines in 2013, the ICRC worked closely with the Philippine Red Cross to address the needs of victims of conflict/violence and natural disasters. The National Society drew on ICRC technical, material and financial support to strengthen its emergency response capacities. Together, they launched emergency operations in western Mindanao, notably Zamboanga, and in eastern Visayas. The ICRC appealed for additional funds to complete National Society/ICRC assistance activities for Typhoon Bopha victims in eastern Mindanao, which began in 2012, and again increased its budget to respond to the needs resulting from Typhoon Haiyan. Overstretched resources owing to these emergencies delayed the implementation of some of the delegation's planned activities.

Dialogue with parties to the conflicts enabled the ICRC to promote protection of and respect for people affected by armed conflict/other situations of violence and to foster support for the safe delivery of humanitarian aid. Dissemination sessions for the authorities, weapon bearers and civil society on humanitarian principles, IHL, other relevant international standards and the Movement sought to increase support for the Movement's activities.

National Society/ICRC-provided emergency food rations, water and essential household items and repaired water systems helped

victims of conflict/violence and natural disasters meet their daily needs. Cash-for-work initiatives and the provision of supplies and equipment/training expanded their income-generating capacities and facilitated their early recovery.

With the local health authorities and partner National Societies, the Philippine Red Cross/ICRC offered health/medical services to vulnerable populations. The provision of medical supplies and equipment, rehabilitation of infrastructure and training for health staff helped local facilities resume their services or strengthen their capacity to deal with influxes of patients. People injured during clashes benefited from first aid/medical care and/or had their treatment costs covered. Training for its staff and the construction of a physiotherapy unit improved the Davao Jubilee Foundation (DJF) physical rehabilitation centre's ability to help people regain their mobility.

The ICRC continued to visit, in accordance with its standard procedures, people deprived of their freedom. Particular attention was paid to security detainees, who also benefited from National Society-facilitated family visits. Under the “Call for Action” process, the authorities and the ICRC tackled the causes and consequences of overcrowding in prisons. A taskforce sped up the processing of cases of inmates in one jail, which contributed to a decrease in that facility's population. The strengthening of the national health information system and the development of a pilot TB programme helped detainees maintain/improve their health. Material assistance and rehabilitated infrastructure improved living conditions for inmates.

With ICRC support, the armed forces and the police took steps to incorporate IHL or internationally recognized policing standards into their training and operations; for instance, the police revised its training module. The president signed into law the Red Cross and Other Emblems Act, and the government pursued various means to facilitate domestic IHL implementation.

The ICRC continued to coordinate its activities with its partners within the Movement and other humanitarian agencies to maximize impact, identify unmet needs and avoid duplication.

CIVILIANS

Local authorities, security forces, armed groups, religious/community leaders and the ICRC regularly discussed the need to protect civilians and to ensure the safe delivery of aid, including medical services. Representations to parties to the conflicts informed them of documented allegations of IHL violations and reminded them to take corrective action.

With ICRC material, technical and financial support, National Society staff/volunteers, particularly in eastern Mindanao, Samar island and Zamboanga, responded to the needs of communities affected by conflict/violence and natural disasters. They strengthened their operational capacities through training in: the Safer Access Framework; water and livelihood needs assessments; emergency-response planning and implementation; and restoring family links.

Victims of clashes in Zamboanga and Typhoon Haiyan survivors reconnect with relatives

In Zamboanga, IDPs contacted relatives using ICRC-supported National Society phone services. Following Typhoon Haiyan, a Movement website allowed people to register a request for news

about missing relatives or inform others of their whereabouts. Some 3,090 survivors registered as “I’m alive”, while 974 cases of people missing were recorded, of which 504 were resolved by the National Society. The authorities used ICRC-provided body bags and received technical input to manage human remains.

Conflict/typhoon-affected people access drinking water

As a priority, National Society/ICRC teams, in coordination with the local authorities, addressed the basic water and hygiene requirements of conflict/typhoon-affected communities, including through National Society hygiene-promotion sessions. Such efforts also aimed to reduce health hazards.

Over 38,000 IDPs in seven evacuation centres in Zamboanga maintained their health/hygiene thanks to the distribution of drinking water and the construction of toilets/bathing cubicles. They included heads of household who earned cash by building tents, clearing debris and managing waste in the largest evacuation facility, thereby also supporting themselves and their families financially (31,140 people). Until November, some 14,600 Typhoon Bopha survivors accessed potable water from emergency water trucking and newly installed water points. Starting mid-November, around 40,000 Typhoon Haiyan-affected people, notably those living along Samar island’s eastern coast, benefited from daily distributions of drinking water.

ICRC-supported health facilities serve Zamboanga IDPs and typhoon-affected communities

Vulnerable people accessed free preventive and curative care – including immunizations, mother and child care, health sessions and referrals to hospital – at ICRC-supported emergency health facilities.

In Zamboanga, some 19,000 patients attended consultations at a City Health Office/National Society health station in the largest evacuation centre, while over 25,000 people dealt better with the effects of the fighting thanks to psychological support offered by the station. A basic health care unit (BHCU) provided by the Japanese Red Cross in Davao Oriental treated over 7,100 people following Typhoon Bopha; children coped with their trauma through art therapy, which schools replicated when the BHCU ended its activities in March upon the resumption of local facilities’ operations. By end-November, a BHCU and an emergency hospital (with emergency surgery and obstetric services) set up with the Finnish Red Cross and the Norwegian Red Cross in Eastern Samar and Samar, respectively, began providing services to Typhoon Haiyan survivors. Over 30 rural health facilities, including 12 that reopened, maintained/restarted their services with ICRC material support.

Thousands of typhoon-affected people, IDPs in Zamboanga and migrants returning from Malaysia ease their living conditions with emergency relief

The provision of food packs and essential household items, such as hygiene kits and tarpaulins for shelters, helped victims of conflict/violence and natural disasters, including IDPs, restore part of their food security and pre-emergency living conditions. Beneficiaries included around 66,000 persons displaced (some 11,000 households) because of the conflict in central Mindanao.

Around 385,000 people affected by Typhoon Bopha (67,427 households) got back on their feet with the help of four-round distributions of half-month food rations; some 234,000 of them (37,429 households) also received one-off provisions of household items. In Zamboanga, after receiving meals and essential items, 6,400 IDP households improved their food intake and personal hygiene using unconditional cash grants (benefiting 38,400 people). Over 194,000 typhoon-affected people (nearly 39,000 households) in Samar received emergency food kits; over 147,000 of them (nearly 30,000 households) also benefited from household essentials.

Several thousand Filipino migrants returning home from Malaysia and transiting through permanent and temporary government processing centres in Zamboanga and in Tawi-Tawi, respectively, eased their living conditions with hygiene kits from the National Society/ICRC.

Victims of conflict/natural disasters work towards early recovery, including typhoon-affected community members building storm-resilient shelters

Once the situation allowed and in coordination with the local authorities, the National Society/ICRC focused on helping communities regain some self-sufficiency through short- and long-term livelihood activities, and on supporting health facilities in restoring/resuming their services.

The construction of two gravity-fed pipelines provided a reliable source of drinking water for some 1,200 people, helping them boost their resilience to the effects of violence in North Cotabato. With productive supplies and equipment, such as vegetable seed, fishing kits and paddleboats, 5,919 farmers and fishermen in Negros Oriental (Visayas), North Cotabato and Surigao del Sur improved/restored their families’ livelihoods; 2,074 also benefited from training and veterinary/other services.

In Typhoon Bopha-affected Compostela Valley and Davao Oriental provinces, rehabilitated water systems, which became operational by April, helped 13,350 people decrease their exposure to health risks. Health services resumed/improved owing to: the rehabilitation of 16 damaged health facilities; financial/material support to health infrastructure, including three health posts; and

CIVILIANS		BOPHA	HAIYAN	ZAMBOANGA	OTHERS
Economic security, water and habitat					
Food commodities	Beneficiaries	385,164	194,095	6,000	74,466
	<i>of whom IDPs</i>			6,000	68,970
Essential household items	Beneficiaries	234,623	147,590	67,458	160,668
	<i>of whom IDPs</i>			67,458	160,668
Productive inputs	Beneficiaries	163,620			35,514
Cash	Beneficiaries	77,316	5,120	69,540	4
	<i>of whom IDPs</i>			69,540	
Work, services and training	Beneficiaries				12,444
Water and habitat activities	Beneficiaries	53,136	72,000	38,836	1,612

training of health staff and midwives in basic life support and administrative management. The Health Department, other stakeholders and the ICRC drafted a contingency plan for post-Bopha emergency disease surveillance. In May, some 25,200 households started growing vegetables for their consumption using seed distributed in conjunction with their fourth food ration (see above). Productive inputs/training enabled 27,270 households to improve/restore their livelihoods, while 12,886 households boosted their income by participating in community-based cash-for-work projects, such as the construction of 3,200 storm-resilient shelters benefiting 16,005 people.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees held under the responsibility of the Bureau of Jail Management and Penology (BJMP), Bureau of Corrections, provincial authorities and security forces received ICRC visits, conducted according to the organization's standard procedures, aimed at monitoring their treatment and living conditions. Particular attention was paid to 1,025 security detainees, some held in relation to the tensions in Zamboanga and Sabah (see *Context*), migrants, women, the elderly and the mentally ill. The authorities and ICRC delegates confidentially discussed any findings and recommendations resulting from visits. In its dialogue with the authorities concerned, the ICRC – mindful of the allegations of arrest reported to it – sought to secure access to those detained.

Nearly 300 security detainees maintained contact with relatives through National Society-facilitated family visits. Upon their release, 20 security detainees had the costs of their transport home covered.

Dialogue between the NPA and the ICRC confirmed to some families the detention of their relatives by the NPA and allowed the organization to meet a few detainees before their release, with a view to addressing possible concerns.

Inmates of one jail benefit from speedy case resolution

Detaining authorities and government agencies at central and local levels strove to tackle the causes and consequences of prison overcrowding within the framework of the ICRC-supported "Call for Action" process. Three working groups addressed shortcomings in the management of TB, prison infrastructure and the criminal justice system, particularly procedural delays, one of the main causes of overcrowding.

Taskforce "Katarungan at Kalayaan", consisting of detaining authorities and members of the judiciary, reviewed the cases of inmates in Manila City Jail who had been awaiting trial, some for drug-related charges, for excessive periods of time. Some 390 detainees had their cases resolved, resulting in their acquittal or conviction. Between November 2011 and December 2013, the number of male detainees held at the jail for over three years decreased by 33%. The jail's paralegal and records office used the national electronic database and two donated computers to manage inmate data. Over 60 paralegal officers gained a clearer understanding of their tasks at a BJMP-organized training session and created a plan to reduce overcrowding in jails they were assigned to.

Prison engineers improve detention infrastructure

Detaining authorities also took steps to directly improve living conditions and health services for inmates. BJMP and Bureau of Corrections engineers/technical staff deepened their knowledge of infrastructure quality, safety and maintenance during local/

regional training sessions (see *Bangkok*). With ICRC support, including the training of 50 technical staff, these specialists helped ease the living conditions of 8,919 detainees in 12 prisons by renovating drinking water supply and sewage systems, sleeping facilities, kitchens, clinics and, in Manila City Jail, the drainage system. Ad hoc provisions of hygiene kits and recreational items supplemented these efforts, benefiting 14,675 inmates, including those held in Typhoon Haiyan-affected facilities.

Detainees in two prisons learn more about TB

The Health Department/BJMP pursued efforts to strengthen the national health information system. They launched a pilot project in seven jails, with a view to improving the quality of health care provided to around 9,000 detainees there. Trained nurses examined detainees and referred those needing specific treatment to the appropriate services. Nearly 40,000 detainees in these seven jails and in 21 other places of detention benefited from the ICRC's health monitoring efforts; vulnerable detainees needing further care received treatment at external facilities. The provision of medical equipment/supplies helped improve services at 21 prison clinics.

Around 21,000 detainees in New Bilibid Prison and Quezon City Jail accessed TB-prevention and -treatment services, enhanced by ICRC material and technical input and the renovation of New Bilibid Prison's 500-square-metre medical facility, including laboratory, pharmacy, examination, treatment and administrative spaces. Inmates better understood TB-infection control and cough surveillance from trained wardens, health aids and peer educators, and from a booklet titled *TB Behind Bars*, also available in the local language. Some 580 detainees received TB treatment, including underweight patients who improved their diet through supplementary meals. Treatment for TB patients continued after their release with the help of the ICRC, which followed them up regularly.

WOUNDED AND SICK

The weapon-wounded receive life-saving treatment in Zamboanga

People injured as a result of the fighting in Zamboanga received first aid from trained and well-equipped National Society emergency responders.

In Mindanao and the Visayas, including in Eastern Samar and Samar, 23 hospitals enhanced their services with ICRC-supplied drugs and surgical materials, of which 15 provided data. Around 980 weapon-wounded patients received treatment in ICRC-supported facilities. They included, in Zamboanga, 50 seriously injured people evacuated by the National Society to makeshift/private hospitals, as the main referral hospital in the area was caught in the crossfire. Twenty-four patients had their treatment costs covered.

Medical specialists learnt more about weapon-wound management from an ICRC surgeon during a workshop organized by the armed forces. Following accreditation, the Philippine College of Surgeons independently conducted advanced courses in trauma care.

Amputees improve their mobility

The DJF continued to upgrade its services with ICRC material, financial and technical support, which included sponsoring advanced studies abroad for a technician and constructing

a physiotherapy workshop; work on the dormitory was planned for 2014. Around 400 patients benefited from the DJF's services, including 63 who had their treatment and transportation costs covered and 45 who were fitted with prostheses for the first time. Discussions with stakeholders on sustainable cooperation with the DJF began.

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

Government enacts into law the Red Cross and Other Emblems Act

Judges and lawyers, particularly those in areas affected by conflict/violence, learnt more about implementing Republic Act 9851 (the national IHL law) during training sessions, some organized with the Philippine Judiciary Academy. With ICRC support, the Presidential Human Rights Committee submitted to the Executive Secretary of the Philippines a draft administrative order to establish an interministerial IHL body.

The president signed into law the Red Cross and Other Emblems Act, which aimed to enhance respect for and penalize misuse of the red cross emblem, and to protect and enable safe access for humanitarian assistance during tensions/conflict. Drafting of the Act's Implementing Rules and Regulations began. While the Senate continued to review the Hague Convention on Cultural Property for ratification and bills on IDPs and landmines, the Congress benefited from ICRC technical input for crafting IHL- and detention-related bills.

During the Southeast and East Asia Teaching Session on IHL in Manila, organized with the University of the Philippines, representatives of governments, security forces and academic institutions from 11 countries discussed matters related to domestic IHL implementation and the regulation of the means and methods of warfare. Academic experts attended IHL training and post-graduate programmes, and a specialist on information technology governance participated in a cyber-warfare round-table (see *Kuala Lumpur*).

Police revises its IHL training module

The human rights offices of the armed forces/police continued to work with the ICRC in incorporating IHL or international human rights law in their training and operations. Through updated training modules, police officers stationed in conflict-affected areas in the Visayas and/or Mindanao boosted their understanding of international policing standards and the national IHL law. Nearly 30 officers from the navy, army and air force participated in a workshop on humanitarian considerations in operational planning. Senior military and police officers attended international workshops on public order management and rules governing military operations (see *International law and cooperation* and *Jakarta*).

Regular dialogue and field dissemination sessions helped reinforce understanding of IHL, humanitarian principles and of the ICRC's neutral, impartial and independent humanitarian action among security forces (see also *Civilians*) and members of the MILF, the NPA and other armed groups. Predeployment briefings performed the same service for some 150 personnel bound for peacekeeping missions.

Journalists feature the Movement's emergency operations

The authorities, members of the diplomatic community and civil society, including NGOs, think-tanks and religious/community leaders, enhanced their knowledge of humanitarian issues and principles, IHL and the Movement's activities through bilateral dialogue, dissemination sessions held by ICRC-trained National Society volunteers and ICRC delegates, and informational materials, such as press releases, videos and social media updates. Photo exhibits and national/regional competitions stimulated university students' interest in IHL (see *Bangkok* and *Beijing*).

The Red Cross Award for Humanitarian Reporting, launched with the National Society and media-related NGOs, generated interest in humanitarian issues and ethical reporting among journalists/photojournalists throughout the country. Following field trips, local and foreign media reported on the Movement's response, particularly to the Zamboanga crisis and Typhoons Bopha and Haiyan.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		13		
RCMs distributed		16		
Names published on the ICRC family-links website		4,064		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		15	1	2
People located (tracing cases closed positively)		8		
Tracing cases still being handled at the end of the reporting period (people)		8	1	2
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		79,712	5,836	400
Detainees visited and monitored individually		1,025	54	17
Detainees newly registered		496	18	15
Number of visits carried out		397		
Number of places of detention visited		195		
Restoring family links				
RCMs collected		18		
RCMs distributed		5		
Phone calls made to families to inform them of the whereabouts of a detained relative		163		
Detainees visited by their relatives with ICRC/National Society support		298		

* Unaccompanied minors/separated children

RED CROSS AND RED CRESCENT MOVEMENT

More Red Cross Action teams enhance their emergency response capacities

The Philippine Red Cross played an important role in the Movement's response to emergencies and large-scale disasters. Movement meetings took place regularly to coordinate activities and security management.

The National Society remained a key operational partner of the ICRC. With ICRC support, Red Cross Action Team leaders from

22 chapters bolstered their ability to provide first aid, family-links services and psychological and social support and to conduct dissemination sessions; they shared their learning with some 670 volunteers who later responded to various emergencies in the country (see above). The construction of offices for and the provision of vehicles to National Society chapters in Compostela Valley, Davao Oriental and Surigao del Sur provinces enhanced their preparedness for possible future crises.

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	659,725	33%	40%
	<i>of whom IDPs</i>	74,970		
Essential household items	Beneficiaries	610,339	27%	29%
	<i>of whom IDPs</i>	228,126		
Productive inputs	Beneficiaries	199,134	36%	44%
Cash	Beneficiaries	152,000	26%	27%
	<i>of whom IDPs</i>	69,540		
Work, services and training	Beneficiaries	12,444	40%	40%
Water and habitat activities	Beneficiaries	165,584	42%	34%
Health ¹				
Health centres supported	Structures	1		
Average catchment population		53,426		
Consultations	Patients	7,193		
	<i>of which curative</i>		2,766	2,500
	<i>of which ante/post-natal</i>		174	
Referrals to a second level of care	Patients	32		
Health education	Sessions	328		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	14,675		
Water and habitat activities	Beneficiaries	30,824		
Health				
Number of visits carried out by health staff		376		
Number of places of detention visited by health staff		28		
WOUNDED AND SICK				
Hospitals ¹				
Hospitals supported	Structures	23		
	<i>of which provided data</i>	15		
Patients whose hospital treatment has been paid for by the ICRC	Patients	24		
Admissions	Patients	200,662	99,025	61,960
	<i>of whom weapon-wounded</i>	978	162	64
	<i>(including by mines or explosive remnants of war)</i>	89		
	<i>of whom other surgical cases</i>	34,513		
	<i>of whom medical cases</i>	110,540		
	<i>of whom gynaecological/obstetric cases</i>	54,631		
Operations performed		48,198		
Outpatient consultations	Patients	401,457		
	<i>of which surgical</i>	103,884		
	<i>of which medical</i>	219,782		
	<i>of which gynaecological/obstetric</i>	77,791		
Water and habitat				
Water and habitat activities	Number of beds	200		
Physical rehabilitation				
Centres supported	Structures	1		
Patients receiving services	Patients	408	39	198
New patients fitted with prostheses	Patients	45	5	3
Prostheses delivered	Units	98	11	13
	<i>of which for victims of mines or explosive remnants of war</i>	4		
New patients fitted with orthoses	Patients	7	3	4
Orthoses delivered	Units	13	1	4
Patients receiving physiotherapy	Patients	346	29	179
Crutches delivered	Units	66		
Wheelchairs delivered	Units	5		

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

SRI LANKA



ICRC delegation ICRC-supported prosthetic/orthotic centre

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ detainees in prisons and rehabilitation centres benefited again from previously suspended ICRC visits aimed at monitoring their treatment and living conditions
- ▶ some 2,250 detainees in 3 prisons enjoyed better living conditions owing to the renovation of water facilities, wards and a kitchen
- ▶ dialogue developed between the authorities and the ICRC regarding missing persons and their families, resulting in the resumption of some ICRC tracing activities in the north
- ▶ 152 former weapon bearers released from rehabilitation centres and 650 households headed by women and disabled persons increased their incomes by restarting livelihoods with the help of cash grants
- ▶ vulnerable people in the northern and eastern provinces accessed drinking water and sanitation facilities despite delays in the implementation of Sri Lanka Red Cross Society/ICRC projects

EXPENDITURE (in KCHF)	
Protection	2,574
Assistance	1,087
Prevention	814
Cooperation with National Societies	438
General	-
	4,913

of which: Overheads 300

IMPLEMENTATION RATE	
Expenditure/yearly budget	93%
PERSONNEL	
Mobile staff	10
Resident staff (daily workers not included)	68

The ICRC has worked in Sri Lanka since 1989. Operations focus on assisting civilians affected by the past armed conflict; visiting detainees; enabling family members to remain in touch; supporting the Sri Lanka Red Cross Society in helping boost the economic security of returnees, former detainees and particularly vulnerable residents; improving access to physical rehabilitation facilities; and supporting military training in IHL.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	18
RCMs distributed	126
Phone calls facilitated between family members	80
People located (tracing cases closed positively)	55
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited and monitored individually	834
Number of visits carried out	53
Number of places of detention visited	27
Restoring family links	
RCMs collected	157
RCMs distributed	25
Phone calls made to families to inform them of the whereabouts of a detained relative	50

ASSISTANCE	Targets	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Cash	Beneficiaries	3,200	615
Water and habitat activities	Beneficiaries	31,500	12,985
WOUNDED AND SICK			
Physical rehabilitation			
Centres supported	Structures	1	1
Patients receiving services	Patients	1,000	1,573
Comments			
Owing to operational and management constraints, figures presented in this table may not reflect all activities carried out during the reporting period.			

CONTEXT

With macro-economic growth and stability restored after the end of the armed conflict in 2009, Sri Lanka continued on its path to recovery. The closure of Menik Farm in Vavuniya district in 2012 marked the end of major displacement in the country, with IDPs returning to their areas of origin – an undertaking that entailed allocating massive resources, rebuilding essential government services, demining land, and coordinating various aid providers. Despite these efforts, many returnees had still not established their livelihoods and access to basic services in some areas was still inadequate. Thousands of people remained unaccounted for, leaving their relatives in a constant state of anguish over their uncertain fate.

The number of people held in relation to the past conflict – both in places of temporary and permanent detention and in rehabilitation centres – decreased to 961.

The government implemented an action plan – created in response to recommendations of the Lessons Learnt and Reconciliation Commission – to tackle the needs of those affected by the conflict, including returnees, families of missing persons and detainees; however, this met some delays. It also established a Commission of Inquiry on Disappearances and began an island-wide survey to determine the number of people killed and to assess the damage to property, with a view to compiling a list of the missing and the dead and creating a compensation scheme for the families affected.

Intercommunal tensions broke out in some parts of the country and demonstrations over the rising cost of living sometimes led to violent confrontations and arrests.

ICRC ACTION AND RESULTS

The ICRC continued to contribute to addressing the consequences of the past armed conflict in Sri Lanka. Whenever possible, it operated in partnership with the Sri Lanka Red Cross Society, which used ICRC financial, material and technical support to develop its emergency response and recovery capacities and its family-links services.

Following discussions with the Ministry of Rehabilitation and Prison Reforms (MoRPR), the ICRC regained access to prisons and rehabilitation centres. It resumed its visits to these places and also continued to visit persons held under the Terrorism Investigation Department (TID) and the Criminal Investigation Division (CID) and at police stations. ICRC delegates monitored inmates' treatment and living conditions, in accordance with the organization's standard procedures, and reported their findings and recommendations confidentially to the detaining authorities. The ICRC also restarted discussions with the authorities on addressing the causes and consequences of overcrowding. In some prisons, living conditions for inmates improved as a result of infrastructure rehabilitation projects implemented and material assistance provided by the authorities or the ICRC. National Society- and/or ICRC-facilitated family visits and RCMs helped detainees restore/maintain contact with their relatives, including those living abroad.

Dialogue developed between the authorities and the ICRC regarding missing persons and their families, notably on the need to establish a centralized database and a national mechanism and on an ICRC proposal to assess the needs of families of the missing. The government allowed the ICRC to resume some tracing activities in the north.

The National Society/ICRC continued to offer and reinforce their family-links services to people, including migrants, seeking to restore/maintain contact with their relatives. To help build national forensic capacities – particularly in relation to disaster response – the ICRC sponsored the participation of forensic experts in local and international training courses.

People in the northern provinces still struggling with the effects of the past armed conflict improved their livelihoods with National Society/ICRC support. Rehabilitees and households headed by women or disabled persons increased their incomes with the help of cash grants. A review of the micro-economic initiative launched in Vavuniya in 2011 and completed in 2013 showed that over half of the beneficiaries had increased their income by 60%. Despite some delays faced by the National Society/ICRC, vulnerable people in the northern and eastern provinces, including school-children, accessed drinking water and maintained their hygiene with the installation of water points and toilets.

The Jaffna Jaipur Centre for Disability Rehabilitation (JJCDR) continued to provide services for people with conflict-related disabilities and worked towards self-sustainability, with ICRC technical and material support. Financial assistance to amputees treated at the Navajeevana physical rehabilitation centre ended by year's close.

In addition to helping address residual humanitarian needs, the ICRC held meetings, conducted study tours and organized events to encourage the authorities and civil society members to participate in scholarly discussions on IHL in post-conflict Sri Lanka and to advance IHL implementation. The armed forces/police developed their training programmes through evaluations and workshops conducted jointly with the ICRC; military officers deepened their knowledge of the relevant norms and standards on law enforcement.

CIVILIANS

Vulnerable communities in the northern and eastern provinces still struggling to cope with the consequences of the past armed conflict covered some of their needs with Sri Lanka Red Cross/ICRC assistance. With material, technical and training support from the ICRC, National Society staff in these provincial branches expanded their capacities to assess needs, to follow up and monitor livelihood activities, notably micro-economic initiatives, and to manage and maintain water sources. Administrative constraints faced by the National Society during the first half of the year led to delays in the implementation of National Society/ICRC projects, the cancellation of joint activities in Kilinochchi district and the partial reallocation of the ICRC budget for water improvement projects to prison infrastructure rehabilitation (see *People deprived of their freedom*). Increased dialogue between the two organizations helped overcome constraints in the provision of micro-economic initiatives by year-end.

Rehabilitees and returnees speed up their social reintegration

With the conclusion of the pilot micro-economic initiative launched in the Vavuniya district in 2011, a review confirmed that 70% of the primarily female or disabled heads of households who had received training and financial support had ensured the sustainability of their livelihoods and that half of the total beneficiaries had increased their income by 60%.

In Mullaitivu district, 650 female and disabled heads of households (3,250 people) restored their livelihoods through cash grants. Around 70% of them covered their daily expenses with their earnings; some of them used their income to repair their houses or to pay for their children's education.

At the government's request, similar livelihood support was provided to rehabilitees – people linked to the past armed conflict who had been released from the rehabilitation centres where they were being held. As a result, 152 of them increased the income of their families (in total 615 people) by starting/resuming businesses, such as livestock breeding, thereby easing their social reintegration. These rehabilitees replaced the remaining cash grant beneficiaries in Mullaitivu.

Over 9,100 vulnerable people in remote and disaster-prone areas of the northern and eastern provinces regained access to safe drinking water following the disinfection of public and school wells or the construction of open dug wells. In Mullaitivu district, around 3,800 people, including schoolchildren, maintained their health and hygiene following the installation of water tanks and toilets and their participation in National Society hygiene-promotion sessions.

Families of missing persons have their tracing requests pursued

Dialogue developed between the authorities and the ICRC, particularly on the need to create a national mechanism and a centralized system for data collection and on an ICRC proposal to conduct an assessment on the needs of families of the missing. During a workshop, government officials, representatives of NGOs involved in counselling, and mental health providers learnt more about supporting the families of the missing, especially by helping them cope with uncertainty and loss.

Foreigners and Sri Lankans in the country, as well as migrants abroad, continued to seek help in tracing relatives with whom they had lost contact or who were unaccounted for, submitting tracing requests to National Society branches or the ICRC in Sri Lanka and elsewhere. The authorities allowed the ICRC to resume its tracing activities in the northern province for potential cases related to the armed conflict. Nearly 30 families confirmed being reunited with previously missing relatives.

The National Society, with ICRC support, developed its family-links services, strengthening its relations with migration and prison authorities, embassies concerned and National Societies abroad, and regularly facilitating the collection/distribution of RCMs for detained migrants (see *People deprived of their freedom*). It also contributed to a workshop on enhancing the Movement's family-links strategy for migrants (see *Kuala Lumpur*). Coaching/training equipped volunteers from branches in the northern and eastern provinces to collect or respond to tracing requests and RCMs efficiently. The National Society also drew up contingency plans for mobilizing additional volunteers in the event of monsoon-related emergencies.

Forensic specialists better equipped to respond to disasters

To help build national expertise and capacities for responding to disasters, 42 specialists, mainly Health Ministry consultants, took part in the first forensic anthropology training session in Colombo, jointly held by the Health Ministry and an international organization specializing in the subject. Some of their colleagues also

participated in various forensics courses abroad, including one co-organized by the ICRC (see *Iran, Islamic Republic of*). A draft set of guidelines for managing dead bodies after disasters, drawn up by the Health Ministry-chaired national steering committee, awaited approval by the authorities.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees receive ICRC visits again

Following discussions between the MoRPR and the ICRC, the MoRPR permitted the organization to resume its visits to detainees in prisons and rehabilitation centres under its authority, after a one- and three-year suspension of visits in these facilities, respectively.

Detainees in MoRPR facilities, as well as those held in places of detention under TID, CID and police responsibility, received visits from ICRC delegates who assessed their treatment and living conditions according to the ICRC's standard procedures. They included people held in relation to the past armed conflict and under the Prevention of Terrorism Act. In total, 834 inmates in 27 places of detention benefited from individual monitoring. During visits, ICRC delegates provided the detaining authorities with confidential reports containing their findings and recommendations.

In parallel, the authorities, particularly from the MoRPR, and the ICRC resumed dialogue on the organization's 2011 offer to work with the authorities in addressing the causes and consequences of severe overcrowding that affected inmates in all prisons, including through possible support to detainee health care. The Justice Ministry, with input from an ICRC-sponsored consultant, completed the new Prison Administration Act, which was pending the approval of ministries concerned. Two MoRPR senior staff shared experiences and identified best practices in prison management at a course in Switzerland.

Detainees ease their living conditions

Independently or with ICRC material and technical support, detaining authorities in some facilities sought to improve the living conditions and diet of inmates, including high security detainees, as well as the family visits programme; for example, prisoners in TID centres participated in carpentry, computer and machine-repair workshops. ICRC infrastructure projects, which included the rehabilitation of water facilities, renovation of a kitchen and a visitors' area, and thermal insulation of wards, enhanced the living conditions of some 2,250 inmates in three prisons.

Around 9,800 detainees in the facilities visited, including migrants and those being held on drug-related charges, maintained their hygiene with cleaning materials and hygiene kits and eased the monotony of their incarceration with books and indoor/outdoor games. Disabled inmates regained their mobility with the help of crutches.

National Society/ICRC family-links services, such as RCMs, helped inmates in MoRPR and TID facilities keep in touch with their families. Migrants informed relatives of their detention through phone calls, and over 920 detainees maintained contact with family members who visited them every six weeks. Coverage of their transport costs home enabled 13 released detainees to save their often meagre resources for essentials.

WOUNDED AND SICK

ICRC-supported centre works toward sustainability

Some 1,500 amputees regained their mobility and functional ability with the help of the various services provided by the ICRC-supported JJCDR, the only longstanding physical rehabilitation centre in the north, which notably produced 297 prostheses and 278 orthoses, as well as other assistive devices.

The JJCDR, with ICRC technical/administrative support, raised most of the funds for its services from various sources. Two of its technicians refined their skills during a week-long training course at the Sri Lanka School of Prosthetics and Orthotics.

Nearly 70 economically vulnerable amputees had the cost of their rehabilitative care covered at the Navajeevana centre, a local NGO dedicated to helping disabled people in the south. ICRC financial support for these patients ended by year's close, as various actors already addressed their needs.

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

Authorities discuss post-conflict humanitarian needs

The authorities, members of civil society, academic institutions and students participated in various events aimed at furthering understanding of the humanitarian priorities in Sri Lanka and cultivating support for IHL and the ICRC. Two round-tables, one co-organized with a local think-tank, enabled high-level authorities, academics and IHL experts to debate contemporary issues related to IHL. University students maintained their interest in the topic by participating in national and regional competitions (see *New Delhi*).

Government/army officials and university lecturers attended workshops abroad and local training courses that promoted the government's accession to several treaties, as well as the incorporation of IHL and/or internationally recognized standards in domestic law, in university curricula and in security forces' training and operations (see *Bangladesh, Caracas and International law and cooperation*).

The national IHL committee, with ICRC technical support, assessed the integration of IHL-related treaties into domestic law and continued the translation of the 1949 Geneva Conventions into the local languages. Bilateral dialogue with ministry officials focused on implementing weapon-related treaties and on the ICRC's offer to help the government put into practice some aspects of its action plan (see *Context*).

Police instructors enhance their teaching capacities

Over 40 army instructors reviewed their training programme with ICRC delegates to improve its quality and ensure its sustainability; advanced IHL seminars better prepared 64 air force, army and navy instructors for their tasks. Workshops and refresher courses, including for civil-military liaison officers and military officers from abroad, promoted respect for IHL. Moreover, 36 senior and 175 army officers underwent training that improved their grasp of relevant norms and standards on law enforcement.

The Sri Lanka Police Department, with ICRC input, reviewed its departmental orders, while its instructors evaluated their training programme at a curriculum development workshop. Trainers enhanced their teaching capacities by means of a resource centre set up with ICRC support; nearly 230 of them took part

in train-the-trainer courses. As a result, police officers, including newly recruited female inspectors and Tamil police officers, furthered their understanding of internationally recognized standards on the use of force and firearms.

At the UN peacekeeping training school, 2,215 personnel departing on peacekeeping missions learnt about IHL and the Movement's neutral, impartial and independent humanitarian action.

Journalists report on remaining humanitarian issues

Several initiatives, such as field trips and international conferences on conflict reporting (see *New Delhi*), for members of the media enabled them to report on remaining humanitarian issues in Sri Lanka and on National Society/ICRC activities for people affected by the consequences of the past conflict. At a round-table, local journalists and a veteran journalist from Nepal exchanged experiences and challenges in reporting the needs of families of the missing. Two reporters undertook a study tour in Nepal to see how the Nepalese authorities dealt with the needs of the families of missing persons. Over 10,000 people learnt about humanitarian principles and the Movement through dissemination sessions and community activities conducted by ICRC-trained National Society volunteers; World Red Cross and Red Crescent Day (8 May) celebrations reached an even broader audience.

RED CROSS AND RED CRESCENT MOVEMENT

National Society boosts its emergency response capacities

The Sri Lankan Red Cross remained the ICRC's main operational partner. With ICRC financial, technical and material support, it responded to the needs of vulnerable communities by restoring family links, supporting income-generation activities and carrying out water and habitat projects (see *Civilians*). Training in first aid, search and rescue, rapid assessment and mine-risk education helped disaster response teams throughout the country strengthen their emergency preparedness and implement activities in accordance with the Safer Access Framework. These teams included 100 volunteers trained at the Anuradhapura and Bentota training centres, established with ICRC support.

ICRC-trained National Society volunteers helped promote humanitarian principles and the Movement through various activities (see *Authorities, armed forces and other bearers of weapons, and civil society*).

The National Society, with technical support from the ICRC, proceeded with the revision of its statutes and the drafting of a Red Cross Act. It regularly coordinated with Movement components to ensure a coherent response.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		18		
RCMs distributed		126		
Phone calls facilitated between family members		80		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		95	20	18
People located (tracing cases closed positively)		55		
Tracing cases still being handled at the end of the reporting period (people)		16,137	831	1,583
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		18	8	
Documents				
People to whom travel documents were issued		15		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited and monitored individually		834	40	
Detainees newly registered		193	8	
Number of visits carried out		53		
Number of places of detention visited		27		
Restoring family links				
RCMs collected		157		
RCMs distributed		25		
Phone calls made to families to inform them of the whereabouts of a detained relative		50		
Detainees visited by their relatives with ICRC/National Society support		922		
People to whom a detention attestation was issued		709		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Cash ¹	Beneficiaries	615	28%	37%
Water and habitat activities	Beneficiaries	12,985	44%	44%
	<i>of whom IDPs</i>	Beneficiaries	3,246	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	9,839		
Cash	Beneficiaries	13		
Water and habitat activities	Beneficiaries	2,250		
Health				
Number of visits carried out by health staff		11		
Number of places of detention visited by health staff		11		
WOUNDED AND SICK				
Physical rehabilitation				
Centres supported	Structures	1		
Patients receiving services	Patients	1,573	423	130
New patients fitted with prostheses	Patients	104	28	2
Prostheses delivered	Units	320	87	6
	<i>of which for victims of mines or explosive remnants of war</i>	Units	109	
New patients fitted with orthoses	Patients	153	44	57
Orthoses delivered	Units	325	81	108
	<i>of which for victims of mines or explosive remnants of war</i>	Units	1	
Patients receiving physiotherapy	Patients	708	200	99
Crutches delivered	Units	234		
Wheelchairs delivered	Units	30		

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

BANGKOK (regional)

COVERING: Cambodia, Lao People's Democratic Republic (Lao PDR), Thailand, Viet Nam



ICRC regional delegation + ICRC office ICRC-supported prosthetic/orthotic centre

Having first established a presence in Thailand in 1975 to support its operations in Cambodia, the Lao People's Democratic Republic and Viet Nam, the ICRC promotes the ratification and implementation of IHL treaties and IHL integration into military training regionwide. It raises awareness of humanitarian issues and supports National Societies in developing their capacities in IHL promotion, family-links services and emergency response. It seeks to protect and assist vulnerable populations in Thailand and Lao People's Democratic Republic, visits detainees in Thailand and in Cambodia, where it supports the authorities in improving prison management, and helps meet the need for prostheses.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ in the Lao People's Democratic Republic, 1,100 detainees in 1 facility accessed safe drinking water from a reliable source following a first-ever ICRC water improvement project
- ▶ Cambodian ministries concerned/other stakeholders continued to identify ways to tackle the causes and consequences of prison overcrowding, including by training peer educators to conduct hygiene-promotion sessions
- ▶ disabled patients at 2 Cambodian physical rehabilitation centres advanced their social reintegration by joining wheelchair basketball teams and enrolling in vocational courses
- ▶ more people in Cambodia and the Lao People's Democratic Republic, and foreign detainees held in Thailand, restored or maintained contact with their relatives through the expansion of the Movement's family-links services
- ▶ Lao government officials broadened their understanding of humanitarian principles, IHL and the ICRC during a Lao Red Cross/ICRC round-table
- ▶ the Thai Education Ministry and the Thai Red Cross Society assumed full responsibility for the Exploring Humanitarian Law programme, aimed at teaching secondary school students about humanitarian principles and IHL

EXPENDITURE (in KCHF)	
Protection	4,360
Assistance	3,636
Prevention	2,808
Cooperation with National Societies	987
General	861

12,651

of which: Overheads 772

IMPLEMENTATION RATE	
Expenditure/yearly budget	89%

PERSONNEL	
Mobile staff	41
Resident staff (daily workers not included)	109

PROTECTION	Total
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	64,129
Detainees visited and monitored individually	555
Number of visits carried out	122
Number of places of detention visited	63
Restoring family links	
RCMs collected	705
RCMs distributed	363
Phone calls made to families to inform them of the whereabouts of a detained relative	412

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	125
Essential household items	Beneficiaries	384
Productive inputs	Beneficiaries	360
WOUNDED AND SICK		
Physical rehabilitation		
Centres supported	Structures	3
Patients receiving services	Patients	11,063

Comments

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

CONTEXT

In November, the lower house of the Thai National Assembly passed a national reconciliation bill proposing amnesty for all those involved in Thailand's six-year political crisis. Opponents of the current government staged protests in the capital, Bangkok, which led to injuries and arrests, and to the government dissolving the parliament and calling for snap elections in early 2014.

Some of Thailand's southern border provinces continued to be plagued by violence, particularly drive-by shootings and bombings in public places. The implementation of emergency laws continued to affect people's lives. The year ended without any progress having been made in the peace talks between the Thai government and the Barisan Revolusi Nasional.

While intercommunal violence in parts of Myanmar led to an influx of people into southern Thailand, ceasefire negotiations between the Myanmar government and some ethnic groups in eastern states brought about a decrease in clashes near the Thailand-Myanmar border.

The International Court of Justice ruled that the disputed Preah Vihear promontory belonged to Cambodia, but allowed Cambodia and Thailand to discuss border demarcation. These countries' security forces, redeployed along their border in early 2013, remained there.

In Cambodia, demonstrations against the ruling Cambodian People's Party's victory in the general elections in July resulted in injuries and arrests. The operations of the Extraordinary Chambers in the Courts of Cambodia (the Khmer Rouge Tribunal) continued despite a decrease in staff owing to financial constraints.

In the Lao People's Democratic Republic (hereafter Lao PDR), the presence of mines and explosive remnants of war (ERW) remained a major concern. In Viet Nam, the government took steps, such as working with various agencies and mobilizing international support, to accelerate the clearance of mines/ERW.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Bangkok pursued dialogue with authorities, security forces, civil society representatives and universities in the countries covered to raise awareness of and gain support for humanitarian principles, IHL and the organization's activities. This helped promote respect for the dignity of detainees and of people affected by violence.

Detention-related activities in the Lao PDR began, such as the provision of a reliable water source to detainees in one centre and a study tour for Lao prison officials to some ICRC-supported prisons in Cambodia. Visits aimed at monitoring the treatment and living conditions of detainees in Cambodia and Thailand, including those arrested in relation to the violence in southern Thailand, continued. ICRC delegates reported their findings and recommendations, particularly on improving prison health care, confidentially to the authorities. In Cambodia, two round-tables encouraged government officials and the General Department of Prisons (GDP) to take concrete steps to reduce prison overcrowding. With ICRC support, the detaining authorities in both countries strove to improve prison health care and infrastructure; for example, trained peer educators conducted hygiene-promotion sessions for women and juveniles in a Cambodian prison. Inmates

in both countries, including foreign detainees in Thailand, eased their living conditions with material assistance and restored/maintained contact with relatives through the Movement's family-links network.

ICRC delegates continued to monitor and/or address the effects of violence on civilians in southern Thailand and along the Thailand-Myanmar border. Regular contact with leaders of armed groups from bordering Myanmar states and with Thai authorities allowed them to discuss humanitarian concerns, such as the presence of anti-personnel mines, child recruitment by weapon bearers and access for the weapon-wounded to medical care, as well as to promote IHL and humanitarian principles. With ICRC support, violence-affected families in southern Thailand set up sustainable small businesses to restore their livelihoods. Weapon-wounded people from Myanmar seeking treatment in Thailand had their expenses covered.

Communities in the Lao PDR and Viet Nam reduced their vulnerability to the effects/presence of mines/ERW through National Society/ICRC first-aid training and livelihood support. Disabled people in Cambodia received suitable care and eased their social reintegration thanks to the services provided at ICRC-supported centres.

The ICRC continued to promote understanding of and respect for humanitarian principles and IHL throughout the region, for instance, through workshops/briefings for security forces. National authorities discussed the scope and application of IHL instruments at workshops in Thailand and in Viet Nam; at national and regional competitions, university students tested their grasp of IHL. The Thai Education Ministry and the Thai Red Cross Society assumed responsibility for the countrywide Exploring Humanitarian Law programme, and the Thai Red Cross Youth Bureau developed its "IHL ambassador" project for out-of-school youth.

With the ICRC's support, the region's National Societies strengthened their capacity for providing emergency assistance and family-links services and for promoting awareness of IHL and the Movement.

CIVILIANS

Female heads of household in southern Thailand increase earnings through sustainable livelihoods

Civilians in southern Thailand continued to bear the brunt of the ongoing violence; people seeking refuge in Thailand from the armed conflict in Myanmar remained vulnerable. The Thai authorities, security forces and religious/community leaders and the ICRC maintained dialogue on the humanitarian concerns of the people affected and the need to protect and assist them; the parties to the armed conflict in Myanmar and the ICRC discussed the same issues (see *Authorities, armed forces and other bearers of weapons, and civil society*).

In southern Thailand, 65 heads of household (354 people), mostly wives of detainees, started small businesses such as food stalls, with training and material support from the ICRC. Around 95% of them increased their income through these projects. Ad hoc assistance for funerals lessened the financial burden on families who had lost relatives.

Mine/ERW victims in the Lao PDR and Viet Nam improve their economic security

In Attapeu and Sekong provinces, Lao PDR, and Quang Binh and Quang Tri provinces, Viet Nam, communities at risk from the presence of mines/ERW lessened their vulnerability with material assistance and training from their respective National Societies and the ICRC. First-aid sessions boosted their emergency response capacities and encouraged the adoption of safer practices. Over 30 families affected by mines/ERW increased their income by setting up livelihood projects. These income-generating activities replaced the assistance planned for other vulnerable communities in the Lao PDR. Owing to the reorganization of the Lao mine/ERW sector, technical support for the national mine-clearance operator was delayed. The Cambodian Red Cross Society continued its community-based mine action programme with ICRC support.

More separated relatives stay in touch

Civilians in the region, including those in camps along the Thailand-Myanmar border, maintained contact with their relatives through tracing and RCM services facilitated by ICRC-trained National Society volunteers. More people in Cambodia and the Lao PDR used these services after National Society volunteers in several provinces in each country underwent a National Society/ICRC training course. The Thai Red Cross developed its family-links capacities during the Association of Southeast Asian Nations (ASEAN) Regional Forum Disaster Relief Exercise in Thailand.

Refugees accepted for resettlement in third countries received ICRC travel documents, issued in coordination with IOM, UNHCR and the embassies concerned.

Owing to limited resources, capacity-building support for Cambodian authorities in human remains management did not push through.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Cambodia and Thailand received regular ICRC visits, carried out according to the organization's standard procedures, to monitor their treatment and living conditions, as well as respect for basic judicial guarantees. Vulnerable people – security detainees, migrants, women and minors – received particular attention. During the visits, delegates shared their findings and any recommendations confidentially with the detaining authorities, including

security forces. Material assistance, for instance, recreational items, helped improve the living conditions of vulnerable inmates.

Cambodian, Lao and Thai detaining authorities, along with their counterparts from the region, discussed national standards on environmental engineering and design and lessons learnt from joint projects with stakeholders/the ICRC during the 3rd Regional Water and Habitat in Detention Seminar in Cambodia.

Thai authorities establish technical working group to improve prison facilities

Over 55,600 detainees in Thai prisons, police stations, military facilities, correctional centres for women and young offenders and immigration detention centres received ICRC visits. They included people arrested in connection with the violence in southern Thailand and migrants from Myanmar. Dialogue on detention-related issues between the authorities concerned and the ICRC continued. The Justice Ministry invited the ICRC to give presentations on its detention-related activities at four international conferences on detention, one of which was the Asian Conference of Correctional Facilities, Architects and Planners.

The Department of Corrections received an ICRC 2012 assessment of health services in nine prisons in southern Thailand aimed at helping them improve their prison health system. Discussing the assessment's findings was prioritized, putting an ICRC national health assessment on hold. An ICRC-facilitated coordination meeting among officials from the Public Health Ministry, local prison health authorities and other stakeholders resulted in the re-establishment of a steering committee for strengthening health management at two prisons in Pattaya and Songkhla provinces.

The detaining authorities also created a technical working group and conducted joint assessments with the ICRC, with a view to improving/maintaining facilities. Over 15,000 detainees in seven prisons and one correctional centre for drug addicts gained access to safe drinking water and functioning sanitation facilities following infrastructure rehabilitation. They included over 1,900 inmates in two prisons in eastern Thailand who coped with the effects of flooding with emergency equipment such as water pumps. In some cases, blankets, clothes and hygiene kits, as well as emergency food rations, were provided.

PEOPLE DEPRIVED OF THEIR FREEDOM	CAMBODIA	THAILAND
ICRC visits		
Detainees visited	8,508	55,621
<i>of whom women</i>	638	2,609
<i>of whom minors</i>	265	2
Detainees visited and monitored individually	58	497
<i>of whom women</i>	1	9
<i>of whom minors</i>		2
Detainees newly registered	10	198
<i>of whom women</i>	1	2
<i>of whom minors</i>		2
Number of visits carried out	44	78
Number of places of detention visited	17	46
Restoring family links		
RCMs collected		705
RCMs distributed		363
Phone calls made to families to inform them of the whereabouts of a detained relative		412
Detainees visited by their relatives with ICRC/National Society support		117

Detainees, including women and children from Myanmar separated from their families upon arriving in Thailand, restored/maintained contact with their relatives by sending 705 RCMs and receiving 363; they also exchanged 412 oral messages relayed by delegates. At two facilities not usually visited by the ICRC, foreign detainees did the same using a pilot RCM service implemented by trained prison staff. Nearly 120 inmates in the south and in Bangkok received ICRC-facilitated visits from relatives.

Female and juvenile detainees in a Cambodian prison maintain their hygiene

The GDP continued its efforts to improve detainees' living conditions in Cambodian prisons. Together with the Finance and Economy, Interior, and Justice Ministries and other stakeholders, it took part in two round-tables that tackled prison overcrowding. The Interior and Justice Ministries received an ICRC summary report highlighting the round-tables' achievements and the challenges that remained.

Based on an ICRC prison health assessment in 2012 and on joint in-depth assessments, the Health and Interior Ministries, the GDP and the ICRC began developing a pilot health project in two prisons, which included the provision of medical equipment. Some 780 female and juvenile detainees at one of these prisons maintained good hygiene, using what they had learnt from hygiene-promotion sessions conducted by Health Ministry/GDP-trained detention officers/guards and 33 peer educators. Over 4,000 inmates in two other prisons lessened their risk of scabies infection through GDP/ICRC awareness campaigns. The regular provision of hygiene items supported these initiatives, benefiting 12,786 detainees in these prisons and elsewhere, including 2,366 women and 812 prison officials. GDP staff enhanced health services by taking note of ICRC recommendations regarding general access to health care and individual medical cases.

In parallel, the GDP Construction Office strengthened its capacities to assess and address prison infrastructure issues during ICRC-supported field missions and after staff training and the renovation of its office. Some 11,100 detainees in 15 prisons, including those who benefited from the hygiene campaigns mentioned above, enjoyed improved sleeping, kitchen, and water and sanitation facilities constructed/rehabilitated by the GDP/ICRC.

Detainees in a Lao facility gain access to a reliable water source

Developments in the relations between the Lao Public Security Ministry and the ICRC led to first-ever ICRC activities in places of detention. At one facility, a borehole provided 1,100 inmates with a sustainable water source; these inmates also benefited from improved medical care owing to donations of supplies. With the

ministry's permission, tours to two other prisons allowed the ICRC to better understand the health situation there. During a study tour of some Cambodian prisons, Lao officials saw the concrete measures taken by the GDP, with ICRC support, to improve the prison system.

WOUNDED AND SICK

Despite reduced fighting in parts of Myanmar, 42 weapon-wounded patients from there sought treatment in Thai hospitals and had their medical costs covered.

A proposal by the National Society to jointly evaluate the emergency capacities of surgeons in southern Thailand was under ICRC review. No training took place along the Thailand-Myanmar border.

Disabled women in Cambodia ease their social reintegration

Mines/ERW continued to pose a threat to rural communities in Cambodia. Survivors among the recorded total of 60,000 mine/ERW casualties and other physically disabled people still needed regular rehabilitative and/or medical care.

The Social Affairs, Veterans and Youth Rehabilitation Ministry continued to work with the ICRC and to receive financial and technical support for managing/improving services at the orthopaedic component factory in Phnom Penh, which supplied the 11 physical rehabilitation service providers in the country, including the ICRC-supported centres in Battambang and Kompong Speu. The factory produced 14,454 prosthetic/orthotic components and 8,392 walking aids.

Senior staff and technicians from the factory and the two ICRC-supported rehabilitation centres developed their capacities through mentoring and workshops. The Battambang centre benefited from the services of a prosthetist/orthotist who had just completed a three-year advanced training course abroad.

Outreach activities and National Society dissemination campaigns informed people of the services available at the two ICRC-supported centres. Of the more than 7,600 patients assessed/assisted by outreach teams, some 200 received further treatment at the centres via referrals. Around 11,000 disabled people, including some who had their treatment/travel costs covered, enjoyed the services at these centres, which produced 1,597 prostheses, 1,166 orthoses and 580 wheelchairs. Female patients eased their social reintegration by joining wheelchair basketball teams organized by a local NGO in each of the centres, with ICRC support. Over 60 other patients undertook vocational training with the help of NGOs specializing in the field.

PEOPLE DEPRIVED OF THEIR FREEDOM		CAMBODIA	LAO PEOPLE'S DEMOCRATIC REPUBLIC	THAILAND
Economic security, water and habitat				
Food commodities	Beneficiaries			542
Essential household items	Beneficiaries	12,786		40,987
Water and habitat activities	Beneficiaries	11,169	1,100	15,094
Health				
Number of visits carried out by health staff		32		16
Number of places of detention visited by health staff		14		11

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

Thai authorities discuss scope of application of Additional Protocol I

Thai and Vietnamese government officials and security personnel participated in local IHL-related workshops jointly organized by their Defence and/or Foreign Affairs Ministries. The Thai authorities made clarifications regarding Additional Protocol I, primarily its scope of application and universal jurisdiction over grave breaches; Vietnamese officials and the National Society discussed and expressed support for their country's accession to Additional Protocol II. Cambodia ratified Protocol II to the Hague Convention on Cultural Property.

Lao, Thai and Vietnamese government representatives discussed their plans for domestic IHL implementation at a regional seminar (see *Beijing*).

University students test their grasp of IHL at regional competitions

Students at State-run secondary schools in Thailand continued to learn about humanitarian principles and IHL from the Exploring Humanitarian Law programme, incorporated into the national Red Cross curriculum. The Education Ministry/National Society assumed full responsibility for the programme and focused on its implementation, including by bringing together instructors to share their experiences in teaching the subject. Plans to replicate the programme in Cambodia and Viet Nam were no longer pursued. The Thai Red Cross Youth Bureau continued its "IHL ambassador" project for out-of-school youth by training 80 master trainers and 600 National Society volunteers countrywide.

University students throughout the region – for the first time from the Lao PDR and Viet Nam as well – demonstrated their grasp of IHL at national and regional moot court competitions (see *Beijing*) and the 2013 Jean-Pictet Competition on IHL in Thailand. Three universities in Thailand and Viet Nam included IHL in law or international studies courses.

Military units deployed to southern Thailand are briefed on humanitarian norms

In an effort to enhance their decision-making processes, Cambodian and Thai military officers participated in national and international workshops on the application of humanitarian norms to military planning. Thai armed forces, primarily those already or about to be deployed along the Cambodia-Thailand border and in southern Thailand, heightened their awareness of law enforcement in military operations; the need to respect humanitarian principles, medical staff/infrastructure and the red cross emblem; and the ICRC during presentations/seminars.

Similar sessions – organized with the police forces and, in Thailand, with military officials in attendance – enabled senior police officers in Cambodia and southern Thailand to deepen their understanding of internationally recognized policing standards. Topics included prison supervision, overcrowding and judicial guarantees. Lao police officers learnt more about public order management during a regional seminar (see *Jakarta*).

Cambodian officers familiarized themselves with IHL and the ICRC at predeployment briefings.

Periodic bilateral meetings with and two seminars for members of armed groups from Myanmar focused on respect for IHL and humanitarian principles and on various humanitarian issues such as the presence of anti-personnel mines, the recruitment of child soldiers by weapon bearers and victims' access to health care.

Lao authorities learn more about humanitarian principles, IHL and the ICRC

Regionwide, the authorities, as well as staff of diplomatic missions and ASEAN national secretariats, and civil society actors, particularly NGOs, academia, Islamic institutions and community/religious leaders in southern Thailand, enhanced their knowledge of humanitarian principles, IHL and the Movement during dissemination sessions and bilateral meetings. Lao government officials familiarized themselves with these matters at a National Society/ICRC round-table, while 50 people from the Institute of Foreign Affairs increased their IHL knowledge during an ICRC seminar, the first of its kind.

Contacts with the media, Movement events and National Society/ICRC publications in the local languages helped raise public awareness of the above-mentioned topics. At a regional training session organized by a journalism graduate school, senior correspondents and media representatives from South and South-East Asia learnt more about humanitarian issues, challenges faced by humanitarian organizations and working with the ICRC when covering such issues.

RED CROSS AND RED CRESCENT MOVEMENT

Cambodian and Thai National Societies bolster their emergency response capacities

The region's National Societies and the ICRC strengthened their partnerships, with a view to assisting victims of violence and vulnerable communities, including those in mine/ERW-affected areas (see *Civilians*). ICRC technical and material support enhanced the National Societies' ability to conduct courses on first aid, humanitarian principles, the red cross emblem, the Fundamental Principles and IHL (see *Authorities, armed forces and other bearers of weapons, and civil society*). Cambodian and Thai National Society volunteers, notably in seven provinces each along their common border, boosted their emergency response capabilities, including by adopting the Safer Access Framework. In Cambodia, senior National Society staff and volunteers underwent training in restoring family links, mine-risk education and managing and assisting IDPs.

The region's National Societies participated in various Movement events, including the 10th Annual South-East Asia Red Cross and Red Crescent Leaders Meeting in the Lao PDR, where representatives agreed on the importance of strengthening partnership and communication with the ICRC at the regional level.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Documents				
People to whom travel documents were issued		37		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
ICRC visits				
			Women	Minors
Detainees visited		64,129	3,247	267
Detainees visited and monitored individually		555	10	2
Detainees newly registered		208	3	2
Number of visits carried out		122		
Number of places of detention visited		63		
Restoring family links				
RCMs collected		705		
RCMs distributed		363		
Phone calls made to families to inform them of the whereabouts of a detained relative		412		
Detainees visited by their relatives with ICRC/National Society support		117		

* Unaccompanied minors/separated children

1. Cambodia, Thailand

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)^{1,2}				
Food commodities	Beneficiaries	125	8%	5%
Essential household items	Beneficiaries	384	15%	1%
Productive inputs	Beneficiaries	354	40%	29%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)³				
Economic security, water and habitat (in some cases provided within a protection programme)				
Food commodities ¹	Beneficiaries	542		
Essential household items ¹	Beneficiaries	53,773		
Water and habitat activities	Beneficiaries	27,363		
Health				
Number of visits carried out by health staff		48		
Number of places of detention visited by health staff		25		
WOUNDED AND SICK				
Hospitals²				
Patients whose hospital treatment has been paid for by the ICRC	Patients	42		
Physical rehabilitation⁴				
Centres supported ⁵	Structures	3		
Patients receiving services	Patients	11,063	1,533	891
New patients fitted with prostheses	Patients	204	23	5
Prostheses delivered	Units	1,597	129	32
	<i>of which for victims of mines or explosive remnants of war</i>	1,287		
New patients fitted with orthoses	Patients	310	61	150
Orthoses delivered	Units	1,166	205	533
Patients receiving physiotherapy	Patients	3,191	590	314
Crutches delivered	Units	3,156		
Wheelchairs delivered	Units	580		

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

2. Thailand

3. Cambodia, Lao People's Democratic Republic, Thailand

4. Cambodia

5. Including a component factory

BEIJING (regional)

COVERING: China, Democratic People's Republic of Korea, Mongolia, Republic of Korea



Present in the region since 1987, the ICRC moved its regional delegation for East Asia to Beijing in 2005. The delegation fosters support for humanitarian principles, IHL and ICRC activities in the region and worldwide, among governments, experts and National Societies. It promotes the incorporation of IHL into national legislation, military training and academic curricula. It supports the region's National Societies in developing their IHL promotion and tracing activities. In the Democratic People's Republic of Korea, in partnership with the National Society, it supports hospital care and contributes to meeting the need for affordable, good-quality prostheses.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ authorities in the region, including those at the highest level, expressed interest in developing their partnership with the ICRC, confirming existing projects and considering new areas of cooperation, including in the Korean Peninsula
- ▶ Chinese authorities refined their understanding of prison management at seminars on health in places of detention and on study tours to detention facilities abroad
- ▶ Chinese military officials learnt more about applying IHL in military operations and planning at a training course organized with the ICRC
- ▶ in the Democratic People's Republic of Korea, patients in selected provincial hospitals benefited from orthopaedic treatment standards and facilities improved under extended Health Ministry/National Society/ICRC cooperation
- ▶ by developing its training packages and participating in high-level fora, the Red Cross Society of China boosted its capacity to address the needs of vulnerable people and to promote IHL/humanitarian principles and its own role

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

ASSISTANCE	Targets	Achieved	
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	4	5
Water and habitat			
Water and habitat activities	Number of beds		3,223
Physical rehabilitation			
Centres supported	Structures	4	3
Patients receiving services	Patients		957

EXPENDITURE (in KCHF)

Protection	913
Assistance	3,576
Prevention	3,164
Cooperation with National Societies	1,500
General	-

9,154

of which: Overheads 559

IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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PERSONNEL

Mobile staff	21
Resident staff (daily workers not included)	39

CONTEXT

In early 2013, the Democratic People's Republic of Korea (hereafter DPRK) conducted a nuclear test. Members of the international community voiced their objections, the UN Security Council imposed new sanctions, and the DPRK's relations with the Republic of Korea (hereafter ROK) were further strained. These developments exacerbated the already deteriorating humanitarian situation in the country, although calm was eventually restored.

The resumption of the six-party talks on the DPRK's nuclear programme remained uncertain.

The ROK's new president took office pledging to ensure the country's security and also to mend bridges with the DPRK.

Conflicting territorial claims in the South and East China Seas continued to test relations between States in the region. Incidents of unrest continued to be reported in several parts of China. The new Chinese leadership emphasized reform, including that of the judiciary and detention system.

ICRC ACTION AND RESULTS

The Beijing regional delegation continued to focus on promoting IHL and humanitarian principles and securing support for ICRC operations in the region and beyond. Dialogue with decision-makers and influential parties was further strengthened through high-level meetings and events, at which current IHL issues, the need for neutral, impartial and independent humanitarian action, and the Movement's work were discussed. Notably during the ICRC president's visits, authorities in China, the DPRK and the ROK expressed interest in gradually expanding their partnership with the organization.

Cooperation between the Ministries of Justice and Public Security and the ICRC continued: they organized seminars on health issues in prison and study tours to exchange experiences and deepen mutual understanding of detention systems in China and abroad. The People's Liberation Army organized a training course with the ICRC to help officers from the various military regions add to their knowledge of IHL and teach it to their troops. Organizing the course also helped them prepare to host an international seminar on military planning and operations in 2014.

Dialogue with the ROK authorities and armed forces developed. The Ministry of Unification reaffirmed the need for regular discussions with the ICRC on their respective roles and responsibilities. ROK authorities and the ICRC finalized a cooperation agreement; the ICRC prepared to open an office in Seoul in 2014. Contact was maintained with the Mongolian authorities.

In the DPRK, together with the Ministry of Public Health and the Red Cross Society of the Democratic People's Republic of Korea, the ICRC strove, as before, to help improve the quality of surgical/medical services at the three partner provincial hospitals of Hamhung, Pyongsong and Sariwon: joint surgical operations were conducted and a team of ICRC specialists provided on-site staff training. Water and sanitation systems were rehabilitated and equipment, materials and consumables provided. The partnership between the three organizations developed positively: a new agreement was signed, extending cooperation for two more years and expanding it to one more hospital, in Kaesong.

The National Societies and the ICRC maintained their key roles in providing physical rehabilitation services in China and the DPRK.

The ICRC assisted the Chinese, Mongolian and ROK governments, through their national IHL committees and National Societies, in the domestic implementation of IHL. It facilitated the participation of government representatives in various events, including a regional consultation on the "Strengthening IHL" process and a meeting hosted by the Chinese national IHL committee for their counterparts from 12 Asian countries.

The ICRC, together with think-tanks, universities and the National Societies, organized academic initiatives to promote IHL and humanitarian issues, including advanced courses for lecturers and a regional moot court competition. It provided technical assistance to help teachers stimulate interest in humanitarian principles and action among their students, including through university undergraduate IHL courses and the Exploring Humanitarian Law programme in secondary schools or under the Red Cross youth curricula in China, Mongolia and the ROK.

The ICRC continued to support the National Societies' efforts to build their capacities, especially in the promotion of IHL/humanitarian principles and in the field of emergency preparedness/response. It conducted joint assessment visits to Chinese Red Cross branches in selected areas of the country and provided advice on training tools and on the design of a livelihood-assistance project for physically disabled people and their communities. It helped the Chinese Red Cross organize cooperation fora with African, Central Asian and Asia-Pacific National Societies and discussed contingency plans with the Republic of Korea National Red Cross.

CIVILIANS

Earthquake-affected families access Chinese Red Cross website to restore contact

Families separated by an earthquake that struck China's Szechuan province in April learnt of their relatives' fates through a Chinese Red Cross website that helped them trace their relatives. The National Society launched such a website for the first time, with ICRC support.

Following Chinese Red Cross/ICRC assessment visits, disabled people and the communities in three villages around the physical rehabilitation centre in Kunming (see *Wounded and sick*) stood to gain more secure livelihoods through their potential participation in an assistance project planned for 2014. The project was developed within the National Society's Integrated Community Resilience Programme, in which the ICRC played an advisory role. Chinese Red Cross/ICRC missions, helped by regular contact with the Beijing, Hong Kong, Shanghai, Xinjiang, Yanbian and Yunnan National Society branches, continued to assess needs and areas for further cooperation.

Vulnerable people to benefit from National Society branches' improved capacities

Some 30 participants from the National Society branches mentioned above, and from Macau and Taiwan, learnt more about large-scale emergency responses at the Health Emergencies in Large Populations (H.E.L.P.) course organized by Peking University, the Chinese Red Cross and the ICRC. DPRK Red Cross representatives attended a H.E.L.P. course in Geneva, Switzerland.

Chinese Red Cross personnel were better equipped to promote IHL/humanitarian principles and deliver family-links services and assistance programmes after the implementation of a training/information package developed by a National Society working group, with ICRC assistance. The Hong Kong branch of the Chinese Red Cross shared its family-links expertise at an implementation group meeting in Geneva and at a training session in mainland China.

Chinese Red Cross leaders visited ICRC operations in Afghanistan and returned with new ideas for boosting their own work, particularly with regard to medical care and physical rehabilitation (see *Wounded and sick*), and a willingness to support the ICRC's operations.

Authorities and the ICRC discuss humanitarian needs in the Korean Peninsula

The DPRK Red Cross and the ICRC continued to explore the possibility of conducting assessments to determine the needs of vulnerable people. At high-level meetings during the ICRC president's visit, DPRK officials discussed the expansion of ICRC activities in the medical field and examined the potential for cooperation in improving peri-urban communities' access to water and sanitation systems.

In the ROK, dialogue with the authorities, including the president, the armed forces and the National Society, focused on humanitarian needs that might arise in the event of an escalation of tensions in the Korean peninsula. At separate meetings, the Ministry of Unification, the National Society and the ICRC reviewed their roles in the event of a deterioration in the situation.

Humanitarian concerns related to families separated since the 1950–53 Korean War remained on the agenda of the ICRC's meetings with DPRK and ROK officials and both National Societies; planned and potential activities to help families restore contact, including possible ICRC technical support, were discussed. However, tensions in the peninsula blocked progress in this matter. A batch of temporary family reunions planned for September was cancelled by DPRK authorities five days before schedule.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in China to benefit from cooperation between Chinese detention authorities and the ICRC

The Ministries of Justice and Public Security and the ICRC consolidated their dialogue, including during meetings parallel to that between the Chinese president and the ICRC president (see *Authorities, armed forces and other bearers of weapons, and civil society*). Both ministries confirmed their interest in working with the ICRC and gradually expanding their cooperation.

Prison authorities broaden knowledge of prison management, including of health-related issues

Notably, the two aforementioned ministries each organized, jointly with the ICRC, a seminar on health in detention, where some 80 prison managers, doctors, medical staff from 15 provinces, and ministry officials discussed such matters as disease prevention and control with international and ICRC experts.

Officials from the Justice Ministry gained insights for possible adoption into their own prison management practice, studying such during ICRC-organized visits to detention facilities,

including those housing high-security detainees, in Switzerland and the United Kingdom of Great Britain and Northern Ireland. Officials from the Public Security Ministry were however unable to participate in a similar study tour abroad and in a regional seminar on arrest and detention.

The ICRC acquired a better understanding of the Chinese detention system and the reforms in progress – and, consequently, improved its dialogue with the ministries – during tours conducted by the ministries of facilities under their jurisdiction. For instance, ICRC observations from tours of four prisons/drug rehabilitation centres under the Public Security Ministry fed into discussions during the aforementioned health seminars.

Cooperation with Mongolian authorities on health issues in detention was put off, owing to internal constraints.

WOUNDED AND SICK

Patients in three DPRK hospitals benefit from improved surgery standards

The Ministry of Public Health, the DPRK Red Cross and the ICRC broadened the effort to improve surgery standards by renewing their project for two more years and beginning support to the city hospital in Kaesong, in addition to the referral hospitals in Hamhung, Pyongsong and Sariwon. This was formalized in a new agreement.

Hence, an assessment of the Kaesong hospital's water and electrical systems began, while patients and medical personnel in the three other hospitals benefited from the repair/upgrading of the water and power supply systems, operating theatres and orthopaedic wings. This included the first phase of the rehabilitation part of the project, which was met with delays and practical constraints along the way. In the second phase, patients requiring special attention were better monitored following renovations to the orthopaedic ward. Improvements to toilet facilities in the orthopaedic wards and to sterilization units were completed while work on the operating theatres neared completion.

The surgical/medical teams of the three provincial hospitals continued to improve treatment methods and raise standards, drawing on ICRC input provided during joint surgical operations and at training and information sessions. The local medical teams gradually implemented certain ICRC recommendations – for instance, the use of internationally recognized documentation tools, such as the Glasgow Coma Scale and temperature sheets – and improved medical logistics processes, particularly in pharmacy and supplies management. Physiotherapy continued to gain acceptance. Besides support in the form of long-term, capacity-building measures, the three hospitals also received medical/surgical equipment and supplies.

Disabled people make use of improved facilities at DPRK physical rehabilitation centre

Physically disabled people from the DPRK continued to receive suitable treatment at the Rakrang Physical Rehabilitation Centre, which, with DPRK Red Cross and ICRC assistance, improved the quality of its services and the production of prostheses and orthoses. The centre's surgical annex carried out amputations and pre-fitting procedures for both military personnel and civilians, using ICRC-donated materials and under the guidance of an ICRC surgical team; 128 cases were admitted.

The centre treated more patients by increasing its capacity, hiring more trained staff and adjusting its set-up to maintain production in anticipation of the departure of staff members for long-term ICRC-supported training abroad. Other staff members continued to sharpen their skills – in physiotherapy, stock management, and workshop safety and maintenance – at regular in-house training sessions. With material support from the ICRC, the centre added accommodation facilities for patients, in addition to those constructed in 2012. It also rehabilitated dilapidated infrastructure and made improvements to its power grid, sauna, workshop and other facilities.

Disabled people in China receive treatment

Over 400 patients received physical rehabilitation services at the Kunming centre and its Malipo workshop, run by the Yunnan branch of the Chinese Red Cross. With ICRC support and supervision, the centre's clinical personnel improved their capacity to provide adequate care to lower-limb amputees. At the Malipo workshop located in a rural area, patients benefited from regular prosthetic repair/maintenance without having to travel long distances. The Chinese Red Cross closed the Kaiyuan workshop owing to its low activity level.

The National Society explored the possibility of expanding the range of services, devices and support offered to disabled people in the communities surrounding the centre, conducting assessments jointly with the ICRC (see *Civilians*) and drawing on its advice.

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

Authorities expand support for IHL implementation and the ICRC

Discussions with decision-makers in the region, including the Shanghai Cooperation Organization, continued to concentrate on IHL-related and humanitarian issues, with a view to gaining support for the ICRC's neutral, impartial and independent humanitarian action. Notably during visits by the ICRC's president, high-level authorities in China, the DPRK and the ROK expressed willingness to gradually expand their partnership with the organization (see *Civilians* and *People deprived of their freedom*). The Chinese authorities' interest in supporting ICRC operations in Afghanistan

underscored their appreciation of the ICRC's mandate and the National Society's role (see *Civilians*).

Further to reviewing issues of mutual interest with the ICRC, such as the adoption of the Arms Trade Treaty and the Health Care in Danger project, government and armed forces representatives, including national IHL committee members, and academics exchanged ideas on advancing domestic IHL implementation at various fora. These included a regional consultation on the "Strengthening IHL" process (see *Kuala Lumpur*), a teaching session (see *Philippines*) and a meeting hosted by the Chinese national IHL committee for their counterparts from 12 Asian countries. Mongolian authorities informed the ICRC of their progress in acceding to the Mine Ban Convention.

Weapon bearers take steps to include IHL in operations and training

On the ROK military's request, the ICRC worked on training modules to enhance their legal advisers' capacities to provide operational advice to commanders.

Chinese armed/security forces and the ICRC explored new ways to promote IHL and other internationally recognized standards. Over 275 officers and instructors from various military regions of the People's Liberation Army learnt about incorporating IHL in military operations and planning at a seminar and a training course. Participants in the latter also learnt alternative methods for teaching IHL. Organizing the latter course also helped Chinese officials prepare for an international seminar on planning military operations, which they had agreed to host in 2014.

The People's Armed Police Force, the China University of Political Science and Law and the ICRC jointly organized two in-depth training sessions on internationally recognized policing standards, including those related to detention, for some 75 instructors and graduating national defence students.

Military and police personnel, including officers handling civil-military relations and peacekeepers from Mongolia, the ROK and 14 countries participating in a peacekeeping exercise in Mongolia, added to their knowledge of IHL, the ICRC and various

WOUNDED AND SICK		China	DPRK
Physical rehabilitation			
Centres supported	Structures	2	1
Patients receiving services	Patients	415	542
	<i>of whom women</i>	77	69
	<i>of whom children</i>	22	17
New patients fitted with prostheses	Patients	58	320
	<i>of whom women</i>	4	43
	<i>of whom children</i>	4	5
Prostheses delivered	Units	238	565
	<i>of which for women</i>	37	69
	<i>of which for children</i>	15	12
	<i>of which for victims of mines or explosive remnants of war</i>	29	1
New patients fitted with orthoses	Patients		6
	<i>of whom children</i>		1
Orthoses delivered	Units	1	9
	<i>of which for women</i>	1	
	<i>of which for children</i>		4
Patients receiving physiotherapy	Patients	229	498
Crutches delivered	Units		516
Wheelchairs delivered	Units		41

humanitarian issues at ICRC briefings. Some 40 government and security industry representatives, as well as academics, discussed their overseas operational framework in relation to the Montreux document on private military and security companies.

Think-tanks and academic institutions raise awareness of IHL and the Movement

Experts from the region contributed to the humanitarian debate at various events, including a round-table on cyber warfare and IHL (see *Kuala Lumpur*) and an ROK Red Cross seminar with around 80 academics and government staff. Some 30 professors from the DPRK's three largest universities discussed IHL and humanitarian subjects such as POWs and humanitarian issues related to the 1950–53 Korean War at a DPRK Red Cross-organized seminar, the first in five years.

China's Shandong University's law faculty created a standardized undergraduate IHL course that other universities could use as well. Over 40 lecturers, including some from Chinese police-affiliated academies, learnt more about teaching IHL at two advanced courses organized with Jilin University in China and Korea University and the National Society in the ROK. University students throughout the region tested their IHL knowledge at a debate and at moot-court competitions, including one organized by the Chinese Red Cross branch in Hong Kong for 20 teams from 15 Asia-Pacific cities.

The Mongolia State University of Education formally completed the development, review and incorporation of an IHL course in its syllabus, enabling aspiring teachers to introduce IHL and humanitarian principles to secondary school students through the Exploring Humanitarian Law programme. In China and the ROK where the programme was also offered, education authorities and school administrators received implementation support from their National Societies. The Shanghai branch offered programme-related school visits, teacher training and competitions at their new teaching and training centre. Trained facilitators from the Jiangsu branch delivered an adapted programme at 24 Red Cross clubs. The Beijing and Macau branches worked on their implementation plan and contextualized version, respectively. The ROK Red Cross completed the Korean translation of a condensed version of the

programme and worked on incorporating it in their Red Cross youth curriculum.

General and specialist audiences across the region accessed materials on IHL and the ICRC in their own languages through the ICRC's Chinese and Korean webpages, other online/social media platforms and print and broadcast media.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies prepare for 2013 Council of Delegates

The region's National Societies, the ICRC and other Movement partners met regularly, deepening cooperation and mutual understanding of plans and working methods.

Before the 2013 Council of Delegates, at meetings in Hong Kong and Geneva, legal advisers from the region's National Societies reviewed progress in implementing resolutions and pledges from the 31st International Conference.

Chinese Red Cross shares experiences with emergency services at experts' workshop

At three cooperation fora, the Chinese Red Cross explored partnerships with its Movement counterparts in Africa, Central Asia and the Asia-Pacific. The National Society spoke about the Beijing branch's ambulance and pre-hospital services at an international experts' workshop on emergency services during armed conflict (see *Mexico City*).

The Mongolian and ROK National Societies translated family-links documents into their local languages, strengthening their services.

With Movement support, the Mongolian Red Cross worked to reinforce its legal base, developing amendments to its statutes and the Red Cross law.

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
WOUNDED AND SICK				
Hospitals¹				
Hospitals supported	Structures	5		
	<i>of which provided data</i>	1		
Admissions	Patients	128	28	
	<i>of whom other surgical cases</i>	128		
Operations performed		128		
Water and habitat¹				
Water and habitat activities	Number of beds	3,223		
Physical rehabilitation²				
Centres supported	Structures	3		
Patients receiving services	Patients	957	146	39
New patients fitted with prostheses	Patients	378	47	9
Prostheses delivered	Units	803	106	27
	<i>of which for victims of mines or explosive remnants of war</i>	30		
New patients fitted with orthoses	Patients	6		1
Orthoses delivered	Units	10	1	4
Patients receiving physiotherapy	Patients	727	95	29
Crutches delivered	Units	516		
Wheelchairs delivered	Units	41		

1. DPRK

2. China, DPRK

JAKARTA (regional)

COVERING: Indonesia, Timor-Leste, Association of Southeast Asian Nations



ICRC / RA, 2013

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ in Indonesia, the authorities and the ICRC continued discussions on formalizing the ICRC's presence and scope of activities there, with visits to detainees and cooperation with detaining authorities remaining on hold in the process
- ▶ the joint Indonesia/Timor-Leste ministerial commission made no progress in addressing the issue of persons unaccounted for in connection with the 1975-99 situation in East Timor
- ▶ in Timor-Leste, families of missing persons found some closure upon the recovery of their relatives' remains and/or through the construction of memorials
- ▶ while continuing to enhance their family-links capacities through training initiatives, the Indonesian and Timorese Red Cross Societies moved slowly towards establishing/offering services at the border between the two countries
- ▶ the Indonesian authorities/armed forces and other key actors built up their knowledge of humanitarian principles and IHL and other applicable norms, as well as their incorporation in military decision-making, at ICRC sessions/events

EXPENDITURE (in KCHF)	
Protection	1,031
Assistance	-
Prevention	1,832
Cooperation with National Societies	617
General	-

3,480

of which: Overheads 212

IMPLEMENTATION RATE	
Expenditure/yearly budget	82%

PERSONNEL	
Mobile staff	8
Resident staff (daily workers not included)	52

The ICRC established a presence in Indonesia in 1979 and in Timor-Leste following its independence in 2002. Regionwide, the ICRC supports the National Societies in boosting their emergency response capacities. The ICRC cooperates with the authorities to improve penitentiary standards, while seeking to visit detainees and monitor conditions. It works with the armed forces (and the police in Indonesia) to promote the inclusion of IHL and other applicable norms in their training. It maintains dialogue with ASEAN and other regional bodies and conducts activities with universities to further IHL instruction. In Timor-Leste, it provides support to families of missing persons.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	45
RCMs distributed	35
People located (tracing cases closed positively)	7
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	339
Number of visits carried out	1
Number of places of detention visited	1
Restoring family links	
RCMs distributed	1

CONTEXT

Indonesia continued to play a key role in international affairs, including within the Jakarta-based Association of Southeast Asian Nations (ASEAN). It hosted several important multilateral conferences, such as the Fifth Ministerial Conference of the Bali Process on People Smuggling, Trafficking in Persons and Related Transnational Crime.

Social, economic, ethnic and religious tensions continued to cause sporadic outbreaks of violence – including attacks on ambulances and health workers – in parts of the country, such as Papua. Owing to various restrictions, these places remained inaccessible for most international humanitarian organizations, including the ICRC. The country had to cope with numerous natural disasters, which varied in scale. Migrants continued to pass through Indonesia, with some 200 people reportedly arrested per month and several more missing at sea. The 2014 elections loomed large on the socio-political landscape.

Timor-Leste entered an adjustment period following the 2012 elections and the withdrawal of the UN integrated mission in early 2013, but was generally stable. The new leadership occupied itself with issues related mainly to poverty reduction and consequences of the past situation and conflict. Thousands of families were still seeking information about relatives unaccounted for, but neither the Indonesian nor the Timorese side took steps to discuss and/or adopt mechanisms to address the issue.

ASEAN continued to promote cooperation on regional concerns, such as disaster management, migration, peacekeeping and mine action.

ICRC ACTION AND RESULTS

In Indonesia, discussions with the Ministry of Foreign Affairs to finalize an agreement on the basis and scope of ICRC action in the country and to formalize the organization's presence made little progress. Pending the conclusion of such an agreement, ICRC operational activities, including for detainees, remained on hold. The delegation worked on enhancing mutual understanding with the Indonesian authorities and relevant stakeholders through regular dialogue and activities, many of which were organized jointly with local actors.

The ICRC endeavoured to address the issue of people who went missing during the past situation in East Timor. Some families of persons unaccounted for in Timor-Leste found closure after the recovery of their relatives' remains and/or the construction of memorials. The ICRC reviewed the provision of psychological support to the families and, finding that the project did not fully respond to the families' expectations, adjusted its response. To help resolve more cases, the Indonesian and Timor-Leste police, other partners and the ICRC sought to reinforce standards/practices concerning exhumation and identification of human remains through co-organized training events and regular dialogue. The Timor-Leste Red Cross and the ICRC prepared a list of missing persons' cases for possible follow-up with the authorities; data on priority cases were checked and verified.

The Indonesian Red Cross Society and the Timorese Red Cross moved slowly towards establishing family-links services at the border between their countries. With ICRC assistance, they boosted their capacities in this field, as well as in emergency preparedness

and in promoting IHL and humanitarian principles. Through its participation in a range of international events, including those held in line with the Health Care in Danger project, the Indonesian Red Cross Society deepened its understanding of priority humanitarian concerns and developed its approach accordingly.

Facilitating their participation in local and regional ICRC training courses and briefings, the ICRC fostered knowledge of humanitarian issues and of IHL and other international norms among diplomats, government officials, members of the armed forces/police (including counter-terrorism personnel), peacekeepers, academics, Islamic organizations and other civil society representatives.

The ICRC worked with the Indonesian Red Cross to promote domestic IHL implementation, collaborating with parliament and government departments on an emblem law, on national guidelines for health services in conflict and other situations of violence and on rules of engagement for the military/police. It helped the military incorporate IHL in their operational decision-making during training sessions with senior officials and legal advisers.

The National Societies, education officials and teachers of both countries continued to cooperate with the ICRC to implement the Exploring Humanitarian Law programme. Following the conclusion of the pilot phase in 11 Islamic schools in Indonesia, 20 teachers and a project-testing working group recommended the implementation of the programme. Programme testing continued in Timor-Leste, with the National Society/ICRC providing implementation support for the Education Ministry.

The ICRC maintained regular dialogue with ASEAN on issues of mutual interest.

CIVILIANS

Families of persons unaccounted for in East Timor find closure

In Timor-Leste, thousands of families continued to seek information on relatives who went missing in relation to the 1975–99 situation and conflict in East Timor.

Under a pilot project initiated in 2011, 289 families received help to cope with the loss of relatives whose remains had not been found or buried. A review of the project in late 2012 revealed that for these Timorese families, psychological support provided during group activities mattered least. They valued more the referrals and practical assistance that enabled them to bring up their legal or economic concerns with pertinent authorities and organizations or to recover their relatives' remains (see below). They appreciated most the cash grants for activities that helped them find closure: organizing commemorative ceremonies and building memorials. It was decided therefore to modify the project to provide only referrals/practical assistance and cash grants in the future. Two memorials were completed within the year.

One Timorese family recovered a relative's remains, after nearly 30 years without news, thanks to cooperation between the Timor-Leste police forensic unit, the Victorian Institute of Forensic Medicine (VIFM) and the ICRC.

To support the resolution of other cases of persons unaccounted for and prevent future cases, the Timor-Leste police forensic unit and VIFM – along with the forensic arm of the Indonesian police and the International Forensics Team on Timor-Leste (composed

of VIFM and other partners) – bolstered their standards and practices concerning human remains management, including in relation to migrants and victims of disasters, through regular dialogue and strengthened cooperation with the ICRC and the respective National Societies.

They also exchanged best practices by co-organizing/participating in local/regional events and seminars/workshops: for instance, with ICRC support, Indonesian and Timorese police officers participated in a regional meeting of medico-legal institutes held in Malaysia, and some 30 Timorese forensic and investigative specialists took part in a local workshop where they discussed mapping and management of mass graves. During the Indonesian National Police's hosting of the 5th International Conference of the Islamic Countries Organization for Forensic Medicine, it included such subjects in the programme as working with international forensic missions and families of missing persons as well as an ICRC workshop on managing human remains in armed conflicts and disasters.

Progress remains slow on joint mechanisms for addressing the issue of persons unaccounted for

The joint Indonesia/Timor-Leste ministerial commission took no steps to address this issue; no progress was made in either the repatriation of remains of deceased members of armed forces (discussed in 2012) or the cases of 90 missing minors (submitted to the authorities and followed up since 2010), although meetings were held on these matters. A draft law establishing a mechanism to assist the families of missing persons remained pending at the Timor-Leste parliament, despite the sustained advocacy of the ICRC and other organizations.

Meanwhile, Timorese Red Cross/ICRC teams continued checking and verifying their information on persons unaccounted for, including data on priority cases in the Lautem and Manufahi districts, so as to finalize the cases for follow-up with the authorities.

People relocated to Atauro Island, Timor-Leste between 1981 and 1984 as a consequence of the past situation received 1,019 attestations in support of their claims for government compensation.

People affected by the past situation also learnt more about humanitarian action, including the Movement's work, at information sessions organized by the Timorese Red Cross with ICRC support.

Dispersed family members maintain contact through Red Cross family-links services

Families contacted relatives detained abroad through Movement services: for instance, one family in Indonesia sent RCMs, video messages and parcels to a relative at the US internment facility at Guantanamo Bay Naval Station in Cuba, while 18 people made an ICRC-sponsored visit to nine Indonesian relatives detained in the Philippines.

Families of migrants reported missing during sea transit through Indonesia filed 22 tracing requests for their relatives.

The Indonesian and Timorese National Societies and the ICRC sought to enable families separated at the border between the two countries to re-establish contact, but met a number of obstacles. On the Timorese side, the radio programme launched in 2012 by the National Society failed to produce tangible results, none of those being sought coming forward. Owing to internal constraints, the Indonesian Red Cross postponed planned coordination meetings aimed at helping the National Society branches involved resolve issues with the transmission of RCMs across the border.

While solutions for services at the border were being explored, National Society volunteers and staff, including those from Indonesian Red Cross branches at the border and from six key branches of the Timorese Red Cross, enhanced their abilities to restore family links through various training initiatives and, for Indonesian Red Cross members, internships at their headquarters. The Indonesian Red Cross participated in Movement meetings and in a regional conference on restoring family links for migrants (see *Iran, Islamic Republic of*).

Vulnerable communities benefit from Indonesian Red Cross/ICRC health outreach projects

In remote areas in Papua, 407 individuals, including women and children, had eye examinations, 232 received eyeglasses and 76 underwent ICRC-sponsored ophthalmic surgery through joint initiatives of the Dian Harapan hospital, the National Society and the ICRC.

Indonesian stakeholders consider measures to protect health services

The Indonesian Red Cross lobbied for protection for health care services, exchanging views on the issue with volunteers and members of the armed/security forces at a workshop in Papua.

CIVILIANS	INDONESIA	TIMOR-LESTE
Red Cross messages (RCMs)		
RCMs collected	17	28
RCMs distributed	29	6
Reunifications, transfers and repatriations		
People transferred/repatriated	1	
Tracing requests, including cases of missing persons¹		
People for whom a tracing request was newly registered	22	
	<i>of whom women</i>	4
	<i>of whom minors at the time of disappearance</i>	10
People located (tracing cases closed positively)	2	5
Tracing cases still being handled at the end of the reporting period (people)	37	2,569
	<i>of whom women</i>	354
	<i>of whom minors at the time of disappearance</i>	618

In the framework of the Health Care in Danger project, it also participated in discussions at a regional experts' workshop (see *Iran, Islamic Republic of*) and a dedicated meeting of Movement partners in Geneva, Switzerland.

The National Society incorporated the issue of safe delivery of health care in its recommendations to the Health Ministry on national guidelines for health crisis management in conflict situations. The national IHL committee and academics, with ICRC encouragement, considered ways to adapt national regulations to provide better protection for health personnel. The Indonesian armed forces provided operational perspectives on the subject at various round-tables.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Indonesia receive no ICRC visits

People deprived of their freedom in Indonesia had received no ICRC visits since March 2009, as all of the ICRC's activities for detainees (e.g. local training seminars and technical/structural support in the fields of health, water and habitat) had been on hold pending a new agreement to formalize the ICRC's presence in the country (see *Authorities, armed forces and other bearers of weapons, and civil society*).

Nonetheless, with ICRC support, two representatives from the Indonesian corrections service attended a regional seminar on rehabilitating water systems in prisons (see *Bangkok*).

In Timor-Leste, 52 former detainees/internees or their families received attestations from the ICRC, which facilitated their registration as war veterans and determination of their eligibility for pensions and compensation. While one partial visit took place in 2013, regular visits to inmates in Timorese detention facilities were postponed to 2014.

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

Influential Indonesian actors learn more about IHL and the ICRC

Discussions between the Indonesian Foreign Affairs Ministry and the ICRC on an agreement formalizing the ICRC's presence and scope of activities made no headway, preventing the implementation of detention-related activities. It therefore remained essential to ensure understanding of humanitarian principles, IHL and other international norms, and the ICRC's mandate and activities among the authorities, armed forces, National Society and other stakeholders.

Cooperation to this end with the Foreign Affairs Ministry resulted in over 80 diplomats and 60 private-sector stakeholders enhancing their knowledge of IHL at jointly organized briefings.

Moreover, during ICRC-backed courses/presentations, some 1,000 military/security personnel, 1,600 peacekeepers and 200 officers, including 20 commanders assigned to sensitive areas, learnt more about humanitarian norms governing their duties and about other IHL-related topics, such as sexual violence in armed conflict and other situations of violence. Senior military officers took IHL courses in San Remo, as well as at a decentralized version held in Indonesia. For the first time, 20 officers of the police counter-terrorism unit attended an ICRC seminar on law enforcement. Some 20 police officials from 12 countries, including two from Indonesia, discussed public order management at an ICRC workshop.

Timorese military training on IHL, provided by the Australian Defence Force, included ICRC input.

Indonesian military to draft new detention guidelines with ICRC assistance

Some 15 senior officers and 40 legal experts and instructors from the Indonesian military enhanced their capacities to instruct ground units on IHL compliance following ICRC training in incorporating humanitarian norms in operational decision-making. The training was organized through the Indonesian armed forces' IHL working group and Legal Development Agency.

The Agency established a working group, which included the ICRC, to draft new guidelines for military detention. This followed from an Agency-requested ICRC workshop where some 60 military judges, legal officers and commanders responsible for detention facilities discussed internationally recognized standards, including those applicable to military forces with law enforcement responsibilities.

The Indonesian police, with ICRC input, developed a training curriculum for peacekeepers.

Authorities work on laws/policies for implementing IHL

The Indonesian authorities requested and received National Society/ICRC advice on weapon-related treaties, but the country abstained from voting on the Arms Trade Treaty. The authorities announced that the country would not ratify the Rome Statute in the near future.

Nevertheless, Indonesian authorities, through their national IHL committee, pursued domestic IHL implementation, with parliament receiving National Society/ICRC input on a draft emblem law and on adherence to the International Voluntary Principles on Security and Human Rights. The authorities also reviewed domestic laws covering cultural property and protection of medical services (see *Civilians*), and drafted new rules of engagement for domestic military/police operations.

Indonesian authorities and academics also received further input at seminars organized with the Ministry of Law and Human Rights, a regional teaching session (see *Philippines*) and a regional meeting of national IHL committees (see *Beijing*). Timor-Leste authorities attended the last two events.

Academics promote humanitarian principles

Indonesian Islamic organizations and academic institutions promoted the compatibility of IHL and Islam at briefings/events, including a conference organized by the Universitas Muhammadiyah Yogyakarta, the NGO Dompot Dhuafa and the ICRC, at which some 40 scholars from five countries contributed their views for publication in a forthcoming book. Students from 14 Islamic schools participated in an IHL-related poster-making contest organized by Dompot Dhuafa/ICRC.

Students in Indonesian Islamic schools stood to learn humanitarian principles through the Exploring Humanitarian Law programme, after 20 trained teachers and a working group completed its pilot and recommended its implementation, having found no incompatibility with their curriculum. The National Society, supported by ICRC-trained volunteers/facilitators, worked on adapting the programme for selected Youth Red Cross units in public schools.

Schoolchildren in 13 Timorese schools participated in programme testing, which met some delays in connection with translating the materials into the local language. The Education Ministry, with ICRC support, incorporated the programme in the national curriculum, continued drafting supplementary materials and, with the National Society, monitored implementation in two districts.

Students refined their understanding of IHL under the tutelage of ICRC-trained lecturers and at university-organized events, such as moot court competitions, including a regional contest (see *Beijing*), and a national debate.

Some 60 media representatives enhanced their understanding of IHL protection for journalists at Movement seminars, including one that incorporated first-aid training. Indonesians across the archipelago accessed information on humanitarian concerns and ICRC activities via online media in Bahasa Indonesia.

ASEAN takes further steps to establish Mine Action Centre

ASEAN leaders adopted the terms of reference establishing a regional Mine Action Centre, proposed in 2012 by the Cambodian government with ICRC advice. ASEAN and the ICRC maintained regular contact on other issues of mutual interest, such as peacekeeping, migration and disaster management, although a formal cooperation agreement between the two organizations remained pending.

RED CROSS AND RED CRESCENT MOVEMENT National Societies strengthen operational/institutional capacities

The Indonesian and Timorese Red Cross Societies strengthened their capacities to respond to humanitarian needs (see *Civilians*) and to promote IHL and humanitarian principles, and pursued organizational development initiatives, supported by the ICRC and other Movement partners.

The Indonesian Red Cross worked on contingency plans and operational procedures for situations of violence, incorporating the Safer Access Framework to enhance volunteer/staff security. It organized an event for 3,000 volunteers from across Indonesia, at which the ICRC provided input on water and sanitation, communication and cooperation. At a regional meeting of legal advisers (see *Beijing*), the National Society shared updates on its progress in promoting domestic IHL implementation. Together with the National Post Office and the ICRC, it supported Movement action through funds raised through the sale of special edition postage stamps.

The Timorese National Society, tasked by the government to deliver first aid in emergencies, trained volunteers at two branches in disaster preparedness and received guidance in restoring family links (see *Civilians*).

Both National Societies discussed Movement coordination with their South-East Asian peers at their annual leaders' summit (see *Bangkok*). The Indonesian Red Cross and the ICRC signed a cooperation agreement in May.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		45		
RCMs distributed		35		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		22	4	10
People located (tracing cases closed positively)		7		
Tracing cases still being handled at the end of the reporting period (people)		2,606	363	629
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
ICRC visits			Women	Minors
Detainees visited		339		25
Number of visits carried out		1		
Number of places of detention visited		1		
Restoring family links				
RCMs distributed		1		
People to whom a detention attestation was issued		52		

* Unaccompanied minors/separated children

1. Timor-Leste

KUALA LUMPUR (regional)

COVERING: Brunei Darussalam, Japan, Malaysia, Singapore



Having worked in Malaysia since 1972, the ICRC established a regional delegation in Kuala Lumpur in 2001 and an independent mission in Japan in 2012. It works with governments and National Societies to promote IHL and humanitarian principles and to gain support for its activities. In Malaysia, the ICRC visits detainees, including detained migrants, and works with authorities to address issues identified during those visits. It enables detained migrants to contact their families. The regional resource centre supports delegations in East and South-East Asia and the Pacific in promoting IHL and strengthening support for the ICRC and Movement cooperation.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ detainees in Malaysian immigration centres and prisons benefited from ICRC visits, and from recommendations on their treatment and living conditions given to the authorities, with most minors moving to a new dedicated facility
- ▶ separated family members, including detained migrants, reconnected with their relatives using Movement family-links services, such as RCMs and oral messages relayed by ICRC delegates
- ▶ in Malaysia, about 40 prison managers and health care personnel added to their knowledge and skills related to health care in custodial settings at 2 seminars organized by the Prison Department and the ICRC
- ▶ Japan's highest authorities, Japanese Red Cross Society representatives and the ICRC's president reaffirmed the high level of trust, cooperation and dialogue on humanitarian issues between Japan and the ICRC
- ▶ the Royal Malaysian Police force enhanced its capacities in public order management through ICRC training for its instructors and briefings for over 200 senior officers
- ▶ in Malaysia, political developments led to the delay/cancellation of some activities, including visits to detainees and Malaysian Red Crescent Society/ICRC initiatives for migrants in Sabah

EXPENDITURE (in KCHF)

Protection	1,474
Assistance	-
Prevention	1,977
Cooperation with National Societies	445
General	218

4,114

of which: Overheads 251

IMPLEMENTATION RATE

Expenditure/yearly budget	96%
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PERSONNEL

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	72
RCMs distributed	137
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	17,946
Detainees visited and monitored individually	672
Number of visits carried out	29
Number of places of detention visited	15
Restoring family links	
RCMs collected	128
RCMs distributed	27
Phone calls made to families to inform them of the whereabouts of a detained relative	1,035

CONTEXT

Migration remained a pressing concern for the region's authorities and the public. Some migrants continued to be victims of human trafficking.

In Malaysia, general elections were held in May. The Royal Commission of Inquiry began hearings on issues surrounding migrants in Sabah, looking into the legal and social ramifications of migration, the process of issuing identity documents and the problem of statelessness. In February, Malaysian armed and security forces clashed with a group of armed men in Lahad Datu, Sabah for over three weeks, leading to deaths, arrests and displacement and the establishment of new security mechanisms. These three events dominated the Malaysian political landscape and occupied authorities during the first half of the year.

Japan's new leadership made a commitment to constitutional reform and to pursuing reconstruction efforts following the 2011 disaster. Nuclear weapons remained a topic of concern in the country.

Interest in humanitarian affairs grew in Singapore, with the number of charitable donations from the private sector tripling in six years and the government promoting itself as a hub for NGOs/humanitarian organizations.

Brunei Darussalam chaired the Association of Southeast Asian Nations (ASEAN).

Countries in the region contributed military and police personnel to peacekeeping operations abroad.

ICRC ACTION AND RESULTS

The ICRC worked with national authorities, National Societies and other stakeholders in the region, as well as with regional bodies, to highlight and address humanitarian concerns. It pursued efforts to increase awareness of IHL, humanitarian issues, and the ICRC.

In Malaysia, people detained in immigration detention centres and in prisons were visited by ICRC delegates, who shared their findings and recommendations confidentially with the relevant authorities, helping them ensure that detainees' treatment and living conditions were in line with internationally recognized standards. Following such recommendations, most unaccompanied minors held in immigration depots were less vulnerable to abuse and more easily looked after following their transfer to a dedicated facility set up by the authorities. The Prison Department improved its ability to address detainees' health needs, co-organizing with the ICRC two seminars for prison directors and medical staff. The political situation, however, caused the delay or cancellation of several planned activities.

The Malaysian Red Crescent Society and the ICRC strove to acquire a fuller understanding of migrants' needs, with a view to developing and delivering appropriate responses. On the basis of initial consultations with government and NGO contacts, the ICRC, together with the National Society branch in Sabah, began to plan its approach to assessing/addressing the health needs of vulnerable communities there; however, there was no progress in the assessments of human trafficking victims' concerns, which had begun the previous year.

Families separated by migration improved their chances of reconnecting following commitments by Movement partners in the Asia-Pacific region to strengthen their family-links services.

The ICRC maintained its dialogue with governments and other regional actors to foster understanding of humanitarian issues, IHL and the ICRC. The ICRC president's visits to Japan and Singapore helped strengthen relationships and develop the scope of cooperation. These visits confirmed the quality of dialogue with the highest authorities and the respective Red Cross Societies and enhanced the ICRC's profile.

The Malaysian government and the ICRC co-organized a regional workshop on the "Strengthening IHL" process, at which over 20 countries were represented. The authorities pursued domestic IHL implementation with technical and training support from the ICRC. Experts shared their views on cyber warfare at a round-table.

At public campaigns, briefings and other events, the media, academics, civil society representatives, including Islamic organizations in Malaysia, and the ICRC encouraged information exchange and cooperation in addressing humanitarian concerns, such as migration, the protection of civilians, including unaccompanied and separated minors in South-East Asia, and civil-military relations.

The region's armed and self-defence forces continued to cooperate with the ICRC to increase knowledge of IHL and the ICRC's role and mandate among their troops, including during national/multinational training exercises and predeployment briefings for peacekeepers. With ICRC support, instructors from the Royal Malaysian Police enhanced their teaching of applicable international norms.

As before, the National Societies/ICRC cooperated with educational authorities in implementing the Exploring Humanitarian Law programme for schoolchildren in their respective countries.

All four National Societies received ICRC support to strengthen their capacities to restore family links and/or promote IHL. The Malaysian National Society recruited and trained volunteers to boost the capacities of its branch in Sabah. Several Movement conferences, including on the Safer Access Framework, sought to strengthen the implementation of the Movement approach in the region.

The Kuala Lumpur delegation's regional resource centre continued to provide expert support to ICRC delegations in East and South-East Asia and the Pacific to enhance prevention-related activities.

CIVILIANS

People in Malaysia contact relatives detained/interned abroad through Movement family-links network

Families used Malaysian Red Crescent/ICRC family-links services to restore/maintain contact with their relatives detained or interned abroad. The families of three individuals held at the US internment facility at Guantanamo Bay Naval Station in Cuba contacted their relatives through RCMs, oral messages exchanged via the ICRC, and direct family news relayed by an ICRC delegate who had visited the Guantanamo Bay internees.

No requests were made for travel documents for the resettlement of refugees and asylum seekers in third countries.

Migrants and separated children stand to benefit from developing Movement approaches, including to restoring family links

The National Society/ICRC learnt more about the health care services available to vulnerable communities in Sabah during consultations with Health Ministry and NGO representatives and medical professionals. Despite delays in opening an office in Sabah, the ICRC expanded its presence there. The aforementioned consultations, along with cooperation with the National Society branch there, for instance, in recruiting and training volunteers, helped both organizations define their approach to addressing the humanitarian needs of vulnerable communities, including migrants.

Contacts were made with the Malaysian authorities, with a view to pursuing dialogue and continuing assessments begun last year on the living conditions and welfare of human trafficking victims in shelters, but yielded few results.

Noting the incidence of Muslims fleeing the violence in parts of Myanmar and of migrants lost at sea, key stakeholders and the ICRC helped foster understanding of regional developments in migration and contributed to drafting appropriate responses through regular contact and joint activities. The ICRC contributed its perspective on the situation of unaccompanied and separated children in South-East Asia to an analysis prepared by the Regional Support Office of the Bali Process on People Smuggling, Trafficking in Persons and Related Transnational Crime, and to a related regional round-table on tracing and other issues surrounding the return of such children and other vulnerable people. People affected by migration-related issues stood to benefit from improved responses to their family-links needs following commitments/recommendations made by Movement partners from seven Asia-Pacific countries at a workshop in Kuala Lumpur.

Emergency-affected people meet urgent needs through National Society assistance

People displaced by the clashes in Lahad Datu met their nutritional needs with meals prepared by Malaysian Red Crescent volunteers, who attended ICRC briefings on the Safer Access Framework to help them safely attend to the needs of people affected. As events unfolded, the ICRC informed Malaysian authorities of its willingness to provide humanitarian assistance if needed.

Typhoon-affected people in the southern Philippines received medical care at a health facility set up by the Japanese Red Cross whose staff, for the first time, formed part of an emergency team dispatched by the ICRC (see *Philippines*). On the basis of their Philippine experience, the Japanese Red Cross and the ICRC discussed supplementary training and other ways to improve rapid deployment mechanisms for future emergencies.

PEOPLE DEPRIVED OF THEIR FREEDOM

In Malaysia, close to 18,000 people detained in 9 immigration detention centres and 6 prisons benefited from ICRC visits to monitor their treatment and living conditions, conducted according to the organization's standard procedures. Among the detainees were juveniles and people held in relation to the Lahad Datu incident under a new security offences act passed in 2012. The ICRC had, in principle, received permission to visit the Sabah

immigration detention centres, but owing to political developments in the country (see *Context*), only one visit could be conducted during the year.

Equipped with feedback and recommendations from the ICRC after its visits, the detaining authorities sought to ensure that detainees' treatment and living conditions were in line with internationally recognized standards (see below). They discussed, with other stakeholders and the ICRC, the responsibilities of various government departments for providing health services in custodial settings. At a government-organized round-table, they explored alternatives to detention, particularly for unaccompanied minors, and reviewed related models and legal frameworks.

Detainees, including migrants, and their relatives used Malaysian Red Crescent/ICRC family-links services, such as RCMs and oral or "safe and well" messages, to stay in touch.

Migrants held at one facility in Sabah stood to benefit from better conditions after detaining authorities took steps, on ICRC advice, to adjust the facility's food service and maintenance regimes.

Unaccompanied minors in Malaysian immigration detention centres move to dedicated facility

Unaccompanied minors from several immigration detention centres were less vulnerable to potential abuse and had their specific needs better addressed, as a result of their transfer to a dedicated facility. The facility, set up by the authorities on the ICRC's recommendation, was intended to house minors separately from adults. However, the authorities received ICRC follow-up as incidences of adults being housed with minors continued. Specific cases of unaccompanied minors were followed up directly with other Movement partners (with one child returning to his family in Bangladesh) or, for children seeking asylum, with UNHCR.

Particularly vulnerable individuals, such as children and pregnant/breastfeeding women, eased their confinement through ICRC donations of food, hygiene kits and recreational items. One former detainee underwent ICRC-supported vocational training.

Detainees in Malaysia stand to benefit from training for prison managers and health workers

Some 40 prison managers and health care personnel enhanced their abilities to address health needs in detention settings at two seminars organized by the Prison Department and the ICRC. The participants discussed such issues as medical ethics and TB and HIV management with government and ICRC panellists. Two Prison Department officials attended a regional seminar on water and sanitation management (see *Bangkok*).

Owing to constraints created by the political situation and restructuring in some government departments, discussion with the authorities, of a report on a 2012 assessment of the mental health needs of juveniles in three prisons, remained pending; workshops with heads of immigration detention centres, on juveniles in detention, were also cancelled.

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

The region's governments, as well as the Malaysian national IHL committee, pursued efforts to implement IHL, with National Society/ICRC technical support, including that provided at a regional teaching session (see *Philippines*). Malaysian authorities

continued to prepare legislation to facilitate its accession to the Rome Statute; to this end, they participated in a workshop and received ICRC advice. Brunei Darussalam considered acceding to the Optional Protocol to the Convention on the Rights of the Child and implementing the Rome Statute – despite not having acceded to it – and was finalizing legislation on the Chemical Weapons Convention. Singaporean authorities and the ICRC discussed implementation of the above-mentioned Protocol. The Japanese Red Cross endeavoured to revive Japan's national IHL committee.

Government representatives, especially Foreign Affairs and Defence Ministry officials, deepened their understanding of humanitarian issues and the Movement's work through regular contact with the ICRC, including at high-level meetings during the ICRC president's visits to Japan (see below) and Singapore. They participated in local/regional ICRC-supported events, including a "Strengthening IHL" process workshop hosted by Malaysia for participants from 23 countries and Japanese Red Cross/ICRC activities on the margins of the 5th Tokyo International Conference on African Development. Foreign affairs-affiliated institutes organized fora on protection for civilians: a Malaysian event included an ICRC session on issues raised by the Health Care in Danger project, while a series of ICRC-supported talks in Japan led to the drafting of policy recommendations by a study group at the Japan Institute of International Affairs. Malaysian officials/diplomats learnt more about the ICRC at sessions periodically included in their training programmes.

High-level Japanese officials engage ICRC on key humanitarian issues

Japanese officials and the ICRC pursued bilateral discussions on key humanitarian/operational issues, notably during the ICRC president's meetings with the emperor and the prime minister. The authorities, other stakeholders and the National Society sought ICRC input on humanitarian issues linked to nuclear weapons, with the National Society organizing related events at the 2013 Council of Delegates and establishing a resource centre on the subject.

The ASEAN departments of Brunei Darussalam and Singapore and the ICRC maintained contact, with a view to planning joint activities on matters of mutual interest, such as disaster management, peacekeeping, mine action and migration.

Civil society organizations and universities debate humanitarian issues

Specialists from eight Asia-Pacific countries discussed cyber warfare and the application of IHL at a round-table co-organized by a Singaporean think-tank and the ICRC. In Malaysia, Muslim NGOs with humanitarian activities abroad discussed humanitarian principles with the ICRC, as well as approaches to dealing with access and security constraints.

Students at leading Japanese, Malaysian and Singaporean universities, including those studying journalism, learnt more about IHL at National Society/ICRC-supported courses, such as one in Japan for East Asian students and National Society staff. With National Society/ICRC input, the International Islamic University of Malaysia developed a postgraduate course in humanitarian affairs; other universities considered doing the same. Students tested their knowledge of IHL at local/regional debate and moot court competitions (see *Beijing*). Schoolchildren learnt about humanitarian principles through the Exploring Humanitarian Law programme.

The Malaysian Education Ministry incorporated the programme in a professional development course for officials and pre-school teachers, while Bruneian officials studied the implementation of the programme in Thailand.

Media representatives enhanced their reporting on humanitarian issues and activities, aided by regular contact with the ICRC and ICRC-facilitated field visits and training, including abroad (see *New Delhi*). The public learnt more about salient humanitarian issues at National Society-organized events, such as those held in Japan on nuclear weapons and during the ICRC president's visit, and others in Singapore.

The Singapore Red Cross Society and the ICRC began consultations on a joint private sector fundraising strategy and notably launched a fundraising campaign in partnership with an international online company.

Armed forces take IHL into account during regional training exercises

Instructors and officers of the region's armed and self-defence forces attending command and staff colleges/warfare training centres, or participating in national/multinational exercises, enriched their knowledge of IHL and the ICRC during training sessions, including in an advanced course (see *International law and cooperation*), and related events. These included: the Cobra Gold exercise and the 26th Annual International Military Law and Operations Conference in Thailand; the Tokyo Defense Forum; an annual seminar at the National Institute for Defense Studies in Japan; and in Singapore, the 15th Asia-Pacific Programme for Senior Military Officers and the armed forces' new civil-military relations course.

The Japanese Self-Defense Forces, building on discussions in 2012 with the ICRC, worked on a training manual covering POW-related concerns.

Peacekeeping troops from Brunei Darussalam, Japan and Malaysia attended ICRC predeployment briefings. Interaction with the Malaysian and Singaporean armed forces became less frequent with the end of their deployment to Afghanistan; nonetheless, Singapore's military and the ICRC prepared to co-organize a regional workshop in 2014 on IHL at sea.

Malaysian police instructors bolster their teaching

Police officers in Malaysia, including in Sabah, maintained contact with the ICRC. Cooperation with the Royal Malaysian Police continued; over 200 senior officers refreshed their understanding of public order management at ICRC briefings/courses, including in Sabah and abroad (see *Jakarta*). Police instructors strengthened their ability to teach applicable international norms at a trainers' workshop.

Contact with Singapore's police force continued to develop.

RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies, with ICRC support and in coordination with other Movement partners, enhanced their ability to respond to humanitarian needs, improving their family-links services and strengthening their organizational frameworks, including by reviewing their statutes (Brunei Darussalam) and finalizing areas of cooperation (Singapore). They promoted IHL, humanitarian principles and the Movement and its principles and activities in their respective countries.

All four National Societies worked with their educational authorities to train instructors for the Exploring Humanitarian Law programme and to incorporate the programme in their educational systems. The Japanese Red Cross translated modules and adapted them to the local context, while the Brunei Darussalam Red Crescent Society discussed its programme implementation plans with the ICRC.

Movement partners consolidated their approaches, participating in regional conferences in Malaysia, including on youth and organizational development and the Safer Access Framework, and meetings of National Society leaders and legal advisers (see *Bangkok and Beijing*).

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
			UAMs/SCs*	
RCMs collected		72		
RCMs distributed		137		
Tracing requests, including cases of missing persons				
			Women	Minors
People for whom a tracing request was newly registered		2	1	
Tracing cases still being handled at the end of the reporting period (people)		1	1	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
ICRC visits				
			Women	Minors
Detainees visited		17,946	1,664	637
Detainees visited and monitored individually		672	38	316
Detainees newly registered		671	38	315
Number of visits carried out		29		
Number of places of detention visited		15		
Restoring family links				
RCMs collected		128		
RCMs distributed		27		
Phone calls made to families to inform them of the whereabouts of a detained relative		1,035		

* Unaccompanied minors/separated children

1. Malaysia

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
Economic security, water and habitat (in some cases provided within a protection programme)				
	Beneficiaries			
Food commodities		1,136		
Essential household items		5,587		
Work, services and training		1		
Health				
Number of visits carried out by health staff		11		
Number of places of detention visited by health staff		8		

1. Malaysia

NEW DELHI (regional)

COVERING: Bhutan, India, Maldives



ICRC / AR, 2013
ICRC regional delegation

The regional delegation in New Delhi opened in 1982. It works with the armed forces, universities, civil society and the media in the region to promote broader understanding and implementation of IHL and to encourage respect for humanitarian rules and principles. The ICRC visits people arrested and detained in connection with the situation in Jammu and Kashmir (India). With the Indian Red Cross Society, it seeks to assist civilians affected by violence. It supports the development of the region's Red Cross and Red Crescent Societies.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ while detainees held in relation to the situation in Jammu and Kashmir, India, continued to receive ICRC visits, prison and health authorities there discussed steps on improving health care for inmates
- ▶ a limited number of violence-affected communities in Chhattisgarh, India, benefited from ICRC health care services and water improvement projects, which ended in June at the government's request
- ▶ with ICRC support, the Indian Red Cross Society strengthened some of its capabilities to provide family-links services; however, only a few migrants benefited from such services
- ▶ various academic and legal institutions and organizations worked with the ICRC to raise awareness of humanitarian issues and IHL among members of civil society and government representatives throughout the region
- ▶ at a workshop co-organized by the Indian Armed Forces, senior military officers discussed the need to ensure unhindered delivery of health care services to violence-affected populations
- ▶ the Maldivian Red Crescent, with volunteers trained in the Safer Access Framework and equipped with first-aid kits, stood ready to provide medical assistance during tensions in the run-up to the elections

EXPENDITURE (in KCHF)	
Protection	2,679
Assistance	4,619
Prevention	2,346
Cooperation with National Societies	1,104
General	-
	10,747
	<i>of which: Overheads 656</i>
IMPLEMENTATION RATE	
Expenditure/yearly budget	75%
PERSONNEL	
Mobile staff	26
Resident staff (daily workers not included)	178

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	451
Detainees visited and monitored individually	411
Number of visits carried out	30
Number of places of detention visited	17
Restoring family links	
RCMs collected	1
RCMs distributed	10
Phone calls made to families to inform them of the whereabouts of a detained relative	8

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	420
Essential household items	Beneficiaries	6,000
Productive inputs	Beneficiaries	6,300
Cash	Beneficiaries	388
Vouchers	Beneficiaries	2,100
Water and habitat activities	Beneficiaries	10,000
		3,064
Health		
Health centres supported	Structures	2
		4
WOUNDED AND SICK		
Physical rehabilitation		
Centres supported	Structures	4
		5
Patients receiving services	Patients	900
		1,422

CONTEXT

In Jammu and Kashmir, India, tensions between security forces and militants persisted and frequent protests often resulted in casualties. Security forces and armed groups continued to clash in central and eastern India. Major ethnic and tribal groups in the north-eastern states were already in peace negotiations with the central government, but sporadic outbreaks of violence continued. India's borders with China and Pakistan remained tense. State elections in 2013 kicked off the election season ahead of the 2014 national polls. India continued to face economic, developmental and humanitarian challenges, in addition to natural disasters that occurred regularly.

Presidential elections in the Maldives concluded in November, despite tensions leading up to it and delays in the polling process. The political crisis ended with all parties accepting the results.

Bhutan held its second National Assembly elections and pursued its transition to parliamentary democracy.

ICRC ACTION AND RESULTS

The New Delhi regional delegation maintained its activities for people deprived of freedom, particularly those held in relation to the prevailing situation in Jammu and Kashmir. Detainees' treatment and living conditions, including respect for their judicial guarantees, formed the basis of confidential dialogue with the authorities concerned. Efforts to improve health care for detainees continued, notably through a seminar that enabled stakeholders to exchange ideas on enhancing their services and through the mobilization of specialists to regularly provide mental health care to inmates in one prison. ICRC-supported family visits for inmates in Bhutan and India continued. In India, vulnerable families of detainees received basic material assistance, while newly released detainees settled back into civilian life with the help of in-kind support to kick-start livelihood activities and professional care to address their social and mental and physical health needs.

Promoting understanding of IHL and support for the ICRC's operations, particularly in India, remained a priority for the delegation. Independently or with the Indian Red Cross Society, the ICRC conducted dissemination sessions, workshops and competitions aimed at increasing awareness of IHL, humanitarian principles and the Movement among the authorities, civil society and the media. It strove to strengthen relations with the central authorities, including through high-level dialogue, and enhanced its cooperation with various academic and legal institutions, with a view to gaining support for its humanitarian and IHL-related activities in the country and worldwide. The ICRC also developed relationships with some of India's security forces, which resulted in more officers learning about IHL and international human rights law, and about the need to ensure that violence-affected civilians have safe access to medical services. The armed forces took steps to include IHL in its training. To further interest in IHL and promote its domestic implementation in the countries covered, the ICRC sponsored the participation of government officials in events abroad and pursued dialogue with them regarding various IHL instruments, notably weapon-related treaties.

With ICRC support, the National Societies in India and the Maldives boosted their emergency response capacities, particularly in first aid. The Indian Red Cross also strengthened some of its family-links restoration capabilities and participated in flood rescue operations.

During the first half of 2013, the delegation faced government restrictions in conducting assistance activities in Chhattisgarh, India. At the central authorities' request, it ceased its operations in the state by June. As a result, only a few vulnerable communities benefited from ICRC support. They included people who received preventive and curative health care at ICRC-supported primary health care centres and a mobile health unit and through a patient referral system in Bijapur and Sukma districts. Health-education sessions helped schoolchildren and others to protect themselves against disease, as did the upgrading of water infrastructure. In Maharashtra, a National Society mobile health unit provided preventive and curative services to communities. The ICRC completed the rehabilitation of the Tzurangkong primary health centre, which assisted vulnerable and isolated civilians in Nagaland; the project was then formally handed over to the Health and Social Welfare Ministry. In parts of India, notably in the Kashmir region, National Society/ICRC first-aid training and train-the-trainer sessions for National Society volunteers and Health Ministry medical officers helped them strengthen their capacities to provide first-level care for the wounded and sick and to share their knowledge with their colleagues. Upon the government's request and on specific occasions, the ICRC worked with the Health Ministry in boosting hospitals' abilities to treat patients through training and material support.

To ensure uninterrupted and sustainable services for disabled people, including mine victims, the ICRC provided material, technical and financial support for five physical rehabilitation centres and developed relationships with national rehabilitation training institutes and associations.

CIVILIANS

The Indian Red Cross and the ICRC worked together to meet the needs of the vulnerable, such as people who had lost contact with relatives owing to unrest, natural/man-made disasters and migration. Four National Society state branches drew on ICRC material and technical input, enhancing some of their capacities to provide family-links services and psychological and social support and to handle human remains properly; however, only a few migrants benefited from family-links services.

In flood-affected Uttarakhand state, the National Society used 1,500 ICRC-donated body bags to collect and identify human remains. Discussions with the authorities regarding National Society/ICRC technical support to help them implement the National Guidelines for Dead Body Management remained limited.

Over 680 refugees in India, lacking the necessary identification papers, resettled in third countries using travel documents issued by the ICRC in coordination with UNHCR.

Limited number of violence-affected communities in Chhattisgarh receive assistance

Dialogue with the authorities focused solely on issues promoted by the Health Care in Danger project (see *Wounded and sick*). Moreover, restrictions imposed by the central authorities limited ICRC assistance activities in Chhattisgarh during the first half of 2013. At the authorities' request, these activities had been halted by June; as a result, comparatively few vulnerable people benefited from ICRC support.

In Chhattisgarh, some 2,750 people learnt more about good hygiene practices and safe handling and storage of water through

hygiene-promotion sessions. About 1,050 of them in 10 remote rural settlements in Bijapur district accessed safe drinking water owing to the installation/rehabilitation of hand pumps, while others started using water filters and pots. In coordination with the state's Public Health Engineering and Tribal Development Division, teachers and 308 schoolchildren, also in Bijapur district, participated in hygiene-education sessions, such as storytelling.

Good working relations with the state's health authorities enabled the provision of immunizations and mother and child care and the implementation of malaria-prevention activities, as well as the strengthening of a patient referral system (see *Wounded and sick*). Some 14,500 vulnerable people accessed curative and preventive care at ICRC-supported health facilities. They included 10,799 patients who received such services at the rehabilitated primary health centres in Kutru, Bijapur and in Chintalnar, Sukma and 3,660 patients who visited a mobile health unit providing weekly services in three locations. On-site health-education sessions helped people living in remote areas protect themselves against illness and disease.

In Gadchiroli, Maharashtra, around 1,700 people from 36 villages with limited access to the state's health services benefited from an ICRC-supported National Society mobile health unit, which provided preventive and curative care and conducted health-education sessions. These activities came to an end in June.

Communities in 18 villages in Mokokchung, Nagaland, enjoyed better basic health care at the rehabilitated Health and Social Welfare Ministry-run Tzurangkong primary health centre. The project was formally turned over by the ICRC to the ministry in April.

Released detainees ease their social reintegration through health and material assistance

More released detainees in Jammu and Kashmir accessed medical assistance with around 50 of them benefiting from medical consultations. Following ICRC home visits, 35 released detainees received physical and mental health care from specialists and some of them also had their expenses covered.

Over 1,700 people (families of 205 detainees and 99 released detainees) covered their basic needs through distributions of clothing, utensils, hygiene kits and school materials for students. Nearly 200 former detainees or relatives of detainees set up businesses

such as clothing shops with the help of cash grants or productive inputs, boosting their income and benefiting 1,044 people.

No National Society/ICRC relief and livelihood activities for vulnerable communities in other parts of India took place.

PEOPLE DEPRIVED OF THEIR FREEDOM

Among those detained in India were people held in connection with the prevailing situation in Jammu and Kashmir, some outside the state. They continued to receive ICRC visits, conducted according to the organization's standard procedures. Particular attention was paid to vulnerable inmates, such as foreigners, minors and the mentally ill. The authorities concerned and ICRC delegates discussed confidentially delegates' findings and recommendations regarding detainees' treatment and living conditions, including their access to medical care and respect for their judicial guarantees. Dialogue with the authorities continued, with a view to gaining full access to all detainees held in relation to the prevailing situation in Jammu and Kashmir, in accordance with the existing agreement between the authorities and the ICRC.

Owing to limited contact with police officials in the state, discussions about internationally recognized standards applicable to arrest and detention could not be pursued.

Prison and health authorities discuss ways to improve health care for detainees

Prison/health authorities and the ICRC continued to work together to improve health care for detainees. A health in detention seminar brought together, for the first time, nearly 50 representatives from the Health and Medical Education and Prisons Department – including prison medical officers and jail superintendents – in Jammu and Kashmir. After discussing international standards on health in detention, the participants called for better cooperation amongst themselves and set out steps to improve their services.

A total of 35 detainees received follow-up visits from ICRC doctors, while 44 in Srinagar Central Jail enhanced their mental well-being with the help of regular fortnightly visits conducted by two local psychiatrists, who used ICRC-provided neurological examination kits during their consultations. No material support was provided to vulnerable detainees.

Over 100 detainees in India maintained contact with their relatives through ICRC-facilitated family visits. In Bhutan, 20 inmates were

PEOPLE DEPRIVED OF THEIR FREEDOM	BHUTAN	INDIA
ICRC visits		
Detainees visited		451
		<i>of whom women</i>
		1
		<i>of whom minors</i>
		8
Detainees visited and monitored individually		411
		<i>of whom women</i>
		1
		<i>of whom minors</i>
		8
Detainees newly registered		146
		<i>of whom women</i>
		1
		<i>of whom minors</i>
		5
Number of visits carried out		30
Number of places of detention visited		17
Restoring family links		
RCMs collected		1
RCMs distributed	10	
Phone calls made to families to inform them of the whereabouts of a detained relative		8
Detainees visited by their relatives with ICRC/National Society support	20	103

visited by relatives from refugee camps in Nepal. The family of a deceased detainee was able to hold a funeral for its relative, with ICRC support.

No ICRC detention visits were conducted in the Maldives.

WOUNDED AND SICK

More emergency responders in Jammu and Kashmir enhance their life-saving skills

To help ensure that the wounded and sick received timely and adequate care, the authorities, security forces and the National Society/ICRC maintained dialogue on the need to respect patients and health care services. During National Society/ICRC training sessions, emergency responders in Chhattisgarh, Kashmir, Maharashtra and the north-eastern states boosted their capacities to provide and/or teach first-level care. National Society volunteers, Health Ministry staff and representatives of NGOs took first-aid courses, while first-responders from 17 National Society state branches and 31 Health Ministry medical officers from Jammu and Kashmir participated in train-the-trainer workshops. These medical officers, along with others previously trained, shared what they knew with 1,036 colleagues and 100 journalists.

Before ICRC operations in Chhattisgarh ceased (see *Civilians*), 48 patients from Chintalnar and Kutru reached referral hospitals in Bijapur or Jagdalpur via two fully equipped ICRC-run ambulances, in close coordination with the state's health authorities.

Hospitals in the Kashmir region boosted their capacities thanks to ICRC support provided upon the government's request and on specific occasions. Twenty medical officers from various districts who had completed a Health Ministry/ICRC course shared what they had learnt about handling surgical and medical emergencies with 185 other officers. The staff at three district hospitals benefited from a course on the same subject conducted independently by the ministry. Ad hoc provisions of medical supplies strengthened the emergency services of four other hospitals.

Mine victims access rehabilitative care

Information campaigns and referral networks raised public awareness of the physical rehabilitation services available at the five ICRC-supported centres in Chhattisgarh, Jammu and Kashmir and Nagaland. These included the Bone and Joint Hospital in Srinagar, Kashmir, which requested for the resumption of ICRC assistance. The centres' technicians used ICRC-supplied raw materials and equipment to manufacture assistive devices; specialists improved their services with the help of in-house mentoring/training abroad, including on amputee assessment and stump care. Some 1,400 patients, including around 65 mine-related referrals, benefited from these services, with the most vulnerable having their transport, food and accommodation costs covered. In May, support to the centre in Nagaland was terminated because the centre had suspended operations, the staff not having received their salaries on time. Over 121 other patients who lived far from these supported centres had the costs of their treatment elsewhere covered.

Regular contacts between rehabilitation training institutes or associations and the ICRC helped promote the sustainability of physical rehabilitation services throughout India.

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

Indian think-tanks, NGOs and academic institutions promote humanitarian principles and IHL

In India, increasing awareness and fostering acceptance of humanitarian principles, IHL and the Movement remained essential. Bilateral dialogue with members of parliament and government ministers, as well as meetings with community leaders, aimed at explaining the ICRC's efforts to address humanitarian issues in India and around the world. Think-tanks and NGOs invited the ICRC to enrich discussions of humanitarian issues and IHL during their events, for instance, the Fourth Biannual Conference of the Asian Society of International Law.

Central and state authorities and members of civil society increased their knowledge of the Movement's activities during various National Society and/or ICRC dissemination sessions and events, including World Red Cross and Red Crescent Day (8 May) celebrations. Media representatives, including reporters in the north-eastern states, covered these activities; they also participated in competitions and workshops aimed at encouraging accurate reporting on IHL-related issues. During the Regional Senior Editors Conference co-organized by the Jamia Milia Islamia University, over 20 senior editors from South and South-East Asia shared best practices, particularly on tackling the difficulties of reporting on conflict/violence.

While university lecturers and students used up-to-date IHL publications and reference documents for their courses, cooperation with various universities and legal institutions promoted IHL teaching and interest in the subject. Lecturers enriched their knowledge of IHL at a regional teacher-training programme and at a national conference; two senior professors did the same at an advanced IHL course in Switzerland. Students tackled IHL-related issues at national and regional competitions, such as the South Asian Essay Writing Competition and the Henry Dunant Memorial Regional Moot Competition, both held in India. Members of the Indian team who won a regional moot court competition in Hong Kong, China (see *Beijing*), served an internship with the ICRC office in Bosnia and Herzegovina.

Indian armed forces discuss the need to provide health care services to violence-affected populations

Relations with some of India's security forces developed, but dialogue on protecting civilians remained limited. Dissemination sessions and predeployment briefings helped raise awareness of humanitarian principles and the Movement's activities among members of the security forces, notably those stationed in tension-prone areas, and among some 840 troops departing on peace-keeping missions. Military officers deepened their knowledge of IHL and over 1,400 paramilitary and police officers learnt more about basic human rights and international standards on the use of force and firearms. Following a new agreement between the Home Affairs Ministry and the ICRC, members of the Rapid Action Battalion also took part in these awareness raising/information sessions.

Although senior army officers did not participate in IHL-related events abroad, various local activities encouraged the integration of IHL into their training and operations. An Indian Armed Forces/ICRC Health Care in Danger workshop encouraged senior military officers to consider including the unhindered delivery of health care for violence-affected populations in their

operational planning. Eight faculty members from the Air Force Administrative College attended a train-the-trainer course. Dialogue with the Coast Guard on incorporating IHL into their training and operations was ongoing. The National Law School of India University in Bangalore finalized an advanced IHL course for senior army officers and planned its launch for 2014.

Activities with the National Police Academy and the Bureau of Police Research and Development did not take place because these institutions were going through a process of reorganization.

The region's governments engage in dialogue on the Arms Trade Treaty

The region's governments pursued efforts to accede to IHL instruments and to enact implementing legislation. Indian government officials participated in a seminar on the "Strengthening IHL" process (see *International law and cooperation*) and, through regular dialogue with the ICRC, learnt more about the Chemical Weapons Convention and the Hague Convention on Cultural Property. Government representatives of the three countries covered shared their experiences regarding the implementation of IHL provisions with their counterparts during regional events (see *Bangladesh and Nepal*) and discussed the Arms Trade Treaty with the ICRC (see *New York*). The Indian government declined to co-host the annual South Asian Regional Conference on IHL, which was therefore postponed to 2014 and moved to another venue.

An ICRC statement at the 52nd Annual Session of the Asian-African Legal Consultative Organization encouraged representatives of Member States to ratify and implement IHL treaties and to ensure that civilians and health care services were protected at all times.

RED CROSS AND RED CRESCENT MOVEMENT

Maldivian Red Crescent boosts its capacity to respond to outbreaks of violence

The Indian Red Cross drew on ICRC financial, technical and material support and worked with the organization to enhance its branches' capacities in providing first aid and family-links services to vulnerable communities (see *Civilians and Wounded and sick*) and youth education. Several state branches published newsletters and held various events in their states and nationwide (see *Authorities, armed forces and other bearers of weapons, and civil society*); others independently conducted first-aid training for their volunteers and trainers.

Induction courses that also covered the Fundamental Principles and communication techniques enabled nearly 800 Red Cross volunteers from six state branches to have a better grasp of their role in providing humanitarian assistance.

Supplies of first-aid equipment and training in the Safer Access Framework helped the Maldivian Red Crescent to sharpen its emergency response capacities before the country's presidential elections (see *Context*).

Movement partners in India and the Maldives coordinated their activities to maximize impact and avoid duplication of services.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Tracing requests, including cases of missing persons			Women	Minors
Tracing cases still being handled at the end of the reporting period (people)		7		1
Documents				
People to whom travel documents were issued		687		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
ICRC visits			Women	Minors
Detainees visited		451	1	8
Detainees visited and monitored individually		411	1	8
Detainees newly registered		146	1	5
Number of visits carried out		30		
Number of places of detention visited		17		
Restoring family links				
RCMs collected		1		
RCMs distributed		10		
Phone calls made to families to inform them of the whereabouts of a detained relative		8		
Detainees visited by their relatives with ICRC/National Society support		123		

* Unaccompanied minors/separated children

1. Bhutan, India

MAIN FIGURES AND INDICATORS: ASSISTANCE ¹		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	420	38%	33%
Essential household items	Beneficiaries	1,772	35%	38%
Productive inputs	Beneficiaries	656	32%	35%
Cash	Beneficiaries	388	30%	35%
Water and habitat activities	Beneficiaries	3,064	30%	40%
Health				
Health centres supported	Structures	4		
Average catchment population		57,800		
Consultations	Patients	16,422		
	<i>of which curative</i>		4,583	5,911
	<i>of which ante/post-natal</i>		263	
Immunizations	Doses	10		
Referrals to a second level of care	Patients	69		
Health education	Sessions	408		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Health				
Number of visits carried out by health staff		23		
Number of places of detention visited by health staff		15		
WOUNDED AND SICK				
Physical rehabilitation				
Centres supported	Structures	5		
Patients receiving services	Patients	1,422	247	358
New patients fitted with prostheses	Patients	164	25	28
Prostheses delivered	Units	285	38	34
	<i>of which for victims of mines or explosive remnants of war</i>	63		
New patients fitted with orthoses	Patients	213	36	92
Orthoses delivered	Units	339	61	172
	<i>of which for victims of mines or explosive remnants of war</i>	1		
Patients receiving physiotherapy	Patients	768	141	205
Crutches delivered	Units	187		
Wheelchairs delivered	Units	47		

1. India

SUVA (regional)

COVERING: Australia, Cook Islands, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, New Zealand, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and autonomous states, territories and colonies of the Pacific



ICRC regional delegation ICRC mission ICRC office/presence

Since 2001, ICRC operations in the Pacific have been carried out by the Suva regional delegation. With the National Societies, it assists governments in ratifying and implementing IHL treaties and promotes respect for IHL and other international norms among armed and security forces, as well as among academic circles, the media and civil society. The ICRC works to ensure that victims of violence in Papua New Guinea receive emergency aid and medical care, while it visits detainees there and elsewhere in the region. It helps National Societies build their emergency response capacities.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ detainees benefited from ICRC visits, recommendations and assistance programmes, which in particular improved the water supply in the women's ward of a facility in Papua New Guinea
- ▶ violence-affected communities in the Papua New Guinea Highlands region met some basic needs with Papua New Guinea Red Cross Society/ICRC support
- ▶ Pacific States ratified/implemented IHL-related treaties, including the Convention on Cluster Munitions, Additional Protocol III, and the Hague Convention on Cultural Property, with 8 States signing the Arms Trade Treaty
- ▶ military experts from 20 countries discussed how to protect medical services at a workshop hosted by the Australian authorities, as well as at pre-workshop events with the ICRC
- ▶ Pacific Island National Societies, supported by the Australian and New Zealand National Societies, the International Federation and the ICRC, became more adept at first aid, restoring family links and the Safer Access Framework

EXPENDITURE (in KCHF)

Protection	886
Assistance	1,612
Prevention	1,915
Cooperation with National Societies	1,278
General	-

5,691

of which: Overheads 347

IMPLEMENTATION RATE

Expenditure/yearly budget	107%
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PERSONNEL

Mobile staff	10
Resident staff (daily workers not included)	24

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	44
RCMs distributed	47
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	4,299
Detainees visited and monitored individually	55
Number of visits carried out	45
Number of places of detention visited	24
Restoring family links	
RCMs collected	72
RCMs distributed	37
Phone calls made to families to inform them of the whereabouts of a detained relative	9

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries	5,000 / 8,075
Water and habitat activities	Beneficiaries	6,000 / 1,410
Health		
Health centres supported	Structures	5

CONTEXT

Natural disasters, fragile national economies and intercommunal violence remained the main threats to stability and prosperity in the Pacific Islands region. An 8.0-magnitude earthquake caused deaths and displacement in the Solomon Islands. Three major tropical cyclones resulted in localized flooding and destruction of homes across the region.

Papua New Guinea was generally stable under its new government. However, the level of violent crime in the country and intercommunal fighting in the Highlands region prompted the government to take several measures: for instance, it deployed its defence forces to the Highlands for law enforcement purposes.

Fiji approved a new constitution, and general elections were scheduled for 2014.

Implementation of the recommendations in the Solomon Islands' Truth and Reconciliation Commission's report on the 1998–2003 violence remained uncertain. The Australian Defence Force gradually withdrew its troops from the Regional Assistance Mission to Solomon Islands.

The governments of Australia and New Zealand, the former holding a seat on the UN Security Council until end-2014, maintained their strong involvement in humanitarian affairs.

Australia, Fiji, Papua New Guinea and Tonga continued to provide troops for peacekeeping operations and/or international coalitions; the deployment of Australian forces to Afghanistan, the Solomon Islands and Timor-Leste came to an end.

ICRC ACTION AND RESULTS

The ICRC focused on building up its operations in Papua New Guinea to address humanitarian needs arising from past conflict in Bougainville and ongoing intercommunal violence in the Highlands. It also helped enhance the capacities of the region's National Societies in coordination with the International Federation and contributed to increasing the impact of Movement activities in the Pacific. It nurtured relations with States influential in humanitarian affairs and contributing to Movement operations.

In Papua New Guinea, the ICRC continued to provide assistance in two priority areas in the Highlands that were the scene of intercommunal violence: communities resumed daily activities with tools, essential household items and agricultural supplies/equipment distributed by Papua New Guinea Red Cross Society/ICRC teams. Residents in one community ensured that people wounded in the violence could receive immediate care, by building a first-aid post with their health authority and the ICRC. In another community, National Society volunteers improved access for people to safe water by rehabilitating their water supply system, using adapted methods learnt from ICRC training. The communities and the ICRC discussed humanitarian principles such as respect for health facilities; owing to prevailing conditions, such dialogue with the leaders and members of the fighting groups remained limited.

People affected by past conflict in Bougainville, as well as civil society actors and other key stakeholders, and the ICRC continued discussions on the issue of persons unaccounted for as a result of the conflict, ways to resolve the issue and possible areas for cooperation.

In Fiji, Nauru, Papua New Guinea, the Solomon Islands and Vanuatu, delegates visited detainees in accordance with the ICRC's standard procedures and reported their findings and recommendations in confidence to the authorities, to help them improve detainees' treatment and living conditions. In Papua New Guinea, the ICRC supported the authorities in addressing health/hygiene issues among detainees, taking steps to offset prohibitive construction costs and other constraints. With the National Society, it also organized family visits for some detainees.

The ICRC visited migrants detained at offshore processing centres established within the framework of agreements between the Australian government and those of Nauru and Papua New Guinea. The Australian Red Cross provided support for the ICRC to visit the centre in Manus Island, Papua New Guinea; the two organizations jointly visited the centre in Nauru. The ICRC shared its findings bilaterally with the authorities concerned.

Progress was made in domestic IHL implementation throughout the region, with several countries ratifying or signing IHL-related treaties, including the Arms Trade Treaty. Several others passed domestic laws implementing IHL. The governments of Australia and New Zealand contributed to a meeting associated with the "Strengthening IHL" process. Their National Societies, together with the International Federation/ICRC, followed up pledges made by the Pacific region at the 31st International Conference, in advance of the Movement's statutory meetings in Sydney, Australia. Several National Societies prepared to launch IHL handbooks for parliamentarians.

Periodic bilateral and multilateral dialogue, including at high levels in Australia and New Zealand, as well as contacts with the region's armed/security forces and civil society, enabled the ICRC to address humanitarian concerns such as civil-military relations and new technologies in warfare. Military experts from 20 countries made recommendations for protecting medical services during armed conflict and other emergencies at a workshop hosted by the Australian government and armed forces in connection with the Health Care in Danger project.

National Societies of the Pacific Islands boosted their capacities in emergency preparedness, first aid, restoring family links, promotion of IHL, and the Safer Access Framework, with technical and financial support from the Australian Red Cross, the New Zealand Red Cross, the International Federation and the ICRC.

CIVILIANS

Violence-affected communities in the Papua New Guinea Highlands region meet some basic needs

In Papua New Guinea, intercommunal violence in the Highlands continued to cause injuries and death, destruction of homes and livelihoods, and displacement. Violence-affected people in two areas particularly affected by the fighting benefited from National Society/ICRC activities, conducted in line with findings of past studies that showed, *inter alia*, that communities involved in fighting respected the principle of neutrality as long as their agreement was obtained before delivering assistance.

At preparatory meetings and information sessions held around the distribution of assistance, communities learnt about the ICRC's activities and discussed humanitarian principles such as respect for schools and health facilities. Although some leaders of the communities involved in fighting were met, substantial dialogue with

them and with the Highlands authorities on broader humanitarian concerns remained sporadic, owing to the adverse environment.

Nonetheless, over 8,000 people (1,615 households) affected by fighting eased their conditions, thanks to National Society/ICRC-donated tools, household essentials and agricultural instruments.

People affected by Highlands violence build a community first-aid post

Building on its relations with district- and provincial-level health authorities, the ICRC collected allegations of violence against patients, health staff and facilities via health centres and, whenever possible, communicated these to the actors concerned, with a view to promoting unhindered access to health care. The strengthened relations were helpful in carrying out improvements at some health centres.

With ICRC support, community representatives, local police, and health authorities boosted their capacities to treat people injured during fighting: they learnt first aid at National Society/ICRC training sessions and received dressing materials. Residents of Uma in the heavily affected Kagua Erave district in the Southern Highlands built a first-aid post using ICRC-supplied construction materials. The provincial health authority committed to providing medicines and training health workers to staff the post. Health services there were expected to begin in 2014; meanwhile, people accessed safe water through a tapstand installed in the facility.

One victim with severe injuries was evacuated by the ICRC for hospital treatment. Otherwise, people injured during fighting were treated at three health facilities that received ad hoc donations of medical equipment and dressing kits; damaged/dilapidated facilities also received solar lamps and basic furnishings from the ICRC.

Violence-affected people gain access to safe water through National Society/ICRC-rehabilitated system

Conditions for communities in the Western Highlands region improved after they acquired better access to safe drinking water, thanks to ICRC efforts to devise provisional/alternative solutions such as water treatment kits and well-construction methods adapted to the prohibitive costs, transportation issues and other obstacles to construction in the country. After learning such methods during on-the-job training with the ICRC, National Society volunteers rehabilitated the water system in one community; two other communities benefited from ICRC-installed rain-water harvesting systems.

In southern Bougainville, 190 violence-affected households resumed daily activities with donated household items. As the violence subsided, support for the Tabago hospital ended, after a final donation of a generator and six months' fuel. A local organization, with ICRC support, rehabilitated two safe houses sheltering female victims of violence.

Bougainvillean authorities, civil society representatives and residents discuss consequences of past conflict

Three exhibits organized by the University of Papua New Guinea and the ICRC featured paintings by Bougainville residents, done in 2012 to express their feelings about the past crisis and their hopes for the future. Such events provided a platform for discussions with the authorities and communities affected about the issue of persons reported missing during the crisis. Stakeholders, including Bougainvillean and Papua New Guinean government representatives, key diplomatic officials and NGOs, increased their awareness of the issue at various meetings.

An assessment of the situation of Bougainvillean citizens who were children during the past crisis and had been placed in foster homes in mainland Papua New Guinea revealed that those who wished to had remained in contact with their families or had returned to Bougainville. National Society/ICRC family-links services were thus not required.

Disaster victims stand to benefit from improved Movement response

Given the sporadic unrest and the region's susceptibility to natural disasters, people stood to benefit from regional efforts – including under the International Federation's disaster management and response platforms and/or with the support of the Australian and New Zealand National Societies – to bolster emergency preparedness, including first aid during periods of violence; family-links services during disasters; the promotion of humanitarian principles; and the Safer Access Framework.

PEOPLE DEPRIVED OF THEIR FREEDOM

People deprived of their freedom in Fiji, Nauru, Papua New Guinea, the Solomon Islands and Vanuatu received visits from delegates, conducted in accordance with the ICRC's standard procedures. Detaining authorities received confidential feedback to help them improve detainees' treatment and living conditions.

Although a memorandum of understanding formalizing ICRC access to detention facilities remained pending with the authorities, in Papua New Guinea, people held at eight correctional

PEOPLE DEPRIVED OF THEIR FREEDOM	FIJI	NAURU	PAPUA NEW GUINEA	SOLOMON ISLANDS	VANUATU
ICRC visits					
Detainees visited	23	788	3,405	26	57
<i>of whom women</i>		102	209		
<i>of whom minors</i>		83	113		1
Detainees visited and monitored individually	22	13		20	
Detainees newly registered	10	13			
Number of visits carried out	8	6	27	2	2
Number of places of detention visited	4	2	14	2	2
Restoring family links					
RCMs collected			72		
RCMs distributed			37		
Phone calls made to families to inform them of the whereabouts of a detained relative			9		
Detainees visited by their relatives with ICRC/National Society support			30	21	
People to whom a detention attestation was issued	3		1		

institutions and five police stations benefited from regular visits to monitor their treatment and living conditions. Dialogue with the authorities and the police covered such subjects as judicial guarantees and respect for detainees' other rights.

Government bodies in Australia, Nauru and Papua New Guinea and the ICRC discussed the situation of hundreds of migrants detained in two offshore processing centres in Nauru and on Manus Island, Papua New Guinea. The authorities concerned also received reports containing the ICRC's findings and recommendations following its visits to the migrants, including those made in Nauru with the Australian Red Cross.

Former internees of the US facility at Guantanamo Bay Naval Station in Cuba who had been resettled in Palau received continued ICRC support for their communications needs and to follow up their situations with the authorities concerned.

Detainees in Papua New Guinea have better access to water

In Papua New Guinea, detainees at seven correctional institutions and six police stations had better living conditions owing to ICRC donations of hygiene materials and recreational items. Inmates at two facilities, including one for women, had better access to safe water following ICRC-supported installation of water tanks and a rainwater collection system. Detainees at four correctional institutions also met their health needs at on-site clinics refurbished with ICRC-provided equipment.

In Fiji, inmates at three cyclone-affected prisons received mattresses and shelter materials distributed by the ICRC.

Practical technical solutions, such as adapted water treatment kits, and partnerships with the authorities and other key stakeholders were developed in Papua New Guinea to improve conditions in other detention facilities quickly and at lower cost, mitigating constraints to construction work (see also *Civilians*). Two members of the correctional services staff learnt more about water and sanitation issues at an international seminar in Cambodia (see *Bangkok*).

Detainees reconnect with relatives through family visits

At two detention facilities in Papua New Guinea, 30 detainees originally from Bougainville were visited by relatives through a National Society/ICRC family visits programme. With ICRC financial support, two detainees returned home three months after their release.

In the Solomon Islands, 21 detainees benefited from family visits facilitated by the ICRC.

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

States pass legislation implementing IHL

Bilateral and multilateral relations with the region's governments and within bodies such as the Pacific Island Law Officers' Network (PILON), helped promote IHL implementation and awareness of humanitarian issues.

Australia ratified the Convention on Cluster Munitions and enacted legislation activating the ICRC's headquarters agreement. New Zealand passed implementing legislation on Additional Protocol III and the Hague Convention on Cultural Property, as did the Federated States of Micronesia on the Chemical Weapons Convention. Eight Pacific States signed the Arms Trade Treaty.

Samoa and the Solomon Islands considered domestic legislation on the 1949 Geneva Conventions.

The Australian and New Zealand authorities, including their national IHL committees, followed up IHL developments, receiving ICRC input on guidelines for protecting civilians and on a national action plan on women, peace and security (Australia) and on the Montreux document on private military and security companies (New Zealand).

In Papua New Guinea, the Department of Foreign Affairs and Trade and the ICRC discussed accession to the Additional Protocols, the establishment of a national IHL committee and an agreement formalizing the ICRC's presence in the country. No progress was made on either front, but ICRC activities continued in the country (see above).

During PILON's annual meeting, representatives of most of the States in the region learnt more about ICRC-recommended best practices in implementing IHL domestically. The Australian and New Zealand governments contributed to a regional meeting on the "Strengthening IHL" process (see *Kuala Lumpur*).

Military experts endorse methods for protecting medical services

Some 30 military experts from over 20 countries discussed methods for protecting medical personnel and facilities during combat operations, and ways to implement these throughout the chain of command, at a workshop hosted by the Australian government and armed forces in connection with the Health Care in Danger project. Relations between the participants, particularly Australians and New Zealanders, and the ICRC developed further during in-depth exchanges at pre-workshop events.

Armed/security forces learn more about IHL during training with Pacific counterparts

The Australian military/police forces conferred with the ICRC on IHL-related, humanitarian or operational issues, including lessons learnt from their Afghanistan operations and prospects for cooperation thereafter, and various training initiatives, including pre-deployment briefings, programmes with the Australian Red Cross and multinational military exercises.

The New Zealand armed forces launched a civil-military relations course, with ICRC support.

The Papua New Guinean armed forces and the ICRC discussed the issue of persons unaccounted for in Bougainville (see *Civilians*) and other IHL-related matters. The Royal Papua New Guinea Constabulary and the ICRC maintained contact, allowing the former to deepen its understanding of internationally recognized policing standards. Private security companies operating in sensitive areas in the country and the ICRC updated each other on their activities.

Officers added to their knowledge of IHL and other applicable norms at local/overseas briefings/courses. These included: sessions at Australia and New Zealand's command and staff colleges; a Fijian military-sponsored workshop for Fijian and Papua New Guinean military/police/corrections officers; workshops for senior Papua New Guinean military officers and Bougainville/Highlands police forces; an international workshop on public order management (see *Jakarta*); and a workshop on military sanctions in

Switzerland, attended by Fijian military officials. Top officials also attended advanced courses in Colombia (see *International law and cooperation*) and in San Remo.

Peacekeeping troops attended ICRC-facilitated predeployment briefings.

Public and civil society sectors in Australia and New Zealand extend humanitarian debate

Authorities (including at high level in Australia and New Zealand), think-tanks, academic institutions, civil society organizations and the Australian and New Zealand National Societies promoted IHL among various audiences and raised awareness of domestic/global humanitarian issues such as the goals of the Health Care in Danger project, new technologies in warfare, civil-military relations and the Arms Trade Treaty. They incorporated humanitarian themes and ICRC presentations in their programmes/activities, which included exhibits/events around the Movement's statutory meetings, courses at the Asia Pacific Centre for Military Law in Australia and the annual conference of the Australian and New Zealand Society of International Law and work with an NGO coordinating body in New Zealand.

In Australia, government employees, Civilian Corps members, humanitarian/NGO workers and students furthered their understanding of IHL, humanitarian issues and the ICRC's mandate at National Society/ICRC lectures.

University students from Australia and New Zealand participated in moot court competitions, including at regional level (see *Beijing*). A Fijian high school student spoke about nuclear weapons at the Movement's statutory meetings, in consequence of winning an ICRC-supported Pacific-wide speech competition organized by the New Zealand Red Cross.

The media raised awareness of humanitarian issues, using ICRC resources for their stories on the organization's activities in their countries – e.g. family visits for detainees in Papua New Guinea – and abroad. An Australian correspondent contributed to an international conference on conflict reporting (see *New Delhi*). Online initiatives helped expand the ICRC's audience in Australia.

RED CROSS AND RED CRESCENT MOVEMENT

Pacific Island National Societies – together with the Australian, French, Japanese and New Zealand National Societies – strengthened common approaches to humanitarian priorities at Movement-organized events, including one for legal advisers (see *Beijing*).

The Republic of the Marshall Islands Red Cross strengthened its legal base after obtaining government recognition. As with other National Societies, it received support in this process and/or in clarifying their auxiliary roles. The National Societies in the Cook Islands, the Federated States of Micronesia, Papua New Guinea, Samoa, and the Solomon Islands, with Australian Red Cross support, drafted/launched IHL handbooks for their parliamentarians.

The National Societies boosted their leadership and governance with help from the Movement's Pacific Governance Enhancement Programme Working Group, which reviewed its terms of reference and formed a complementary group focusing on finance.

The Australian/New Zealand National Societies, with the International Federation/ICRC, followed up pledges made by the Pacific region at the 31st International Conference, in advance of the Movement's statutory meetings in Sydney.

National Societies furthered their IHL promotion and emergency response capacities through ICRC-supported events, (see *Civilians*); the International Federation and the ICRC developed family-links data collection templates and a training curriculum for Pacific Island National Societies. Australian and New Zealand Red Cross staff interested in working in overseas operations attended ICRC briefings.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		44		
RCMs distributed		47		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		14	3	7
Tracing cases still being handled at the end of the reporting period (people)		14	3	7
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
ICRC visits			Women	Minors
Detainees visited		4,299	311	197
Detainees visited and monitored individually		55		
Detainees newly registered		23		
Number of visits carried out		45		
Number of places of detention visited		24		
Restoring family links				
RCMs collected		72		
RCMs distributed		37		
Phone calls made to families to inform them of the whereabouts of a detained relative		9		
Detainees visited by their relatives with ICRC/National Society support		51		
People to whom a detention attestation was issued		4		

* Unaccompanied minors/separated children

1. Fiji, Nauru, Papua New Guinea, Solomon Islands, Vanuatu

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	8,075	17%	48%
	<i>of whom IDPs</i>	8,075		
Water and habitat activities	Beneficiaries	1,410	43%	14%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	2,043		
Water and habitat activities	Beneficiaries	2,700		

1. Papua New Guinea

MISSION

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.



ICRC

VOLUME II

ANNUAL REPORT

2013



ICRC

This report is primarily an account of the ICRC's work in the field and its activities to promote international humanitarian law. Mention is made of some of the negotiations entered into with a view to bringing protection and assistance to the victims of international and non-international armed conflicts and other situations of violence. Other negotiations are not mentioned, since the ICRC feels that any publicity would not be in the interests of the victims. Thus, this report cannot be regarded as covering all the institution's efforts worldwide to come to the aid of the victims of conflict.

Moreover, the length of the text devoted to a given country or situation is not necessarily proportional to the magnitude of the problems observed and tackled by the institution. Indeed, there are cases which are a source of grave humanitarian concern but on which the ICRC is not in a position to report because it has been denied permission to take action. By the same token, the description of operations in which the ICRC has great freedom of action takes up considerable space, regardless of the scale of the problems involved.

The maps in this report are for illustrative purposes only and do not express an opinion on the part of the ICRC.

All figures in this report are in Swiss francs (CHF). In 2013, the average exchange rate was CHF 0.9261 to USD 1, and CHF 1.2274 to EUR 1.

VOLUME II

ANNUAL REPORT

2013



ICRC

CONTENTS

VOLUME I

Abbreviations and definitions	4
Message from the president	8
ICRC management framework and descriptions of programmes	10
ICRC corporate management framework	10
Programme descriptions	14
ICRC field structure	20
Contributions	20
Description of the accounting model	21
Internal control system	22
Internal audit	23
External audit	23
Annex 1: the ICRC's operational approach to result-based management – improving humanitarian action	24
Managing ICRC operations: the cycle and the results	24
Result-based management in ICRC programmes	28
Result-based management and standard reporting to donors	31
Annex 2: the ICRC's operational approach to women and girls	34
Background and approach	34
Women and girls in ICRC programmes, by target population	35
Annex 3: the ICRC's operational approach to children	40
Children in armed conflict and other situations of violence	40
Protection under international law	40
The ICRC's multidisciplinary approach	41
Children in ICRC programmes, by target population	41
Annex 4: the ICRC's operational approach to displacement	47
Displacement and the displaced	47
The “all phases” approach	47
The “all victims” approach	48
The multidisciplinary approach	48
Relations with the Movement and humanitarian coordination	49
Displacement in ICRC programmes, by target population	49
HEADQUARTERS	54
ICRC governing and controlling bodies	55
Meetings and decisions of the governing bodies	55
Missions	55
Directorate	56
Strategic orientations for 2011–2014	56
Office of the director-general	58
Leading the directorate	58
Managing the ICRC's performance	58
Developing partnerships	59
Positioning the ICRC in external debates	59
People management	59
Ombudsman	59
Legal Counsel	59
Operations	60
Health care in danger	61
Central tracing agency and protection	61
Assistance	62
Human resources development	64
Relations with other organizations and contribution to the humanitarian debate	64
International law and cooperation	65
Legal capacity and protection of the ICRC	65
International humanitarian law	65

Integration and promotion of the law	66
Research, training and debate on IHL	67
Dialogue with armed, security and police forces, and other weapon bearers	68
Multilateral diplomacy, policy and humanitarian action	68
Movement coordination and cooperation	69
Communication and information management	71
Communication	71
Archives and information management	73
Information and communication technology	74
Human resources	76
Financial resources and logistics	79
Finance and administration	79
Funding	80
Logistics	83
Cross-cutting projects and management processes	84

OPERATIONS

87

The ICRC around the world	88
Operational highlights	90
Conflict environments and challenges for humanitarian action	90
Operations: review, approach and thematic challenges	90
ICRC operations in 2013: a few facts, figures and results	93
User guide: layout of delegation sections	97
User guide: yearly results	98
User guide: figures and indicators – explanations	99

AFRICA

104

Introduction	106
Delegations	
Algeria	114
Burundi	118
Central African Republic	123
Chad	129
Congo, Democratic Republic of the	135
Eritrea	142
Ethiopia	146
African Union	151
Guinea	154
Liberia	159
Libya	164
Mali	170
Mauritania	177
Nigeria	182
Rwanda	187
Somalia	192
South Sudan	199
Sudan	206
Uganda	212
Regional delegations	
Abidjan	217
Antananarivo	223
Dakar	228
Harare	235
Nairobi	240
Niamey	246

Pretoria	252
Tunis	256
Yaoundé	261

ASIA AND THE PACIFIC 268

Introduction	270
--------------	-----

Delegations

Afghanistan	278
Bangladesh	285
Myanmar	290
Nepal	295
Pakistan	300
Philippines	305
Sri Lanka	311

Regional delegations

Bangkok	316
Beijing	322
Jakarta	327
Kuala Lumpur	332
New Delhi	337
Suva	343

VOLUME II

EUROPE AND THE AMERICAS 352

Introduction	354
--------------	-----

Delegations

Armenia	362
Azerbaijan	367
Georgia	373
Kyrgyzstan	379

Regional delegations

Europe	384
Moscow	389
Tashkent	394
Western Balkans	400

Brussels	406
London	410
Paris	414

Delegations

Colombia	418
Haiti	424

Regional delegations

Brasilia	429
Caracas	435
Lima	439
Mexico City	445
Washington	452

New York	457
----------	-----

MIDDLE EAST 460

Introduction	462
--------------	-----

Delegations

Egypt	470
Iran, Islamic Republic of	474

Iraq	478
Israel and the Occupied Territories	484
Jordan	491
Lebanon	497
Syrian Arab Republic	503
Yemen	508

Regional delegation

Kuwait	514
--------	-----

MAIN FIGURES AND INDICATORS 521

Protection figures and indicators	522
Assistance figures and indicators	524

FINANCE AND ADMINISTRATION 529

The financial year 2013	530
Consolidated financial statements of the ICRC 2013	531
Consolidated Statement of Financial Position	532
Consolidated Statement of Comprehensive Income	533
Consolidated Statement of Cash Flows	534
Consolidated Statement of Changes in Reserves	535
Notes to the Consolidated Financial Statements	536
Ernst & Young letter	565

Financial and statistical tables 567

A. Income and expenditure related to the 2013 Emergency and Headquarters Appeals	568
B. Income and expenditure by delegation related to the 2013 Emergency Appeals	570
C. Contributions in 2013	574
D. Contributions in kind, in services and to integrated projects (IPs) 2013	580
E. Comparative balance sheet and statement of income and expenditure for the last five years	582
F. Assistance items figures	582

Funds and foundations 588

Foundation for the International Committee of the Red Cross	589
Augusta Fund	590
Clare Benedict Fund	591
Florence Nightingale Medal Fund	592
Jean Pictet Fund	593
Maurice de Madre French Fund	594
Omar el Mukhtar Fund	595
Paul Reuter Fund	596
ICRC Special Fund for the Disabled	597

ANNEXES 601

Organizational chart 602

ICRC decision-making structures 603

ICRC strategy 2011–2014 605

The ICRC and its work with other components of the International Red Cross and Red Crescent Movement 608

Legal bases 609

Universal acceptance of the Geneva Conventions and their Additional Protocols	609
---	-----

States party to the Geneva Conventions and their Additional Protocols 610

EUROPE AND THE AMERICAS



KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ conflict-affected people, mainly in Armenia, Azerbaijan, Colombia and Georgia, and migrants in Central/North America and Europe improved their situation with assistance from the National Societies/ICRC and other partners
- ▶ detainees/internees in 30 contexts benefited from: ICRC visits to monitor their detention conditions; family contact; technical support to and dialogue with the authorities, including on prison health care and medical ethics
- ▶ families, including of migrants, welcomed ongoing work with governments and experts to clarify the fate of missing relatives, notably on 16,200 unresolved cases related to conflicts in the Balkans and Nagorny Karabakh
- ▶ after its adoption by the UN General Assembly in April, 66 countries in the region signed the Arms Trade Treaty, to which the ICRC had contributed IHL-related language, with 7 of them ratifying it during the year
- ▶ the region's National Societies, including those operating outside their own countries, worked with the ICRC to respond to humanitarian needs, including of people injured during emergencies and migrants
- ▶ in a few contexts, the ICRC adapted its operations to constraints or changes in the situation, reducing/suspending some activities in the northern Caucasus (Russian Federation) and terminating visits to detainees in Uzbekistan

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	416
RCMs distributed	347
Phone calls facilitated between family members	13,044
People located (tracing cases closed positively)	962
People reunited with their families	189
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	178,378
Detainees visited and monitored individually	2,883
Number of visits carried out	801
Number of places of detention visited	292
Restoring family links	
RCMs collected	1,596
RCMs distributed	1,117
Phone calls made to families to inform them of the whereabouts of a detained relative	216

EXPENDITURE (in KCHF)	
Protection	40,555
Assistance	46,472
Prevention	35,466
Cooperation with National Societies	12,510
General	608
	135,612
	<i>of which: Overheads 8,272</i>

ASSISTANCE	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)	
Food commodities	Beneficiaries 47,960
Essential household items	Beneficiaries 98,186
Productive inputs	Beneficiaries 20,255
Cash	Beneficiaries 29,039
Vouchers	Beneficiaries 3
Work, services and training	Beneficiaries 65,276
Water and habitat activities	Beneficiaries 329,414
Health	
Health centres supported	Structures 79
WOUNDED AND SICK	
Hospitals	
Hospitals supported	Structures 33
Water and habitat	
Water and habitat activities	Number of beds 4,398
Physical rehabilitation	
Centres supported	Structures 12
Patients receiving services	Patients 20,508

IMPLEMENTATION RATE	
Expenditure/yearly budget	95%
PERSONNEL	
Mobile staff	233
Resident staff (daily workers not included)	1,358



EUROPE DELEGATIONS

- Armenia
- Azerbaijan
- Georgia
- Kyrgyzstan

THE AMERICAS DELEGATIONS

- Colombia
- Haiti

EUROPE REGIONAL DELEGATIONS

- Europe
- Moscow
- Tashkent
- Western Balkans

THE AMERICAS REGIONAL DELEGATIONS

- Brasilia
- Caracas
- Lima
- Mexico City
- Washington

- Brussels
- London
- Paris

New York

 ICRC delegation
  ICRC regional delegation
  ICRC mission



Rodrigo ABD / ICRC

EUROPE AND THE AMERICAS

In 2013, the ICRC's priorities were to help strengthen the protection of and provide assistance to people affected by armed conflicts or other situations of violence, including by helping to clarify the fate of people unaccounted for from past and current conflicts. The organization stepped up its efforts to assist vulnerable migrants, particularly in Central America, Europe and Mexico. It contributed to ensuring that people deprived of their freedom benefited from treatment and living conditions conforming to internationally recognized standards, and to enhancing respect for the applicable judicial guarantees/procedural safeguards. In parallel, State institutions received support in improving their response to humanitarian needs.

In some cases, such as the multidisciplinary violence-mitigation project in *favelas* in Rio de Janeiro (Brazil) and the Exploring Humanitarian Law programme in Serbia, the ICRC wound up its programmes and handed them over to the authorities, the National Society or other local partners, ensuring their sustainability. In other instances, the ICRC had to suspend or scale back its operations owing to constraints or changes in the situation. For example, it reduced its operational presence in the northern Caucasus (Russian Federation) to adapt to the prevailing circumstances, and terminated visits to detainees in Uzbekistan as it was unable to work according to its standard procedures.

National Societies were the ICRC's main operational partners, notably in the Bolivarian Republic of Venezuela (hereafter Venezuela), Colombia, Mexico and Tajikistan. They benefited from ICRC support for their capacity-building efforts, particularly regarding emergency preparedness, the Safer Access Framework, restoring family links and IHL dissemination. In coordination with the International Federation, the ICRC helped National Societies adapt and, where needed, restructure their legal bases and organizational set-ups in line with Movement requirements. With National Societies operating outside their respective countries, such as those from North America and Western Europe, the ICRC further developed cooperation on enhancing emergency response capacities in violence-affected countries.

Given the frequent involvement of armed forces in law enforcement operations, particularly in Latin America, dialogue with armed and security forces emphasized legal standards for the use of force. The ICRC also continued to promote the integration of IHL into military doctrine, operating procedures and manuals, and developed training in international human rights norms and humanitarian principles for both the police and armed forces, often helping them to build their own capacities to conduct such training. In its contacts with armed groups, it similarly strove to reinforce their familiarity with IHL and other relevant norms and to reiterate humanitarian concerns.

Discussions with military units deployed abroad, such as those of France, the United Kingdom of Great Britain and Northern Ireland, and the United States of America (hereafter US), highlighted the protection due to civilians and those arrested/captured. In parallel, ICRC interaction with UN peacekeepers and with the command structures and field personnel of organizations such as the Collective Security Treaty Organization and NATO focused on respect for IHL.

In line with the objectives of the Health Care in Danger project, the ICRC raised awareness among authorities and key civil society stakeholders of the need to protect medical personnel/structures and patients during emergencies. Briefings for weapon bearers also emphasized this issue and helped facilitate safe access by medical/humanitarian workers to victims.

During some 800 visits to nearly 300 places of detention region-wide, conducted according to standard ICRC procedures, ICRC delegates monitored the treatment and living conditions of over 178,000 detainees/internees, enabled them to communicate with their relatives through RCMs and phone/video calls, and provided confidential feedback to the authorities on improving detention conditions where necessary.

Policy-makers, forensic experts and NGOs took on board the ICRC's inputs and strengthened their capacities to handle and identify human remains, collect and manage data, and provide psychosocial support to families of missing persons.

With ICRC guidance, governments made progress towards the ratification of/accession to IHL treaties, including the Arms Trade Treaty, and their domestic implementation. Activities geared towards academia, mass media and the general public, such as events related to the "150 years of humanitarian action" initiative, helped promote and develop IHL and fostered understanding and acceptance of the organization's neutral, impartial and independent humanitarian action. With National Societies, the ICRC continued to collect information on relevant national practice to update its customary IHL database.

Through its delegations in Brussels (Belgium), Caracas (Venezuela), Moscow (Russian Federation), New York (US), Paris (France) and Washington (US), the ICRC shared its views on humanitarian concerns with intergovernmental organizations such as the Caribbean Community, the Commonwealth of Independent States, the European Union, the Organization of American States and UN bodies. It notably provided input on IHL-related language for the Arms Trade Treaty, which was adopted by the UN General Assembly in April.

The ICRC coordinated its activities with Movement partners, UN agencies and other humanitarian players to ensure the efficient delivery of aid, maximize impact, identify unmet needs and avoid duplication.

THE AMERICAS

In its field operations, the ICRC combined protection, assistance and prevention approaches to help people affected by conflict or violence cope with their situation. Among the beneficiaries were people affected by the armed conflict in Colombia, including those suffering its spillover effects in the border regions of neighbouring

countries; people affected by fighting in Peru's Apurímac-Ene y Mantaro Valley; and victims of violence throughout the region, including migrants exposed to the risk of abuse along their route.

In Colombia, the ICRC worked with the authorities to improve their capacities to address the needs of conflict/violence-affected people; this contributed to better access to State assistance for IDPs. Some 45,000 people benefited from direct assistance in cash or kind, while agricultural implements and other productive inputs helped several thousand people sustainably restore/improve their livelihoods. Together with the Colombian Red Cross, delegates worked to raise awareness of and mobilize State action on weapon contamination, and helped victims of sexual violence obtain access to medical treatment. As a neutral intermediary, the ICRC facilitated access to and the delivery of health care services, the release of people held by armed groups, and the transport of negotiators in the peace process between the Colombian government and the Revolutionary Armed Forces of Colombia – People's Army.

ICRC-supported projects, often implemented by National Societies, for example in El Salvador, Guatemala, Honduras and Mexico, bolstered the capacities of communities in violence-prone areas and of State institutions to mitigate the effects of violence and respond to its humanitarian consequences. Community members in Chile and northern Paraguay acquired first-aid skills, while the Venezuelan Red Cross organized medical missions in border areas with material/logistical support. In the *favelas* of Rio de Janeiro, local partners started replicating similar activities after the ICRC pilot project came to an end in December. In Medellín, Colombia, livelihood training and employment assistance helped residents deal with the economic impact of violence. In Ecuador, Haiti, Honduras, Panama and Peru, improved water-supply facilities and hygiene practices helped reduce health risks in remote communities and alleviated the impact of violence on their access to basic services.

The Mexican authorities received recommendations for improving living conditions for migrants in retention centres, while repair/rehabilitation work improved migrants' living conditions in shelters. The support provided to National Societies enhanced their response to the needs of migrants bound for the US, particularly in terms of health care and family-links services. Boosting efforts to determine the fate or whereabouts of missing persons, including migrants, the ICRC provided training and technical advice to State institutions and forensic experts, including in Argentina and Chile, and facilitated regional coordination on this issue.

The ICRC also sought to improve the protection of vulnerable people by disseminating IHL and other relevant norms among the region's military and security forces and encouraging the integration of these norms into their doctrine, training and operations. Such activities – for instance, joint training for police and defence personnel in several Caribbean countries – emphasized compliance with internationally recognized standards for the use of force, including in cases of arrests/detention.

Acting on findings from visits to detainees/internees in 12 countries, the ICRC engaged in confidential dialogue with the authorities, providing recommendations as necessary. Discussions

with US government representatives emphasized the humanitarian needs of internees at the US internment facility at the Guantanamo Bay Naval Station in Cuba and concerns related to medical ethics, particularly during hunger strikes, as well as the US' residual responsibility for inmates previously in its custody. Although progress remained slow owing to other government priorities, the ICRC backed penitentiary reform efforts, including health care initiatives, in Haiti. In El Salvador, it provided direct support and helped mobilize international bodies to address problems related to poor living conditions in prisons.

EUROPE AND CENTRAL ASIA

ICRC operations focused on the needs of people affected by past or low-intensity armed conflicts and ongoing violence, and of vulnerable migrants. As the situation evolved, the organization adapted its approach in some contexts.

In Tajikistan, households affected by past clashes spurred their economic recovery through income-generating projects using ICRC grants. Medical supplies and training helped health facilities in affected areas handle emergency cases, while training in Kazakhstan and Uzbekistan prepared health professionals to respond to emergencies. Civilians in Armenia and Azerbaijan affected by the unresolved Nagorny Karabakh conflict, and families in Georgia still recovering from the effects of past conflicts, developed/started livelihood activities with ICRC assistance. Water-supply and shelter rehabilitation projects also improved their living conditions and safety. Despite reducing and, in some cases, suspending its humanitarian activities in the northern Caucasus, the ICRC was still able to assist some of the most vulnerable people affected by past conflicts. The beneficiaries included victims of mines/explosives remnants of war, while technical and financial support helped governments/National Societies carry out mine-awareness and victim-assistance programmes in the Caucasus, Central Asia and the Western Balkans.

As a neutral intermediary, the ICRC helped people in Georgia obtain medical treatment or reunite with family members across the Abkhaz and South Ossetian administrative boundary lines. It facilitated family contact for POWs and civilian internees in Armenia and Azerbaijan, the repatriation of civilian internees to Armenia and the recovery of human remains from the no-man's-land.

As part of its efforts to clarify the fate of missing persons, the ICRC facilitated meetings of a working group in Kosovo¹ and Serbia, and of two coordination mechanisms involving Georgia, the Russian Federation and representatives of the *de facto* authorities of Abkhazia and South Ossetia. A new working group, in which it participated as an observer, paved the way for increased coordination between Croatian and Serbian government representatives on this issue. Dialogue within the framework of these mechanisms resulted in the recovery and identification of human remains and their handover to the families for proper burial. In Bosnia and Herzegovina, the efforts of all concerned led to the resolution of 649 cases of missing persons; however, over 11,600 such cases remained unresolved throughout the Western Balkans. In Armenia and Azerbaijan, preparations continued for DNA-sample collection from families to help clarify the fate

of 4,603 people remaining unaccounted for in relation to the Nagorny Karabakh conflict.

In coordination with Movement partners, the ICRC sought to develop dialogue with policy-makers in Europe and with regional bodies regarding the situation of vulnerable migrants. It also disseminated information about the Movement's family-links services. Movement meetings and peer-to-peer support between National Societies helped strengthen such services for migrants; in Greece, the ICRC temporarily took over the implementation of family-links activities from the Hellenic Red Cross.

People detained/interned in 18 contexts, including migrants, people detained on security-related charges, and people held in European countries under the authority of international tribunals received ICRC visits. Drawing on ICRC technical support, the authorities in Kyrgyzstan continued to facilitate TB screening and treatment for inmates; meanwhile, those in Georgia sustained the implementation of a primary health care programme in prisons, which was initiated with ICRC support in 2011.

In the Western Balkans, the ICRC was able to reduce or phase out direct support to several National Societies that had demonstrated their capacities to conduct humanitarian activities independently. It provided support to the Ukrainian Red Cross, which administered first aid and evacuated the wounded after protests broke out in Kiev in November.

1. UN Security Council Resolution 1244

PROTECTION MAIN FIGURES AND INDICATORS

PROTECTION													
	CIVILIANS										Detainees visited	of whom women	of whom minors
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	Names published on the ICRC family-links website	People reunited with their families	UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	People transferred/repatriated	Human remains transferred/repatriated	People located (tracing cases closed positively)	People to whom travel documents were issued			
Armenia	16	21									6	1	
Azerbaijan	33	54	47						12	6	10,827	711	120
Georgia	260	185			25	544	5	46			12,562	656	63
Kyrgyzstan	1	5							7	7	9,279	509	91
Europe (regional)		1	4								2,785	27	68
Moscow (regional)	17	11	6						7	34			
Tashkent (regional)	4	1	12										
Western Balkans (regional)	1			10,150			1	694			38		
Brussels											2		
Paris	2		11							2	1		
Colombia	75	66				26	12	190			96,729	8,292	1,117
Haiti			240								8,071	130	100
Brasilia (regional)	3	3	1								68	7	
Caracas (regional)										5			
Lima (regional)								3			3,737	475	157
Mexico City (regional)	4		12,120		164	3		3			34,107	3,201	181
Washington (regional)			603							1	166		
Total	416	347	13,044	10,150	189	3	571	17	962	55	178,378	14,009	1,897

* Unaccompanied minors/separated children

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees visited and monitored individually	of whom women	of whom minors	Detainees newly registered	of whom women	of whom minors	Number of visits carried out	Number of places of detention visited	RCMs collected	RCMs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	Detainees released and transferred/repatriated by/via the ICRC	People to whom a detention attestation was issued	
6	1		2	1		10	4	7	14		1		1	Armenia
147	17	3	80	16		48	20	77	42	76	2	2	6	Azerbaijan
125	9		66	1		109	17	112	95		22		17	Georgia
208	4	5	125	2	4	140	46	12		2	168			Kyrgyzstan
26						32	30			4				Europe (regional)
								4	12		348		5	Moscow (regional)
									3		117			Tashkent (regional)
36			5			14	13						430	Western Balkans (regional)
2						2	2							Brussels
1						1	1							Paris
1,771	129	10	205	23	10	141	64	48	17		1,037			Colombia
						36	13							Haiti
68	7		33	3		17	11				30			Brasilia (regional)
													1	Caracas (regional)
274	35		100	6		59	25	5	4		279		2	Lima (regional)
79	3		39	1		184	45	13	1		10		3	Mexico City (regional)
140						8	1	1,318	929	134			6	Washington (regional)
2,883	205	18	655	53	14	801	292	1,596	1,117	216	2,014	2	471	Total

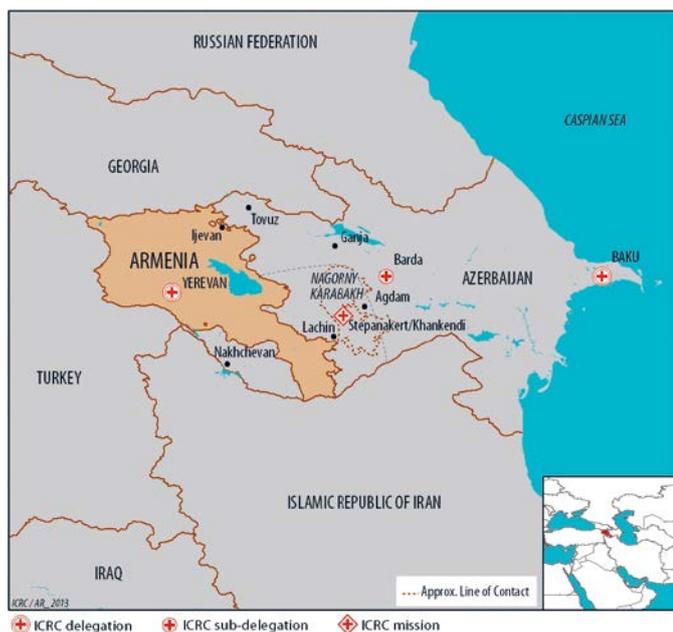
ASSISTANCE MAIN FIGURES AND INDICATORS

ASSISTANCE														
	CIVILIANS											PEOPLE DEPRIVED OF THEIR FREEDOM		
	Civilians - Beneficiaries							Health centres						
	Food commodities	Essential household items	Productive inputs	Cash	Vouchers	Work, services and training	Water and habitat activities	Health centres supported	Average catchment population	Consultations (patients)	Immunizations (doses)	Food commodities	Essential household items	Water and habitat activities
Armenia			4,007	199			2,799							
Azerbaijan	2,419	2,539		2,871			15,363						5,030	
Georgia	536	532	1,100	2,635									10	55
Kyrgyzstan		63,289											5,529	902
Moscow (regional)	2	33	1,788	337			13					459	260	
Tashkent (regional)	639	143		1,484				9	80,437			59	60	
Colombia	25,743	31,536	13,360	20,112			48,325	20,491	56	107,296	1,678	609		11,826
Haiti													6,620	6,465
Brasilia (regional)				497			1,566							
Lima (regional)	37	114		904	3		9	5,148				345	2,989	630
Mexico City (regional)	18,584							64,783	14	5,379	25,796	780	125	178
Total	47,960	98,186	20,255	29,039	3	65,276	329,414	79	193,112	27,474	1,389	988	20,676	46,025
of whom women	32%	41%	28%	36%	33%	35%	29%			4,988				
of whom children	31%	17%	37%	30%	33%	33%	25%			2,876	815			
of whom IDPs	21,434	23,914	4,467	17,647			45,913	11,348						

ASSISTANCE

WOUNDED AND SICK												
Hospitals				First aid	Physical rehabilitation							
Hospitals supported	of which provided data	Admissions (patients)	of whom weapon-wounded	First-aid posts supported	Centres supported	Patients receiving services	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered	Patients receiving physiotherapy	
												Armenia
												Azerbaijan
												Georgia
17				4								Kyrgyzstan
4	4	3,835	182									Moscow (regional)
12												Tashkent (regional)
					4	14,158	502	1,659	703	2,870	6,169	Colombia
												Haiti
												Brasilia (regional)
												Lima (regional)
					8	6,350	74	363	137	549	4	Mexico City (regional)
33	4	3,835	182	4	12	20,508	576	2,022	840	3,419	6,173	Total
		1,819	20			5,766	156	318	188	544		of whom women
		1,239				2,915	41	1,397	59	2,261		of whom children
of which for victims of mine or explosive remnants of war									108	29		of whom IDPs

ARMENIA



The ICRC has been working in Armenia since 1992 in relation to the Nagorno Karabakh armed conflict. It focuses on the issue of missing persons and on detainees held for conflict-related or security reasons, and works to protect and assist communities living along the international border with Azerbaijan. It promotes the national implementation of IHL and its integration into the armed and security forces' doctrine, training and sanctions and into academic curricula. The ICRC works in partnership with and aims to help strengthen the capacities of the Armenian Red Cross Society.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ with the ICRC acting as a neutral intermediary, two civilian internees were voluntarily repatriated from Azerbaijan and two POWs held in Armenia and Azerbaijan respectively were able to maintain contact with their families
- ▶ over 1,000 conflict-affected families in the Tavush border region improved food production and access to water owing to ICRC water and livelihood-assistance projects
- ▶ civilians living in exposed villages along the international border shared their conflict-related concerns with the ICRC for follow-up with the relevant authorities
- ▶ preparations continued for a DNA-sample collection project to help clarify the fate of people missing in relation to the Nagorno Karabakh conflict
- ▶ families of missing persons accessed comprehensive support from the ICRC/ local partners/the Armenian Red Cross Society by way of home visits, information sessions and workshops addressing their psychosocial needs
- ▶ senior officers and troops stationed along the international border and those bound for peacekeeping missions abroad learnt more about IHL and ICRC activities during dissemination sessions

EXPENDITURE (in KCHF)

Protection	463
Assistance	1,054
Prevention	475
Cooperation with National Societies	235
General	-

2,228

of which: Overheads 136

IMPLEMENTATION RATE

Expenditure/yearly budget	102%
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PERSONNEL

Mobile staff	4
Resident staff (daily workers not included)	30

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	16
RCMs distributed	21
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited and monitored individually	6
Number of visits carried out	10
Number of places of detention visited	4
Restoring family links	
RCMs collected	7
RCMs distributed	14

ASSISTANCE	Targets	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Productive inputs	Beneficiaries	480	4,007
Cash	Beneficiaries	40	199
Work, services and training	Beneficiaries	80	
Water and habitat activities	Beneficiaries	300	2,799

CONTEXT

Tensions remained high along the Line of Contact and the international border between Armenia and Azerbaijan. Cross-border exchanges of fire and the presence of mines/explosive remnants of war (ERW) continued to have adverse consequences for security and the socio-economic situation, causing both military and civilian casualties and exacerbating political tensions between the two countries.

Mediators from the Minsk Group of the Organization for Security and Co-operation in Europe periodically visited the region and met with Armenian and Azerbaijani leaders, with a view to reaching a peaceful settlement to the Nagorny Karabakh conflict. Notably, the presidents of Armenia and Azerbaijan met for the first time in almost two years, at a summit organized in Austria by the Minsk Group.

The government began negotiations to join the Russian Federation-initiated Customs Union and also confirmed its interest in strengthening cooperation with the European Union. In February, President Serzh Sargsyan was re-elected in a process monitored by international observers.

ICRC ACTION AND RESULTS

The ICRC continued working to alleviate the humanitarian consequences in Armenia of the unresolved Nagorny Karabakh conflict. It monitored – through regular field visits – the situation of civilians living on both sides of the international border between Armenia and Azerbaijan, and when necessary, reminded the Armenian, Azerbaijani and *de facto* Nagorny Karabakh authorities of their obligations under IHL.

The ICRC implemented an integrated approach in border areas, where insecurity hindered access to water and restricted livelihood opportunities, to help communities improve their economic and living conditions. To this end, it distributed agricultural inputs and rehabilitated water and community infrastructure, and provided cash assistance to particularly vulnerable people to help them meet their immediate needs. At their request, the ICRC raised border communities' concerns with the relevant authorities. In March, the authorities announced their decision to provide subsidies in response to the needs of such communities. Further, ICRC workshops helped bolster local leaders' capacities to communicate their villages' concerns to the appropriate authorities.

Acting as a neutral intermediary and at the request of the parties concerned, the ICRC facilitated the voluntary repatriation of two Armenian civilian internees from Azerbaijan and the recovery of the remains of an Azerbaijani civilian killed in a mine explosion near the international border.

Resolving the fate of people who went missing during the conflict remained a priority. The ICRC assisted the Armenian State Commission on Prisoners of War, Hostages and Missing Persons (CEPOD) in setting up and managing a centralized system for ante-mortem data collected from the families of missing persons, providing technical support throughout the process. It made preparations, with the Armenian Red Cross Society, to collect DNA samples from relatives of the missing, with a view to preserving such information for future efforts to identify human remains.

The ICRC continued to encourage the authorities to meet the needs of the families of missing persons, including through the adoption of a law protecting their rights; it also extended its support for the families, including those not previously reached, and expanded the scope of support to include activities for the younger generation who grew up with their relatives missing. ICRC training helped bolster the capacities of local partners and the National Society, enabling more families to access psychological, social and legal support. Vulnerable families also received economic assistance in the form of vocational training and grants or interest-free loans to start income-generating activities; others benefited from home repairs.

National Society/ICRC teams surveyed victims of mines/ERW and their families to learn about their needs. Through these efforts, the ICRC aimed to help reduce the impact of weapon contamination in the country, while supporting the authorities in shaping a national strategy to address the issue.

The ICRC visited detainees according to its standard procedures and monitored treatment and conditions as well as respect for IHL in relation to POWs. It shared its findings and recommendations confidentially with the authorities concerned and provided material assistance to the most vulnerable detainees.

Humanitarian issues arising from the conflict remained central to the ICRC's dialogue with the authorities. The ICRC also encouraged Armenia's accession to IHL treaties and the creation of an IHL committee. Dialogue with the armed forces on the incorporation of IHL principles in military doctrine, training and operations continued; this also took the form of courses for officers and dissemination sessions for front-line troops. Engagement with the media, which included interviews and a field trip to project sites, enhanced their reporting on ICRC activities and raised public awareness of the plight of conflict-affected people.

Partnering with the National Society also meant helping it to strengthen its core capacities (particularly in the areas of emergency preparedness and response), including first-aid instruction, restoring family links, and disseminating IHL and Movement principles.

CIVILIANS

Neutral intermediary role facilitates humanitarian action along international border

For civilians living along the international border between Armenia and Azerbaijan, cross-border exchanges of fire and the presence of mines/ERW were sources of continued insecurity. Field trips to border regions and contacts with local communities, civilian and military authorities and National Society branches enabled the ICRC to remain abreast of the humanitarian situation and monitor respect for IHL. It also raised civilians' concerns with the relevant authorities, reminding them through written representations, when necessary, of their obligations under IHL, especially with regard to protecting civilians.

Armenia and Azerbaijan concluded a temporary security agreement, with the ICRC acting as a neutral intermediary, which allowed the remains of an Azerbaijani mine victim to be recovered from no-man's-land and handed over to his family.

At the request of local leaders, the ICRC encouraged the Armenian authorities to address the economic needs of people in border communities. In March, the government moved to abolish land taxation and reduce the price of irrigation water in border areas. During an ICRC workshop on humanitarian negotiation, community leaders from border villages and National Society representatives learnt techniques for communicating their concerns to the authorities and international organizations and lobbying for their needs.

Agricultural support enables vulnerable families in Tavush region to produce more food

Cross-border exchanges of fire continued to pose security risks, impeding communities' access to cultivable land – their main source of livelihood; poor infrastructure forced some people to leave their villages. Some 1,146 farmers and their families (3,857 people in total) living in five vulnerable villages in the Tavush region produced more food and added to their income, owing to agricultural support in the form of potato and wheat seed, fertilizer, herbicides and fruit trees.

Nearly 2,800 people had more access to water for drinking and irrigation purposes following the rehabilitation/construction of water infrastructure such as pipelines and public tap stands. Repairs at a kindergarten in Aygepar created a safer environment for some 30 children and teachers.

Those with particular vulnerabilities met their immediate needs with the help of cash assistance. For example, the situation was eased for two families (10 individuals) whose breadwinners were wounded and unable to work, and 42 households (150 people) in the Tavush region were enabled to repair their roofs after a winter storm.

Some 50 people in border villages became certified first-aiders through courses supported by the ICRC, including some conducted by National Society staff who had attended train-the-trainers courses; this helped build up local emergency response capacities.

Mine/ERW victims' needs tackled through cooperation with CHDE and National Society

Some 500 people were estimated to be living in mine/ERW-contaminated areas in Armenia. The National Society, with ICRC support, collected responses to 279 questionnaires on victims' needs and entered the data into the Information Management System for Mine Action (IMSMA) database; as part of efforts to advocate for support for mine/ERW victims. Two National Society staff members and two employees of the Center for Humanitarian Demining and Expertise (CHDE) learnt to use the latest IMSMA version while 12 National Society volunteers, after ICRC training, extended the survey throughout Armenia. At meetings with IMSMA database managers, ongoing and planned activities to address weapon contamination were discussed.

To ensure the sustainability of these endeavours, the CHDE began to consider a national strategy to address weapon contamination. With technical and financial ICRC support, its director participated in a conference in the Russian Federation, where he learnt from the extensive experience of his counterparts in the field of demining.

Families of the missing acquire employable skills and access to comprehensive support

By the end of December, 4,603 people remained unaccounted for as a result of the Nagorny Karabakh conflict, with 413 people in Armenia registered as missing.

Many families struggled with their distress at not knowing the fate of their missing relatives. They often lacked opportunities for economic betterment and felt isolated, in part owing to the lack of official recognition of their status. With the help of ICRC-trained local partners and National Society staff, 112 families received psychosocial assistance, including through home visits and individual follow-up; this brought the total number of families supported since 2011 to approximately 300. During information sessions with local NGOs and professionals, over 200 people learnt more about physical and mental health, and about social, legal and other issues; some also received free medical diagnoses and other consultations. Young people whose relatives were missing created artwork in their memory at artists' workshops, while cultural and social events stirred up community and peer support for families and raised awareness of the issues they faced.

Forty-five people gained employable skills through vocational workshops in five regions. Following an assessment of their needs, 49 families (199 people) embarked on small businesses using grants or interest-free loans, or covered their household needs through unconditional cash assistance; and 13 families (57 people) benefited from repairs to their homes, the result of a joint programme with the Fuller Center for Housing in Armenia. Fourteen elderly people living alone were helped to cover their health and heating expenses for the winter.

Preparations advance for DNA sample collection to help clarify fate of the missing

Files containing ante-mortem data provided by families of people missing in relation to the Nagorny Karabakh conflict, together with their translations, photographs and other pertinent documents were handed over to the CEPOD. An ICRC-trained administrator, with technical support, managed and entered data into the CEPOD's ante-mortem database.

To preserve information to be used in future efforts to identify human remains and provide answers to families, preparations continued for collecting DNA samples from relatives of the missing. Although the planned pilot phase did not begin owing to the complexity of the project, agreements and operating procedures were drafted, plans discussed with Armenian authorities, and an information leaflet prepared for families from whom samples will be collected.

Coordination with the authorities continued, with a view to establishing a consolidated list of persons missing in relation to the Nagorny Karabakh conflict; however, progress in clarifying the fate of missing persons remained hampered by the absence of an agreed-upon mechanism for the sharing of information between the Armenian and Azerbaijani CEPODs and the *de facto* commission in Nagorny Karabakh. Acting as a neutral intermediary, the ICRC facilitated the exchange of information while continuing to encourage the re-establishment of direct communication between the parties.

PEOPLE DEPRIVED OF THEIR FREEDOM

Authorities reminded of their obligations towards POWs and other detainees

Delegates visited, in accordance with standard ICRC procedures, six detainees in four places of detention, including one Azerbaijani POW held in relation to the Nagorny Karabakh conflict. They paid particular attention to vulnerable detainees, such as women, foreigners and minors, and shared findings and recommendations confidentially with the authorities concerned. Foreigners held at the women's prison restored contact with their families abroad thanks to ICRC-provided phone cards. The POW maintained contact with his family through RCMs and received books to help make his time in detention more bearable. The ICRC also interviewed him before his departure to a third country, to ensure that the resettlement was voluntary.

At the request of all parties concerned, the ICRC, acting as a neutral intermediary, facilitated the voluntary repatriation of two civilian internees from Azerbaijan to Armenia.

The family of an Armenian POW in Azerbaijan visited the ICRC delegation regularly to send and receive RCMs and to discuss their relative's case. With ICRC support, one family visited a relative detained in Nagorny Karabakh.

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

Local media highlight plight of conflict-affected people

Humanitarian issues arising from the Nagorny Karabakh conflict, along with the ICRC's work for conflict-affected people, remained a central theme of discussions with the authorities, armed forces, and civil society. To raise public awareness of the consequences of the conflict, a local journalist, with help from the ICRC, wrote and published a series of six articles highlighting the plight of families whose relatives were missing. An invitation to visit ICRC projects in the Tavush region resulted in reports by the national and regional media on the difficulties faced by persons living along the international border.

Veteran and aspiring journalists participated in events designed to add to their knowledge of IHL and the ICRC and enhance the quality of reporting on humanitarian issues.

Over 300 front-line troops learn about IHL and ICRC activities

Dialogue with the armed forces focused on protecting civilians in insecure areas along the international border, and on the ICRC's role as a neutral intermediary (see *Civilians*).

Some 27 officers participated in two workshops organized with the Defence Ministry, as part of efforts to incorporate IHL in military planning and operations. Two other officers refined their knowledge of IHL at a course in San Remo. Over 300 officers and conscripts in the border area of Tavush region, and peacekeepers preparing to serve in Afghanistan and Kosovo¹, learnt about IHL and ICRC activities at dissemination sessions.

After a briefing on the Health Care in Danger project, the Defence Ministry's policy department contributed to an ICRC survey on best practices in connection with respecting health care workers and facilities during armed conflict and other emergencies.

Authorities move closer to adopting draft law on the missing

Dialogue with the authorities encouraged Armenia's accession to IHL treaties and promoted the adoption of a domestic law strengthening the rights of the families of missing persons; discussions on forming a national IHL committee to aid such processes were revived. Key ministries reviewed the draft law on the missing and took steps towards submitting it to the parliament for adoption.

An IHL expert enhanced his teaching ability through a course for instructors in Geneva, Switzerland. Lecturers from partner universities demonstrated and added to their knowledge at the Martens Readings International Conference on IHL (see *Moscow*).

Future decision-makers practice application of IHL

Students from local universities tackled IHL issues at a national moot court competition, organized with the National Society and the International and Comparative Law Center-Armenia. In addition, 24 scholars from 10 countries discussed challenges related to the development of IHL at a three-day conference; on the sidelines, local and international IHL experts discussed the integration of IHL in university education. Graduate students and representatives from State agencies and NGOs furthered their knowledge of IHL during a summer course organized with the ICRC's academic partners.

RED CROSS AND RED CRESCENT MOVEMENT

The Armenian Red Cross, with financial, material and technical support from the ICRC, continued to strengthen its capacities in communication, restoring family links and emergency preparedness. The signing of three agreements further enhanced joint action for families of the missing and of mine/ERW victims, and for IHL promotion. Encouraged to do so by the ICRC, the National Society began to take ownership of events aimed to boost its visibility. To expand its volunteer network, the Lori branch proposed and implemented a dissemination project on IHL and the Fundamental Principles among teachers and local authorities.

In addition, the National Society organized a round-table to discuss and coordinate tracing services with government officials. The event also presented the ICRC's tracing activities in connection with the Nagorny Karabakh conflict.

In line with a formal agreement reached at the 31st International Conference, Movement partners met regularly to coordinate activities and discuss support for the National Society. The National Society took part in discussions at the 2013 Council of Delegates, with International Federation and ICRC support.

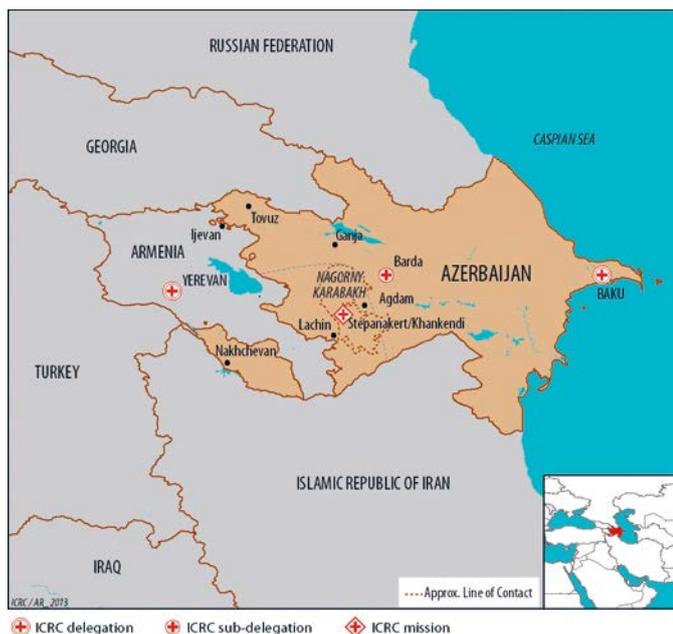
1. UN Security Council Resolution 1244

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		16		
RCMs distributed		21		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		2		
Tracing cases still being handled at the end of the reporting period (people)		413	25	10
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		6	1	
Detainees visited and monitored individually		6	1	
Detainees newly registered		2	1	
Number of visits carried out		10		
Number of places of detention visited		4		
Restoring family links				
RCMs collected		7		
RCMs distributed		14		
Detainees visited by their relatives with ICRC/National Society support		1		
People to whom a detention attestation was issued		1		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Productive inputs	Beneficiaries	4,007	29%	40%
Cash	Beneficiaries	199	44%	23%
	<i>of whom IDPs</i>	45		
Water and habitat activities	Beneficiaries	2,799	35%	30%

AZERBAIJAN



The ICRC has been working in Azerbaijan since 1992 in relation to the Nagorno Karabakh armed conflict. It focuses on the issue of missing persons and on detainees held for conflict-related or security reasons, and works to protect and assist communities living along the Line of Contact and the international border with Armenia. It promotes implementation of IHL and its integration into armed and security forces' training and into academic curricula. The ICRC works in partnership with and aims to help strengthen the capacities of the Red Crescent Society of Azerbaijan.

YEARLY RESULT

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

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ with the ICRC acting as a neutral intermediary, two civilian internees were voluntarily repatriated to Armenia and the remains of one mine victim were recovered along the international border with Armenia
- ▶ through National Society, British Red Cross and ICRC support, vulnerable communities benefited from livelihood assistance and infrastructure repairs, some of which took place under ICRC-obtained temporary security agreements
- ▶ Azerbaijani authorities and *de facto* Nagorno Karabakh authorities approved a DNA collection project for clarifying the fate of people missing in relation to the Nagorno Karabakh conflict, and identified storage sites for the samples
- ▶ families of missing persons accessed comprehensive support from the ICRC/ local partners by way of home visits, information sessions and workshops addressing their psychosocial needs
- ▶ the Ministry of Defence postponed the annual IHL workshops for senior officers owing to the perspective participants' lack of availability

EXPENDITURE (in KCHF)

Protection	2,027
Assistance	4,465
Prevention	750
Cooperation with National Societies	282
General	-

7,523

of which: Overheads **459**

IMPLEMENTATION RATE

Expenditure/yearly budget	103%
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PERSONNEL

Mobile staff	13
Resident staff (daily workers not included)	69

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	33
RCMs distributed	54
Phone calls facilitated between family members	47
People located (tracing cases closed positively)	12
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	10,827
Detainees visited and monitored individually	147
Number of visits carried out	48
Number of places of detention visited	20
Restoring family links	
RCMs collected	77
RCMs distributed	42
Phone calls made to families to inform them of the whereabouts of a detained relative	76

ASSISTANCE	Targets	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Food commodities ¹	Beneficiaries	1,400	2,419
Essential household items ¹	Beneficiaries	1,400	2,539
Productive inputs	Beneficiaries	6,250	
Cash	Beneficiaries	2,310	2,871
Work, services and training	Beneficiaries		15,363
Water and habitat activities	Beneficiaries	15,000	9,592

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

CONTEXT

Tensions remained high along the Line of Contact and the international border between Armenia and Azerbaijan. Cross-border exchanges of fire and the presence of mines/explosive remnants of war (ERW) continued to have adverse consequences for security and the socio-economic situation, causing both military and civilian casualties and exacerbating political tensions between the two countries.

Mediators from the Minsk Group of the Organization for Security and Co-operation in Europe periodically visited the region and met with Armenian and Azerbaijani leaders, with a view to reaching a peaceful settlement to the Nagorny Karabakh conflict. Notably, the presidents of Armenia and Azerbaijan met for the first time in almost two years, at a summit organized in Austria by the Minsk Group.

Azerbaijan's President Ilham Aliyev gained a third term in elections conducted in October. The country's economy continued to rely heavily on the oil sector. Nagorny Karabakh remained dependent on aid from its diaspora and subsidies from Armenia.

ICRC ACTION AND RESULTS

The ICRC continued working to alleviate the humanitarian consequences in Azerbaijan of the unresolved Nagorny Karabakh conflict. It monitored – through regular field visits – the situation of civilians living near the Line of Contact and on both sides of the international border between Armenia and Azerbaijan and, when necessary, reminded the Armenian, Azerbaijani and *de facto* Nagorny Karabakh authorities of their obligations under IHL.

In partnership with the Red Crescent Society of Azerbaijan and the British Red Cross, the ICRC continued to implement activities to help people living in villages along the Line of Contact and the international border become resilient and self-sufficient. These included improving their access to water for drinking and irrigation, providing them with livelihood opportunities, and affording them better protection against exchanges of cross-border fire through home repairs. Some activities, including repairs to water infrastructure, the construction of protective walls, and harvesting near the Line of Contact and international border were made possible through temporary security agreements between the defence authorities, facilitated by the ICRC in its role as neutral intermediary.

Acting as a neutral intermediary and at the request of the parties concerned, the ICRC facilitated the voluntary repatriation of two Armenian civilian internees from Azerbaijan and the recovery of the remains of an Azerbaijani civilian killed in a mine explosion near the international border.

Resolving the fate of people who went missing during the conflict remained a priority. The ICRC assisted the Azerbaijani State Commission on Prisoners of War, Hostages and Missing Persons (CEPOD) and the *de facto* commission in Nagorny Karabakh in setting up and managing a centralized system for ante-mortem data collected from the families of missing persons, providing technical support throughout the process. The Azerbaijani authorities and the *de facto* authorities in Nagorny Karabakh approved a project to collect biological reference samples from close relatives of missing persons for future DNA profiling, and identified storage sites for the samples.

The ICRC continued to encourage the authorities to meet the needs of the families of missing persons; it also helped build the capacities of local NGOs to address, comprehensively, the psychological, legal, administrative, health-related and economic needs of the families. It worked with local partners to reduce the families' isolation by promoting peer support and facilitating their access to suitable service providers.

Azerbaijani Red Crescent/ICRC teams surveyed victims of mines/ERW and their families to assess their needs; they also assisted some vulnerable families who had lost their breadwinners in mine/ERW-related incidents. In Nagorny Karabakh, the ICRC supported the *de facto* authorities in managing information about mine incidents and mine victims. Vulnerable elderly and disabled people and their families received food and hygiene parcels to help them meet their basic needs.

The ICRC visited detainees according to its standard procedures and monitored treatment and conditions as well as respect for IHL in relation to POWs/civilian internees. It shared its findings and recommendations confidentially with the authorities concerned and provided material assistance to the most vulnerable detainees. The Azerbaijani authorities, in high-level discussions, expressed their readiness to renew an agreement on ICRC access to detainees.

Humanitarian issues arising from the conflict remained central to the ICRC's dialogue with the authorities, including the *de facto* authorities in Nagorny Karabakh. Promoting the incorporation of IHL in military training and operations continued, with ICRC presentations for active servicemen and for the *de facto* armed forces in Nagorny Karabakh. Media coverage of ICRC activities helped raise public awareness of the plight of conflict-affected people. Owing to administrative constraints and other factors, some planned activities were cancelled or postponed.

Partnering with the National Society also meant helping it to strengthen its core capacities (particularly in emergency preparedness and response), including first-aid instruction, restoring family links, and disseminating IHL and Movement principles.

CIVILIANS

Neutral intermediary role facilitates humanitarian activities

For civilians living along the international border between Armenia and Azerbaijan, cross-border exchanges of fire and the presence of mines/ERW were sources of continued insecurity. Field trips to border regions and contacts with local communities, civilian and military authorities and National Society branches enabled the ICRC to remain abreast of the humanitarian situation and monitor respect for IHL. It also raised civilians' concerns with the relevant authorities, including the *de facto* authorities in Nagorny Karabakh, reminding them through written representations, when necessary, of their obligations under IHL, especially with regard to protecting civilians.

Armenia and Azerbaijan concluded a temporary security agreement with the ICRC acting as a neutral intermediary, which allowed the remains of an Azerbaijani mine victim to be recovered from no-man's-land and handed over to his family. Acceptance of the ICRC's neutral intermediary role also led to provisional agreements that facilitated activities benefiting communities along the Line of Contact and international border (see below). Under a security guarantee obtained by the ICRC at a local community's

request, over 50 farmers safely harvested their crops along the Line of Contact, enabling them to sustain their families (some 225 people) with a year's supply of bread.

Conflict-affected families gain safe access to livelihood and water

Aside from threatening their physical safety, the prevailing security situation impeded access to land, water and livelihood for people living near the Line of Contact and the international border. The National Society, the British Red Cross and the ICRC jointly helped communities meet their needs in a sustainable way, improve their living conditions and boost their resilience, mainly in the Agdam, Gazakh, Terter and Tovuz districts.

Some 500 households (2,375 individuals) covered their immediate needs or increased their income through agricultural/livestock activities or small businesses with the help of cash grants. Consultations/trainings with local professionals, arranged by the ICRC, helped 1,457 beneficiaries manage their grants.

During community meetings, people who lived in constant fear of stray bullets from cross-border exchanges of fire identified self-protective measures and proposed projects to improve their living environment, such as the construction of a health point and school canteen, and the provision of tents for communal events. Some 1,830 households (8,566 individuals) benefited from such initiatives with support in the form of materials and labour, including 22 families (100 individuals) who made their homes safer by constructing protective walls.

Some 2,385 people had safer access to water for drinking and irrigation after the rehabilitation/construction of water-supply systems, done with the authorities concerned. During an ICRC-obtained temporary security agreement, technicians rehabilitated a borehole near the Line of Contact serving 315 people. Local engineers, after undergoing training, became more adept at maintaining water infrastructure, helping ensure the sustainability of the equipment. The donation/installation of meters for 1,886 people helped water officials monitor consumption. Some 5,000 people learnt about responsible water usage and good hygiene practices through an awareness campaign conducted by National Society volunteers.

National Society boosts capacities to respond to vulnerable communities' needs

Nineteen National Society staff and volunteers at four frontline branches learnt, at workshops, to assess and address the needs of conflict-affected people; donations of office equipment and vehicles improved working conditions at two branches. Villages along the Line of Contact improved their emergency response capacities after 60 people learnt basic first aid at courses conducted by ICRC-trained National Society volunteers.

Families of mine/ERW victims begin income-generating activities

National Society/ICRC teams and the Azerbaijan National Agency for Mine Action (ANAMA) continued to collect data on mine-related incidents and the needs of families who had lost breadwinners in such incidents; similar assessments were conducted by the ICRC in Nagorny Karabakh in support of the *de facto* authorities. The database manager in Nagorny Karabakh and Azerbaijani Red Crescent staff learnt, at workshops, to use the Information Management System for Mine Action (IMSMA) database.

Following assessments, 12 households (50 people) in Azerbaijan who had lost their breadwinners in mine/ERW incidents boosted their income or food production through livestock activities, aided by productive inputs. In Nagorny Karabakh, grants enabled 42 households (about 200 people) to boost their livelihoods and self-sufficiency. Five families improved their living conditions through home repairs. Some 290 elderly or disabled people and their families (815 people in total) benefited from three distributions of food parcels and hygiene kits.

Efforts to encourage the authorities and agencies concerned to meet the needs of mine/ERW-affected and other vulnerable people continued.

Families of the missing receive comprehensive support to meet multifaceted needs

By the end of December, 4,603 people remained unaccounted for as a result of the Nagorny Karabakh conflict, with 3,765 people in Azerbaijan registered as missing and 425 in Nagorny Karabakh.

Many families struggled with their distress at not knowing their missing relatives' fates. They often lacked opportunities for economic betterment and felt isolated, in part owing to the lack of official recognition of their status. With local partners, the ICRC continued to provide comprehensive support for their psychosocial needs while encouraging the authorities to enforce their right to free medical care and other benefits.

Some 365 families received psychological support during group sessions and home visits to cope with their situations. Following assessments, 269 families were referred to the authorities or to service providers for their social and legal needs, while 376 families received free medical services from the Red Crescent Society of the Islamic Republic of Iran. Forty-five vulnerable families received electric heaters for the winter and two people received wheelchairs. Agreements signed with local partners helped ensure that such support will reach more families.

In Nagorny Karabakh, 63 families (280 people) increased self-sufficiency through vocational workshops and microeconomic initiatives; 5 families benefited from home improvements. Families accessed peer support and free medical consultations at ICRC-facilitated sessions. Elderly relatives of missing persons received social or medical assistance after individual visits and referrals. Around 160 families commemorated their missing relatives at a concert organized by the ICRC.

Authorities approve DNA collection project for clarifying the fate of missing persons

Files containing ante-mortem data provided by families of people missing in relation to the Nagorny Karabakh conflict, together with their translations, photographs and other pertinent documents, continued to be handed over to the CEPOD and the *de facto* commission in Nagorny Karabakh.

To preserve information to be used in future efforts to identify human remains and provide answers to families, the Azerbaijani authorities approved a project for collecting biological reference samples from close relatives of missing persons for future DNA profiling and identified storage facilities for the samples. Similar steps were taken in Nagorny Karabakh. The ICRC began identifying suitable relatives and collected pedigree charts for some 600 cases. The drafting of agreements and forensic

procedures continued apace, with the ICRC's regional forensic adviser providing support.

Coordination with the authorities continued, with a view to establishing a consolidated list of persons missing in relation to the Nagorny Karabakh conflict; however, progress in clarifying the fate of missing persons remained hampered by the absence of an agreed-upon mechanism for the sharing of information between the Armenian and Azerbaijani CEPODs and the *de facto* commission in Nagorny Karabakh. Acting as a neutral intermediary, the ICRC facilitated the exchange of information while continuing to encourage the re-establishment of direct communication between the parties.

Families separated by conflict maintain contact with ICRC support

With no direct communication lines available between Armenia and Azerbaijan, including Nagorny Karabakh, families separated by the conflict restored/maintained contact through ICRC family-links services and other means. Members of one family divided by the Line of Contact met in Georgia twice. With ICRC help, ethnic Armenians living in Azerbaijan obtained identification documents and clarified their legal status with the pertinent agencies.

The National Society, with technical support, continued to process cases of separation unrelated to the conflict.

PEOPLE DEPRIVED OF THEIR FREEDOM

Civilian internees repatriated from Azerbaijan to Armenia with ICRC assistance

During visits to 20 places of detention, hosting some 10,000 inmates, delegates monitored individually 147 detainees, including 1 Armenian POW and 7 civilian internees held in relation to the Nagorny Karabakh conflict. They monitored treatment and living conditions to ensure their compliance with IHL and/or internationally recognized standards, and shared their findings/recommendations confidentially with the authorities concerned.

At the request of all parties concerned, the ICRC, acting as a neutral intermediary, facilitated the voluntary repatriation of two civilian internees from Azerbaijan to Armenia.

The Azerbaijani government, in high-level discussions, expressed its readiness to renew an agreement on ICRC access to detainees.

Detainees maintained contact with their families via RCMs, family parcels, short oral messages and, in foreigners' cases, phone calls. The Armenian POW maintained contact with relatives in Armenia through the ICRC. Stateless persons, asylum seekers and refugees met during visits were, according to their wishes, referred to the appropriate organizations.

Vulnerable detainees received clothing, hygiene items and educational/recreational materials. In some cases, disabled detainees benefited from prosthetic/orthotic support.

In Nagorny Karabakh, detainees met their relatives in better conditions following the refurbishing of a facility hosting family visits. Two families visited their detained relatives, with the ICRC covering transport costs.

Azerbaijan's prison TB programme elicits interest abroad

Foreign officials expressed interest in Azerbaijan's prison TB control programme; delegates facilitated contacts with the authorities concerned and promoted the programme, including through the release and translation into Azeri of a documentary. After a World Health Organization report declared that Azerbaijan had an "excellent TB control programme" in the penitentiary services, the ICRC evaluation postponed from 2012 to 2013 was deemed unnecessary.

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

Local media highlight plight of conflict-affected people

Humanitarian issues arising from the Nagorny Karabakh conflict, along with the ICRC's work for conflict-affected people remained a central theme of discussions with the authorities, armed forces and civil society. Interviews, briefings and news releases resulted in enhanced media coverage of the ICRC's activities in the country and worldwide, which helped foster support for its neutral, impartial, independent and humanitarian action. During a workshop, 15 journalists learnt more about the effects of the conflict on communities and about the ICRC's response, enabling them to report

PEOPLE DEPRIVED OF THEIR FREEDOM	AZERBAIJAN	IN AZERBAIJAN, IN RELATION TO THE NAGORNY KARABAKH CONFLICT	NAGORNY KARABAKH
ICRC visits			
Detainees visited	10,817	8	2
<i>of whom women</i>	709	2	
<i>of whom minors</i>	117	3	
Detainees visited and monitored individually	137	8	2
<i>of whom women</i>	15	2	
<i>of whom minors</i>		3	
Detainees newly registered	75	3	2
<i>of whom women</i>	15	1	
Number of visits carried out	36	8	4
Number of places of detention visited	16	2	2
Restoring family links			
RCMs collected	64	13	
RCMs distributed	32	9	1
Phone calls made to families to inform them of the whereabouts of a detained relative	75	1	
Detainees visited by their relatives with ICRC/National Society support			2
Detainees released and transferred/repatriated by/via the ICRC		2	
People to whom a detention attestation was issued		3	3

more accurately on humanitarian issues. A planned visit to project sites, for journalists, was postponed.

Ambassadors and military attachés based in Baku and visiting international representatives were kept informed through regular meetings about the ICRC's work for conflict-affected communities.

Dialogue with weapon bearers facilitates access to conflict-affected communities

Meetings with the authorities at all levels centred on the humanitarian needs of people affected by conflict and on IHL-related issues. At round-tables in Barda and Ganja, where they also learnt about the ICRC's mandate and activities, local leaders representing districts close to the Line of Contact and the international border described the issues their communities faced. The *de facto* authorities in Nagorny Karabakh also learnt more, through leaflets, about the ICRC's activities in the area.

Dialogue with armed forces focused on protecting civilians in insecure areas along the Line of Contact and the international border and helped secure access for the Movement to conflict-affected people. With the ICRC acting as a neutral intermediary, the Defence Ministries of Armenia and Azerbaijan and the *de facto* defence authorities in Nagorny Karabakh agreed to temporarily suspend military operations to facilitate humanitarian activities close to the front line (see *Civilians*). The ICRC continued to request the Azerbaijani Ministry of Defence for access to certain communities situated behind checkpoints in order to provide humanitarian assistance.

Cooperation with the Defence Ministry – to promote respect for and implementation of IHL – continued; but the annual workshops on IHL were temporarily suspended owing to the unavailability of senior officers who had not yet attended the workshops. However, an infantry battalion preparing for deployment with NATO forces practiced applying IHL during exercises, after the Defence Ministry invited the ICRC to lend its expertise to the event. At the Military Academy of the Ministry of Defence, students, active servicemen and representatives of key ministries built up their knowledge of IHL through ICRC presentations.

In workshops organized with the Ministry of Internal Affairs, 48 police officers and internal troops learnt more about internationally recognized standards applicable to them.

In Nagorny Karabakh, 155 officers learnt, through ICRC presentations, how to apply IHL in military operations; over 1,000 troops stationed along the Line of Contact familiarized themselves with IHL principles through dissemination sessions. In addition, 80 military cadets learnt about IHL and the ICRC's activities. One senior officer attended an IHL course in San Remo.

Future decision-makers draw on ICRC expertise in IHL

Fewer events than planned took place in academic settings, but undergraduate and graduate students continued to approach the delegation and enlisted ICRC expertise to further their research on IHL. At the Martens Readings International Conference on IHL (see *Moscow*), one professor from Baku State University and one parliamentary staff member tackled IHL-related topics with over 100 other participants. Junior diplomats and students also learnt more about the ICRC's mandate and activities during information sessions.

RED CROSS AND RED CRESCENT MOVEMENT

The Azerbaijani Red Crescent continued to work with the ICRC to develop its ability to respond to the needs of conflict-affected communities and other vulnerable populations (see *Civilians*). With financial, material and technical support from the ICRC, it continued to strengthen its capacities in restoring family links, particularly in disasters, emergency preparedness, first-aid training, fundraising, and public communication on the Movement.

A senior staff member of the National Society attended the 2013 Council of Delegates with ICRC support.

A series of National Society/ICRC events, including a forum with students and youth volunteers and a photo exhibit, helped raise awareness of and interest in the Movement's activities in the country.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		33		
RCMs distributed		54		
Phone calls facilitated between family members		47		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		15		
People located (tracing cases closed positively)		12		
	<i>including people for whom tracing requests were registered by another delegation</i>			
Tracing cases still being handled at the end of the reporting period (people)		4,190	343	89
Documents				
People to whom travel documents were issued		6		
Official documents relayed between family members across border/front lines		2		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		10,827	711	120
Detainees visited and monitored individually		147	17	3
Detainees newly registered		80	16	
Number of visits carried out		48		
Number of places of detention visited		20		
Restoring family links				
RCMs collected		77		
RCMs distributed		42		
Phone calls made to families to inform them of the whereabouts of a detained relative		76		
Detainees visited by their relatives with ICRC/National Society support		2		
Detainees released and transferred/repatriated by/via the ICRC		2		
People to whom a detention attestation was issued		6		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities ¹	Beneficiaries	2,419	52%	27%
	<i>of whom IDPs</i>	501		
Essential household items ¹	Beneficiaries	2,539	21%	10%
	<i>of whom IDPs</i>	515		
Cash	Beneficiaries	2,871	45%	14%
	<i>of whom IDPs</i>	338		
Work, services and training	Beneficiaries	15,363	45%	10%
	<i>of whom IDPs</i>	193		
Water and habitat activities	Beneficiaries	9,592	40%	20%
	<i>of whom IDPs</i>	4,796		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	5,030		

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

GEORGIA



The ICRC has been present in Georgia since 1992. It supports the families of missing persons and works to protect and assist displaced people and other vulnerable groups in conflict-affected regions. It visits detainees throughout Georgia, including in South Ossetia, and provides expertise on health-related issues in places of detention. It promotes the national implementation of IHL and its integration into armed and security forces' doctrine, training and sanctions and into academic curricula. The ICRC helps strengthen the capacities of the Red Cross Society of Georgia.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ people crossed Abkhaz and South Ossetian administrative boundary lines to obtain urgent medical attention or reunite with family members, with the ICRC acting as a neutral intermediary to facilitate their safe passage
- ▶ through the bipartite coordination mechanisms for persons missing in relation to the Georgia-Abkhaz conflict, 64 sets of human remains were exhumed in Abkhazia, with 7 sets of remains being identified
- ▶ detainees in Georgia proper and South Ossetia benefited from ICRC visits to monitor their conditions, as well as family visits and, in Georgia proper, a primary health care programme extended to 4 additional places of detention
- ▶ without acceptance by the *de facto* Abkhaz authorities of the ICRC's standard procedures, visits to people held in Abkhazia remained suspended, with some family-links services for detainees continuing
- ▶ vulnerable people throughout Georgia, including Abkhazia and South Ossetia, received assistance to meet their immediate needs and to rebuild economic self-sufficiency, as appropriate
- ▶ Georgian armed forces continued to review their doctrine and redraft military manuals in line with IHL and other applicable norms, with technical support from the ICRC

EXPENDITURE (in KCHF)	
Protection	2,865
Assistance	5,453
Prevention	1,408
Cooperation with National Societies	575
General	-
Total	10,301

of which: Overheads 629

IMPLEMENTATION RATE	
Expenditure/yearly budget	104%

PERSONNEL	
Mobile staff	18
Resident staff (daily workers not included)	182

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	260
RCMs distributed	185
People located (tracing cases closed positively)	46
People reunited with their families	25
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	12,562
Detainees visited and monitored individually	125
Number of visits carried out	109
Number of places of detention visited	17
Restoring family links	
RCMs collected	112
RCMs distributed	95

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 440	536
Essential household items	Beneficiaries 1,000	532
Productive inputs	Beneficiaries 1,440	1,100
Cash	Beneficiaries 1,975	2,635
Work, services and training	Beneficiaries 2,270	
Water and habitat activities	Beneficiaries 970	9,309
WOUNDED AND SICK		
Water and habitat		
Water and habitat activities	Number of beds	540

CONTEXT

Civilians continued to feel the effects of past conflicts, which were exacerbated by socio-economic uncertainty. The demarcation and reinforcement of the Abkhaz and South Ossetian administrative boundary lines continued, impeding the free movement of people. Persons attempting to cross the boundaries were still being arrested, and family links and livelihoods remained disrupted. Over 2,000 families were still without news of relatives unaccounted for in connection with past conflicts.

Peace negotiations (the “Geneva Talks”) continued among representatives of Georgia, the Russian Federation, Abkhazia and South Ossetia, mediated by the European Union (EU), the Organization for Security and Co-operation in Europe and the UN. Monthly meetings of the Incident Prevention and Response Mechanism and the EU Monitoring Mission helped maintain open lines of communication between the parties, including on humanitarian issues related to the administrative boundaries. The Georgian government appointed a special envoy to the Russian Federation.

Presidential elections took place peacefully in October. After the change of government in 2012, reforms to the justice and penitentiary system resulted in a large-scale amnesty programme and the release of more than half the detainees in Georgian prisons. The government initiated improvements in the prison system for the remaining prisoners.

Despite economic measures taken by the government, Georgia still faced widespread poverty and high unemployment. It continued to work towards integration in the EU, with which it initialed an association agreement in November, as well as towards membership in NATO.

Abkhazia and South Ossetia continued to look primarily to the Russian Federation for aid and development support.

ICRC ACTION AND RESULTS

Acting as a neutral intermediary, the ICRC facilitated life-saving medical evacuations, reunification of separated family members, the return of human remains to their families and transfers of official documents across the administrative boundaries. The ICRC remained the only international organization conducting humanitarian activities in South Ossetia.

In a similar intermediary capacity, the ICRC chaired the meetings of the two coordination mechanisms working on the issue of persons who had gone missing in relation to past conflicts. Within the framework of these mechanisms, 64 sets of human remains were exhumed in Abkhazia, of which 7 were identified. Two sets exhumed in 2012 were handed over to the families. Five sets of human remains exhumed in Tskhinvali/Tskhinval, along the South Ossetian administrative border, were subjected to a comprehensive forensic examination. Under the accompaniment project, the families of the missing received psychological/legal/economic assistance. The collection of ante-mortem data and biological reference samples from the families of the missing continued.

The ICRC continued visiting detainees in Georgia proper and South Ossetia, but visits to detainees in Abkhazia remained suspended. Following visits, the authorities and *de facto* authorities received feedback on detainees’ treatment and conditions. RCMs and parcel deliveries kept detainees, including those in Abkhazia,

in touch with their families; detainees in Georgia proper and South Ossetia benefited from family visits facilitated by the ICRC.

The ICRC continued to pursue dialogue with the new penitentiary authorities in Georgia on health in detention. Supporting their commitment to provide health care to detainees, the ICRC backed the roll-out of the primary health care programme to four additional places of detention.

Vulnerable people – households from which someone had gone missing, people affected by the demarcation process, victims of mines or explosive remnants of war (ERW), and IDPs – received cash grants and business training to start or expand income-generating activities, facilitating their self-sufficiency. The ICRC, with the Red Cross Society of Georgia, helped vulnerable residents in Georgia proper to make at least one room in their dwellings warm and dry; help was provided for repairing centres housing displaced families. The ICRC provided technical/material assistance for several dozen villages to repair or maintain their water supply systems, improving access for those in the vicinity. Particularly vulnerable individuals in South Ossetia received food and hygiene items to meet their immediate needs.

In Georgia proper, the ICRC referred patients in need of assistive devices, including people injured by mines/ERW, to partner institutions and paid for their treatment and related costs. Some people in Abkhazia and South Ossetia received mobility devices. The National Society, with ICRC support, collected data on the needs of mine/ERW victims and their families, aimed at developing an effective response to their needs.

The ICRC gave the Georgian armed forces guidance in reviewing their doctrine, training manuals and decision-making processes in line with IHL; it also provided support for the national IHL committee to resume its activities. It sponsored students’ participation in IHL competitions domestically and abroad and facilitated further training for instructors. Contact with the media contributed to accurate coverage of humanitarian issues and ICRC activities. A mine-awareness campaign and events marking the International Day of the Disappeared helped raise public awareness.

The ICRC, with other Movement partners, maintained its technical/financial support for the Georgian Red Cross to enhance its ability to carry out humanitarian activities.

CIVILIANS

More people obtain medical attention and reunite with their families across boundary lines

The ICRC continued dialogue with the authorities and *de facto* authorities on the concerns of people living along the administrative boundary lines, particularly regarding the humanitarian impact of movement restrictions, and the maintenance of family links.

People crossed Abkhaz and South Ossetian administrative boundary lines to obtain medical attention or reunite with family members, their passage facilitated by the ICRC in its role as a neutral intermediary. In coordination with the authorities, 150 medical evacuations for 139 people, of which 99 were urgent, were conducted; 25 people were reunited with family members; 5 sets of human remains were returned to their families by the ICRC; the organization also facilitated the return of 12 other sets of remains to their relatives. Most of these activities took place across the

Georgian–South Ossetian administrative boundary. Family members on different sides of the boundaries exchanged RCMs, and 44 persons had official documents relayed across boundary lines.

Boosting the availability of health care in South Ossetia, three doctors upgraded their skills at an emergency room trauma course in the Russian Federation.

Families find some closure by learning the fate of their relatives

Georgian and Abkhaz representatives to the bipartite coordination mechanism working on the issue of persons missing in relation to the 1992–93 conflict met under ICRC auspices. In Sokhumi/Sukhum, 64 sets of human remains were exhumed from the Park Slavy site and analysed with support from a team of Argentine forensic anthropologists; 7 sets were identified and prepared for return to their families. Two sets of human remains from the first Abkhaz exhumation in 2012 were returned to their families (see above). Abkhaz experts took part in all aspects of the Park Slavy exhumations and continued to build up their forensic capacities.

To aid future identification efforts, biological reference samples were collected from relatives of missing persons in Georgia proper and Abkhazia. The coordination mechanism reached an agreement on exhumation sites for 2014.

Georgian, Russian and South Ossetian participants in the tripartite coordination mechanism dealing with the 2008 and earlier conflicts discussed the resolution of cases of missing persons. Efforts to identify previously exhumed remains continued: five sets of human remains exhumed in March in Tskhinvali/Tskhinval were subjected to a comprehensive forensic examination, to obtain biological profiles for matching with ante-mortem data.

Both the bipartite and the tripartite coordination mechanisms benefited from the technical expertise of Croatian partner institutions. A preliminary meeting on creating a national coordination body in Georgia for missing persons took place in June, with the aim of streamlining efforts and increasing efficiency.

After receiving ICRC training, Georgian Red Cross volunteers collected ante-mortem data from the families of missing persons in Georgia proper. ICRC-trained representatives of the Abkhaz commission on the missing did the same in Abkhazia.

Families of the missing receive psychosocial support

Under the accompaniment project, the families of missing persons continued to receive psychosocial support and legal assistance from the ICRC and partner NGOs; 226 additional families joined the project, bringing the total number of beneficiaries to 860 families since the start of the project in 2010. In South Ossetia, the families of the missing participated in two commemorative events organized by a partner NGO. Some 210 families attended information sessions on the collection of ante-mortem data and biological reference samples, co-organized by partner NGOs and the National Society, whose capacities the ICRC had helped strengthen.

Public events marking the International Day of the Disappeared, some of which were attended by relatives of the missing, helped the families commemorate their relatives and lean on each other for support.

Vulnerable households meet their basic needs and regain self-sufficiency

In South Ossetia and in the remote Kodori Gorge in Abkhazia, vulnerable people met their immediate needs after receiving basic items. Others worked towards economic independence using agricultural supplies/equipment, cash grants and basic business training from the National Society/ICRC. Beneficiaries' responses during periodic monitoring visits enabled the ICRC to adapt its assistance approach to address their specific needs.

In the Kodori Gorge, 27 persons (16 households) met their basic needs with food assistance from the ICRC; there were fewer beneficiaries than expected, as some had received income support in 2012. In South Ossetia, 532 persons (295 households) improved their living conditions through the provision of hygiene and/or other essential household items such as clothing, bedding and heaters, as well as monthly food rations in most cases. Thirteen lonely, elderly individuals received assistance during home visits.

In Georgia proper and Abkhazia, 523 households (1,899 persons) – families who had been displaced or whose breadwinners had gone missing, persons affected by the boundary demarcation process, and economically vulnerable mine/ERW victims – established, by means of ICRC cash grants, more sustainable livelihoods with activities such as livestock rearing or beekeeping. In preparation for setting up their own micro-enterprises, 468 of those who had received income support learnt the basics of running a business. In South Ossetia, 340 households (1,098 persons) in both rural and urban areas received tools and/or other agricultural supplies. For instance, following a 2012 hailstorm that destroyed their harvest, 258 households (750 persons) restored food production with donated seed. In Tbet village, 18 households increased food production after receiving irrigation equipment.

A study was carried out for the benefit of apple farmers in South Ossetia; its recommendations were to be discussed with key stakeholders. However, a planned veterinary training course did not take place owing to lack of authorization from the *de facto* Ministry of Agriculture in South Ossetia.

Residents and IDPs have better access to water and improved housing

In Didi Mejvriskhevi, along the South Ossetian administrative boundary, some 2,500 persons had better access to water after a pumping station was rehabilitated and material provided for its upkeep. In South Ossetia, people in 4 administrative regions improved their access to water through ICRC-donated supplies that helped them repair or maintain existing networks; among them were some 650 people from 8 villages that also benefited from rehabilitation projects. The national water board received submersible pumps to help them maintain the water lines in 56 villages (4,800 people) along the administrative boundary. Likewise, authorities responsible for the maintenance of the Tskhinvali/Tskhinval hospital received support in doing so.

Some 410 vulnerable people (150 households) in Georgia proper stayed warm during the winter after repairing at least one room in each of their dwellings with funds from a National Society/ICRC shelter-improvement project. In South Ossetia, 10 families improved their living conditions through renovations that provided them with one dry room. At 2 collective centres in

Imereti, 48 displaced families (150 persons) benefited from repairs to roofs and replacement of windows. Technical assessments were in progress at other centres.

Mine/ERW victims receive treatment and assistance

Mine/ERW victims in need of prostheses/orthoses and wheelchairs were referred to the Georgian Foundation for Prosthetic Orthopaedic Rehabilitation. Some 90 individuals in Georgia proper, Abkhazia and South Ossetia improved their mobility through assistive devices and/or ICRC coverage of their treatment costs, including transportation, food and housing.

With ICRC support, National Society staff continued to collect mine/ERW-related data in Georgia proper, facilitating assessment of the needs of victims and formulation of an appropriate response; such data was also collected in Abkhazia by the ICRC. A National Society staff member trained in entering information in the mine-action database.

A representative of South Ossetia's *de facto* Ministry of Emergency Situations attended a conference on humanitarian demining in the Russian Federation (see *Moscow*).

To mark the International Day of Disability, a football match for amputees, including mine/ERW victims, was organized in Sokhumi/Sukhum. Local TV channels covered the match. In South Ossetia, Mine Awareness Day events were organized in cooperation with the *de facto* Ministry of Emergency Situations.

PEOPLE DEPRIVED OF THEIR FREEDOM

Security detainees in Georgia proper and in South Ossetia, including people held in connection with past armed conflicts, for crossing administrative boundary lines, or on charges of spying, conducting "terrorist" activities or forming armed groups, some of whom were foreigners, received ICRC visits conducted in accordance with the organization's standard procedures. Visits to detainees in Abkhazia, however, remained suspended, pending an agreement with the *de facto* authorities on the ICRC's standard procedures for such visits. Following visits, the authorities and *de facto* authorities continued to receive confidential feedback and recommendations on detainees' treatment and living conditions; moreover, the Georgian authorities received a comprehensive report on conditions of detention, covering 2011 and 2012, containing the ICRC's feedback.

In view of administrative changes at the penitentiary department in Georgia proper, the ICRC kept in close touch with the detaining authorities to maintain access to detainees and secure acceptance for its working procedures and approach to helping address detention-related issues. Such contact, including with the head of the penitentiary department, resulted in the ICRC's first meeting with all the directors and head doctors of Georgian prisons. Prison management and health in detention were discussed.

Detainees throughout Georgia, including foreigners and/or those held in Abkhazia and South Ossetia, stayed in touch with their relatives through RCMs and/or parcels. Moreover, detainees in Georgia proper and South Ossetia benefited from family visits, some lasting 24 hours; their relatives traveled across administrative boundary lines, with the ICRC acting as a neutral intermediary to facilitate their safe passage. One Abkhaz family's transport costs to visit a detained relative were covered by the ICRC.

One person formerly held at the US internment facility at Guantanamo Bay Naval Station in Cuba, who had resettled in Georgia, had his health monitored and was visited by his brother with the ICRC's help; by mid-year, he was repatriated to Libya at his request.

Detainees benefit from improvements in health care

Owing to the extension of the primary health care programme in detention facilities in Georgia proper, detainees in four additional places of detention had access to better care, bringing the overall number of sites covered to 11. With ICRC-provided technical/training support, regular supervision and donations of medical supplies/equipment, detainees in 15 places of detention, including the 11 mentioned above, had improved access to health care. Over 20 prison doctors and 36 nurses received training, including in mental health care.

At one facility in Tskhinvali/Tskhinval, detainees benefited from repairs to hygiene facilities. Detainees under the responsibility of South Ossetia's *de facto* Interior and Justice Ministries received bedding, hygiene kits and recreational items; one foreign detainee without family support received seasonal clothing.

PEOPLE DEPRIVED OF THEIR FREEDOM	GEORGIA	ABKHAZIA	SOUTH OSSETIA
ICRC visits			
Detainees visited	12,481		81
	<i>of whom women</i>	655	1
	<i>of whom minors</i>	63	
Detainees visited and monitored individually	104		21
	<i>of whom women</i>	8	1
Detainees newly registered	53		13
	<i>of whom women</i>	1	
Number of visits carried out	86		23
Number of places of detention visited	14		3
Restoring family links			
RCMs collected	91	2	19
RCMs distributed	67	5	23
Detainees visited by their relatives with ICRC/National Society support	18		4
People to whom a detention attestation was issued	17		

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

Discussions with the authorities and the *de facto* authorities focused on their responsibilities under IHL and other applicable norms and on the ICRC's role as a neutral intermediary. In particular, such dialogue covered the issue of missing persons and the need to find sustainable solutions to the difficulties faced by conflict-affected populations, including IDPs. The ICRC received the *de facto* authorities' approval to conduct humanitarian activities in South Ossetia until May 2014.

Village administrations, police/security officers along the administrative boundary lines, and international actors in the area attended dissemination sessions where they improved their understanding of the ICRC's humanitarian activities and their neutral, impartial and independent nature, helping secure support for these efforts.

Following the change of government in 2012 and the pause in the national IHL committee's work, the Justice Ministry established a list of new members of the committee and prepared a draft action plan for 2014–15, having discussed related matters with the ICRC.

Media raises awareness of missing persons and mine risks

The public increased their awareness of humanitarian issues, including the issues of mine risks and of missing persons and the ongoing efforts in these domains, through media round-tables, radio broadcasts and interviews. Coverage of the issue of missing persons in particular – facilitated by the ICRC – drew attention to the plight of the people affected and the importance of addressing their needs.

Armed forces advance the incorporation of IHL in training

Cooperation with the Georgian Defence Ministry helped incorporate IHL in military doctrine, training and operations. With ICRC technical support, the Georgian armed forces continued to review their doctrine and to redraft military manuals in line with IHL and other internationally recognized standards.

With ICRC sponsorship, a senior military officer participated in the Senior Workshop on International Rules Governing Military Operations in Cartagena, Colombia (see *International law and cooperation*); a senior official from the Ministry of Defence learnt more about legal sanctions at a workshop in Geneva, Switzerland. Further promoting IHL integration into military decision-making processes, armed forces personnel attended in-house training sessions; for instance, some 20 officers enhanced their understanding of the basics of IHL at a five-day course.

The *de facto* authorities in Abkhazia facilitated an ICRC-supported IHL workshop in Sokhumi/Sukhum for instructors from the military training school. The ICRC's request to conduct dissemination sessions for South Ossetian armed/security forces was not approved.

Learning on IHL continues

With ICRC support, IHL instruction at Georgian universities continued to evolve; students participated in international moot-court competitions, and two university lecturers attended an advanced course in Geneva. IHL instructors met to improve coordination in the teaching of the subject. University students participated in a training course and an IHL competition in Sokhumi/Sukhum. While the *de facto* authorities in South Ossetia did not respond to an offer of support for university professors, the *de facto* Ministry of Education conducted the second IHL Summer School for schoolchildren from Tskhinvali/Tskhinval and rural areas.

RED CROSS AND RED CRESCENT MOVEMENT

The Georgian Red Cross, having signed a Movement coordination agreement in 2011, continued to work with Movement partners to strengthen its ability to deliver humanitarian services.

To enhance its emergency preparedness and response capacities, the National Society established a volunteer-management system at four branches; participated in training courses, including in first aid; and applied for European certification of its first-aid programme. As part of its role in national emergency response, the National Society initiated field simulation exercises with State emergency responders in four places. National Society staff received training in projects providing psychological support for vulnerable people. With the ICRC's help, the National Society worked to improve its ability to deliver family-links services, particularly in non-conflict-related tracing cases. It also established an action plan for activities in sensitive areas.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		260		
RCMs distributed		185		
Reunifications, transfers and repatriations				
People reunited with their families		25		
People transferred/repatriated		544		
Human remains transferred/repatriated		5		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		2,123	327	55
People located (tracing cases closed positively)		46		
Tracing cases still being handled at the end of the reporting period (people)		2,113	328	56
Documents				
Official documents relayed between family members across border/front lines		49		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		12,562	656	63
Detainees visited and monitored individually		125	9	
Detainees newly registered		66	1	
Number of visits carried out		109		
Number of places of detention visited		17		
Restoring family links				
RCMs collected		112		
RCMs distributed		95		
Detainees visited by their relatives with ICRC/National Society support		22		
People to whom a detention attestation was issued		17		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	536	47%	25%
	<i>of whom IDPs</i>	8		
Essential household items	Beneficiaries	532	47%	26%
	<i>of whom IDPs</i>	9		
Productive inputs	Beneficiaries	1,100	39%	26%
Cash	Beneficiaries	2,635	42%	25%
	<i>of whom IDPs</i>	808		
Water and habitat activities	Beneficiaries	9,309	37%	20%
	<i>of whom IDPs</i>	2,463		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	10		
Water and habitat activities	Beneficiaries	55		
Health				
Number of visits carried out by health staff		4		
Number of places of detention visited by health staff		15		
WOUNDED AND SICK				
Water and habitat				
Water and habitat activities	Number of beds	540		

KYRGYZSTAN



Active in the country since 1992, the ICRC opened a delegation in Kyrgyzstan in 2011. It works to protect and assist people affected by tensions or violence and people detained for security reasons, while providing support regarding health-related issues, particularly TB, in places of detention. The ICRC promotes norms relevant to the use of force among security forces and the incorporation of IHL into national legislation, academic curricula and the armed forces' doctrine, training and sanctions. The ICRC works in partnership with and helps the Red Crescent Society of Kyrgyzstan strengthen its capacities.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ health professionals, including military personnel, boosted their emergency preparedness and response capacities through courses in emergency trauma/weapon-wound management, led mainly by ICRC-trained doctors
- ▶ with ICRC support, the authorities continued efforts to manage TB in the penitentiary sector, with progress being made in establishing a central treatment facility and 67 detainees completing multi-drug resistant TB treatment
- ▶ after a five-year interruption of ICRC activities for them, inmates at a State Committee for National Security (GKNB) detention facility in Bishkek received ICRC visits to monitor their treatment and living conditions
- ▶ after months of delay, the authorities signed a memorandum of understanding with the ICRC to start the provision of health care services to detainees held in 5 places of temporary detention
- ▶ the Ministry of Defence, jointly with the ICRC, prepared a draft law to incorporate measures to prosecute war crimes in the national penal code

EXPENDITURE (in KCHF)

Protection	1,384
Assistance	5,672
Prevention	622
Cooperation with National Societies	441
General	-

8,119

of which: Overheads 496

IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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PERSONNEL

Mobile staff	18
Resident staff (daily workers not included)	82

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	1
RCMs distributed	5
People located (tracing cases closed positively)	7
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	9,279
Detainees visited and monitored individually	208
Number of visits carried out	140
Number of places of detention visited	46
Restoring family links	
RCMs collected	12
Phone calls made to families to inform them of the whereabouts of a detained relative	2

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries	63,289
Water and habitat activities	Beneficiaries	110,000
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	4
		17

CONTEXT

Kyrgyzstan remained relatively stable throughout the year, but tensions over contested border demarcation in the south persisted. Clashes – near Uzbekistan's Sokh enclave and Tajikistan's Vorukh enclave in Batken province, for instance – reportedly resulted in injuries to civilians and border guards and in destruction of property.

Macro-economic and social problems, deficiencies in the provision of basic services, and issues of access to water resources and land/pastures remained unresolved. The government endeavoured to strengthen the rule of law and ensure the peaceful coexistence of communities.

Kyrgyzstan had formally notified the United States of America of the parliament's decision to terminate the lease of the American military supplies base at the Manas airport, in light of the impending withdrawal of international troops from Afghanistan. It pursued strategic discussions with the Russian Federation – through the Collective Security Treaty Organization (CSTO) – on economic and security issues, particularly in connection with the Customs Union of Belarus, Kazakhstan, and Russia; and with China through the Shanghai Cooperation Organization. It continued to strengthen its bilateral ties with Turkey and the member States of the Gulf Cooperation Council.

ICRC ACTION AND RESULTS

With sporadic unrest marring the relative calm in the country, the ICRC delegation in Kyrgyzstan helped local stakeholders bolster their emergency preparedness and response, particularly in the south. It also helped the authorities address the humanitarian needs of detainees, the families of missing persons, and people affected by longstanding infrastructural deficiencies. To support its activities, it promoted IHL and humanitarian principles among pertinent stakeholders and the general public.

The ICRC, together with Movement partners, helped the Red Crescent Society of Kyrgyzstan reinforce its capacity as an emergency response provider, particularly of first-aid and family-links services. It enabled surgeons and other medical professionals to hone their skills in emergency room trauma management through courses led by doctors it trained in 2012. At the Defence Ministry's request, the ICRC organized a war-surgery seminar exclusively for military medical personnel. It also renovated primary health care centres and the operating rooms of hospitals in the south, and provided them with medical supplies/equipment.

The ICRC continued to visit detainees, including those held in relation to the events of 2010, in places of detention run by the Interior Ministry and the State Service for Execution of Punishments (GSIN). After an interval of some five years, it resumed visits to inmates at a detention facility under the responsibility of the State Committee for National Security (GKNB). In parallel, it continued to seek access to all detainees within its purview. It helped the authorities enhance detainees' living conditions and enabled inmates to contact their relatives, notably through family visits. It continued its dialogue with the authorities on the importance of improving contact between detainees and their relatives.

Progress was made in discussions with the Health and Interior Ministries on ensuring detainees' access to primary health care services. After some delay, the ICRC and the authorities signed

a memorandum of understanding to pilot test the provision of such services to detainees held in five places of temporary detention. The ICRC also continued to provide extensive support for the GSIN and the Health Ministry in controlling TB, particularly multi-drug resistant (MDR) strains, in the penitentiary sector. It continued to support the establishment of a centralized TB treatment facility at Penal Institution 31. Technical and material assistance helped the health authorities streamline TB management in all detention facilities.

In the south, where public services had been inadequate for some time, the ICRC helped improve residents' access to clean water. It completed four water supply projects started in 2012, and provided material assistance to help local water boards repair facilities.

The ICRC continued to help the families of 19 people still missing in relation to the events of June 2010 to seek news of their relatives – primarily by requesting the authorities to provide the families with information. It facilitated access for the families to medical/mental health care and referred them to State institutions or NGOs for legal and social assistance. However, initiatives to help local forensic specialists bolster their capacities were cancelled, as the ICRC decided to reconsider long-term involvement in structural forensic support for the authorities.

To help foster an environment conducive to humanitarian action, the ICRC pursued dialogue with the authorities, supported the national IHL committee and helped IHL specialists further their understanding of the subject. Dialogue with traditional leaders did not develop as planned, owing to human resources constraints. During dissemination sessions, the ICRC raised awareness of IHL and internationally recognized standards, particularly for detention, among the armed/police forces and encouraged them to take these into account. Through these efforts and public events, the ICRC also promoted protection for patients and medical services, in line with the goals of the Health Care in Danger project.

CIVILIANS

Residents in tension-prone areas had their situation monitored by the ICRC, which remained ready to assist those affected by violence and to make representations to alleged perpetrators in the event of any reported abuses. Following clashes in the Sokh enclave in January, some of the persons most affected coped with their circumstances using mattresses and blankets that had been donated to a health centre through the Kyrgyzstan Red Crescent. Through ad hoc distributions carried out with the National Society to health centres and other local institutions, over 63,000 vulnerable residents received hygiene supplies and other essential items.

With the approval of the authorities, seven refugees without valid identification papers received ICRC travel documents, within the framework of IOM and UNHCR resettlement programmes.

Families of missing persons address health needs

At the end of 2013, the families of 19 persons missing in relation to the events of June 2010 were still without news of their relatives. Formal requests were made to the authorities, encouraging them to update the families on the status of the search for their missing relatives. The families addressed some of their multifaceted needs with ICRC support, which included financial assistance for specialized/mental health care and referrals to State institutions or NGOs for assistance in social and legal matters. Around 30 families, including some whose relatives' cases had been

resolved, received follow-up visits to monitor their situation. During information/support sessions, 20 people from these families learnt how to obtain psychological assistance.

Discussions continued with the State authorities, with a view to encouraging them to implement best practices in collecting and managing ante/post-mortem data in connection with missing persons and unidentified human remains. Seminars and a round-table to help local forensic specialists bolster their capacities were cancelled, as the ICRC decided to reconsider long-term involvement in structural forensic support for the authorities. Nonetheless, forensic experts and investigators performed their work more efficiently partly owing to material support from the ICRC – even if it was limited – such as supplies for managing human remains provided to pertinent institutions and the installation of a cold chamber in a morgue at a hospital in Batken province.

Communities gain regular access to water

People living in tension-prone areas in the south – where scarcity of water was persistent and often a source of inter-community disputes – gained more regular access to clean water for household and farming use because of joint initiatives by the local authorities and the ICRC. About 110,000 people enjoyed a more stable supply of water after local water boards repaired key facilities using ICRC-donated supplies. Over 41,000 residents of the Bazar-Korgon, Jylkedi, Kyzyl-Tuu and Nariman villages in Jalal-Abad and Osh provinces benefited from the completion of four water supply projects – started in 2012 – carried out in coordination with village administrators and community members.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees' treatment and living conditions monitored

Over 9,200 people held in places of detention run by the Interior Ministry and the GSIN and, after five years of interruption, in a detention facility in Bishkek under the authority of the GKNB received visits from the ICRC. Discussions continued with the authorities on an agreement seeking access to all detainees within the ICRC's purview.

On the basis of their visits, delegates shared their findings and recommendations in confidence with the authorities. In addition, the authorities also received a comprehensive report on improving contact between detainees and their families, supplementing the ICRC's dialogue with them on this subject. A study of the situation of detainees sentenced to life was conducted, with a view to providing feedback to the authorities.

During a total of 140 visits to 46 detention facilities, 208 potentially vulnerable inmates – security detainees, those serving life sentences, women, minors and foreigners – were followed up individually. Some of them re-established contact with their families using RCMs and tracing services; 168 received visits and parcels from their relatives.

Inmates' living conditions improve

Over 5,500 detainees kept warm and clean using blankets, mattresses and hygiene kits from the ICRC; books and recreational items helped ease their confinement.

Detaining authorities continued to draw on ICRC support to ensure that detainees' living conditions were in line with internationally recognized standards. A total of 362 detainees – including women and detainees serving life sentences – saw tangible

improvements in their living conditions thanks to repairs to or construction of roofs, medical rooms, heating systems and rooms for family visits. Maintenance workers learnt more about ensuring the facilities' upkeep at training sessions.

The detaining authorities also sought ICRC advice in drawing up plans for a pre-trial detention facility in Jalal-Abad. In accordance with an agreement between the authorities, the Organization for Security and Co-operation in Europe and the ICRC, architectural and management plans for the facility were drafted, taking into consideration the authorities' operational requirements and international prison construction standards.

Detainees stand to gain better access to health care

Progress was made in discussions with the Health and Interior Ministries on a project to ensure access for detainees to health care services. After some delay, the authorities and the ICRC signed in December a memorandum of understanding formalizing the framework – based on guidelines developed by an interministerial working group – for pilot testing the provision of basic health services to detainees held in five places of temporary detention.

TB-affected detainees receive treatment

The GSIN and the Health Ministry continued to tackle the health threat posed by TB, particularly MDR TB, with ICRC support, including for sending specimen samples to a laboratory in Germany for analysis. Notably, 30 detainees with MDR TB were able to continue their treatment after the ICRC purchased drugs not available in the country. By year's end, 67 detainees with MDR TB had completed their treatment, while 45 others were still being treated. Over 100 MDR TB-affected detainees improved their nutritional status thanks to the distribution of high-protein biscuits. Efforts to promote an integrated model of care that included psychosocial support for detainees with TB continued.

The staff at Penal Institution 27 continued to receive daily on-site and other forms of support for managing MDR TB. The ICRC-supported maintenance team ensured that conditions inside the prison were conducive to the well-being of some 200 detainees and to the work of the medical staff, mainly by overseeing the functioning of infrastructure and services. To help prevent service interruptions, heating and water supply systems were rehabilitated. At health education sessions, detainees, prison guards and health teams learnt more about MDR TB treatment, psychological support, and rehabilitation for drug addiction.

In view of establishing a central treatment facility for up to 340 detainees with various forms of TB, Penal Institution 31 underwent further infrastructure work. This included renovation of two barracks and construction of a medical unit and wastewater treatment plant. After initial delays, the construction of a separate building for detainees with MDR TB progressed as planned.

In preparation for the eventual pullout of Médecins Sans Frontières-Switzerland (MSF-CH) from the penitentiary TB programme in 2014, the GSIN, MSF-CH and the ICRC established a road map for the gradual handover of MSF-CH's caseload to the ICRC. Coordination with MSF-CH for referring released detainees to suitable treatment providers also continued.

Authorities pursue efforts to streamline countrywide TB management

With material/technical ICRC support, the authorities developed an electronic database for reporting and recording TB cases in all places of detention. This allowed them to conduct, for the first time, a comprehensive evaluation of the performance of Kyrgyzstan's prison TB-management programme.

Working groups – for developing national TB infection control guidelines, training medical and non-medical penitentiary staff, strengthening the TB surveillance system, and optimizing the TB laboratory network in Kyrgyzstan – continued to receive technical support. The national TB reference laboratory in Bishkek and the inter-provincial reference laboratory in Osh – both providers of diagnostic services to the prison sector – strengthened their diagnostic capacities with the help of material/technical ICRC assistance. Laboratory technicians participated in an ICRC-supported study tour of the prison TB control programme in Azerbaijan (see *Azerbaijan*).

WOUNDED AND SICK

Ministry of Health doctors help local personnel add to their skills

Strengthening countrywide emergency preparedness, local health personnel from throughout Kyrgyzstan bolstered their capacities for managing potential influxes of wounded patients. To improve patient care during emergencies, 79 surgeons sharpened their surgical skills, and ambulance service providers and border troops honed their trauma management skills, at courses led by Health Ministry doctors trained by the ICRC in 2012. The courses were organized in Bishkek and Osh by a training institute, with financial/technical ICRC support. Additionally, 32 military medical personnel became better equipped to treat weapon-wounded patients after attending a war-surgery seminar organized exclusively for them at the request of the Defence Ministry. They also furthered their understanding of their obligation to respect patients and health workers/facilities – the primary concern of the Health Care in Danger project, whose goals were highlighted in all ICRC dissemination activities and training sessions (see *Authorities, armed forces and other weapon bearers, and civil society*).

People in southern Kyrgyzstan have access to improved health services

Wounded and sick people in the south obtained primary health services or surgical care at the Ak Suu and Samarkandek primary health care centres and at the operating theatres of two hospitals in Batken and Leilak provinces that were renovated and provided with medical supplies/equipment. The Samarkandek primary health centre also received an ambulance, which facilitated referrals of patients requiring a higher level of care. Rehabilitation of the Kenesh Family Medical Centre was completed; maintenance work was carried out at a previously renovated centre. Ad hoc distributions of drugs and other medical supplies helped some health structures treat wounded patients.

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

The authorities continued to work on integrating IHL into domestic legislation, with ICRC support, in particular for the national IHL committee. In parallel, through dissemination sessions and other events, military and police officers and members of civil society learnt more about IHL, the ICRC and humanitarian issues, including those covered by the Health Care in Danger project.

Dialogue with traditional leaders did not develop as planned, owing to human resources constraints.

Ministry of Defence drafts amendments to penalize war crimes

With a view to incorporating measures to prosecute war crimes in the penal code, the Defence Ministry, jointly with the ICRC, prepared a draft law and forwarded it to pertinent ministries for comments, before submission to parliament on behalf of the national IHL committee.

The national IHL committee sought ICRC support and advice for its meetings and other initiatives. It continued to work on a draft law on acceding to the Environmental Modification Convention. Its members broadened their knowledge of IHL at a training session organized by the ICRC at their request, during which they benefited from the expertise of law professors, including one who had attended an international conference in the Russian Federation (see *Moscow*).

Instead of helping establish a pool of IHL specialists, interaction between national IHL committee members and academic experts was facilitated, to help raise the level of IHL expertise in the country. Students and lecturers at five universities kept abreast of the latest developments in IHL through reference materials periodically donated to their resource centres. Students increased their awareness of humanitarian issues and the ICRC during dissemination sessions.

Weapon bearers learn more about IHL and law enforcement standards

By taking part in local and international seminars/dissemination sessions, military/police officers developed their understanding of IHL, international legal norms and the ICRC and its activities. A senior military officer attended the Senior Workshop on International Rules Governing Military Operations held in Colombia (see *International law and cooperation*). Some 140 commanders and officers expanded their knowledge of IHL norms/provisions applicable to military decision-making, while police officers and border troops reinforced their knowledge of internationally recognized standards and best practices related to law enforcement, including arrest, detention and investigation. Some 45 border guards, police and civil police auxiliaries learnt about the Movement during first-aid training sessions conducted by the National Society.

Dialogue with the Ministry of Defence covered CSTO-ICRC cooperation on IHL training, the ICRC's offer to conduct pre-deployment briefings for UN peacekeeping troops, and protection for patients and medical personnel/infrastructure.

Civil society helps promote respect for medical services

Awareness of the Movement and humanitarian issues developed, partly as a result of media reports based on ICRC press materials. Journalists attended briefings and made ICRC-facilitated visits to projects, which helped enhance their coverage of humanitarian issues.

Public awareness of and support for the goals of the Health Care in Danger project in particular grew thanks to initiatives such as the production of videos – including one that featured well-known local personalities – that were broadcast by leading television stations and shown at civil society and ICRC events. At a conference in Bishkek, an ambulance doctor discussed impediments to health care delivery.

RED CROSS AND RED CRESCENT MOVEMENT

National Society bolsters emergency preparedness

The Kyrgyzstan Red Crescent continued to reinforce its emergency preparedness and response. It received various forms of ICRC support – for purchasing emergency equipment for branches in tension-prone areas and relaying assistance to those affected by clashes in the Sohk enclave (see *Civilians*), for instance.

With support from the ICRC, the National Society enhanced its first-aid programme; 15 instructors honed their abilities to train colleagues to conduct courses, including ICRC-supported sessions countrywide, notably in the south. During local and regional training/exercises, staff/volunteers acquired more skills in camp management, emergency water provision and contingency planning, within the Safer Access Framework.

The National Society developed its family-links services, particularly for vulnerable labour migrants. Selected staff members strengthened their capacities through ICRC-supported training and discussions with counterparts from other National Societies.

The management of the National Society participated in Movement statutory meetings and other pertinent regional and international events, with support from the International Federation and the ICRC. The National Society staged various public events – to mark World Red Cross and Red Crescent Day, for instance. These helped to raise the National Society's visibility, promote the Movement and attract volunteers.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		1		
RCMs distributed		5		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		36	11	6
People located (tracing cases closed positively)		7		
Tracing cases still being handled at the end of the reporting period (people)		73	16	13
Documents				
People to whom travel documents were issued		7		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		9,279	509	91
Detainees visited and monitored individually		208	4	5
Detainees newly registered		125	2	4
Number of visits carried out		140		
Number of places of detention visited		46		
Restoring family links				
RCMs collected		12		
Phone calls made to families to inform them of the whereabouts of a detained relative		2		
Detainees visited by their relatives with ICRC/National Society support		168		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	63,289	51%	10%
Water and habitat activities	Beneficiaries	151,120	31%	31%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	5,529		
Cash	Beneficiaries	169		
Water and habitat activities	Beneficiaries	902		
Health				
Number of visits carried out by health staff		17		
Number of places of detention visited by health staff		13		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	17		
Patients whose hospital treatment has been paid for by the ICRC	Patients	9		
First aid				
First-aid posts supported	Structures	4		
Water and habitat				
Water and habitat activities	Number of beds	3,458		

EUROPE (regional)

COVERING: Denmark, Germany, Netherlands, Norway, Spain, Sweden (with specialized services for other countries)

The ICRC engages in regular dialogue on IHL, its implementation, and issues of humanitarian concern with authorities in Europe; increases awareness of its mandate; and mobilizes political and financial support for its activities. It visits people held by international criminal tribunals based in Europe to check on their treatment and living conditions. It also follows up on people formerly held at the US internment facility at Guantanamo Bay Naval Station in Cuba. The ICRC works closely with the National Societies on their international activities and IHL promotion and, through them, enables vulnerable migrants to restore/maintain contact with their families.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ the Italian and Maltese Red Cross Societies strengthened their family-links services for migrants with support from the ICRC, which took over the processing of over 700 pending tracing requests from the Hellenic Red Cross
- ▶ Movement partners, regional forensic technicians and other stakeholders pooled their expertise to effect improvements in restoring family links and in managing information on missing or deceased migrants
- ▶ National Societies and the ICRC enhanced cooperation in promoting IHL and other Movement concerns, particularly in relation to the Health Care in Danger project and sexual violence in armed conflict
- ▶ the ICRC welcomed the signature of the Arms Trade Treaty by 36 European States and its ratification by Iceland, as well as the ratification of the Kampala amendments to the Rome Statute by six States in the region

EXPENDITURE (in KCHF)

Protection	1,503
Assistance	-
Prevention	310
Cooperation with National Societies	440
General	-

2,253

of which: Overheads **138**

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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PERSONNEL

Mobile staff	6
Resident staff (daily workers not included)	8

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs distributed	1
Phone calls facilitated between family members	4
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	2,784
Detainees visited and monitored individually	26
Number of visits carried out	32
Number of places of detention visited	30
Restoring family links	
Phone calls made to families to inform them of the whereabouts of a detained relative	4

CONTEXT

Many European countries continued to experience economic recession, with austerity measures and high unemployment rates sparking unrest and political instability in some places. Global and regional security, including issues related to data protection, remained a concern, as did migration-related issues.

Irregular migrants continued to cross the Mediterranean Sea into southern Europe, in higher numbers in the second half of the year. Greece tightened security at its borders with Turkey, which resulted in increased migrant traffic through the Aegean islands, Bulgaria and elsewhere. Economic and security concerns affected many States' absorption capacities; this resulted in stricter immigration rules and the detention and/or forced or voluntary return of migrants, both adults and minors, to their places of origin. The capsizing of migrants' vessels in October off the Italian island of Lampedusa and the coast of Malta, and footage of migrants at a holding centre, revived debates within the European Union (EU) on border management and on the treatment and conditions of detained migrants.

Europe is home to the permanent International Criminal Court (ICC) and the ad hoc International Criminal Tribunal for the former Yugoslavia (ICTY), both based in The Hague, Netherlands. The UN Mechanism for International Criminal Tribunals (MICT) assumed the ICTY's residual functions in July.

ICRC ACTION AND RESULTS

To contribute to putting the specific issues and problems faced by vulnerable migrants high on the European agenda, the ICRC advocated at several levels to sensitize the European authorities to the humanitarian objectives of the Movement's family-links activities, particularly for unaccompanied minors. Coordination among Movement partners, through regular discussions and conferences, strengthened the humanitarian response to migration-related issues.

Missions to Greece enabled the ICRC to: collect first-hand information about the situation of migrants in the country, including those in detention; deepen its understanding of the legal frameworks associated with migration; and strengthen its contacts with local and regional authorities and forensic specialists. The ICRC brought the concerns of vulnerable migrants to the authorities' attention – regarding the transfer of minors to suitable holding centres, for example, it also provided material assistance on an ad hoc basis to minors at a detention centre. Following the closure of the Hellenic Red Cross's tracing services for migrants, the ICRC, with the National Society's agreement, took over the processing of hundreds of pending tracing requests as well as new ones.

ICRC delegates were deployed to Italy and Malta following the capsizing of migrants' vessels in the Mediterranean Sea in October, enabling the National Societies concerned to reinforce their tracing services and assist irregular migrants in restoring contact with their relatives.

The ICRC organized or participated in regional conferences and meetings, which helped enhance coordination among Movement partners and other stakeholders responding to the needs of irregular migrants. For example, a regional conference on the management and identification of human remains in Milan, Italy, enabled forensic specialists and other stakeholders to share best practices in managing information related to missing or deceased migrants.

Bilateral partnerships with European National Societies helped strengthen operational and institutional cooperation, with an emphasis on: promoting IHL, including through the "Strengthening IHL" process; addressing humanitarian issues linked to migration; developing and implementing Movement policies; and promoting the goals of the Health Care in Danger project. Notably, the Swedish Red Cross and the ICRC signed a partnership framework agreement during the 2013 Council of Delegates in Sydney, Australia.

Regular exchanges with State and regional authorities, as well as international organizations, and participation in various regional conferences helped advance treaty participation and domestic implementation of IHL, particularly with regard to international crimes. It also enabled discussions on IHL-related issues such as the protection of cultural property during armed conflict, raised awareness of humanitarian issues and gained support for the ICRC's position on data protection reforms.

The ICRC continued to visit people convicted by the ICTY and serving their sentences in European countries, and people remanded by the ICTY and the ICC in The Hague. Detaining authorities drew on the ICRC's expertise to ensure compliance with internationally recognized standards of detention and best practices in enforcing sentences. The ICRC also helped facilitate the handover of the ICTY's residual functions to the MICT.

The ICRC continued to follow up people previously held at the US internment facility at the Guantanamo Bay Naval Station in Cuba, who had resettled in Europe after their release. It worked with the authorities and the National Societies concerned to ensure that they adapted well to their new circumstances, maintained contact with their families and received assistance according to their specific needs.

CIVILIANS

Irregular migrants arriving in Europe faced many difficulties, including lack of access to basic services. Among the most vulnerable were minors who had become separated from their families and people held in difficult conditions in reception and detention centres, especially in Greece. Many migrants went missing during their perilous journey. Their families had no information on their fate, and the lack of national databases and regional information-sharing mechanisms hampered States' ability to manage and identify the remains of migrants who may have perished along the way.

Vulnerable migrants' family links and other needs raised with the authorities concerned

Vulnerable migrants in Greece, including those in detention, shared their concerns with the ICRC during missions conducted with the Hellenic Red Cross and other National Societies to better understand their situations. Their family-links and protection needs were brought to the attention of the authorities concerned. Meanwhile, working with specialists enabled the ICRC to get a better grasp of the complexities of migration law in Greece, particularly regarding unaccompanied minors, detention and returns. Dialogue with the authorities at various levels created possibilities for cooperation in placing minors in suitable centres or transferring them elsewhere within the EU. It also enabled the ICRC to explain the strictly humanitarian objectives of the Movement's family-links activities for migrants (see *Brussels*).

Movement efforts enable migrants to restore family contact

Following the October tragedies (see *Context*), the ICRC undertook missions to Italy and Malta to assess family-links/ forensic needs and capacities. Deployment of additional ICRC staff and provision of technical support reinforced the National Societies' capacities to help vulnerable migrants restore contact with their relatives. In Malta, this resulted in: the development of new tracing guidelines and procedures; the creation of a permanent position within the National Society specifically for family-links activities; and the establishment of a phone service that helped detained migrants get in touch with their relatives (see *People deprived of their freedom*). Dialogue was initiated with the Maltese authorities, with a view to securing an ante/post-mortem data sharing between national forensic services and the National Society.

Despite reinforced Movement support, the Hellenic Red Cross was forced to close its tracing services for migrants in April, owing to the economic climate and internal restructuring. It agreed to let the ICRC take over the processing of over 700 pending tracing requests; new requests were submitted by people searching for their relatives, with some cases resolved.

Acting as an advisor, the delegation encouraged the processing of cases between National Societies and ICRC delegations. At technical workshops, the National Societies of France, Greece, Italy, Malta, Spain and Tunisia discussed tracing capacities and tackled pending cases with ICRC delegates from Libya and Tunisia. Several families that had submitted tracing requests were reunited with their relatives, some with travel documents issued by the ICRC delegation in their place of departure. At a meeting in Spain, Movement partners reviewed and closed 80 tracing cases and proposed coordination mechanisms to improve family-links services for migrants.

Regional stakeholders improve coordination on forensic issues

In 2011, a forensic assessment concluded the need to gain keener insight into the management of human remains in Italy, Malta and Spain. In 2013, the University of Milan and the ICRC jointly organized a regional conference on the subject. At the conference, forensic technicians, police services and National Society tracing delegates from southern Europe discussed: best practices in establishing national post-mortem databases; methods of dealing with large volumes of cases of missing or deceased migrants; data-protection/sharing issues; and the need to standardize forensic practices at national and regional levels. The conference also enabled some of the region's forensics institutions and experts to familiarize themselves with the ICRC's advisory and coordination role.

Other meetings enhanced coordination among Movement partners along migration routes: the Platform for European Red Cross Cooperation on Refugees, Asylum Seekers and Migrants organized a workshop in Hungary, which focused on data management and on helping migrants restore contact with their families. Over 30 National Societies and the International Federation participated in an annual conference in Portugal on restoring family links: discussions centred on missing migrants, forensic issues and the development of Web-based tools for information sharing.

Released Guantanamo Bay internees maintain contact with their families

Eleven former Guantanamo Bay internees resettled across seven European countries discussed their situation with ICRC representatives, who maintained regular contact with them, assisted them in staying in touch with their families, monitored their integration with the help of the National Societies involved, and whenever necessary, made recommendations to the authorities, who provided the necessary assistance.

A former internee resettled in Portugal visited his parents, who, having fled the violence in the Syrian Arab Republic (hereafter Syria), had become refugees in Turkey. Two people resettled in Spain received family visits from their families in the Gaza Strip and Saudi Arabia. One person, resettled in Germany, traveled to Saudi Arabia to see his family. In the case of one person resettled in Hungary, for whom State assistance had ceased, discussions with the Hungarian Red Cross, the authorities concerned and the US State Department contributed to the Hungarian authorities considering his needs, approving a residency permit for his wife and allowing the couple to take free language lessons.

PEOPLE DEPRIVED OF THEIR FREEDOM

People deprived of their freedom – including ICTY detainees serving their sentences in seven European countries, remand detainees held at the ICTY UN Detention Unit and the ICC Detention Centre in The Hague, detainees held on security charges in two countries, and migrants detained in Greece (see below) – received visits, conducted in accordance with the ICRC's standard procedures. During these visits, delegates monitored detainees' treatment and living conditions to ensure that they complied with internationally recognized standards; and shared their findings and recommendations confidentially with the authorities.

Dialogue was initiated with the Maltese authorities, with a view to securing their approval for visits to migrants in detention.

Detainees in Austria enjoy regular video calls with relatives

While such recommendations the ICRC made following visits mostly concerned the individual detainees visited, some also had an impact on the wider detainee population. For example, all the detainees in one prison in Austria enjoyed regular interaction with their families thanks to an Internet video-call system installed by the penitentiary authorities at the ICRC's suggestion.

Minors at Greek detention centre for migrants contact families with ICRC help

In Greece, over 2,700 migrants, including 68 minors, held in 20 detention facilities, including police stations and reception centres in Athens and in the main zones of arrival (Evros River and in the Aegean Islands) and departure (Igoumenitsa and Patras), communicated their concerns to the ICRC during group interviews. Discussions with the Greek authorities continued to focus on migrants' treatment and living conditions, respect for the principle of *non-refoulement* and implementation of the country's new asylum system. Minors who had been registered as adults were referred to the appropriate authorities, and, with ICRC help, some restored contact with their families. One detained Afghan minor was reunited with his mother in Belgium following ICRC representations to the Greek Ministry of Public Order and Citizen Protection.

In the Amygdaleza detention centre for minors in Attica, 45 minors restored contact with relatives after the detaining authorities granted them weekly access to their mobile phones, in line with the ICRC's recommendations. Minors at a reception centre in the Aegean Islands contacted their families and eased their situation with the help of telephone cards, educational and recreational materials, and furniture provided by the ICRC.

International tribunals draw on ICRC input for transition to MICT

Dialogue continued with the ICC, the ICTY/MICT, the penitentiary services and Justice Ministries of States where ICTY-convicted people were serving their sentences, with discussions moving forward on humanitarian issues linked to detention, international law and institutional matters.

The ICTY handed over its residual functions to the MICT in July 2013, with the ICRC providing input throughout the process. European States enforcing international sentences drew on the ICRC's expertise to ensure that their policies and practices complied with internationally recognized standards and best practices in detention. The enforcement of sentences in the future was also an important theme of the discussions with the ICC.

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

European States lead signing of Arms Trade Treaty

Regular discussions with the authorities helped advance treaty participation and the adoption of national implementation measures. National Societies supported this process by promoting the adoption of the Arms Trade Treaty in line with the ICRC's position (see *New York*). Following its adoption, 36 European States signed the treaty and encouraged other States to do the same. Iceland became the first European State to ratify the treaty; several EU member States completed domestic processes that would enable them to ratify the treaty upon the Council of Europe's authorization. Spain announced that pending the treaty's entry into force, it would provisionally apply the prohibitions against certain arms transfers and the criteria for assessing arms exports.

Andorra, Estonia, Germany, Luxembourg, Norway and Slovenia ratified the Kampala amendments to the Rome Statute; Liechtenstein ratified the Convention on Cluster Munitions; Lithuania and Portugal ratified the Convention on Enforced Disappearance; and Italy and Portugal ratified the Optional Protocol to the Convention against Torture. Spain approved the amendment of a law prohibiting cluster munitions. Switzerland adopted a law regulating private security companies.

States and their national IHL committees continued to show support for IHL and the ICRC – for instance, by participating in consultations connected with the “Strengthening IHL” process (see *International law and cooperation*). Dialogue with the Austrian authorities explored the possibility of cooperating to promote IHL in the region and enabled the ICRC to follow up the integration of crimes against humanity and war crimes into the country's criminal code. Dialogue with the Spanish national IHL committee paved the way for further cooperation in promoting IHL, particularly with its counterparts in South America.

European countries remained committed to the incorporation of IHL in military exercises. In response to a request, the ICRC participated in predeployment sessions at the NATO training centres in Norway and Poland, and briefed military officers on its activities in Afghanistan (see *Brussels*).

State and regional authorities draw on ICRC input to address humanitarian concerns

At bilateral meetings and in conferences, the ICRC shared its expertise and exchanged views with State and regional authorities, and international organizations on humanitarian issues of mutual concern. It raised awareness of the consequences of using nuclear and chemical weapons and advocated their prohibition. It took part in discussions on improving protection for cultural property in armed conflicts. In high-level meetings with the authorities in Italy, Germany and Spain, it explored opportunities for further cooperation in promoting IHL; it also enlisted their support for its work for vulnerable migrants and for dealing with the obstacles to the humanitarian response to the Syrian conflict. Such dialogue also enabled the ICRC to explain and garner support for its position on data protection reforms (see *Brussels*).

At the Global Conference on Reclaiming the Protection of Civilians under International Humanitarian Law in Norway, participants considered ICRC input in adopting recommendations for reducing harm to civilians in military operations and for promoting compliance with IHL during armed conflicts. Discussions with the Coalition for the International Criminal Court, the Genocide Network and individual States aimed at advancing the integration of sanctions against international crimes and universal jurisdiction into domestic laws.

An EU/ICRC awareness campaign (see *Brussels*) enabled people in several European cities to learn about the various dangers attending health care delivery in conflicts.

PEOPLE DEPRIVED OF THEIR FREEDOM	AUSTRIA	DENMARK	ESTONIA	FINLAND	GREECE	ICC/ICTY	ITALY	NORWAY	SWEDEN
ICRC visits									
Detainees visited	2	3	2	1	2,758	15	2	1	1
<i>of whom women</i>					27				
<i>of whom minors</i>					68				
Detainees visited and monitored individually	2	3	2	1		15 ¹	2	1	1
Number of visits carried out	1	1	1	1	21	3	2	1	1
Number of places of detention visited	1	1	1	1	20	2	2	1	1
Restoring family links									
Phone calls made to families to inform them of the whereabouts of a detained relative						4			

1. Including one detainee visited in ICC/ICTY and later in Denmark.

RED CROSS AND RED CRESCENT MOVEMENT

Movement cooperation strengthened through joint initiatives

The region's National Societies and the ICRC continued to strengthen cooperation, drawing on each other's fields of expertise to address humanitarian issues of common concern. The Swedish Red Cross and the ICRC signed a partnership framework agreement, with a view to defining partnership objectives in 2014. Similar agreements with the German Red Cross and the Norwegian Red Cross focused, *inter alia*, on operational partnership opportunities, thematic issues and IHL promotion. Meanwhile, the Netherlands Red Cross and the ICRC identified areas for cooperation.

German, Norwegian and Spanish Red Cross representatives participated in expert consultations associated with the Health Care in Danger project. The Norwegian Red Cross finalized a project agreement to promote the goals of the project and, with the support of the Mexican Red Cross and the ICRC, produced a report proposing ways to make the delivery of ambulance and pre-hospital care safer during armed conflict and other emergencies, which it presented at the 2013 Council of Delegates.

Also at the Council of Delegates, the Norwegian and Swedish National Societies, along with other National Societies, co-chaired a workshop in support of an ICRC initiative to strengthen the response to sexual violence in armed conflict and other situations of violence.

Discussions with the Spanish Red Cross focused on expanding cooperation in promoting IHL and in activities supporting violence-affected communities in Latin America. The ICRC also followed up the implementation of a memorandum of understanding with the Nordic National Societies on the promotion of IHL and neutral, impartial and independent humanitarian action.

Following a mid-term evaluation of their joint pilot initiative – that provided capacity-building/organizational development support for National Societies working in Guinea, the occupied Palestinian territory and South Sudan – the Danish Red Cross and the ICRC explored the possibility of extending the initiative to other contexts.

Movement partners met regularly and pooled their efforts to ensure a coherent response to migration-related needs; these efforts included supporting National Societies along the main migration routes. The Danish and Swedish National Societies joined the ICRC on a mission to Greece to assess the Hellenic Red Cross's family-links services (see *Civilians*).

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)¹				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs distributed		1		
Phone calls facilitated between family members		4		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		2,784	27	68
Detainees visited and monitored individually ²		26		
Number of visits carried out		32		
Number of places of detention visited		30		
Restoring family links				
Phone calls made to families to inform them of the whereabouts of a detained relative		4		

* Unaccompanied minors/separated children

1. Nearly all cases of civilians for which family-links activities are deployed are recorded with the National Societies dealing with the cases. Therefore no figures are available for these cases in ICRC databases. Cases from the Hellenic Red Cross handed over to the ICRC had not been recorded in ICRC databases by end-2013 yet.
2. Including one detainee visited in ICC/ICTY and later in Denmark.

MOSCOW (regional)

COVERING: Belarus, Republic of Moldova, Russian Federation, Ukraine



Opened in 1992, the Moscow delegation combines operational functions in the Russian Federation with regional functions. It supports families of missing persons and, with the Russian Red Cross Society, works to protect and assist vulnerable conflict- and violence-affected populations in the northern Caucasus. It helps build the capacities of the region's National Societies, particularly in the fields of emergency preparedness and restoring family links. In the countries covered, it promotes implementation of IHL and other norms relevant to the use of force and fosters understanding of the ICRC's mandate and work.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ vulnerable people affected by past conflicts, including elderly individuals and the families of missing persons or detainees, found relief in the form of income support and/or psychosocial assistance
- ▶ tens of thousands of people in the Republic of Moldova (hereafter Moldova), the Russian Federation and Ukraine lived in safer communities, after weapon-clearance activities conducted by their respective authorities
- ▶ in response to the prevailing circumstances, the ICRC reduced and, in some cases, suspended its operations in the northern Caucasus
- ▶ detainees in penal colonies across the Russian Federation, and far from their homes, maintained or restored contact with their relatives through ICRC-facilitated family visits and deliveries of RCMs and parcels
- ▶ Moldova signed the Arms Trade Treaty in September, which the Belarusian and Ukrainian authorities similarly considered during discussions with the ICRC
- ▶ the Ukrainian Red Cross Society administered first aid, while evacuating the seriously injured, with ICRC support, during protests in Kiev that began at year's end

EXPENDITURE (in KCHF)	
Protection	4,042
Assistance	4,563
Prevention	4,281
Cooperation with National Societies	1,307
General	-

14,192

of which: Overheads 866

IMPLEMENTATION RATE	
Expenditure/yearly budget	94%

PERSONNEL	
Mobile staff	21
Resident staff (daily workers not included)	223

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	17
RCMs distributed	11
Phone calls facilitated between family members	6
People located (tracing cases closed positively)	7
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
Restoring family links	
RCMs collected	4
RCMs distributed	12

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 100	2
Essential household items	Beneficiaries 10,125	33
Productive inputs	Beneficiaries 3,455	1,788
Cash	Beneficiaries	337
Work, services and training	Beneficiaries 1,900	13
Water and habitat activities	Beneficiaries 2,850	6,172
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	4

CONTEXT

After its presidential elections in March 2012, the Russian Federation consolidated its position internally and regionally, securing military agreements with Central Asian governments and exercising influence, including through the Collective Security Treaty Organization (CSTO) and the Commonwealth of Independent States (CIS). The Russian Federation's position on major international issues – in relation to the Islamic Republic of Iran and the Syrian Arab Republic, for instance – continued to carry weight. Internationally mediated peace negotiations (the “Geneva Talks”) dealing with previous conflicts in the region went on among representatives of the country and Georgia proper, Abkhazia and South Ossetia.

The situations in most of the republics in the northern Caucasus improved slightly, but tensions lingered, including from territorial disputes between Chechnya and Ingushetia. Civilians reportedly continued to suffer the consequences of the political situation in certain areas, particularly Daghestan. Following a number of attacks, particularly in the months before the 2014 Sochi Olympics, State measures to improve the security situation intensified in the Russian Federation. Stricter measures against “terrorist” acts were signed into law in October.

The Ukrainian government's decision not to sign a free-trade agreement with the European Union in November led to massive protests in Kiev ongoing at year's end. The police reportedly used force to disperse crowds, which led to dozens of injuries and some deaths.

The Moldovan crisis ended with the naming of a new prime minister. No progress was made on the issue of Transnistria.

ICRC ACTION AND RESULTS

In response to the prevailing circumstances, the ICRC reduced and, in some cases, suspended its activities in the northern Caucasus. For example, it began to gradually reduce its operations in Kabardino-Balkaria and closed its office in Vladikavkaz, North Ossetia. Dialogue with the Russian authorities on IHL and other norms applicable to the situation in the northern Caucasus was discontinued, as were emergency assistance activities and new initiatives for long-term improvement of the living conditions of the affected people. In Daghestan, most ICRC activities were put on hold, pending confirmation of support by the republican authorities and a new notification system for ICRC movements. Limited direct access to the people affected made it difficult to assess their needs.

Nevertheless, some of the most vulnerable people affected by past conflicts – particularly people who had been assessed and/or were already included in programmes before the decision was made to reduce operations – benefited from food-production and income-support projects. ICRC action focused on aiding the most vulnerable: struggling households, many with missing or detained members; victims of mines or explosive remnants of war (ERW); IDPs; and people living in areas that had not recovered from the effects of previous conflicts. Individuals and households met their basic needs and regained/maintained self-sufficiency after starting/expanding income-generating activities. Elderly people benefited from medical, legal and social support through a programme run by the Russian Red Cross Society, while the families of missing persons received psychosocial support through its accompaniment

programme. Dialogue and cooperation with the authorities and with other organizations emphasized the need to provide information on missing persons.

ICRC-provided technical training/support for medical personnel helped the authorities increase emergency response capacities in the northern Caucasus. Limited donations of medical supplies enabled thousands of violence-affected patients to be treated at four hospitals.

Following ICRC intervention, authorities in Chechnya demined one area. Authorities in the Republic of Moldova (hereafter Moldova) disposed of stockpiles of unstable ammunition, making over 20,000 people safer; Ukrainian authorities began efforts to do the same. The ICRC supported a Russian Red Cross data-collection initiative, aimed at formulating responses to the needs of mine/ERW victims in Chechnya.

In the Russian Federation, the ICRC enabled people detained far from their homes to contact their relatives by facilitating visits and RCM and parcel deliveries. It remained without access to detainees held in connection with the situation in the northern Caucasus.

The ICRC pursued dialogue on IHL promotion and implementation with all the authorities in the region, including their national IHL committees. It engaged the Belarusian, Moldovan and Ukrainian authorities in discussions on signing the Arms Trade Treaty, with Moldova doing so in September. The ICRC renewed dialogue with the Russian Ministry of Defence and began bilateral consultations with the CIS Council of Defence Ministers. Together with the Russian Ministry of Emergency Situations and other Russian institutions and universities, the ICRC organized events on humanitarian issues, such as weapon contamination. Media coverage of these events raised awareness of IHL, the ICRC's work and humanitarian issues in general.

The ICRC, with Movement partners, supported the region's National Societies in strengthening their legal bases and reinforcing their organizational and operational capacities, particularly in emergency preparedness, disaster response and family-links services, including for detained migrants. The Ukrainian Red Cross Society, with financial support from the ICRC, provided emergency response services during the protests in Kiev.

CIVILIANS

In response to the situation in the northern Caucasus, the ICRC reduced or suspended emergency-relief and income-support activities for families affected by past conflicts (see *ICRC action and results*). Nevertheless, some of the most vulnerable communities and individuals, especially those who had been assessed or already included in programmes before the decision was made to scale down operations, continued to receive assistance.

Vulnerable households increase their income through sustainable livelihood projects

Households affected by previous conflicts in the northern Caucasus started or expanded income-generating and food-production activities through economic and agricultural support, which helped them to regain/maintain self-sufficiency. The beneficiaries included displaced households in Ingushetia and the families of missing persons, detainees, and mine/ERW victims, as well as families living in villages in Bamut and Betti-Mokhk in southern Chechnya where resources were insufficient.

Beneficiaries (342 households; 1,788 people) augmented their existing income from farming or set up businesses such as sewing or trading using productive inputs. For example, 27 households (95 persons) in Gilyani formed a collective and started a strawberry-planting project. Moreover, 65 households (337 persons), many of whom had also received productive inputs, used cash grants to launch or complement income-generating activities.

When families were surveyed six months after they had received such support, it was found that 94% of them had increased their incomes to 79% above the minimum amount necessary to meet their basic food needs; 90% were satisfied with the project.

In North Ossetia, after a fire destroyed their houses and belongings, 10 households (31 persons) living in the Mizur settlement found some relief through essential household items and cash for buying food and hygiene items, provided by the ICRC through the Russian Red Cross.

Communities regain access to a safe water supply

In Gilyani, 1,400 persons regained access to water after the completion of a water-supply project at two sites with the support of local partners, including the Chechen water board. In Dachu Borzoy, 2,650 persons preserved their access to water through the continued support for their water-supply system, which was completed in 2012. In Selmentauzen, some 360 persons were served by repairs to their flood-damaged water-supply system. A planned project in Bamut was cancelled owing to the constraints on the ICRC's action in the northern Caucasus, and the support for a project in North Ossetia was scaled down to a donation of material, which nonetheless benefited 1,750 people.

Families of the missing, children and elderly persons improve their well-being

Over 160 families with relatives missing in relation to past conflicts received psychosocial support through the accompaniment programme of the Russian Red Cross; some 1,200 elderly persons across the northern Caucasus improved their circumstances through medical/material/social support provided by the National Society's home-visiting nurses programme. Both National Society-run initiatives received continued backing from the ICRC.

Hundreds of children from displaced and other vulnerable families enjoyed recreational activities in four playrooms in Chechnya and four in Ingushetia, while 106 young people in North Ossetia attended creative classes at a psychological rehabilitation centre in Beslan.

Authorities were reminded of the need to provide families with information on the fate of their relatives missing in connection with past conflicts. Contacts with the authorities concerned, family associations and other organizations raised awareness of these families' plight. Russian representatives continued to work with their Georgian and South Ossetian counterparts to clarify the fate or whereabouts of persons missing in relation to the 2008 conflict, within the framework of the tripartite coordination mechanism dealing with the issue (see *Georgia*).

Migrants stay in touch with their relatives through Movement family-links services

With ICRC support, the National Societies of Belarus, Moldova, the Russian Federation and Ukraine provided family-links services to some 20,000 people. In Belarus and Ukraine, over

1,200 migrants held in temporary places of detention restored or maintained contact with their families through phone calls and RCM services provided by the Red Cross Society of Belarus and the Ukrainian Red Cross. With a view to strengthening its family-links services, the Russian Red Cross and the ICRC signed a plan of action based on recommendations made by the Australian Red Cross in a 2012 audit. The Russian Red Cross, the International Federation and the ICRC organized a regional meeting on migration to develop a complementary approach to helping vulnerable migrants.

Residents enjoy safer communities after weapon clearance

In Moldova, the authorities made 20,000 people in Floresti safer by disposing of 50 tonnes of obsolete and unstable ammunition. The government's explosive ordnance disposal team enhanced its capacities with technical support from the ICRC and employed new methods of weapon destruction with minimal environmental harm. In Ukraine, the authorities began working with the ICRC to deal with old stocks of ammunition, trapped in underground storage sites, that threatened 10,000 people living in Sevastopol.

Following ICRC intervention, Bamut and surrounding areas in Chechnya were cleared of mines/ERW by the Ministry of Defence.

Volunteers from the Chechnya branch of the Russian Red Cross continued to collect data on the needs of mine/ERW victims and to visit 573 families, some of whom also started income-generating projects (see above).

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC remained ready to renew discussions with the Russian authorities regarding visits to people detained in connection with the situation in the northern Caucasus.

People held far from their homes, in penal colonies throughout the country, maintained contact with their relatives through family visits, RCMs and parcel deliveries, despite the ICRC's partial suspension of these activities in early 2013. Some 350 detainees were visited by their families, and hundreds of detainees received food and hygiene items from the ICRC to improve their conditions.

WOUNDED AND SICK

The authorities took steps to enhance the availability and quality of emergency medical care in the northern Caucasus. Physicians, nurses and ambulance workers bolstered their ability to treat those in need, including weapon-wounded or mine/ERW victims, through advanced training, several sessions of which were organized by a local training centre supported by the ICRC. For instance, 40 doctors from five republics in the northern Caucasus, as well as others from South Ossetia, attended emergency-room trauma courses; 2 specialists from Daghestan attended an advanced course in prosthesis technology; and 2 doctors from the Prigorodny district in North Ossetia participated in specialized courses. The North Ossetian State Medical Academy expanded its options for practical training with the receipt of a video-camera set.

Dozens of victims of violence received emergency treatment at four hospitals (two in Chechnya, and one each in Daghestan and Kabardino-Balkaria), thanks to donations of medical kits, drugs and other supplies from the ICRC.

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

Dialogue with the Russian authorities on IHL and other norms applicable to the situation in the northern Caucasus remained suspended, but other humanitarian issues, including IHL promotion and implementation in general, remained the focus of discussions with all authorities in the region. These discussions, including the high-level dialogue that took place during the ICRC president's visit to Moscow in October, also sought the authorities' support for ICRC operations in the region and beyond.

States push IHL implementation forward

Moldova signed the Arms Trade Treaty in September; the ICRC continued to pursue dialogue in this regard with Belarus and Ukraine's national IHL committees. Representatives of the three countries' national IHL committees discussed their experiences and plans for 2014 with the ICRC during a coordination meeting held by the Belarus committee.

With ICRC assistance, the Permanent Commission on Defence and Security Issues of the Interparliamentary Assembly of the CIS formulated draft recommendations on implementing the Biological Weapons Convention and the Chemical Weapons Convention and submitted them for comments to CIS parliaments.

In the Russian Federation, an ICRC-supported informal working group prepared draft amendments to help align the criminal code with internationally recognized standards. Russian and Ukrainian representatives contributed their views on conflict-related topics, such as detention during non-international armed conflict, at an international conference (see *Brussels*).

States take steps to address weapon contamination

Governments in the region endeavoured to address weapon contamination and mine risks in their countries (see *Civilians*). At an international conference organized by the Russian Ministry of Emergency Situations and the ICRC, representatives from Belarus, Moldova, Ukraine and other countries learnt more about the constraints faced by humanitarian demining organizations when working internationally.

Armed forces enhance their knowledge of IHL

After more than three years at a standstill, dialogue between the Russian Ministry of Defence and the ICRC resumed. The Russian Ground Forces High Command invited the organization to participate in future activities; its training and research centre also approved the publication of an IHL handbook. The ICRC provided support for a competition for military psychologists aimed at familiarizing participants with issues of IHL implementation and preventing IHL violations through psychological support for those taking part in military operations.

The CIS Council of Defence Ministers began bilateral consultations with the ICRC, enabling discussion of possible areas of cooperation. The ICRC attended a meeting of the council for the first time; the participants discussed multilateral military cooperation. Representatives of the Russian Ministry of Defence and the CSTO attended an expert workshop in Sydney, Australia (see *Suva*), on protecting patients and medical staff/facilities during military operations, held as part of the Health Care in Danger project. At a CSTO international conference in November, the ICRC spoke on peacekeeping and IHL applicability.

Through an IHL instructors' course, 24 Russian military academics enhanced their teaching skills on legal frameworks applicable to security operations and armed conflicts. With ICRC support, 17 high-ranking officials and representatives of seven CIS countries and the CSTO attended an international course in IHL. Three senior military officers from Belarus and the CSTO participated in the Senior Workshop on International Rules Governing Military Operations (see *International law and cooperation*).

The Belarusian Ministry of Defence and the ICRC jointly organized seminars on incorporating IHL in operational planning and on issues covered by the Health Care in Danger project, including the Safer Access Framework. They also organized a regional round-table at which representatives of the Belarusian, Moldovan, Russian and Ukrainian Defence Ministries and the CSTO discussed the challenges of incorporating IHL provisions in military practice.

Academics discuss humanitarian issues

Academic and other institutions, working with the ICRC, helped increase awareness of humanitarian concerns. For instance, the Russian Association of International Law and the St. Petersburg State University co-organized the Martens Readings International Conference, which brought together over 100 IHL experts. Issues such as victims' legal protection and access to health care during conflict were discussed. Russian, Belarusian and Moldovan students tested their grasp of IHL at the regional Martens moot-court and the Jean-Pictet competitions (see *Bangkok*).

Over 80 researchers spoke on humanitarian issues at international round-tables co-organized with the Franco-Russian Centre for Social and Human Sciences, the Institute of World Economy and International Relations of the Russian Academy of Sciences, and the Russian State University for the Humanities. At a round-table organized by the Diplomatic Academy of the Russian Ministry of Foreign Affairs and the Russian Association of International Law, participants discussed the challenges of applying IHL to cyber warfare.

Russian media, in some cases using ICRC sources and/or covering the aforementioned events, drew attention to humanitarian issues, including in connection with the northern Caucasus. In particular, the plight of missing persons and mine/ERW victims, the needs of vulnerable groups affected by previous conflicts, and pressing humanitarian concerns elsewhere in the world received attention. Contacts with the media and other civil society actors included a round-table at which Russian youth journalists learnt about the ICRC and an international conference in Geneva, Switzerland, on contemporary conflict reporting, which was attended by Moldovan and Russian representatives.

RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies, with help from the International Federation/ICRC, continued to strengthen the legal bases for their activities and reinforce their operational capacities. The Russian Red Cross prepared a revised draft of the law on the National Society and the emblem, high-level authorities confirmed their support for such efforts.

With ICRC assistance, National Society staff in the northern Caucasus enhanced their fundraising skills through training conducted by the Danish Red Cross. Staff in Ingushetia and North Ossetia trained in providing community-based psychosocial

support. Following the signing of an agreement with the Ministry of Emergency Situations, several National Society branches in the northern Caucasus acted as government auxiliaries during emergencies. Staff trained in emergency preparedness and disaster response, in line with the Safer Access Framework, and worked on building communities' first-aid capacities.

The Ukrainian Red Cross administered first aid and evacuated the seriously wounded, with ICRC support, during protests in Kiev that began in November.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		17		
RCMs distributed		11		
Phone calls facilitated between family members		6		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		32	2	7
People located (tracing cases closed positively)		7		
Tracing cases still being handled at the end of the reporting period (people)		2,445	91	94
Documents				
People to whom travel documents were issued		34		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Restoring family links				
RCMs collected		4		
RCMs distributed		12		
Detainees visited by their relatives with ICRC/National Society support		348		
People to whom a detention attestation was issued		5		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	2		
Essential household items	Beneficiaries	33	5%	4%
Productive inputs	Beneficiaries	1,788	33%	41%
	<i>of whom IDPs</i>	1,073		
Cash	Beneficiaries	337	40%	40%
	<i>of whom IDPs</i>	134		
Work, services and training	Beneficiaries	13	15%	77%
	<i>of whom IDPs</i>	5		
Water and habitat activities	Beneficiaries	6,172	40%	20%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	459		
Essential household items	Beneficiaries	260		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	4		
	<i>of which provided data</i>	4		
Admissions	Patients	3,835	1,819	1,239
	<i>of whom weapon-wounded</i>	182	20	
	<i>(including by mines or explosive remnants of war)</i>	122		
	<i>of whom other surgical cases</i>	962		
	<i>of whom medical cases</i>	1,603		
	<i>of whom gynaecological/obstetric cases</i>	1,088		
Operations performed		1,074		

TASHKENT (regional)

COVERING: Kazakhstan, Tajikistan, Turkmenistan, Uzbekistan



Opened in 1992, the delegation in Central Asia combines operational functions in Tajikistan with regional functions. With the Red Crescent Society of Tajikistan, it works to protect and assist vulnerable populations affected by past conflicts and current violence. It helps build the capacities of the region's National Societies, particularly in the fields of emergency preparedness and restoring family links. In all the countries covered, it promotes implementation of IHL and other norms relevant to the use of force, and fosters understanding of the ICRC's mandate and work.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ visits to detainees in Uzbekistan were terminated owing to the ICRC's inability to work according to its standard procedures and the lack of constructive dialogue with the authorities
- ▶ medical professionals from Kazakhstan and Uzbekistan enhanced their emergency response skills by participating in emergency room trauma courses, conducted by National Society/ICRC teams for the first time in those countries
- ▶ families of victims of mines/explosive remnants of war and of people killed during past violence in Tajikistan began to recover through ICRC grants enabling them to engage in income-generating activities
- ▶ Tajikistan's National Legislative Centre finalized a compatibility study between domestic law and internationally recognized norms on missing persons and their families, with a view to addressing the latter's needs
- ▶ the Red Crescent Society of Turkmenistan consolidated its legal base after a related law adopted by the Turkmenistan parliament entered into force

EXPENDITURE (in KCHF)

Protection	1,758
Assistance	812
Prevention	3,586
Cooperation with National Societies	1,792
General	-

7,948

of which: Overheads **485**

IMPLEMENTATION RATE

Expenditure/yearly budget	99%
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PERSONNEL

Mobile staff	17
Resident staff (daily workers not included)	98

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	4
RCMs distributed	1
Phone calls facilitated between family members	12
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
Restoring family links	
RCMs distributed	3

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	639
Essential household items	Beneficiaries	143
Cash	Beneficiaries	1,800
		1,484
Health		
Health centres supported	Structures	8
		9
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	4
		12
Water and habitat		
Water and habitat activities	Number of beds	400

CONTEXT

Central Asia continued to be of vital geopolitical interest, not least because of the impending withdrawal of international military forces from Afghanistan in 2014. The risks associated with this included the possibility of a spillover from the Afghan conflict and of an influx of refugees.

Moreover, the countries covered faced border demarcation issues, competition for natural resources and interethnic discord, in addition to economic problems, social unrest and organized crime, which remained sources of tension and triggers for violence. Regional flashpoints included border areas, particularly around enclaves and the Ferghana Valley.

High levels of unemployment and poverty, especially in Tajikistan, continued to cause large-scale migration, Kazakhstan and the Russian Federation being the main destinations. Living conditions were often difficult both for the migrants and their families back home; some of them struggled to maintain family contact.

Russian-led frameworks such as the Collective Security Treaty Organization (CSTO), the Commonwealth of Independent States (CIS) and the Customs Union remained influential forces in the region.

Presidential elections were held in Tajikistan in November. Kazakhstan continued to pursue an influential role in regional and global affairs.

ICRC ACTION AND RESULTS

The ICRC focused on helping strengthen the region's emergency preparedness and response and, in Tajikistan, on addressing the humanitarian consequences of past violence. It continued to encourage IHL promotion and integration in all the countries covered.

Having suspended its visits to places of detention in Uzbekistan in October 2012, the ICRC decided to formally terminate its detention activities in the country in April. Inability to work according to its standard procedures and lack of constructive dialogue with the authorities were insuperable constraints: they prevented the ICRC from providing the authorities with substantial, objective and comprehensive analyses of the treatment and living conditions of detainees, and thus from addressing humanitarian issues faced by the detainees and having a meaningful impact on their situation. The ICRC communicated its decision to the authorities and the public; however, it remained committed to helping detainees stay in touch with their families through financial assistance for family visits.

In Tajikistan and Turkmenistan, the ICRC continued its dialogue with the authorities, with a view to receiving authorization to visit detainees in accordance with its standard procedures.

In Tajikistan, families of people killed during violence in the Rasht Valley in 2010 and in Khorog in 2012, and victims of mines/explosive remnants of war (ERW) and their families, started income-generating projects with support from the Red Crescent Society of Tajikistan and the ICRC. Assessments of these families' needs continued, with a view to providing them with suitable assistance. People living in weapon-contaminated areas learnt about risk-reduction measures, including safe practices, during National Society/ICRC-facilitated educational activities.

In view of addressing the needs of families of missing persons, the Tajik authorities finalized a compatibility study on domestic legislation and internationally recognized standards governing the rights of these families and the missing. The Tajikistan Red Crescent and the ICRC prepared a comprehensive assessment of the families' needs, conducting preliminary interviews with the families and preparatory training for National Society volunteers.

Strengthening regional capacities to respond to and prepare for emergencies remained a priority. The Kazakh Red Crescent Society, the Red Crescent Society of Uzbekistan and the ICRC helped medical professionals and ministry representatives in Kazakhstan and Uzbekistan bolster their capacities to treat wounded people through emergency room trauma courses held by the ICRC for the first time in those countries. In Tajikistan, health facilities in emergency-prone areas improved their services following provision by the ICRC of equipment and supplies, as well as training for medical staff, particularly in treating the weapon-wounded. The region's armed/security forces and National Societies also received training in emergency preparedness and first aid. The National Societies learnt more about the Safer Access Framework and replenished emergency stocks at selected branches.

Dialogue with the authorities aimed to encourage ratification and implementation of IHL treaties and adoption of legislation strengthening the legal bases of the National Societies. The Uzbek government concluded a study that compared its existing legislation with the 1949 Geneva Conventions and their Additional Protocols, with a view to improving domestic implementation of the latter; in Turkmenistan, a law consolidating the legal status of the Red Crescent Society of Turkmenistan entered into force.

Dissemination sessions supported the efforts of the region's Defence Ministries to incorporate IHL in military doctrine, training and operations. In Tajikistan and Uzbekistan, law enforcement officers, including police instructors, enhanced their knowledge of applicable international norms through seminars and pertinent publications.

Academics in the region helped advance discussion of IHL through workshops and research initiatives, such as a forthcoming publication with regional IHL experts. Cooperation with the region's National Societies helped draw attention to humanitarian issues and raise awareness of the Movement's work among decision-makers and the general public.

CIVILIANS

Families affected by past violence/weapon contamination in Tajikistan begin economic recovery

Vulnerable families in Tajikistan improved their circumstances after improving/restoring their livelihoods through ICRC grants or other types of support. In particular, 80 families (645 individuals) of people killed during the violence in the Rasht Valley (2010) and Khorog (2012) and 93 families (758 individuals) of mine/ERW victims in Dushanbe, Khatlon, Rasht and Soghd provinces, and in Gorno-Badakhshan Autonomous Oblast (hereafter GBAO), launched income-generating projects using ICRC grants. Three other families affected by the violence in 2010 and 2012 repaired their homes with ICRC support, as did three families of mine/ERW victims. The family of one victim gained access to government benefits after obtaining passports following National Society/ICRC referrals to State services.

Three especially vulnerable people who needed further medical treatment for injuries suffered during the violence in Khorog had their transport and medical expenses covered by the ICRC; one mine victim's injuries were treated through ICRC-funded surgery.

Such support was given on the basis of needs assessments. The assessments on those affected by past violence covered families in a list provided by the authorities. The needs of mine/ERW victims and their families were assessed by ICRC-trained staff using context-specific interviews and questionnaires. However, to ensure the quality of data collected in the latter set of assessments and the timely delivery of assistance, fewer families than originally planned were assessed.

Weapon-affected communities reduced their exposure to risk through National Society/ICRC information sessions and activities, such as events organized for World Mine Action Day, advocating safe practices. Partly owing to such efforts, no mine/ERW-related deaths were reported in 2013.

Families of missing persons stand to benefit from a review of pertinent legislation and assessment of their needs

Thousands of families in Tajikistan still lived with the anguish of not knowing the fate of relatives who went missing during the country's 1992–97 non-international armed conflict, the 1979–89 Soviet-Afghan armed conflict and the Second World War.

To address the complex needs of these families, the Tajik authorities took steps to improve legislation in this regard. Cooperation between the National Legislative Centre and the ICRC resulted in the completion of a study comparing Tajikistan's existing laws with internationally recognized standards on the rights of missing persons and their families; the findings and recommendations of this study were discussed at a series of meetings set to continue in 2014. At year's end, the National Society/ICRC, in coordination with the authorities, got ready to conduct a comprehensive assessment of the families' needs, with a view to developing a suitable response. Preliminary interviews with selected families took place, and some 15 National Society volunteers were trained by the ICRC in assessment methods.

Families of people detained in Afghanistan and of migrant workers in Kazakhstan and Tajikistan contacted their relatives through Movement family-links services. Migrants held at a retention centre in Kazakhstan obtained legal assistance through Kazakhstan Red Crescent support.

Planned initiatives to improve human remains management in Tajikistan were cancelled, owing to the more pressing needs of health facilities in the region.

PEOPLE DEPRIVED OF THEIR FREEDOM

Visits to places of detention in Uzbekistan terminated

The ICRC decided to formally terminate its visits to detainees in Uzbekistan after having suspended them in October 2012. It informed the authorities, as well as the public, of its decision in April, but maintained contact with them regarding its concerns. The decision was taken because the ICRC was unable to work according to its standard procedures in places of detention in Uzbekistan, which prevented it from providing the authorities with substantial, objective and comprehensive analyses of the treatment and living conditions of detainees. Together with the lack of constructive dialogue with the authorities, this prevented the ICRC from addressing humanitarian issues faced by the detainees and having a meaningful impact on their situation.

Dialogue on ICRC visits to detainees in Tajikistan and Turkmenistan continues

Securing permission to visit people deprived of their freedom, in accordance with its standard procedures, remained on the ICRC's agenda in its discussions with authorities in Tajikistan and Turkmenistan. Following their tour of Azerbaijan in 2012 to observe best practices in prison TB management, the Turkmen authorities received a proposed ICRC action plan, which included consultations and round-tables/seminars with key stakeholders to familiarize them with the organization's activities for detainees, its standard working procedures and the humanitarian objectives of its visits.

Follow-up on the cases of 206 detainees previously registered by the ICRC in Tajikistan was found to be unnecessary and thus not pursued.

CIVILIANS	TAJIKISTAN	UZBEKISTAN
Red Cross messages (RCMs)		
RCMs collected	4	
RCMs distributed	1	
Phone calls facilitated between family members	12	
Tracing requests, including cases of missing persons		
Tracing cases still being handled at the end of the reporting period (people)		2
		<i>of whom women</i> 1

PEOPLE DEPRIVED OF THEIR FREEDOM	TAJIKISTAN	UZBEKISTAN
Restoring family links		
RCMs distributed	3	
Detainees visited by their relatives with ICRC/National Society support	56	61

PEOPLE DEPRIVED OF THEIR FREEDOM	TAJIKISTAN	UZBEKISTAN
Economic security, water and habitat¹		
Food commodities	Beneficiaries	59
Essential household items	Beneficiaries	60
Cash	Beneficiaries	119

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

Detainees maintain contact with their families

As a result of the termination of ICRC visits, detainees in Uzbekistan could not exchange RCMs with relatives; 96 RCMs were therefore returned to their senders. However, detainees remained in touch with relatives through family visits. With financial support from the ICRC, 61 detainees received visits; of these, 36 adults and 3 minors met their families at least twice. Through the visits, the detainees received hygiene items and food for themselves and their families; one detainee received a wheelchair. With ICRC support, one Ukrainian former detainee returned to Ukraine after being released by Uzbek authorities.

In Tajikistan, through financial support from the ICRC, 56 detainees, including minors, female detainees and detainees formerly held at the US internment facility at Guantanamo Bay Naval Station in Cuba, received visits (including repeat visits within the year for 37 of them) and food parcels from family members. A review of the programme's pilot implementation phase in 2012 and the subsequent refinement of criteria for selecting beneficiaries enabled the most vulnerable detainees and their families to be reached.

WOUNDED AND SICK

Medical personnel enhance emergency room trauma management capacities

People wounded in emergencies stood to receive lifesaving care through the enhanced first-aid skills of armed/security forces personnel in Tajikistan and Uzbekistan (see *Authorities, armed forces and other bearers of weapons, and civil society*) and National Society volunteers (see *Red Cross and Red Crescent Movement*).

Those needing advanced care also benefited from improved treatment standards, as more than 75 medical professionals, including military doctors, and ministry representatives from Kazakhstan and Uzbekistan had, at emergency room trauma courses, built up their capacities to treat the injured. The courses, organized by the ICRC in cooperation with the respective Health Ministry and National Society, were held in those countries for the first time. The course in Kazakhstan prompted stakeholders to request that the course be extended to other regions of the country and led to discussions about further cooperation. An attendee from the Tajikistan Health Ministry considered organizing similar courses in Tajikistan. Course participants also learnt about the Health Care in Danger project and the ICRC's mandate and activities.

At an ICRC seminar, 31 surgeons from hospitals in emergency-prone or weapon-contaminated areas of Tajikistan enhanced their skills in treating weapon-wounded people. Various ministry representatives also attended the seminar.

Health facilities in Tajikistan boost emergency preparedness with donated supplies and equipment

Thanks to regular ICRC donations, Tajik hospitals helped ensure that people wounded in emergencies received adequate treatment and care: 5 hospitals in GBAO and 7 in Dushanbe and the Rasht Valley acquired medical equipment and/or consumables. The Health Ministry's airborne medical service and one other Dushanbe hospital received ad hoc donations of supplies and equipment.

Residents of five districts in the Rasht Valley accessed basic care at nine health centres that received ICRC donations of medicines, consumables and equipment; the ICRC also trained the staff in the use of the equipment. Donation of haemoglobin meters, for

instance, meant that patients no longer had to be sent to health centres far from their villages for simple blood tests.

Three health centres and one hospital in the Rasht Valley and two hospitals in GBAO provided better services to patients following ICRC-supported repair/construction work on their roofing and on electricity, water and sanitation systems.

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

Authorities take steps to integrate IHL into national legislation

The Kazakh national IHL committee and the ICRC discussed the latter's recommendations on incorporating, in the draft of the new criminal code, measures to prosecute perpetrators of acts considered crimes under international law. Kazakh authorities discussed cooperation with the ICRC on humanitarian issues connected to the use of nuclear, radiological, biological and chemical weapons.

The Foreign Affairs Ministry of Uzbekistan completed a study comparing domestic legislation with the provisions of the 1949 Geneva Conventions and their Additional Protocols. Various State bodies reviewed the study's conclusions and recommendations. The authorities also drew on ICRC input on the process of forming a national IHL committee.

Tajik and Uzbek government representatives and the national IHL committee of Turkmenistan shared their experiences in implementing IHL at a round-table in Turkmenistan.

Armed/security forces learn more about IHL and the ICRC

Members of the region's armed forces and law enforcement authorities learnt more about IHL/other international norms and the Movement's work at information sessions and events, some organized with the National Societies (see *Red Cross and Red Crescent Movement*). Tajik Defence Ministry officers discussed standards applicable to military personnel with law enforcement responsibilities and formalized their cooperation with the ICRC (see below). Some 30 cadets of the Kazakh Defence Ministry tackled similar topics at a Kazakhstan Red Crescent/ICRC presentation. Senior military officers from Kazakhstan, Tajikistan and other CSTO member States learnt more at an ICRC session held within a CSTO regional exercise in Tajikistan. Military officers from all four countries furthered their understanding of IHL at an advanced course in San Remo.

Representatives from Tajikistan's Internal Affairs Ministry, police stations, places of temporary detention and, for the first time since 2005, the State Committee for National Security (GKNB), enhanced their knowledge of internationally recognized law enforcement standards at ICRC seminars. Officers of Uzbekistan's Internal Affairs Ministry were given 1,500 copies of ICRC publications on that and other subjects.

The region's armed/security forces took steps to learn more about incorporating IHL and other relevant standards in their training and operations; for instance, Tajikistan's Defence Ministry and the ICRC signed a one-year cooperation agreement in this regard, and Tajikistan police instructors, with ICRC support, improved their teaching of international human rights law. Ten representatives/military lawyers from the Kazakh, Tajik and Turkmen Defence Ministries enhanced their knowledge of IHL at an ICRC seminar in Kazakhstan.

Military/police personnel learn to provide lifesaving first aid

Some 470 officials from Tajikistan's Defence and Internal Affairs Ministries and the GKNB, and 100 from the Uzbek Internal Affairs Ministry, bolstered their ability to administer first aid with kits and training sessions from the National Society/ICRC, often coupled with IHL briefings (see above); another 30 officials from the Uzbek Internal Affairs Ministry attended emergency preparedness training.

IHL specialists stimulate discussion of humanitarian issues

Over 30 Kazakh government representatives and academics developed recommendations for the authorities on humanitarian action and on addressing IHL concerns at a workshop organized with the Eurasian National University. Five IHL experts from Kazakhstan, Tajikistan and Turkmenistan participated in the Martens Readings International Conference (see *Moscow*); two representatives from Tajikistan contributed to a meeting of the "Strengthening IHL" process in Malaysia (see *Kuala Lumpur*).

Throughout the region, members of civil society, professors, students, and local authorities, including aspiring civil servants in Kazakhstan and Turkmenistan, debated IHL-related matters, such as weapon use and new technologies, and other humanitarian issues during ICRC briefings and through joint initiatives. Turkmenistan's Academy of State Service and the ICRC committed to joint research in IHL.

Some 20 experts from Central Asian countries, and from Armenia, Estonia, the Russian Federation and Ukraine, worked on a monograph on IHL issues, set for publication in 2014.

Various events and the media made the public more aware of the Movement's work. In Uzbekistan, journalists attended a National Society/ICRC seminar where they saw a practical exercise carried out by a National Society disaster response team.

RED CROSS AND RED CRESCENT MOVEMENT

Law on the Turkmenistan Red Crescent enters into force

Following its adoption by Turkmenistan's parliament, a law consolidating the legal status of the Turkmenistan Red Crescent entered into force. The National Societies of Kazakhstan and Uzbekistan, with International Federation/ICRC support, continued to strengthen their legal bases, by organizing working groups with local lawyers to finalize draft laws and, in Uzbekistan, obtaining pledges from parliamentarians to support the adoption of a law recognizing the status of the National Society.

The region's National Societies promoted IHL and humanitarian issues and helped foster understanding of the Movement's work, through conferences and other activities, among key decision-makers, weapon bearers and the general public. At a round-table in Tajikistan, National Society staff/volunteers furthered the local authorities' understanding of the use of the emblem; and National Society staff enhanced their approach to communicating with weapon bearers by discussing these concerns at a regional seminar.

National Societies reinforce their emergency response capacities

The National Societies worked with the ICRC to assist vulnerable people: migrants, detainees and mine/ERW-affected communities (see *Civilians*). The National Societies of Kazakhstan, Tajikistan and Uzbekistan strengthened their emergency preparedness and

response capacities, particularly in restoring family links and applying the Safer Access Framework; to this end, they conducted joint evaluations of their programmes and implemented recommendations, replenished emergency stocks at selected branches, expanded contacts among local authorities and trained staff/volunteers, including in coordination with their Central Asian peers. Over 40 National Society representatives from Kazakhstan, Tajikistan and Uzbekistan, as well as from Kyrgyzstan, tested/improved their responses to emergencies during a joint simulation exercise in Tajikistan. In Kazakhstan and Uzbekistan, the National Societies supported the first ICRC emergency room trauma courses held in their countries (see *Wounded and sick*). A Tajikistan Red Crescent representative learnt more about human remains management in emergencies at a workshop in Switzerland.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
			UAMs/SCs*	
RCMs collected		4		
RCMs distributed		1		
Phone calls facilitated between family members		12		
UAMs/SCs*, including unaccompanied demobilized child soldiers				
			Girls	Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		2	1	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
Restoring family links				
RCMs distributed		3		
Detainees visited by their relatives with ICRC/National Society support		117		

* Unaccompanied minors/separated children

1. Tajikistan, Uzbekistan

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)¹				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	639	40%	37%
	<i>of whom IDPs</i>	500		
Essential household items	Beneficiaries	143	39%	28%
Cash	Beneficiaries	1,484	29%	44%
Health				
Health centres supported	Structures	9		
Average catchment population		80,437		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)^{2,3}				
Economic security, water and habitat (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	59		
Essential household items	Beneficiaries	60		
Cash	Beneficiaries	119		
WOUNDED AND SICK¹				
Hospitals				
Hospitals supported	Structures	12		
Water and habitat				
Water and habitat activities	Number of beds	400		

1. Tajikistan

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

3. Tajikistan, Uzbekistan

WESTERN BALKANS (regional)

COVERING: Albania, Bosnia and Herzegovina, Croatia, Kosovo*, Former Yugoslav Republic of Macedonia, Montenegro, Serbia



ICRC regional delegation ICRC delegation ICRC mission
 Inter-entity boundary line *UN Security Council Resolution 1244

The ICRC has been working in the countries covered since the early 1990s. The organization strives to respond to the needs remaining from armed conflicts in the region. In particular, it seeks to help clarify the fate of missing persons and to address the needs of their families. Throughout the region, the ICRC visits detainees, works with the authorities and civil society to promote IHL and supports the development of the National Societies.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ the region's national authorities continued to make efforts to clarify the fate of persons missing in relation to past conflicts, leading to the resolution of 649 cases in Bosnia and Herzegovina, for instance
- ▶ Kosovo and Serbia made progress in clarifying the fate of persons missing in relation to the conflict in Kosovo, identifying 45 sets of human remains and confirming the location of a gravesite in Serbia, with ICRC support
- ▶ Serbia's Ministry of Education and the Red Cross of Serbia assumed full responsibility for implementing the Exploring Humanitarian Law programme in the country
- ▶ some National Societies in the region demonstrated their ability to conduct humanitarian activities effectively and independently, enabling the ICRC to reduce or phase out its direct support for them
- ▶ particularly vulnerable detainees in Bosnia and Herzegovina, the former Yugoslav Republic of Macedonia, and Serbia received ICRC visits to monitor their treatment and living conditions

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	1
People located (tracing cases closed positively)	694
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	38
Detainees visited and monitored individually	36
Number of visits carried out	14
Number of places of detention visited	13

EXPENDITURE (in KCHF)	
Protection	2,483
Assistance	-
Prevention	772
Cooperation with National Societies	763
General	-

4,018

of which: Overheads 245

IMPLEMENTATION RATE	
Expenditure/yearly budget	99%

PERSONNEL	
Mobile staff	6
Resident staff (daily workers not included)	50

* UN Security Council Resolution 1244

CONTEXT

The countries of the Western Balkans continued to tackle problems inherited from past conflicts, particularly in connection with the thousands of missing persons and their families. Political instability, interethnic tensions and economic difficulties persisted in some countries.

Serbia began accession talks with the European Union (EU). Kosovo and the European Council began negotiations over a Stabilisation and Association Agreement, while the EU Rule of Law Mission in Kosovo (EULEX) continued to investigate and arrest war crime suspects. In EU-facilitated discussions, Kosovo and Serbia reached an agreement to establish an association of Serb-majority municipalities in northern Kosovo.

Bosnia and Herzegovina's failure to establish stable interethnic dialogue continued to hamper its efforts to resolve its political crisis and to join the EU. The EU membership prospects of the former Yugoslav Republic of Macedonia (hereafter FYR Macedonia) continued to be affected by the dispute over its name with Greece and by recurring ethnic tensions.

Following elections in June, Albania moved closer to obtaining EU member candidate status. Montenegro was on track for membership as it continued implementing reforms. Croatia became an EU member country in July.

ICRC ACTION AND RESULTS

In partnership with the National Societies in the Western Balkans, the ICRC regional delegation supported the national authorities' efforts to clarify the fate of persons missing in relation to past conflicts and to ensure that their families received psychosocial and legal assistance. It focused on encouraging the authorities, including by mobilizing the EU and other key international actors, to fulfil their obligations to the missing and their families. In parallel, it helped authorities and the region's National Societies strengthen their capacities to assume more responsibility for addressing the issue of missing persons.

Although the process of clarifying the fate of missing persons continued to be hampered by the lack of new information and other challenges, the concerted efforts of national authorities, National Societies, the international community and the ICRC led to the recovery and identification of several sets of human remains, which gave the families some relief. Some missing persons were found alive.

To help move the process forward, the ICRC: resubmitted to the pertinent authorities formal requests for information on missing persons; shared information on the location of potential gravesites; and maintained public listings of the names of missing persons. Acting as a neutral intermediary between Kosovo and Serbia, the ICRC continued to chair the Working Group on Missing Persons and its Sub-Working Group on Forensic Issues, and to facilitate their meetings.

The ICRC continued to help national authorities assume the lead role in resolving the issue of missing persons and to transfer responsibilities to them. It helped the Missing Persons Institute (MPI) in Bosnia and Herzegovina strengthen its capacity to eventually manage all open cases of missing persons. It supported the MPI and the Kosovar authorities in establishing their respective central data registers. The process of handing over case summaries to the Red Cross Society of Bosnia and Herzegovina continued.

The ICRC supported national authorities in enacting or implementing legislation in line with IHL, particularly with regard to protecting the rights of missing persons and their families. In Bosnia and Herzegovina, the authorities received legal and technical support to work towards implementing the country's law on missing persons and the Convention on Enforced Disappearance.

Throughout the region, initiatives carried out by family associations and National Societies, with ICRC support, helped the families of the missing to cope with their situation and to have their concerns brought to the attention of various stakeholders.

In addition to working with them to help the authorities address the issue of missing persons, the ICRC continued to assist the National Societies in strengthening their ability to disseminate IHL, restore family links and raise awareness of mine-related risks. By year's end, it reduced or phased out support for National Societies that had shown that they could conduct humanitarian activities independently and effectively.

In line with the conclusion of its direct support for implementing the Exploring Humanitarian Law programme, the ICRC continued to help national stakeholders boost their capacities to implement and monitor it. It also helped some National Societies seek alternative funding options to sustain the programme.

People held on security charges and other especially vulnerable detainees in Bosnia and Herzegovina, FYR Macedonia and Serbia received visits conducted according to standard ICRC procedures. Afterwards, the authorities concerned were given confidential feedback and, where appropriate, recommendations for improving detainees' treatment and living conditions. People formerly held at the US internment facility at Guantanamo Bay Naval Station in Cuba benefited from ICRC family-links services.

CIVILIANS

Efforts to clarify the fate of persons missing from past Balkan conflicts advanced, albeit slowly, owing to the lack of new information – particularly on the location of alleged gravesites – and the slow progress in identifying human remains stored in morgues throughout the region. In total, 11,638 of the nearly 34,900 individuals who had gone missing in relation to the conflicts remained unaccounted for.

With a view to intensifying their efforts, the pertinent stakeholders were encouraged to assume more responsibilities and supported in building their capacities to do so. National authorities were urged to, *inter alia*, share information in their possession, support the institutions involved in the exhumation and identification process, and enact legislation protecting the rights of the missing and their families. The authorities concerned received updated information on missing persons gathered by the National Societies/ICRC from the families and from archives. They discussed regional cooperation at a meeting chaired by the International Commission on Missing Persons (ICMP) and attended by the ICRC. In parallel, the EU and other key international actors were urged to reassert to national authorities the importance of fulfilling the aforementioned obligations.

People throughout the world could access – on the ICRC family-links website (familylinks.icrc.org) – the list of persons still being sought in the region.

Local stakeholders bolster capacities to resolve cases of missing persons

Bosnia and Herzegovina conflict 1992–95

In total, 620 cases of missing persons reported to the ICRC were solved, mainly through information provided by the MPI regarding recovered and identified remains. A further 29 people were found alive. However, the families of 7,713 missing individuals for whom cases had been opened with the ICRC remained without news.

In preparation for eventually taking over the management of open cases of missing persons, the MPI reinforced its data management capacities, with technical/material/financial support from the ICMP and the ICRC. It continued establishing a central register of missing persons and verifying the data by reviewing documents. In parallel, Bosnia and Herzegovina's National Society gradually assumed more responsibility for following up the cases of missing persons. Through the efforts of the region's National Societies/ICRC, some 3,500 families of missing persons learnt of impending changes related to the handover of responsibilities and discussed the cases of their missing relatives.

Interaction among local forensic investigators improved, in particular through the ICRC-supported first annual meeting of an association for forensic medicine established in 2012.

Coordination continued with other international organizations helping local institutions enhance their forensic capacities. The ICRC provided input for a UN-led project to strengthen forensic, police and judicial institutions in order to reinforce the rule of law.

Kosovo conflict 1999

A total of 45 sets of human remains were identified and handed over to families, with ICRC support. The search for human remains progressed in Raska, Serbia, where the authorities – with support from EULEX, the ICRC and other institutions – located a gravesite. Forensic procedures were under way to determine the number of and recover the discovered sets of human remains. In total, 1,719 persons missing in relation to the conflict remained unaccounted for.

Field assessments and excavations facilitated by the ICRC-chaired Working Group on Missing Persons continued, leading to the recovery of human remains. Representatives to the Working Group and the Sub-Working Group discussed their work – the progress they had made and the challenges before them – during

ICRC-chaired meetings, and updated family associations through briefing sessions. During two Sub-Working Group meetings, technical experts from Kosovo and Serbia discussed procedures for exhuming and identifying human remains, as well as the transfer of forensic capacities from international to local stakeholders. The discussions were backed by a report presented by the EULEX Department of Forensic Medicine (EULEX DFM) on its 2008–12 review of human remains in its Kosovo morgue.

To promote further action, 23 reports on the location of alleged gravesites – based on information gathered by the ICRC from government and international sources – were handed over to EULEX DFM for follow-up. Kosovar and Serbian authorities received ICRC requests for information on 557 and 312 persons, respectively.

Kosovo's Government Commission on Missing Persons and the local Department of Forensic Medicine made progress in establishing a central data register for missing persons, using the ICRC's ante/post-mortem data-management software. They finished entering open cases in the register and reviewed the data entered in 2012; staff involved in the process attended ICRC-hosted training. Entry of remaining data was ongoing, with the Ministry of Justice allocating resources for the process. Helping enhance its data management abilities, Serbia's Commission on Missing Persons continued entering its data in an EU-donated software through a server from the ICRC.

Public awareness of the status of missing persons and the plight of their families developed through the launch and distribution of the fifth edition of the Book of Missing Persons in Kosovo.

Croatia conflicts 1991–95

Representatives of Croatia and Serbia's missing persons commissions met in June within the framework of a new working group, attended by the ICRC as an observer. Their renewed rapprochement facilitated the recovery of 94 sets of human remains in Croatia and 38 in Serbia. Four ante-mortem data questionnaires collected by the Croatian Red Cross and the Red Cross of Serbia were submitted to the pertinent authorities in the two countries; 2,206 cases of missing persons remained unresolved.

Families of missing persons address their needs

With financial support from the ICRC, families throughout the region travelled to identify the remains of their relatives, allowing them to arrange burial ceremonies afterwards. Sixty relatives of missing persons from Serbia joined group identification sessions

CIVILIANS	ALBANIA	BOSNIA AND HERZEGOVINA	CROATIA	KOSOVO
Red Cross messages (RCMs)				
RCMs collected		1		
Names published on the ICRC family-links website		8,388		1,762
Reunifications, transfers and repatriations				
People transferred/repatriated	1			
Tracing requests, including cases of missing persons¹				
People for whom a tracing request was newly registered				2
<i>of whom women</i>				1
People located (tracing cases closed positively)		649		45
Tracing cases still being handled at the end of the reporting period (people)		7,713	20	1,719
<i>of whom women</i>		1,029	4	236
<i>of whom minors at the time of disappearance</i>		403		75

1. Not including cases of persons missing in relation to the Croatia conflicts 1991–95, dealt with by the Croatian Red Cross and the Red Cross of Serbia

arranged by Croatian authorities at the Forensic Institute in Zagreb, Croatia; 23 people in Bosnia and Herzegovina travelled to confirm the identities of remains thought to belong to their relatives.

Family associations helped relatives of missing persons address their needs and worked to increase awareness of their plight, with technical/financial ICRC support. For instance, throughout the identification process and during the events leading up to burial ceremonies, relatives of missing persons received psychosocial assistance and, when necessary, first aid from family associations and National Societies trained and supported by the ICRC. In Bosnia and Herzegovina, 271 individuals received such assistance; in Kosovo, over 400 relatives of missing persons benefited from 13 psychosocial projects of family associations and the two Red Cross units.

Family associations produced promotional materials and organized commemorative events, including for the International Day of the Disappeared, helping boost awareness of the situation of relatives of missing persons. In Serbia, family associations developed websites that had online donation functions, with a view to raising funds in a sustainable manner. Albanian and Serbian family associations improved their organizational capacities through ICRC-supported training in office/project management, public relations and needs assessment.

In Bosnia and Herzegovina, the MPI Advisory Board (consisting of six representatives from all the family associations) drew on ICRC expertise and support for conveying the families' concerns to the authorities and the managing bodies of the MPI – for instance, through a round-table it organized directly with the authorities.

Families of 1,443 missing persons were followed up by the Serbian Red Cross, which had taken over the management of the cases. In Kosovo, relatives of missing persons received ICRC attestations distributed by the two Red Cross units.

PEOPLE DEPRIVED OF THEIR FREEDOM

Vulnerable detainees' treatment, living conditions monitored

People detained on security-related charges and other especially vulnerable detainees received ICRC visits carried out according to the organization's standard procedures. After delegates' visits to detainees in Bosnia and Herzegovina, FYR Macedonia and Serbia, the authorities concerned received confidential feedback and, where appropriate, recommendations for improving inmates' treatment and living conditions. Discussions continued with the Macedonian authorities regarding the ICRC's request to visit detainees held on remand in relation to a security-related case; dialogue with the Kosovar detaining authorities was renewed.

People who had been detained during past conflicts received ICRC-issued detention attestations, some distributed by National Societies; this helped them regularize their status or apply for legal/administrative procedures.

Former Guantanamo Bay internees receive assistance

An individual formerly held at the Guantanamo Bay internment facility who had resettled in France received, with ICRC support, a second visit from his son based in Bosnia and Herzegovina. Two other former internees resettled in Albania received assistance for their reintegration into society; one of them was repatriated to Tunisia at his request.

Families in Bosnia and Herzegovina with relatives held at the Guantanamo Bay internment facility were informed of family-links services available to them.

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

Local stakeholders work to address the situation of families of missing persons

Dialogue with the region's national authorities focused on the issue of missing persons and their families (see *Civilians*). The authorities were reminded of their obligation to advance clarification of the fate of missing persons, and received legal/technical support for implementing laws protecting the rights of the missing and their families. In Bosnia and Herzegovina, the Ministry for Human Rights and Refugees continued working towards fully implementing a law on missing persons, particularly the provisions on the legal status and social rights of the families of the missing. The country's authorities also worked to advance implementation of the Convention on Enforced Disappearance.

Public awareness of the situation of the families of missing persons, and other humanitarian issues, grew – largely because of media coverage of events involving family associations and of the launch of a new edition of the Book of Missing Persons in Kosovo (see *Civilians*).

Authorities take over implementation of Exploring Humanitarian Law programme

With the ICRC phasing out direct support, education authorities throughout the region continued to incorporate the Exploring Humanitarian Law programme in their schools' curricula. Serbia's Education Ministry, together with the National Society, formally assumed full responsibility for implementing the programme in the country. Authorities improved their capacities to implement/monitor the programme through discussions with the ICRC, as in Bosnia and Herzegovina and Kosovo, and during specific events, such as for principals in Kosovo and trainers in Serbia. With ICRC

PEOPLE DEPRIVED OF THEIR FREEDOM	BOSNIA AND HERZEGOVINA	FYR MACEDONIA	KOSOVO	SERBIA
ICRC visits				
Detainees visited	11	16		11
Detainees visited and monitored individually	9	16		11
Detainees newly registered	4	1		
Number of visits carried out	5	5		4
Number of places of detention visited	5	4		4
Restoring family links				
People to whom a detention attestation was issued	234		196	

support, the National Societies of Bosnia and Herzegovina, Croatia and Serbia pursued their joint application for EU funding to sustain the programme.

Supplementing their IHL studies in major universities, students discussed the subject at a regional course in Serbia and at other events/competitions organized by National Societies, local institutions and the ICRC. At a meeting in Bosnia and Herzegovina, professors from throughout the region discussed ways to expand IHL education and promote its domestic implementation – for instance, through an ICRC-proposed Internet platform.

Weapon bearers in Bosnia and Herzegovina and Serbia learn more about IHL

The Serbian armed forces continued to conduct computer-simulated IHL exercises attended by the National Society of Serbia/ICRC. During a seminar, 30 police instructors in Bosnia and Herzegovina learnt more about international human rights law and other legal norms applicable to law enforcement.

National authorities advance domestic IHL implementation

In consultation with the ICRC and with its support, the region's national authorities worked towards acceding to and implementing IHL treaties. After signing the Arms Trade Treaty, the countries sought ICRC advice for ratifying it. Croatia adopted a law to implement the Chemical Weapons Convention; Bosnia and Herzegovina amended a similar law. The latter had yet to establish a national IHL committee, with the process hampered by the prevailing political crisis.

Civil society in the region kept abreast of developments in the domestic implementation of IHL through initiatives of local ICRC partners, such as Serbia's IHL resource centre.

RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies strengthened their capacities to help address the needs of the families of missing persons (see *Civilians*), disseminate IHL and restore family links, with financial/material/capacity-building ICRC support. The Albanian Red Cross, the Red Cross of FYR Macedonia, the Red Cross of Montenegro and the Red Cross of Serbia, which worked to position itself as an IHL focal point, showed that they could conduct their activities independently, allowing the ICRC to reduce or end direct support for them.

The two Red Cross units in Kosovo drew on International Federation/ICRC support to develop their organizational and operational capacities, but no formal dialogue was initiated between them.

Coordination with Movement partners facilitated humanitarian activities throughout the region and helped maximize impact.

National Societies promote humanitarian principles and IHL

Assuming more responsibility for their IHL dissemination programmes, the National Societies of FYR Macedonia and Montenegro trained their staff/volunteers in this regard. The National Societies of Montenegro and Serbia also organized emergency response workshops within the Safer Access Framework. With ICRC support, the two Red Cross units in Kosovo conducted IHL dissemination activities, which helped solidify their respective

identities and promote protection of the red cross and red crescent emblems.

Bosnia and Herzegovina's National Society strengthens family-links services

The National Society of Bosnia and Herzegovina helped broaden public awareness of humanitarian principles through its youth component, and worked to promote and raise funds for its activities. In parallel, it pursued efforts to strengthen its legal basis and reinforce its role as a humanitarian actor, particularly in terms of restoring family links. Using ICRC-developed software for its family-links database, it enhanced its ability to follow up tracing requests and to maintain contact with the families of missing persons. It trained staff/volunteers in and developed a plan of action for restoring family links during disasters.

At a regional meeting on the Movement's Restoring Family Links Strategy (see *Europe*), the National Societies enhanced their capacities to provide family-links services, particularly across borders, using advice from counterparts in other European National Societies. With the Bulgarian Red Cross, some of the region's National Societies helped migrants restore contact with their families.

National Societies raise public awareness of mine risks

While continuing to help their national authorities deal with weapon contamination, the National Societies of Albania, Bosnia and Herzegovina, and Croatia, and the Red Cross units in Kosovo improved cooperation in this area, particularly during coordination meetings.

With ICRC support, the National Societies of Albania and Bosnia and Herzegovina, and the Red Cross units in Kosovo raised public awareness of the risks posed by weapon contamination and ways to mitigate them. The Albanian Red Cross organized first-aid training for army personnel conducting mine-clearance operations, while the National Society of Bosnia and Herzegovina built safe play areas for children and held refresher courses for staff/volunteers involved in mine-risk education initiatives. The latter National Society contributed to formulating the country's approach to reducing the risks posed by small arms and light weapons.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		1	UAMs/SCs*	
Names published on the ICRC family-links website		10,150		
Reunifications, transfers and repatriations				
People transferred/repatriated		1		
Tracing requests, including cases of missing persons¹				
People for whom a tracing request was newly registered		2	Women	Minors
People located (tracing cases closed positively)		694		
Tracing cases still being handled at the end of the reporting period (people)		9,452	1,269	478
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)²				
ICRC visits				
Detainees visited		38	Women	Minors
Detainees visited and monitored individually		36		
Detainees newly registered		5		
Number of visits carried out		14		
Number of places of detention visited		13		
Restoring family links				
People to whom a detention attestation was issued		430		

* Unaccompanied minors/separated children

1. Not including cases of persons missing in relation to the Croatia conflicts 1991–95, dealt with by the Croatian Red Cross and the Red Cross of Serbia

2. Bosnia and Herzegovina, FYR Macedonia, Serbia

BRUSSELS

COVERING: Institutions of the European Union (EU), NATO, the NATO Parliamentary Assembly and specific armed forces in Western Europe, the Council of Europe, the Organization for Security and Co-operation in Europe (OSCE), Belgium

The ICRC has been working in Brussels since 1999, building strong institutional and operational relations with European Union institutions, the Council of Europe, the Organization for Security and Co-operation in Europe, NATO and its Parliamentary Assembly, key armed forces based in Western Europe and Belgium. It aims to make the ICRC's mandate better known, to mobilize political, diplomatic and financial support for its activities and to ensure that relevant military decision-makers in Western Europe view the ICRC as the main reference point for neutral and independent humanitarian action.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ dialogue, including high-level meetings and briefings, with institutions of the European Union (EU) encouraged the incorporation of IHL/humanitarian considerations in the decisions, policies and activities of EU bodies
- ▶ privileged dialogue, centring on IHL/humanitarian concerns relating to military operations, expanded with NATO's Strategic Commands, with ICRC input included in a lessons-learnt paper on the transition in Afghanistan
- ▶ coordination with the Brussels-based Red Cross/EU Office strengthened Movement-wide humanitarian diplomacy with European institutions, including on issues relating to migration
- ▶ public awareness of issues facing health care delivery in armed conflicts/other situations of violence grew through a communication campaign implemented jointly with the EU and National Societies in 7 European countries
- ▶ the Belgian authorities and the ICRC maintained dialogue on IHL-related issues and ICRC operations in major humanitarian crises

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE (in KCHF)	
Protection	62
Assistance	-
Prevention	2,537
Cooperation with National Societies	166
General	-
	2,765

of which: Overheads 169

IMPLEMENTATION RATE	
Expenditure/yearly budget	95%

PERSONNEL	
Mobile staff	2
Resident staff (daily workers not included)	15

PROTECTION	Total
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	2
Detainees visited and monitored individually	2
Number of visits carried out	2
Number of places of detention visited	2

CONTEXT

While facing an economic crisis, the European Union (EU) maintained its involvement in crisis management and conflict resolution worldwide through political mediation or other means, and remained a major global humanitarian donor. The EU expressed particular concern about the conflicts in the Central African Republic, Mali, South Sudan and the Syrian Arab Republic (hereafter Syria), and continued to follow developments in Afghanistan, Central Asia, the Democratic Republic of the Congo, Iraq, Israel and the occupied territories, Libya, Pakistan, Somalia, the South Caucasus and Yemen. A total of 16 EU field missions within the framework of the Common Security and Defence Policy were in progress at year's end.

EU member States and institutions continued to implement the provisions in the Lisbon Treaty for developing a common European foreign and security policy, in particular by establishing the European External Action Service (EEAS), headed by the high representative for foreign affairs and security policy. In this regard, the Political and Security Committee remained a key body.

The rotating bi-annual presidency, held in 2013 by Ireland and Lithuania, chaired certain working groups of the EU Council. The Directorate-General for Humanitarian Aid and Civil Protection (ECHO) under the European Commission remained the primary EU body handling humanitarian affairs.

NATO continued to make arrangements for the withdrawal of the International Security Assistance Force (ISAF) from Afghanistan in 2014, while preparing to shift from a combat to a training and advisory role in support of Afghan forces.

Council of Europe bodies and the Organization for Security and Co-operation in Europe (OSCE) continued to address issues associated with migration and missing persons and with certain contexts in Central Asia and the South Caucasus.

ICRC ACTION AND RESULTS

The Brussels delegation continued to foster relations with EU institutions and NATO, and contributed to ICRC headquarters' dialogue with the Council of Europe and the OSCE, to ensure that IHL and humanitarian issues were given due consideration in the decisions, policies and programmes of these bodies. It highlighted specific humanitarian issues, such as safe access to health care in armed conflict or other situations of violence, with a view to aiding European efforts to protect and assist people affected by such situations worldwide.

Discussions with EU institutions – including both presidencies, the EU Council, the European Commission and ECHO, and the EEAS – centred on IHL concerns and the humanitarian situation/ICRC response in crises in Africa, Asia and the Middle East, particularly in Afghanistan and Syria. Dialogue also tackled issues relating to migration and missing persons; the goals of the Health Care in Danger project; the Arms Trade Treaty; the implementation of the EU guidelines on promoting compliance with IHL; concerns relating to EU data protection reforms; and the ICRC's mandate and working procedures. During high-level meetings, the ICRC's president discussed pressing humanitarian issues with the president of the European Commission, the commissioner for international cooperation, humanitarian aid and crisis response, the EU special representative for human rights, and senior officials

of the EEAS. A declaration by the high representative for foreign affairs and security policy on behalf of EU member States, on the 150th anniversary of the ICRC, reaffirmed the EU's support for the Movement.

Interaction continued with NATO headquarters, while privileged operational dialogue and coordination with NATO's Allied Command Operations (ACO, in Mons, Belgium) and Allied Command Transformation (ACT, in Norfolk, Virginia, United States of America) and their subordinate elements expanded, following the revision of a tripartite memorandum of understanding in 2012. Talks covered operational issues in contexts of common interest, the specific role and mandate of the ICRC and other IHL/humanitarian concerns related to military operations. Notably, ICRC recommendations were incorporated in a lessons-learned paper on the transition in Afghanistan that focused on the humanitarian aspects of redeployment. ICRC participation in NATO conferences, and presentations on IHL and the ICRC during NATO training activities, including predeployment exercises, enhanced dialogue and mutual understanding at field and central levels.

Besides the information it regularly circulated among its wide network of contacts, the ICRC promoted IHL, humanitarian principles and Movement activities at events held in Brussels by think-tanks, NGOs and other humanitarian organizations. Events co-organized with the College of Europe enabled academics and civil servants to learn more about these matters and to discuss current humanitarian challenges. A large-scale public communication campaign implemented in partnership with ECHO and National Societies in several European countries broadened awareness of the issues raised by the Health Care in Danger project.

Continuous contact with the Red Cross/EU Office ensured the coherence of Movement-wide humanitarian diplomacy, particularly of efforts to clarify the strictly humanitarian objectives of the Movement's family-links activities for vulnerable migrants. The ICRC maintained regular dialogue with the Belgian authorities and cooperation with the Belgian Red Cross on IHL-related and other humanitarian concerns.

PEOPLE DEPRIVED OF THEIR FREEDOM

People transferred to Belgium from elsewhere, including detainees serving their sentences in the country following their conviction by the International Criminal Tribunal for the former Yugoslavia (see *Europe*) and former internees resettled in Belgium following their release from the US internment facility at Guantanamo Bay Naval Station in Cuba, were visited or monitored by the ICRC.

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

EEAS chief reaffirms EU support for Movement

Meetings with the EU Council, the European Commission, both EU presidencies, and the EEAS encouraged the incorporation of IHL/humanitarian perspectives in EU decisions, policies and programmes. These included high-level meetings with the president of the European Commission, the commissioner for international cooperation, humanitarian aid and crisis response and the special representative for human rights; briefings with the Political and Security Committee and the Working Group on Humanitarian Aid and Food Aid; a session on humanitarian access organized by the latter; and an EEAS conference on managing international crises.

Discussions centred on the humanitarian situation and operational priorities in conflict-affected countries (see *Context*); the ICRC's mandate and working procedures and the potential implications for humanitarian activities of EU data protection reforms; issues related to migration and missing persons; the Health Care in Danger project; the Arms Trade Treaty; and implementation of the EU guidelines on promoting IHL compliance. A briefing before the Working Group on International Law tackled the "Strengthening IHL" process, pledges made at the 31st International Conference, extraterritorial use of force and an ICRC report on the use of force in armed conflicts.

Such dialogue buttressed field operations and working relations with ECHO, and enlisted/reinforced support for the ICRC. On the organization's 150th anniversary, the EU's foreign affairs and security policy chief declared, on behalf of member States, full support for the Movement's mission.

The Council of Europe and the OSCE received advice on IHL/humanitarian issues through dialogue led by ICRC headquarters with the delegation's support.

Privileged dialogue with NATO Strategic Commands expands

Dialogue with NATO and European armed forces fostered respect for IHL and understanding of the ICRC's mandate.

Headquarters-level interaction with NATO encompassed the eighth annual staff talks and a high-level meeting with its secretary-general. Military-level discussions were held with the Military Committee, International Military Staff, the ACO and the ACT (see below); the ICRC also participated in Allied Reach, a high-level seminar. Dialogue addressed IHL, the protection of civilians and medical personnel/infrastructure, and operations in Afghanistan/other contexts; it also touched on concerns regarding women and war, private military and security companies in armed conflicts, the use of chemical weapons in law enforcement, and health care access in conflicts/other emergencies. Three NATO representatives attended a Health Care in Danger workshop in Australia (see *Suva*). The ICRC participated in the spring session of NATO's Parliamentary Assembly.

The revision in 2012 of a memorandum of understanding among the ACO, the ACT and the ICRC paved the way for operational dialogue on humanitarian concerns with both commands and their subordinate elements. Bilateral and tripartite meetings were held throughout the year, including at ACO and ACT headquarters, and an engagement plan signed, consolidating coordination. Engagement with both Joint Force Commands, the Naval Striking and Support Forces and the Rapid Reaction Corps contributed to this dialogue. The Joint Analysis and Lessons Learned Centre incorporated ICRC recommendations – provided in 2012 – in its draft paper on the transition in Afghanistan, with a focus on humanitarian issues related to redeployment. Discussions on a possible NATO-ICRC lessons-learned project on 10 years of ISAF operations continued. Contacts were established with the NATO Standardization Agency to discuss doctrines pertaining to humanitarian issues.

Working-level dialogue with Europe-based US forces continued through meetings with the US Africa and US Europe Commands and with US Army Europe.

More NATO bodies involve ICRC in IHL training

NATO officers, including ISAF troops preparing for deployment, learnt more about IHL and the ICRC through courses at NATO schools/training centres or military institutes of member States, and during military exercises, including the main NATO Response Force exercise, Steadfast Jazz 2013.

An agreement signed with the NATO School in Oberammergau, Germany, enabled expansion/diversification of the ICRC's role in teaching IHL. Likewise, contacts with European special forces and NATO's Special Operations Forces led to involvement in IHL instruction at NATO training centres in Belgium and Germany. Cooperation on virtual IHL learning was envisaged with the ACT and NATO's Modelling and Simulation Centre of Excellence.

The public learns about issues facing health care delivery

Dialogue with the Belgian authorities covered IHL promotion, development and implementation and ICRC operations in crisis contexts, with an emphasis on access to health care, in preparation for an experts' meeting in 2014.

Meetings with Brussels-based humanitarian actors, including UN agencies, strengthened humanitarian coordination in the field and with the European Commission. Events organized by think-tanks, NGOs and other humanitarian organizations provided opportunities to exchange views on IHL/humanitarian issues and updates on each other's activities. Representatives from the European Commission, OCHA and the VOICE NGO network attended a panel discussion organized by the Swiss Mission to the EU, at which the ICRC's president spoke about the challenges facing humanitarian work.

Academics and civil servants discussed the vulnerabilities of people affected by armed conflict at the 14th Bruges Colloquium on IHL, co-organized with the College of Europe. Post-graduate students enriched their knowledge of IHL in ICRC-run courses at College of Europe campuses in Belgium and Poland.

Operational updates and press releases kept EU and NATO contacts, European media and the general public informed of the ICRC's work. A poster campaign implemented with ECHO and National Societies in seven European countries drew attention to and mobilized public opinion on the issues raised by the Health Care in Danger project.

RED CROSS AND RED CRESCENT MOVEMENT

Coordination with the Red Cross/EU Office ensured the coherence of Movement-wide humanitarian diplomacy with European institutions, particularly of efforts to clarify the strictly humanitarian nature of the Movement's family-links activities for vulnerable migrants (see *Europe*). It also helped in monitoring progress in pledges made by EU member States/National Societies at the 31st International Conference.

The Platform for European Red Cross Cooperation on Refugees, Asylum Seekers and Migrants and the European Legal Support Group drew on the ICRC's IHL expertise. The ICRC attended meetings of the International Federation's Disaster Management Working Group as an observer.

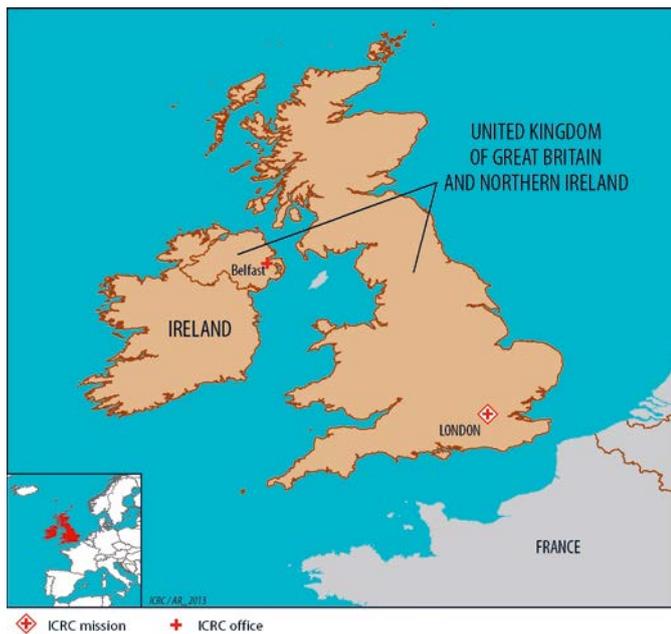
The Belgian Red Cross and the ICRC maintained dialogue on IHL-related issues and humanitarian concerns and participated in IHL events.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits ¹			Women	Minors
Detainees visited		2		
Detainees visited and monitored individually		2		
Number of visits carried out		2		
Number of places of detention visited		2		

1. Belgium

LONDON

COVERING: Ireland, United Kingdom of Great Britain and Northern Ireland



Set up in 2003, the London mission focuses on pursuing humanitarian diplomacy and facilitating ICRC operations in the field. Through contact with the British government, armed forces, members of parliament, think-tanks, the media and international NGOs, it seeks to improve understanding of and secure broad support for IHL and ICRC and Movement operations. It works with the Irish authorities on the incorporation of IHL into national legislation. The London mission operates in partnership with the British Red Cross in a wide range of areas of common interest and cooperates with the Irish Red Cross Society.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ the British authorities received input on IHL/humanitarian considerations for military policies and operations through formal evidence submitted by the ICRC to a parliamentary inquiry on the future of British defence
- ▶ the Department of Justice and penitentiary authorities in Northern Ireland received, through confidential reports and dialogue, ICRC findings and recommendations on the humanitarian situation of detainees there
- ▶ people affected by sectarian violence/past conflict in Northern Ireland accessed mediation, counselling and other types of support from 9 ICRC-supported community groups working to mitigate the consequences of the violence
- ▶ a series of targeted events engaged policy-makers, legal, humanitarian and academic circles, diaspora groups, the media and the general public in discussions on a broad range of operational and thematic humanitarian issues

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE (in KCHF)

Protection	810
Assistance	-
Prevention	1,377
Cooperation with National Societies	414
General	-

2,601

of which: Overheads 159

IMPLEMENTATION RATE

Expenditure/yearly budget	114%
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PERSONNEL

Mobile staff	3
Resident staff (daily workers not included)	0

CONTEXT

The United Kingdom of Great Britain and Northern Ireland (hereafter UK) continued to exert influence internationally, as demonstrated by its participation in military operations in Afghanistan and Mali; international aid programmes; permanent membership of the UN Security Council; and leadership on key issues, including humanitarian support in the Syrian Arab Republic (hereafter Syria), peace initiatives for that country, and the Preventing Sexual Violence in Conflict Initiative, on which the G8 adopted a declaration under the UK's presidency. Emerging crises elsewhere – in the Central African Republic (hereafter CAR) and South Sudan, for instance – were also on the UK's international agenda.

Preparations continued for the withdrawal of British forces from Afghanistan. Following the handover of people held at the Parwan detention facility to the Afghan authorities by the United States of America, the UK became the sole foreign entity holding detainees in the country.

Domestic security-threat levels were downgraded elsewhere in the UK, but remained at 'severe' in Northern Ireland, where sectarian violence, fuelled by intercommunal tensions, the 2012 flag protests and the legacy of past conflict, persisted.

In March, in a referendum held by the government of the Falkland/Malvinas Islands, the majority voted to remain an overseas UK territory. The referendum for Scottish independence in 2014 was the subject of debate throughout the year.

Ireland held the presidency of the European Union (EU) for the first half of 2013.

ICRC ACTION AND RESULTS

The ICRC continued to develop its position as a key reference on IHL and humanitarian issues. Contacts with lawmakers, academics, the media and others enabled the ICRC to: communicate key messages and influence operational/policy decisions based on IHL and humanitarian principles; raise awareness of the needs arising from armed conflicts and other situations of violence, including in Northern Ireland; and enlist support for the Movement's humanitarian endeavours worldwide.

Through bilateral meetings, high-level visits and briefings by ICRC representatives, parliamentary committees, government bodies and international organizations learnt more about the humanitarian situation and ICRC operations in contexts of military or diplomatic interest to Ireland and the UK. Irish authorities also drew on ICRC input for shaping the humanitarian agenda during Ireland's EU presidency. Continuing to serve as a major source of reference on IHL, the ICRC submitted, for the first time in its history, formal evidence to a UK parliamentary inquiry aimed at reviewing the UK's defence framework and shaping its future military policies. Notably, it advised parliamentarians on the applicability of IHL in future military operations and urged them to consider the legal and humanitarian implications of the development and use of new weapons, means and methods of warfare. It also encouraged the further development of military doctrine on the protection and provision of health care in armed conflict. Dialogue with the Ministry of Defence on operational and policy concerns related to British military operations in Afghanistan continued.

Networking among the authorities in Belfast, Dublin and London, as well as among stakeholders from various groups, enabled the ICRC to raise awareness of the needs engendered by sectarian violence in Northern Ireland and to clarify its neutral, impartial and independent humanitarian response. The ICRC supported nine organizations that helped communities cope with the consequences of such violence, which included paramilitary practices, and residual effects of the past conflict. Contacts among stakeholders also enabled the ICRC to develop an analysis of the humanitarian situation of detainees in Northern Ireland, particularly in Maghaberry Prison. It submitted two reports to the Department of Justice and the penitentiary authorities on its findings and recommendations, which paved the way for further dialogue on the issue. Efforts to help resolve the cases of people still unaccounted for in connection with the past conflict continued, although little progress was made.

The ICRC sought engagement with circles of influence in Ireland and the UK, including policy-makers, the legal, academic and humanitarian communities, the media and diaspora groups. It organized/co-organized a series of tailored events that covered operational and IHL-related issues, including humanitarian access in Syria, women in armed conflict, the Health Care in Danger project and the Arms Trade Treaty. These events drew attention to the plight of conflict-affected people worldwide, engaged experts and others concerned in discussions, communicated key messages aimed at fostering decision-making that took stock of IHL and humanitarian principles, and secured support for the Movement's activities. Multimedia content disseminated via traditional and social media relayed these messages to a wider audience.

Partnership with the British Red Cross continued both locally and globally, covering promotion of IHL and the goals of the Health Care in Danger project, institutional cooperation and international activities. The Irish Red Cross Society and the ICRC continued to develop their working relationship, with the former receiving support for its communication and IHL dissemination programmes.

CIVILIANS

In Northern Ireland, communities continued to be divided by the legacy of past conflict, intercommunal tensions and sectarian violence, including paramilitary practices, in which young people were often involved. Nine community-based organizations working to mitigate the effects of such violence received ICRC support, mainly through funding. For example, through these organizations, former prisoners and members of armed groups received support for their psychological/social needs born of the past conflict; and vulnerable youth accessed individual counselling, advice on safe behaviour and employment opportunities. Through the intercession of one organization, young men who had been driven out of their community by threats of paramilitary attacks were able to return home.

Six of the 16 people officially known as "the disappeared", who had gone missing during the conflict, were still unaccounted for; their cases remained under investigation. Dialogue with key stakeholders – the Independent Commission for the Location of Victims' Remains (ICLVR), the British and Irish authorities, family members of those missing, the victims' organization WAVE Trauma Centre, and armed groups – aimed to facilitate the

exchange of any information that may help in locating the bodies. During a round-table co-hosted by Queen's University in Belfast, the ICLVR, WAVE and the ICRC outlined their work on the issue, focusing on the humanitarian consequences for the families, and discussed ways to move the remaining cases forward. The ICRC explored the possibility of further efforts in this regard.

Broad networking among representatives of various groups, and among authorities in Belfast, Dublin and London, helped enhance understanding of the ICRC's neutral approach and humanitarian activities in Northern Ireland.

PEOPLE DEPRIVED OF THEIR FREEDOM

Confidential dialogue with the British authorities, including the Permanent Joint Headquarters under the Joint Forces Command of the Ministry of Defence, focused on military policies and practice, particularly with regard to people held by British forces in Afghanistan and the imminent handover of security responsibilities to the Afghan authorities; the ICRC provided input on policy and legal analyses.

Discussions on ICRC visits to security detainees in the UK were ongoing. Meanwhile, having formalized its extramural role with regard to detention in Northern Ireland, the ICRC engaged with various stakeholders to gain an insight into the situation of detainees, particularly those housed in separate wings in Maghaberry Prison. On this basis, it shared its independent findings, humanitarian concerns and recommendations confidentially with the Department of Justice and the Northern Ireland Prison Service in two formal reports, which were received positively and paved the way for further dialogue with penitentiary authorities.

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

Authorities consult ICRC on operational concerns and humanitarian agenda

Bilateral meetings, supplemented by high-level visits and briefings from ICRC representatives, kept the relevant authorities and international organizations up to date on the humanitarian needs and challenges in contexts such as the CAR, South Sudan and Syria, as well as in Northern Ireland (see *Civilians* and *People deprived of their freedom*), and, where pertinent, encouraged them to take action.

Such dialogue also aimed to encourage decision-making that took humanitarian principles into account and supported IHL and neutral, impartial and independent humanitarian action. In shaping the humanitarian agenda during Ireland's EU presidency, Irish authorities drew on ICRC input on obstacles to humanitarian activities in Syria, access to conflict-affected people in Somalia and nuclear disarmament. UK parliamentarians consulted the ICRC on policy and defence matters (see below). Both Ireland and the UK supported the adoption of the Arms Trade Treaty and completed domestic legal processes enabling them to ratify it on EU authorization. The national IHL committees/National Societies worked on the ratification of Additional Protocol III (Ireland) and the Hague Convention on Cultural Property (Ireland and the UK).

UK parliament taps into ICRC expertise for incorporating IHL in future defence policies

Interaction with the UK parliament, the Cabinet Office and the Department for International Development increased in breadth and depth, with key parliamentary and governmental committees

drawing on the ICRC's expertise for humanitarian policy-making and IHL-related issues.

For the first time, the ICRC submitted formal evidence to a parliamentary inquiry, part of a series of inquiries carried out by the Defence Select Committee with the aim of reviewing the UK's defence framework and shaping future military policies. In it, the ICRC advised the parliament on IHL applicability in military operations, including those conducted overseas, and called on decision-makers to carefully assess the legal implications and potential humanitarian consequences of the development/use of new weapons, means and methods of warfare. It also encouraged the further development of specific military doctrine relating to the protection and provision of health care in armed conflict.

Operational dialogue continued with the UK's Defence Ministry on the conduct of hostilities by British troops in Afghanistan (see *People deprived of their freedom*). Members of the British armed forces learnt more about IHL and ICRC activities in armed conflict through presentations at military colleges and training institutions. A representative of the Irish armed forces participated as an instructor at an international IHL workshop for senior military officers (see *International law and cooperation*).

Discussions with the Police Service of Northern Ireland tackled its law enforcement policies, and helped enhance police personnel's understanding of the ICRC's work, particularly in Northern Ireland.

Events and media engagements stimulate discussion of humanitarian issues

Authorities, policy-makers, think-tanks, legal experts, academics, NGOs and other stakeholders exchanged views on a wide range of thematic and operational issues through a series of 20 tailored events organized/co-organized by the ICRC. In December, the Royal Society of Medicine, the British Red Cross and the ICRC co-hosted, as part of the Health Care in Danger project, a conference at which stakeholders were encouraged to implement the recommendations developed at the various experts' meetings associated with the project. At a Chatham House event, the ICRC called on States to ratify the Arms Trade Treaty and shared its views on challenges to the treaty's implementation. In London, a photo exhibition co-organized by the British Red Cross and the Somali Red Crescent Society chronicled the Movement's humanitarian activities in Somalia and provided opportunities to meet with Somali diaspora groups, some of whom retained links back home. Another photo exhibition that ran in Belfast and Dublin drew attention to the particular vulnerabilities of women caught up in armed conflict. Other events covered humanitarian access in Syria; operations in Africa, the Americas and the Middle East; urban violence; nuclear weapons; the law of occupation; and the points of intersection between IHL and international human rights law.

Proactive media engagement provided additional channels to: promote IHL; relay key messages to and garner support for humanitarian action among decision-makers; and broaden awareness of humanitarian principles, the Health Care in Danger project and Movement operations in Northern Ireland and elsewhere. Various audiences – political figures, members of the international community, other humanitarian actors, journalists and the wider public – learnt more about the Movement through articles, videos and updates posted on the ICRC's website and on social media

platforms. An interview with the ICRC's director of operations on the difficulties confronting humanitarian work in today's conflicts was broadcast on BBC television and reached viewers worldwide.

RED CROSS AND RED CRESCENT MOVEMENT

Partnership with the British Red Cross continued locally and globally. Cooperation on operational and institutional priorities covered, in particular: assistance for people affected by armed conflict and other situations of violence; capacity-building support for National Societies working in conflict-affected countries; staff secondment/training; mobilization of support for the goals of the Health Care in Danger project; promotion of IHL and the Movement; and application of the Safer Access Framework in the British Red Cross's domestic and overseas activities.

The Irish Red Cross continued its IHL dissemination programme. With ICRC support, it held a conference at which experts discussed challenges to the relevance and applicability of IHL in contemporary armed conflicts. It also mounted a photo exhibition in Dublin (see above), which helped raise its public profile in Ireland.

PARIS

COVERING: France, Monaco



The Paris delegation, set up in 2000, focuses on promoting IHL, pursuing humanitarian diplomacy and facilitating ICRC operations in the field. Its target audiences include the French authorities, military and academic circles, the diplomatic community, representatives of third countries, economic interest groups, the media and the French Red Cross.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ French lawmakers moved forward in integrating IHL into domestic law, notably through the adoption of legislation for implementing Additional Protocol III
- ▶ high-level meetings with the French authorities tackled the humanitarian needs and challenges, and the Movement's response, in contexts of French military and/or diplomatic interest, such as the Central African Republic and Mali
- ▶ the French authorities and the Organisation Internationale de la Francophonie expressed their formal support for the ICRC's work including through the development of respective cooperation agreements
- ▶ the public enhanced its awareness of humanitarian affairs through interactive events and the establishment of a Multimedia Communication Centre, that boosted efforts to promote interest in the subject in France and abroad

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	2
Phone calls facilitated between family members	11
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	1
Detainees visited and monitored individually	1
Number of visits carried out	1
Number of places of detention visited	1

EXPENDITURE (in KCHF)

Protection	64
Assistance	-
Prevention	1,131
Cooperation with National Societies	130
General	-

1,325

of which: Overheads 81

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	1
Resident staff (daily workers not included)	4

CONTEXT

France continued to be a major player in international affairs, undertaking high-profile diplomatic and/or military initiatives, particularly in Africa and in relation to the armed conflict in the Syrian Arab Republic (hereafter Syria). French armed forces launched military operations in the Central African Republic (hereafter CAR) in December, while a reduced force continued to engage in operations against armed groups in Mali. In Afghanistan, following the withdrawal of its combat troops, France focused on handing over security duties to Afghan forces. French troops also participated in several overseas operations within the framework of European Union and UN peacekeeping and military operations.

French security forces remained on high alert in view of the perceived threat of acts of violence by extremists domestically or against French interests abroad.

As a permanent member of the UN Security Council, France regularly communicated its views on policy and legal issues including those relating to the Arms Trade Treaty and the Chemical Weapons Convention.

Several intergovernmental and international organizations maintained their headquarters in France. Representatives of various foreign armed groups based in the country retained links to their places of origin.

ICRC ACTION AND RESULTS

The Paris delegation remained a key element of the ICRC's humanitarian diplomacy network, through which the organization sought support for its operations worldwide, promoted IHL and its further integration into domestic legislation, increased understanding of its mandate and stimulated debate on humanitarian issues. In France, this network comprised the French authorities, Paris-based international organizations and representatives of foreign armed groups.

Regular contacts between the authorities and the ICRC, including high-level meetings with the French president, the Defence and Foreign Affairs Ministries and the Commission nationale consultative des droits de l'homme (CNCDH), enabled exchanges on humanitarian issues of common concern including IHL applicability with regard to detention, the conduct of hostilities, cyber warfare and multinational forces. Such exchanges also led to the development of cooperation framework agreements with the French authorities and with the Organisation internationale de la Francophonie (OIF). The French leadership's recognition of the ICRC's humanitarian role enabled the ICRC's president to take part in the Summit on Peace and Security in Africa, held in Paris and attended by heads of African States.

The ICRC lent its expertise to the authorities concerned in acceding to/ratifying or implementing IHL or IHL-related treaties. Lawmakers also took stock of ICRC input on bills to allow French courts to exercise extraterritorial jurisdiction over war crimes and on other legislation related to IHL, including on forced disappearance and procedural safeguards; the latter as part of enforcing States' agreements with international criminal tribunals (see below). Amendments to domestic law enforcing Additional Protocol III took effect.

Dialogue with military operational commands and the Defence and Foreign Ministries focused on humanitarian issues, particularly in the CAR and Mali where French forces operated, and in contexts where France exercised diplomatic influence. The ICRC also assisted the Defence Ministry and military academies in promoting IHL among the armed forces and further incorporating it in military doctrine, training and operations.

Presentations at universities and research centres enabled students, academics and lawyers to add to their knowledge of IHL and the ICRC's work.

Engagement via traditional and social media helped raise awareness of and support for IHL, humanitarian issues and the Movement throughout the francophone world. These efforts resulted in broad media coverage of Movement activities worldwide and encouraged the public to contribute to shaping dialogue on humanitarian issues, for example by participating in Web-based debates organized by the delegation. To coordinate the dissemination of information on humanitarian affairs more effectively, the ICRC established a Multimedia Communication Centre, which helped to swiftly relay key messages to audiences in France and abroad.

Delegates visited one detainee convicted by the International Criminal Tribunal for the former Yugoslavia (ICTY) who was serving his sentence in France. Afterwards, they shared their findings and recommendations with the detaining authorities as part of the ICRC's ongoing dialogue with European States on enforcing international sentences. The delegation also facilitated family contact for a person previously detained at the US internment facility at Guantanamo Bay Naval Station in Cuba who had resettled in France.

Cooperation with the French Red Cross, including its governing board, centred on contexts in which both it and the ICRC were active. This facilitated coordination in several areas including IHL promotion, family-links services, and first-aid training by the French Red Cross for the benefit of National Society/ICRC operations in Africa.

PEOPLE DEPRIVED OF THEIR FREEDOM

France was among several States that had signed an agreement with the UN on enforcing sentences handed down by the ICTY. One detainee convicted by the ICTY and serving his sentence in France received a visit from the ICRC, conducted according to its standard procedures. Delegates discussed their findings and recommendations confidentially with the detaining authorities as part of the ICRC's ongoing dialogue with European States on enforcing international sentences (see *Brussels* and *Europe*).

High-level meetings with the authorities explored common concerns related to detention, including the possibility of ICRC visits to French nationals arrested in Mali and subsequently transferred to and charged in France. In addition, the authorities regularly consulted the ICRC on the legal framework applicable to arrests and detention by French forces in the CAR and Mali.

ICRC support enabled a man resettled in Bordeaux following his release from the Guantanamo Bay internment facility to meet his son from Bosnia and Herzegovina, for the second consecutive year.

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

In light of France's influence in international affairs, exchanges with the authorities, including the president, armed forces and civil society advanced discussions on IHL and humanitarian issues and garnered support for the ICRC's work worldwide.

Cooperation agreements developed with French authorities and OIF

Meetings during the ICRC president's visit centred on, *inter alia*, the details of a cooperation framework agreement with France on areas of mutual concern, with the authorities reaffirming their support for ICRC activities, including through funding. The French authorities further demonstrated their recognition of the organization's humanitarian role by inviting the ICRC president to the Summit on Peace and Security in Africa, held in Paris, which provided opportunities to further relations with African leaders. The delegation also participated in the first World Francophone Women's Forum in Paris.

Discussions with the OIF led to a cooperation agreement on promoting IHL within the OIF network.

Lawmakers move forward in integrating IHL into domestic legislation

Following France's signing of the Arms Trade Treaty, the parliament adopted laws that would allow the ratification of the treaty pending the Council of Europe's authorization. With ICRC input, lawmakers adopted a bill allowing French courts to exercise extraterritorial jurisdiction over war crimes and legislation related to forced disappearance and procedural safeguards as part of enforcing States' agreements with international criminal tribunals (see *People deprived of their freedom*). Amendments to domestic law enforcing Additional Protocol III took effect.

During bilateral meetings, the authorities consulted the ICRC about the "Strengthening IHL" process and IHL-related issues concerning detention, cyber warfare, multinational forces, chemical weapons, and women in armed conflict. The CNCDH continued to invite ICRC representatives to its meetings as observers, and drew on the ICRC's input and materials on issues of mutual concern, for example regarding the safety of humanitarian personnel in the field.

Dialogue with government ministries tackles humanitarian concerns overseas

Dialogue with the Defence and Foreign Ministries and military operational commands focused on contexts where French troops operated – the CAR and Mali, for instance – and where France had diplomatic interest/influence, as in Israel and the occupied Palestinian territory and Syria. Discussions took place on IHL, the conduct of hostilities and protection issues, with visiting ICRC representatives briefing the authorities on the humanitarian needs and challenges on the ground.

France-based representatives of foreign armed groups, such as those from the CAR and Syria, deepened their understanding of humanitarian principles and ICRC operations in the field through similar discussions.

Meetings with officers-in-training at military academies focused on IHL dissemination and its further incorporation in military training and operations, but also increased the officer cadets' knowledge

of the ICRC's activities. Some 70 military legal advisers refined their IHL knowledge at two courses before their deployment. Consultations with military health personnel enlisted their support for the goals of the Health Care in Danger project, which they featured on their website.

Students and lecturers learnt more about IHL at seminars/presentations, including at the national school of administration and at a symposium organized by the legal research centres of Université Paris Sud and Université de Rouen. The ICRC continued to develop an interactive online IHL course to further promote IHL in academic circles.

Traditional and social media promote humanitarian concerns

The French media regularly published articles on humanitarian issues (see above), based on interviews, including with the ICRC president, and on materials provided by the delegation. A photo-journalist won the third ICRC Humanitarian Visa d'Or prize for his depiction of the dangers faced by health care services in Syria. Two journalists won the ICRC-sponsored prize at the Monte Carlo Television Festival for their documentary on child soldiers and sexual violence. The publication of Dr Pascal Grellety-Bosviel's memoirs describing 45 years of humanitarian work with the ICRC and other organizations also generated media coverage and public interest.

The public, demonstrating greater interest in humanitarian issues, followed updates on the ICRC's work and learnt more about IHL and humanitarian developments via the delegation's official social media accounts and the French-language blog hosted by *Le Monde's* website. NGOs, the authorities and youth representatives actively discussed current humanitarian issues at Web-based debates organized by the ICRC and streamed live by French radio.

The establishment of the Multimedia Communication Centre in Paris bolstered efforts to promote support for IHL, humanitarian issues and the ICRC's work among audiences in France and abroad.

RED CROSS AND RED CRESCENT MOVEMENT

Regular dialogue enabled the French Red Cross and the ICRC to coordinate their activities, particularly in IHL promotion, restoring family links and first-aid training, and to discuss matters related to the overseas contexts in which both operated. Cooperation continued on capacity building, particularly in first aid and the application of the Safer Access Framework, for Movement operations in Africa and for the National Society's overseas branch in French Guiana.

The National Society and the ICRC continued to work together to help migrants in France restore family links and particularly to facilitate the authentication by asylum authorities of ICRC detention attestations.

Joint events held with the Red Cross of Monaco as part of its 65th anniversary promoted the Movement among the Monégasque public and strengthened relations with the National Society.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		2	UAMs/SCs*	
Names published on the ICRC family-links website		11		
Documents				
People to whom travel documents were issued		2		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits				
Detainees visited		1	Women	Minors
Number of visits carried out		1		

* Unaccompanied minors/separated children

COLOMBIA



ICRC delegation ICRC sub-delegation ICRC office

In Colombia since 1969, the ICRC strives to protect and assist victims of the armed conflict, to secure greater compliance with IHL by all weapon bearers, and to promote integration of IHL into the armed forces' doctrine, training and operations. The ICRC visits security detainees. For IDPs and residents in rural and urban areas, it provides relief, helps ensure access to health care, and carries out small-scale repairs to infrastructure. It runs a comprehensive mine-action programme. It works closely with the Colombian Red Cross and other Movement components active in Colombia.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ following written and oral representations by the ICRC documenting alleged abuses against civilians, the Department of Defence conducted investigations, granting compensation to some of the victims
- ▶ more conflict/violence-affected people gained access to State assistance, including some 18,400 IDPs who were registered as beneficiaries on mass registration days organized on the ICRC's recommendation
- ▶ complementing government measures to address the humanitarian consequences of weapon contamination, some 12,000 people learnt about safe behaviour and victims' rights during National Society/ICRC-organized sessions
- ▶ in parallel with National Society/ICRC efforts to safely deliver health services, the Health Ministry ensured that over 100 medical facilities serving over 1,100,000 people were properly marked with the protective emblem
- ▶ the authorities took steps to improve conditions in places of detention, such as building new prisons with ICRC input on the design and establishing guidelines to control the spread of TB and facilitate medical treatment for it
- ▶ constraints related to the dynamics of conflict/violence limited contacts with some weapon bearers and the conduct of first-aid training for armed groups, leading the ICRC to revise its approach to such training

EXPENDITURE (in KCHF)

Protection	9,007
Assistance	16,028
Prevention	3,905
Cooperation with National Societies	1,366
General	366
Total	30,672

of which: Overheads 1,872

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	62
Resident staff (daily workers not included)	296

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	75
RCMs distributed	66
People located (tracing cases closed positively)	194
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	96,729
Detainees visited and monitored individually	1,771
Number of visits carried out	141
Number of places of detention visited	64
Restoring family links	
RCMs collected	48
RCMs distributed	17

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 21,350	25,743
Essential household items	Beneficiaries 13,350	31,536
Productive inputs	Beneficiaries 6,400	13,360
Cash	Beneficiaries	20,112
Work, services and training	Beneficiaries	48,325
Water and habitat activities	Beneficiaries 22,000	20,491
Health		
Health centres supported	Structures	56
WOUNDED AND SICK		
Physical rehabilitation		
Centres supported	Structures 4	4
Patients receiving services	Patients	14,158

CONTEXT

The peace talks in Havana, Cuba, between the Colombian government and the Revolutionary Armed Forces of Colombia-People's Army (FARC-EP) resulted in partial agreements on two of the five points on the agenda. Armed confrontations continued to take place, disrupting access to basic services and causing displacements, restrictions on movement and weapon contamination.

The National Liberation Army (ELN), which expressed a wish for similar negotiations with the government, increased its armed activity in various parts of the country. Other armed groups fought among themselves or with the armed/security forces for control over land, natural resources and trade routes. This led to a rise in violence both in rural areas, particularly along the coastline and near the borders with Ecuador and the Bolivarian Republic of Venezuela, and in urban neighbourhoods, often affecting entire communities.

Mass protests and social unrest between July and September caused casualties and restricted access to essential services, notably medical care for the injured.

ICRC ACTION AND RESULTS

The parties to the conflict continued to accept the ICRC's role as neutral intermediary, notably in the context of the peace process between the Colombian government and the FARC-EP. This enabled the organization to: engage in confidential dialogue with weapon bearers on their obligations under IHL and other applicable legal norms, particularly with regard to protecting the civilian population; obtain safe passage for mobile health units to remote, conflict-affected areas; and facilitate the safe release and handover of people held by armed groups. Applying a multidisciplinary approach, the ICRC continued to focus on alleviating the humanitarian consequences of the non-international armed conflict.

After receiving the ICRC's oral and written representations about alleged abuses against civilians, the Department of Defence investigated the allegations and compensated some of the victims. In line with the goals of the Health Care in Danger project, the Health Ministry took steps to improve protection during emergencies for health workers, facilities, and vehicles, as well as for patients, particularly by ensuring that medical facilities were properly marked with the protective emblem. State services continued to expand their capacities, facilitating the registration of more beneficiaries in the government assistance programme.

While guiding IDPs through the registration process, the ICRC also provided direct assistance to other conflict/violence-affected people who were not yet registered as beneficiaries of the State programme or not included in its coverage. It also helped residents of urban and rural communities cope with the effects of conflict, violence or weapon contamination by reinforcing their economic security and constructing/rehabilitating community infrastructure.

The National Society/ICRC facilitated the safe delivery of medical supplies to hospitals in areas affected by mass protests and disseminated information on the importance of allowing health/emergency workers to safely access and provide timely care to the injured. Likewise, the ICRC assisted victims of sexual violence in obtaining appropriate medical treatment and briefed health staff on the specific needs of such patients.

The ICRC's activities complemented the government's efforts to improve its response to the plight of missing persons and their families and to the consequences of weapon contamination: for instance, it helped relatives of missing persons access/receive information about their family members and facilitated access to State compensation and medical care for victims of weapon contamination.

Delegates visited detainees to monitor their treatment and living conditions. Detention authorities, guided by the ICRC's recommendations, started work on six new prisons and finalized guidelines for controlling the spread of TB and facilitating detainees' access to medical treatment. The ICRC encouraged the authorities to adopt a policy of detaining people closer to their homes, to make it easier for detainees and their relatives to be in touch.

Colombia signed the Arms Trade Treaty and remained supportive of IHL-related initiatives in international fora. Government officials discussed humanitarian issues with the ICRC and expanded their knowledge of IHL in training sessions.

The armed forces and the police pursued the integration of IHL and human rights law into their doctrine, training and operations, by hosting/co-organizing international training events, for instance. Owing to access and communication constraints arising from the security situation, maintaining contacts and developing dialogue with other weapon bearers, including in violence-affected urban areas, were challenging at times. As a result, only one first-aid training activity for armed groups was held during the year. The ICRC thus reconsidered its approach, placing more importance instead on spreading information about the need to respect and protect the provision of medical care.

Journalists, academics and other civil society stakeholders helped raise public awareness of humanitarian issues and the ICRC's mandate, for instance through media coverage of ICRC activities and organization of a working group to foster discussion of IHL issues.

The Colombian Red Cross remained the ICRC's main operational partner and worked continuously to improve its emergency response, security management and family-links capacities. Movement partners met regularly to discuss issues of common concern, thereby strengthening existing coordination mechanisms.

CIVILIANS

Authorities follow up alleged abuses against civilians

At the request of the parties to the peace negotiations, the ICRC continued to act as a neutral intermediary, facilitating safe passage for some of their representatives and providing advice on IHL-related issues. This enabled it to engage in confidential dialogue with them regarding the protection of civilians and other humanitarian issues.

Written and oral representations about alleged violations reminded weapon bearers of their obligations under IHL and other relevant norms. The Defence Department investigated these reports; to date, 12 victims have received compensation based on cases submitted from 2007–13. Other representations drew the authorities' attention to allegations of excessive use of force by law enforcement officials and to the potential humanitarian consequences of certain State policies, such as on aerial fumigation of illicit crops, economic restrictions and limitations on movement.

In violence-prone urban areas such as Buenaventura, Medellín and Tumaco, the complexities of the situation and the difficulty of maintaining contacts with weapon bearers presented challenges to the development of dialogue on the protection of the resident population.

Conflict/violence-affected people, including IDPs, meet immediate needs

State services increased their capacities and overcame administrative constraints, resulting in more than 18,400 IDPs (about 4,000 households) being registered for State assistance during mass registration days organized on the ICRC's recommendation.

While orienting applicants regarding the registration process for the government programme, the ICRC also helped those who had not yet received/were not covered by State assistance. These included: 20,420 IDPs (4,507 households) and 5,323 residents (1,245 households) of violence-affected areas who received food rations for up to three months; 23,360 IDPs (5,380 households) and 8,176 residents (1,829 households) who got essential household items; and 15,531 IDPs (3,969 households) and 3,763 residents (861 households) who received cash grants.

Communities rebuild livelihoods and reduce risks

Some 3,000 rural households (about 12,200 people), including IDPs, boosted their economic security by starting agricultural activities using ICRC-provided materials and equipment. After their breadwinners acquired livelihood skills or found employment, 665 IDP households (2,430 people) had more stable incomes. In violence-prone and weapon-contaminated areas, 392 households (1,658 people) coped with the economic impact of movement restrictions and armed attacks through cash-for-work/food-for-work programmes.

Over 16,400 people living in violence-affected rural and urban areas and nearly 4,000 IDPs increased their resilience to the effects of conflict/violence, thanks to the construction/rehabilitation of water/sanitation facilities and the conduct of hygiene-promotion activities, which contributed to the reduction of health hazards. After the ICRC helped build and stock community shelters in designated safe areas, about 400 residents of Cauca minimized their exposure to armed clashes. In Chocó, Nariño and Putumayo, the local population's access to medical services improved with the rehabilitation of four health posts. Children in rural communities benefited from renovated school facilities, which lowered their risk of exposure to weapon contamination or recruitment by armed groups. Following repair/construction work in shelters housing them, vulnerable pregnant teenagers in Buenaventura had improved living conditions.

By learning about safe practices and victims' rights at ICRC-organized workshops, over 7,250 residents and community leaders became better equipped to mitigate the risks posed by weapon contamination; National Society-led activities provided the same service for 4,400 others.

People in remote areas and victims of sexual violence access health services

Residents of remote areas attended over 1,600 medical consultations after the ICRC obtained safe passage for three Health Ministry/ICRC-operated mobile health units. Primary and emergency health services improved for a catchment population of over 107,000 people owing to ICRC support for 53 health facilities, which included distributions of wound-treatment kits.

Following round-tables and meetings on incidents affecting the safe delivery of medical aid, the Health Ministry oversaw the proper marking with the protective emblem of around 100 medical facilities serving over 1,100,000 people. More than 5,000 health/legal professionals and National Society volunteers attended dissemination sessions at which they learnt more effective methods of self-protection during emergencies. Likewise, 53 staff members of the Universidad El Bosque in Bogotá were trained to implement measures for protecting medical services.

Under an agreement between the NGO Profamilia and the ICRC, 61 newly registered victims of sexual violence obtained proper medical treatment; the ICRC followed up 85 previously documented cases. Training courses sensitized 520 health workers to victims' needs and stressed their responsibilities when treating such patients. Similar recommendations were made to administrators of medical facilities, such as on the need to provide/facilitate access to psychological support and to take measures to prevent sexually transmitted diseases.

Urban residents cope with the effects of violence

In Medellín, 104 violence-affected households (416 people) improved their economic conditions by establishing small businesses through micro-credit schemes. An evaluation confirmed that all beneficiaries had sustained the businesses they started in 2012 and increased their earnings by an average of 35%. Coordination between the private sector and the ICRC enabled 34 young people from depressed urban areas to find jobs and 15 to begin serving apprenticeships.

In other violence-stricken areas such as Buenaventura, Tame and Tierralta, 1,522 residents (316 households) enhanced their employment opportunities through vocational training, while 729 people (195 households) received income support while seeking stable jobs.

In seven Medellín communities, members of neighbourhood emergency committees honed their first-aid skills and over 2,300 high school students, teachers and residents learnt to minimize risks associated with violence. Through dissemination events organized with local authorities, women and teenagers in urban areas became more aware of their sexual and reproductive rights.

Families of missing persons clarify their relatives' fate

The families of over 190 missing persons received information on their relatives' fate; in seven instances, the person sought was found alive. In 12 other cases, the families recovered and buried their relatives' remains with ICRC assistance; the National Society/ICRC followed up other cases. Through 75 RCMs collected and 66 distributed, people, including unaccompanied minors, re-established contact with relatives from whom they had been separated by the conflict.

During activities co-organized with local authorities and NGOs, 57 families of missing persons expressed their needs and suggested ways to address them. They received psychological and social support, and the authorities took note of their concerns.

Management of unidentified remains at the Buenaventura and Puerto Asis cemeteries improved with the provision of the necessary training. Renovation of the morgue in Satinga, including the construction of 60 storage vaults, enabled forensic authorities to perform autopsies with proper equipment.

PEOPLE DEPRIVED OF THEIR FREEDOM

Of the approximately 96,000 inmates in places of detention visited by the ICRC, 1,771 were monitored individually. Delegates monitored the detainees' treatment and living conditions during these visits, which were conducted according to standard ICRC procedures. Based on notifications of arrest/capture, the ICRC also sought to gain access to people held by the armed/security forces in relation to the conflict.

Authorities received recommendations for improving detention conditions, including by upgrading maintenance systems, based on the delegates' observations and on a study done in six prisons. Better sanitation conditions and access to drinking water, following repair/construction work in several detention facilities, helped lower exposure to health risks for more than 11,800 inmates.

The government, with ICRC input on the design, began constructing six new prisons. Prison health authorities, with ICRC technical support, finalized guidelines for controlling and treating TB among the inmates.

Over 1,000 detainees received visits from their relatives, with the ICRC covering travel expenses; others maintained contact with their families through RCMs. To help sustain regular family contact after wrapping up the family-visits programme in September, the ICRC advocated detaining people closer to their homes and followed up the authorities' response.

Minors held at a rehabilitation centre in Medellín learnt basic humanitarian principles, dispute resolution and communication/social skills through National Society-organized activities. Recommendations for their treatment and living conditions were relayed to the authorities.

Under ICRC auspices, 26 persons held by armed groups were released and safely handed over to their families or to government/diplomatic representatives.

WOUNDED AND SICK

Some 830 wounded or sick people had their medical treatment costs covered, including seven injured people who received life-saving care after being evacuated by the National Society/ICRC.

The safe delivery of medical supplies to seven hospitals in Cauca and Huila, facilitated by the National Society/ICRC at the Health Ministry's request and supported by radio broadcasts and other communication efforts, helped ensure timely aid for people injured during social unrest.

Medical personnel at the 19 first-level hospitals that admitted the highest numbers of weapon-wounded patients strengthened their emergency response capacities through ICRC training. Bolstering such capacities at the community level, 489 nursing assistants and 1,506 civilians in remote, conflict-affected areas were trained as first responders.

Owing to the complex dynamics of the conflict and difficulties in establishing contact, only one first-aid training session was conducted for members of armed groups. Consequently, the ICRC modified its approach, placing greater emphasis on raising weapon bearers' awareness of the need to respect and protect health services (see *Civilians*).

New agreements with the Colombian Surgery Association and Universidad El Bosque in Bogotá facilitated the inclusion of war-surgery courses in medical curricula; similar curricular changes were also discussed with the administration of the Military University in Bogotá and the National University in Cauca.

Disabled patients receive better care

More than 14,100 patients, including victims of mines/explosive remnants of war (ERW), accessed multidisciplinary services at four ICRC-supported physical rehabilitation centres.

Specialists, including 43 orthopaedic technicians and 50 Colombian and foreign physiotherapists, honed their skills during capacity-building activities, including four international seminars. The authorities revised existing professional standards, enabling the institutions concerned to better comply with accreditation requirements.

With ICRC guidance/support, mine/ERW victims accessed financial compensation from the State and free medical care. The families of 13 deceased victims organized their relatives' burials with ICRC financial support.

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

Authorities step up response to humanitarian needs

The government continued to implement the law on victims and land restitution, notably by strengthening its victim assistance programme (see *Civilians*). A Constitutional Court decision in June 2013 extended the coverage of this law to people displaced as a result of the actions of other armed groups or demobilized combatants.

Based on the recommendations of judicial authorities, forensic experts and a UNHCR/ICRC-facilitated working group, national and local institutions strove to deal more effectively with the issue of missing persons. They strengthened their coordination and raised awareness among all parties concerned of issues related to the implementation of pertinent legislation, including a law recognizing the legal status of victims of disappearance, the proper handling of human remains and the management of ante/post-mortem data.

The State mine-action body updated its agreement with the ICRC and improved its overall response to weapon contamination through technical advice on information management, implementation of a victim assistance protocol and better methods for training people in safe practices.

A new penitentiary code was approved and two draft laws on sexual violence slated for the legislature's consideration as of year's end.

Civilian and military policy-makers support IHL integration

Colombia supported the adoption of the Arms Trade Treaty and signed it in September. Ratification of Protocol V to the Convention on Certain Conventional Weapons remained pending, but discussions among the Foreign Affairs Ministries of Colombia, Mexico and Peru underscored its importance.

Officials from the Ministries of Defence, Foreign Affairs and Interior, and from the Vice-President's Office, discussed the establishment of a technical working group on IHL under the National

Human Rights and IHL System, and expanded their IHL expertise through ICRC-organized training sessions.

In accordance with a 2012 Defence Ministry directive, over 500 military personnel learnt more about applying IHL at nine after-action review workshops. Military judges, instructors, officers and troops gained a broader understanding of IHL and specific humanitarian issues through workshops on, *inter alia*, protection for medical services, the issue of missing persons and the application of IHL in naval operations. Colombia also hosted the Senior Workshop on International Rules Governing Military Operations, which 14 high-ranking members of its security forces attended.

The Colombian police force made progress in integrating human rights and other relevant norms into their doctrine, training and operations, including by co-organizing two international training fora. During these events, representatives from various South American police forces deepened their knowledge of applicable human rights norms and internationally recognized standards on the use of force in law enforcement.

Public awareness of humanitarian issues grows

Media coverage of ICRC activities raised public awareness of humanitarian concerns and of the ICRC's mandate. Field trips to conflict-affected areas helped journalists report accurately on humanitarian issues, while IHL workshops increased their understanding of the relevant legal framework and the protection it affords them. In addition, 20 reporters from the international press developed their first-aid skills and learnt ways to reduce weapon-contamination risks.

Information campaigns, including some that made use of social media and other Web-based channels, and public events drew attention to humanitarian issues and promoted the key messages of the Health Care in Danger project. Complementing measures initiated by health officials (see *Civilians*), radio broadcasts, a TV spot and brochures/leaflets calling for respect for health services contributed to the safe delivery of medical care.

Key opinion leaders and academics formed an ICRC-chaired working group to initiate discussions on IHL-related issues, which were also broached with members of the diplomatic community. Private sector representatives enhanced their understanding of relevant security and human rights principles through discussions with the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

The Colombian Red Cross remained the ICRC's main operational partner, notably in assisting conflict/violence-affected people and providing medical assistance during protests/social unrest (see *Civilians*). Such joint activities, combined with training for the National Society's staff/volunteers and an assessment of its branches' capacities, strengthened both organizations, particularly in relation to contingency planning and management of human resources. Training events organized jointly with the ICRC, including on security management and emergency response, enhanced the skills of Colombian Red Cross staff and better equipped them to safely access conflict/violence-affected areas during emergencies.

National Society staff and volunteers from Colombia and six other South American countries honed their skills in restoring family links and managing human remains at two workshops, which contributed to the further development of the regional family-links network. The International Federation supported the drafting of a Movement contingency plan for major disasters. During discussions among Movement partners, the Colombian Red Cross gave its inputs on the implementation of the Safer Access Framework and the Health Care in Danger project. Movement partners held regular meetings and exchanged security and operational information, thereby reinforcing existing coordination mechanisms.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		75	44	
RCMs distributed		66	8	
Reunifications, transfers and repatriations				
People transferred/repatriated		26		
Human remains transferred/repatriated		12		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		348	84	101
People located (tracing cases closed positively)		194		
	<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		177	25	52
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		96,729	8,292	1,117
Detainees visited and monitored individually		1,771	129	10
Detainees newly registered		205	23	10
Number of visits carried out		141		
Number of places of detention visited		64		
Restoring family links				
RCMs collected		48		
RCMs distributed		17		
Detainees visited by their relatives with ICRC/National Society support		1,037		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	25,743	34%	45%
	<i>of whom IDPs</i>	20,420		
Essential household items	Beneficiaries	31,536	34%	41%
	<i>of whom IDPs</i>	23,360		
Productive inputs	Beneficiaries	13,360	32%	42%
	<i>of whom IDPs</i>	3,394		
Cash ¹	Beneficiaries	20,112	36%	32%
	<i>of whom IDPs</i>	16,306		
Work, services and training	Beneficiaries	48,325	32%	40%
	<i>of whom IDPs</i>	45,715		
Water and habitat activities	Beneficiaries	20,491	29%	20%
	<i>of whom IDPs</i>	3,995		
Health				
Health centres supported	Structures	56		
Average catchment population		107,296		
Consultations	Patients	1,678		
	<i>of which curative</i>		383	718
	<i>of which ante/post-natal</i>		27	
Immunizations	Doses	609		
	<i>of which for children aged five or under</i>	408		
Referrals to a second level of care	Patients	3		
Health education	Sessions	27		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Water and habitat activities	Beneficiaries	11,826		
Health				
Number of visits carried out by health staff		9		
Number of places of detention visited by health staff		7		
WOUNDED AND SICK				
Hospitals				
Patients whose hospital treatment has been paid for by the ICRC	Patients	830		
Physical rehabilitation				
Centres supported	Structures	4		
Patients receiving services	Patients	14,158	5,741	2,552
New patients fitted with prostheses	Patients	502	153	34
Prostheses delivered	Units	703	180	51
	<i>of which for victims of mines or explosive remnants of war</i>	81		
New patients fitted with orthoses	Patients	1,659	308	1,047
Orthoses delivered	Units	2,870	531	1,751
	<i>of which for victims of mines or explosive remnants of war</i>	12		
Patients receiving physiotherapy	Patients	6,169	3,300	664
Crutches delivered	Units	83		
Wheelchairs delivered	Units	63		

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



ICRC / AR, 2013
 + ICRC delegation * Dominican Republic is covered by the ICRC delegation in Haiti

The ICRC opened a fully fledged delegation in Haiti in 2004. It responds to acute humanitarian situations in prisons and supports national authorities in improving conditions of detention and respect for judicial guarantees. It seeks to mitigate the effects of social unrest throughout the country, particularly in violence-prone neighbourhoods in Port-au-Prince. It supports the security forces in integrating human rights norms applicable to the use of force into their doctrine, training and operations. With other Movement partners, the ICRC helps strengthen the emergency response capacity of the Haitian National Red Cross Society and the neighbouring Dominican Red Cross.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ owing to other government priorities, little progress was made in penitentiary reform despite the revival, with ICRC support, of a Haitian-led working group for tackling the issue
- ▶ with ICRC support, judicial officials accelerated legal procedures for some inmates held in prolonged detention, which resulted in some of them being released from overcrowded prisons
- ▶ as part of an ICRC-backed health project, some 6,000 detainees in 5 prisons underwent complete medical checkups, and when necessary, appropriate treatment, including for malnutrition
- ▶ the inhabitants of Cité Soleil had a regular supply of water following the completed rehabilitation of its water distribution system, and the assumption by local authorities of maintenance responsibilities, with ICRC support
- ▶ over 3,000 wounded people received timely treatment at ICRC-supported Haitian Red Cross first-aid posts in violence-prone neighbourhoods, including in Cité Soleil before posts there were closed owing to internal constraints
- ▶ despite strong will expressed by the Haitian authorities to establish a national IHL committee, changes in key posts within the Foreign Affairs Ministry impeded further progress

EXPENDITURE (in KCHF)

Protection	1,039
Assistance	2,290
Prevention	431
Cooperation with National Societies	776
General	-

4,536

of which: Overheads 272

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

Mobile staff	6
Resident staff (daily workers not included)	69

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
Phone calls facilitated between family members	240
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	8,071
Number of visits carried out	36
Number of places of detention visited	13

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	207,000
		60,000

CONTEXT

The Haitian government remained relatively stable, although vacancies in the Senate hampered legislative work. The establishment of an electoral council and the ratification of an electoral law helped clear the way for municipal and senatorial elections, which were yet to be scheduled. The Defence Ministry laid out plans to create a civil defence force and to introduce obligatory civic service, thus putting off, for the time being, the formation of a new military force; a group of officer-engineers and Haitian soldier-technicians completed training abroad.

Demonstrations against the rising cost of living, perceived delays in the provision of public services and other socio-economic issues increased. Following an extension of its mandate, the United Nations Stabilization Mission in Haiti (MINUSTAH), although scaled down, continued to support the Haitian National Police in responding to crime and public disorder. Violence and gang-related crime rates declined overall, but were not matched by judicial follow-up, which exacerbated overcrowding in prisons.

Cholera remained a concern, particularly in prisons and rural areas, even in the dry season.

Mass deportations of Haitians from the Dominican Republic, and changes in visa arrangements, strained that country's relations with Haiti early in the year; the government of the Dominican Republic pledged to make its migration policies more transparent. However, tensions flared anew following a court decision stripping citizenship from thousands of people of foreign descent, including Haitian, who were born in the country.

ICRC ACTION AND RESULTS

Generally, ICRC activities in Haiti slowed down during the second half of the year, owing to decreased engagement by the authorities, including in pursuing penitentiary and judicial reforms, because of the political situation (see *Context*); and a security incident which resulted in the rotation of all ICRC mobile staff. Regular meetings enabled the ICRC to coordinate its activities with local and international stakeholders and discuss ways to encourage the authorities to keep detention-related issues high on the government's agenda.

The ICRC continued to visit detainees to monitor their treatment and living conditions; afterwards, it shared its findings and recommendations confidentially with the authorities concerned. It focused on mobilization efforts and structural support for penitentiary authorities to improve respect for detainees' judicial guarantees and reduce overcrowding. It also provided direct assistance for improving detainees' living conditions, upgrading water/sanitation facilities, constructing bunk beds to mitigate the effects of overcrowding, and facilitating access for detainees to health care. It regularly donated essential drugs/medical supplies to prison dispensaries and helped the authorities deal with cholera outbreaks and treat malnourished detainees. ICRC representations to the authorities enabled ailing detainees at the Petit-Goâve police station to receive medical treatment following their transfer to other facilities; this also helped alleviate overcrowding at the police station. Within a health project carried out by the ICRC and other partners, inmates of the civil prison of Port-au-Prince (PCPP) and four other prisons benefited from complete medical check-ups and suitable treatment. Training and other activities by the ICRC's

hygiene-promotion team for prison staff/detainees helped improve hygiene conditions in the country's largest prisons.

In the Port-au-Prince neighbourhood of Cité Soleil, the water authorities and the ICRC completed the refurbishment of water distribution points, helping improve residents' access to safe drinking water. As the ICRC's support wended down, local capacities for managing the water supply system were enhanced.

The Cité Soleil and Martissant branches of the Haitian National Red Cross Society received support to ensure that first-aid posts were functional and ready to respond to the needs of injured/sick people; owing to internal constraints, however, the posts in Cité Soleil were closed in October.

Regular contact with the authorities, weapon bearers and members of civil society helped increase their understanding of IHL and humanitarian principles and gain support for Movement activities. In Cité Soleil and Martissant, dialogue with dissemination sessions for gang members paved the way for the Haitian Red Cross/ICRC to safely conduct their activities. Support continued for the national IHL committee of the Dominican Republic, which established a sub-committee to follow up legislation protecting the Movement's emblems. Haitian government officials expressed interest in establishing a national IHL committee; however, in both countries, further efforts to advance IHL implementation stalled owing to their governments' priorities.

The Dominican and Haitian Red Cross Societies, with support from Movement partners, strove to strengthen their operational capacities and legal bases.

CIVILIANS

Authorities assume responsibility for Cité Soleil water distribution system

In densely populated Cité Soleil, some 60,000 impoverished residents had better access to a safe and regular supply of water after 18 water kiosks were refurbished. This marked the end of the ICRC's projects, undertaken with local water authorities, to rehabilitate Cité Soleil's water distribution system. Cooperation continued to help ensure the sustainability of the system. The water authorities increased their involvement in the supervision of work, implemented management reforms and responded proactively to maintenance and distribution issues.

Some 3,000 wounded people receive treatment at ICRC-supported first-aid posts

The security situation in Haiti remained relatively stable, but gang-related incidents occurred in certain neighbourhoods, which resulted in casualties. In Cité Soleil and Martissant, some 3,000 injured people received treatment at four ICRC-supported Haitian Red Cross first-aid posts, and were evacuated to hospital when necessary. Internal constraints led to the closure of the first-aid posts in Cité Soleil in October; National Society leadership/staff and the ICRC discussed ways to reactivate them or remobilize volunteers. Meanwhile, over 16,000 people learnt more about hygiene, cholera prevention, and preparing for the hurricane season through campaigns conducted by the National Society, with ICRC support.

During information sessions, gang members were encouraged to respect the rights of the resident population, including access

to medical services, and learnt more about the ICRC's activities (see *Authorities, armed forces and other bearers of weapons, and civil society*).

PEOPLE DEPRIVED OF THEIR FREEDOM

Severe, chronic overcrowding in Haiti's prisons continued to affect detainees' access to essential services, including legal and social assistance, and had led to the deterioration of existing infrastructure. In addition, the penitentiary services and judiciary often lacked the human/material resources to adequately address detainees' needs. Health/nutritional/sanitation conditions and the drinking water supply in Haiti's prisons, particularly at police stations used as places of detention, remained below national and internationally recognized standards, increasing the risk of cholera outbreaks. Detecting and treating TB and HIV/AIDS remained a challenge.

National and international stakeholders are mobilized to revive efforts at penitentiary reform

Over 8,000 inmates in 13 places of detention received ICRC visits conducted according to the organization's standard procedures. Delegates monitored their treatment and living conditions, particularly respect for their judicial guarantees and access to medical care, paying close attention to vulnerable detainees, such as women and minors. Following such visits, findings and recommendations were discussed confidentially with the authorities. Inmates at the newly built prison in Croix-des-Bouquets also received visits; recommendations following from these visits were shared confidentially with the penitentiary authorities and the Canadian government, which funded construction of the prison.

In the first half of the year, the authorities convened regular meetings with national and international stakeholders, including the ICRC, to coordinate activities for detainees and to secure the penitentiary administration's commitment to bringing treatment and living conditions in detention in line with internationally recognized standards. With ICRC support, the Ministry of Justice and Public Security revived a working group for tackling penitentiary reform, which discussed reports on issues related to health, conditions in places of detention, legal reforms, and the situations of detained women and minors. The group explored possibilities for future action and invited partners to form a technical group for addressing detainees' health and living conditions. However, owing to other government priorities, these efforts were not sustained in the latter half of the year. Following mobilization efforts by the ICRC, international stakeholders, including MINUSTAH, discussed ways to encourage the authorities to follow up the work mentioned above, revive coordination and keep detention-related issues on the government's agenda.

Eligible detainees are released from overcrowded prisons

Judicial reforms to address overcrowding and prolonged detention progressed slowly. During discussions, the judicial authorities were encouraged to create mechanisms for monitoring the judicial process and to recruit more legal staff. Existing legal staff, with ICRC support, lobbied the judicial authorities to expedite the resolution of detainees' cases – for instance, by scheduling hearings and reviewing the cases of those who had already served their sentences. Legal assistants prepared lists of cases for consideration and made individual representations on behalf of detainees; this led to the release of 94 detainees. Two more lists – of 700 detainees who had spent more than three years in preventive detention – were also prepared for submission to the authorities.

Following news of the PCPP's possible closure, the ICRC, together with other international stakeholders, held discussions with the authorities and advocated effective planning to prepare for/mitigate the adverse effects of transferring over 4,000 inmates to already overcrowded detention facilities.

Detainees' access to medical care in main places of detention improves

The ICRC reminded the authorities of their responsibilities towards detainees and fostered cooperation among partners working on issues related to health care in detention. It also supported the country's four largest prisons with periodic donations of essential drugs and supplies, and ad hoc assistance during emergencies.

At the authorities' request, the ICRC responded swiftly to cholera outbreaks at prisons in Cap-Haïtien, Carrefour, Jacmel and Port-au-Prince, mobilizing partners and providing direct support/essential drugs to bring the situation under control within a week. Following ICRC representations to the pertinent officials, some 30 ailing detainees at the Petit-Goâve police station received medical follow-up after their transfer to health facilities at other prisons. This also helped reduce overcrowding at the police station.

The systematic screening of inmates under a pilot health project with the penitentiary authorities and other partners – which enabled early diagnosis and treatment of the most prevalent infectious diseases at the PCPP – was extended to four other prisons. The penitentiary authorities and other partners drew on the ICRC's advice – for improving coordination among stakeholders, for instance – to implement and expand the project. Medical files were created for some 6,000 detainees, who were also given complete medical check-ups and treatment for scabies and intestinal parasites, and screened for malnutrition. Some inmates found to be moderately/severely malnourished began receiving medical treatment and ICRC-provided high-calorie food supplements. Discussions with the penitentiary authorities also tackled ways to improve the provision of food and medicines for detainees.

Hygiene programmes and upgraded infrastructure help improve living conditions for detainees

Penitentiary engineers, with ICRC support/guidance, drew up plans for improving the infrastructure at the country's three main prisons. At the Les Cayes prison, living conditions for 637 inmates improved with the construction of a men's toilet block, the rehabilitation of the water system and upgrades to the exercise yard. Female detainees stood to benefit from the construction of new cell blocks and a sanitation facility. At the Cap-Haïtien prison, 830 inmates had a better supply of water, and over 500 stood to benefit from the construction of bunk beds to mitigate the effects of overcrowding. The installation of bunk beds for 478 inmates in the PCPP was completed, as were repairs to the water supply system through the replacement of two main pumps and refurbishment of parts, which benefited the entire prison population of over 4,000 inmates.

Over 6,000 detainees/prison staff at the Cap-Haïtien, Les Cayes and PCPP prisons and other places of detention learnt more about hygiene and protected themselves against illnesses through campaigns conducted by ICRC teams, during which disinfectants and sanitation materials were distributed. Local detention authorities applied ICRC recommendations, which led to improved hygiene conditions at their prisons and a decrease in cholera cases. The ICRC stepped in on an emergency basis during cholera

outbreaks, disinfecting cells and reintroducing appropriate preventive measures (see above).

Representatives of the embassy of the United States of America's International Narcotics and Law Enforcement office took ICRC recommendations into account while planning construction of two new prisons in Haiti. Delegates emphasized the need to adapt the buildings to the Haitian context and to the specific needs of detainees, especially women and minors.

The situation of vulnerable new detainees, particularly those awaiting deportation, was eased through the provision of hygiene kits/clothes, and by enabling them to restore/maintain contact with relatives using phone cards provided by the ICRC through the Office of the National Ombudsman.

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

Engagement with the authorities, weapon bearers and members of civil society helped increase understanding of IHL and humanitarian principles and promote interest in and support for ICRC activities, particularly those related to detention (see *People deprived of their freedom*). Despite constructive discussions with the Haitian authorities, political issues – for example, parliamentary disagreements – sometimes hampered efforts to transform dialogue into reforms. Interviews on local radio and the distribution of a topical newsletter raised awareness of detention-related issues among key stakeholders and the general public, and helped reinforce calls for reforms to improve conditions of detention.

Weapon bearers increase understanding of the ICRC's role in gang-controlled areas

Amid sporadic clashes between gangs in Cité Soleil and Martissant, dialogue/dissemination sessions with gang members, including leaders, enabled them to learn about Haitian Red Cross/ICRC activities, which helped ensure that first aid could be provided, and water/sanitation projects carried out safely.

Over 280 MINUSTAH officers supporting the Haitian National Police learnt more about basic humanitarian principles and the roles of Movement partners through briefings. Over 1,000 cadets from the Haitian National Police School furthered their understanding of the proper use of force during law enforcement operations, and of the policing concepts of proportionality, legality, accountability and necessity. Others familiarized themselves with such concepts through printed materials in Haitian Creole that were displayed at the school. In addition, at their request, the ICRC included an IHL module in a train-the-trainer course in human rights for 20 police commissioners and officers serving as training relays throughout Haiti. Offers of technical support to the Haitian Ministry of Defence, for the possible reconstitution of a national army, were not taken up (see *Context*).

In the Dominican Republic, the authorities requested ICRC input for drafting legislation related to internationally recognized standards on the use of force. Lecturers from the Dominican armed forces' Graduate School of Human Rights bolstered their knowledge of IHL; one professor attended an IHL course in San Remo, with ICRC support.

Haitian authorities request guidance for forming national IHL committee

Following discussions, the prime minister and foreign affairs minister of Haiti agreed, in principle, to the establishment of a national IHL committee. At their request, the ICRC provided a model draft law and supporting documents to facilitate the process. Haitian representatives also attended an IHL conference in Costa Rica (see *Mexico*). However, changes within the Foreign Affairs Ministry hindered further progress. In the Dominican Republic, the national IHL committee convened in March to draw up its yearly plan of action, with ICRC support. It also created a sub-committee to follow up legislation on protecting the Movement's emblems. However, further efforts to advance IHL implementation in both countries stalled owing to their governments' priorities.

Students and future leaders continued to learn more about IHL through ICRC events. Over 90 Haitian lawyers added to their knowledge of IHL – in particular, regarding protection for vulnerable people during armed conflicts – at an ICRC-facilitated course at the School of Magistrates. Lecturers, students and junior diplomats did likewise during conferences at universities and national academies; two universities in the Dominican Republic expressed interest in including IHL in their curricula.

RED CROSS AND RED CRESCENT MOVEMENT

National Society branches bolster operational capacities with Movement support

The Haitian Red Cross remained the ICRC's primary partner in carrying out assistance activities in Cité Soleil and Martissant (see *Civilians*). Rescue workers in these neighbourhoods participated in meetings co-organized with the Haitian Red Cross, which helped advance implementation of a national volunteering policy. With ICRC encouragement, some Movement partners began including violence-prone neighbourhoods in their activities to build up the National Society's capacities. The Canadian Red Cross Society organized training sessions for 45 Haitian Red Cross volunteers in disseminating humanitarian principles and raising awareness of the consequences of violence for communities; it also financed other related activities.

Newly elected branch-level and regional National Society leaders learnt more about IHL, the Safer Access Framework and the goals of the Health Care in Danger project through ICRC modules. Working groups made up of National Society representatives and Movement partners helped regional branches boost their capacities and supported the modernization of the National Society through various financial tools.

In line with the development of its tracing services, the Haitian Red Cross completed an assessment of its family-links capacities, with ICRC support. At the Dominican Red Cross, the drafting of action plans for family-links services and communication activities was pending. Both National Societies agreed to explore the possibility of renewing a bilateral cooperation agreement and participated in a meeting to this end.

Cooperation slowed in the second half of the year, as the Haitian Red Cross regrouped following elections (see above). Internal constraints led to the closure of National Society first-aid posts in Cité Soleil (see *Civilians*).

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
Phone calls facilitated between family members		240	UAMs/SCs*	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits				
			Women	Minors
Detainees visited		8,071	130	100
Number of visits carried out		36		
Number of places of detention visited		13		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	60,000	33%	30%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	6,620		
Water and habitat activities	Beneficiaries	6,465		
Health				
Number of visits carried out by health staff		83		
Number of places of detention visited by health staff		10		

BRASILIA (regional)

COVERING: Argentina, Brazil, Chile, Paraguay, Uruguay



ICRC / AH, 2013
 ICRC regional delegation + ICRC office * ICRC regional communication support centre

Established in 1975 in Buenos Aires, the delegation moved to Brasilia in 2009. The ICRC visits security detainees and responds to situations of violence and social unrest, often with the region's National Societies, which it supports in developing their capacities to act in such situations. It helps authorities identify human remains so as to provide families with information on their missing relatives. The ICRC promotes the incorporation of IHL into national legislation and the doctrine, training and operations of armed forces, and works with police forces to integrate international human rights law applicable to the use of force into theirs.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ as the ICRC's multidisciplinary project aimed at mitigating the effects of urban violence in Rio de Janeiro *favelas* drew to a close, local partners began replicating some activities, particularly in the areas of health and education
- ▶ people affected by violence in Chile and in northern Paraguay enhanced their self-protection mechanisms through first-aid courses provided by the National Societies, with ICRC support
- ▶ Chile's and Paraguay's police forces independently trained their personnel in applicable human rights norms and internationally recognized standards on the use of force during law enforcement operations, following ICRC training
- ▶ the region's authorities addressed the issue of missing persons, drawing on ICRC support for training forensic experts (Brazil) and the safekeeping of DNA samples collected from relatives of the missing (Chile)
- ▶ the Brazilian and Paraguayan Red Cross Societies, with ICRC support, implemented plans to bolster their institutional integrity
- ▶ key players in Brazil's private sector learnt more about the ICRC's mandate and work through presentations aimed at encouraging them to support the organization's activities, through funding and other means

EXPENDITURE (in KCHF)

Protection	1,783
Assistance	1,939
Prevention	2,841
Cooperation with National Societies	952
General	213

7,728

of which: Overheads 472

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	63

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	3
RCMs distributed	3
Phone calls facilitated between family members	1
of whom unaccompanied minors/separated children	3
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	68
Detainees visited and monitored individually	68
Number of visits carried out	17
Number of places of detention visited	11

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Cash	Beneficiaries	497
Work, services and training	Beneficiaries	1,566

CONTEXT

In Chile, tensions over land tenure issues resulted in interventions by the national police force (*Carabineros*) in indigenous Mapuche communities in the south, leading to violence and the detention of a number of Mapuche leaders. Similar grievances led to violence and restricted access to basic services in rural Paraguay, where clashes between security forces and armed elements or landless groups persisted.

Amid Brazil's growing international influence, violence continued to affect some of its cities. The Rio de Janeiro state government pursued its "pacification" programme in the violence-affected shantytowns or *favelas*, through large-scale law enforcement operations. A perceived lack of basic services and other grievances led to street protests, which sometimes turned violent.

In December, Argentina created a government post specifically for dealing with matters related to the Falkland Islands/Islas Malvinas.

The countries covered held memberships in regional organizations and bodies, such as the Southern Common Market (MERCOSUR), the Organization of American States (OAS), the Union of South American Nations (UNASUR) and the Community of Latin American and Caribbean States (CELAC).

ICRC ACTION AND RESULTS

In response to situations of unrest, the Brasilia regional delegation monitored the situation in violence-prone areas, documenting allegations of abuse to bring them to the attention of the pertinent authorities and weapon bearers. In parallel, dialogue with national authorities and with armed/police forces focused on the application of human rights norms and internationally recognized standards on the use of force during law enforcement operations.

In Rio de Janeiro, the ICRC concluded its multidisciplinary pilot project in six – originally seven – *favelas* aimed at helping communities cope with the effects of violence; the project was handed over to local authorities, the Brazilian Red Cross and other partners, who began replicating some of its components. Self-protection mechanisms, psychological support and training in first aid helped boost the ability of health workers and *favela* residents to respond to emergencies, and improved their safety. Educational authorities and teachers equipped themselves to deal with the consequences of violence in their schools and neighbourhoods, and to provide similar training to others, which also enhanced access to basic services like health and education.

In Chile and Paraguay, the ICRC continued to discuss the concerns of violence-affected communities with the pertinent authorities, reminding them of their obligations under applicable human rights and domestic legal norms. With the National Societies concerned, it conducted activities – psychosocial support and first-aid training, in particular – to address the consequences of violence.

At the respective governments' request, the ICRC lent its expertise to resolve cases of missing persons. For instance, it prepared to take over the safe storage of DNA samples from the Chilean authorities and facilitated training for Brazilian forensic experts.

ICRC training for forces engaged in law enforcement operations in Brazil, Chile and Paraguay resulted in their increased commitment

to compliance with legal norms and internationally recognized standards on the use of force, including by drafting guidelines for conduct during such operations. After receiving ICRC training they disseminated, among their personnel, rules applicable to the use of force.

Detainees in Chile and Paraguay, including those newly arrested, received visits conducted according to the ICRC's standard procedures. Delegates monitored their treatment and living conditions, facilitated contact with their families and shared their findings with the pertinent authorities.

With technical support/advice from the ICRC, the region's national IHL committees presented bills seeking punishment for war crimes and violations of the Convention on Cluster Munitions to their respective parliaments, and proposed measures to protect cultural property during armed conflict. They also provided input on the Health Care in Danger project. Academics and military educational institutions remained supportive of IHL instruction and its incorporation in their curricula.

Engagement with the media – for instance, through seminars for journalists in Brazil and Chile – helped to create public awareness of humanitarian issues and the ICRC's activities. Contacts developed with private companies and individuals enabled the ICRC to raise their awareness of humanitarian concerns, while garnering their support for the ICRC's work.

Emphasis was placed on building up the National Societies' operational capacities, including through joint planning and training that would enable them to conduct emergency response activities in cooperation with other Movement partners. The International Federation and the ICRC continued supporting the restructuring of the Brazilian, Paraguayan and Uruguayan National Societies.

CIVILIANS

Region's authorities address issue of missing persons, with ICRC support

The Chilean Forensic Institute finalized an agreement with the ICRC on storing DNA samples related to cases of persons who had gone missing during the period of military rule.

Following the Brazilian government's request for ICRC support in establishing and training a national team of forensic archaeologists and anthropologists, three Brazilian technical experts working on cases of persons unaccounted for from the period of military rule, deepened their knowledge on human remains management at a course in Geneva, Switzerland. In addition, 24 representatives of medico-legal institutions and archaeologists enhanced their capacities in forensic anthropology at a national course in Brasilia organized with the authorities. Recognizing the ICRC's forensic expertise, the Brazilian government and the family of the deceased requested the ICRC to participate as a neutral observer in the exhumation of the remains of former president João Goulart and to support the authorities in searching for and identifying over 300 people who had gone missing during past political regimes.

In Argentina, following the government's decision to re-initiate efforts to identify the remains of fallen soldiers from the Falkland/Malvinas Islands conflict, the authorities requested and received the ICRC's technical advisory support, particularly in light of the respective families' involvement.

Favela residents in Brazil boost capacities to cope with the effects of violence

In the final year of the ICRC's Rio project, local partners, including municipal health and state education authorities and the Brazilian Red Cross, strengthened their technical capacity to cope with the effects of violence. With ICRC support, they began replicating some components of the project while preparing to take over the implementation of others. *Favela* residents, with improved access to emergency/primary health care and social services, strengthened their own capacities to respond to needs arising from violence.

Some 120 medical workers learnt to reduce their exposure to risks and work more safely in violence-prone areas through sessions on the Safer Access Framework conducted by 15 ICRC-trained health professionals. The municipal health authorities, with ICRC support, established an online system that provided prompt notification of security incidents in the vicinity of 25 primary health centres (covering some 550,000 residents); this helped local officials and clinics develop security plans to facilitate safe access for those seeking or providing health care services.

In four *favelas* where access was difficult for state and municipal emergency services, 144 residents became first-aid responders or instructors after ICRC training; they also created community-based first-aid associations, which enabled more sick and injured people to receive timely aid or to be safely evacuated to health facilities.

Over 180 vulnerable adolescent mothers/expectant mothers and 160 children in four *favelas* had better access to health and social care, thanks in part to regular home visits from ICRC-trained community health workers under a national family health programme. In parallel, joint efforts by the health authorities and the ICRC to raise public awareness about the girls'/young women's specific needs resulted in a multifaceted response by public agencies and civil society. Such efforts also gave them opportunities for self-empowerment, including through education and livelihood activities.

Many people, including health personnel working in *favelas*, suffered mental health problems linked to their exposure to armed violence. The municipal health authorities, with ICRC technical support, continued incorporating mental health services in their primary health care systems. In four *favelas*, over 550 people traumatized by violence relied on psychological support from ICRC-trained service providers, who helped them cope through individual/group therapy sessions. Community health workers also drew on such support to deal with the stress connected to their work. Guidelines for dealing with violence-related mental health issues, jointly published by the authorities and the ICRC in 2012, were widely implemented by the municipal health authorities, through training/dissemination sessions and their website.

In line with a cooperation agreement signed in 2012 with the State Secretariat of Education (SEEDUC) on implementing the Creating

Humanitarian Spaces pilot programme, 34 staff members from SEEDUC's 14 regional directorates learnt techniques to promote safer behaviour. Equipped with this knowledge and a trainer's guide developed by SEEDUC and the ICRC, they in turn trained personnel from 35 secondary schools throughout Rio de Janeiro to assess risks, formulate emergency response plans and implement security procedures to reduce risks for some 30,000 people. The staff of five primary schools and four NGOs in violence-stricken areas likewise established emergency protocols with ICRC technical support. In addition, 28 ICRC-trained teachers from six pilot secondary schools learnt how to promote humanitarian principles amongst students and conducted workshops on issues such as non-violent conflict resolution. The results of these workshops were compiled in a portfolio jointly published by SEEDUC and the ICRC.

Situation of violence-affected people discussed with the authorities

Dialogue with the pertinent authorities and weapon bearers tackled the humanitarian consequences of law enforcement operations for indigenous Mapuche communities in Chile and reminded them of their obligations under applicable human rights and domestic legal norms. Information on alleged abuses collected by the ICRC were raised with the parties concerned. In Paraguay, the ICRC continued working to establish bilateral dialogue with authorities on issues of humanitarian concern.

The National Societies and the ICRC worked to address the needs of such communities. In Paraguay, families directly affected by violence shared their concerns during Paraguayan Red Cross/ICRC monitoring visits. About 1,380 residents of three violence-prone communities enhanced their emergency response capacities through first-aid training; they also received medical equipment for a new family health centre in the region. In the Kurusu de Hierro community, 480 people received cash to help meet their basic needs.

In three remote Mapuche communities, 180 people accessed primary health care services provided by the National Society/ICRC; two people injured during law enforcement operations received first aid. The Chilean Red Cross also provided Mapuche children affected by violence with psychosocial support. This support was concluded in one community, with preparations under way for its provision in another.

Chilean and Paraguayan Red Cross volunteers enhanced their capacities to provide family-links services through training and dissemination sessions. The Chilean Red Cross established three centres to respond to family-links needs during disasters, while the Paraguayan Red Cross created a team to assess its capacities and needs in this area.

In Brazil and Paraguay, separated family members stayed in touch with each other through ICRC support such as RCMs and phone calls.

CIVILIANS		CHILE	PARAGUAY
Economic security, water and habitat			
Cash	Beneficiaries	17	480
Work, services and training	Beneficiaries	186	1,380

PEOPLE DEPRIVED OF THEIR FREEDOM

Newly arrested detainees in Chile and Paraguay receive ICRC visits

Detainees in Chile and in Paraguay – including those newly arrested, mainly from the indigenous Mapuche community (see *Context*) – received visits conducted according to standard ICRC procedures. Delegates monitored their treatment and living conditions and provided confidential feedback to the authorities, particularly on compliance with internationally recognized standards. In Chile, dialogue focused on the use of force during arrests and related law enforcement procedures (see *Authorities, armed forces and other bearers of weapons, and civil society*).

In Rio de Janeiro, meetings with state and municipal detention authorities and other stakeholders within the framework of the Rio project (see *Civilians*) facilitated the collection of information on the humanitarian situation in detention facilities, such as the quality of health care and respect for judicial guarantees, for inclusion in a report to be shared with the authorities.

Female detainees support themselves and their families

In Paraguay, 30 detainees received family visits organized by the National Society; the ICRC covered the travel costs. The visits also enabled the detainees to receive medical and other assistance from their families.

With training and materials provided by the ICRC, 69 female inmates of the Buen Pastor Prison in Asunción, Paraguay produced handicrafts and textiles for sale domestically and abroad. The project, initiated with the Paraguayan Red Cross in 2008, enabled them to generate income for themselves and, in many cases, to provide for their children even while they were detained. National and international recognition for their products gave the women renewed motivation and self-confidence.

In Chile, 17 released detainees received cash assistance to help them regain economic self-sufficiency.

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

Police forces disseminate rules on the use of force among their own ranks

The region's security forces, including police and military personnel involved in law enforcement operations, reinforced their knowledge of human rights norms and internationally recognized standards applicable to the use of force through local and regional training activities, such as an international instructors' course in Colombia (see *Colombia*) and a human rights course in Ecuador (see *Lima*).

Some security forces began disseminating applicable human rights norms and rules on the use of force within their ranks, helping them deepen their understanding of the subject. Under an agreement between Paraguay's Interior Ministry and the ICRC on promoting such norms among law enforcement officials, 24 police officers who had qualified as human rights instructors began training police personnel through courses organized by the Ministry's Human Rights Department. In Chile, trained officers of the *Carabineros* began incorporating human rights standards in their training curriculum. Their Human Rights Department also developed documents on standards for the use of force and protocols for the maintenance of public order. Members of the *Carabineros*' special forces learnt medical and psychological first aid through training conducted by the Chilean Red Cross.

Dialogue with Rio de Janeiro's State Secretariat of Public Security focused on incorporating applicable human rights norms in training for the military police, including the special forces and the 'pacification police'. The military police created a committee to study the use of force, and with ICRC input, developed guidelines for distribution to some 45,000 personnel and for use as a training resource. At the Brazilian Forum on Public Safety, police officials from Brazil and neighbouring countries, during an ICRC-coordinated round-table, discussed patterns observed in the use of force.

Efforts to encourage the incorporation of IHL in the doctrine, training and operations of the region's armed forces continued. Officers attending military schools in Argentina and Brazil learnt more about IHL at ICRC-facilitated courses. One Brazilian officer participated in a workshop in Australia, for military experts, on protecting medical services (see *Suva*), and three senior officers from Brazil, Chile and Paraguay attended an IHL course in Colombia (see *International law and cooperation*).

PEOPLE DEPRIVED OF THEIR FREEDOM	CHILE	PARAGUAY
ICRC visits		
Detainees visited and monitored individually	30	38
<i>of whom women</i>	1	6
Detainees newly registered	19	14
<i>of whom women</i>	1	2
Number of visits carried out	9	8
Number of places of detention visited	6	5
Restoring family links		
Detainees visited by their relatives with ICRC/National Society support		30

Argentine and Brazilian peacekeeping troops bound for Haiti were briefed on the ICRC's work; other Brazilian peacekeepers learnt about the humanitarian aspects of demining, also at briefing sessions.

Whenever possible and pertinent, humanitarian issues were raised with other weapon bearers.

Policy-makers advance IHL implementation

Dialogue with the region's governments enabled the ICRC to exchange views on humanitarian issues, including nuclear weapons and the Arms Trade Treaty (see *New York*), which all countries covered signed. With ICRC support, the national IHL committees of Argentina, Chile and Uruguay finalized bills on the Kampala amendments to the Rome Statute and progressed in identifying cultural property protected under IHL. Uruguay finalized a bill on the Convention on Cluster Munitions, and Argentina drafted a law on the use of the Movement's emblems. Bills on other IHL instruments, such as the Convention on Enforced Disappearance, were pending approval by the parliaments concerned. The region's national IHL committees attended a continental conference in Costa Rica (see *Mexico*).

Future leaders, legal professionals and the academic community continued to explore IHL-related issues. Argentina incorporated IHL in educational programmes for the judiciary. Universities in Argentina, Brazil and Uruguay hosted IHL seminars and courses, and published ICRC-authored legal papers. Argentine students practiced applying IHL in the Jean-Pictet Competition on IHL (see *Bangkok*), and two Brazilian university professors attended the Advanced Training Course in IHL for Academic Teachers, in Geneva.

Authorities and media bring humanitarian issues to the fore

The region's authorities showed interest in issues related to missing persons and in improving regional forensics capacities (see *Civilians*). Argentina, Chile and Uruguay supported the adoption of an OAS resolution to address the plight of missing persons and their families (see *Washington*). Argentina shared its revised manual on DNA testing with representatives of other MERCOSUR member countries.

Following dialogue, including at high-level meetings, Argentina and the ICRC formalized their cooperation by signing a headquarters agreement. Opportunities to broaden dialogue on global humanitarian issues presented themselves during discussions with Brazil's Foreign Affairs Ministry.

Regional coverage of the ICRC's work, via traditional and social media, raised public awareness of humanitarian issues. At seminars in Brazil and Chile, aspiring and veteran journalists learnt to report on the humanitarian consequences of armed conflicts and other situations of violence. Two Brazilian journalists travelled to Colombia with ICRC support and afterwards published articles about the humanitarian response to conflict-affected people's needs there.

Key players in Brazil's private sector learnt more about the ICRC's work during presentations aimed at securing their support for ICRC activities, through funding and other means.

RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies strengthened their family links, first-aid – including through peer support at a regional seminar – and communication capacities with technical and financial assistance from the International Federation/ICRC, enabling them to help people affected by violence or emergencies (see *Civilians*). The Chilean Red Cross, with Argentinean Red Cross support, deployed a first-aid team that assisted people wounded during a demonstration in Chile.

The Paraguayan Red Cross received support for drafting a crisis communication plan. Its branch in Concepción upgraded its capacities with donated equipment and training in the Safer Access Framework, communications and first aid (see *Civilians*).

In Brazil, the Rio de Janeiro branch of the Brazilian Red Cross was the ICRC's operational partner in four *favelas* (see *Civilians*) and established a first-aid department with its support. It also began to develop activities on its own, such as first-aid training for students and community health agents.

The Brazilian, Paraguayan and Uruguayan Red Cross Societies continued restructuring processes that involved reviewing their legal bases and internal procedures, as well as strengthening their operational and financial capacities. They began implementing or sharing plans to address issues of integrity, through such means as codes of ethics and financial controls.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		3		
RCMs distributed		3		
Phone calls facilitated between family members		1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
ICRC visits			Women	Minors
Detainees visited		68	7	
Detainees visited and monitored individually		68	7	
Detainees newly registered		33	3	
Number of visits carried out		17		
Number of places of detention visited		11		
Restoring family links				
Detainees visited by their relatives with ICRC/National Society support		30		

* Unaccompanied minors/separated children

1. Chile, Paraguay

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)¹				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Cash	Beneficiaries	497	18%	65%
Work, services and training	Beneficiaries	1,566	19%	62%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)²				
Economic security, water and habitat (in some cases provided within a protection programme)				
Productive inputs	Beneficiaries	69		

1. Chile, Paraguay

2. Paraguay

CARACAS (regional)

COVERING: Bolivarian Republic of Venezuela and the countries of the Caribbean Community (CARICOM): Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago



ICRC regional delegation

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

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ people fleeing the Colombian conflict received orientation and medical assistance from the Venezuelan Red Cross/ICRC on arrival in the Bolivarian Republic of Venezuela (hereafter Venezuela)
- ▶ residents of 10 border communities in Venezuela that were affected by the Colombian conflict, and/or that hosted vulnerable Colombians, benefited from basic medical services and first-aid training for emergency responders
- ▶ the region's National Societies enhanced their emergency response capacities with ICRC support, such as technical advice for a contingency plan in Venezuela, training in the Safer Access Framework and first-aid/safety equipment
- ▶ the ICRC unsuccessfully tried to regain access to detainees in Venezuela, following the discontinuation of visits after its contacts with the authorities were disrupted by changes in prison administration
- ▶ armed/police forces in the region, including Venezuelan army instructors and units deployed to border areas, continued reinforcing their knowledge of IHL and other pertinent norms, and their capacities to conduct related training
- ▶ in line with ICRC mobilization efforts, 12 member States of the Caribbean Community supported the adoption of the Arms Trade Treaty, with 4 ratifying and 8 signing it

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

EXPENDITURE (in KCHF)

Protection	392
Assistance	-
Prevention	1,201
Cooperation with National Societies	490
General	-

2,083

of which: Overheads 127

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	3
Resident staff (daily workers not included)	9

CONTEXT

President Hugo Chávez was re-elected in the Bolivarian Republic of Venezuela (hereafter Venezuela), but was unable to begin his fourth term owing to illness, and passed away on 5 March. Nicolás Maduro won the presidential election held on 14 April; the opposition contested the results, and the ensuing protests led to casualties and arrests.

Despite some reforms initiated by Maduro's administration and the holding of municipal elections in December, economic and social instability persisted. The Venezuelan armed forces, particularly the National Guard, were increasingly involved in law enforcement operations alongside the police.

Residents of Venezuela's border states continued to feel the spillover effects of the Colombian conflict (see *Colombia*). Many of these communities also hosted Colombians who had crossed over from conflict-affected areas.

The States of the Caribbean Community (CARICOM) continued to cope with high crime rates, violence in urban areas and the effects of the global economic crisis. In an effort to curb crime, Trinidad and Tobago announced plans to grant the military powers similar to those of the police; the proposed legislation did not pass the Senate vote.

Migration remained an important concern, particularly in the Bahamas and Belize, which were key transit countries for migrants bound for the United States of America.

ICRC ACTION AND RESULTS

Tensions and violence having increased, particularly in Venezuela, the Caracas regional delegation focused on supporting the region's National Societies in boosting their emergency response capacities. Training in first aid and the Safer Access Framework prepared them to respond to the humanitarian consequences of social unrest and violent protests and, in Venezuela, to help residents of border communities cope with the spillover effects of the Colombian conflict. The Venezuelan Red Cross organized medical brigades with material/financial/logistical support from the ICRC, providing basic health care to Colombian nationals who had fled fighting in their home regions and to inhabitants of remote communities with limited access to essential services.

In Venezuela, dialogue and coordination with civilian and military authorities proved challenging owing to changes related to the political situation, but progress was made in disseminating IHL and other applicable legal norms among the armed and police forces. The ICRC conducted training in these norms for armed forces and militia units stationed in border states and equipped Venezuelan army instructors to teach IHL. Such training also made headway in the CARICOM countries, particularly Belize and Trinidad and Tobago.

Contacts with Venezuelan detention authorities were disrupted following administrative changes at facilities previously visited by ICRC delegates; as a result, visits to people held in these places were discontinued. Efforts to regain access to detainees have not succeeded as of year-end.

The ICRC's efforts to promote the ratification and implementation of key IHL treaties contributed to four CARICOM member

States ratifying the Arms Trade Treaty and eight others signing it. During a meeting in Trinidad and Tobago of national IHL committees from the Commonwealth of Nations (Commonwealth), representatives of participating CARICOM States discussed the domestic implementation of IHL.

By fostering greater interest in and understanding of IHL-related and humanitarian issues among journalists and academics, the ICRC helped to raise public awareness of these matters and of its own role and activities. Coordination among Movement partners enabled them to share operational experiences and mutual concerns, ensuring a coherent humanitarian response.

CIVILIANS

On arrival in Venezuela, people who had fled the conflict in Colombia received primary health care services and orientation to help them cope with their cross-border displacement. Those with critical health conditions or in need of specialized treatment were evacuated/referred to medical facilities. Around 300 people who fled fighting in the Catatumbo region in Norte de Santander, Colombia, and took refuge in the Venezuelan state of Zulia for three weeks, and other Colombians who crossed the border into the Alto Apure and Guajira districts were among those who benefited from such assistance, which was provided by local branches of the Venezuelan Red Cross with material/financial support from the ICRC.

A total of 10 communities in the districts of Guasdalito (Apure state) and Maracaibo (Zulia state), which hosted many Colombian nationals, boosted their capacities to deal with outbreaks of violence or other emergencies through first-aid training for 29 residents; they were also provided first-aid kits and medical supplies. Some 300 people living in remote areas in Apure, whose access to basic services was restricted by the presence of armed groups, received medical consultations from health brigades organized by the local Venezuelan Red Cross branch with ICRC logistical support.

Joint National Society/ICRC field missions to the border states of Amazonas, Apure, Táchira and Zulia identified the humanitarian needs of the people living there, including those arising from the spillover effects of the Colombian conflict; the findings served as a basis to plan further humanitarian activities. In parallel, dialogue with armed/security forces units deployed along the border with Colombia emphasized internationally recognized standards on the use of force, thus helping prevent/minimize humanitarian consequences during violent incidents (see *Authorities, armed forces and other bearers of weapons, and civil society*).

In Jamaica, 86 children living in violence-affected Kingston neighbourhoods continued to have opportunities for informal/alternative education at the Jamaica Red Cross School, which started receiving ICRC funding in 2012. The school's administration conducted a baseline survey of students' and parents' attitudes to violence, with a view to strengthening the violence-mitigation components of its curriculum.

PEOPLE DEPRIVED OF THEIR FREEDOM

In Venezuela, visits to monitor detainees' treatment and living conditions were discontinued, owing to the disruption of established contacts following administrative changes at detention facilities previously visited by the ICRC. Through meetings with the authorities concerned and written representations to them, the ICRC sought to regain access to people held in these places. Its efforts did not succeed during the year, but the authorities remained open to further discussions on this matter.

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

Armed forces and police enhance application of IHL and other relevant norms

Organizational changes in Venezuela's armed forces, police and militia hampered dialogue on integrating IHL in their doctrine, training and operations, but their personnel continued to receive training in IHL and other applicable norms.

At an international course held in the border state of Zulia, 60 Venezuelan armed forces and militia officers refreshed their knowledge of and sharpened their skills in applying internationally recognized law enforcement standards. In separate training sessions, 28 Belizean police/defence forces personnel and 31 police/military officers from Trinidad and Tobago did the same.

During two train-the-trainers courses in the border states of Falcon and Táchira, 80 instructors from all branches of the Venezuelan army equipped themselves to teach IHL. A Venezuelan officer, from the army's Human Rights and IHL Directorate, attended the IHL course in San Remo.

Senior military officers from Belize and Trinidad and Tobago were briefed on the relevance of integrating internationally recognized standards on the use of force into their standard operating procedures. Military officials from both countries participated in advanced IHL training abroad.

At the annual conference of the Association of Caribbean Commissioners of Police, high-ranking police officials from CARICOM States became better acquainted with the ICRC's working procedures through a presentation on the use of micro-economic initiatives to respond to the humanitarian consequences of gang violence in Jamaica.

States support IHL-related treaties and legislation

Antigua and Barbuda, Grenada, Guyana and Trinidad and Tobago ratified the Arms Trade Treaty; the other eight CARICOM member States signed it. Suriname ratified Additional Protocol III, while Saint Vincent and the Grenadines made a declaration recognizing the competence of the International Humanitarian Fact-finding Commission.

Venezuela's legislature passed laws mandating disarmament and prohibiting torture, and discussed the creation of a national IHL committee. In Guyana, Jamaica, Suriname and Venezuela, the revision/drafting of laws implementing key IHL treaties remained pending.

Trinidad and Tobago hosted a meeting of national IHL committees from Commonwealth member States, which gave participating Caribbean States an opportunity to discuss domestic implementation of IHL.

Owing to logistical difficulties and certain internal constraints for CARICOM, dialogue with CARICOM bodies on legal frameworks applicable to situations of violence and the use of force made no significant progress.

Journalists hone their skills in reporting on armed conflicts and other situations of violence

Senior officials from the Organisation of Eastern Caribbean States expanded their IHL knowledge through an ICRC presentation at a workshop in Saint Lucia, organized by the University of the West Indies and the UNDP. Similarly, 50 Venezuelan government/judicial officials and academics secured their grasp of IHL during a study cycle at the Catholic University of Táchira taught by ICRC legal experts. Contacts with other Venezuelan universities and military educational institutions aimed to create similar opportunities for studying IHL.

At a workshop in Venezuela, 32 media professionals honed their skills in reporting on armed conflicts and other situations of violence. The workshop highlighted: the applicable legal frameworks; proper terminology to be employed in characterizing such situations; proper use of the Movement's emblems; measures to minimize risks in connection with their duties; and protection for medical personnel, vehicles, facilities and patients during emergencies. At year's end, the Defence Ministry had not yet responded to a proposal to conduct similar training for military communication specialists.

Members of civil society working in Venezuela's border states clarified their understanding of the Movement's mandate and action at various briefings. Media coverage of National Society/ICRC activities helped broaden public awareness of humanitarian issues. Dialogue with international organizations and NGOs working on migration-related issues expanded through regular contacts and the ICRC's participation in regional events.

RED CROSS AND RED CRESCENT MOVEMENT

Movement partners bolster their response to the humanitarian consequences of violence

In response to growing social unrest, the Venezuelan Red Cross, with ICRC support, prepared a contingency plan for providing emergency care and conducting medical evacuations. First-aid kits, protective gear and communications equipment for its staff/volunteers were pre-positioned at six regional relief operations centres across the country, enabling them to respond rapidly to humanitarian needs.

Likewise, the Belize Red Cross Society and the Trinidad and Tobago Red Cross Society, through training in the Safer Access Framework, boosted their capacities to respond to the consequences of violence.

Joint field missions to Venezuelan border states enabled National Society branches and the ICRC to gain a better understanding of current needs and plan their response accordingly (see *Civilians*). The National Societies of Belize, Trinidad and Tobago and Venezuela contributed to training courses for the armed forces/police (see *Authorities, armed forces and other bearers of weapons, and civil society*) by conducting first-aid drills and familiarizing the participants with Movement activities.

Venezuelan Red Cross communication staff bolstered their skills in disseminating information on the Movement's humanitarian

action, including through social media. The Health Care in Danger project was given special emphasis during these workshops, spurring the National Society to start collecting data on incidents affecting the safety of health personnel and facilities as a basis for future action.

National Societies strengthen their family-links, legal and management capacities

The National Societies of the Bahamas and Belize sent representatives to a regional family-links meeting in Cuba (see *Mexico City*), where they strengthened their capacities to provide assistance, particularly to migrants, in maintaining/re-establishing family contact. The Bahamas Red Cross Society, which received a significant number of tracing requests in relation to Cuban migrants, took

steps to incorporate family-links activities in its national plan of action.

Legal advisers from the Red Cross Societies of Jamaica, Trinidad and Tobago and Venezuela – seeking to strengthen the legal bases of their National Societies – refined their knowledge of IHL at a meeting in Geneva, Switzerland. Leaders from National Societies in the region enhanced their management capacities by attending a cooperation meeting in Trinidad and Tobago and a course in Geneva.

Coordination among Movement partners enabled them to share operational experiences and mutual concerns, thus ensuring a coherent humanitarian response.

MAIN FIGURES AND INDICATORS ¹		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		3	1	2
Tracing cases still being handled at the end of the reporting period (people)		1		1
Documents				
People to whom travel documents were issued		5		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Restoring family links				
People to whom a detention attestation was issued		1		

¹ Bolivarian Republic of Venezuela

LIMA (regional)

COVERING: Plurinational State of Bolivia, Ecuador, Peru



The delegation in Lima opened in 1984, becoming a regional delegation in 2003. The ICRC visits detainees, addresses the issue of missing persons and monitors the humanitarian situation along the Ecuadorean border with Colombia. It seeks to respond to needs arising from armed conflict/other situations of violence and helps the region's National Societies reinforce their capacities to do the same. It assists security forces in integrating human rights norms applicable to the use of force into their doctrine, training and operations, and the armed forces in doing the same with IHL. It promotes the incorporation of IHL into national legislation.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ Peruvian commanding officers, during dialogue with the ICRC, affirmed their commitment to take into account the safety of the resident population of the Apurímac-Ene y Mantaro Valley in planning their military operations
- ▶ violence-affected people in Ecuador and Peru had access to clean water and a better educational environment, owing to the construction of water-supply structures and school repairs funded by the ICRC
- ▶ at ICRC seminars, the region's military/police officers, including those involved in crowd-control operations, learnt more about international standards on the use of force
- ▶ over 800 relatives of missing persons in Peru travelled to exhumation sites and collected their family members' remains, with financial assistance from the ICRC
- ▶ Ecuador's Defence Ministry and the Ecuadorean Red Cross renewed their agreement with the ICRC, strengthening IHL training for the armed forces and paving the way for the incorporation of human rights norms in its operations
- ▶ in Bolivia, planned training in the use of the ICRC's ante/post-mortem database and first-aid training for indigenous people and civil society groups did not take place owing to various constraints

EXPENDITURE (in KCHF)

Protection	2,281
Assistance	510
Prevention	1,738
Cooperation with National Societies	651
General	-

5,179

of which: Overheads 316

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

Mobile staff	6
Resident staff (daily workers not included)	41

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
People located (tracing cases closed positively)	5
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	3,737
Detainees visited and monitored individually	274
Number of visits carried out	59
Number of places of detention visited	25
Restoring family links	
RCMs collected	5
RCMs distributed	4

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	37
Essential household items	Beneficiaries	114
Cash	Beneficiaries	904
Vouchers	Beneficiaries	3
Work, services and training	Beneficiaries	9
Water and habitat activities	Beneficiaries	3,550
		5,148

CONTEXT

In Peru, armed clashes between government troops and the militarized Communist Party of Peru (PCP-M) continued in the Apurímac-Ene y Mantaro Valley (VRAEM) and in some areas of Cuzco and Huancavelica.

Communities in northern Ecuador, particularly along the Putumayo and San Miguel rivers, continued to feel the spillover effects of the non-international armed conflict in Colombia.

In the Plurinational State of Bolivia (hereafter Bolivia) and Peru, protests rooted in socio-economic or political issues, including grievances of indigenous communities, disputes over territorial delimitations and environmental concerns, often turned violent. The Peruvian government's efforts to initiate dialogue with protesters led to a decrease in violent incidents.

Besides injuries and arrests, difficulties faced by violence-affected people in the three countries included limited access to basic services, damage to civilian property and public infrastructure, and dangers posed by weapon contamination.

The three countries maintained multilateral relations with other Latin American States through regional bodies such as the Organization of American States (OAS), the Union of South American Nations (UNASUR) and, for Bolivia and Ecuador, the Bolivarian Alliance for the Peoples of Our America.

ICRC ACTION AND RESULTS

Alleviating the consequences of the fighting in Peru's VRAEM region and of the spillover effects of the Colombian conflict in Ecuador's northern border areas remained the Lima regional delegation's priority.

In Peru, during field visits, the ICRC learnt of the concerns of the resident population in the VRAEM. It raised them during dialogue with the military's top command, made recommendations in this regard and encouraged the military to take concrete measures to address these people's needs. Meanwhile, the ICRC provided ad hoc assistance for violence-affected people, including those who had recently left PCP-M camps, enabling them to return to their homes and/or to cope until they received government assistance. It helped affected communities cope with the long-term effects of violence by improving their access to water and through hygiene promotion activities.

In Ecuador, the ICRC's strengthened presence along the northern border with Colombia helped bolster dialogue with communities, local authorities, weapon bearers and humanitarian organizations there. Discussions with the authorities and weapon bearers centred on the humanitarian situation in Ecuador's border communities. Ad hoc assistance was provided to vulnerable individuals in these areas. The ICRC also contributed to improved learning conditions for schools in Eloy Alfaro and San Lorenzo, benefiting students affected by juvenile violence.

Cooperation continued with Bolivia's health authorities. The ICRC supported the ongoing incorporation in the national health system of trained community-based health promoters from the Pando department, enabling the health services to benefit from the sharing of best practices in addressing violence-related mental health issues.

In response to humanitarian concerns arising from violent protests, the ICRC made timely representations to the authorities, including the police, and supported training in internationally recognized standards on the use of force for the region's law enforcement officers, particularly crowd-control units of the Peruvian national police. Together with the Peruvian Red Cross, the ICRC provided ad hoc assistance for persons injured during protests in Peru. First-aid training planned for indigenous groups in Bolivia were cancelled.

The ICRC maintained coordination with the authorities and civil society actors to boost efforts to clarify the fate of missing persons, address their families' needs and enhance State forensic capacities. In Peru, the ICRC provided technical support for the authorities in drafting a law on missing persons and helped relatives of missing persons travel to exhumation sites and recover their family members' remains. In Bolivia, planned training in the use of the ICRC's ante/post-mortem database did not take place.

During visits to detainees in the countries covered, conducted in accordance with standard ICRC procedures, delegates monitored detainees' treatment and living conditions, facilitated contact with their families and provided material assistance as needed, including after a riot and ensuing fire at a Bolivian prison. The ICRC provided confidential recommendations to the authorities for improving conditions in places of detention. It added to Peruvian prison staff's knowledge of human rights norms related to their duties and continued providing structural/technical support for initiatives to reform national penitentiary systems.

Through training sessions, presentations and dialogue with key military commands and educational institutions, the ICRC contributed to furthering understanding of IHL in the region's armed forces and academia. The renewal of an agreement with Ecuador's Defence Ministry strengthened the incorporation of IHL in the military's doctrine, training and operations and laid the groundwork for the same regarding international human rights norms. Coordination with the region's national IHL committees encouraged the ratification of IHL-related treaties and promoted humanitarian issues such as the protection of cultural property.

Cooperation with the region's National Societies focused on strengthening their emergency-response capacities. Coordination with Movement partners, along with increased public awareness of humanitarian issues and of Movement activities, helped facilitate effective responses to humanitarian needs.

CIVILIANS

Violence-affected people in Ecuador and Peru cope with their situation

During ICRC field visits, delegates learnt about the concerns of violence-affected people in the region; they raised these and related matters with the authorities and weapon bearers concerned and made recommendations, which they followed up.

Dialogue with the Peruvian authorities focused on encouraging them to adopt an integrated response to the needs of people who had left PCP-M camps and of others living in or close to areas affected by fighting. To help meet their immediate needs, over 70 people, 9 of whom had left PCP-M camps and were awaiting State assistance, received food and/or essential household items and access to health care, or returned to their homes or moved elsewhere, with ICRC help. They included two children recovered by

the army and staying in an orphanage in Mazamari. Four families (28 people) received materials to construct new homes. In Lima, three people, including one minor, continued to receive vouchers for food assistance.

Buttressing the Peruvian governments' efforts to initiate dialogue with people organizing/participating in protests, the ICRC provided training for the police forces, and maintained dialogue with the authorities and civil society actors; this helped ensure that internationally recognized standards on the use of force were observed during crowd-control operations (see *Authorities, armed forces and other bearers of weapons, and civil society*). In the VRAEM, delegates interviewed personnel at 28 health facilities, which enabled them to learn more about security issues and other challenges these health workers faced. These findings were shared with the Health Ministry in line with the goals of the Health Care in Danger project, and created opportunities for strengthening dialogue with the national health authorities.

In Ecuador, the ICRC's strengthened presence along the northern border with Colombia enabled delegates to learn more about the situation of violence-affected people, and bolster dialogue with communities, local authorities, weapon bearers and humanitarian organizations there. Especially vulnerable people met their immediate needs through ad hoc assistance, which included food and essential household items.

With ICRC support, one Ecuadorean and two Colombian families identified and received the remains of three relatives killed during an armed clash alongside the border. Owing to administrative and legal constraints in Colombia, it was not possible to reunite Colombian children with their parents seeking asylum or applying for refugee status in Ecuador.

Vulnerable communities in Ecuador and Peru improve access to safe drinking water

In Peru's Ayacucho and Junín regions, communities, with ICRC funding, constructed water-supply facilities, which gave nearly

2,000 people reliable sources of clean water. Water administration committees, created in each community in coordination with local health authorities, oversaw the maintenance of the structures. Nearly 800 students, many of them from the Ashaninka community, received hygiene kits that helped reduced their risk of illness; 53 teachers learnt to teach students in 15 communities good hygiene practices. Newly constructed lavatories and repairs to classrooms at two schools created a better environment for over 80 students. Expectant mothers in 10 communities safely accessed health care at a recently constructed facility. In total, over 4,000 people benefited from improved water/sanitation facilities and hygiene promotion activities.

In Eloy Alfaro and San Lorenzo in Ecuador, over 6,000 students directly affected by juvenile violence benefited from renovations at eight schools. Of these students, 2,232 benefited from ICRC support for programmes run by the Education Ministry. Delegates monitored the impact of a cacao project on livelihoods in communities along the Putumayo River until its closure at year's end.

Community members raise awareness of violence-related mental health issues in Bolivia

Bolivian authorities continued to integrate ICRC-trained community mental health promoters from the Pando department into the national health system; this contributed to the ongoing development of a national policy on mental health. These health promoters, trained under a project handed over to the authorities in 2012, underwent further training and shared their knowledge and best practices in addressing violence-related mental health issues with their peers.

Families in Peru clarify the fate of missing relatives

An estimated 15,000 people were listed as missing in connection with the 20-year-long (1980-2000) non-international armed conflict in Peru. In Bolivia, hundreds of people, victims of extreme temperature and criminality, were buried without being identified; at the Ecuadorean border with Colombia, challenges in managing human remains persisted.

CIVILIANS		BOLIVIA	ECUADOR	PERU
Economic security, water and habitat				
Food commodities	Beneficiaries		1	36
Essential household items	Beneficiaries	36	1	77
Cash	Beneficiaries	20	9	875
Vouchers	Beneficiaries			3
Work, services and training	Beneficiaries		9	
Water and habitat activities	Beneficiaries	16	2,232	2,900

CIVILIANS		ECUADOR	PERU
Tracing requests, including cases of missing persons			
People for whom a tracing request was newly registered		17	
	<i>of whom women</i>	2	
	<i>of whom minors at the time of disappearance</i>	8	
People located (tracing cases closed positively)		5	
	<i>including people for whom tracing requests were registered by another delegation</i>	2	
Tracing cases still being handled at the end of the reporting period (people)		13	
	<i>of whom minors at the time of disappearance</i>	5	
Documents			
Official documents relayed between family members across borders/front lines			3

In Peru, 846 relatives of missing persons travelled to exhumation sites and collected their family members' remains for proper burial, with ICRC financial support. This helped many families come to grips with the fate of their relatives.

The Health Ministry, with input from a local NGO and the ICRC, began reviewing its reparations policy for the families of missing persons. Some 70 health workers in the Huancavelica and Junín regions enhanced their capacities to provide psychosocial support to these families through training co-organized with the Health Ministry. The Forensic Institute of Forensic Medicine also benefitted from ICRC training and support. Following an ICRC-organized seminar in 2012, the Justice Ministry created a working group to draft a law on missing persons and requested technical support for the group. Work continued on a study on the needs of the families of missing persons. In Ecuador, 28 risk management officials, 20 forensic workers, 40 judicial officers and 10 cemetery officials received training in human remains management/forensic identification.

In Bolivia, discussions with the authorities on training in the use of the ICRC-provided ante/post-mortem data management software did not yield concrete results. Nevertheless, at forensic officials' request, the ICRC helped repair the La Paz central morgue, which contributed to improved management of human remains there. A relative of a missing person coped with their distress through psychiatric treatment facilitated by the ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in the countries covered continued to receive visits conducted according to the ICRC's standard procedures. Delegates monitored their treatment and living conditions, and shared recommendations confidentially with the authorities.

Clothing, blankets and recreational materials ease conditions for detainees in Bolivia and Peru

Detainees in Bolivia and Peru kept in touch with their families through RCMs. Some 280 detainees, including minors, received ICRC-funded family visits, including from two relatives living

abroad. In Peru, 36 released detainees travelled home with ICRC financial support.

In Bolivia, provision of washing basins and repairs to lavatories improved living conditions for 630 detainees, including 380 women. After a deadly riot and the ensuing fire at the Palmasola prison, the ICRC repaired the roof and kitchen, which restored living conditions for 144 affected detainees, who also received clothing and cleaning materials. Injured inmates received timely medical attention through the joint efforts of prison authorities, the Bolivian Red Cross and the ICRC. Prison authorities received forensic support for identifying the remains of deceased inmates.

Over 2,800 detainees in Bolivia, including minors, and 107 detainees in Peru, including some held in a remote, high-altitude prison, coped with their situation through basic items like blankets, warm clothing and recreational and cleaning materials. Meanwhile, 265 inmates learnt vocational skills during ICRC-organized activities, such as baking courses; some inmates, with support from the Bolivian Red Cross, participated in first-aid training. During a meningitis outbreak at La Paz prison, some 2,200 detainees and prison staff protected themselves with cleaning materials and protective items provided by health and detention officials, in coordination with the ICRC.

Two health-care personnel from Peru's National Penitentiary Institute trained 68 prison staff in TB management in prisons, with financial support from the ICRC.

Peruvian prison staff learn about human rights norms applicable to detention

In Peru, 33 previously trained prison staff qualified as human rights instructors; 42 others refreshed their knowledge of the subject at a workshop. Some 1,790 staff members at 18 prisons benefited from similar training, conducted with ICRC support. In addition, 38 penitentiary social/psychological support staff received ad hoc training. Meanwhile, 107 lawyers and 60 judges expanded their knowledge of judicial procedures, including on presidential clemency, as part of efforts to reduce overcrowding in prisons.

PEOPLE DEPRIVED OF THEIR FREEDOM		BOLIVIA	PERU
Economic security, water and habitat			
Food commodities	Beneficiaries	345	
Essential household items	Beneficiaries	2,882	107
Productive inputs	Beneficiaries	2,919	
Cash	Beneficiaries	125	36
Water and habitat activities	Beneficiaries	630	

PEOPLE DEPRIVED OF THEIR FREEDOM		BOLIVIA	ECUADOR	PERU
ICRC visits				
Detainees visited		3,206	5	526
	<i>of whom women</i>	403		72
	<i>of whom minors</i>	157		
Detainees visited and monitored individually		16	4	254
	<i>of whom women</i>			35
Detainees newly registered			1	99
	<i>of whom women</i>			6
Number of visits carried out		30	5	24
Number of places of detention visited		9	4	12
Restoring family links				
RCMs collected		1		4
RCMs distributed		1		3
Detainees visited by their relatives with ICRC/National Society support		126		153
People to whom a detention attestation was issued				2

During dialogue with the pertinent authorities, the ICRC also advocated the inclusion of more detainees in the national health insurance system.

In Ecuador, discussions with the Justice Ministry and the penitentiary authorities tackling prison reform paved the way for future training for Ministry officials and prison staff in human rights norms and best practices applicable to detention. Penitentiary officials learnt more about the train-the-trainer activities carried out with their counterparts in Peru during an ICRC-financed visit.

In Bolivia, with the ICRC's help, the penitentiary system's leadership identified priority areas for reform, with a view to strengthening the country's prison system. The authorities also took stock of ICRC recommendations on proposed penitentiary legislation and on the training curriculum for penitentiary officials and police officers.

WOUNDED AND SICK

Timely treatment for people injured during violence remained a priority for the ICRC. In Peru, seven people injured during a military operation in the VRAEM were treated at an ICRC-equipped health post. Meanwhile, 22 others, injured during protests/clashes with the police, received first aid from the Peruvian Red Cross, in coordination with the ICRC. Owing to lack of interest, the first-aid training proposed for members of indigenous communities and civil society groups in Bolivia did not take place.

About 30 destitute people with disabilities were fitted with prosthetic/orthotic devices through the Bolivian Institute for Rehabilitation, in coordination with the ICRC Special Fund for the Disabled (SFD). Forty-five doctors and technicians sharpened their skills at a seminar on providing and managing rehabilitation services for amputees, conducted in coordination with the health authorities and the SFD.

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

Dialogue with the region's authorities, including OAS permanent missions (see *Washington*), emphasized the need to regulate the use of force during situations of violence, to respect the Movement's emblems, to prevent people from becoming unaccounted for and to advance domestic implementation of the Rome Statute and other IHL-related treaties.

Peruvian military leadership commits to reducing humanitarian risks in the VRAEM

Senior Ecuadorean and Peruvian military officials considered ways to incorporate IHL and human rights norms in the planning and conduct of their operations. At a round-table to discuss humanitarian issues in the VRAEM region, organized for the first time with the Joint Command of the Armed Forces of Peru, commanding officers affirmed their commitment to take civilians' safety into account, by avoiding the use of school premises as temporary bases/camps, taking measures to prevent the contamination of civilian areas with unexploded ordnance, and regulating the duties of civilian defence/militia units. VRAEM-bound officers attended ICRC-organized predeployment courses, where they learnt measures to prevent civilian casualties and weapon contamination, and the importance of respecting health care facilities and personnel.

Ecuador's Defence Ministry and the Ecuadorean Red Cross renewed their agreement with the ICRC, strengthening IHL

training for the armed forces and paving the way for the incorporation of human rights norms in its operations. Accordingly, military decision-makers discussed related topics at an ICRC-led workshop.

Region's police and military forces explore ways to regulate use of force in operations

Regionwide, military/police officers – personnel involved in crowd-control operations and, in the case of Ecuador, officers from all branches of its armed forces – learnt more about IHL and international standards on the use of force at dissemination sessions and seminars, some conducted with the French *gendarmerie*. In the VRAEM, at sessions conducted by ICRC-trained instructors, 200 police officers learnt to distinguish armed conflict from law enforcement operations and the different rules applicable to each.

The region's authorities relied on ICRC expertise to help regulate the use of force in military and police operations. The Bolivian army's joint forces command, with ICRC input, prepared a manual on the maintenance of public order, emphasizing compliance with internationally recognized standards. Recognizing the need for a law on the use of force, the Peruvian authorities agreed to propose the creation of a commission to revive a related draft law. The ICRC facilitated contact among police instructors, mining and private security companies and encouraged the development of standard training modules on human rights and the use of force.

Ecuadorean border police familiarize themselves with humanitarian issues

In line with a working plan designed with Ecuador's national police, some 180 new officers deployed in Esmeraldas and Sucumbios near the Colombian border familiarized themselves with issues related to migration, refugees, treatment of detainees, disappearances, deportations and extraditions. Judicial police personnel learnt about forced disappearance, and the identification and restitution of human remains. The national police's training department, with ICRC technical advice, designed a virtual training module on human rights.

IHL committees in the region tackle issue of missing persons and other humanitarian concerns

Peru signed the Arms Trade Treaty. With ICRC input, the Peruvian authorities presented a draft resolution on missing persons and their families to OAS member States for approval, and worked on a domestic bill for clarifying the fate of the missing. Peru's national IHL committee also organized an interdisciplinary course in the protection of cultural property during armed conflicts, to which the ICRC lent its expertise.

Representatives of the region's national IHL committees participated in the Second Continental Conference of National Committees for the Implementation of International Humanitarian Law of the Americas in Costa Rica (see *Mexico*).

In Bolivia, at a workshop co-organized by the Coalition for the International Criminal Court and the ICRC, Justice Ministry officials discussed the drafting of a law for implementing the Rome Statute. Representatives from Bolivia, Ecuador and Peru participated in an intergovernmental meeting in Uruguay, organized by that country's parliament, on the Amendments to the Rome Statute. In Ecuador, the national IHL committee, with ICRC input, outlined its future activities; officers from UNASUR's General Secretariat, headquartered in the country, furthered their understanding of the ICRC's mandate and activities during a meeting.

ICRC presentations and the provision of reference materials helped universities in the region enhance IHL instruction. Discussions with academics led to proposals for institutionalizing the dissemination of IHL at universities in Ecuador and Peru. With ICRC support, students from those countries participated in the Jean-Pictet Competition on IHL in Thailand; teams from Bolivia and Ecuador took part in a human rights competition in Lima; and former Pictet participants undertook IHL-related undergraduate thesis projects at their universities.

Media interviews, press releases and reports provided by the ICRC, and National Society-organized activities promoting the Movement, kept the public abreast of humanitarian issues and ICRC activities. Field visits and bilateral meetings did the same for journalists and opinion-makers, including religious leaders.

RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies, with ICRC support, strengthened their ability to respond to emergencies, including during protests and other situations of violence. Movement partners maintained coordination to ensure efficiency and coherence in responding to humanitarian needs.

The Bolivian Red Cross bolstered its volunteer recruitment and management capacities with International Federation/ICRC technical support, particularly for strengthening its youth programmes.

With similar support, the Peruvian Red Cross began to review its statutes, and took steps to improve its financial situation and resolve internal management issues. It signed a cooperation agreement with the ICRC.

The Ecuadorean Red Cross's three main northern branches briefed volunteers on the National Society's mandate and core activities and scaled up efforts to address humanitarian needs in border regions. With ICRC guidance, the Ecuadorean Red Cross planned activities to: identify and address risks in five northern border communities; strengthen its ability to restore family links; and bolster its operational capability. With logistical support, it conducted workshops on humanitarian principles and hygiene promotion for students in violence-affected schools (see *Civilians*).

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		17	2	8
People located (tracing cases closed positively)		5		
<i>including people for whom tracing requests were registered by another delegation</i>		2		
Tracing cases still being handled at the end of the reporting period (people)		13		5
Documents				
Official documents relayed between family members across border/front lines		3		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		3,737	475	157
Detainees visited and monitored individually		274	35	
Detainees newly registered ¹		100	6	
Number of visits carried out		59		
Number of places of detention visited		25		
Restoring family links				
RCMs collected		5		
RCMs distributed		4		
Detainees visited by their relatives with ICRC/National Society support		279		
People to whom a detention attestation was issued		2		

1. Ecuador, Peru

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities ¹	Beneficiaries	37	5%	5%
	<i>of whom IDPs</i>	5		
Essential household items	Beneficiaries	114	1%	1%
	<i>of whom IDPs</i>	30		
Cash	Beneficiaries	904	34%	25%
	<i>of whom IDPs</i>	16		
Vouchers ²	Beneficiaries	3	33%	33%
Work, services and training ³	Beneficiaries	9	100%	
Water and habitat activities	Beneficiaries	5,148	39%	60%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Food commodities ⁴	Beneficiaries	345		
Essential household items ⁵	Beneficiaries	2,989		
Productive inputs ⁴	Beneficiaries	2,919		
Cash ⁵	Beneficiaries	161		
Water and habitat activities ⁴	Beneficiaries	630		

1. Ecuador, Peru

2. Peru

3. Ecuador

4. Bolivia

5. Bolivia, Peru

MEXICO CITY (regional)

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



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

KEY RESULTS/CONSTRAINTS

In 2013:

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

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

13,511
of which: Overheads 825

IMPLEMENTATION RATE	
Expenditure/yearly budget	98%

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

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

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

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

CONTEXT

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

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

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

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

ICRC ACTION AND RESULTS

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

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

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

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

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

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

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

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

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

CIVILIANS

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

Families receive information on missing relatives

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

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

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

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

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

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

Migrants meet basic needs and re-establish family links

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

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

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

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

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

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

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

* Unaccompanied minors/separated children

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

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

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

Vulnerable communities reinforce their resilience to the effects of violence

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

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

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

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

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

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

PEOPLE DEPRIVED OF THEIR FREEDOM

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

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

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

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

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

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

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

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

WOUNDED AND SICK

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

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

Health professionals prepare to better handle emergency cases

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

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

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

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

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

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

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

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

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

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

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

1. Subsidized patients

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

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

States and regional bodies bolster IHL integration and implementation

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

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

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

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

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

Humanitarian issues remain high on the public agenda

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

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

* Unaccompanied minors/separated children

1. El Salvador, Honduras, Mexico and Panama

2. Honduras, Mexico and Panama

RED CROSS AND RED CRESCENT MOVEMENT

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

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

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

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

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

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

2. Honduras

3. Guatemala, Honduras, Mexico and Panama

4. Panama

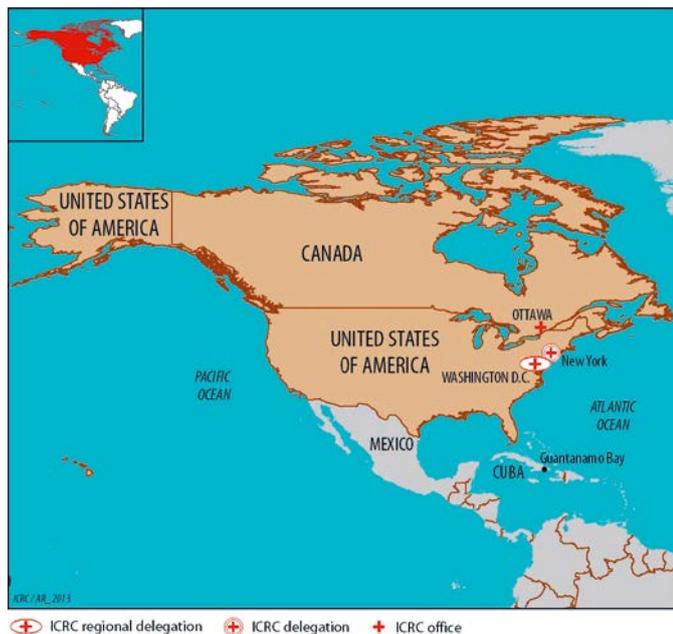
5. El Salvador, Mexico and Panama

6. El Salvador and Honduras

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

WASHINGTON (regional)

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



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

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ civilian and military authorities from Canada and the United States of America (hereafter US), including US President Barack Obama, expressed interest in humanitarian issues and support for ICRC operations in key contexts
- ▶ despite constraints during a protest, people held at the US internment facility at Guantanamo Bay Naval Station in Cuba continued receiving ICRC visits to monitor their treatment and living conditions and contacting their families
- ▶ US policy-makers received recommendations on: improving family contact for the Guantanamo internees; *non-refoulement* considerations during transfers; the applicable legal framework; and issues related to medical ethics
- ▶ vulnerable migrants in the US re-established/maintained contact with their families through phone call stations set up by the American Red Cross at key transit points along the US border with Mexico
- ▶ at an international workshop co-organized with the Canadian Red Cross Society, experts examined ways to strengthen the protection of health facilities in armed conflict and other emergencies
- ▶ Canadian and US armed forces, including units deploying to Guantanamo Bay and participants in a major Canadian military training exercise, increased their awareness of IHL norms, humanitarian issues and the ICRC's mandate

EXPENDITURE (in KCHF)

Protection	2,169
Assistance	266
Prevention	3,277
Cooperation with National Societies	637
General	29

6,376

of which: Overheads **389**

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	10
Resident staff (daily workers not included)	27

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
Phone calls facilitated between family members	603
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	166
Detainees visited and monitored individually	140
Number of visits carried out	8
Number of places of detention visited	1
Restoring family links	
RCMs collected	1,318
RCMs distributed	929
Phone calls made to families to inform them of the whereabouts of a detained relative	134

CONTEXT

On 21 January, Barack Obama was inaugurated for his second term as president of the United States of America (hereafter US).

Over 100 internees at the US internment facility at Guantanamo Bay Naval Station in Cuba staged a hunger strike to protest the lack of clarity about the status of their cases and their fate. In response, President Obama called on Congress to ease restrictions on transfers of internees from Guantanamo Bay and lifted a moratorium on transfers to Yemen that had been in effect since 2010. Two special envoys were appointed to speed up the facility's closure and, after initial delays, the periodic review board created in 2011 started holding hearings to review the internees' cases.

The use of remotely piloted aircraft, particularly in Afghanistan, Pakistan, Somalia and Yemen, remained a significant feature of the continuing shift in the US's global defence posture. As part of the ongoing transformation of its armed forces' role in Afghanistan, the US further reduced its military presence in the country to approximately 34,000 troops by the end of 2013. The handover of the detention facility in Parwan to the Afghan Ministry of Defence was finalized in March.

Canada's contribution to the international military operations in Afghanistan entered its last full year in 2013. The Canadian government reaffirmed its interest in contributing to efforts to address the humanitarian consequences of crises in key contexts, such as South Sudan.

ICRC ACTION AND RESULTS

Considering the country's prominent role in international affairs, the ICRC maintained its dialogue with the US authorities, which included meetings with President Barack Obama and other high-level officials. The protection of civilians during military operations and the humanitarian response in key contexts worldwide remained the main topics of discussion; policy-makers were encouraged to take into account humanitarian issues and to support ICRC activities. Similar contacts were developed with representatives of the Canadian government.

Discussions with senior military commanders underscored humanitarian concerns in their respective areas of responsibility, including issues related to the ongoing transformation of the US armed forces' role in Afghanistan (see *Context*). Through briefings conducted for Canadian and US troops, including military police units deploying to the Guantanamo Bay internment facility as guards, and IHL input provided for training exercises, the ICRC helped raise their awareness of IHL norms, humanitarian issues and the ICRC's role and mandate. Such efforts helped promote IHL compliance and contributed to acceptance of the ICRC's neutral, impartial and independent humanitarian action.

In discussions with key decision-makers, the ICRC reiterated specific concerns related to the current situation of people held at the Guantanamo Bay facility. It emphasized the following: its recommendation to improve family contact for the internees; the need to respect the principle of *non-refoulement* when transferring internees from the facility; issues related to the legal framework applicable to the internees' cases and to the implementation of the process for reviewing cases; and the need to observe internationally recognized standards of medical ethics in the provision of health care,

including to those on hunger strike. Delegates continued to visit internees to monitor their treatment and living conditions even though some refused to interact with the ICRC as part of their protest (see *Context*). Most of the internees were monitored individually and private interviews were conducted with many of them, including those about to be transferred.

The ICRC also continued to engage a broad range of civil society stakeholders in substantive dialogue on a wide range of IHL-related/humanitarian issues, reinforcing its position as a reference organization on IHL and raising public awareness of such issues. It organized an international seminar with the Canadian Red Cross Society on safeguarding health facilities in armed conflict and other emergencies, in line with the aims of the Health Care in Danger project. The Organization of American States (OAS), with ICRC input, adopted several resolutions to strengthen IHL integration in its member States and, for the first time, its Committee on Juridical and Political Affairs engaged in dialogue on various humanitarian issues with national IHL committees in the Americas.

The American Red Cross, in tandem with the ICRC's regional delegations in Mexico City and Washington, conducted field assessments along the US border with Mexico to better document humanitarian needs, thereby strengthening the Movement's response to the plight of vulnerable migrants in the region. It stepped up its response to such migrants' family-links needs by setting up phone stations at key points along the border.

The ICRC sustained its cooperation with the American Red Cross and the Canadian Red Cross, with a view to mutually boosting capacities and developing a consistent approach to common concerns.

CIVILIANS

Respect for IHL with regard to the conduct of hostilities remained the major theme of the dialogue between US civilian and military authorities and the ICRC: for example, the U.S. Army Peacekeeping and Stability Operations Institute developed its tactical procedures with ICRC input. Decision-makers considered implementing measures to minimize harm to civilians in contexts where US armed forces were deployed. Greater familiarity with humanitarian issues among both senior officers and combat troops helped ensure that protection for civilians and respect for IHL were incorporated in the planning and execution of military operations (see *Authorities, armed forces and other bearers of weapons, and civil society*).

Migrants restore contact with their families and report their concerns to the ICRC

Vulnerable migrants in the US, including unaccompanied minors, re-established/maintained contact with their families worldwide with assistance from the American Red Cross, which set up phone stations at key transit points along the US border with Mexico.

The American Red Cross and the ICRC jointly carried out field assessments in border areas, complementing efforts by the Mexico City regional delegation and the National Societies in Mexico and Central America to develop a more coherent and effective response to migrants' humanitarian needs (see *Mexico City*). The assessments allowed them to document the concerns of vulnerable migrants, particularly in relation to re-establishing family links, come to a better understanding of the existing needs, and

expand their response accordingly. Such concerns, especially with regard to family contact, access to medical care and safety during deportation or repatriation procedures, were shared in confidence with the US Department of Homeland Security and pertinent non-governmental stakeholders. This paved the way for the ICRC to follow up on the steps taken by the authorities to address these issues.

Draft guidelines formulated by the Scientific Working Group for Forensic Anthropology and the Scientific Working Group on Disaster Victim Identification, with ICRC input, established standards and best practices for searching for, recovering, managing and identifying human remains, thus facilitating the search for information on missing migrants.

PEOPLE DEPRIVED OF THEIR FREEDOM

As of 31 December 2013, 155 persons remained in US custody at the Guantanamo Bay internment facility. The internees received visits from ICRC delegates, who monitored their treatment and living conditions. Although some of the internees refused to interact with the ICRC as part of a protest against the lack of clarity about their fate (see *Context*), 140 of them were met individually by ICRC delegates. About half of this group, including some held in the high-security area of Camp 7, were interviewed in private about their current state and specific concerns.

Guantanamo Bay internees maintain contact with their families through video calls

Through 1,318 RCMs sent and 929 received and 603 phone or video calls, most internees kept in touch with their relatives; 92 of them received parcels of food from their families. In parallel with ICRC efforts to expand the reach of video calls to internees' relatives in more countries, administrators at the facility and other key decision-makers considered recommendations for improving the internees' contact with their families, such as increasing the frequency of calls. The US authorities also remained open to discussing at greater length the ICRC's recommendation that internees be allowed to receive family visits; the ICRC continued to explore ways to facilitate such visits should they take place.

The provision of medical care to internees, particularly to those on hunger strike, and the importance of applying internationally recognized standards of medical ethics were made matters of priority during discussions between the authorities at Guantanamo Bay and ICRC medical staff. The discussions also touched on previous ICRC recommendations about making certain health services available, including for internees with mental health or physical rehabilitation needs.

Discussions with the US Congress and with the Department of Defense and other executive agencies on the legal framework, judicial guarantees and procedural safeguards applicable to the internees continued. These talks created opportunities for raising concerns related to the initiation of the periodic review process to examine the status of the pending legal cases filed against/by the internees and the resumption of transfers for those already declared eligible.

Internees about to be transferred from Guantanamo Bay to their countries of origin or to third countries for resettlement were interviewed by delegates, and the ICRC's assessment of their concerns in relation to the principle of *non-refoulement* was relayed to

the authorities. A total of 11 internees were transferred from the facility in 2013; the ICRC continued to follow them up after their repatriation/release/resettlement (see, for example, *Algeria*). Predeployment briefings for military units assuming guard duties at Guantanamo Bay and the Parwan detention facility in Afghanistan bolstered the ICRC's efforts to visit people held in these facilities, thereby contributing to the overall response to the internees' humanitarian concerns.

A number of other matters were also broached with the authorities concerned (see *Afghanistan*): the situation of third-country nationals still held at the Parwan detention facility, the US's residual responsibility following their transfer to Afghan custody and US support for the Afghan prison system.

The US Department of Defense maintained its policy of notifying the ICRC of all detainees under its authority and granting the ICRC access to them.

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

Military decision-makers enhance their understanding of humanitarian issues

Senior military commanders from Canada and the US, at high-level meetings with the ICRC, talked about humanitarian concerns related to their operations and exchanged views on the applicable international legal framework. These discussions covered lessons learnt from their combat engagement in Afghanistan and explored how the ICRC could help with the integration of IHL norms in the training conducted by US forces for other armed/security forces, and with the application of the Montreux document on private military and security companies.

Through ICRC participation and presentations in training events at leading military educational institutions in both countries, such as the US Army Judge Advocate General's Legal Center and School, future senior commanders and operational staff raised their awareness of the humanitarian issues that come into play in operational planning and execution and acquainted themselves with the ICRC's working procedures. Troops attending a major Canadian Armed Forces training exercise gained practical experience in the application of IHL rules, with the aid of training simulations that made use of battle scenarios developed with ICRC input.

US military police units deploying as guards to the Guantanamo Bay and Parwan internment/detention facilities (see *People deprived of their freedom*) familiarized themselves with pertinent IHL/human rights norms and the ICRC's mandate. Discussions with military legal staff from Canada and the US focused on issues related to detention and the conduct of hostilities.

Reinforcing the Brussels delegation's dialogue with the International Security Assistance Force, the commanders and operational staff of its regional commands preparing for deployment to Afghanistan received briefings on the ICRC's mandate and on humanitarian issues relevant to their areas of operation (see *Afghanistan* and *Brussels*).

National and regional authorities support humanitarian action

Senior Canadian and US government officials and the ICRC discussed humanitarian issues, such as the crises in the Central

African Republic and the Syrian Arab Republic (hereafter Syria). President Obama and the ICRC's president, Peter Maurer, also discussed these matters at their meeting. This helped foster a deeper appreciation of such issues and support for the ICRC's neutral, impartial and independent humanitarian action.

The ratification of Additional Protocol II by the US remained pending. The Canadian parliament reviewed a draft law to ratify the Convention on Cluster Munitions; the Canadian Red Cross and the ICRC jointly submitted their comments on the draft.

The OAS, with ICRC input, adopted several resolutions to strengthen the integration and implementation of IHL in its member States. In activities organized with the OAS and related entities in the inter-American system, diplomats, policy-makers and other participants discussed current humanitarian concerns, such as the situation of vulnerable migrants in the region (see *Civilians*), and reaffirmed their commitment to supporting IHL promotion and implementation. The Second Continental Conference of National Committees for the Implementation of International Humanitarian Law of the Americas (see *Mexico City*) opened up dialogue between the OAS Committee on Juridical and Political Affairs and national IHL committees from North, Central and South America on humanitarian/IHL-related issues.

Supporting the ICRC's work with NATO and the UN (see *Brussels* and *New York*), the Washington delegation facilitated contact with US-based NATO bodies and the UN Department of Peacekeeping Operations.

Civil society actors draw attention to the protection of health care services

During an international workshop in Ottawa, Canada, organized with the Canadian Red Cross, experts examined issues related to and formulated recommendations for protecting health care facilities in armed conflict and other emergencies. Medical professionals' associations, particularly the Safeguarding Health in Conflict Coalition in which the ICRC has an observer role, helped to raise awareness of issues related to the Health Care in Danger project.

Canadian and US academics and policy scholars participated in debates on key IHL topics, such as the legal norms applicable to detention and the use of force, and the role of new technologies in armed conflict. Many of these discussions focused on the humanitarian response in key contexts, such as Syria.

Partnerships with leading universities – for instance, with the Duke University School of Law in organizing an IHL workshop attended by Canadian and US academics and military officials – and participation in high-level events organized by prominent think-tanks further cemented the ICRC's position as a reference organization on IHL. Dialogue with the media, NGOs and other civil society actors drew attention to humanitarian issues, particularly the need to protect vulnerable populations.

The *Intercross* blog offered multimedia content on the ICRC's work in conflict zones, while continuing to serve as a platform for debate among academics, policy-makers and journalists on contemporary challenges in IHL. The Washington delegation's Twitter account, whose following increased by more than 50%, contributed to promoting *Intercross*.

RED CROSS AND RED CRESCENT MOVEMENT

Following joint field assessments with the ICRC along the US-Mexico border, the American Red Cross worked to expand and improve its family-links services for vulnerable migrants (see *Civilians*). It also broadened its efforts to promote awareness of and compliance with key IHL norms and related treaties, including the UN Convention on the Rights of Persons with Disabilities, and expressed interest in promoting the creation of a national IHL committee.

The Canadian Red Cross bolstered its capacity to contribute to the humanitarian response in crisis situations; it also co-hosted an international experts' workshop in line with the objectives of the Health Care in Danger project (see *Authorities, Armed forces and other bearers of weapons, and civil society*). For the first time, one of its mobile surgical units was deployed as part of the ICRC's response in South Sudan (see *South Sudan*).

Both National Societies, with ICRC input, took steps to improve their approach towards some of their objectives and activities, such as the implementation of the Exploring Humanitarian Law programme by the American Red Cross and the Canadian Red Cross's review of its application of the Safer Access Framework. Dialogue with them on identifying and tapping potential sources of private funding was maintained.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
Phone calls facilitated between family members ¹		603	UAMs/SCs*	
Documents				
People to whom travel documents were issued		1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)²				
ICRC visits				
			Women	Minors
Detainees visited		166		
Detainees visited and monitored individually		140		
Number of visits carried out		8		
Number of places of detention visited		1		
Restoring family links				
RCMs collected		1,318		
RCMs distributed		929		
Phone calls made to families to inform them of the whereabouts of a detained relative		134		
People to whom a detention attestation was issued		6		

* Unaccompanied minors/separated children

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

² Guantanamo Bay internment facility, Cuba

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Health¹				
Number of visits carried out by health staff		6		
Number of places of detention visited by health staff		1		

¹ Guantanamo Bay internment facility, Cuba

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

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ the UN General Assembly adopted the Arms Trade Treaty, with the ICRC providing input on IHL-related language and on the consideration of various other humanitarian issues
- ▶ the UN secretary-general's reports and UN General Assembly resolutions referred to the goals of the Health Care in Danger project, while including ICRC recommendations on humanitarian access and other protection-related goals
- ▶ key actors at the 68th session of the General Assembly considered – in view of ICRC statements – IHL with regard to UN priorities such as humanitarian coordination/access, and IDPs, women and children in conflict
- ▶ UN agencies/bodies, including the Department of Peacekeeping Operations and the Office of Legal Affairs, shared with the ICRC their views on peacekeeping guidelines/policies, particularly in relation to IHL

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE (in KCHF)

Protection	-
Assistance	-
Prevention	2,252
Cooperation with National Societies	-
General	-

2,252

of which: Overheads 137

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	3
Resident staff (daily workers not included)	10

CONTEXT

The UN and the diplomatic community continued to deal with thematic global issues, including children in armed conflict, sexual violence in armed conflict, and other broad protection-related concerns. Strengthening coordination and leadership and establishing partnerships also figured prominently on the UN's agenda. Policy debates on humanitarian action tackled, *inter alia*, the operational relevance of humanitarian principles, access and consent for humanitarian activities, and partnerships among those conducting such activities, as well as how these issues applied to integrated missions.

The UN Security Council deliberated, among other things, on the situations in Afghanistan, the Central African Republic, the Democratic Republic of the Congo (hereafter DRC), Iraq, Israel and the occupied territories, Mali, Somalia, South Sudan, Sudan, the Syrian Arab Republic (hereafter Syria) and Yemen.

With the mounting humanitarian crisis in Syria, the Security Council adopted a resolution on chemical weapons and issued a presidential statement on the humanitarian situation in the country.

Upon the authorization of the Security Council and host States, peacekeeping missions to the DRC and Mali were granted more "robust" mandates, as illustrated by the creation of an intervention brigade in the DRC, enabling them to use force at the tactical level. The Council passed a resolution renewing the mandate of African Union Mission in Somalia (AMISOM), which remained under African Union command.

The UN encouraged the implementation of the Arms Trade Treaty, which was adopted by the General Assembly in April; it also tackled a number of other weapon-related challenges. In particular, the consequences of nuclear weapons gained renewed attention during the High-Level Meeting on Nuclear Disarmament that took place at the margins of the 68th Session of the General Assembly in September.

ICRC ACTION AND RESULTS

The ICRC's New York delegation maintained regular contact with UN bodies, member States and observers, and civil society organizations in order to ensure IHL's prominence in discussions on emerging humanitarian issues, raise awareness of humanitarian concerns in operational contexts and themes on the UN's agenda, and enlist support for neutral, impartial and independent humanitarian action. It also continued to offer its expertise on matters within its remit to UN bodies and member States, and drew on its contacts to stay abreast of humanitarian, political and legal developments relevant to its work.

The ICRC's interactions took place at various levels, including during the ICRC president's missions to New York. As a permanent observer at the UN, the ICRC was a regular presence at Security Council and General Assembly debates and other events, including the 68th Session of the General Assembly. It also had monthly meetings with the president of the Security Council and regular bilateral/multilateral meetings and events involving UN officials and representatives of member States.

Its privileged position as an expert briefer at the Security Council's three open debates enabled the ICRC to address Council members and highlight priority issues, such as those relating to the Health

Care in Danger project, the regulation of the use and trade of weapons, and IHL compliance. At the General Assembly session, and at events on its margins, the ICRC urged that humanitarian access and impediments to it be viewed through the lens of IHL and that protection for women and children during armed conflict be strengthened, including with regard to sexual violence. It also pursued cooperation with the Department of Peacekeeping Operations (DPKO) and the Office of Legal Affairs (OLA).

Several UN reports, resolutions and other documents and products incorporated ICRC-suggested language and recommendations. For instance, through its dialogue with different key actors and its statements in the run-up to the adoption of the Arms Trade Treaty, the ICRC contributed to reinforcing the humanitarian objective of the treaty and strengthening its IHL-related provisions. The UN secretary-general's reports took into account the ICRC's input on addressing attacks against patients and medical personnel and facilities in armed conflict, humanitarian coordination and access to people in need, and other protection-related matters. Security Council resolutions on peacekeeping missions and on sexual violence also paid heed to the ICRC's suggestions, as did a General Assembly resolution on strengthening humanitarian coordination.

ICRC delegates delivered briefings on specific issues, including on field operations, deepening understanding of IHL and the ICRC's mandate, clarifying the organization's position on key issues from a strictly humanitarian perspective and reaffirming the relevance of its neutral, impartial and independent approach to its operations on the ground.

The ICRC continued to coordinate closely with other organizations, UN-affiliated consortia and Movement partners. It also maintained contact with New York-based NGOs and think-tanks. Its contacts with UN-accredited media and academic institutions helped increase awareness of and interest in the ICRC's humanitarian concerns and activities.

AUTHORITIES AND CIVIL SOCIETY

UN bodies and member States consider IHL and humanitarian challenges

As a permanent observer at the UN, the ICRC helped position IHL and the importance of protecting civilians at the forefront of discussions on contemporary humanitarian issues. It engaged with the UN and its bodies, agencies and member States at various fora, including at the highest levels, and provided input on matters within its thematic and operational expertise.

Thus, it served as an expert briefer to the Security Council on three occasions – at two debates on the protection of civilians (February and August) and one on small arms and light weapons (September). The ICRC highlighted the need to protect people seeking/providing medical care, the importance of a strong Arms Trade Treaty, and IHL compliance. In formal statements to the General Assembly, the ICRC emphasized the significance of humanitarian coordination and access, the protection of women and children in armed conflict, the regulation of weapons, the rule of law and universal jurisdiction.

UN reports/resolutions address safe delivery of health care, regulation of weapons

As several States had also expressed their support for the goals of the Health Care in Danger project and the corresponding resolution adopted during the 31st International Conference,

the UN secretary-general's report, as well as the presidential statement on protecting civilians in armed conflicts adopted by the UN Security Council, referred to the need for parties to armed conflict to respect medical personnel and facilities, in keeping with their obligations under IHL.

A separate report of the UN secretary-general on strengthening humanitarian coordination, as well as a related resolution adopted by the UN General Assembly, used ICRC-suggested language and recommendations on the protection of medical services, humanitarian access to people in need and other protection-related matters. Other resolutions – e.g. relating to peacekeeping and to victims of sexual violence – were adopted, with ICRC input on IHL and the humanitarian impact of such issues.

Throughout the year, the ICRC stressed the importance of regulating the trade and use of weapons; its efforts contributed to the UN General Assembly's adoption of the Arms Trade Treaty in April. In the run-up to and during the final diplomatic conference on the treaty, ICRC input helped to strengthen the treaty's IHL-related provisions and to make its humanitarian concerns more explicit. Bilateral and group briefings for representatives of over 60 States stressed the importance of considering the humanitarian dimension of the arms trade. In further support of regulating weapon use, the ICRC vice-president appealed to States to end the use of nuclear weapons when he spoke at an event on the sidelines of the General Assembly session in September.

The ICRC and the DPKO reinforced their cooperation, jointly organizing their fourth annual workshop. They brought each other up to date on challenges and policy developments and discussed the applicability of IHL to peacekeeping operations in specific contexts. The OLA participated in the workshop and set out the UN's legal position.

At the Second Meeting of States Parties to the Convention on Enforced Disappearance, States were encouraged to ratify and/or implement the Convention and were made aware of an ICRC-developed model law in this regard. The UN's Rule of Law Unit sought the ICRC's advice on following up on the pledges made by States at the last high-level debate on the rule of law; they received input based on the pledging system of the International Conference.

ICRC president, other high-level officials highlight importance of IHL in bilateral/multilateral events

Over the course of several official missions to New York, the ICRC's president met senior UN officials and State representatives, including the entire Security Council, to discuss humanitarian issues/challenges, ICRC operations in contexts on the UN's agenda, and the ICRC's positions from a strictly humanitarian perspective. Other bilateral/multilateral interaction occurred between the ICRC and influential actors such as the UN secretariat, humanitarian focal points of member States and, on a monthly basis, the rotating president of the Security Council. Such contacts, including those that took place at the margins of the General Assembly session, helped enhance key actors' understanding of various issues from an IHL perspective and fostered their support for incorporating IHL and other matters of humanitarian concern in resolutions, reports and debates (see above).

Many officials received updates on the ICRC's major operations; these briefings underscored the ICRC's humanitarian concerns and the relevance of the organization's neutral, impartial and independent approach and its on-the-ground impact on operations.

Diplomats and academics also learnt about the ICRC's action and the challenges affecting the wider humanitarian community through the ICRC president's participation in events hosted by the International Peace Institute and the President of the Swiss Confederation. Over 90 State representatives added to their knowledge of IHL and ICRC operations at the 30th Annual Seminar on IHL for Diplomats co-organized by the New York University School of Law and the ICRC.

Humanitarian actors coordinate activities

Meetings with the UN Inter-Agency Standing Committee, at high and working levels, facilitated coordination of humanitarian activities and enabled the ICRC to monitor pertinent developments/policies, emphasize the importance of principled humanitarian action, and declare its priorities and concerns. Regular contacts with Movement partners, NGOs, think-tanks and UN-affiliated humanitarian organizations enhanced understanding of each other's roles and positions on pertinent issues and of the ICRC's distinct mandate. Some organizations consulted the ICRC on IHL-related matters.

Dialogue with States and organizations of regional influence expanded as part of efforts to engage all stakeholders with bearing on humanitarian issues.

Meanwhile, the aforementioned exchanges fed into the ICRC's own analysis of thematic issues and operational concerns.

Wider public learns about humanitarian principles and the Movement

UN-accredited media received ICRC press releases and publications to keep them updated on humanitarian and IHL-related developments, resulting in more accurate coverage of ICRC activities. Future lawyers, leaders and decision-makers enriched their knowledge of IHL at briefings and panel discussions for graduate students at various universities. The delegation also increased its social media presence and broadened its targeted communication initiatives.

MIDDLE EAST

KEY RESULTS/CONSTRAINTS

In 2013:

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

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

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

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

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

DELEGATIONS

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

REGIONAL DELEGATIONS

- Kuwait



 ICRC delegation  ICRC regional delegation  ICRC mission



Jessica BARRY / ICRC

MIDDLE EAST

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PROTECTION MAIN FIGURES AND INDICATORS

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

* Unaccompanied minors/separated children

PROTECTION

PEOPLE DEPRIVED OF THEIR FREEDOM

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

ASSISTANCE MAIN FIGURES AND INDICATORS

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

ASSISTANCE
WOUNDED AND SICK

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

EGYPT

COVERING: Egypt, League of Arab States



ICRC delegation

The ICRC has been in Egypt, with some interruptions, since the beginning of the Second World War. It works closely with the Egyptian Red Crescent Society to help it boost its preparedness to respond to emergency humanitarian needs arising from situations of violence, in particular focusing on first-aid care. It seeks to visit people detained in Egypt. The ICRC's regional legal advisory, communication and documentation centre works in close cooperation with the League of Arab States and other ICRC delegations to promote the incorporation of IHL into domestic legislation, military training and academic curricula throughout the Arab world.

KEY RESULTS/CONSTRAINTS

In 2013:

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

EXPENDITURE (in KCHF)

Protection	497
Assistance	55
Prevention	989
Cooperation with National Societies	619
General	-

2,160

of which: Overheads 132

IMPLEMENTATION RATE

Expenditure/yearly budget	100%
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PERSONNEL

Mobile staff	6
Resident staff (daily workers not included)	43

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	29
RCMs distributed	38
Phone calls facilitated between family members	6,814
People located (tracing cases closed positively)	34
People reunited with their families	5

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

CONTEXT

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

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

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

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

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

ICRC ACTION AND RESULTS

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

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

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

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

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

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

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

CIVILIANS

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

Injured people receive treatment from National Society first-aiders

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

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

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

Separated family members keep in touch

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

Vulnerable foreigners resettle abroad or return home

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

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

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

Palestinian refugees from Syria receive ad hoc support

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

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

Assistance planned for migrants in northern Sinai stalls

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

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees still not benefiting from ICRC visits

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

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

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

Families seek news of relatives allegedly detained

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

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

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

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

Weapon bearers enhance their awareness of international policing standards

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

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

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

Journalists hone first-aid skills

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

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

Doctors discuss protection of medical services during emergencies

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

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

Regional organizations promote IHL integration

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

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

RED CROSS AND RED CRESCENT MOVEMENT

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

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

Egyptian Red Crescent establishes communication department

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

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

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

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Cash	Beneficiaries	121	22%	53%
Work, services and training	Beneficiaries	2	50%	

IRAN, ISLAMIC REPUBLIC OF



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

KEY RESULTS/CONSTRAINTS

In 2013:

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

EXPENDITURE (in KCHF)

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

3,815

of which: Overheads 233

IMPLEMENTATION RATE

Expenditure/yearly budget	82%
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PERSONNEL

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

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

CONTEXT

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

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

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

ICRC ACTION AND RESULTS

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

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

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

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

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

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

CIVILIANS

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

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

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

Iranians hone forensic expertise

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

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

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

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

Separated family members keep in touch

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

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

National Society staff better equipped to provide family-links services

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

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

IRMAC launches initiative to assist civilian mine victims

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

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

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

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

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

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

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

Scholars/researchers consider similarities between Islam and IHL

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

Experts discuss health care delivery during emergencies

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

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

Civil society raises awareness of IHL and humanitarian concerns

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

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

Lecturers express interest in offering IHL courses

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

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

RED CROSS AND RED CRESCENT MOVEMENT

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

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

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

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		139		
RCMs distributed		79		
Reunifications, transfers and repatriations				
Human remains transferred/repatriated		82		
Tracing requests, including cases of missing persons¹				
People for whom a tracing request was newly registered		153	37	67
People located (tracing cases closed positively)		79		
	<i>including people for whom tracing requests were registered by another delegation</i>	13		
Tracing cases still being handled at the end of the reporting period (people)		296	65	117
UAMs/SCs*, including unaccompanied demobilized child soldiers				
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		5	2	
Documents				
Official documents relayed between family members across border/front lines		13		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Restoring family links				
RCMs collected		53		
RCMs distributed		111		
People to whom a detention attestation was issued		623		

* Unaccompanied minors/separated children

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



+ ICRC delegation + ICRC sub-delegation + ICRC office
+ ICRC-supported prosthetic/orthotic centre * Amman: Iraq support office

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS

In 2013:

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

EXPENDITURE (in KCHF)	
Protection	14,055
Assistance	32,862
Prevention	8,287
Cooperation with National Societies	1,278
General	-
	56,481

of which: Overheads 3,447

IMPLEMENTATION RATE	
Expenditure/yearly budget	85%

PERSONNEL	
Mobile staff	98
Resident staff (daily workers not included)	736

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

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

CONTEXT

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

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

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

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

ICRC ACTION AND RESULTS

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

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

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

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

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

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

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

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

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

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

CIVILIANS

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

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

Displaced people receive food and household items

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

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

Vulnerable households restore/increase self-sufficiency

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

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

People in violence-affected communities reduce vulnerability to disease

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

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

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

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

324 sets of human remains handed over to Iranian authorities

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

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

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

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

PEOPLE DEPRIVED OF THEIR FREEDOM

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

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

Detainees see concrete improvements in living conditions

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

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

Inmates inform family members of their whereabouts

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

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

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

WOUNDED AND SICK

Wounded people receive timely care from trained providers

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

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

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

Doctors become more adept at orthotic patient care

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

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

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

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

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

Officials facilitate provision of assistance to vulnerable people

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

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

Various actors broaden their awareness of humanitarian issues

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

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

Iraqi military expands pool of IHL trainers

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

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

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

Domestic implementation of IHL stalls

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

MAIN FIGURES AND INDICATORS: PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages (RCMs)		UAMs/SCs*	
RCMs collected	208		
RCMs distributed	293		
Phone calls facilitated between family members	374		
Reunifications, transfers and repatriations			
Human remains transferred/repatriated	324		
Tracing requests, including cases of missing persons¹		Women	Minors
People for whom a tracing request was newly registered	127	24	31
People located (tracing cases closed positively)	40		
Tracing cases still being handled at the end of the reporting period (people)	2,379	40	110
Documents			
People to whom travel documents were issued	257		
Official documents relayed between family members across border/front lines	4		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)²			
ICRC visits		Women	Minors
Detainees visited	39,563	1,014	1,540
Detainees visited and monitored individually	604	22	13
Detainees newly registered	241	7	11
Number of visits carried out	209		
Number of places of detention visited	74		
Restoring family links			
RCMs collected	927		
RCMs distributed	588		
Phone calls made to families to inform them of the whereabouts of a detained relative	2,192		
Detainees visited by their relatives with ICRC/National Society support	118		
People to whom a detention attestation was issued	2,235		

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

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

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

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

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

RED CROSS AND RED CRESCENT MOVEMENT

National Society steps up disaster preparedness

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

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

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

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

ISRAEL AND THE OCCUPIED TERRITORIES



KEY RESULTS/CONSTRAINTS

In 2013:

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

EXPENDITURE (in KCHF)	
Protection	15,357
Assistance	20,879
Prevention	4,108
Cooperation with National Societies	4,032
General	-

44,375

of which: Overheads 2,708

IMPLEMENTATION RATE	
Expenditure/yearly budget	95%

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

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

YEARLY RESULT

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

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

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

CONTEXT

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

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

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

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

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

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

ICRC ACTION AND RESULTS

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

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

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

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

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

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

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

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

CIVILIANS

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

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

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

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

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

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

Direct victims of Israeli occupation improve their economic prospects

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

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

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

Gaza Strip residents become less vulnerable to diseases

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

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

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

People overcome movement restrictions

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

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

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

PEOPLE DEPRIVED OF THEIR FREEDOM

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

Vulnerable detainees receive attention/assistance

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

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

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

Inmates maintain contact with relatives

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

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

Detainees in Palestinian prisons see marked improvement in living conditions

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

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

WOUNDED AND SICK

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

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

Gaza Strip residents receive medical care at ICRC-supported hospitals

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

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

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

Disabled patients access specialized services/treatment

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

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

Wounded Syrians receive ad hoc assistance

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

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

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

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

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

IDF discusses opportunities for training support

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

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

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

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

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

Young people enhance their awareness of IHL

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

RED CROSS AND RED CRESCENT MOVEMENT

National Societies boost emergency response capacities

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

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

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

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

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

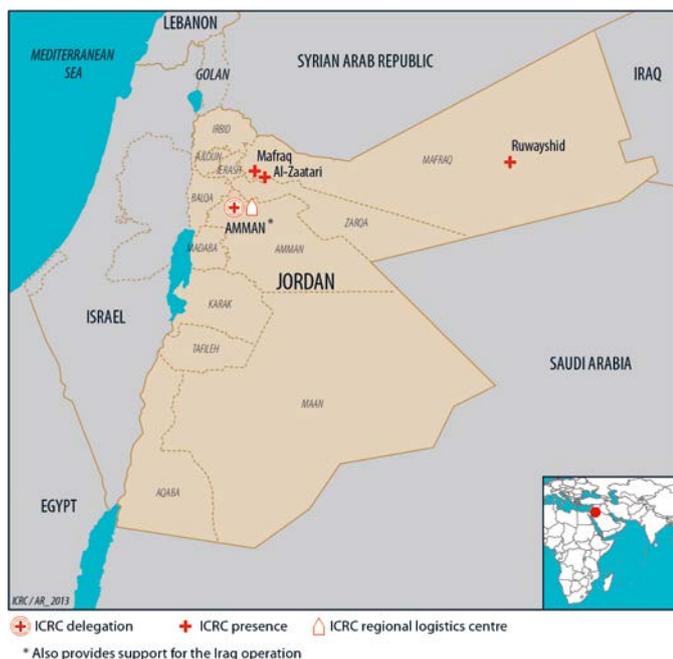
MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
			UAMs/SCs*	
RCMs collected	1,498			
RCMs distributed	1,684			
Phone calls facilitated between family members	5			
Reunifications, transfers and repatriations				
People transferred/repatriated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

* Unaccompanied minors/separated children

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

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

JORDAN



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

YEARLY RESULT

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

KEY RESULTS/CONSTRAINTS

In 2013:

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

EXPENDITURE (in KCHF)

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

11,012

of which: Overheads **672**

IMPLEMENTATION RATE

Expenditure/yearly budget	87%
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PERSONNEL

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

PROTECTION

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

ASSISTANCE

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

WOUNDED AND SICK

Hospitals	Structures	1	1
Hospitals supported	Structures	1	1

Comments

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

CONTEXT

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

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

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

ICRC ACTION AND RESULTS

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

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

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

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

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

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

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

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

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

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

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

CIVILIANS

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

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

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

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

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

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

Syrian families not staying in refugee camps also receive assistance

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

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

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

Fleeing Syrians keep in touch with relatives

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

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

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

Jordanians and foreign nationals contact relatives abroad

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

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

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

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

PEOPLE DEPRIVED OF THEIR FREEDOM

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

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

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

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

Detaining authorities work on improving health care for inmates

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

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

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

Detainees and internees restore contact with their relatives

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

Detainees and internees, including Palestinians and Syrians, receive assistance

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

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

WOUNDED AND SICK

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

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

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

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

National IHL committee and mine action receive a boost

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

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

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

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

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

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

Key actors increase their awareness of the Movement

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

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

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

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

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

RED CROSS AND RED CRESCENT MOVEMENT

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

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

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

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	202,028	55%	20%
	<i>of whom IDPs</i>	202,028		
Essential household items ¹	Beneficiaries	15,310	19%	14%
	<i>of whom IDPs</i>	10,167		
Cash ¹	Beneficiaries	5,000	55%	20%
	<i>of whom IDPs</i>	5,000		
Water and habitat activities	Beneficiaries	335,000	40%	30%
	<i>of whom IDPs</i>	335,000		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items ¹	Beneficiaries	21,710		
Water and habitat activities	Beneficiaries	2,158		
Health				
Number of visits carried out by health staff		9		
Number of places of detention visited by health staff		8		
WOUNDED AND SICK¹				
Hospitals				
Hospitals supported	Structures	1		
First aid				
First-aid posts supported	Structures	7		

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

LEBANON



KEY RESULTS/CONSTRAINTS

In 2013:

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

EXPENDITURE (in KCHF)

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

18,297

of which: Overheads 1,106

IMPLEMENTATION RATE

Expenditure/yearly budget	108%
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PERSONNEL

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

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

YEARLY RESULT

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

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

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

CONTEXT

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

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

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

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

ICRC ACTION AND RESULTS

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

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

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

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

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

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

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

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

CIVILIANS

Syrian refugees cope with displacement

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

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

Syrian refugees and resident communities enjoy better access to water

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

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

Authorities reminded of obligations under IHL towards people fleeing Syria

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

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

Separated family members restore contact

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

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

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

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

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

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

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

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees' treatment and living conditions monitored

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

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

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

Authorities work to improve health care for detainees

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

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

Detainees maintain family links

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

WOUNDED AND SICK

Wounded people receive timely treatment

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

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

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

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

National Society EMS boosts its capacities

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

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

Emergency responders hone their skills

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

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

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

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

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

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

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

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

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

Armed/security forces draw on ICRC expertise

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

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

Foreign Affairs Ministry seeks ICRC feedback on draft law

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

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

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

RED CROSS AND RED CRESCENT MOVEMENT

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

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

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

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

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

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

* Unaccompanied minors/separated children

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

SYRIAN ARAB REPUBLIC



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

KEY RESULTS/CONSTRAINTS

In 2013:

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

EXPENDITURE (in KCHF)	
Protection	1,788
Assistance	71,611
Prevention	2,043
Cooperation with National Societies	5,841
General	-

81,283

of which: Overheads **4,948**

IMPLEMENTATION RATE	
Expenditure/yearly budget	80%

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

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

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 4,050,000	3,567,485
Essential household items	Beneficiaries 1,350,000	1,066,212
Cash	Beneficiaries 25,000	
Work, services and training	Beneficiaries 25,000	
Water and habitat activities	Beneficiaries 12,500,000	20,000,000

Health		Targets	Achieved
Health centres supported	Structures	9	6

WOUNDED AND SICK		Targets	Achieved
Hospitals			
Hospitals supported	Structures		18

Comments

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

CONTEXT

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

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

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

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

ICRC ACTION AND RESULTS

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

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

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

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

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

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

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

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

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

CIVILIANS

Insecurity and government restrictions jeopardize aid delivery

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

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

Millions survive with the help of emergency relief

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

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

IDPs/residents access clean water despite widespread destruction

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

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

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

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

Parties to the conflict urged to respect IHL

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

Some people restore contact with relatives

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

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

Volunteers develop family-links and other capacities

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

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

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

Golan apple-growers increase their incomes

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

PEOPLE DEPRIVED OF THEIR FREEDOM

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

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

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

Detainees trapped by fighting receive help

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

Families await information on detained relatives

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

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

WOUNDED AND SICK

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

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

Disregard for medical services persists

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

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

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

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

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

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

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

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

Parties to the conflict maintain limited dialogue with the ICRC

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

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

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

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

Humanitarian issues communicated in a complex environment

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

RED CROSS AND RED CRESCENT MOVEMENT

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

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

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

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

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

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

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	3,567,485	30%	40%
	<i>of whom IDPs</i>	Beneficiaries		
Essential household items	Beneficiaries	1,066,212	30%	40%
	<i>of whom IDPs</i>	Beneficiaries		
Water and habitat activities	Beneficiaries	20,000,000	30%	40%
	<i>of whom IDPs</i>	Beneficiaries		
Health¹				
Health centres supported	Structures	6		
Average catchment population		6,692,750		
Consultations	Patients	31,020		
	<i>of which curative</i>	Patients	8,672	13,676
Immunizations	Doses	704		
	<i>of which for children aged five or under</i>	Doses		
		704		
WOUNDED AND SICK¹				
Hospitals				
Hospitals supported	Structures	18		

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

YEMEN



+ ICRC delegation + ICRC sub-delegation + ICRC office
+ ICRC-supported prosthetic/orthotic centre

KEY RESULTS/CONSTRAINTS

In 2013:

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

EXPENDITURE (in KCHF)	
Protection	2,854
Assistance	18,346
Prevention	2,637
Cooperation with National Societies	1,228
General	-
	25,065

of which: Overheads 1,530

IMPLEMENTATION RATE	
Expenditure/yearly budget	74%

PERSONNEL	
Mobile staff	49
Resident staff (daily workers not included)	214

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

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

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

CONTEXT

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

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

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

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

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

ICRC ACTION AND RESULTS

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

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

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

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

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

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

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

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

CIVILIANS

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

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

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

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

Local water boards contribute to restoring water supply

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

Struggling communities work towards self-sufficiency

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

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

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

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

Women and children receive good-quality preventive/curative care

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

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

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

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

Families learn the fate of relatives

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

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

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

PEOPLE DEPRIVED OF THEIR FREEDOM

Some detainees remain inaccessible to the ICRC

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

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

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

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

Detainees see improved living conditions

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

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

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

WOUNDED AND SICK

Dialogue urges respect for medical services

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

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

Wounded people are stabilized and referred to higher-level care

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

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

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

On-site support improves service delivery

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

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

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

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

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

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

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

Weapon bearers increase understanding of IHL and humanitarian action

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

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

Media draw attention to dangers facing health-care services

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

Influential figures point out compatibility of Islam and IHL

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

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

* Unaccompanied minors/separated children

Authorities explore domestic IHL implementation

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

RED CROSS AND RED CRESCENT MOVEMENT

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

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

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

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

KUWAIT (regional)

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



ICRC regional delegation

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

KEY RESULTS/CONSTRAINTS

In 2013:

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

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

EXPENDITURE (in KCHF)	
Protection	1,581
Assistance	201
Prevention	1,287
Cooperation with National Societies	458
General	255

3,782

of which: Overheads 231

IMPLEMENTATION RATE	
Expenditure/yearly budget	98%
PERSONNEL	
Mobile staff	10
Resident staff (daily workers not included)	23

CONTEXT

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

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

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

ICRC ACTION AND RESULTS

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

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

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

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

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

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

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

CIVILIANS

Some separated family members keep in touch

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

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

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

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

Efforts to ascertain the fate of missing persons continue

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

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Bahrain, Kuwait and Qatar receive ICRC visits

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

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

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

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

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

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

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

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

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

Iraqi former POWs helped by attestations of captivity

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

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

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

Authorities and civil society learn more about IHL and humanitarian issues

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

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

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

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

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

Military officers discuss IHL integration at regional seminar

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

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

Domestic IHL implementation continues

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

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

RED CROSS AND RED CRESCENT MOVEMENT

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

Qatari Red Crescent hosts regional disaster preparedness workshops

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

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

National Societies enhance their family-links services

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

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

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

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

* Unaccompanied minors/separated children

1. Not including people missing as a consequence of the 1990–91 Gulf War
2. Bahrain, Kuwait, Qatar

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

1. Bahrain, Kuwait, Qatar

MAIN FIGURES AND INDICATORS

PROTECTION FIGURES AND INDICATORS

	WORLD	AFRICA	ASIA & THE PACIFIC	EUROPE & THE AMERICAS	MIDDLE EAST
PEOPLE DEPRIVED OF THEIR FREEDOM					
All categories/all statuses					
Detainees visited	756,158	264,182	218,068	178,378	95,530
Detainees visited and monitored individually	23,473	6,904	6,758	2,883	6,928
Detainees newly registered during the reporting period	13,239	4,738	3,291	657	4,553
Detainees released	21,615	2,455	4,558	595	14,007
of whom repatriated or transferred by/via the ICRC	143	133	5	2	3
Number of visits carried out	4,863	2,006	872	801	1,184
Number of places of detention visited	1,728	707	440	292	289
Number of contexts	96	43	14	30	9
Number of detainees who benefited from the ICRC's family visits programme	13,076	131	4,307	2,014	6,624
Detained women					
Women visited	43,853	11,773	14,927	14,009	3,144
Women detainees visited and monitored individually	773	126	154	205	288
Women detainees newly registered during the reporting period	449	75	77	53	244
Women detainees released	237	31	72	31	103
Number of women who benefited from the ICRC's family visits programme	92		40	51	1
Detained minors					
Detained minors visited	11,077	4,308	2,432	1,897	2,440
Detained minors visited and monitored individually	1,226	282	473	18	453
Detained minors newly registered during the reporting period	1,111	267	426	14	404
Detained minors released	1,358	110	271	4	973
Detained minors who benefited from the ICRC's family visits programme	75		66	9	
International armed conflicts (Third Geneva Convention)					
Prisoners of war (POWs) visited	128	28		100	
POWs newly registered during the reporting period	5	4		1	
POWs released	17	6		11	
of whom repatriated or transferred by/via the ICRC	5	5			
Number of visits carried out	30	13		17	
Number of places visited	7	4		3	
International armed conflicts (Fourth Geneva Convention)					
Civilian internees (CIs) and others visited	2,690			7	2,683
CIs and others newly registered during the reporting period	1,583			2	1,581
CIs and others released	12,378			2	12,376
of whom repatriated or transferred by/via the ICRC	4			2	2
Number of visits carried out	380			5	375
Number of places visited	39			2	37
RESTORING FAMILY LINKS					
Red Cross messages (RCMs)					
RCMs collected	135,139	103,311	19,283	2,012	10,533
of which from detainees	21,435	5,162	11,339	1,596	3,338
of which from unaccompanied minors/separated children	3,755	3,711		44	
of which from civilians	109,949	94,438	7,944	372	7,195
RCMs distributed	112,413	85,211	18,311	1,464	7,427
of which to detainees	13,865	3,231	6,949	1,117	2,568
of which to unaccompanied minors/separated children	2,832	2,824		8	
of which to civilians	95,716	79,156	11,362	339	4,859
RCMs not distributed (back to sender)	7,974	6,917	201	251	605
Other means of family contact					
Telephone calls facilitated between family members (by cellular or satellite phone)	357,058	325,646	3,621	13,044	14,747
Telephone calls made to families to inform them of the whereabouts of a detained relative	10,664	1,937	2,653	216	5,858
Names published in the media	10,680	9,320	1,360		
Names published on the ICRC website	31,492	15,877	5,465	10,150	

	WORLD	AFRICA	ASIA & THE PACIFIC	EUROPE & THE AMERICAS	MIDDLE EAST
Reunifications, transfers and repatriations					
People reunited with their families	1,736	1,537		189	10
Civilians transferred	1,695	890		570	235
Human remains transferred	664	1	620	17	26
Civilians repatriated	37	22	5	1	9
Human remains repatriated	412				412
Tracing requests					
People for whom a tracing request was newly registered	10,786	3,945	1,727	2,589	2,525
of whom women	1,527	650	147	431	299
of whom minors at the time of disappearance	2,180	1,327	294	179	380
Tracing requests closed positively (person located)	4,297	1,638	1,256	962	441
Tracing requests closed negatively (person not located)	3,853	2,201	804	491	357
Tracing requests still being handled at the end of the reporting period	51,204	6,372	20,585	18,891	5,356
of which for women	4,644	811	1,369	2,101	363
of which for minors at the time of disappearance	5,591	1,735	2,522	799	535
Missing persons ¹					
Cases of missing persons newly opened	2,422		140	2,282	
of whom women	359		23	336	
of whom minors when reported missing	126		29	97	
Cases of missing persons closed positively	833		87	745	1
Cases of missing persons closed negatively	327		58	269	
Cases of missing persons still being handled at the end of the reporting period	40,215	41	20,050	18,715	1,409
of whom women	3,339		1,276	2,059	4
of whom minors at the time of disappearance	3,128		2,347	743	38
Unaccompanied minors (UAMs) and separated children (SCs)					
UAMs/SCs newly registered	2,694	2,690		1	3
by the ICRC and/or the National Society	2,679	2,676		1	2
of whom girls	851	850			1
UAMs/SCs reunited with their families ³	2,194	2,186	7	1	
by the ICRC and/or the National Society	1,476	1,476			
of whom girls	437	437			
UAMs/SCs cases still being handled at the end of the reporting period	1,794	1,759	24	3	8
of whom girls	583	571	8		4
Unaccompanied demobilized child soldiers ²					
Demobilized child soldiers newly registered	775	775			
by the ICRC and/or the National Society	775	775			
of whom girls	45	45			
Demobilized child soldiers reunited with their families ³	738	731	7		
by the ICRC and/or the National Society	578	578			
of whom girls	49	49			
Cases of demobilized child soldiers still being handled at the end of the reporting period	346	340	6		
of whom girls	11	11			
DOCUMENTS ISSUED					
People to whom travel documents were issued	4,420	304	783	55	3,278
People to whom a detention attestation was issued	21,515	767	814	471	19,463
Other attestations issued	1,321	21	1,110	145	45
Documents transmitted/transferred	1,493	126	257	54	1,056
PERSONS SOLICITING ICRC OFFICES IN THE FIELD					
People who visited or telephoned ICRC offices	768,005	24,331	60,206	25,137	658,331

1. Figures for missing persons are included in the figures for tracing requests above.

2. Figures for unaccompanied demobilized child soldiers are included in the figures for unaccompanied minors and separated children above.

3. Figures for unaccompanied minors and separated children and unaccompanied demobilized child soldiers reunited with their families are included in the figure *People reunited with their families* above

ASSISTANCE FIGURES AND INDICATORS

	WORLD ¹	AFRICA	ASIA & THE PACIFIC	EUROPE & THE AMERICAS	MIDDLE EAST
ECONOMIC SECURITY (Number of beneficiaries)					
Civilians (residents, returnees, etc.)					
Essential household items	1,142,878	552,729	422,414	74,272	93,463
Food commodities	2,321,729	1,630,787	639,660	26,526	24,756
Cash	839,703	588,885	170,460	11,392	68,966
Productive inputs	4,261,976	3,078,753	813,692	15,788	353,743
Vouchers	35,772	24,569	11,200	3	
Work, services and training	3,093,976	2,771,359	272,712	19,363	30,542
Internally displaced people					
Essential household items	1,875,774	444,415	316,391	23,914	1,091,054
Food commodities	4,434,765	503,116	133,763	21,434	3,776,452
Cash	181,522	87,457	71,114	17,647	5,304
Productive inputs	344,218	312,880	25,829	4,467	1,042
Vouchers	7,830	7,830			
Work, services and training	431,690	385,606	161	45,913	10
Detainees					
Essential household items	447,716	235,903	140,739	20,676	50,398
Food commodities	29,456	26,786	1,678	988	4
Cash	4,311	3,817	21	473	
Productive inputs	12,493	9,505		2,988	
Work, services and training	12	10	2		
Total for all target populations					
Essential household items	3,466,368	1,233,047	879,544	118,862	1,234,915
Food commodities	6,785,950	2,160,689	775,101	48,948	3,801,212
Cash	1,025,536	680,159	241,595	29,512	74,270
Productive inputs	4,618,687	3,401,138	839,521	23,243	354,785
Vouchers	43,602	32,399	11,200	3	
Work, services and training	3,525,678	3,156,975	272,875	65,276	30,552
WATER AND HABITAT (Number of beneficiaries)					
Civilians (residents, returnees, etc.)					
Water and habitat activities (number of beneficiaries)	23,846,401	3,125,455	568,867	318,066	19,834,013
Internally displaced people					
Water and habitat activities (number of beneficiaries)	4,521,129	805,385	28,871	11,348	3,675,525
Detainees					
Water and habitat activities (number of beneficiaries)	339,235	168,443	117,047	46,025	7,720
Wounded and sick					
Water and habitat activities (number of beds)	16,864	5,653	4,519	4,398	2,294
Total for all projects all target populations					
Water and habitat activities (number of beneficiaries)	28,706,765	4,099,283	714,785	375,439	23,517,258
Water and habitat activities (number of beds)	16,864	5,653	4,519	4,398	2,294
COMMUNITY HEALTH (Number of beneficiaries)					
Health centres supported					
Number of health centres supported	454	101	239	79	35
Monthly average of health centres supported	265	90	124	27	24
Estimated population covered by these health centres (monthly average)	11,451,063	2,265,533	1,789,303	193,112	7,203,115

1. Sum of available data, which may not always reflect the full extent of ICRC operations

	WORLD ¹	AFRICA	ASIA & THE PACIFIC	EUROPE & THE AMERICAS	MIDDLE EAST
Activities					
Number of ante/post-natal consultations (total)	380,270	251,535	91,283	155	37,297
Age ≥ 15	380,270	251,535	91,283	155	37,297
Number of immunization activities (total)	1,912,793	1,146,028	482,286	1,389	283,090
Age ≤ 5	1,742,773	1,092,578	372,247	527	277,421
5 < Age < 15	288			288	
Age ≥ 15	169,732	53,450	110,039	574	5,669
Of which: number of polio immunizations (total)	390,107	276,596	430	142	112,939
Age ≤ 5	390,106	276,596	430	141	112,939
5 < Age < 15	1			1	
Number of curative consultations (total)	3,949,830	2,296,456	1,083,258	27,319	542,797
Age ≤ 5	787,160	461,521	203,782	1,283	120,574
5 < Age < 15	919,113	536,615	276,498	1,593	104,407
Age ≥ 15	2,243,557	1,298,320	602,978	24,443	317,816
Of which: number of females attending curative consultations (total)	2,036,363	1,202,672	541,407	6,038	286,246
Age ≤ 5	393,966	230,761	101,891	633	60,681
5 < Age < 15	469,655	270,073	138,249	572	60,761
Age ≥ 15	1,172,742	701,838	301,267	4,833	164,804
Number of health education sessions held (total)	28,459	15,534	12,526	39	360
Number of cases referred from first- to second-line health facilities (total)	74,089	65,287	514	177	8,111
Age ≤ 5	11,057	9,478	91	28	1,460
5 < Age < 15	19,222	16,975	133	5	2,109
Age ≥ 15	43,810	38,834	290	144	4,542
Of which: number of gynaecological/obstetric cases referred (total)	20,467	19,361	190	17	899
5 < Age < 15	1			1	
Age ≥ 15	20,466	19,361	190	16	899
HOSPITAL SUPPORT					
Hospitals supported					
Number of supported hospitals that provided statistics	100	49	19	4	28
Number of supported hospitals that did not provide statistics	226	71	88	29	38
Monthly average of supported hospitals that provided statistics	60	26	17	2	15
Monthly average of supported hospitals that did not provide statistics	83	34	30	8	11
Activities					
Number of patients whose treatment was paid for by the ICRC (new patients only)	3,442	1,496	239	839	868
Women	459	94	54	268	43
Men	2,581	1,280	154	386	761
Girls 5 < Age < 15	125	39	13	63	10
Boys 5 < Age < 15	183	59	8	76	40
Girls ≤ 5 years	39	10	3	21	5
Boys ≤ 5 years	55	14	7	25	9
Inpatient surgical activities					
Number of weapon-wounded patients admitted (total)	13,598	6,639	3,134	182	3,643
Women	1,617	862	329	20	406
Men	10,642	5,259	2,704	162	2,517
Girls < 15 years	283	205	69		9
Boys < 15 years	364	313	32		19
Age and sex unknown	692				692

1. Sum of available data, which may not always reflect the full extent of ICRC operations

	WORLD ¹	AFRICA	ASIA & THE PACIFIC	EUROPE & THE AMERICAS	MIDDLE EAST
Of which: number of patients admitted with injuries caused by mines or explosive remnants of war (total)	1,471	304	1,041	122	4
Women	190	68	101	20	1
Men	1,219	199	915	102	3
Girls < 15 years	12	8	4		
Boys < 15 years	50	29	21		
Number of non-weapon-wounded surgical cases admitted (total)	112,365	17,553	48,616	962	45,234
Women	17,850	5,339	12,148	184	179
Men	34,448	8,846	24,612	254	736
Girls < 15 years	6,957	1,539	4,992	300	126
Boys < 15 years	9,112	1,829	6,864	224	195
Age and sex unknown	43,998				43,998
Number of operations performed	149,909	42,153	65,149	1,074	41,533
Inpatient medical activities					
Number of medical patients admitted (total)	242,094	56,787	118,964	1,603	64,740
Women	56,593	14,889	41,177	527	
Men	38,378	10,945	27,072	361	
Girls 5 < Age < 15	13,784	5,012	8,606	166	
Boys 5 < Age < 15	16,209	5,539	10,528	142	
Girls ≤ 5 years	23,926	9,688	14,038	200	
Boys ≤ 5 years	28,464	10,714	17,543	207	
Age and sex unknown	64,740				64,740
Inpatient gynaecological/obstetric activities					
Number of gynaecological/obstetric patients admitted (total)	194,508	24,889	83,088	1,088	85,443
Women	107,245	24,776	81,381	1,088	
Girls < 15 years	1,820	113	1,707		
Age unknown	85,443				85,443
Outpatient activities, including specialized clinics					
Number of surgical outpatients treated (total)	468,700	42,423	203,231		223,046
Women	79,615	11,685	67,930		
Men	117,916	17,943	99,973		
Girls 5 < Age < 15	10,238	3,025	7,213		
Boys 5 < Age < 15	16,140	4,341	11,799		
Girls ≤ 5 years	9,735	2,279	7,456		
Boys ≤ 5 years	12,010	3,150	8,860		
Age and sex unknown	223,046				223,046
Number of medical outpatients treated (total)	674,113	144,249	303,147		226,717
Women	161,452	51,518	109,934		
Men	150,767	43,579	107,188		
Girls 5 < Age < 15	28,026	10,563	17,463		
Boys 5 < Age < 15	35,153	11,288	23,865		
Girls ≤ 5 years	33,568	12,824	20,744		
Boys ≤ 5 years	38,430	14,477	23,953		
Age and sex unknown	226,717				226,717
Number of gynaecological/obstetric outpatients treated (total)	256,280	33,555	159,998		62,727
Women	189,079	32,973	156,106		
Girls 5 < Age < 15	4,474	582	3,892		
Age unknown	62,727				62,727
First-aid activities					
First-aid posts supported					
Number of supported first-aid posts that provided statistics	81	35	43		3
Number of supported first-aid posts that did not provide statistics	25	3		4	18
Monthly average of supported first-aid posts that provided statistics	45	33	9		3
Monthly average of supported first-aid posts that did not provide statistics	13	2		2	9

1. Sum of available data, which may not always reflect the full extent of ICRC operations

	WORLD ¹	AFRICA	ASIA & THE PACIFIC	EUROPE & THE AMERICAS	MIDDLE EAST
Number of wounded treated in the first-aid posts (total)	14,547	311	13,597		639
Women	8,048	41	7,986		21
Men	5,681	247	5,031		403
Girls < 15 years	338	5	328		5
Boys < 15 years	282	18	252		12
Age and sex unknown	198				198
PHYSICAL REHABILITATION					
Number of physical rehabilitation centres supported (total)	93	30	33	12	18
Activities					
Number of patients receiving services from the centres (total)	283,691	26,061	133,687	20,508	103,435
Women	51,500	5,245	19,971	5,766	20,518
Men	144,351	12,983	75,212	11,827	44,329
Girls < 15 years	36,131	3,469	14,231	1,322	17,109
Boys < 15 years	51,709	4,364	24,273	1,593	21,479
Number of amputees receiving services from the centres (total)	85,375	9,047	45,379	3,011	27,938
Women	10,987	1,804	4,158	780	4,245
Men	67,827	6,619	39,578	2,000	19,630
Girls < 15 years	2,719	282	527	87	1,823
Boys < 15 years	3,842	342	1,116	144	2,240
Number of new patients fitted with prostheses (new to the ICRC) (total)	9,146	1,899	4,985	576	1,686
Women	1,410	358	577	156	319
Men	7,012	1,422	4,055	379	1,156
Girls < 15 years	243	53	105	16	69
Boys < 15 years	481	66	248	25	142
Number of prostheses delivered (total)	22,119	4,750	12,033	840	4,496
Women	2,981	913	1,281	188	599
Men	17,644	3,539	10,072	593	3,440
Girls < 15 years	534	122	217	20	175
Boys < 15 years	960	176	463	39	282
Of which: number of prostheses delivered to mine victims (total)	7,681	745	5,621	108	1,207
Women	516	92	364	8	52
Men	7,021	627	5,156	99	1,139
Girls < 15 years	37	12	20	1	4
Boys < 15 years	107	14	81		12
Number of non-amputees receiving services from the centres (total)	198,316	17,014	88,308	17,497	75,497
Women	40,480	3,408	15,814	4,985	16,273
Men	76,530	6,370	35,633	9,828	24,699
Girls < 15 years	33,423	3,193	13,709	1,235	15,286
Boys < 15 years	47,883	4,043	23,152	1,449	19,239
Number of new patients fitted with orthoses (new to the ICRC) (total)	31,211	2,180	10,841	2,022	16,168
Women	5,664	375	1,857	318	3,114
Men	9,657	564	3,866	307	4,920
Girls < 15 years	6,673	541	1,803	723	3,606
Boys < 15 years	9,217	700	3,315	674	4,528
Number of orthoses delivered (total)	68,077	5,044	22,554	3,419	37,060
Women	11,759	977	3,437	544	6,801
Men	20,710	1,228	7,533	614	11,335
Girls < 15 years	14,463	1,154	4,049	1,133	8,127
Boys < 15 years	21,145	1,685	7,535	1,128	10,797
Of which: number of orthoses delivered to mine victims (total)	1,997	30	364	29	1,574
Women	469	4	28	5	432
Men	1,031	22	309	24	676
Girls < 15 years	232	1	6		225
Boys < 15 years	265	3	21		241

1. Sum of available data, which may not always reflect the full extent of ICRC operations

	WORLD ¹	AFRICA	ASIA & THE PACIFIC	EUROPE & THE AMERICAS	MIDDLE EAST
Number of patients receiving physiotherapy	134,742	13,256	70,256	6,173	45,057
Women	27,925	2,970	11,834	3,300	9,821
Men	58,633	6,524	33,633	2,209	16,267
Girls < 15 years	21,147	1,545	9,684	290	9,628
Boys < 15 years	27,037	2,217	15,105	374	9,341
Crutches and sticks delivered (total units)	38,679	11,636	22,798	91	4,154
Women	6,518	2,634	2,722	24	1,138
Men	25,516	6,513	16,839	63	2,101
Girls < 15 years	1,851	967	516	3	365
Boys < 15 years	4,794	1,522	2,721	1	550
Wheelchairs delivered (total)	3,755	869	2,435	65	386
Women	765	185	504	14	62
Men	2,319	516	1,498	41	264
Girls < 15 years	245	75	144	5	21
Boys < 15 years	426	93	289	5	39
Components delivered to non-ICRC projects					
Artificial feet	3,842		3,842		
Artificial knees	738		738		
Alignment systems	2,498		2,498		
Orthotic knee joints (pairs)	529		529		

Note: Figures in these tables are in some cases rounded off, may vary slightly from the figures presented in other documents and may result in rounding-off addition differences.

1. Sum of available data, which may not always reflect the extent of ICRC operations

FINANCE AND ADMINISTRATION

THE FINANCIAL YEAR 2013

The 2013 financial exercise presented a consolidated excess of KCHF 92,960, compared with a deficit of KCHF -21,563 in 2012. The major drivers for this surplus were: a significant increase in donor support, the impact of the restructuring of the pension plan and the relatively calm year for the financial market. Due to the intensity of needs related to key operations in 2013, field expenditures amounted to KCHF 1,045,078, which represented an increase of KCHF 115,629. Field operations were overfunded by KCHF 32,816 (2012: KCHF -50,720), to which a balance brought forward of KCHF 3,869 from 2012 must be added. This funding excess of KCHF 36,685 was actually the net difference between underfunded operations, which amounted to KCHF -15,421, and earmarked overfunded operations, which amounted to KCHF 52,106. The quality of loosely and non-earmarked funding, of paramount importance to the ICRC's operational capacity, dropped to 36% (2012: 40%).

EMERGENCY APPEALS

The initial budget of KCHF 988,722 increased by KCHF 163,789 as a result of budget extensions related to the outbreak or escalation of conflict in areas covered by ICRC delegations in the Democratic Republic of the Congo, Mali, Myanmar, the Philippines, and the Syrian Arab Republic and neighbouring countries.

Total field expenditure amounted to KCHF 1,045,078, compared with KCHF 929,449 in 2012, representing a 91% implementation rate compared with the final budget. Direct contributions to the field budget reached KCHF 1,075,576.

HEADQUARTERS APPEAL

The final headquarters budget was KCHF 193,134 and resulted in a level of expenditure of KCHF 188,965, which corresponded to an implementation rate of 98%.

BALANCE SHEET

No significant changes occurred in the consolidation perimeter since adherence to International Financial Reporting Standards (IFRS) was reinforced in 2011 to maintain transparency in ICRC financial statements. Significant drivers in the balance sheet remained long-term donor commitments and human resources. The impact of the latter was reduced by the restructuring of the pension plan, where the defined benefit plan was substituted by a defined contribution plan, leading towards a significant liability risk exposure for the ICRC.

STATEMENT OF INCOME AND EXPENDITURE

After consolidation of the operational results of field, headquarters and funds and foundations financial structures, there was an overall surplus of KCHF 92,960 for the year, compared with a deficit of KCHF -21,563 in 2012. The 2013 consolidated operating result reflected the combined effects of increased direct funding of operations due to the large number of budget extensions and highly visible operations, as well as operational limitations in various contexts marked with increased access difficulties. The non-operating result benefited from the relative currency stability and better financial market.

AUDITORS OPINION AND INTERNAL CONTROL

External auditors have provided an unrestricted audit opinion on the ICRC's IFRS-compliant financial statements.

As per Swiss legal requirements regarding internal control systems, the external auditors have confirmed unreservedly the existence of such a system at the ICRC and have provided an unqualified audit opinion on the consolidated financial statements.

CONSOLIDATED FINANCIAL STATEMENTS OF THE ICRC 2013

Consolidated Statement of Financial Position	532
Consolidated Statement of Comprehensive Income	533
Consolidated Statement of Cash Flows	534
Consolidated Statement of Changes in Reserves	535
Notes to the Consolidated Financial Statements	536
1. Activities	536
2. Basis of preparation	536
3. Summary of significant accounting policies	542
4. Changes in accounting policies and disclosures	542
5. Significant accounting judgments, estimates and assumptions	543
6. Standards issued but not yet effective	544
7. Cash and cash equivalents	544
8. Investments	544
9. Accounts receivable	544
10. Prepayments	545
11. Inventories	545
12. Other financial assets	545
13. Long-term receivables	545
14. Property, plant and equipment	546
15. Intangible assets	547
16. Accounts payable and accrued expenses	547
17. Loans and borrowings	547
18. Provisions for operational claims	548
19. Current employee benefit liabilities	548
20. Deferred income	548
21. Other financial liabilities	548
22. Non-current employee benefit liabilities	548
23. Permanently restricted reserves for the funds and foundations	554
24. Temporarily restricted reserves for the funding of operations	554
25. Unrestricted reserves designated by the assembly	555
26. Contributions	555
27. Operating expenditure by cash, kind and services	556
28. Overheads and administrative costs	557
29. Staff-related costs and figures	558
30. Leases	558
31. Financial income, net	558
32. Non-operating income and expenses	559
33. Taxes	559
34. Financial risk management objectives and policies	559
35. Fair value	562
36. Contingent assets	563
37. Contingent liabilities	563
38. Capital and contractual commitments	563
39. Related parties	563
40. Notes to the statement of cash flows	564
41. Approval of consolidated financial statements	564

CONSOLIDATED STATEMENT OF FINANCIAL POSITION
AS AT 31 DECEMBER

(in KCHF)	Note	2013	2012
ASSETS			
Cash and cash equivalents	7	218,136	210,088
Investments	8	191,824	170,753
Accounts receivable	9	285,703	166,672
Prepayments	10	14,615	11,149
Inventories	11	39,796	38,453
Other financial assets	12	23	144
Total Current assets		750,097	597,259
Investments	8	108,072	118,756
Long-term receivables	13	133,126	224,415
Property, plant and equipment	14	179,543	173,700
Intangible assets	15	28,738	20,198
Other financial assets	12	2,289	1,924
Total Non-current assets		451,768	538,993
Total ASSETS		1,201,865	1,136,252
LIABILITIES			
Accounts payable and accrued expenses	16	42,557	38,128
Loans and borrowings	17	1,351	1,029
Provisions for operational claims	18	1,143	955
Employee benefit liabilities	19	45,732	46,244
Deferred income	20	221,571	131,569
Other financial liabilities	21	276	15
Total Current liabilities		312,630	217,940
Loans and borrowings	17	19,800	20,429
Employee benefit liabilities	22	207,035	292,940
Deferred income	20	178,426	280,044
Total Non-current liabilities		405,261	593,413
Total LIABILITIES		717,891	811,353
RESERVES			
Permanently restricted reserves for the funds and foundations	23	36,946	36,200
Temporarily restricted reserves for the funding of operations	24	37,191	3,922
Total Restricted reserves		74,137	40,122
Unrestricted reserves designated by the Assembly	25	395,436	270,376
Other unrestricted reserves		14,401	14,401
Total Unrestricted reserves		409,837	284,777
Total RESERVES		483,974	324,899
Total LIABILITIES and RESERVES		1,201,865	1,136,252

The accompanying notes are an integral part of the consolidated financial statements.

CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 31 DECEMBER

(in KCHF)	Note	2013	2012
OPERATING INCOME			
Contributions	26	1,223,635	1,013,359
Total Operating income		1,223,635	1,013,359
OPERATING EXPENDITURE			
Staff-related costs	29	-515,104	-526,771
Mission costs		-57,405	-59,577
Rentals	30	-106,038	-104,248
Sub-contracted maintenance		-42,836	-36,840
Purchase of goods and materials		-251,334	-202,034
Financial assistance	3.23	-60,298	-16,089
General expenditure		-84,788	-76,269
Depreciation		-25,627	-26,633
Total Operating expenditure	27	-1,143,430	-1,048,461
Net surplus/(deficit) of operating activities		80,205	-35,102
NON-OPERATING INCOME			
Financial income, net	31	15,847	11,251
Other income	32	9,925	21,524
Total Non-operating income		25,772	32,775
NON-OPERATING EXPENDITURE			
Foreign exchange losses, net		-2,179	-2,424
Other expenses	32	-10,838	-16,812
Total Non-operating expenditure		-13,017	-19,236
Net surplus of non-operating activities		12,755	13,539
SURPLUS/(DEFICIT) FOR THE YEAR		92,960	-21,563
OTHER COMPREHENSIVE INCOME - Items that will not be reclassified to profit and loss			
Actuarial gains on defined benefit plans	22	66,115	15,336
Total Other comprehensive income for the year		66,115	15,336
Total COMPREHENSIVE INCOME/(LOSS) FOR THE YEAR		159,075	-6,227
Withdrawal from reserves, net		-159,075	6,227
Comprehensive income for the year after allocations		-	-

The accompanying notes are an integral part of the consolidated financial statements.

CONSOLIDATED STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 DECEMBER

(in KCHF)	Note	2013	2012
CASH FLOWS FROM OPERATING ACTIVITIES			
Surplus/(deficit) for the year		92,960	-21,563
ADJUSTMENTS TO RECONCILE SURPLUS/(DEFICIT) TO NET CASH FROM OPERATING ACTIVITIES			
Non-cash items	40	-1,082	21,646
Items relating to investing activities	40	-22,590	-18,732
Working capital adjustments	40	-33,055	30,585
Net cash from operating activities		36,233	11,936
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of property, plant and equipment	14	-29,736	-26,723
Purchase of intangible assets	15	-12,569	-9,046
Purchase of investments		-70,007	-209,031
Purchase of short-term deposits, net		30,003	60,966
Proceeds from sale of property, plant and equipment		5,667	3,599
Proceeds from sale of investments		47,019	53,016
Interest received		1,179	1,228
Income from investments, net	31	2,045	1,644
Net cash used in investing activities		-26,399	-124,347
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayments of loans and borrowings		-728	-728
Increase of loans and borrowings	17	-	-
Net cash used in financing activities		-728	-728
Net (decrease)/increase in cash and cash equivalents		9,106	-113,139
Cash and cash equivalents at 1 January		209,699	324,161
Effect of exchange rate fluctuations on cash held		-1,392	-1,323
Cash and cash equivalents at 31 December	7	217,413	209,699

The accompanying notes are an integral part of the consolidated financial statements.

CONSOLIDATED STATEMENT OF CHANGES IN RESERVES
FOR THE YEAR ENDED 31 DECEMBER

(in KCHF)	Restricted reserves		Unrestricted reserves		Comprehensive income/ (loss)	Reserves
	Funds and foundations	Funding of operations	Designated by the Assembly	Other reserves		
Note	23	24	25			
Balance at 1 January 2012	35,396	54,604	226,725	14,401	-	331,126
Net deficit for the year					-21,563	-21,563
Other comprehensive income for the year					15,336	15,336
Total comprehensive income for the year					-6,227	-6,227
Balance before allocations to / withdrawals from reserves	35,396	54,604	226,725	14,401	-6,227	324,899
Allocation of results of funds and foundations	804				-804	-
Decrease of field operations with temporary deficit financing		-55,541			55,541	-
Increase in donors' restricted contributions for specific operations		4,859			-4,859	-
Use of reserves designated by the Assembly			-21,769		21,769	-
Allocation to reserves designated by the Assembly			65,420		-65,420	-
Total allocations to / withdrawals from reserves, net	804	-50,682	43,651	-	6,227	-
Balance at 31 December 2012	36,200	3,922	270,376	14,401	-	324,899
Net surplus for the year					92,960	92,960
Other comprehensive income for the year					66,115	66,115
Total comprehensive income for the year					159,075	159,075
Balance before allocations to / withdrawals from reserves	36,200	3,922	270,376	14,401	159,075	483,974
Allocation of results of funds and foundations	746				-746	-
Increase of field operations with temporary deficit financing		57,573			-57,573	-
Decrease in donors' restricted contributions for specific operations		-24,304			24,304	-
Use of reserves designated by the Assembly			-4,634		4,634	-
Allocation to reserves designated by the Assembly			129,694		-129,694	-
Total allocations to / withdrawals from reserves, net	746	33,269	125,060	-	-159,075	-
Balance at 31 December 2013	36,946	37,191	395,436	14,401	-	483,974

The accompanying notes are an integral part of the consolidated financial statements.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

AS AT 31 DECEMBER 2013

1. ACTIVITIES

The ICRC is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance.

It directs and coordinates the international relief activities conducted by the Movement in situations of conflict. It also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles.

Established in 1863, the ICRC is at the origin of the Movement. It is formally recognized in the 1949 Geneva Conventions and by the International Conferences of the Red Cross and Red Crescent. As humanitarian non-profit organization domiciled in Switzerland, it was granted United Nations observer status in October 1990. Under Article 60 of the Swiss Civil Code, it has the legal form of an association. Its registered office is 19, Avenue de la Paix, 1202 Geneva, Switzerland.

The ICRC's principal tasks are to:

- ▶ visit prisoners of war and civilian detainees
- ▶ search for missing persons
- ▶ transmit messages between family members separated by conflict
- ▶ reunite dispersed families
- ▶ provide food, water and medical assistance to civilians without access to these basic necessities
- ▶ spread knowledge of International Humanitarian Law (hereafter IHL)
- ▶ monitor compliance with IHL
- ▶ draw attention to violations and contribute to the development of IHL
- ▶ enhance the capacity of National Societies to fulfil their responsibilities as Red Cross and Red Crescent institutions providing humanitarian services in their respective countries

The consolidated financial statements of the ICRC cover the activities of Geneva headquarters, all ICRC delegations, seven funds and two foundations.

2. BASIS OF PREPARATION

Statement of compliance

The consolidated financial statements have been prepared in compliance with the International Financial Reporting Standards (IFRS) as adopted by the International Accounting Standards Board (IASB) and with interpretations issued by the IASB Standards Interpretations Committee (SIC) and the IFRS Interpretations Committee (IFRIC), and are presented in accordance with the ICRC's Statutes.

Currently, IFRS does not contain specific guidelines for non-profit and non-governmental organizations concerning the accounting treatment and presentation of consolidated financial statements. Where the IFRS are silent or do not give guidance on how to treat transactions specific to the not-for-profit sector, accounting policies have been based on the general IFRS principles, as detailed in the basis of measurement of the IASB Framework for the Preparation and Presentation of Financial Statements.

The consolidated financial statements have been prepared using the historical cost convention. However, investments and derivative financial instruments are stated at their fair value.

Functional and presentation currency

The consolidated financial statements are presented in Swiss francs, which is the organization's functional and presentation currency. All financial information presented in Swiss francs has been rounded to the nearest thousand (KCHF), except when otherwise indicated.

Basis of consolidation of the funds and foundations

The funds and foundations listed below are controlled by the ICRC and their financial statements are included in the consolidated financial statements. Intragroup balances and transactions, and any gains from such transactions, are eliminated when the consolidated financial statements are prepared. The financial statements of the funds and foundations are prepared for the same reporting period as the ICRC, using consistent accounting policies.

Control exists when the ICRC has the power, directly or indirectly, to govern the financial and operating policies of an entity. The financial statements of the funds and foundations are included in the consolidated financial statements from the date that control commences until the date that control ceases. The ICRC reviews its significant judgment and assumptions made in determining that it has control of other entities on an annual basis.

The general purpose of the following funds and foundations is to help finance the ICRC's humanitarian work:

- ▶ Foundation for the International Committee of the Red Cross
- ▶ Special Fund for the Disabled
- ▶ Clare R. Benedict Fund
- ▶ Omar El Mukhtar Fund
- ▶ Augusta Fund
- ▶ Florence Nightingale Medal Fund
- ▶ French Fund Maurice de Madre
- ▶ Paul Reuter Fund
- ▶ Jean Pictet Fund

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

3.1 Foreign-currency transactions

Transactions in currencies other than Swiss francs are converted into Swiss francs at rates which approximate the actual rates at the transaction date. At the reporting date, monetary assets and liabilities denominated in foreign currency are converted into Swiss francs at the rate of exchange at that date. Non-monetary assets and liabilities in foreign currency that are stated at historical cost are translated at the foreign exchange rate at the date of the transaction. Realized and unrealized exchange differences are reported in the income statement.

3.2 Cash and cash equivalents

The ICRC considers cash on hand, cash at banks and short-term deposits with an original maturity of three months or less to be "Cash and cash equivalents". Otherwise, when term deposits have an original maturity of over three months, they are classified as current investments.

Bank borrowings that are repayable on demand and form an integral part of the ICRC's cash management are included as a component of cash and cash equivalents for the purpose of the statement of cash flows.

3.3 Investments

In accordance with its documented investment management policy, the ICRC classifies its investments in the following categories: at fair value through profit and loss or held-to-maturity.

a) At fair value through profit and loss

Financial assets at fair value through profit and loss are financial assets held-for-trading. A financial asset is classified in this category if acquired principally for the purpose of selling in the short term. All assets in this category are classified as current assets, as they are expected to be settled within 12 months.

Held-for-trading investments are recognized and derecognized on the trade date that the ICRC, or the portfolio manager acting on behalf of the ICRC, commits to purchase or sell them.

The financial assets held-for-trading are measured at fair value through profit or loss. The fair value of equity and debt securities is determined by reference to their quoted closing price at the reporting date, or, if unquoted, using a valuation technique. The valuation techniques employed include market multiple and discounted cash-flow analysis using expected future cash flows and a market-related discount rate. Fair value gains or losses, which take into account any dividend income, are recognized in the income statement. Attributable transaction costs are also recognized in the income statement as incurred.

b) Held-to-maturity

When the ICRC has the positive intent and ability to hold debt securities to maturity, then such financial assets are classified as held-to-maturity. Bonds in this category are classified as current investments if expected to be settled within 12 months, otherwise they are classified as non-current assets.

Held-to-maturity investments are recognized initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, held-to-maturity are measured at amortized cost using the effective interest rate, less any impairment losses (see Note 3.9). However, debt securities with variable interest rates that satisfy the criteria for a held-to-maturity investment are measured at fair value, because it is not possible to calculate an effective interest rate given their variable rates.

3.4 Accounts receivable

a) Measurement

Receivables are stated at their cost net of an allowance on outstanding amounts to cover the risk on non-payment (see Notes 9 and 13).

The main receivables positions are recognized for:

- ▶ pledges: at the moment of a written confirmation, except pledges falling due after five years, which are considered as contingent assets only and are not recognized owing to uncertainties associated with their receipts (see Note 36); the ICRC recognizes this revenue when the written confirmation includes a clear and firm commitment from the donor and the realization of the income is virtually certain
- ▶ re-invoiced costs: at the moment when (i) the service or basic expenditure is fulfilled, or (ii) ownership of the asset is transferred
- ▶ insurance reimbursement: the compensation receivable from the insurance company qualifies for recognition as an asset when the loss event that created an unconditional contractual right for the ICRC to assert a claim at the reporting date has

occurred and the claim is not disputed by the insurer; as the only uncertainty regarding recovery of the insured loss is the settlement amount, the ICRC recognizes its best estimate of the reimbursement, not exceeding the amount of the loss.

Accounts receivable after the date of the statement of financial position are discounted to estimate their present value at this same date.

b) Valuation

The ICRC maintains allowances for doubtful accounts in respect of estimated losses resulting from the inability of donors to make the required payments. Evidence of impairment may include indications that the debtors or a group of debtors are experiencing significant financial difficulty or default in interest or principal payments, the probability that they will enter bankruptcy or any financial reorganization, and observable data indicating that there is a measurable decrease in future cash flows, such as changes in arrears or economic conditions that correlate with defaults.

Management specifically analyses accounts receivable, historical trends and current economic trends when assessing the adequacy of the allowance for doubtful accounts. The allowance is made on the basis of a specific individual review of all significant outstanding positions. For those positions not specifically reviewed, the allowance is made using different rates depending on the age of the receivable. These rates are determined in the light of past experience.

3.5 Inventories

Inventories held at headquarters and at the principal regional distribution centre in Nairobi (Kenya) are considered as uncommitted inventories and recorded at cost. The cost of inventories includes expenditure incurred in acquiring the inventories and bringing them to their existing location and condition. Expenditure is recognized at the moment such inventories are delivered or consumed. Obsolete inventories are written off.

Inventories held on behalf of beneficiaries at other locations are considered as committed and are included in expenditure owing to the nature of ICRC operations.

The cost of inventories of perishable goods is based on the “first-expired first-out” principle. The cost of other inventories is based on the “first-in first-out” principle, except where goods have been specifically earmarked, in which case they are used first and their costs therefore specifically identified.

The ICRC periodically reviews its inventory for excess, obsolescence and declines in market value below cost and records an allowance against the inventory balance for any such declines.

3.6 Derivative financial instruments

The ICRC applies accounting-based hedging, which means that the transactional exposure arises once identified in the books. No hedge accounting was applied in 2013 or 2012.

The ICRC uses derivative financial instruments such as spots, forward contracts and swaps to hedge the risks associated with foreign currency fluctuations. The ICRC can also use derivative future contracts to hedge its exposure to market risks arising from its investment portfolios.

Such derivative financial instruments are recognized at fair value, initially on the date on which a derivative contract is entered into and subsequently at each reporting date. Derivatives are carried as assets when the fair value is positive and as liabilities when the fair value is negative. Any gains or losses arising from changes in fair value on derivatives during the year are integrated directly into the income statement.

3.7 Property, plant and equipment

a) Acquired assets

Items of property, plant and equipment acquired using unrestricted funds are measured at their historical costs and are capitalized (i) when they are used for the ICRC, and (ii) when the following limits are reached for individual asset amounts:

- ▶ land and buildings all
- ▶ equipment, vehicles and hardware KCHF 10

Subsequent expenditure is capitalized only when it increases the future economic benefits embodied in the item of property and equipment. All other expenditure is recognized in the income statement as an expense as incurred.

Depreciation is calculated using the “straight line” method so as to depreciate the initial cost over the item’s estimated useful life, which is as follows:

Tangible assets	Useful life
Buildings and land improvements – Switzerland	20 to 70 years
Buildings – other countries	3 to 20 years
Fixed installations	10 years
Equipment and vehicles	5 to 8 years
Hardware (IT equipment)	3 years
Land	Not depreciated

b) Contributed assets

Contributed assets are either assets funded by contributions in cash for assets or assets donated in kind.

Assets donated in kind are booked at the fair value reported by the donor. However, the ICRC recognizes a day 1 loss if the fair value was materially higher than the current replacement cost.

All contributed assets up to CHF 1 million that are subject to depreciation are fully depreciated in the year their related contributions are recognized. For the largest contributed assets, however, the carrying value is recognized in the income statement over the useful life of the asset by means of a depreciation expense.

3.8 Intangible assets

a) Measurement

Intangible assets acquired separately are measured on initial recognition at cost if their individual cost exceeds the threshold of KCHF 100. Following initial recognition, intangible assets are carried at cost minus any accumulated amortization and any accumulated impairment losses, except for assets with indefinite useful lives (see below).

Licences for commercial software are considered as fully expensed during the year. Internally generated intangible assets are not capitalized, when the criteria of recognition under IAS 38.57 (f) cannot be reliably measured; they are therefore reflected in the income statement in the year in which the expenditure is incurred

b) Amortization

The useful lives of intangible assets are assessed to be either finite or indefinite.

Intangible assets with finite useful lives are amortized over their useful economic life and assessed for impairment whenever there is an indication that the intangible asset may be impaired. The amortization period and method for an intangible asset with a finite useful life are reviewed at least at each financial year-end. Changes in the expected useful life or the expected pattern of consumption of future economic benefits embodied in the asset are accounted for by changing the amortization period or method, as appropriate, and are treated as changes in accounting estimates.

Amortization of intangible assets with finite lives is calculated using the “straight line” method so as to depreciate the initial cost over the item’s estimated useful life, which is as follows:

Intangible assets	Useful life
Software	5 years

Intangible assets with indefinite useful lives are tested for impairment annually. Such intangibles are not amortized. The useful life of an intangible asset with an indefinite life is reviewed annually to determine whether indefinite life assessment continues to be supportable. If not, the change in the useful life assessment from indefinite to finite is made on a prospective basis.

3.9 Impairment of financial assets

The carrying amounts of the ICRC’s financial assets are reviewed at each reporting date to determine whether there is any indication of impairment. The organization assesses whether there is any objective evidence that a financial asset or a group of financial assets is impaired. A financial asset or a group of financial assets is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events occurring after the initial recognition of the asset or assets (an incurred “loss event”) and that loss event has an impact on the estimated future cash flows of the financial asset or the group of financial assets that can be reliably estimated.

a) Impairment of held-to-maturity investments

At the end of each reporting period, the ICRC assesses whether there is objective evidence that a debt security measured at amortized cost is impaired.

If there is objective evidence that an impairment loss on financial assets measured at amortized cost has been incurred, the amount of the loss is measured as the difference between the asset’s carrying amount and the present value of estimated future cash flows (excluding future credit losses that have not been incurred) discounted at the financial asset’s original effective interest rate.

If, in a subsequent year, the amount of the estimated impairment loss increases or decreases because of an event occurring after the impairment was recognized, the previously recognized impairment loss is increased or reduced by adjusting the bond's carrying amount. Any reversal is limited to the extent that the new carrying amount does not exceed the amortized cost that would have been reached in the absence of impairment.

b) Impairment of fixed assets

At the end of each reporting period, the ICRC assesses whether there is objective evidence that a property, plant, item of equipment or intangible asset is impaired. If any indication of impairment exists, the fixed asset's recoverable amount is estimated. An impairment loss is then recognized whenever the fixed asset's carrying amount exceeds its recoverable amount. Impairment losses are recognized in the income statement as "depreciation".

An impairment loss is reversed if there has been a change in the estimates used to determine the recoverable amount, but only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortization, in the absence of impairment.

3.10 Accounts payable

Accounts payable are recognized and carried at the original invoiced amount. Accounts payable are normally settled on 30-day terms. Accrued expenses are recognized and carried at the anticipated amount to be invoiced.

3.11 Deferred income

Revenue relating to future years is recorded on the statement of financial position as deferred income. Deferred income recognized at the reporting date is discounted to estimate its present value at this same date.

3.12 Loans and borrowings

Interest-free loans are recorded at fair value on initial recognition, which is the present value of expected future cash flows, discounted using a market-related rate. Subsequent to initial recognition, interest-bearing loans are stated at amortized cost, with any difference between cost and redemption value being recognized in the income statement over the period of the loan on an effective interest basis.

The difference between the cost and the fair value of these loans on initial recognition is a deferred income. These loans and deferred income are subsequently recognized at amortized cost and spread over the useful life of the related assets.

3.13 Provisions for operational claims

A provision is recognized in the statement of financial position when the ICRC has a legal or constructive obligation as a result of a past event, it is probable that an outflow of assets will be required to settle the obligation, and the obligation can be reliably measured. For certain operational claims reported as provisions, it is prejudicial or not practical to disclose detailed information on their corresponding nature and uncertainties.

If the effect is material, provisions are determined by discounting the expected future cash flow so as to reflect current market assessments of the time value of money and, where appropriate, the risks specific to the liability.

3.14 Current employee benefit liabilities

Short-term employee benefit obligations are measured on an undiscounted basis and are expensed as the related service is provided. They are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service.

3.15 Non-current employee benefit liabilities

The ICRC operates three post-employment defined benefit plans and two defined contribution plans, all of which are administered separately. See Note 22a for details of these plans.

The ICRC opted for the early adoption of IAS 19R, "Employee Benefits" for the year ended 31 December 2011.

a) Defined benefit plans

The net obligation in respect of defined benefit plans is calculated separately for each plan by estimating the amount of future benefits that employees have earned in return for their services in the current and prior periods. That benefit is discounted to determine its present value. The fair value of any plan assets is deducted.

FOR THE PENSION PLAN AND THE EARLY RETIREMENT PLAN:

The discount rate is the yield at the reporting date on AA credit-rated bonds that have maturity dates approximating the terms of the ICRC's obligations and that are denominated in the functional currency. The calculation is performed annually by a qualified actuary using the projected unit credit valuation method. When the calculation results in a benefit to the organization, the recognized asset is limited to benefits available in the form of refunds from the plan or reductions in future contributions to the plan. The ICRC recognizes all actuarial gains and losses immediately in other comprehensive income. Expenses related to defined benefit plans are split as follows:

- ▶ service cost and administration costs in staff-related costs
- ▶ net interest expense/(income) on the net liability/(asset) in other non-operating expenses/(income)

FOR THE END-OF-SERVICE PLAN:

The discount rate is based on the average expected salary increase for all resident employees. The calculation is performed annually by a qualified actuary using a simplified method. Real-world limitations related to a lack of reliable data make setting appropriate demographic and economic assumptions and collecting necessary census data virtually impossible for all the countries where the ICRC operates. Article 60 of IAS 19R permits the use of simplifications and computational short cuts provided that they produce a reliable and sufficiently accurate approximation of the true amounts.

The ICRC recognizes all actuarial gains and losses, except for foreign exchange results, immediately in other comprehensive income. Expenses related to defined benefit plans are split as follows:

- ▶ service cost and administration costs in staff-related costs
- ▶ foreign exchange results in foreign exchange gains, net
- ▶ net interest expense/(income) on the net liability/(asset) in other non-operating expenses/(income)

b) Defined contribution plans

Contributions to defined contribution plans are recognized as a staff-related expense in the income statement when they are due.

3.16 Reserves

Reserves are classified as either restricted or unrestricted reserves.

a) Restricted reserves

PERMANENTLY RESTRICTED RESERVES FOR THE FUNDS AND FOUNDATIONS

The reserves relating to the seven funds and two foundations controlled by the ICRC are permanently restricted for the ICRC, as they are managed by the boards of the respective funds and foundations.

TEMPORARILY RESTRICTED RESERVES FOR THE FUNDING OF OPERATIONS

These temporarily restricted reserves include the following:

FIELD OPERATIONS WITH TEMPORARY DEFICIT FINANCING

This position relates to expenditures in the field which had not been financed by contributions received or pledged at 31 December.

DONORS' RESTRICTED CONTRIBUTIONS

Some contributions received by the ICRC are earmarked for specific usage in the field or at headquarters. At the end of the financial year, any such funds which have not yet been spent are recorded under this heading. In cases where the funds cannot be used, the ICRC either obtains agreement for reallocation for a different usage or reimburses the funds to the donor, in which case they are recognized as a liability before the effective payment takes place.

b) Unrestricted reserves

UNRESTRICTED RESERVES DESIGNATED BY THE ASSEMBLY

These are not subject to any legal or third-party restriction and can be applied as the ICRC Assembly sees fit. Unrestricted reserves may be designated for specific purposes to meet future obligations or risks.

OTHER UNRESTRICTED RESERVES

These general reserves are the accumulation of excess funds set aside with no specific reservation or restriction.

3.17 Operating income

a) Contributions

Contributions in cash are recognized on receipt of a written confirmation of donation from the donors, except for revenue relating to future years.

Contributions that are based on contracts for specific projects (e.g. European Commission, United States Agency for International Development, projects delegated to National Societies) are recognized as the expenditure is incurred.

The following contributions are recognized upon receipt of unrestricted cash:

- ▶ contributions from private sources, associations and companies
- ▶ legacies
- ▶ gifts

Contributions in cash for direct funding of the costs of purchasing or constructing specific *fixed assets* are fully recognized under operating contributions upon receipt of the cash.

Contributions in kind for fixed assets are recorded under operating contributions, when the donated assets are available for use by the ICRC. The value of contributions in kind is determined by the donor's indication of the value of the assets. The fair value may not be exceeded. Depreciation of such assets, except for the largest contributed assets, is recognized immediately as operating expenditure for the same amount as the incoming contributions (see Note 3.7b).

Contributions in kind (goods or interest) and *in services* (in the form of staff, means of transport or rent) are recognized on the date of receipt of the goods or service and are reported as equal contributions and expenses in the income statement.

The value of service contributions in the form of staff is estimated by determining the real cost that would have been incurred had the contribution not been made. In the case of staff seconded to the ICRC, the estimated value consists of the salary plus the social security and insurance contributions the ICRC would have paid for the position concerned. All personnel costs paid by the ICRC directly to the persons concerned or their employer are deducted from this value to give the value of service recorded.

b) Earmarking

- ▶ Cash contributions restricted to no other purpose than to general ICRC field operations are considered as *non-earmarked*.
- ▶ Cash contributions to a given region, country or programme (worldwide) are seen as *loosely earmarked*.
- ▶ Contributions (in cash or in kind) to a country or project programme or sub-programme are *tightly earmarked*.

The table below shows the overall framework for the earmarking of cash contributions for the field budgets.

Level of earmarking	Range/restrictions	Example
None	overall ICRC field budget	ICRC operations worldwide
Region	one of the four regions	ICRC operations in Africa
Programme	one of the four programmes	ICRC prevention activities worldwide
Programme/region	one of the four programmes in one of the four regions	ICRC protection activities in Asia and the Pacific
Operation	one of the worldwide delegations	ICRC activities in Colombia

Donors' restricted contributions that exceed specific expenditure within the financial year are carried forward to the following year (see Note 3.16a).

3.18 Income from publications

Revenues from the sale of ICRC publications and videos are recognized when the ICRC has transferred the significant risks and rewards of ownership of the publications through the passing of possession to the buyer, when the amount of revenue and the related costs can be measured reliably and when it is probable that the economic benefits associated with the transaction will flow to the ICRC.

3.19 Operating leases

Payments made under operating leases are recognized in the income statement on a "straight line" basis over the term of the lease. Lease incentives received are recognized in the income statement as an integral part of the total lease payments made.

3.20 Financial income, net

As the ICRC's securities are managed externally on a portfolio basis, all income from investments is disclosed net. Net financial income consists principally of interest and net realized and unrealized gains on changes in fair value. Interest income is recognized in the income statement as it accrues, taking into account the effective yield on the corresponding asset.

3.21 Contingent assets

The ICRC views pledges falling due after five years as probably being receivable; given its operating environment, however, receipt in five years' time is not virtually certain as defined in IAS 37. Consequently, management has considered these receivables as contingent assets and they have not been accounted for in the statement of financial position as at 31 December.

3.22 Contingent liabilities

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only on the occurrence or non-occurrence of one or more uncertain future events that are not wholly within the control of the ICRC. It may also be a present obligation that arises from past events but in respect of which an outflow of economic benefit is not probable or which cannot be measured with sufficient reliability. Such contingent liabilities are recorded under Note 37.

3.23 Reclassifications

For more clarity, all accrued expenses (KCHF 21,226 as at 31 December 2012) have been reclassified out of the current "Deferred income" and transferred into "Accounts payable" under note 16.

3.24 Voluntary change in accounting policy with prospective application

Starting January 2013, the ICRC has classified all contributions granted to National Societies for payments of invoices under "Financial Assistance". Previously these contributions were presented in all lines of the income statement depending on the nature of the related invoices. With this new presentation, the ICRC is able to measure the volume of activities carried out by operating National Societies. However, data have not been collected in 2012 in a way that allows the application of this change in accounting policy to the prior period and it is impracticable to recreate the information at this stage.

The line of expenditure "Financial Assistance" in 2013 reports the contribution granted to operating National Societies and the cash programmes in favour of beneficiaries. The following table shows the effect of this new accounting policy on the 2013 operating expenditure to facilitate its comparison to 2012:

(in KCHF)	Note	2013 as reported	2013 with 2012 presentation	2012
OPERATING EXPENDITURE				
Staff-related costs	29	-515,104	-528,942	-526,771
Mission costs		-57,405	-62,967	-59,577
Rentals	30	-106,038	-107,591	-104,248
Sub-contracted maintenance		-42,836	-52,754	-36,840
Purchase of goods and materials		-251,334	-265,208	-202,034
Financial assistance		-60,298	-12,841	-16,089
General expenditure		-84,788	-87,500	-76,269
Depreciation		-25,627	-25,627	-26,633
Total Operating expenditure	27	-1,143,430	-1,143,430	-1,048,461

4. CHANGES IN ACCOUNTING POLICIES AND DISCLOSURES

The accounting policies adopted are consistent with those of the previous financial year, except for the following newly effective standards, interpretations and amendments.

Adoption of new IFRS for the 2013 financial statements

The following new or revised IFRS adopted had no effect on the ICRC's consolidated financial statements:

- ▶ IFRS 10, "Consolidated Financial Statements" (May 2011)
- ▶ IFRS 13, "Fair Value Measurement" (May 2011)
- ▶ Revised IAS 27, "Separate Financial Statements" (May 2011)
- ▶ Amendments to IAS 1, "Presentation of Items of Other Comprehensive Income" (June 2011)
- ▶ Amendments to IFRS 10, IFRS 12 and IAS 27 "Investment Entities" (June and October 2012)

Adoption of new IFRS for the 2012 financial statements

As a reminder, the ICRC adopted the following IFRS for the 2012 consolidated financial statements:

- ▶ Amendments to IFRS 1, "Government loans" (March 2012)
- ▶ Amendments to IFRS 7, "Transfers of financial assets – Disclosures" (October 2010)
- ▶ Amendments to IFRS 7, "Offsetting financial assets and liabilities – Disclosures" (December 2011)
- ▶ Improvements to IFRS 2009-2011 (May 2012)

Applying the above standards had no material effects on the reserves, financial position, income and cash-flow situation of the ICRC.

5. SIGNIFICANT ACCOUNTING JUDGMENTS, ESTIMATES AND ASSUMPTIONS

The preparation of the consolidated financial statements requires management to make judgments, estimates and assumptions that affect the reported amounts of revenues, expenses, assets and liabilities, and the disclosure of contingent assets and liabilities, at the reporting date. However, uncertainty about these assumptions and estimates can result in outcomes that could require a material adjustment to the carrying amount of the asset or liability affected in the future.

5.1 Judgments

In the process of applying the ICRC's accounting policies, management has made the following judgments, apart from those involving estimations, which have the most significant effect on the amounts recognized in the financial statements.

a) Control over funds and foundations

The ICRC applied IFRS 10 and assessed its relationship with certain funds and foundations. Taking into consideration the activities, decision-making processes, benefits and related risks associated with the funds, the ICRC concluded that, in substance, the funds should be consolidated into the financial statements (see Note 2).

b) Inventories held on behalf of beneficiaries

In various delegations, certain inventories are held on behalf of beneficiaries for operational reasons and are recorded as expenses during the financial year. At year-end, management estimates whether the inventories will be consumed by the beneficiaries they were intended for. If the amounts are material and the recipient uncertain, then the goods are recorded as "inventory".

Any redistribution of goods expensed in previous years is recorded as "adjustments of operations" in "Non-operating income" (see Note 32).

5.2 Estimates and assumptions

The key assumptions concerning the future and other crucial sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below.

a) Impairment of non-financial assets

The ICRC assesses whether there are any indicators of impairment for all non-financial assets at each reporting date. Intangibles with indefinite life are tested for impairment annually when such indicators exist. Other non-financial assets are tested for impairment when there are indicators that the carrying amounts may not be recoverable.

b) Valuation of long-term receivable and deferred income

The carrying value of long-term receivable and deferred income is based on the expected future cash flows discounted using a suitable discount rate. This valuation requires ICRC to make estimates about expected future cash flows and discount rates.

c) Allowances for doubtful accounts

The ICRC maintains allowances for doubtful accounts in respect of estimated losses resulting from the inability of donors to make the required payments. Additional allowances may be required in the future if the said donors' financial situation were to deteriorate, impairing their ability to make payments. Management specifically analyses accounts receivable, historical trends and current economic trends when assessing the adequacy of the allowance for doubtful accounts (see Note 9).

d) Contingent assets

Management has assessed that any pledge falling due after five years will not be accounted for and only disclosed as a contingent asset (see Note 36). The five-year period has been applied consistently for years.

e) Allowances for obsolete inventory

The ICRC periodically reviews its inventory for excess, obsolescence and declines in market value below cost and records an allowance against the inventory balance for any such declines. These reviews require management to estimate future demand for inventory items. Possible changes in these estimates could result in revisions to the valuation of inventory in future periods (see Note 11).

f) Provisions for operational claims

The ICRC records provisions when it determines that an unfavourable outcome is probable and the amount of losses can be reasonably estimated. Otherwise, the ICRC discloses contingent liabilities if one of these two conditions is not met. Due to the inherent uncertain nature of litigation, the accounting treatment, ultimate outcome or actual cost of settlement may vary materially from estimates (see Notes 18 and 37).

g) Pension and other post-employment benefits

The ICRC operates three defined benefit pension plans: the pension plan, the early retirement plan and the delegation employees' end-of-service plan. The cost of the respective plans is determined using actuarial valuations. For the pension and the early retirement plans, the actuarial valuations involve making assumptions about discount rates, interest crediting rates, future salary increases, mortality rates, employee rotation and future pension increases. Due to the complexity of the valuation, the underlying assumptions and the long-term nature of these plans, these estimates are highly sensitive to changes in these assumptions, all of which are reviewed at each reporting date (see Note 22).

h) Funding of operations

The ICRC incurs expenditure which may not be fully funded by contributions pledged or received at year-end, or receives contributions that are earmarked for future expenditure. At year-end, management estimates expected future funding to cover the expenditure incurred and allocates non-earmarked and loosely earmarked contributions to field operations. Changes in these estimates could result in the need to re-assess the temporarily restricted reserves for the funding of operations (see Note 3.16a).

6. STANDARDS ISSUED BUT NOT YET EFFECTIVE

A number of new standards, amendments to standards and interpretations have been issued but are not yet effective for the year ended 31 December 2013, and have not been applied in preparing these consolidated financial statements. ICRC plans to adopt these pronouncements when they become effective. Only those new or amended standards that may have an impact on ICRC reporting are listed below, with their potential effect on the consolidated financial statements:

Next changes in IFRS to be applied in the 2014 financial year

- ▶ Amendments to IAS 32 "Offsetting Financial Assets and Financial Liabilities" (December 2011): The amendments to IAS 32 clarify the requirements for offsetting financial instruments and the notion of legally enforceable right of set-off. The ICRC expects a limited impact on its disclosures, given the possible netting arrangements on derivative assets and liabilities.

Next changes in IFRS to be applied in the 2015 financial year

- ▶ IFRS 9 "Financial Instruments: Classification and Measurement" (November 2009 and October 2010): The first phase of IFRS 9 deals with the classification and measurement of the financial instruments. Based on its financial assets and liabilities at 31 December 2013, the ICRC expects a limited impact on its consolidated financial statements. It will nonetheless quantify the effect in conjunction with the other phases relating to impairment and hedging, when issued.

Future changes in IFRS

The IFRS are undergoing a process of revision with a view to further harmonizing accounting rules internationally. Proposals to issue new or revised IFRS, as yet unpublished, on financial instruments, revenue recognition, leases and other topics may change existing standards and may therefore affect the accounting policies applied by the ICRC in future periods. Transition rules for these potential future changes may require the ICRC to apply them retrospectively to periods before the date of adoption of the new standards.

The following sections provide a breakdown of the main items on the statement of financial position, the statement of comprehensive income, the statement of cash flows and the statement of changes in reserves.

7. CASH AND CASH EQUIVALENTS

(in KCHF)	Note	2013	2012
Cash at banks and on hand		198,136	200,088
Short-term deposits		20,000	10,000
Total Cash and cash equivalents		218,136	210,088
Bank overdrafts used for cash management purposes	17	-723	-389
Total Cash and cash equivalents in the statement of cash flows		217,413	209,699

Cash at banks earns interest at floating rates based on daily bank rates.

Short-term deposits are made for varying periods of between one day and three months, depending on the immediate cash requirements of the ICRC, and earn interest at the respective short-term deposit rates.

A portion of the cash at banks for a total of KCHF 34,091 (2012: KCHF 44,091) is restricted until March 2015. The purpose for which the cash is restricted is imposed by a specific donor. After a three-year retention period, the funds will be non-earmarked and assigned to field operations. Until then, the funds received in March 2012 for a total of KCHF 44,091 are to be kept in two banks specified by the donor. However, the donor accepted to lift the restriction on KCHF 10,000 in April 2013. This KCHF 10,000 contribution was recognized this year and assigned to the field operations in the Philippines. The remaining contribution is recognized as non-current deferred income for the year ended 31 December 2013 and will be recognized as contribution in 2015.

At 31 December 2013, the ICRC could draw on KCHF 85,000 (2012: KCHF 85,000) of undrawn committed borrowing facilities in respect of which all prior conditions had been met.

8. INVESTMENTS

(in KCHF)	2013	2012
CURRENT INVESTMENTS		
INVESTMENTS AT FAIR VALUE THROUGH PROFIT AND LOSS		
Quoted equity shares	89,984	75,452
Quoted debt securities	58,947	49,490
Short-term deposits with an original maturity over three months	12,003	42,063
Other funds	16	676
INVESTMENTS HELD-TO-MATURITY		
Quoted debt securities with a maturity below 12 months	30,874	3,072
Total Current investments	191,824	170,753
NON-CURRENT INVESTMENTS		
INVESTMENTS HELD-TO-MATURITY		
Quoted debt securities with a maturity over 12 months	108,072	118,756
Less Impairment on held-to-maturity	-	-
Total Non-current investments	108,072	118,756
Total Investments	299,896	289,509

9. ACCOUNTS RECEIVABLE

a) Nature of the accounts receivable at reporting date

(in KCHF)	2013	2012
Pledges	278,039	161,401
Reinvoiced costs - commercial	2,572	1,678
National Societies, international organizations and foundations	1,082	168
Withholding taxes	2,544	2,313
Other income receivable	1,867	1,596
Sub-total accounts receivable before provision	286,104	167,156
Allowance for accounts receivable	-401	-484
Total Accounts receivable	285,703	166,672

There are no standard payment terms for pledges, as timing of payment is usually specified in each donor contract.

Reinvoiced costs, National Societies, international organizations and foundations are based on 60-day credit terms.

Withholding taxes are receivable with varying time delays owing to the respective recovery processes in the countries in which the amounts have been claimed.

Interest income on short-term deposits is recognized in the income statement as it accrues. It will be paid to the ICRC within three months of the reporting date.

b) Pledges denominated in foreign currencies

The nominal value of pledges in foreign currencies has been converted into CHF as at 31 December with the following unrealized translation gains/(losses):

(in KCHF)	2013	2012
USD	-1,677	-297
EUR	-426	230
GBP	3,962	7,745
AUD	-21,654	-2,607
Other currencies	-56	24

c) Ageing of accounts receivable

As at 31 December, the ageing analysis in respect of pledges, reinvoiced costs and National Societies is as follows:

(in KCHF)	2013	2012
NEITHER DUE, NOR IMPAIRED	208,361	143,547
DUE BUT NOT IMPAIRED		
Due within 30 days	6,441	474
Due within 31 to 60 days	1,499	2,369
Due within 61 to 90 days	2,942	10
Due within 91 to 120 days	2,091	1,970
Due over 120 days	59,958	14,393
Total Ageing of accounts receivable	281,292	162,763

d) Allowance for doubtful accounts

Movements in the provision for individual impairment of receivables were as follows:

(in KCHF)	2013	2012
Provision at 1 January	484	1,061
Charge for the year	712	222
Use of provisions during the year	-795	-799
Provision at 31 December	401	484

10. PREPAYMENTS

(in KCHF)	2013	2012
Prepaid expenses	10,579	6,833
Social security and insurance contributions	547	557
Advance payments to suppliers and National Societies	555	759
Advance payments to employees	2,934	3,000
Total Prepayments	14,615	11,149

11. INVENTORIES

(in KCHF)	2013	2012
Relief	14,399	13,424
Medical and physical rehabilitation	12,998	12,965
Water and habitat	4,957	4,495
Administration, identification and security	1,919	1,855
IT and telecommunications	2,380	2,681
Publications	3,350	3,432
Other	1,288	984
Sub-total inventories before provision	41,291	39,836
Allowances for obsolete inventories	-1,495	-1,383
Total Inventories	39,796	38,453

All inventories comprise finished goods. The donated goods amounted to KCHF 54 of inventories at year-end (2012: KCHF 64) and represented KCHF 7,798 of contributions in kind in 2013 (2012: KCHF 5,567). Inventory written off and charged to expenses amounted to KCHF 59 (2012: KCHF 1,066).

12. OTHER FINANCIAL ASSETS

(in KCHF)	Note	2013	2012
Forward currency contracts	38c	23	144
Total Other current financial assets		23	144
Guarantee deposits		2,289	1,924
Total Other non-current financial assets		2,289	1,924
Total Other non-current financial assets		2,312	2,068

13. LONG-TERM RECEIVABLES

(in KCHF)	2013	2012
Non-earmarked contributions	119,483	213,760
Loosely earmarked contributions	12,643	10,655
Tightly earmarked contributions	1,000	-
Total Long-term receivables	133,126	224,415
Plus discounting	3,962	8,601
Total Undiscounted long-term receivables	137,088	233,016

BREAKDOWN BY CATEGORY OF DONORS

2013 (in KCHF)	2015	2016	2017	2018	Total 2013
Governments	80,001	41,883	-	-	121,884
Private sources	3,950	3,700	2,682	687	11,019
National Societies and supranational organizations	223	-	-	-	223
Total Long-term receivables	84,174	45,583	2,682	687	133,126

2012 (in KCHF)	2014	2015	2016	2017	Total 2012
Governments	128,335	43,233	40,851	-	212,419
Private sources	3,674	2,949	2,698	2,195	11,516
National Societies and supranational organizations	390	90	-	-	480
Total Long-term receivables	132,399	46,272	43,549	2,195	224,415

14. PROPERTY, PLANT AND EQUIPMENT

(in KCHF)	Book value	Accumulated depreciation	Net book value
LAND AND BUILDINGS			
Balance as at 31 December 2011	183,930	-51,953	131,977
Additions	10,335	-	10,335
Disposals	-244	237	-7
Depreciation charge for the year	-	-6,953	-6,953
Balance as at 31 December 2012	194,021	-58,669	135,352
Additions	10,854	-	10,854
Disposals	-1,545	1,545	-
Depreciation charge for the year	-	-6,521	-6,521
Balance as at 31 December 2013	203,330	-63,645	139,685
EQUIPMENT AND VEHICLES			
Balance as at 31 December 2011	117,599	-80,265	37,334
Additions	16,388	-	16,388
Disposals	-14,383	13,852	-531
Depreciation charge for the year	-	-14,843	-14,843
Balance as at 31 December 2012	119,604	-81,256	38,348
Additions	18,882	-	18,882
Disposals	-13,499	11,188	-2,311
Depreciation charge for the year	-	-15,061	-15,061
Balance as at 31 December 2013	124,987	-85,129	39,858
Total Property, plant and equipment as at 31 December 2012	313,625	-139,925	173,700
Total Property, plant and equipment as at 31 December 2013	328,317	-148,774	179,543

At 31 December 2013, fixed assets included work in progress comprising KCHF 3,736 for construction and renovation of buildings (2012: KCHF 10,700 for construction and KCHF 310 for equipment).

15. INTANGIBLE ASSETS

(in KCHF)	Book value	Accumulated depreciation	Net book value
SOFTWARE			
Balance as at 31 December 2011	37,235	-22,871	14,364
Additions	9,046	-	9,046
Disposals	-1,184	1,184	-
Depreciation charge for the year	-	-3,617	-3,617
Balance as at 31 December 2012	45,097	-25,304	19,793
Additions	12,569	-	12,569
Disposals	-	-	-
Depreciation charge for the year	-	-4,029	-4,029
Balance as at 31 December 2013	57,666	-29,333	28,333
RED CRYSTAL EMBLEM			
Balance as at 31 December 2011	405	-	405
Additions	-	-	-
Balance as at 31 December 2012	405	-	405
Additions	-	-	-
Balance as at 31 December 2013	405	-	405
Total Intangible assets as at 31 December 2012	45,502	-25,304	20,198
Total Intangible assets as at 31 December 2013	58,071	-29,333	28,738

New computer software was purchased from third parties and has a finite life of five years. The ICRC still uses certain fully amortized accounting software. At 31 December 2013, intangible assets included work in progress comprising KCHF 11,833 for software in development acquired externally (2012: KCHF 9,212).

The ICRC had initially obtained licences for the red crystal emblem, which had been granted for a period of 10 years by the relevant government agencies. This emblem is now protected under Additional Protocol III and is consequently confirmed as having an indefinite useful life.

16. ACCOUNTS PAYABLE AND ACCRUED EXPENSES

(in KCHF)	2013	2012
Suppliers	18,867	16,342
National Societies, international organizations and foundations	2,099	1,957
Accrued expenses	21,591	19,829
Total Accounts payable and accrued expenses	42,557	38,128

Suppliers, National Societies, international organizations and foundations are non-interest bearing and are normally settled on 30-day terms.

17. LOANS AND BORROWINGS

(in KCHF)	Note	2013	2012
CURRENT LOANS AND BORROWINGS			
Bank overdrafts	7	723	389
Current portion of interest-free loans		628	640
Total Current loans and borrowings		1,351	1,029
NON-CURRENT LOANS AND BORROWINGS			
Unsecured interest-free loans		20,428	21,069
Less current portion		-628	-640
Total Non-current loans and borrowings		19,800	20,429
Total Loans and borrowings		21,151	21,458

There are two interest-free loans related to buildings, both granted by a governmental body. The nominal values of these unsecured loans are as follows:

- ▶ KCHF 9,800 (2012: KCHF 9,800) for the training centre in Ecogia, Geneva, Switzerland (final repayment in 2049)
- ▶ KCHF 26,000 (2012: KCHF 26,000) granted for the logistics building in Geneva (final repayment in 2060)

These interest-free loans were recognized at their fair values at initial recognition. The difference between fair value and cost has been booked in deferred income (see Note 20). As at 31 December 2013, the fair value of these non-current loans amounts to KCHF 21,081 (2012: KCHF 25,164). Notional interest for a contributed service of KCHF 89 (2012: KCHF 77) has been recorded as expenditure and as income.

LOAN REPAYMENT SCHEDULE

(in KCHF)	2013	2012
Expiring within 12 months	628	640
Expiring within 2 to 5 years	2,403	2,447
Expiring over 5 years	17,397	17,982
Total Unsecured loans – granted at 0%	20,428	21,069

18. PROVISIONS FOR OPERATIONAL CLAIMS

(in KCHF)	2013	2012
Provision at 1 January	955	1,526
Allocations during the year	907	658
Use of provisions during the year	-370	-549
Release of provisions during the year	-349	-680
Provision at 31 December	1,143	955

All provisions are expected to be settled within a year.

19. CURRENT EMPLOYEE BENEFIT LIABILITIES

(in KCHF)	2013	2012
Social security and insurance contributions	8,981	6,953
Salaries due to employees	10,072	9,802
Staff vacation accruals	26,679	29,489
Total Current employee benefit liabilities	45,732	46,244

Based on past experience, staff vacations accrued at the end of 2013 are expected to be wholly taken before 31 December 2014.

20. DEFERRED INCOME

(in KCHF)	2013	2012
CURRENT DEFERRED INCOME		
Deferred income related to pledges	221,471	131,480
Deferred income related to government loans	100	89
Total Current deferred income	221,571	131,569
NON-CURRENT DEFERRED INCOME		
Deferred income related to pledges	167,217	268,735
Deferred income related to government loans	11,209	11,309
Total Non-current deferred income	178,426	280,044
Total Deferred income	399,997	411,613

A portion of the deferred income related to pledges is linked with the restricted cash (Note 7). The corresponding contribution of KCHF 34,091 is recognized as non-current deferred income as at 31 December 2013 and will be recognized as contribution in 2015.

21. OTHER FINANCIAL LIABILITIES

(in KCHF)	Note	2013	2012
Forward currency contracts	38c	276	15
Total Other financial liabilities		276	15

22. NON-CURRENT EMPLOYEE BENEFIT LIABILITIES

a) General presentation of the post-employment plans

The ICRC operates three post-employment defined benefit plans and two defined contribution plans, all of which are administered separately.

1. The defined benefit pension plan

The defined benefit pension plan covers all staff working at headquarters or in the field and hired in Geneva.

The pension plan is a funded plan, treated as a defined benefit plan for IAS 19 purposes, providing retirement benefits based on the participant's accumulative account balances. The plan also provides benefits on death, disability and termination.

The pension plan is an independent pension foundation called the ICRC Pension Fund. This separate legal entity is registered with the Swiss supervisory authority in the canton of Geneva. As such, it must comply with the compulsory insurance requirements set out in the Swiss Federal Law on Occupational Retirement, Survivors' and Disability Pension Funds (LPP/BVG in the French/German acronym). The Fund undertakes to respect at least the minimum requirements imposed by the LPP/BVG and its ordinances.

The ICRC Pension Fund Governing Board is responsible for the Fund's management. It consists of six representatives appointed by the ICRC and six representatives elected by the pension plan participants.

The ICRC Pension Fund Governing Board decided to switch from a defined benefit plan to a defined contribution plan according to Swiss Gaap starting 1 January 2014. However, this change does not impact the accounting treatment under IAS 19, or the ICRC's contributions, as it is still accounted as defined benefit plan in IFRS.

This plan amendment led to a drop in the defined benefit obligation as at 31 December 2013. The resulting one-time credit to the profit and loss is reported in the net interest cost for CHF 23.0 million. Additionally, the actuaries estimate that there will be approximately a 10% decrease in the future net service cost.

In general, the ICRC must make contributions to the Pension Fund for each participant covered and as defined in the Pension Fund Regulations, i.e. it must contribute 2% of pensionable salary up to 1 January following a participant's 24th birthday and 17% of pensionable salary thereafter. Should the ICRC Pension Fund become underfunded (from a Swiss funding perspective), then the ICRC could be required to make additional contributions. While the ICRC has the possibility to contribute in excess of the amounts specified in the Pension Fund Regulations, it usually only makes contributions as per the Regulations.

2. The early retirement defined benefit plan

The ICRC has a plan that offers all staff working at headquarters or in the field and hired in Geneva the possibility to take early retirement from age 58, instead of 62. The plan covers the period from the date of ICRC retirement up to the date of retirement under Swiss law for those employees.

The early retirement plan is an unfunded plan, treated as a defined benefit plan for IAS 19 purposes, providing retirement benefits that are generally based on a maximum annual social security pension for single participants under certain conditions.

This unfunded plan is not subject to any minimum funding requirements. Allocations made to cover the cost of future early retirements are included in the human resources reserves. Future financial commitments arising from early retirement benefits are borne by the ICRC.

A commission on enhanced old-age security (*Prévoyance Vieillesse Améliorée* in French) ensures compliance with the rules in force for estimating assigned benefits and rules on exceptional circumstances. The plan's risk exposure derives from the fact that future benefits can be modified every three years when the Collective Staff Agreement is renewed.

Because the early retirement plan (like the end-of-service plan) is an unfunded plan, the amounts that the ICRC must contribute in any given year are equal to the amounts of benefits that are due for that year.

No plan amendments, curtailments or settlements as per IAS 19R occurred during the 2013 or 2012 financial years for this plan.

3. The end-of-service defined benefit plan

The ICRC has agreed to provide post-employment benefits to delegation employees in accordance with the legislation of the countries concerned and the local collective staff agreement. The benefits are based on one month of compensation for every year of service up to a maximum of 12 months, except in countries where local regulations require otherwise (Afghanistan, Kenya, Philippines and Sudan).

The end-of-service plan is an unfunded plan, treated as a defined benefit plan for IAS 19 purposes.

The present value of future financial commitments due for end-of-service indemnities (e.g. end of employment, retirement, severance pay, etc.) is borne by the ICRC. As there is only a lump-sum benefit at the end of service, there are no pensioners.

The Human Resources Department is in charge of the plan's governance and is held accountable for this responsibility by management. Potential risk exposure is derived from future changes to local regulations on post-employment benefits or to local collective staff agreements.

No plan amendments, curtailments or settlements as per IAS 19R occurred during the 2013 or 2012 financial years for this plan.

4. The contribution suppletive defined contribution plans

The contribution suppletive plan was initially established for non-Swiss employees who are on a headquarters contract but not living in Switzerland and who consequently are not able to contribute to the Swiss social contribution plans. It was extended in 2012 to non-Jordanian delegation employees who are working in Jordan but are not allowed to contribute to Jordanian social contribution plans. The funds are held in escrow for the employees and are paid out when they are no longer on contract to the ICRC.

5. The Avenir Foundation defined contribution plan

The Avenir Foundation was established for the benefit of staff working at headquarters or in the field and hired in Geneva on an open-ended contract. Its purpose is to promote ongoing training, facilitate career moves and improve retirement benefits. The ICRC pays fixed contributions determined by the duration of employment into individual staff accounts with the Foundation.

The ICRC Assembly Council decided to further strengthen professional development of ICRC staff internally and therefore to stop contributing to the Avenir Foundation starting 1 January 2014. Based on this decision, the Avenir Foundation Governing Board decided that the Foundation will be dissolved once all funds have been attributed, most likely during the 2015 financial year.

b) Total non-current employee benefit liabilities

(in KCHF)	2013	2012
DEFINED BENEFIT PLANS		
Pension benefit plan	101,109	197,511
Early retirement benefit plan	30,247	25,910
End-of-service benefit plan	54,089	51,486
Sub-total for defined benefit plans	185,445	274,907
DEFINED CONTRIBUTION PLANS		
Contribution suppletive plans	21,590	18,033
Sub-total for defined contribution plans	21,590	18,033
Total Non-current employee benefit liabilities	207,035	292,940

c) Disclosures for the defined benefit plans

The following tables summarize the components of net benefit expense recognized in the income statement and the funded status and amounts recognized in the statement of financial position for the respective plans.

COMPONENTS OF PENSION EXPENSE

2013 (in KCHF)	Note	Pension Plan	Early Retirement	End-of- Service	Total 2013
Interest cost on defined benefit obligation		22,254	490	1,959	24,703
Interest income on plan assets		-18,854	-	-	-18,854
Net interest cost on net defined benefit obligation	33	3,400	490	1,959	5,849
Service cost		8,004	2,370	6,887	17,261
Foreign exchange (gain)/loss		-	-	-61	-61
Sub-total post-employment benefit-related expenses		11,404	2,860	8,785	23,049
Administration costs, excluding costs for managing plan assets		1,360	-	-	1,360
Total Pension expenses recognized in the income statement		12,764	2,860	8,785	24,409

2012 (in KCHF)	Note	Pension Plan	Early Retirement	End-of- Service	Total 2012
Interest cost on defined benefit obligation		24,793	582	1,791	27,166
Interest income on plan assets		-20,266	-	-	-20,266
Net interest cost on net defined benefit obligation	33	4,527	582	1,791	6,900
Service cost		28,142	2,303	6,560	37,005
Foreign exchange (gain)/loss		-	-	-81	-81
Sub-total post-employment benefit-related expenses		32,669	2,885	8,270	43,824
Administration costs, excluding costs for managing plan assets		1,211	-	-	1,211
Total Pension expenses recognized in the income statement		33,880	2,885	8,270	45,035

The pension plan amendment in 2013 results in a reduction of the service cost by KCHF 23,053.

REMEASUREMENTS OF NET DEFINED BENEFIT LIABILITY RECOGNIZED IN OTHER COMPREHENSIVE INCOME

2013 (in KCHF)	Pension Plan	Early Retirement	End-of- Service	Total 2013
Actuarial gains/(losses) on defined benefit obligation:				
– Due to changed financial assumptions	77,370	903	-	78,273
– Due to changed demographic assumptions	-	-	-	-
– Due to experience adjustments	-54,646	-5,329	-509	-60,484
(Excess)/insufficient return on plan assets, excluding amounts in net interest	48,326	-	-	48,326
Total Remeasurements recognized in other comprehensive income	71,050	-4,426	-509	66,115

2012 (in KCHF)	Pension Plan	Early Retirement	End-of- Service	Total 2012
Actuarial gains/(losses) on defined benefit obligation:				
– Due to changed financial assumptions	-52,158	-46	-	-52,204
– Due to changed demographic assumptions	-	-	-	-
– Due to experience adjustments	-	-	-389	-389
(Excess)/insufficient return on plan assets, excluding amounts in net interest	67,929	-	-	67,929
Total Remeasurements recognized in Other comprehensive income	15,771	-46	-389	15,336

The cumulative negative amount of actuarial gains and losses recognized in Other comprehensive income is KCHF 160,429 (2012: KCHF 226,544). These items representing the accumulated remeasurement of the defined benefit plans over the years will not be reclassified into profit and loss in subsequent periods.

There is no use of the asset ceiling in 2012 and 2013, and therefore no related effect on the other comprehensive income.

NET BENEFIT (ASSETS)/LIABILITIES RECOGNIZED IN THE STATEMENT OF FINANCIAL POSITION

2013 (in KCHF)	Pension Plan	Early Retirement	End-of- Service	Total
Present value of defined benefit obligation	-1,133,203	-30,247	-54,089	-1,217,539
Fair value of plan assets	1,032,094	-	-	1,032,094
Net asset/(liability) recognized in 2013	-101,109	-30,247	-54,089	-185,445

AMOUNTS FOR THE PENSION PLAN FOR THE CURRENT PERIOD AND PREVIOUS FOUR PERIODS

(in KCHF)	2013	2012	2011	2010	2009
Obligation, end of year	-1,133,203	-1,148,503	-1,071,772	-956,812	-890,112
Fair value of plan assets, end of year	1,032,094	950,992	855,629	844,331	827,071
Surplus/(deficit) of the Pension Plan	-101,109	-197,511	-216,143	-112,481	-63,041

CHANGES IN THE PRESENT VALUE OF DEFINED BENEFIT OBLIGATION (INCLUDING UNFUNDED PLANS)

(in KCHF)	Pension Plan	Early Retirement	End-of- Service	Total
Defined benefit obligation at 1 January 2012	1,071,772	25,699	47,656	1,145,127
Net current service cost	28,142	2,303	6,560	37,005
Interest expense on defined benefit obligation	24,793	582	1,791	27,166
Employee contributions	18,380	-	-	18,380
Net benefits paid	-46,742	-2,720	-4,822	-54,284
Actuarial losses/(gains) due to financial assumptions	52,158	46	-	52,204
Actuarial losses/(gains) due to demographic assumptions	-	-	-	-
Actuarial losses/(gains) due to experience adjustments	-	-	389	389
Foreign exchange adjustment	-	-	-81	-81
Other items	-	-	-7	-7
Defined benefit obligation at 31 December 2012	1,148,503	25,910	51,486	1,225,899
Net current service cost	31,057	2,369	6,887	40,313
Past service costs	-23,053	-	-	-23,053
Interest expense on defined benefit obligation	22,254	490	1,959	24,703
Employee contributions	19,091	-	-	19,091
Net benefits paid	-41,925	-2,948	-6,691	-51,564
Actuarial losses/(gains) due to financial assumptions	-77,370	-903	-	-78,273
Actuarial losses/(gains) due to demographic assumptions	-	-	-	-
Actuarial losses/(gains) due to experience adjustments	54,646	5,329	509	60,484
Foreign exchange adjustment	-	-	-61	-61
Defined benefit obligation at 31 December 2013	1,133,203	30,247	54,089	1,217,539

CHANGES IN THE FAIR VALUE OF PLAN ASSETS (EXCLUDING UNFUNDED PLANS)

(in KCHF)	2013	2012
Fair value of Pension Plan assets at 1 January	950,992	855,629
Employer contributions	38,116	36,741
Employee contributions	19,091	18,380
Net benefits paid	-41,925	-46,742
Actual administration costs paid, excluding costs for managing plan assets	-1,360	-1,211
Interest income on plan assets	18,854	20,266
Excess/(insufficient) return on plan assets	48,326	67,929
Fair value of Pension Plan assets at 31 December	1,032,094	950,992

FAIR VALUES OF PENSION PLAN ASSETS BY ASSET CATEGORY

(in KCHF)	2013	2012
Cash and cash equivalents	85,887	51,316
Gold	3,321	-
Equities:		
– Domestic (Swiss) equities	153,049	136,880
– Foreign equities	244,864	254,680
Bonds:		
– Domestic (Swiss) bonds	179,325	176,681
– Foreign bonds	190,060	142,020
Properties:		
– Domestic (Swiss) direct investments in properties	99,507	88,470
– Foreign direct investments in properties	2,789	3,010
– Domestic (Swiss) property funds	44,000	73,136
– Foreign property funds	29,292	24,799
Derivatives	-	-
Investment funds	-	-
Asset-backed securities	-	-
Structured debt	-	-
Total Pension plan assets at 31 December	1,032,094	950,992

All plan assets, except direct investments in properties, are listed. The assessment of the market values of these direct investments in properties led to a revaluation of the related plan assets by +KCHF 14,862 in December 2012. The next appraisal by an independent real estate appraiser will be carried out in 2015, unless significant market changes occur before.

No pension plan assets are occupied or used by the ICRC.

The ICRC Pension Fund performs periodic asset-liability studies, *inter alia*, to assess its risk capacity and help ensure that it has the right asset strategy to achieve the required rate of return. Following the study initiated in 2011, the Governing Board decided to adopt a new strategy that has been implemented from 1 April 2013. In addition, a stop-loss insurance was contracted to limit the Pension Fund's exposure to disability and death risks.

PRINCIPAL ACTUARIAL ASSUMPTIONS USED AT END OF YEAR

	Pension Plan		Early Retirement		End-of-Service	
	2013	2012	2013	2012	2013	2012
Discount rate	2.50%	2.00%	2.50%	2.00%	5.00%	4.00%
Interest crediting rate	2.50%	N/A	2.50%	N/A	-	-
Future salary increase rate	2.00%	2.25%	2.00%	2.25%	5.00%	4.00%
Future pension increase rate	0.00%	0.00%	1.50%	1.50%	-	-
Employee rotation rate	19.50%	20.50%	-	-	-	-

For the end-of-service plan, these discount and salary increase rates are expressed as a range that reflects the various material financial environments (countries) for which the obligation has been calculated.

For the other plans:

- ▶ In determining the appropriate discount rate, management considers the interest rates of corporate bonds in Switzerland with at least an AA rating, with extrapolated maturities

corresponding to the expected duration of the defined benefit obligation.

- ▶ Future salary and pension increases are based on expected future inflation rates for the respective country.
- ▶ The publicly available LPP/BVG 2010 generational mortality tables have been used with an increasing load to reflect the additional risks taken by the ICRC's staff assigned to the field operations.

As per IAS 19R, paragraph 144, the ICRC deems the discount rate, the interest credit rate and the salary increase rate to be significant actuarial assumptions used to determine the present value of the defined benefit obligation to the pension plan and the early retirement plan.

SENSITIVITY ANALYSIS ON DISCOUNT RATE

(in KCHF)	Pension Plan		Early Retirement	
	2013	2012	2013	2012
Baseline information as at 31 December:				
Discount rate	2.50%	2.00%	2.50%	2.00%
Defined benefit obligation	1,133,203	1,148,503	30,247	25,910
Sensitivity information as at 31 December:				
Discount rate	2.25%	1.50%	2.25%	1.75%
Defined benefit obligation	1,168,332	1,185,255	30,640	26,247

The assumptions and methods used to prepare the above sensitivity information were exactly the same as those used to prepare the final disclosures, except that the discount rate assumption was decreased.

SENSITIVITY ANALYSIS ON INTEREST RATE CREDITING ACCOUNT BALANCES

(in KCHF)	Pension Plan		Early Retirement	
	2013	2012	2013	2012
Baseline information as at 31 December:				
Future interest credit rate	2.50%	-	2.50%	-
Defined benefit obligation	1,133,203	-	30,247	-
Sensitivity information as at 31 December:				
Future interest credit rate	2.25%	-	2.25%	-
Defined benefit obligation	1,127,537	-	30,277	-

The assumptions and methods used to prepare the above sensitivity information were exactly the same as those used to prepare the final disclosures, except that the interest credit rate assumption was decreased.

SENSITIVITY ANALYSIS ON SALARY INCREASE RATE

(in KCHF)	Pension Plan		Early Retirement	
	2013	2012	2013	2012
Baseline information as at 31 December:				
Future salary increase rate	2.00%	2.25%	2.00%	2.25%
Defined benefit obligation	1,133,203	1,148,503	30,247	25,910
Sensitivity information as at 31 December:				
Future salary increase rate	1.75%	1.75%	1.75%	2.00%
Defined benefit obligation	1,132,070	1,146,206	30,187	25,729

The assumptions and methods used to prepare the above sensitivity information were exactly the same as those used to prepare the final disclosures, except that the salary increase rate assumption was decreased.

2014 EXPECTED AMOUNTS

(in KCHF)	Pension Plan	Early Retirement	End-of-Service
Expected employer contributions for 2014	38,878	3,240	7,026
Expected employee contributions for 2014	19,473	-	-
Expected benefits payments for 2014	-93,050	-3,240	-7,026
Expected duration for the obligation as at 31 December 2013	12.7 years	5.6 years	-

d) Disclosures for the defined contribution plans

CONTRIBUTION SUPPLEMENTIVE PLANS

In 2013, contributions to the contribution suppletive plans amounted to KCHF 7,383 (2012: KCHF 6,442), and the plans paid out KCHF 3,824 (2012: KCHF 4,529) to employees finishing contracts with the ICRC.

AVENIR FOUNDATION PLAN

In 2013, contributions to the Avenir Foundation plan amounted to KCHF 9,746 (2012: KCHF 9,376), and the Foundation paid out KCHF 10,344 (2012: KCHF 7,926) for training purposes, professional integration outside the ICRC and early retirement benefits.

23. PERMANENTLY RESTRICTED RESERVES FOR THE FUNDS AND FOUNDATIONS

The use and allocation of these reserves are decided by the respective boards of the funds and foundations. The movements of these reserves over the past two years are shown in the consolidated statement of changes in reserves.

A summary of the restricted reserves by funds and foundations is as follows:

(in KCHF)	2013	2012
Foundation for the International Committee of the Red Cross	24,301	23,264
Special Fund for the Disabled	3,313	3,738
Clare R. Benedict Fund	2,046	2,007
Omar El Mukhtar Fund	949	931
Augusta Fund	134	132
Florence Nightingale Medal Fund	513	508
French Fund Maurice de Madre	4,472	4,415
Paul Reuter Fund	588	577
Jean Pictet Fund	630	628
Total Permanently restricted reserves for the funds and foundations	36,946	36,200

24. TEMPORARILY RESTRICTED RESERVES FOR THE FUNDING OF OPERATIONS

These temporarily restricted reserves represent:

- ▶ Either the cumulative excess of income from earmarked voluntary contributions over expenditure on stipulated field or headquarters operations
- ▶ or field operations classified as having “deficit funding” as soon as contributions do not cover expenditure.

The funding of operations reserves include the following:

(in KCHF)	2013	2012
DONORS' RESTRICTED CONTRIBUTIONS		
Field operations with temporary surplus funding	52,106	76,863
Headquarters restricted contributions	506	53
Total Donors' restricted contributions	52,612	76,916
FIELD OPERATIONS WITH TEMPORARY DEFICIT FUNDING		
Total Field operations with temporary deficit funding	-15,421	-72,994
Total Temporarily restricted reserves for the funding of operations	37,191	3,922

25. UNRESTRICTED RESERVES DESIGNATED BY THE ASSEMBLY

(in KCHF)	Future operations	Operational risks	Assets replacement	Financial risks	Human resources	Specific projects	Total
Balance at 1 January 2012	202,645	27,981	185,497	18,725	-208,648	525	226,725
Use/release during 2012	-	-9,451	-742	-10,002	-1,574	-	-21,769
Allocation 2012	19,631	5,664	12,945	5,977	21,106	97	65,420
Balance at 31 December 2012	222,276	24,194	197,700	14,700	-189,116	622	270,376
Use/release during 2013	-	-1,046	-270	-	-3,318	-	-4,634
Allocation 2013	14,064	1,746	11,526	3,900	97,902	556	129,694
Balance at 31 December 2013	236,340	24,894	208,956	18,600	-94,532	1,178	395,436

Future operations reserves

The future operations reserve is intended for situations with insufficient operational funding, which is estimated at an average of four months of expenditure in cash, kind and services (including overhead) over the previous four years, both at headquarters and in the field. The theoretical level is KCHF 387,000 (in 2012: KCHF 377,000).

Operational risks reserves

This concerns reserves relating to insurance coverage and to potential litigation.

Assets replacement reserves

The ICRC sets aside funds for capital expenditure on real estate and equipment, in order to be able to make investments that are essential for its operations regardless of short-term financial fluctuations. The reserve also contains funds received from donors for specific fixed assets and is amortized over the life of the related asset.

Financial risks reserves

The financial risks reserve covers the risks of exchange rate variations and price fluctuations in securities. The foreign exchange reserve target amount is estimated at the value at risk (VaR) using a 95% confidence interval (see note 34a for the method of calculation).

Human resources reserves

These reserves were initially set aside to cover future payments to management and staff under agreements for post-employment, including early retirement. Since the early adoption of IAS 19R, "Employee Benefits" in 2011, these reserves also reflect the effect of the under- or over-coverage of the defined benefit plans. The human resources reserve has shown a negative balance since.

(in KCHF)	2013	2012
Accumulated effect of the defined benefit plans on reserves	-99,532	-192,616
Other human resources reserves	5,000	3,500
Total Human resources reserves	-94,532	-189,116

Specific projects reserves

Allocations for specific projects relate to contracts signed by ICRC headquarters during the financial year for which goods and/or services had not been delivered by the end of the year.

26. CONTRIBUTIONS

(in KCHF)	2013	2012
Governments	1,033,267	839,075
European Commission	88,238	89,565
International organizations	1,962	3,260
Supranational organizations	697	127
National Societies	40,634	44,380
Public sources	7,504	7,313
Private sources	51,333	29,639
Total Contributions	1,223,635	1,013,359

27. OPERATING EXPENDITURE BY CASH, KIND AND SERVICES

(in KCHF)	Cash	Kind	Services	2013	2012
FIELD					
Staff-related costs	404,291	-	5,456	409,747	404,403
Mission costs	52,567	-	34	52,601	54,957
Rentals	102,581	-	314	102,895	101,226
Sub-contracted maintenance	39,871	-	-	39,871	34,312
Purchase of goods and materials	240,024	7,797	-	247,821	198,431
Financial assistance	58,664	-	-	58,664	15,121
General expenditure	58,414	-	-	58,414	53,450
Depreciation	16,765	-	-	16,765	16,441
Total Field expenditure	973,177	7,797	5,804	986,778	878,341
HEADQUARTERS					
Staff-related costs	137,748	-	366	138,114	133,383
Mission costs	4,804	-	-	4,804	4,620
Rentals	399	-	2,744	3,143	3,022
Sub-contracted maintenance	2,965	-	-	2,965	2,528
Purchase of goods and materials	3,511	2	-	3,513	3,603
Financial assistance	1,634	-	-	1,634	968
General expenditure	26,259	-	115	26,374	22,819
Depreciation	8,862	-	-	8,862	10,192
Total Headquarters expenditure	186,182	2	3,225	189,409	181,135
Total Expenditure before IAS 19R	1,159,359	7,799	9,029	1,176,187	1,059,476
Effect of IAS 19R on defined benefit pension plans				-32,757	-11,015
Total Operating expenditure				1,143,430	1,048,461

The contributed assets included in the 2013 contributions amount to nil (2012: KCHF 1,000). They are reported:

- ▶ either as contributions in cash that are restricted to the acquisition of a given fixed asset
- ▶ or as contributions in kind in the form of a donated asset.

28. OVERHEAD AND ADMINISTRATIVE COSTS

As a contribution to the costs of headquarters support for operations in the field, an additional 6.5% is added to the budget of each operation for cash and service movements. Headquarters support includes services essential for an operation's success, such as human resources, finance, logistics and IT, as noted below under c). The following analysis reconciles the audited consolidated financial statements with the management financial results of the Emergency Appeals.

a) Overheads

The reconciliations of headquarters overheads income and field overhead expenditure result in the following breakdowns over the past two years:

2013 (in KCHF)	Note	Field	Headquarters	Total 2013
OPERATING INCOME				
Consolidated operating income	26			1,223,635
Less funds and foundations				-4,637
Total ICRC contributions		1,075,576	143,422	1,218,998
Internal allocation from field budget		-	63,308	63,308
Total Income related to Emergency Appeals		1,075,576	206,730	1,282,306
OPERATING EXPENDITURE				
Consolidated operating expenditure				-1,143,430
Effect of IAS 19R on pension plans				-32,757
Total Operating expenditure before IAS 19R	27	-986,778	-189,409	-1,176,187
Less funds and foundations		5,009	444	5,453
Total ICRC operating expenditure		-981,769	-188,965	-1,170,734
Internal allocation to headquarters budget		-63,308		-63,308
Total Expenditure related to Emergency Appeals		-1,045,077	-188,965	-1,234,042
2012 (in KCHF)				
	Note	Field	Headquarters	Total 2012
OPERATING INCOME				
Consolidated operating income	26			1,013,359
Less funds and foundations				-4,365
Total ICRC contributions		870,026	138,968	1,008,994
Internal allocation from field budget		-	56,390	56,390
Total Income related to Emergency Appeals		870,026	195,358	1,065,384
OPERATING EXPENDITURE				
Consolidated operating expenditure				-1,048,461
Effect of IAS 19R on pension plans				-11,015
Total Operating expenditure before IAS 19R	27	-878,341	-181,135	-1,059,476
Less funds and foundations		5,282	410	5,692
Total ICRC operating expenditure		-873,059	-180,725	-1,053,784
Internal allocation to headquarters budget		-56,390		-56,390
Total Expenditure related to Emergency Appeals		-929,449	-180,725	-1,110,174

b) Administrative costs

The following cost centres at headquarters are classified as administrative rather than direct programme-oriented operating expenditure:

- ▶ the president's office, the directorate and management control
- ▶ finance and administration
- ▶ human resources
- ▶ fundraising
- ▶ information systems and archives

Their total administrative cost amounts to KCHF 120,656 which represents 10.3% of ICRC's operating expenditure (2012: KCHF 116,574 and 11.1%).

29. STAFF-RELATED COSTS AND FIGURES

(in KCHF)	Note	2013	2012
Wages and salaries		420,961	416,769
Social insurance and social benefits		69,700	66,571
Staff costs as contributed services	27	5,822	5,215
Post-employment benefit costs	22	18,621	38,216
Total Staff-related costs		515,104	526,771

These post-employment benefit costs represent the total of current net service cost and administration costs excluding costs for managing plan assets.

The average number of employees during these financial years was as follows:

AVERAGE NUMBER OF EMPLOYEES

(in KCHF)	Note	2013	2012
IN THE FIELD			
Mobile employees hired by ICRC		1,435	1,441
Mobile employees seconded by National Societies		166	110
Local resident employees under ICRC contract		10,183	10,020
Sub-total average number of employees in the field		11,784	11,571
AT HEADQUARTERS			
Staff hired by ICRC		936	913
Staff seconded by National Societies		5	6
Sub-total average number of employees at headquarters		941	919
Total Average number of employees		12,725	12,490

30. LEASES

a) Operating leases as lessee

The ICRC leases warehouses, delegation buildings and means of transport under operating leases. The leases may typically run for a period of up to 10 years, with an option to renew after that date. Lease payments are increased annually to reflect market rentals.

For 2013, KCHF 102,980 (2012: KCHF 101,241) was recognized as rental expense with respect to operating leases in the income statement, as follows:

(in KCHF)	Note	2013	2012
Premises and equipment		43,032	40,124
Transport		59,948	61,117
Sub-total operating leases		102,980	101,241
Rentals as contributed services	27	3,058	3,007
Total Rentals		106,038	104,248

NON-CANCELLABLE OPERATING LEASE RENTALS PAYABLE

(in KCHF)	2013	2012
- within 12 months	13,285	8,233
- within 2 to 5 years	9,856	7,643
- over 5 years	3,540	1,310
Total Non-cancellable rentals payable	26,681	17,186

b) Operating leases as lessor

In 2013, KCHF 742 (2012: KCHF 754) were recognized as income in the income statement in respect of sub-leases. These leases principally relate to vehicle parking at headquarters and ad hoc field facilities that are short-term in nature.

c) Finance leases as lessee

The ICRC has no finance lease obligations.

31. FINANCIAL INCOME, NET

(in KCHF)	2013	2012
FINANCIAL INCOME		
INVESTMENTS AT FAIR VALUE THROUGH PROFIT AND LOSS		
Net fair value gain	12,614	8,352
Net income	2,045	1,644
INVESTMENTS HELD-TO-MATURITY		
Net gain	9	27
Interest income	1,005	371
OTHER FINANCIAL INCOME		
Interest income	335	923
Total Financial income	16,008	11,317
FINANCIAL EXPENSES		
INVESTMENTS HELD-TO-MATURITY		
Interest and other expenses	-161	-66
Impairment loss	-	-
Total Financial expenses	-161	-66
Financial income, net	15,847	11,251

Interest expense is classified within operating general expenditure, which is consistent with the requirements of agreements with donors.

32. NON-OPERATING INCOME AND EXPENSES

(in KCHF)	Note	2013	2012
OTHER NON-OPERATING INCOME			
Decrease in provisions for operational claims		-	571
Decrease in provisions for accounts receivable		84	656
Re-invoiced costs		3,587	9,424
Income arising from prior period		1,561	797
Gains on disposal of fixed assets		3,626	3,802
Other income		994	5,659
Adjustments of operations		73	615
Total Other non-operating income		9,925	21,524

Adjustments of operations concern prior period charges relating mainly to the transfer of goods and revised estimates of accruals, and do not relate to current field operations.

(in KCHF)	Note	2013	2012
OTHER NON-OPERATING EXPENSES			
Increase in provisions for operational claims		-188	-
Increase in provisions for accounts receivable		-1	-67
Increase in provisions for obsolete inventories		-112	-524
Expenditure arising from prior period		-1,059	-129
Net interest cost on post-employment obligations	22	-5,849	-6,900
Losses on disposal of fixed assets		-270	-742
Other expenses		-3,359	-8,450
Total Other non-operating expenses		-10,838	-16,812

33. TAXES

The ICRC (but not its staff) is exempt from taxes in Switzerland and most countries in which its delegations are based.

34. FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES

The ICRC has various financial assets, such as cash and cash equivalents, investments, accounts receivable, long-term receivables and other financial assets. The main financial liabilities comprise loans and borrowings, bank overdrafts, accounts payable, accrued expenses and other financial liabilities.

The main risks arising from these financial assets and liabilities are market risk and its subsets (foreign currency and interest rate risks), counterparty risk and liquidity risk, which are summarized below.

These risks are managed through several treasury policies. Compliance with these policies is monitored by the Treasury Committee, which is composed of the director of financial resources and logistics, the head of finance, the head of accounting and the treasurer. These various policies are submitted by the Treasury Committee to the Assembly Council for adoption.

a) Foreign currency risk

EXPOSURE

The foreign currency risk is that the financial statements for a particular period or as at a certain date may be affected by changes in the value of transactions executed in foreign currencies owing to fluctuations.

The ICRC's exposure to the foreign exchange (hereafter FX) translation risk is limited, as both the functional currency and the reporting currency used for these consolidated financial statements is the Swiss franc. However, exposure to fluctuations in FX rates arises from transactions denominated in currencies other than the Swiss franc. For instance, the ICRC incurs foreign currency risk on contributions pledged in foreign currencies.

In addition, exchange rate fluctuations can have a significant impact on the income statement in relation to the ICRC's operations carried out worldwide. The currencies giving rise to this risk are primarily the euro, the pound sterling and the US, Australian and Canadian dollars.

Long-term receivables in FX relate to deferred income and are principally denominated in pounds sterling and in US and Canadian dollars. The FX exposure of this asset is offset against the FX exposure of the deferred income liability.

The principal rates of exchange are shown below:

(in KCHF)	Spot rate		Average rate	
	2013	2012	2013	2012
USD	0.8894	0.9163	0.9261	0.9341
EUR	1.2259	1.2080	1.2274	1.2051
GBP	1.4657	1.4787	1.4466	1.4820
AUD	0.7899	0.9518	0.8994	0.9687

Most financial assets and liabilities are denominated in Swiss francs, except the following:

(Converted to KCHF)	2013	2012	
CASH AND CASH EQUIVALENTS			
Euro	KCHF	7,786	3,516
Pound	KCHF	409	6,164
US dollar	KCHF	17,645	12,809
Swedish krona	KCHF	2,211	7
Central African CFA franc (XAF)	KCHF	1,633	626
West African CFA franc (XOF)	KCHF	2,123	3,334
CURRENT AND NON-CURRENT ACCOUNTS RECEIVABLE			
Euro	KCHF	127,499	62,802
Pound	KCHF	113,351	151,716
US dollar	KCHF	40,262	6,847
New Zealand dollar	KCHF	2,544	2,634
Australian dollar	KCHF	95,183	142,105

(Converted to KCHF)		2013	2012
ACCOUNTS PAYABLE AND ACCRUED EXPENSES			
Euro	KCHF	3,903	4,002
US dollar	KCHF	5,266	1,220
West African CFA franc (XOF)	KCHF	143	2,349
CURRENT AND NON-CURRENT DEFERRED INCOME			
Euro	KCHF	88,939	28,628
Pound	KCHF	130,726	165,762
Swedish krona	KCHF	4,119	-
New Zealand dollar	KCHF	2,544	753
Australian dollar	KCHF	95,183	144,674

EXPOSURE MANAGEMENT

The ICRC uses derivative financial instruments – spots, forward contracts and swaps – to hedge its exposure to foreign exchange risks arising from accounting exposures denominated in foreign currency. The forward exchange contracts have maturities of less than one year after the reporting date. Where necessary, the contracts are swapped at maturity. In accordance with its treasury policies, the ICRC uses derivative instruments exclusively for hedging purposes.

With respect to other monetary assets and liabilities held in foreign currencies in the field, the ICRC ensures that its exposure is kept to an acceptable level, buying or selling foreign currencies at spot rates where necessary to address short-term needs.

To limit exposure over investments, the ICRC's investment management policy defines which currencies may be used for investments. At 31 December 2013, all investments are denominated in Swiss francs, with the exception of KCHF 84,906 (2012: KCHF 66,111).

EXPOSURE MEASUREMENT

The ICRC uses a VaR computation to estimate the potential annual loss in the fair value of its financial assets and liabilities denominated in foreign currency.

The VaR estimates are made assuming normal market conditions, using a 95% confidence interval. The ICRC cannot predict actual future movements of exchange rates. Therefore, the VaR numbers below do not represent actual losses or consider the effects of favourable movements in underlying variables. Accordingly, these VaR numbers are only indicative of future movements over a one-year time horizon, to the extent that historic market patterns are repeated in the future. The estimated potential annual loss from the ICRC's foreign currency exposure is as follows:

(in KCHF)	Note	2013	2012
Value at Risk – Potential loss on foreign currencies	25	-6,567	-4,375

b) Market and interest rate risks

The ICRC is exposed to market and interest rate risks through its investments in equity shares, debt securities, term deposits and other funds. It is also exposed to changes in market interest rates through its debt securities and term deposits. These financial assets, except for a large portion of the debt securities that are held-to-maturity, are stated at fair value. This portfolio held-to-maturity is not subject as such to the volatility of financial markets.

SENSITIVITY ANALYSIS FOR QUOTED EQUITY SHARES AT FAIR VALUE THROUGH PROFIT AND LOSS

The ICRC's investments in equity of other entities that are publicly traded are generally included in one of the following two equity indexes: Swiss Performance Index ("SPI") for Swiss shares and MSCI World for non-Swiss shares.

The table below summarizes the impact of increases/decreases in the two equity indexes on the ICRC's surplus for the year. The analysis is based on the assumption that the equity indexes have increased/decreased by 5% with all other variables, in particular foreign currency rates, held constant and all the equity instruments moved according to the historical correlation with the index:

(in KCHF)	Impact on ICRC's surplus/(deficit)			
	2013		2012	
	+5% increase	-5% decrease	+5% increase	-5% decrease
EQUITY INDEX				
SPI	1,892	-1,892	1,621	-1,621
MSCI World	2,607	-2,607	2,152	-2,152

SENSITIVITY ANALYSIS FOR QUOTED DEBT SECURITIES AT FAIR VALUE THROUGH PROFIT AND LOSS

A change of 100 basis point in interest rates at the end of the year would have increased/(decreased) ICRC's surplus for the year by the amounts shown below. This analysis assumes that all other variables, in particular foreign currency rates, remain constant.

(in KCHF)	Impact on ICRC's surplus/(deficit)			
	2013		2012	
	+1% increase	-1% decrease	+1% increase	-1% decrease
INTEREST RATE				
Fixed-rate debt securities	-589	589	-495	495

To limit this market exposure, the ICRC's Investment and Treasury Committees have clarified the organization's tolerance for risk and volatility in investment guidelines based on investment management policy. Portfolio managers are required to trade all investments at stock exchanges handling large volumes and with market markers. All selected financial assets have to meet specific criteria defined in the policy, such as quality and negotiability of securities, minimum counterparty ratings, maximum percentages of total invested fund, etc. The Investment Committee, which consists of the director of financial resources and logistics, the head of finance and two external members, also makes proposals to the treasurer for managing the market and interest rate risks.

The ICRC has also allowed portfolio managers to use derivative future contracts to hedge exposure to market risk. The future contracts have maturities of less than one year after the reporting date.

c) Counterparty risk

The ICRC's treasury policies focus on security of cash and cash equivalents. At headquarters, these positions are held in banks regulated by the Swiss Central Bank or by the central bank of any EU member State with a long-term rating of at least A-/A3 (Standard & Poor's and Moody's). For the field positions, there is no significant exposure to banks in risky countries. In 2013, the number of bank counterparties did not change.

ICRC receivables are mostly with governments and government agencies, where credit risk is considered to be low. In addition, the ICRC has a relatively broad government donor base. The largest donor contributed 21.2% of overall income (2012: 20.6%) and the top five donors contributed 56.8% (2012: 54.5%).

Investments are allowed only in liquid securities and only with counterparties that have a high credit rating. The ICRC's investment management policy defines the maximum exposure to a single counterparty in order to ensure diversification of investments.

Other positions are not material, or are covered by provisions.

At the reporting date, there were no significant concentrations of credit risk. The maximum exposure to credit risk is represented by the carrying amount of each financial asset in the statement of financial position.

d) Liquidity risk

The ICRC maintains a secure level of working capital at all times. This is reassessed and quantified periodically, based on cash-flow forecasts. The ICRC's objective is to strike a balance between funding continuity and flexibility by maintaining sufficient funds as cash in hand, cash at bank or deposits with initial maturities of three months or less to meet short-term liabilities. Interest-bearing loans and borrowings, which are debt requiring servicing costs, are kept to a minimum.

In addition, the ICRC has liquidity risk associated with foreign exchange forward cover. Funds in the appropriate foreign currency are retained to settle forward contracts when they come due, or the contract is swapped forward until sufficient foreign currency is available.

The tables below summarize the maturity profile of the ICRC's financial liabilities.

2013 (in KCHF)	Note	Total	Undiscounted amounts		
			< 1 year	2 – 5 years	> 5 years
Accounts payable	16	42,557	42,557		
Current loans and borrowings	17	1,351	1,351		
Current employee benefit liabilities	19	45,732	45,732		
Current deferred income:	20				
– Deferred income related to pledges		221,471	222,055		
– Deferred income related to government loans		100	100		
Derivative financial instruments	38	135,148	135,148		
Non-current loans and borrowings	17	19,800	-	2,403	17,397
Non-current employee benefit liabilities	22				
– Pension benefit plan		101,109	7,961	31,845	61,303
– Early retirement benefit plan		30,247	7,562	20,265	2,420
– End-of-service benefit plan		54,089	7,026	28,104	18,959
– Contribution suppletive plans		21,590	3,824	15,296	2,470
Non-current deferred income:	20				
– Deferred income related to pledges		167,217	-	171,179	-
– Deferred income related to government loans		11,209	-	511	10,698
Total 2013		851,620	473,316	269,603	113,247

2012 (in KCHF)	Note	Total	Undiscounted amounts		
			< 1 year	2 – 5 years	> 5 years
Accounts payable	16	38,128	38,128		
Current loans and borrowings	17	1,029	1,029		
Current employee benefit liabilities	19	46,244	46,244		
Current deferred income:	20				
– Deferred income related to pledges		131,480	131,899		
– Deferred income related to government loans		89	89		
Derivative financial instruments	38	61,072	61,072		
Non-current loans and borrowings	17	20,429	-	2,447	17,982
Non-current employee benefit liabilities	22				
– Pension benefit plan		197,511	15,431	61,722	120,358
– Early retirement benefit plan		25,910	6,736	17,100	2,074
– End-of-service benefit plan		51,486	5,015	20,060	26,411
– Contribution suppletive plans		18,033	4,529	13,504	-
Non-current deferred income:	20				
– Deferred income related to pledges		268,735	-	277,335	-
– Deferred income related to government loans		11,309	-	467	10,842
Total 2012		871,455	310,172	392,635	177,667

e) Capital management

By its nature, the ICRC does not have “capital”. Rather, it views the reserves as a proxy for capital in terms of IAS 1. The target and position of the various reserves are indicated in Notes 23 to 26. There were no changes in the organization’s approach to reserves management during the year. The governing bodies’ policy is to maintain a strong level of reserves so as to maintain stakeholder and donor confidence and to sustain future development of operations.

35. FAIR VALUE

A number of the ICRC’s accounting policies and disclosures require the determination of fair value, both for financial and non-financial assets and liabilities. Fair value has been determined for measurement and/or disclosure purposes based on the method outlined below.

a) Fair value measurement

Fair value estimates are made at a specific point in time, based on market conditions and information about the financial instruments concerned. These estimates are subjective in nature and involve uncertainties and matters of significant judgment and therefore cannot be determined with precision. Changes in assumptions could significantly affect estimates.

The fair value of cash and cash equivalents, accounts receivable, bank overdrafts, accounts payable and accrued expenses are not materially different from the carrying amounts. Further, accounts receivable are not offset against accounts payable.

In accordance with the ICRC’s investment strategy, investments held-for-trading are measured at fair value through profit or loss, because their performance is actively monitored and they are managed on a fair value basis. The debt securities held-to-maturity are measured at amortized cost. Their fair value is determined for impairment testing and disclosed in the table below.

Interest-free loans are recorded at fair value on initial recognition, which is the present value of the expected future cash flows, discounted using a market-related rate. Subsequent to initial recognition, interest-bearing loans are stated at amortized cost and the current fair value of the loans is disclosed in Note 17.

Derivative financial instruments are stated at fair value. The net result of marking derivative financial instruments at the reporting date was a charge of KCHF 353 (2012: KCHF 141). The fair value of forward currency contracts is calculated by reference to current forward exchange rates for contracts with similar maturity profiles. The fair value of futures exchange contracts is their market price at the reporting date.

b) Fair value hierarchy

Set out below is a comparison by class of the carrying amounts and fair values of the ICRC’s financial assets/liabilities and their corresponding measurement levels. The ICRC determines the fair value of financial instruments on the basis of the following hierarchy:

- ▶ Level 1: The fair value of financial instruments quoted in active markets is based on their quoted closing price at the reporting date.
- ▶ Level 2: The fair value of financial instruments that are not traded in an active market is determined by using valuation techniques based on observable market data.
- ▶ Level 3: This level includes instruments where one or more of the significant inputs are not based on observable market data.

There was no transfer between the fair value measurement levels during the reporting periods ended 31 December 2012 and 2013.

2013 (in KCHF)	Note	Carrying Amount	Fair Value	Fair Value Hierarchy		
				Level 1	Level 2	Level 3
FINANCIAL ASSETS						
Investments at fair value through profit and loss	8	160,950	160,950	160,950	-	-
Investments held-to-maturity	8	138,946	139,586	139,586	-	-
Derivative financial instruments	12	23	23	-	23	-
FINANCIAL LIABILITIES						
Unsecured interest-free loans	17	-20,428	-21,081	-	-21,081	-
Derivative financial instruments	21	-276	-276	-	-276	-

2012 (in KCHF)	Note	Carrying Amount	Fair Value	Fair Value Hierarchy		
				Level 1	Level 2	Level 3
FINANCIAL ASSETS						
Investments at fair value through profit and loss	8	167,681	167,681	167,681	-	-
Investments held-to-maturity	8	121,828	122,577	122,577	-	-
Derivative financial instruments	12	144	144	-	144	-
FINANCIAL LIABILITIES						
Unsecured interest-free loans	17	-21,069	-25,164	-	-25,164	-
Derivative financial instruments	21	-15	-15	-	-15	-

36. CONTINGENT ASSETS

In 2013, pledges amounting to KCHF 1,400 (2012: KCHF 1,600) fell due after five years and were considered as contingent assets.

37. CONTINGENT LIABILITIES

The ICRC has operational claims that are principally legal in nature (local employment contracts, social charges and rental contracts), with the definitive amount and exact timing of each claim being subject to various legal proceedings in the country in which it was issued. Those items that management considers will probably be paid have been recorded as provisions (see Note 18) and the balance deemed to be contingent liabilities amounts to KCHF 14,015 (2012: KCHF 13,911).

The ICRC receives pledges from certain donors that are contingent on expenditure being incurred on specific earmarking and with final payment being subject to acceptable financial reporting.

38. CAPITAL AND CONTRACTUAL COMMITMENTS

a) Capital commitments

Capital expenditures of KCHF 10,030 (2012: KCHF 11,262) have been approved but not provided for in these consolidated financial statements. The 2013 amount includes commitments for KCHF 6,668 to purchase vehicles and for KCHF 2,749 towards IT projects. The 2012 amount includes KCHF 2,059 in commitments relating to the visitors' centre; its construction started in 2011 and was completed late 2013.

b) Contractual commitments

Open purchase orders of KCHF 32,272 (2012: KCHF 13,963) have been issued to third parties but not provided for in these consolidated financial statements.

c) Forward foreign exchange contracts

At year-end, the following positions of forward exchange foreign contracts were open:

(in KCHF)	2013	2012
Purchase of foreign currencies	71,290	45,064
Sale of foreign currencies	-63,858	-16,008

39. RELATED PARTIES

a) Identity of related parties

Key management personnel are persons having authority and responsibility for planning, directing and controlling the ICRC's activities. Related parties are the directors and senior management, and close members of their families or households.

The Assembly is the supreme governing body of the ICRC.

The ICRC has a conflict-of-interest policy whereby members of the Assembly, the directors and senior managers must advise the Assembly or the Human Resources Department of any direct or indirect interest in any transaction or relationship with the ICRC and are disqualified from participation in discussions and decisions regarding any action affecting their individual, professional or business interests.

b) Transactions with related parties

There were no transactions with key management personnel except those described under c) below. With the exception of the president and the permanent vice-president, none of the other members of the Assembly, or any person related to them, received any remuneration from the ICRC during the year.

c) Remuneration

The salaries and benefits of the ICRC's president, permanent vice-president, six directors and head of Internal Audit are set by the Remuneration Commission. Their total remuneration below includes employer expenses for social insurance and social benefits. They received no other salaries or benefits (e.g. fringe benefits, loans, etc).

(in KCHF)	2013	2012
Short-term employee benefits	2,809	2,784
Post-employment benefits	726	671
Other long-term benefits	38	37
Total Remuneration of related parties	3,573	3,492

The non-permanent members of the Assembly, or persons related to or having business ties with them, received no remuneration from the ICRC during the year.

40. NOTES TO THE STATEMENT OF CASH FLOWS

The adjustments to reconcile the result of the year to the net cash from operating activities are detailed hereafter:

(in KCHF)	Note	2013	2012
Surplus/(deficit) for the year		92,960	-21,563
ADJUSTMENTS TO RECONCILE SURPLUS/(DEFICIT) TO NET CASH FROM OPERATING ACTIVITIES			
Non-cash items			
Depreciation and impairment of property, plant and equipment	14	21,582	21,796
Amortization and impairment of intangible assets	15	4,029	3,617
Provision and losses on inventories		171	1,589
Movement in provisions, receivables and specific risks		105	-1,160
Movement in pension as per IAS 19R		-26,969	-4,196
Sub-total Non-cash items		-1,082	21,646
Items relating to investing activities			
Interest and income from investments	31	-3,224	-2,872
Gains on investments, net		-16,010	-12,800
Gains on property, plant and equipment, net	32	-3,356	-3,060
Sub-total Items relating to investing activities		-22,590	-18,732
Working capital adjustments			
Accounts receivable		-39,187	29,091
Prepayments		-3,466	-114
Inventories		-1,514	-6,649
Other financial assets		-244	221
Accounts payable and accrued expenses		4,429	1,339
Employee benefit liabilities		6,666	6,958
Other financial liabilities		261	-261
Sub-total Working capital adjustments		-33,055	30,585
Total Net cash from operating activities		36,233	11,936

41. APPROVAL OF CONSOLIDATED FINANCIAL STATEMENTS

These financial statements were approved by the Directorate on 1 April 2014 for issue to the Assembly Council on 3 April and for final approval by the Assembly on 16 April 2014, and at that date there were no significant events after the reporting period.



Ernst & Young Ltd
Route de Chancy 59
P.O. Box
CH-1213 Geneva

Phone +41 58 286 56 56
Fax +41 58 286 56 57
www.ey.com/ch

To the Assembly of

The International Committee of the Red Cross (ICRC), Geneva

Geneva, 3 April 2014

Report of the independent auditor on the consolidated financial statements

As independent auditor and in accordance with your instructions, we have audited the accompanying consolidated financial statements of the International Committee of the Red Cross (ICRC) (consolidated statement of financial position, consolidated statement of comprehensive income, consolidated statement of cash-flows, consolidated statement of changes in reserves and notes) on pages 531 to 564 for the year ended 31 December 2013.

Directorate's and Assembly's responsibility

The Directorate and Assembly are responsible for the preparation and fair presentation of the consolidated financial statements in accordance with the requirements of International Financial Reporting Standards (IFRS). This responsibility includes designing, implementing and maintaining an internal control system relevant to the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error. The Directorate and Assembly are further responsible for selecting and applying appropriate accounting policies and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing. Those standards require that we plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers the internal control system relevant to the entity's preparation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control system. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made, as well as evaluating the overall presentation of the consolidated financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements for the year ended 31 December 2013 give a true and fair view of the financial position, the results of operations and the cash flows in accordance with IFRS.

Ernst & Young Ltd

Laurent Bludzien
Licensed audit expert
(Auditor in charge)

Thomas Madgery
Licensed audit expert

FINANCIAL AND STATISTICAL TABLES

A. Income and expenditure related to the 2013 Emergency and Headquarters Appeals	568	D. Contributions in kind, in services and to integrated projects (IPs) 2013	580
B. Income and expenditure by delegation related to the 2013 Emergency Appeals	570	E. Comparative balance sheet and statement of income and expenditure for the last five years	582
C. Contributions in 2013	574	F. Assistance items figures	582
Summary of all contributions	574	Receipt of assistance items by contributions in kind, cash for kind and purchases in 2013	583
1. Governments	574	Receipt of assistance items by context in 2013	584
2. European Commission	576	Delivery of assistance items in 2013	586
3. International organizations	576		
4. Supranational organizations	576		
5. National Societies	576		
6. Public sources	578		
7. Private sources	579		

A. INCOME AND EXPENDITURE RELATED TO THE 2013 EMERGENCY AND HEADQUARTERS APPEALS (in KCHF)

	BUDGET			EXPENDITURE BY PROGRAMME (Cash, kind and services)						
	2013 Initial budget	Amendments	2013 Final budget	Protection	Assistance	Prevention	Cooperation with National Societies	General	2013 Total Expenditure	Overheads (already included in the total expenditure)
1. EMERGENCY APPEALS (FIELD)										
Africa	426,743	49,177	475,919	70,873	298,472	50,348	30,634	968	451,296	27,297
Asia and the Pacific	193,173	52,322	245,496	36,453	130,092	28,570	15,705	1,079	211,900	12,733
Europe and the Americas	142,103	-	142,103	40,555	46,472	35,466	12,510	608	135,612	8,272
Middle East	226,704	62,289	288,993	44,663	159,218	24,192	17,188	1,009	246,271	15,007
Stock in Kind										
TOTAL EMERGENCY APPEALS (FIELD)	988,722	163,789	1,152,511	192,545	634,255	138,576	76,037	3,665	1,045,078	63,308
2. HEADQUARTERS APPEAL										
HEADQUARTERS GENERAL										
Assembly, Presidency and Management Control	5,959	2,709	8,668						8,588	
Office of the Director-General	4,115	400	4,515						4,255	
Operations	48,303	1,157	49,461						49,477	
International Law and Cooperation within the Movement	18,558	732	19,291						18,543	
Communication and Information Management	37,879	1,200	39,079						38,119	
Human Resources	24,902	121	25,023						25,866	
Financial Resources and Logistics	47,099	-1	47,098						44,118	
TOTAL HEADQUARTERS	186,816	6,318	193,134						188,965	
3. TOTAL FOUNDATIONS AND FUNDS									6,074	
4. OPERATING ACTIVITIES-RELATED CONTRIBUTIONS AND EXPENDITURE (according to Consolidated statement of comprehensive income and expenditure)										
Total income and expenditure									1,240,117	63,308
Deduction of field non-operating income										
Deduction of headquarters non-operating income										
Deduction of overheads									-63,308	-63,308
Deduction of cross-charging (foundations and funds)									-623	
Reconciliation with IFRS requirements (IAS 19R)									-32,757	
TOTAL OPERATING ACTIVITIES-RELATED CONTRIBUTIONS AND EXPENDITURE									1,143,429	-

N.B.: Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

INCOME (Cash, kind, services and assets)							FUNDING OF OPERATIONS (Balances brought forward)				
Cash contributions	Cash non-operating income	Overheads	Kind contributions	Services contributions	Assets contributions	2013 Total Income	2012 Donors' restricted contributions brought forward	2012 Field operations with temporary deficit financing brought forward	Adjustments and transfers	2013 Donors' restricted contributions	2013 Field operations with temporary deficit financing
434,533	880		4,052	2,010	106	441,582	31,560	- 18,474	73	10,311	- 6,866
194,024	480		3,279	2,094	-	199,877	20,815	- 4,627	- 12	4,759	- 605
143,816	405		81	471	-	144,774		- 11,904			- 2,742
289,494	480		402	1,229	-	291,605	24,396	- 37,990	12	36,960	- 5,208
			- 17			- 17	92			76	
1,061,868	2,245		7,798	5,804	106	1,077,821	76,863	- 72,994	73	52,106	- 15,421
136,245	1,566	63,308	-	2,827	-	203,946					
206	-		-	23	-	228					
500	-		-	-	-	500				500	
770	22		-	67	-	860					
-	76		-	258	-	335	27				
475	-		-	8	-	483	25			6	
1,500	-		-	-	-	1,500					
500	13		-	43	-	555					
140,196	1,677	63,308	-	3,226	-	208,407	53	-	-	506	-
5,686						5,686					
1,207,749	3,922	63,308	7,798	9,030	106	1,291,914	76,916	- 72,994	73	52,612	- 15,421
	- 2,245					- 2,245					
	- 1,677					- 1,677					
		- 63,308				- 63,308					
- 1,049						- 1,049					
1,206,700	-	-	7,798	9,030	106	1,223,635	76,916	-72,994	73	52,612	-15,421

B. INCOME AND EXPENDITURE BY DELEGATION RELATED TO THE 2013 EMERGENCY APPEALS (in KCHF)

	BUDGET			EXPENDITURE BY PROGRAMME (Cash, kind and services)						
	2013 Initial budget	Amendments	2013 Final budget	Protection	Assistance	Prevention	Cooperation with National Societies	General	2013 Total expenditure	Overheads (already included in the total expenditure)
AFRICA										
Algeria	2,318	-	2,318	1,340	-	747	299	-	2,386	146
Burundi	5,248	-	5,248	1,894	2,177	403	443	-	4,916	300
Central African Republic	14,332	-	14,332	2,393	13,029	1,536	1,326	-	18,284	1,116
Chad	11,055	-	11,055	2,823	4,698	1,515	1,115	-	10,151	620
Congo, Democratic Republic of the	58,815	10,003	68,818	14,804	42,611	5,420	1,897	-	64,732	3,831
Eritrea	3,100	-	3,100	768	1,897	283	29	-	2,978	182
Ethiopia	17,387	-	17,387	3,731	8,975	2,214	710	-	15,629	954
Guinea	7,088	-	7,088	1,827	3,044	1,272	996	-	7,139	436
Liberia	5,849	-	5,849	1,141	1,444	1,136	1,499	-	5,220	319
Libya	15,421	-	15,421	3,907	4,756	4,003	1,024	-	13,690	836
Mauritania	5,821	-	5,821	1,071	2,907	598	294	-	4,871	297
Nigeria	12,099	-	12,099	1,076	6,435	2,589	1,038	-	11,139	680
Rwanda	5,175	-	5,175	2,453	1,850	500	622	-	5,425	331
Somalia	66,153	-	66,153	2,409	56,584	3,558	1,532	-	64,083	3,876
South Sudan	56,825	-	56,825	5,757	39,789	4,014	4,167	-	53,726	3,230
Sudan	39,015	-	39,015	3,927	26,949	2,946	1,847	-	35,669	2,165
Uganda	4,683	-	4,683	2,048	388	1,265	669	-	4,370	267
Abidjan (regional)	13,152	-	13,152	3,075	5,440	2,075	1,682	-	12,272	749
Antananarivo (regional)	3,198	-	3,198	798	1,417	417	558	-	3,190	195
Dakar (regional)	9,915	-	9,915	1,382	4,601	2,110	1,202	258	9,553	583
Harare (regional)	8,924	-	8,924	1,367	4,435	1,557	1,198	-	8,556	522
Nairobi (regional)	9,624	-	9,624	1,836	1,667	2,349	1,185	710	7,746	473
Niamey (regional)	37,492	39,174	76,666	5,267	61,354	3,770	2,677	-	73,068	4,430
Pretoria (regional)	3,022	-	3,022	377	-	1,131	578	-	2,086	127
Tunis (regional)	5,861	-	5,861	1,961	1,650	1,331	723	-	5,665	345
Yaoundé (regional)	5,170	-	5,170	1,442	376	1,609	1,324	-	4,751	290
Total Africa	426,743	49,177	475,919	70,873	298,472	50,348	30,634	968	451,296	27,297
ASIA AND THE PACIFIC										
Afghanistan	86,542	-	86,542	12,529	57,415	4,410	2,462	-	76,816	4,688
Bangladesh	2,926	-	2,926	407	1,095	1,167	365	-	3,035	185
Myanmar	7,568	8,081	15,649	3,633	6,976	1,166	1,438	-	13,212	806
Nepal	4,003	-	4,003	661	1,184	766	407	-	3,018	184
Pakistan	20,874	-	20,874	1,521	5,970	4,188	2,130	-	13,808	843
Philippines	13,309	44,242	57,551	3,784	42,922	2,018	2,534	-	51,259	2,928
Sri Lanka	5,286	-	5,286	2,574	1,087	814	438	-	4,913	300
Bangkok (regional)	14,243	-	14,243	4,360	3,636	2,808	987	861	12,651	772
Beijing (regional)	10,207	-	10,207	913	3,576	3,164	1,500	-	9,154	559
Jakarta (regional)	4,229	-	4,229	1,031	-	1,832	617	-	3,480	212
Kuala Lumpur (regional)	4,292	-	4,292	1,474	-	1,977	445	218	4,114	251
New Delhi (regional)	14,364	-	14,364	2,679	4,619	2,346	1,104	-	10,747	656
Suva (regional)	5,330	-	5,330	886	1,612	1,915	1,278	-	5,691	347
Total Asia and the Pacific	193,173	52,322	245,496	36,453	130,092	28,570	15,705	1,079	211,900	12,733

N.B.: Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

INCOME (Cash, kind, services and assets)						FUNDING OF FIELD OPERATIONS (Balances brought forward)					
Cash contributions	Cash non-operating income	Kind contributions	Services contributions	Assets contributions	2013 Total income	2012 Donors' restricted contributions brought forward	2012 Field operations with temporary deficit financing brought forward	Adjustments and transfers	2013 Donors' restricted contributions	2013 Field operations with temporary deficit financing	
											AFRICA
2,384	2	-	-	-	2,386						Algeria
4,865	5	-	47	-	4,916						Burundi
21,921	101	-	38	-	22,060		- 2,310	57	1,523		Central African Republic
9,957	51	-	144	-	10,151						Chad
69,955	172	1,962	276	-	72,364		- 4,818		2,814		Congo, Democratic Republic of the
2,975	3	-	-	-	2,978						Eritrea
18,954	19	-	10	-	18,983		- 4,196			- 842	Ethiopia
7,118	21	-	-	-	7,139						Guinea
5,217	4	-	-	-	5,220						Liberia
9,806	9	1	130	-	9,947	1,669				- 2,075	Libya
4,899	2	-	-	-	4,902				30		Mauritania
10,139	8	-	83	-	10,231					- 907	Nigeria
5,422	3	-	- 0	-	5,425						Rwanda
47,773	8	576	266	-	48,623	14,917				- 543	Somalia
57,354	63	802	722	106	59,048		- 6,455			- 1,134	South Sudan
31,838	70	203	139	-	32,250	9,362			5,944		Sudan
4,315	10	-	45	-	4,370						Uganda
12,936	30	-	-	-	12,966		- 694				Abidjan (regional)
3,180	10	-	-	-	3,190						Antananarivo (regional)
9,535	10	-	8	-	9,553						Dakar (regional)
8,522	34	-	-	-	8,556						Harare (regional)
7,563	148	-	35	-	7,746						Nairobi (regional)
65,449	67	491	69	-	66,075	5,612		16		- 1,365	Niamey (regional)
2,080	6	-	-	-	2,086						Pretoria (regional)
5,643	4	17	-	-	5,665						Tunis (regional)
4,734	17	-	-	-	4,751						Yaoundé (regional)
434,533	880	4,052	2,010	106	441,582	31,560	- 18,474	73	10,311	- 6,866	Total Africa
											ASIA AND THE PACIFIC
58,896	218	-	740	-	59,855	20,815			3,854		Afghanistan
3,032	2	-	-	-	3,035						Bangladesh
13,170	12	-	42	-	13,224			- 12			Myanmar
3,011	7	-	-	-	3,018						Nepal
13,126	43	-	34	-	13,203					- 605	Pakistan
52,375	30	3,279	1,106	-	56,790		- 4,627		905		Philippines
4,902	11	-	-	-	4,913						Sri Lanka
12,636	16	-	-	-	12,651						Bangkok (regional)
8,917	70	-	167	-	9,154						Beijing (regional)
3,477	3	-	-	-	3,480						Jakarta (regional)
4,111	3	-	-	-	4,114						Kuala Lumpur (regional)
10,687	56	-	5	-	10,747						New Delhi (regional)
5,682	9	-	-	-	5,691						Suva (regional)
194,024	480	3,279	2,094	-	199,877	20,815	- 4,627	- 12	4,759	- 605	Total Asia and the Pacific

B. INCOME AND EXPENDITURE BY DELEGATION RELATED TO THE 2013 EMERGENCY APPEALS (CONT.) (in KCHF)

	BUDGET			EXPENDITURE BY PROGRAMME (Cash, kind and services)						
	2013 Initial budget	Amendments	2013 Final budget	Protection	Assistance	Prevention	Cooperation with National Societies	General	2013 Total expenditure	Overheads (already included in the total expenditure)
EUROPE AND THE AMERICAS										
Armenia	2,187	-	2,187	463	1,054	475	235	-	2,228	136
Azerbaijan	7,292	-	7,292	2,027	4,465	750	282	-	7,523	459
Georgia	9,940	-	9,940	2,865	5,453	1,408	575	-	10,301	629
Kyrgyzstan	9,072	-	9,072	1,384	5,672	622	441	-	8,119	496
Europe (regional)	2,558	-	2,558	1,503	-	310	440	-	2,253	138
Moscow (regional)	15,115	-	15,115	4,042	4,563	4,281	1,307	-	14,192	866
Tashkent (regional)	8,011	-	8,011	1,758	812	3,586	1,792	-	7,948	485
Western Balkans (regional)	4,051	-	4,051	2,483	-	772	763	-	4,018	245
Brussels	2,897	-	2,897	62	-	2,537	166	-	2,765	169
London	2,280	-	2,280	810	-	1,377	414	-	2,601	159
Paris	1,360	-	1,360	64	-	1,131	130	-	1,325	81
Colombia	33,196	-	33,196	9,007	16,028	3,905	1,366	366	30,672	1,872
Haiti	4,979	-	4,979	1,039	2,290	431	776	-	4,536	272
Brasilia (regional)	8,322	-	8,322	1,783	1,939	2,841	952	213	7,728	472
Caracas (regional)	2,241	-	2,241	392	-	1,201	490	-	2,083	127
Lima (regional)	5,683	-	5,683	2,281	510	1,738	651	-	5,179	316
Mexico City (regional)	13,774	-	13,774	6,424	3,422	2,571	1,094	-	13,511	825
Washington (regional)	6,832	-	6,832	2,169	266	3,277	637	29	6,376	389
New York	2,313	-	2,313	-	-	2,252	-	-	2,252	137
Total Europe and the Americas	142,103	-	142,103	40,555	46,472	35,466	12,510	608	135,612	8,272
MIDDLE EAST										
Egypt	2,165	-	2,165	497	55	989	619	-	2,160	132
Iran, Islamic Republic of	4,652	-	4,652	1,567	-	1,799	449	-	3,815	233
Iraq	66,501	-	66,501	14,055	32,862	8,287	1,278	-	56,481	3,447
Israel and the Occupied Territories	46,868	-	46,868	15,357	20,879	4,108	4,032	-	44,375	2,708
Jordan	6,324	6,403	12,727	3,193	4,292	1,698	1,075	754	11,012	672
Lebanon	11,114	5,768	16,883	3,771	10,974	1,344	2,208	-	18,297	1,106
Syrian Arab Republic	51,170	50,118	101,288	1,788	71,611	2,043	5,841	-	81,283	4,948
Yemen	34,032	-	34,032	2,854	18,346	2,637	1,228	-	25,065	1,530
Kuwait (regional)	3,877	-	3,877	1,581	201	1,287	458	255	3,782	231
Total Middle East	226,704	62,289	288,993	44,663	159,218	24,192	17,188	1,009	246,271	15,007
Stock in Kind	-	-	-	-	-	-	-	-	-	-
TOTAL FIELD	988,722	163,789	1,152,511	192,545	634,255	138,576	76,037	3,665	1,045,078	63,308

N.B.: Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

INCOME (Cash, kind, services and assets)						FUNDING OF FIELD OPERATIONS (Balances brought forward)					
Cash contributions	Cash non-operating income	Kind contributions	Services contributions	Assets contributions	2013 Total income	2012 Donors' restricted contributions brought forward	2012 Field operations with temporary deficit financing brought forward	Adjustments and transfers	2013 Donors' restricted contributions	2013 Field operations with temporary deficit financing	
											EUROPE AND THE AMERICAS
2,225	3	-	-	-	2,228						Armenia
7,406	4	4	110	-	7,523						Azerbaijan
10,230	10	-	61	-	10,301						Georgia
8,112	7	-	-	-	8,119						Kyrgyzstan
2,240	2	-	12	-	2,253						Europe (regional)
13,885	276	-	32	-	14,192						Moscow (regional)
7,891	24	2	31	-	7,948						Tashkent (regional)
4,017	2	-	-	-	4,018						Western Balkans (regional)
2,764	1	-	-	-	2,765						Brussels
2,601	1	-	-	-	2,601						London
1,324	0	-	-	-	1,325						Paris
39,581	29	-	225	-	39,834		- 11,904			- 2,742	Colombia
4,459	2	75	-	-	4,536						Haiti
7,724	4	-	-	-	7,728						Brasilia (regional)
2,082	1	-	-	-	2,083						Caracas (regional)
5,163	16	-	-	-	5,179						Lima (regional)
13,497	14	-	-	-	13,511						Mexico City (regional)
6,366	10	-	-	-	6,376						Washington (regional)
2,251	1	-	-	-	2,252						New York
143,816	405	81	471	-	144,774	-	- 11,904	-	-	- 2,742	Total Europe and the Americas
											MIDDLE EAST
2,158	2	-	-	-	2,160						Egypt
3,811	4	-	-	-	3,815						Iran, Islamic Republic of
69,078	69	-	226	-	69,372	- 14,754	12			- 1,851	Iraq
53,949	195	4	404	-	54,552	- 13,534				- 3,357	Israel and the Occupied Territories
15,051	54	3	68	-	15,176	- 3,619		545			Jordan
25,384	15	174	190	-	25,764	- 6,083		1,384			Lebanon
87,447	92	222	170	-	87,931	15,903		22,551			Syrian Arab Republic
28,844	38	-	171	-	29,053	8,493		12,480			Yemen
3,772	11	-	-	-	3,782						Kuwait (regional)
289,494	480	402	1,229	-	291,605	24,396	- 37,990	12	36,960	- 5,208	Total Middle East
-	-	- 17	-	-	- 17	92			76		Stock in Kind
1,061,868	2,245	7,798	5,804	106	1,077,821	76,863	- 72,994	73	52,106	- 15,421	TOTAL FIELD

C. CONTRIBUTIONS IN 2013

SUMMARY OF ALL CONTRIBUTIONS (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Total assets	Grand total
1. Governments	131,404,059	895,989,034	732,204	1,028,125,297	1,158,006	293,502		1,029,576,805
2. European Commission ⁽¹⁾	620,300	87,618,055		88,238,355				88,238,355
3. International organizations					1,961,640			1,961,640
4. Supranational organizations		1,560		1,560	404,228			405,788
5. National Societies	4,298,007	25,958,709	- 469,658	29,787,058	4,268,328	5,856,741	106,460	40,018,587
6. Public sources		4,790,204		4,790,204		2,713,634		7,503,838
7. Private sources	2,975,000	48,183,461	- 37,452	51,121,009	6,241	165,984		51,293,234
GRAND TOTAL	139,297,366	1,062,541,023	225,094	1,202,063,483	7,798,443	9,029,861	106,460	1,218,998,248

1. Member of the Donor Support Group

Reconciliation between the consolidated contributions of the ICRC 2013 and the summary of the contributions to the ICRC (see above)	
Total consolidated contributions of the ICRC	1,218,998,248
Contributions received from funds and foundations of the ICRC:	
Foundation for the ICRC	1,000,000
Special Fund for the Disabled	4,652,448
Maurice de Madre French Fund	33,250
Adjustment of the consolidated funds and foundations of the ICRC to the ICRC actions	-1,049,025
Total contributions of the consolidated accounts of the ICRC (see A. Income and expenditure related to the 2013 Emergency and Headquarters Appeals above)	1,223,634,921

N.B.: Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

1. GOVERNMENTS (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Total assets	Grand total
Afghanistan						204,562		204,562
Andorra	12,188	48,752		60,940				60,940
Argentina	139,470			139,470				139,470
Armenia	9,341			9,341				9,341
Australia ⁽¹⁾	3,157,110	41,910,640		45,067,750				45,067,750
Austria	805,480	791,350		1,596,830				1,596,830
Bahamas			32,155	32,155				32,155
Belgium ⁽¹⁾	923,100	19,107,335		20,030,435				20,030,435
Bulgaria	70,990			70,990				70,990
Cambodia	5,604			5,604				5,604
Canada ⁽¹⁾	2,624,850	34,008,585		36,633,435				36,633,435
Chile	36,264	135,990		172,254				172,254
China	630,000			630,000				630,000
Colombia	18,732			18,732				18,732
Costa Rica	29,551			29,551				29,551
Cyprus	85,936			85,936				85,936
Czech Republic	651,989	144,571		796,560				796,560
Denmark ⁽¹⁾	3,305,040	19,887,916		23,192,956				23,192,956
Egypt	175,607		169,997	345,604				345,604
Estonia	18,135	79,775		97,910				97,910
Finland ⁽¹⁾	1,216,700	10,669,498		11,886,198	1,158,006			13,044,204
France ⁽¹⁾	1,215,800	16,096,466		17,312,266				17,312,266
Georgia	11,209			11,209				11,209
Germany ⁽¹⁾	1,725,220	46,929,490		48,654,710				48,654,710
Greece	62,380			62,380				62,380
Guyana	1,146			1,146				1,146
Haiti	12,000			12,000				12,000
Holy See	2,735	6,381		9,116				9,116

1. GOVERNMENTS (CONT.) (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Total assets	Grand total
Hungary	60,820	92,468		153,288				153,288
Iceland	74,890			74,890				74,890
India			9,182	9,182				9,182
Iran, Islamic Republic of			50,197	50,197				50,197
Iraq						88,940		88,940
Ireland ⁽¹⁾	160,550	11,078,190		11,238,740				11,238,740
Israel	89,130			89,130				89,130
Italy	610,600	4,884,700		5,495,300				5,495,300
Japan ⁽¹⁾	490,390	50,096,520		50,586,910				50,586,910
Kazakhstan	148,188			148,188				148,188
Korea, Republic of	267,834	281,590		549,424				549,424
Kuwait ⁽¹⁾		24,045,800		24,045,800				24,045,800
Lebanon			61,485	61,485				61,485
Libya	362,834			362,834				362,834
Liechtenstein	200,000	500,000		700,000				700,000
Luxembourg ⁽¹⁾	986,240	9,026,279		10,012,519				10,012,519
Mexico	377,240			377,240				377,240
Monaco	85,169	24,642		109,811				109,811
Montenegro			7,234	7,234				7,234
Morocco	32,967			32,967				32,967
Netherlands ⁽¹⁾	4,961,600	26,048,400		31,010,000				31,010,000
New Zealand	292,640	3,418,260		3,710,900				3,710,900
Nicaragua	926			926				926
Norway ⁽¹⁾	5,077,955	58,858,349		63,936,304				63,936,304
Oman	7,379			7,379				7,379
Pakistan	4,246			4,246				4,246
Panama	22,029			22,029				22,029
Peru	152,755			152,755				152,755
Philippines		46,629		46,629				46,629
Poland	200,705	211,130		411,835				411,835
Qatar	45,550		47,295	92,845				92,845
Romania		27,624		27,624				27,624
Russian Federation		940,500		940,500				940,500
Samoa			1,860	1,860				1,860
San Marino	30,000			30,000				30,000
Saudi Arabia	186,140			186,140				186,140
Seychelles			3,669	3,669				3,669
Singapore	60,060			60,060				60,060
Slovakia	35,000	49,484		84,484				84,484
Slovenia		37,041		37,041				37,041
South Africa	279,000		300,300	579,300				579,300
Spain		2,455,700		2,455,700				2,455,700
Sweden ⁽¹⁾	6,451,086	63,380,094		69,831,180				69,831,180
Switzerland ⁽¹⁾	70,355,550	49,447,074		119,802,624				119,802,624
Tajikistan	2,420			2,420				2,420
Thailand	94,420			94,420				94,420
Tunisia	5,872			5,872				5,872
United Arab Emirates	93,070			93,070				93,070
United Kingdom of Great Britain and Northern Ireland ⁽¹⁾	1,477,740	161,771,137		163,248,877				163,248,877
United States of America ⁽¹⁾	20,624,048	239,450,673		260,074,721				260,074,721
Uruguay	50,440		48,829	99,269				99,269
TOTAL FROM GOVERNMENTS	131,404,059	895,989,034	732,204	1,028,125,297	1,158,006	293,502		1,029,576,805

1. Member of the Donor Support Group

N.B.: Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

2. EUROPEAN COMMISSION ⁽¹⁾ (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Total assets	Grand total
Directorate General Humanitarian Aid (ECHO)	620,300	87,004,905		87,625,205				87,625,205
European Commission Service FPI		613,150		613,150				613,150
Total from European Commission	620,300	87,618,055		88,238,355				88,238,355

1. Member of the Donor Support Group

N.B.: Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

3. INTERNATIONAL ORGANIZATIONS (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Total assets	Grand total
WFP					1,960,611			1,960,611
Various UN					1,029			1,029
Total from International organizations					1,961,640			1,961,640

N.B.: Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

4. SUPRANATIONAL ORGANIZATIONS (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Total assets	Grand total
Médecins Sans Frontières					404,228			404,228
Various supranational organizations		1,560		1,560				1,560
Total from supranational organizations		1,560		1,560	404,228			405,788

N.B.: Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

5. NATIONAL SOCIETIES (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Total assets	Grand total
Albania	2,452			2,452				2,452
Andorra	1,232			1,232				1,232
Australia		46,801		46,801	26,864	572,896		646,561
Austria	40,000	1,249,470		1,289,470				1,289,470
Belgium		66,000		66,000				66,000
Bolivia, Plurinational State of	813			813				813
Bulgaria	2,700			2,700				2,700
Burkina Faso	1,000		308	1,308				1,308
Cabo Verde			3,596	3,596				3,596
Cambodia	5,317			5,317				5,317
Canada	135,870	1,167,355		1,303,225	653,072	799,797	106,460	2,862,554
Chad	392			392				392
China	233,819	89,470		323,289				323,289
China/Hong Kong		759,118		759,118		40,316		799,434
Cook Islands	117			117				117
Croatia	1,200			1,200				1,200
Czech Republic	13,241			13,241				13,241
Denmark	119,917			119,917	43,343	630,840		794,100
Dominica	262			262				262
Estonia	7,454			7,454				7,454

5. NATIONAL SOCIETIES (CONT.) (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Total assets	Grand total
Finland	157,056	326,033		483,089	610,311	809,105		1,902,505
France	369,360			369,360		7,177		376,537
Germany	366,570	506,666		873,236		34,805		908,041
Honduras	4,185			4,185				4,185
Iceland	27,462	300,000		327,462		39,001		366,463
Iran, Islamic Republic of	112,202			112,202	171,450			283,652
Ireland	30,000	267,575		297,575				297,575
Italy	152,656	91,178	160,342	404,176				404,176
Japan	886,157	1,579,385		2,465,542	1,082,120	405,159		3,952,821
Kenya	3,662			3,662				3,662
Korea, Republic of	341,837			341,837				341,837
Kyrgyzstan	131			131				131
Latvia	3,269			3,269				3,269
Liechtenstein	2,500	79,000		81,500				81,500
Lithuania	3,479			3,479				3,479
Luxembourg	12,031	123,280		135,311				135,311
Madagascar	184			184				184
Mexico	5,000			5,000				5,000
Monaco	392	166,667		167,059				167,059
Morocco	1,096			1,096				1,096
Myanmar	900		871	1,771				1,771
Nepal	1,308			1,308				1,308
Netherlands	282,205	1,238,200		1,520,405		35,033		1,555,438
New Zealand	49,170	367,100		416,270		753,838		1,170,108
Niger	73			73				73
Norway		8,583,185	- 636,070	7,947,115	1,664,048	567,477		10,178,641
Pakistan	12,292			12,292				12,292
Paraguay	3,165			3,165				3,165
Peru	1,481			1,481				1,481
Poland		7,025		7,025				7,025
Qatar		9,943		9,943				9,943
Romania	24,977			24,977				24,977
Seychelles	511			511				511
Singapore		100,000		100,000				100,000
Slovenia	29,554			29,554				29,554
Sweden	100,000	3,281,064		3,381,064		843,494		4,224,559
Switzerland	146,987	270,000		416,987		14,387		431,374
Thailand	46,965			46,965				46,965
Tonga	131			131				131
Trinidad and Tobago	4,839			4,839				4,839
Tunisia	648		1,295	1,943	17,120			19,063
United Kingdom of Great Britain and Northern Ireland	180,000	3,417,280		3,597,280		303,415		3,900,695
United States of America	366,440	1,829,600		2,196,040				2,196,040
Uruguay	137			137				137
Uzbekistan	663			663				663
Vanuatu	546			546				546
International Federation of Red Cross and Red Crescent Societies		37,314		37,314				37,314
Total from National Societies	4,298,007	25,958,709	- 469,658	29,787,058	4,268,328	5,856,741	106,460	40,018,587

N.B.: Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

6. PUBLIC SOURCES (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Total assets	Grand total
Bellinzona, City of		5,000		5,000				5,000
Fribourg, Canton of		30,000		30,000				30,000
Geneva, Canton of		4,500,000		4,500,000		2,294,184		6,794,184
Geneva, City of		51,500		51,500		10,814		62,314
Saint-Michel-sur-Orge, City of		3,704		3,704				3,704
Versoix, City of						408,636		408,636
Zurich, Canton of		200,000		200,000				200,000
Total from public sources		4,790,204		4,790,204		2,713,634		7,503,838

N.B.: Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

7. PRIVATE SOURCES (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Total assets	Grand total
Direct mail fundraising campaigns		3,818,149		3,818,149				3,818,149
Online donations		1,024,252	- 916	1,023,336				1,023,336
Spontaneous donations from private individuals		7,387,033	- 6,286	7,380,747		19,915		7,400,662
Donations from foundations/funds								
AVINA STIFTUNG ⁽¹⁾		500,000		500,000				500,000
Clare R. Benedict Fund		34,464		34,464				34,464
Fondation Albert Edouard Oechslin		20,000		20,000				20,000
Fondation des immeubles pour les organisations internationales (FIPOI)						88,740		88,740
Fondation Hans Wilsdorf ⁽¹⁾	975,000			975,000				975,000
Fondation Johann et Luzia Grässli		20,000		20,000				20,000
Fondation Lombard Odier		10,000		10,000				10,000
Fondation Odeon		10,000		10,000				10,000
Fondation Philanthropia		75,000		75,000				75,000
Fondation pour le CICR	1,000,000			1,000,000				1,000,000
Fondation Sanofi Espoir		17,352		17,352				17,352
Kantonale St. Gallische Winkelriedstiftung		10,000		10,000				10,000
Link Foundation		63,483		63,483				63,483
Stanley Thomas Johnson Foundation		100,000		100,000				100,000
Swiss Re Foundation ⁽¹⁾	500,000	500,000		1,000,000		19,500		1,019,500
The Prince of Asturias Foundation			- 30,250	- 30,250				- 30,250
Others and less than CHF 10,000		1,290,786		1,290,786				1,290,786
Total donations from foundations/funds	2,475,000	2,651,085	- 30,250	5,095,835		108,240		5,204,075
Legacies		26,695,742		26,695,742				26,695,742
Donations from private companies								
Abb Asea Brown Boveri Ltd ⁽¹⁾		500,000		500,000				500,000
Banque Lombard Odier & Cie SA ⁽¹⁾	500,000			500,000				500,000
Crédit Suisse Group ⁽¹⁾		500,000		500,000				500,000
F. Hoffmann La Roche Ltd ⁽¹⁾		500,000		500,000				500,000
Firmenich		50,000		50,000				50,000
Grupo Canopus		148,166		148,166				148,166
Holcim Ltd ⁽¹⁾		500,000		500,000	4,248			504,248
Novartis International AG ⁽¹⁾		523,756		523,756				523,756
Zurich Insurance Group ⁽¹⁾		500,000		500,000		3,000		503,000
Other private companies		1,312,399		1,312,399		34,829		1,347,228
Total donations from private companies	500,000	4,534,322		5,034,322	4,248	37,829		5,076,398
Donations from associations and service clubs								
Comité International Olympique		84,664		84,664				84,664
MINE-EX Rotary Schweiz-Liechtenstein		800,000		800,000				800,000
UEFA		122,820		122,820				122,820
Other associations and service clubs		312,394		312,394	1,993			314,387
Total donations from associations and service clubs		1,319,878		1,319,878	1,993			1,321,871
Various donors		753,000		753,000				753,000
Total from private sources	2,975,000	48,183,461	- 37,452	51,121,009	6,241	165,984		51,293,235

1. Member of the Corporate Support Group

N.B.: Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

D. CONTRIBUTIONS IN KIND, IN SERVICES AND TO INTEGRATED PROJECTS (IPs) 2013 (in CHF)

	Donations in kind (excluding IPs)		Donations in services (excluding IPs)		Donations for IPs				Grand total		Number of days of employee service
	Headquarters	Field	Headquarters	Field	Kind	Services	Cash	Total IPs	Total kind	Total services	
NATIONAL SOCIETIES											
Australia		26,864		572,896					26,864	572,896	2,825
Canada		653,072		764,426		35,371		35,371	653,072	799,797	2,399
China/Hong Kong				40,316						40,316	185
Denmark		43,343		517,640		113,200		113,200	43,343	630,840	1,909
Finland		610,311	232,564	576,541					610,311	809,105	2,774
France				7,177						7,177	19
Germany				34,805						34,805	230
Iceland				39,001						39,001	183
Iran, Islamic Republic of		171,450							171,450		
Japan		1,082,120	86,000	319,159					1,082,120	405,159	1,271
Netherlands				35,033						35,033	112
New Zealand				753,838						753,838	2,192
Norway		1,664,048		319,705		247,772	4,826,174	5,073,946	1,664,048	567,477	1,660
Sweden				843,494			462,670	462,670		843,494	2,762
Switzerland				14,387						14,387	114
Tunisia		17,120							17,120		
United Kingdom of Great Britain and Northern Ireland			47,909	154,517		100,990	1,413,801	1,514,791		303,415	1,424
Subtotal		4,268,328	366,473	4,992,935		497,333	6,702,645	7,199,978	4,268,328	5,856,741	20,059
GOVERNMENTS											
Afghanistan				204,562						204,562	
Finland		1,158,006							1,158,006		
Iraq				88,940						88,940	
Subtotal		1,158,006		293,502					1,158,006	293,502	

N.B.: Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

D. CONTRIBUTIONS IN KIND, IN SERVICES AND TO INTEGRATED PROJECTS (IPs) 2013 (CONT.) (in CHF)

	Donations in kind (excluding IPs)		Donations in services (excluding IPs)		Donations for IPs				Grand total		Number of days of employee service
	Headquarters	Field	Headquarters	Field	Kind	Services	Cash	Total IPs	Total kind	Total services	
INTERNATIONAL ORGANIZATIONS											
WFP		1,960,611							1,960,611		
Various UN		1,029							1,029		
Subtotal		1,961,640							1,961,640		
SUPRANATIONAL ORGANIZATIONS											
Médecins sans Frontières		404,228							404,228		
Subtotal		404,228							404,228		
PUBLIC SOURCES											
Geneva, Canton of			2,294,184							2,294,184	
Geneva, City of			10,814							10,814	
Versoix, City of			408,636							408,636	
Subtotal			2,713,634							2,713,634	
PRIVATE SOURCES											
Spontaneous donations from private individuals				19,915							19,915
Fondation des immeubles pour les organisations internationales (FIPOI)			88,740								88,740
Swiss Re Foundation			19,500								19,500
Holcim Ltd		4,248							4,248		
Zurich Insurance Group			3,000								3,000
Other private companies			34,829								34,829
Other associations and service clubs		1,993							1,993		
Subtotal		6,241	146,069	19,915					6,241	165,984	
GRAND TOTAL		7,798,443	3,226,176	5,306,352		497,333	6,702,645	7,199,978	7,798,443	9,029,861	20,059

N.B.: Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

E. COMPARATIVE BALANCE SHEET AND STATEMENT OF INCOME AND EXPENDITURE FOR THE LAST FIVE YEARS (in KCHF)

	2013	2012	2011	2010	2009
Balance Sheet					
Current assets	750,097	597,259	637,030	556,148	648,747
Non-current assets	451,768	538,993	351,690	189,841	168,184
Total Assets	1,201,865	1,136,252	988,720	745,989	816,931
Liabilities	-717,891	-811,353	-657,594	-412,549	-350,782
Total Net Assets	483,974	324,899	331,126	333,440	466,149
Permanently restricted reserves for the funds and foundations	36,946	36,200	35,397	32,986	30,516
Temporarily restricted reserves for the funding of operations	37,191	3,922	54,604	-21,167	35,810
Unrestricted reserves designated by the Assembly	395,436	270,376	226,725	307,221	385,423
Other unrestricted reserves	14,401	14,401	14,400	14,400	14,400
Total Reserves	483,974	324,899	331,126	333,440	466,149
Statement of Income and Expenditure					
Contributions	1,223,635	1,013,359	1,160,299	1,060,591	1,104,161
Operational expenditure	-1,143,430	-1,048,461	-1,054,189	-1,107,445	-1,065,439
Operating Result	80,205	-35,102	106,110	-46,854	38,722
Net result of non-operating activities	12,755	13,539	5,963	-28,788	11,434
Net result for the year	92,960	-21,563	112,073	-75,642	50,156
Administrative costs	120,656	116,574	119,183	105,144	102,712
Ratios					
Reserves in % of assets	40.3%	28.6%	33.5%	44.7%	57.1%
Assets-to-reserves ratio	2.48	3.50	2.99	2.24	1.75
Administrative costs in % of operational expenditure	10.6%	11.1%	11.3%	9.5%	9.6%

F. ASSISTANCE ITEMS FIGURES

The statistical data in the following tables can be summarized as follows.

RECEIPT OF ASSISTANCE ITEMS BY CONTRIBUTIONS IN KIND, CASH FOR KIND AND PURCHASES IN 2013

All assistance items received as contributions in kind or purchased by the ICRC and inventoried in the context of final destination between 1 January and 31 December 2013. The figures for contributions in kind cover all material support received as a gift but do not include any services received, such as the provision of human resources and/or logistical means. The figures for assistance item purchases comprise all procurements carried out both with non-earmarked and with earmarked financial contributions ("cash for kind"). The grand total is CHF 192,849,000.

RECEIPT OF ASSISTANCE ITEMS BY CONTEXT IN 2013

All assistance items received as contributions in kind or purchased by the ICRC and inventoried in the context of final destination between 1 January and 31 December 2013.

DELIVERY OF ASSISTANCE ITEMS IN 2013

All assistance items delivered by the ICRC in the field between 1 January and 31 December 2013. These goods were either purchased or received in kind during 2013 or taken from stock already constituted at the end of 2012.

RECEIPT OF ASSISTANCE ITEMS BY CONTRIBUTIONS IN KIND AND PURCHASES IN 2013

(by donor and purchase, according to stock entry date)

Donors	Food (Kg)	Relief kits (each)	Blankets (each)	Economic security* (CHF)	Medical (CHF)	Physical rehabilitation (CHF)	Water and habitat (CHF)	Grand total (CHF)
NATIONAL SOCIETIES	1,820,700		18,000	232,689	3,894,688		247,412	4,374,789
Australia							26,864	26,864
Canada					653,073		106,460	759,533
Denmark				43,343				43,343
Finland	1,820,700				610,311			610,311
Iran, Islamic Republic of			15,000	171,450				171,450
Japan					1,082,120			1,082,120
Norway				8,296	1,541,664		114,088	1,664,048
Tunisia			3,000	9,600	7,520			17,120
GOVERNMENTS			49,000	1,158,011				1,158,011
Finland			49,000	1,158,011				1,158,011
VARIOUS DONORS	2,081,168		283	2,210,956	117,911	245	42,995	2,372,107
Holcim Ltd							4,248	4,248
Médecins Sans Frontières	56,724		283	247,324	117,911	245	38,747	404,227
Other associations and service clubs				1,993				1,993
UNICEF				1,029				1,029
WFP	2,024,444			1,960,610				1,960,610
TOTAL CONTRIBUTIONS IN KIND	3,901,868		67,283	3,601,656	4,012,599	245	290,407	7,904,907
NATIONAL SOCIETIES	2,821,788	35,296	68,465	4,672,466	170,363			4,842,829
Austria	203,156	18,667		1,141,947				1,141,947
Belgium		11,017		60,001				60,001
Canada	117,414			58,583				58,583
China - Hong Kong	508,798			635,888				635,888
Finland				203,039	60,094			263,133
Germany	531,194			336,355				336,355
Ireland		2,776	4,453	112,119				112,119
Netherlands		38		91,377	110,269			201,646
Norway	31,319			148,320				148,320
Sweden	837,035			562,651				562,651
Switzerland	102,593	2,798	2,782	246,964				246,964
United Kingdom of Great Britain and Northern Ireland	490,279		61,230	1,075,222				1,075,222
GOVERNMENTS	3,981,472	112,066		5,971,241				5,971,241
France	3,981,472	112,066		5,971,241				5,971,241
VARIOUS DONORS			34,329	139,191				139,191
Dr Dokali Megharief Charity Foundation			34,329	139,191				139,191
TOTAL CONTRIBUTIONS IN CASH FOR KIND	6,803,260	147,362	102,794	10,782,898	170,363			10,953,261
ICRC								
ICRC purchases	51,712,801	9,744,655	1,140,386	122,621,316	18,959,541	6,036,984	26,372,991	173,990,832
TOTAL ICRC	51,712,801	9,744,655	1,140,386	122,621,316	18,959,541	6,036,984	26,372,991	173,990,832
GRAND TOTAL	62,417,929	9,892,017	1,310,463	137,005,870	23,142,503	6,037,229	26,663,398	192,849,000

* Economic security includes food and essential household items (sometimes provided in kits), seed, agricultural and veterinary inputs and other micro-economic inputs.

RECEIPT OF ASSISTANCE ITEMS BY CONTEXT IN 2013 (in CHF)

Context	GIFTS IN KIND AND CASH FOR KIND				PURCHASES BY THE ICRC				TOTAL RECEIVED				
	Economic security *	Medical	Physical rehabilitation	Water and habitat	Economic security *	Medical	Physical rehabilitation	Water and habitat	Economic security *	Medical	Physical rehabilitation	Water and habitat	Total
AFRICA	7,308,665	800,577	245	249,108	55,708,664	6,782,269	1,223,979	7,524,515	63,017,329	7,582,846	1,224,224	7,773,623	79,598,022
Algeria					8,590	1,073			8,590	1,073			9,664
Angola					2,503				2,503				2,503
Benin					738				738				738
Burkina Faso					158,888	857		17,161	158,888	857		17,161	176,906
Burundi					165,434	14,661	952	34,164	165,434	14,661	952	34,164	215,211
Cabo Verde					1,500				1,500				1,500
Cameroon					1,757			4	1,757			4	1,761
Central African Republic	744,170				566,736	449,149	1,022	826,810	1,310,906	449,149	1,022	826,810	2,587,887
Chad					241,769	175,248	347	9,609	241,769	175,248	347	9,609	426,973
Comoros					1,215				1,215				1,215
Congo					1,635	735			1,635	735			2,369
Congo, Democratic Republic of the	1,962,639	1,657			6,230,684	1,050,214	142,975	1,373,387	8,193,323	1,051,871	142,975	1,373,387	10,761,556
Côte d'Ivoire					256,879	145,077		130,421	256,879	145,077		130,421	532,377
Djibouti					21,355	423		7,663	21,355	423		7,663	29,441
Equatorial Guinea					1,482				1,482				1,482
Eritrea					248,145	2,237		30,095	248,145	2,237		30,095	280,477
Ethiopia					1,332,851	58,901	571,034	574,685	1,332,851	58,901	571,034	574,685	2,537,471
Gabon					16,190	41,178			16,190	41,178			57,368
Gambia					117	13,917			117	13,917			14,034
Guinea					95,055	31,373		102,047	95,055	31,373		102,047	228,475
Guinea-Bissau					18,676	37,879	52,103	14,983	18,676	37,879	52,103	14,983	123,641
Kenya					14,416	23,331		144,785	14,416	23,331		144,785	182,532
Lesotho					754	406			754	406			1,160
Liberia					59,413	13,496		108,221	59,413	13,496		108,221	181,130
Libya					210,498	7,925	16,109	449,846	210,498	7,925	16,109	449,846	684,378
Madagascar					169,873	13,945	29	4,353	169,873	13,945	29	4,353	188,200
Malawi					7,584			34,917	7,584			34,917	42,501
Mali	2,671,364	7,860			19,811,598	507,537		359,091	22,482,962	515,397		359,091	23,357,450
Mauritania					51,910	111,480	51	59,320	51,910	111,480	51	59,320	222,761
Morocco					1,642				1,642				1,642
Niger	559,716	128			2,486,556	40,921	16,032	81,284	3,046,272	41,049	16,032	81,284	3,184,637
Nigeria					295,293	249,086	4,650	51,633	295,293	249,086	4,650	51,633	600,662
Rwanda					96,911	87,091	24,236	114,912	96,911	87,091	24,236	114,912	323,149
Senegal					68,268	14,425	381	195,040	68,268	14,425	381	195,040	278,115
Somalia	832,180	121,792	245	38,747	14,185,040	2,202,944		855,005	15,017,220	2,324,736	245	893,752	18,235,953
South Sudan	325,874	656,888		210,361	3,780,909	1,047,982	109,127	730,149	4,106,783	1,704,870	109,127	940,510	6,861,290
Sudan	203,122	1,838			4,428,672	211,503	282,944	892,409	4,631,794	213,341	282,944	892,409	6,020,489
Swaziland					247				247				247
Tanzania, United Republic of					111,188				111,188				111,188
Togo					8,295	981		97	8,295	981		97	9,373
Tunisia	9,600	7,520			51,236	17,246		235	60,836	24,766		235	85,837
Uganda					140,873	2,795		24,897	140,873	2,795		24,897	168,565
Western Sahara					1,936	2,078	1,962	19,816	1,936	2,078	1,962	19,816	25,792
Zimbabwe		2,894			353,351	204,176	23	277,477	353,351	207,070	23	277,477	837,920

* Economic security includes food and essential household items (sometimes provided in kits), seed, agricultural and veterinary inputs and other micro-economic inputs.

Context	GIFTS IN KIND AND CASH FOR KIND				PURCHASES BY THE ICRC				TOTAL RECEIVED				
	Economic security *	Medical	Physical rehabilitation	Water and habitat	Economic security *	Medical	Physical rehabilitation	Water and habitat	Economic security *	Medical	Physical rehabilitation	Water and habitat	Total
ASIA AND THE PACIFIC	3,225,337	3,348,597		37,052	18,902,554	5,657,663	3,708,379	5,292,743	22,127,891	9,006,260	3,708,379	5,329,795	40,172,326
Afghanistan		43,138			3,924,516	4,223,461	795,063	1,655,937	3,924,516	4,266,599	795,063	1,655,937	10,642,115
Bangladesh					37,708	74,055	118,365	27,865	37,708	74,055	118,365	27,865	257,992
Bhutan					115	553	556	63	115	553	556	63	1,287
Cambodia					260,781	102,068	142,270	103,217	260,781	102,068	142,270	103,217	608,336
China					53,589		28,878		53,589		28,878		82,468
Fiji					69,567	1,420		461	69,567	1,420		461	71,447
India		1,881			177,683	46,732	117,292	10,625	177,683	48,613	117,292	10,625	354,212
Indonesia					18,747	2,937		8,683	18,747	2,937		8,683	30,367
Korea, Democratic People's Republic of					6,260	434,807	78,541	408,083	6,260	434,807	78,541	408,083	927,690
Lao People's Democratic Republic					3,523	11,461		11,158	3,523	11,461		11,158	26,142
Malaysia					6,437				6,437				6,437
Mongolia					728				728				728
Myanmar		1,200			486,375	190,940	310,130	396,442	486,375	192,140	310,130	396,442	1,385,086
Nepal					61,224	28,069	14,883	1,297	61,224	28,069	14,883	1,297	105,473
Pakistan					217,480	93,484	2,043,528	54,946	217,480	93,484	2,043,528	54,946	2,409,439
Papua New Guinea		6,087			49,118	26,473		37,967	49,118	32,560		37,967	119,644
Philippines	3,225,337	3,296,291		37,052	12,981,928	411,671	5,698	2,534,717	16,207,265	3,707,962	5,698	2,571,769	22,492,694
Sri Lanka					109,904	7,670	53,176	23,020	109,904	7,670	53,176	23,020	193,770
Thailand					126,063	1,863		18,264	126,063	1,863		18,264	146,190
Viet Nam					310,808				310,808				310,808
EUROPE AND THE AMERICAS	76,988			4,248	3,561,331	795,995	210,653	1,630,164	3,638,319	795,995	210,653	1,634,412	6,279,379
Armenia					174,514	2,943		26,870	174,514	2,943		26,870	204,326
Azerbaijan				4,248	220,667	15,099	1,520	66,754	220,667	15,099	1,520	71,002	308,288
Bolivia, Plurinational State of					17,253	4,509	6,754	5,673	17,253	4,509	6,754	5,673	34,189
Bosnia and Herzegovina					12,946			3,238	12,946			3,238	16,184
Brazil					44,987	2,003		6,889	44,987	2,003		6,889	53,879
Colombia					1,517,758	77,398	139,605	734,970	1,517,758	77,398	139,605	734,970	2,469,732
Costa Rica					58,086	9,715	704	7,675	58,086	9,715	704	7,675	76,179
Ecuador					7,136			32,193	7,136			32,193	39,330
El Salvador					14,484	1,844	133	28,441	14,484	1,844	133	28,441	44,902
Georgia					278,825	59,170	1,845	224,831	278,825	59,170	1,845	224,831	564,672
Greece					3,773				3,773				3,773
Guatemala					43,772	10,443	5,328	2,432	43,772	10,443	5,328	2,432	61,976
Haiti	74,995				153,727	61,602		32,088	228,722	61,602		32,088	322,411
Honduras					57,391	1,941		54,288	57,391	1,941		54,288	113,620
Kazakhstan	885					6,048			885	6,048			6,933
Kosovo**					22,307				22,307				22,307
Kyrgyzstan					163,698	292,323	9	165,824	163,698	292,323	9	165,824	621,854
Mexico					191,381	58,197	54,755	75,122	191,381	58,197	54,755	75,122	379,455
Panama					10,443	7,585		7,274	10,443	7,585		7,274	25,302
Peru					50,310	104		71,670	50,310	104		71,670	122,084
Russian Federation					358,404	90,084		82,524	358,404	90,084		82,524	531,012
Serbia					24,391				24,391				24,391
Tajikistan	259				124,620	83,735		1,408	124,879	83,735		1,408	210,022
Turkmenistan	138								138				138
United States of America					3,491				3,491				3,491
Uzbekistan	711				6,968	9,059			7,679	9,059			16,738
Venezuela, Bolivarian Republic of						2,193				2,193			2,193

* Economic security includes food and essential household items (sometimes provided in kits), seed, agricultural and veterinary inputs and other micro-economic inputs.

** UN Security Council Resolution 1244

MIDDLE EAST	3,773,565	33,788			33,790,113	5,427,509	893,972	11,925,569	37,563,678	5,461,297	893,972	11,925,569	55,844,516
Egypt					14,816	33,547		18,852	14,816	33,547		18,852	67,215
Iran, Islamic Republic of					177,845				177,845				177,845
Iraq					1,644,652	115,200	221,800	30,253	1,644,652	115,200	221,800	30,253	2,011,905
Israel and the occupied territories		32,700			677,530	1,753,485	87,937	401,832	677,530	1,786,185	87,937	401,832	2,953,484
Jordan	1,056,201				8,380	93,554		223,383	1,064,581	93,554		223,383	1,381,518
Kuwait					3,212				3,212				3,212
Lebanon	288,670				404,941	260,034	58,213	350,509	693,611	260,034	58,213	350,509	1,362,367
Syrian Arab Republic	2,428,694				29,282,480	2,666,026	168,806	9,274,127	31,711,174	2,666,026	168,806	9,274,127	43,820,133
Yemen		1,088			1,576,257	505,663	357,216	1,626,613	1,576,257	506,751	357,216	1,626,613	4,066,837
REGIONAL STOCKS					10,658,652	296,105			10,658,652	296,105			10,954,757
Field neutral stocks					10,658,652	296,105			10,658,652	296,105			10,954,757
GRAND TOTAL	14,384,555	4,182,962	245	290,408	122,621,315	18,959,541	6,036,983	26,372,991	137,005,870	23,142,503	6,037,228	26,663,399	192,849,000

* Economic security includes food and essential household items (sometimes provided in kits), seed, agricultural and veterinary inputs and other micro-economic inputs.

DELIVERY OF ASSISTANCE ITEMS IN 2013 (in CHF)

Context	Economic security*		Medical	Physical rehabilitation	Water and habitat	Total
	(CHF)	(Kg)	(CHF)	(CHF)	(CHF)	
AFRICA	68,541,136	64,922,892	5,943,657	1,048,915	6,993,061	82,526,768
Algeria	8,590	-	1,073			9,664
Angola	2,503	-				2,503
Benin	738	-				738
Burkina Faso	186,418	135,929	857		18,914	206,189
Burundi	161,725	30,992	9,678		37,026	208,429
Cabo Verde	1,500	-				1,500
Cameroon	1,757	-			4	1,761
Central African Republic	1,662,209	1,556,468	237,076	477	628,367	2,528,129
Chad	354,873	57,740	219,228	347	24,115	598,564
Comoros	1,215	-				1,215
Congo	1,635	-	735			2,369
Congo, Democratic Republic of the	8,315,380	3,599,173	979,090	149,626	1,632,839	11,076,935
Côte d'Ivoire	361,208	278,402	118,371		170,534	650,113
Djibouti	21,355	-	423		7,663	29,441
Equatorial Guinea	1,482	-				1,482
Eritrea	223,138	17,542	2,237		67,750	293,125
Ethiopia	989,645	154,769	140,875	452,990	641,673	2,225,182
Gabon	16,190	-	41,178			57,369
Gambia	117	-	13,917			14,035
Guinea	129,908	30,602	70,025		43,560	243,493
Guinea-Bissau	18,676	6	32,287	50,811	15,543	117,316
Kenya	14,416	4,221	20,336		143,797	178,550
Lesotho	754	-	406			1,160
Liberia	126,594	29,424	13,167		116,864	256,626
Libya	693,860	469,144	72,886	16,109	454,419	1,237,273
Madagascar	195,554	34,628	9,206	29	4,252	209,040
Malawi	7,584	-			34,917	42,501
Mali	24,097,632	32,846,273	286,240		250,480	24,634,352
Mauritania	38,266	4,081	98,361	51	52,543	189,221
Morocco	1,642	-				1,642
Niger	2,808,308	4,166,837	74,497	16,032	89,300	2,988,137
Nigeria	615,976	327,230	135,806	2,905	27,780	782,468
Rwanda	94,936	42,731	62,085	14,690	96,545	268,256
Senegal	121,201	36,272	23,230	381	215,228	360,040
Somalia	16,433,619	11,549,109	2,282,382		755,731	19,471,732
South Sudan	3,324,467	2,427,156	590,485	106,905	494,046	4,515,903
Sudan	6,830,270	6,546,250	199,902	235,298	595,973	7,861,443
Swaziland	247	-				247
Tanzania, United Republic of	111,188	-				111,188
Togo	8,295	-	981		97	9,373
Tunisia	43,187	4,320	24,766		235	68,188
Uganda	139,650	35,977	2,795		38,705	181,149
Western Sahara	1,936	2	2,078	1,962	19,816	25,792

Zimbabwe	371,291	537,614	176,996	301	314,345	862,933
Context	Economic security*		Medical	Physical rehabilitation	Water and habitat	Total
	(CHF)	(Kg)	(CHF)	(CHF)	(CHF)	(CHF)
ASIA AND THE PACIFIC	20,839,163	12,897,503	9,307,342	3,467,371	5,917,423	39,531,299
Afghanistan	3,796,900	2,262,237	4,522,432	1,309,104	2,023,343	11,651,778
Bangladesh	37,708	-	34,674	118,365	28,433	219,180
Bhutan	115	-	553	556	63	1,287
Cambodia	272,873	24,694	97,608	142,270	103,217	615,967
China	53,589	-	-	28,878	-	82,468
Fiji	69,567	17,470	1,420	-	461	71,447
India	201,969	35,438	135,896	86,462	28,101	452,428
Indonesia	18,747	-	2,937	-	8,683	30,367
Korea, Democratic People's Republic of	6,260	27	433,782	38,085	407,593	885,721
Lao People's Democratic Republic	3,523	-	11,461	-	11,158	26,142
Malaysia	6,437	-	-	-	-	6,437
Mongolia	728	-	-	-	-	728
Myanmar	322,634	47,954	153,762	315,019	368,135	1,159,550
Nepal	154,195	24,459	42,719	12,329	6,332	215,575
Pakistan	704,263	159,438	179,336	1,357,429	120,073	2,361,100
Papua New Guinea	69,349	11,311	32,560	-	37,967	139,876
Philippines	14,578,777	10,304,190	3,651,366	5,698	2,732,581	20,968,422
Sri Lanka	78,827	1,342	5,121	53,176	23,020	160,145
Thailand	151,892	8,943	1,716	-	18,264	171,872
Viet Nam	310,808	-	-	-	-	310,808
EUROPE AND THE AMERICAS	3,802,807	530,269	987,904	207,014	1,654,375	6,652,100
Armenia	172,267	34,662	866	-	25,928	199,060
Azerbaijan	219,545	4,016	10,880	1,520	71,137	303,081
Bolivia, Plurinational State of	17,253	-	4,509	6,754	5,673	34,189
Bosnia and Herzegovina	12,946	-	-	-	3,238	16,184
Brazil	44,987	-	2,003	-	6,889	53,879
Colombia	1,536,160	359,772	73,612	135,967	732,853	2,478,592
Costa Rica	58,086	-	9,715	704	7,675	76,179
Ecuador	7,136	-	-	-	32,193	39,330
El Salvador	14,484	-	1,844	133	28,441	44,902
Georgia	268,497	59,968	42,708	1,845	243,980	557,031
Greece	3,773	-	-	-	-	3,773
Guatemala	43,772	-	10,443	5,328	2,432	61,976
Haiti	219,829	22,477	192,570	-	47,834	460,233
Honduras	57,391	-	1,941	-	54,288	113,620
Kazakhstan	-	-	6,048	-	-	6,048
Kosovo**	22,307	-	-	-	-	22,307
Kyrgyzstan	358,933	42,068	387,115	9	143,900	889,957
Mexico	191,381	2	58,197	54,755	60,721	365,055
Panama	10,443	-	7,585	-	7,274	25,302
Peru	47,377	-	104	-	79,657	127,138
Russian Federation	336,769	4,821	80,968	-	98,853	516,590
Serbia	24,391	-	-	-	-	24,391
Tajikistan	124,620	2,483	85,545	-	1,408	211,573
United States of America	3,491	-	-	-	-	3,491
Uzbekistan	6,968	-	9,059	-	-	16,027
Venezuela, Bolivarian Republic of	-	-	2,193	-	-	2,193
MIDDLE EAST	40,799,361	23,587,846	3,934,631	1,187,431	10,521,950	56,443,373
Egypt	15,980	27	30,146	-	1,976	48,103
Iran, Islamic Republic of	177,845	-	-	-	-	177,845
Iraq	2,000,384	1,157,370	165,799	686,231	68,811	2,921,226
Israel and the occupied territories	663,243	135,058	1,880,724	87,937	397,705	3,029,608
Jordan	2,027,735	1,193,216	34,314	-	190,254	2,252,304
Kuwait	3,212	-	-	-	-	3,212
Lebanon	803,228	313,692	311,677	58,213	351,074	1,524,191
Syrian Arab Republic	33,444,312	19,908,491	1,030,126	1,815	7,929,296	42,405,549
Yemen	1,663,421	879,992	481,844	353,236	1,582,834	4,081,334
TOTAL	133,982,466	101,938,510	20,173,533	5,910,732	25,086,809	185,153,540

* Economic security includes food and essential household items (sometimes provided in kits), seed, agricultural and veterinary inputs and other micro-economic inputs.

** UN Security Council Resolution 1244

FUNDS AND FOUNDATIONS

Foundation for the International Committee
of the Red Cross 589

Augusta Fund 590

Clare Benedict Fund 591

Florence Nightingale Medal Fund 592

Jean Pictet Fund 593

Maurice de Madre French Fund 594

Omar El Mukhtar Fund 595

Paul Reuter Fund 596

ICRC Special Fund for the Disabled 597

FOUNDATION FOR THE INTERNATIONAL COMMITTEE OF THE RED CROSS (in CHF)

BALANCE SHEET AS AT 31 DECEMBER	2013	2012
ASSETS		
Current Assets		
Cash and cash equivalents	383,816	1,294,797
Securities	23,353,457	21,775,408
Accounts receivable and accrued interest	195,186	211,127
International Committee of the Red Cross, current account	368,274	-
Total Assets	24,300,733	23,281,332
LIABILITIES AND RESERVES		
Current liabilities		
International Committee of the Red Cross, current account	-	17,614
Total Liabilities	-	17,614
Reserves		
RESTRICTED RESERVES		
Inalienable capital	1,000,000	886,000
Total Restricted Reserves	1,000,000	886,000
UNRESTRICTED RESERVES		
<i>Reserves designated by the Board</i>		
– Balance brought forward	19,730,764	19,274,473
– Allocation to inalienable capital	-114,000	-
– Allocation to reserves designated by the Board	1,566,421	456,291
<i>Financial risk reserves</i>		
– Balance brought forward	2,269,541	1,626,749
– Increase/decrease of unrealized gains during the year	-151,993	642,792
<i>General reserves</i>		
– Balance brought forward	377,413	343,069
– Attribution to the International Committee of the Red Cross	-377,413	-343,069
– Allocation to general reserves	-	377,413
Total Unrestricted Reserves	23,300,733	22,377,718
Total Reserves	24,300,733	23,263,718
Total Liabilities and Reserves	24,300,733	23,281,332
STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED	2013	2012
Income		
Contributions	1,000,000	250,000
Income from securities	491,973	458,747
Realized gains on securities	829,699	236,502
Total Income	2,321,672	945,249
Expenditure		
Financial assistance	-622,586	-
External auditors' fees	-9,140	-11,556
Fundraising charges	-	-490
Mission expenses	-	-6,151
Realized losses on securities	-61,054	-30,212
Bank charges	-52,647	-63,011
Foreign exchange losses, net	-9,824	-44
Expenses arising from other periods	-	-81
Total Expenditure	-755,251	-111,545
Result for the year before transfers from/(to) reserves	1,566,421	833,704
Allocation to unrestricted reserves		
Reserves designated by the Board	-1,566,421	-456,291
General reserves	-	-377,413
Result for the year after transfer from/to reserves	-	-

Note 1 – Establishment

Created on 1 May 1931; statutes and objectives revised on 25 October 2012.

Note 2 – Purpose

The Foundation strives to secure long-term support for the ICRC by establishing a substantial endowment fund income, most of which will be freely available to the organization.

Note 3 – Administration

The Foundation Board is made up of representatives of business and political circles and the ICRC:

- ▶ 1 representative of the Swiss Confederation
- ▶ between 2 and 6 members appointed by the ICRC.

AUGUSTA FUND (in CHF)

BALANCE SHEET AS AT 31 DECEMBER	2013	2012
ASSETS		
Current Assets		
Share of the overall capital of the special funds	137,467	135,490
Total Current Assets	137,467	135,490
LIABILITIES AND RESERVES		
Current liabilities		
International Committee of the Red Cross, current account	3,090	3,170
Total Current Liabilities	3,090	3,170
Reserves		
RESTRICTED RESERVES		
Inalienable capital	100,000	100,000
Total Restricted Reserves	100,000	100,000
UNRESTRICTED RESERVES		
<i>General reserves</i>		
– Balance brought forward	8,809	9,032
– Result of the year	-906	-223
<i>Share of the overall provision for portfolio unrealized gains</i>		
– Balance brought forward	23,511	18,107
– Increase of unrealized gains during the year	2,963	5,404
Total Unrestricted Reserves	34,377	32,320
Total Reserves	134,377	132,320
Total Liabilities and Reserves	137,467	135,490
STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED	2013	2012
Income		
Share of net revenue from the overall capital of the special funds	2,184	2,947
Total Income	2,184	2,947
Expenditure		
External auditors' fees	-3,090	-3,170
Total Expenditure	-3,090	-3,170
Result for the year before attribution to the Florence Nightingale Medal Fund and transfers from/to reserves	-906	-223
Attribution to Florence Nightingale Medal fund	-	-
Use of unrestricted reserves	906	223
Result for the year after attribution to the Florence Nightingale Medal Fund and transfers from/to reserves	-	-

Note 1 – Establishment

In 1890, at the initiative of the ICRC, to commemorate the services rendered to the Red Cross by the German Empress Augusta, wife of Wilhelm I.

Note 2 – Purpose

Modified on several occasions. At the 21st International Conference of the Red Cross, held in Istanbul in 1969, it was decided that, pending further modification, receipts from the Augusta Fund would be allocated to the Florence Nightingale Medal Fund. This decision was confirmed at the 22nd Conference, held in Tehran in 1973.

Note 3 – Administration

In view of the aforementioned decision, the same as for the Florence Nightingale Medal Fund.

Note 4 – Assets

In order to optimize returns, risk management and bank charges, the assets of the fund are managed within two portfolios held jointly by the seven ICRC-related funds. Each fund holds a share of these portfolios proportional to its initial investment and subsequent inflows/outflows.

Note 5 - External auditors' fees

The fees are charged to the statement of income and expenditure as the external auditors invoice them to the funds. The fees for the limited review carried out on the 2012 financial statements have been invoiced and accounted for only in 2013. The lower fees for the agreed upon procedures carried on the 2013 financial statements will be invoiced and accounted for in 2014 income statement.

CLARE BENEDICT FUND (in CHF)

BALANCE SHEET AS AT 31 DECEMBER	2013		2012	
ASSETS				
Current Assets				
Share of the overall capital of the special funds		2,048,835		2,009,756
Total Current Assets		2,048,835		2,009,756
LIABILITIES AND RESERVES				
Current liabilities				
International Committee of the Red Cross, current account		3,090		3,170
Total Current Liabilities		3,090		3,170
Reserves				
RESTRICTED RESERVES				
Capital		1,632,629		1,632,629
Total Restricted Reserves		1,632,629		1,632,629
UNRESTRICTED RESERVES				
<i>General reserves</i>				
– Balance brought forward	25,212		-9,252	
– Attribution to the International Committee of the Red Cross	-34,464		-	
– Result for the year	27,786	18,534	34,464	25,212
<i>Share of the overall provision for portfolio unrealized gains</i>				
– Balance brought forward	348,745		262,508	
– Increase of unrealized gains during the year	45,837	394,582	86,237	348,745
Total Unrestricted Reserves		413,116		373,957
Total Reserves		2,045,745		2,006,586
Total Liabilities and Reserves		2,048,835		2,009,756
STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED				
		2013		2012
Income				
Share of net revenue from the overall capital of the special funds		30,876		37,634
Total Income		30,876		37,634
Expenditure				
External auditors' fees		-3,090		-3,170
Total Expenditure		-3,090		-3,170
Result for the year before transfers from/to reserves		27,786		34,464
Allocation to general reserves		-27,786		-34,464
Result for the year after transfers from/to reserves		-		-

Note 1 – Establishment

Created on February 1968.

Note 2 – Purpose

The Fund's income is attributed to assistance activities for the victims of armed conflicts, in accordance with Miss Benedict's wishes.

Note 3 – Administration

A commission composed of 3 people appointed by the ICRC.

Note 4 – Assets

In order to optimize returns, risk management and bank charges, the assets of the fund are managed within two portfolios held jointly by the seven ICRC-related funds. Each fund holds a share of these portfolios proportional to its initial investment and subsequent inflows/outflows.

Note 5 - External auditors' fees

The fees are charged to the statement of income and expenditure as the external auditors invoice them to the funds. The fees for the limited review carried out on the 2012 financial statements have been invoiced and accounted for only in 2013. The lower fees for the agreed upon procedures carried on the 2013 financial statements will be invoiced and accounted for in 2014 income statement.

FLORENCE NIGHTINGALE MEDAL FUND (in CHF)

BALANCE SHEET AS AT 31 DECEMBER	2013	2012
ASSETS		
Current Assets		
Share of the overall capital of the special funds	473,414	458,858
Stock of medals	43,941	51,903
Total Current Assets	517,355	510,761
LIABILITIES AND RESERVES		
Current Liabilities		
International Committee of the Red Cross, current account	3,950	3,170
Total Current Liabilities	3,950	3,170
Unrestricted Reserves		
<i>Capital</i>	75,000	75,000
<i>General reserves</i>		
– Balance brought forward	352,967	347,031
– Result for the year	-5,736	5,936
<i>Share of the overall provision for portfolio unrealized gains</i>		
– Balance brought forward	79,624	60,448
– Increase of unrealized gains during the year	11,550	19,176
Total Unrestricted Reserves	513,405	507,591
Total Liabilities and Reserves	517,355	510,761
STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED	2013	2012
Income		
Share of net revenue from the overall capital of the special funds	6,176	9,106
Total Income	6,176	9,106
Expenditure		
General and office supplies	-8,516	-
External auditors' fees	-3,090	-3,170
Other expenses	-306	-
Total Expenditure	-11,912	-3,170
Result for the year before transfers from/to reserves	-5,736	5,936
Use of / (Allocation to) general reserves	5,736	-5,936
Result for the year after transfers from/to reserves	-	-

Note 1 – Establishment

In accordance with the recommendations of the Eighth International Conference of the Red Cross, held in London in 1907, and with the decision of the Ninth Conference, held in Washington in 1912, a fund was established by contributions from National Red Cross Societies. The regulations were revised by the Eighteenth International Conference of the Red Cross, held in Toronto in 1952, and by the Council of Delegates, held in Budapest in 1991.

Note 2 – Purpose

The Fund's income is used to distribute a medal, called the "Florence Nightingale Medal", to honour the life and work of Florence Nightingale. The medal may be awarded to Red Cross and Red Crescent nurses and voluntary aides for having distinguished themselves by their service to sick and wounded people in time of peace or war. The medal is awarded every two years by the ICRC on the basis of proposals made to it by the National Societies. Only 50 medals may be distributed at any one time.

Note 3 – Administration

A commission composed of 5 ICRC representatives, including 4 Committee members.

Note 4 – Assets

In order to optimize returns, risk management and bank charges, the assets of the fund are managed within two portfolios held jointly by the seven ICRC-related funds. Each fund holds a share of these portfolios proportional to its initial investment and subsequent inflows/outflows.

Note 5 – External auditors' fees

The fees are charged to the statement of income and expenditure as the external auditors invoice them to the funds. The fees for the limited review carried out on the 2012 financial statements have been invoiced and accounted for only in 2013. The lower fees for the agreed upon procedures carried on the 2013 financial statements will be invoiced and accounted for in 2014 income statement.

JEAN PICTET FUND (in CHF)

BALANCE SHEET AS AT 31 DECEMBER	2013	2012
ASSETS		
Current Assets		
Share of the overall capital of the special funds	652,606	631,341
Total Current Assets	652,606	631,341
LIABILITIES AND RESERVES		
Current liabilities		
International Committee of the Red Cross, current account	23,090	3,170
Total Current Liabilities	23,090	3,170
Reserves		
RESTRICTED RESERVES		
Inalienable capital	500,000	500,000
Total Restricted Reserves	500,000	500,000
UNRESTRICTED RESERVES		
<i>Reserves designated by the Board</i>		
– Balance brought forward	10,099	10,099
– Transfer to general reserves during the year	-10,099	-
<i>General reserves</i>		
– Balance brought forward	8,518	-1,154
– Transfer from reserves designated by the Board during the year	10,099	-
– Result for the year	-14,785	9,672
<i>Share of the overall reserve for portfolio unrealized gains</i>		
– Balance brought forward	109,554	83,484
– Increase of unrealized gains during the year	16,130	26,070
Total Unrestricted Reserves	129,516	128,171
Total Reserves	629,516	628,171
Total Liabilities and Reserves	652,606	631,341

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED	2013	2012
Income		
Share of net revenue from the overall capital of the special funds	8,305	12,842
Total Income	8,305	12,842
Expenditure		
Financial assistance	-20,000	-
External auditors' fees	-3,090	-3,170
Total Expenditure	-23,090	-3,170
Result for the year before transfers from/(to) reserves	-14,785	9,672
Attribution to the Jean Pictet Competition decided by the Board	-	-
Use of / (Allocation to) general reserves	14,785	-9,672
Result for the year after transfer from/to reserves	-	-

Note 1 – Establishment

The fund was set up under the auspices of the Henry Dunant Institute on 2 July 1985 and continued by the Swiss Red Cross, the International Federation and the ICRC, in accordance with the fund's regulations updated on 21 September 2010.

Note 2 – Purpose

The fund's purpose is to use the income to encourage and promote knowledge and dissemination of international humanitarian law, giving priority to co-financing the organization of the "Jean Pictet competition on IHL".

Note 3 – Administration

The fund is administered by a Board composed of Swiss Red Cross, International Federation and ICRC representatives, with an ICRC representative designated as administrator.

Note 4 – Assets

In order to optimize returns, risk management and bank charges, the assets of the fund are managed within two portfolios held jointly by the seven ICRC-related funds. Each fund holds a share of these portfolios proportional to its initial investment and subsequent inflows/outflows.

Note 5 – External auditors' fees

The fees are charged to the statement of income and expenditure as the external auditors invoice them to the funds. The fees for the limited review carried out on the 2012 financial statements have been invoiced and accounted for only in 2013. The lower fees for the agreed upon procedures carried on the 2013 financial statements will be invoiced and accounted for in 2014 income statement.

MAURICE DE MADRE FRENCH FUND (in CHF)

BALANCE SHEET AS AT 31 DECEMBER	2013		2012	
ASSETS				
Current Assets				
Share of the overall capital of the special funds		4,738,465		4,561,045
International Committee of the Red Cross, current account		-		6,015
Total Current Assets		4,738,465		4,567,060
LIABILITIES AND RESERVES				
Current liabilities				
International Committee of the Red Cross, current account		94,528		-
Allocations to be paid		172,020		151,839
Total Current Liabilities		266,548		151,839
Reserves				
RESTRICTED RESERVES				
<i>Donors' restricted contributions</i>				
– Balance brought forward		31,859		1,878
– Use during the year		-31,859		-1,878
– Allocation during the year		3,000	3,000	31,859
Total Restricted Reserves		3,000		31,859
UNRESTRICTED RESERVES				
<i>Capital</i>				
– Balance brought forward		3,591,901		3,550,698
– Result for the year after transfers from/to reserves		-35,558	3,556,343	41,203
<i>Share of the overall provision for portfolio unrealized gains</i>				
– Balance brought forward		791,461		608,353
– Increase of unrealized gains during the year		121,113	912,574	183,108
Total Unrestricted Reserves		4,468,917		4,383,362
Total Reserves		4,471,917		4,415,221
Total Liabilities and Reserves		4,738,465		4,567,060
STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 31 DECEMBER				
Income				
Contributions		33,250		33,533
Share of net revenue from the overall capital of the special funds		56,306		98,013
Total Income		89,556		131,546
Expenditure				
<i>Allocations</i>				
- Allocations paid during the year		-129,907		-23,384
- Allocations to be paid		-20,181		-32,843
External auditors' fees		-3,090		-3,170
Other expenses		-796		-965
Total Expenditure		-153,974		-60,362
Result for the year before transfers from/to reserves		-64,418		71,184
Use of Restricted Reserves		31,859		1,878
Allocation to Restricted Reserves		-3,000		-31,859
Use of / (Allocation to) Unrestricted Reserves		35,558		-41,203
Result for the year after transfers from/to reserves		-		-

Note 1 – Establishment

The Fund was set up in accordance with Count Maurice de Madre's will and the ICRC Assembly's decision of 19 December 1974.

Note 2 – Purpose

To assist temporary or permanent staff, such as first-aid workers, delegates and nurses, of international or national Red Cross or Red Crescent institutions who, in the course of their work or during war operations or natural disasters, have suffered injury and thereby find themselves in straitened circumstances or in reduced health. In the event that the persons specified above should lose their lives in the course of the said humanitarian activities, payments may be made to their families.

Note 3 – Administration

A Board composed of 5 people appointed by the ICRC, currently:

- ▶ 2 ICRC members or staff
- ▶ 1 representative of the International Federation of Red Cross and Red Crescent Societies
- ▶ 1 representative of the de Madre family
- ▶ 1 member from outside the Movement.

Note 4 – Annual meeting

The Fund's Board held its official annual meeting on 3 May 2013; its secretariat handled 84 files on Movement staff.

Note 5 – Assets

In order to optimize returns, risk management and bank charges, the assets of the fund are managed within two portfolios held jointly by the seven ICRC-related funds. Each fund holds a share of these portfolios proportional to its initial investment and subsequent inflows/outflows.

Note 6 – External auditors' fees

The fees are charged to the statement of income and expenditure as the external auditors invoice them to the funds. The fees for the limited review carried out on the 2012 financial statements have been invoiced and accounted for only in 2013. The lower fees for the agreed upon procedures carried on the 2013 financial statements will be invoiced and accounted for in 2014 income statement.

OMAR EL MUKHTAR FUND (in CHF)

BALANCE SHEET AS AT 31 DECEMBER	2013	2012
ASSETS		
Current Assets		
Share of the overall capital of the special funds	952,259	934,335
Total Current Assets	952,259	934,335
LIABILITIES AND RESERVES		
Current Liabilities		
International Committee of the Red Cross, current account	3,090	3,170
Total Current Liabilities	3,090	3,170
Reserves		
RESTRICTED RESERVES		
Capital	760,500	760,500
Total Restricted Reserves	760,500	760,500
UNRESTRICTED RESERVES		
<i>General reserves</i>		
– Balance brought forward	8,533	-6,028
– Attribution to the International Committee of the Red Cross	-14,561	-
– Result for the year	11,302	14,561
<i>Share of the overall reserve for portfolio unrealized gains</i>		
– Balance brought forward	162,132	122,275
– Increase of unrealized gains during the year	21,263	39,857
Total Unrestricted Reserves	188,669	170,665
Total Reserves	949,169	931,165
Total Liabilities and Reserves	952,259	934,335
STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED	2013	2012
Income		
Share of net revenue from the overall capital of the special funds	14,392	17,731
Total Income	14,392	17,731
Expenditure		
External auditors' fees	-3,090	-3,170
Total Expenditure	-3,090	-3,170
Result for the year before transfers from/to reserves	11,302	14,561
Allocation to unrestricted reserves	-11,302	-14,561
Result for the year after attribution to the ICRC and transfers from/to reserves	-	-

Note 1 – Establishment

Pursuant to decision No. 5 of the Executive Board of 20 November 1980, adopted by the Committee in December 1980.

Note 2 – Purpose

A fund in dollars, made up of one or more donations by the authorities of Libya, the income of which is to be used to finance the ICRC's general assistance.

Note 3 – Administration

A Board composed of 3 ICRC representatives.

Note 4 – Assets

In order to optimize returns, risk management and bank charges, the assets of the fund are managed within two portfolios held jointly by the seven ICRC-related funds. Each fund holds a share of these portfolios proportional to its initial investment and subsequent inflows/outflows.

Note 5 - External auditors' fees

The fees are charged to the statement of income and expenditure as the external auditors invoice them to the funds. The fees for the limited review carried out on the 2012 financial statements have been invoiced and accounted for only in 2013. The lower fees for the agreed upon procedures carried on the 2013 financial statements will be invoiced and accounted for in 2014 income statement.

PAUL REUTER FUND (in CHF)

BALANCE SHEET AS AT 31 DECEMBER	2013	2012
ASSETS		
Current Assets		
Share of the overall capital of the special funds	600,013	600,717
Total Current Assets	600,013	600,717
LIABILITIES AND RESERVES		
Current Liabilities		
International Committee of the Red Cross, current account	12,301	23,170
Total Current Liabilities	12,301	23,170
UNRESTRICTED RESERVES DESIGNATED BY THE ASSEMBLY OF THE ICRC		
<i>Initial capital</i>	200,000	200,000
<i>General reserves</i>		
– Balance brought forward	273,307	283,531
– Result for the year	-1,151	-10,224
<i>Share of the overall reserve for portfolio unrealized gains</i>		
– Balance brought forward	104,240	80,161
– Increase of unrealized gains during the year	11,316	24,079
Total Unrestricted Reserves	587,712	577,547
Total Liabilities and Reserves	600,013	600,717
STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED	2013	2012
Income		
Share of net revenue from the overall capital of the special funds	11,150	12,946
Total Income	11,150	12,946
Expenditure		
Allocation to the Jean-Pictet Competition and Grands Lacs IHL Competition	-5,000	-20,000
External auditors' fees	-3,090	-3,170
Mission expenses	-1,164	-
Other expenses	-3,047	-
Total Expenditure	-12,301	-23,170
Result for the year before transfers from/to reserves	-1,151	-10,224
Use of restricted reserves	1,151	10,224
Result for the year after transfers from/to reserves	-	-

Note 1 – Establishment

Pursuant to decision No. 1 of the Executive Board of 6 January 1983.

Note 2 – Purpose

The fund's initial capital of CHF 200,000 donated by Prof. Paul Reuter (his Balzan prize) may be augmented by gifts or bequests. The fund's purpose is to use the income to encourage and promote knowledge and dissemination of international humanitarian law. To that end, the fund awards a prize every two years to reward work, to assist in the implementation of a project or to make a publication possible.

Note 3 – Administration

- ▶ a committee composed of 1 member of the ICRC, who is its chairman, and 2 ICRC staff members, appointed by the Directorate
- ▶ 2 people from outside the ICRC who, with the Committee members, make up the Paul Reuter prize jury.

Note 4 – Assets

In order to optimize returns, risk management and bank charges, the assets of the fund are managed within two portfolios held jointly by the seven ICRC-related funds. Each fund holds a share of these portfolios proportional to its initial investment and subsequent inflows/outflows.

Note 5 – External auditors' fees

The fees are charged to the statement of income and expenditure as the external auditors invoice them to the funds. The fees for the limited review carried out on the 2012 financial statements have been invoiced and accounted for only in 2013. The lower fees for the agreed upon procedures carried on the 2013 financial statements will be invoiced and accounted for in 2014 income statement.

ICRC SPECIAL FUND FOR THE DISABLED (in CHF)

BALANCE SHEET AS AT 31 DECEMBER	2013	2012		
ASSETS				
Current Assets				
Cash and cash equivalents	188,503			364,379
Securities	4,704,998			5,017,170
Accounts receivable	2,903,707			2,605,929
Non-current Assets				
Long-term receivable	1,335,160			3,721,026
Total Assets	9,132,368			11,708,504
LIABILITIES AND RESERVES				
Current Liabilities				
International Committee of the Red Cross, current account	1,756,072			1,709,646
Accounts payable	2,827			2,800
Current deferred income	2,725,060			2,307,869
Non-current Liabilities				
Non-current deferred income	1,335,160			3,950,101
Total Liabilities	5,819,119			7,970,416
RESTRICTED RESERVES				
<i>Donors' restricted contributions</i>				
– Balance brought forward	643,641		1,777,047	
– Use for Ethiopia & Tanzania projects	-8,292		-300,000	
– Use for Haiti project	-537,008		-1,152,243	
– Use for Lao People's Democratic Republic (PDR) project	-4,055		-	
– Use for Nicaragua project	-		-174,804	
– Use for Viet Nam project	-94,286		-150,000	
Subtotal	-		-	
– Allocation for Ethiopia & Tanzania projects	42,688		8,292	
– Allocation for Geneva project	78,023		-	
– Allocation for Haiti project	51,205		537,008	
– Allocation for Lao PDR project	31		4,055	
– Allocation for Viet Nam project	200,000		94,286	
– Use for Nicaragua project	-300,000	71,947	-	643,641
Total Restricted Reserves		71,947		643,641
UNRESTRICTED RESERVES DESIGNATED BY THE BOARD				
<i>Initial capital</i>		1,000,000		1,000,000
<i>Provision for portfolio unrealized gains</i>				
– Balance brought forward	567,470		369,291	
– Increase of unrealized gains during the year	60,982	628,452	198,179	567,470
<i>General reserves</i>				
– Balance brought forward	1,526,977		1,430,608	
– Result for the year after transfers from/to restricted reserves	85,873	1,612,850	96,369	1,526,977
Total Unrestricted Reserves		3,241,302		3,094,447
Total Reserves		3,313,249		3,738,088
Total Liabilities and Reserves		9,132,368		11,708,504

ICRC SPECIAL FUND FOR THE DISABLED (CONT.) (in CHF)

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED											
	2013										2012
	Ethiopia & Tanzania projects	Geneva project	Haiti project	India project	Lao PDR project	Nicaragua project	Tajikistan Project	Viet Nam project	General	Total 2013	Total 2012
Operating Activities											
Contributions Received in Cash											
<i>Governments</i>											
– Australia		85,710		100,000		317,525		539,175		1,042,410	960,000
– Liechtenstein	50,000									50,000	50,000
– Monaco	24,522									24,522	24,022
– Norway	487,324	43,175		71,136		196,440	107,613	228,210		1,133,898	1,063,165
– P. Leahy War Victims Fund/USAID	911,600						227,900			1,139,500	939,700
– Switzerland	100,000					100,000		100,000		300,000	300,000
<i>National Societies</i>											
– Austria										-	6,026
– Canada										-	280,800
– Iran, Islamic Republic of	18,838									18,838	22,836
– Monaco						6,154				6,154	6,009
– New Zealand					150,000					150,000	150,000
– Norway			90,000							90,000	160,897
– Switzerland	350,000									350,000	450,000
<i>Foundations Private sources</i>											
– A.Verhoeff - Kooyman										-	5,485
– Benchmark Telecom B.V.B.A.	12,006									12,006	-
– CR Machinery	9,225									9,225	-
– OPEC Fund for International Development	290,820									290,820	-
– V. Lyapchuk bday						28,474				28,474	-
– Various donors						3,600	3,000			6,600	5,882
Total Contributions	2,254,335	128,885	90,000	171,136	150,000	652,193	338,513	867,385	-	4,652,447	4,424,822
Operating Expenditure											
Cash expenditure	-2,219,939	-50,862	-575,803	-171,136	-154,024	-952,193	-338,513	-761,671	-	-5,224,141	-5,558,228
Total Operating Expenditure	-2,219,939	-50,862	-575,803	-171,136	-154,024	-952,193	-338,513	-761,671	-	-5,224,141	-5,558,228
Net Result of Operating Activities	34,396	78,023	-485,803	-	-4,024	-300,000	-	105,714	-	-571,694	-1,133,406
Non-operating Activities											
Financial Income											
Securities income									79,518	79,518	92,917
Realized gains on securities, net									68,386	68,386	30,672
Bank charges									-18,111	-18,111	-15,781
Non-refundable withholding taxes									-138	-138	-
Total Financial Income, net									129,655	129,655	107,808
Foreign Exchange results											
Realized exchange gains/(losses), net									-30,472	-30,472	12,444
Unrealized Exchange (losses), net									-5,590	-5,590	-5,849
Total Foreign Exchange results, net									-36,062	-36,062	6,595

ICRC SPECIAL FUND FOR THE DISABLED (CONT.) (in CHF)

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 31 DECEMBER											
	2013										2012
	Ethiopia project	Geneva project	Haiti project	India project	Lao PDR project	Nicaragua project	Tajikistan Project	Viet Nam project	General	Total 2013	Total 2012
Non-operating expenditure											
External auditors' fees									-7,720	-7,720	-6,710
Fundraising charges									-	-	-11,324
Total Non-operating expenditure									-7,720	-7,720	-18,034
Net Result of Non-operating Activities									85,873	85,873	96,369
Result for the year before transfers from/to reserves	34,396	78,023	-485,803	-	-4,024	-300,000	-	105,714	85,873	-485,821	-1,037,037
Allocation to Unrestricted Reserves											
General reserves	-	-	-	-	-	-	-	-	-85,873	-85,873	-96,369
Use of Restricted Reserves											
Donors' restricted contributions	8,292	-	537,008	-	4,055	-	-	94,286	-	643,641	1,777,047
Allocation to Restricted Reserves											
Donors' restricted contributions	-42,688	-78,023	-51,205	-	-31	300,000	-	-200,000	-	-71,947	-643,641
Result for the year after transfers from/to reserves	-	-	-	-	-	-	-	-	-	-	-

Note 1 – Establishment and initial objectives

The year 1981 was declared by the United Nations to be the “International Year for Disabled Persons”. The same year, when it met in Manila, the 24th International Conference of the Red Cross and Red Crescent adopted a resolution recommending that “a special fund be formed for the benefit of the disabled and to promote the implementation of durable projects to aid disabled persons”. Pursuant to the ICRC Assembly’s decision No. 2 of 19-20 October 1983, the Special Fund for the Disabled (SFD) was subsequently established. Its objectives were twofold:

- ▶ to help finance long-term projects for disabled persons, in particular the creation of workshops for the production of artificial limbs and orthotic appliances, and centres for rehabilitation and occupational retraining
- ▶ to participate not only in ICRC and National Society projects, but also in those of other humanitarian bodies working in accordance with ICRC criteria

Note 2 – Legal status

In January 2001, the ICRC Assembly converted the SFD into an independent foundation under Swiss law. The primary objectives of the “ICRC Special Fund for the Disabled” remained to a large extent unchanged, i.e. to support physical rehabilitation services in low-income countries, with priority given to former projects of the ICRC. Although the SFD had become a more independent body, its projects continued to be drawn up in accordance with ICRC operational policies in the countries concerned. However, the statutes of the new Foundation also allowed the opening of its Board to members of other organizations, and the SFD developed its own independent fundraising and financial management structure.

Note 3 – Funding

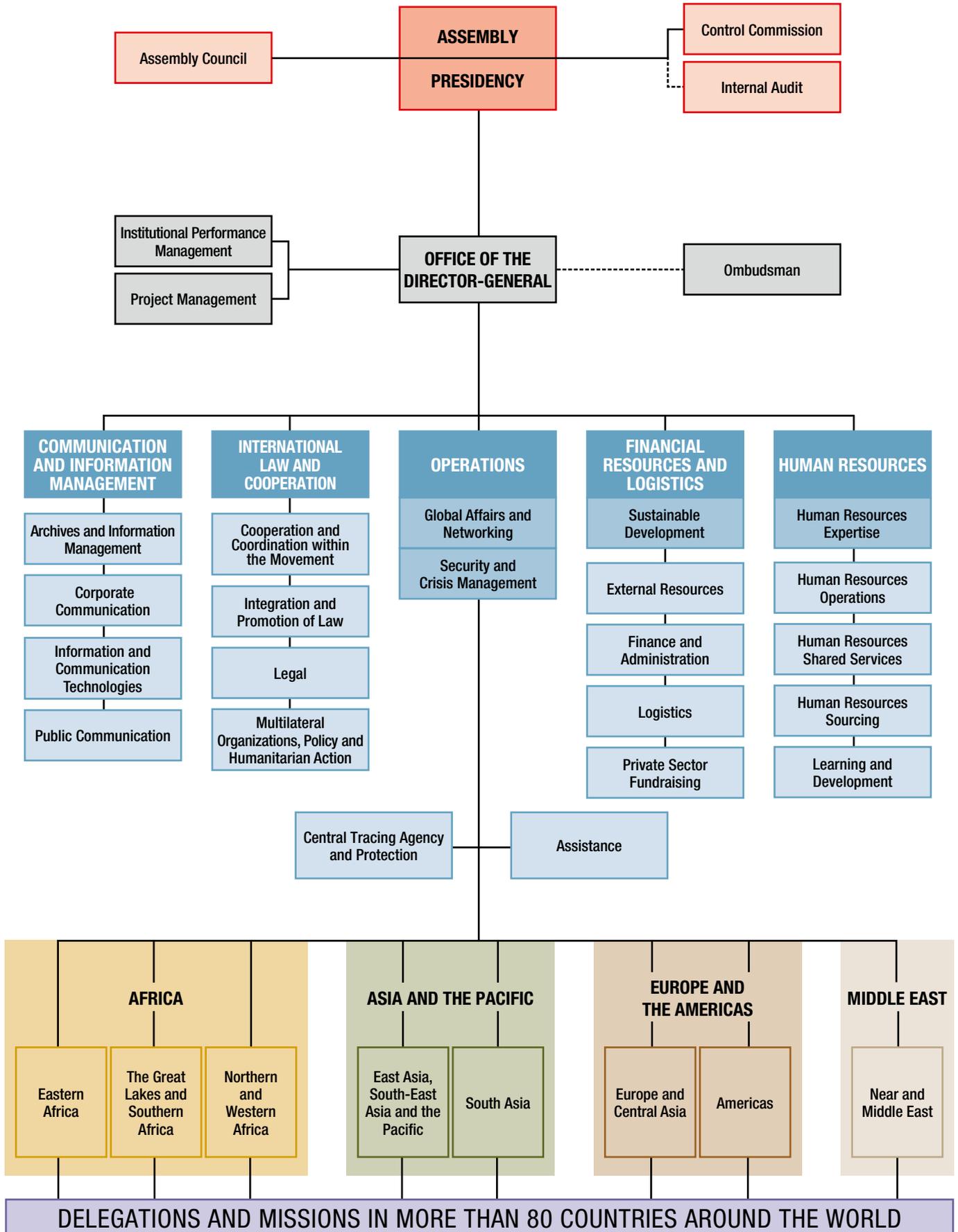
In 1983, the ICRC donated an initial 1 million Swiss francs to set up the Special Fund for the Disabled. Further support is since given to the SFD by various governments, a number of National Societies and by private and public sources.

Note 4 – Administration

A board composed of 11 people, at least 6 of whom are ICRC representatives.

ANNEXES

ICRC ORGANIZATIONAL CHART



ICRC DECISION-MAKING STRUCTURES¹

ASSEMBLY

The Assembly is the supreme governing body of the ICRC and oversees all its activities. It formulates policy, defines general objectives and institutional strategy, approves the budget and accounts, and appoints the directors and the head of Internal Audit. Composed of between 15 and 25 co-opted Committee members of Swiss nationality, the Assembly is collegial in character. The Recruitment Commission, which is composed of members of the Assembly, handles matters relating to the Committee's composition and submits proposals to the Assembly for the co-optation of new members. The Assembly's president and two vice-presidents are the president and vice-presidents of the ICRC. The Assembly convenes four to six times a year for ordinary sessions and can decide to hold an extraordinary session at any time.

Mr Peter Maurer, president, PhD in contemporary history from the University of Bern, former ambassador and permanent representative of Switzerland to the United Nations in New York (United States of America), former secretary of State for foreign affairs in Bern (Switzerland), ICRC president since 1 July 2012

Ms Christine Beerli, permanent vice-president, lawyer, former director of the School of Engineering and Information Technology at Bern University of Applied Sciences, former member of the Swiss parliament, chairwoman of Swissmedic Agency Council

Mr Olivier Vodoz, vice-president, lawyer, former member of the cantonal Parliament and State Council of Geneva (Switzerland), member of the board of directors of the Union Bancaire Privée, senior member of the foundation for the theology faculty of the University of Geneva

Mr Mauro Arrigoni, PhD in mathematics from the University of Zurich, author of numerous scientific papers on mathematical models in biology, founder of the scientific journal *Il Volteriano*, dean of a high school in Mendrisio (Switzerland)

Ms Christiane Augsburger, nurse, graduate of the French Red Cross nursing school, former director of La Source nursing school, former member of the Swiss National Advisory Commission on Biomedical Ethics

Mr Hugo Bänziger, PhD in banking history from the University of Bern, former chief risk officer of Deutsche Bank, member of the European Union's High-level Expert Group on structural reforms in the banking sector, chairman of the Eurex Group, lecturer on finance at the Universities of Chicago and London

Mr Paolo Bernasconi, lawyer, former public prosecutor, professor at the Universities of Bocconi, Insubria, Lugano, St. Gallen and Zurich, expert consultant on the fight against money laundering and corruption

Mr François Bugnion, PhD in political science, independent consultant in the fields of IHL and humanitarian action, author of numerous books and articles, former ICRC delegate and director

Mr Jacques Chapuis, psychiatric nurse, anesthesia and resuscitation specialist, vice-president of the international secretariat of nurses in the French-speaking world (SIDIIIEF), director of La Source Institute and Faculty of Applied Health Sciences, former ICRC delegate

Mr Bernard G.R. Daniel, degree in law from the University of Geneva, former secretary-general and secretary to the board of directors of the Nestlé Group, member of the International Corporate Governance Network, former ICRC delegate

Mr Melchior de Muralt, PhD in political science from the University of Lausanne, partner in the Pury Pictet Turrettini & Cie asset management firm, president of Cadmos Fund Management and Guilé Engagement Funds, chairman of Blue Orchard Finance and the World Microfinance Forum Geneva

Ms Paola Ghillani, pharmacist and businesswoman, former chief executive officer of the Max Havelaar Foundation, founder of Paola Ghillani & Friends Ltd, a company that promotes and implements sustainable development and ethics in business

Mr Alexis Keller, professor, PhD in political science from the University of Geneva, former fellow of the Carr Center for Human Rights Policy at Harvard University, former Swiss special representative for the Middle East peace process, professor at the Universities of Geneva and Paris (Sciences Po)

Mr Jürg Kesselring, doctor, head of the Department of Neurorehabilitation at the Valens Rehabilitation Centre, professor of clinical neurology and neurorehabilitation at the Universities of Bern and Zurich, chairman of the Swiss Multiple Sclerosis Society and of the Swiss Brain Council, former ICRC delegate

Ms Claude Le Coultre, doctor, honorary professor at the University of Geneva, former head of the Paediatric Surgery Department at the Children's Hospital in Geneva, chairwoman of the ICRC Special Fund for the Disabled

Mr Thierry Lombard, private banker, managing partner at Lombard Odier & Cie, involved in developing thematic investment strategy and new skills and products, chairman of the board of the Family Business Network International

Mr Yves Sandoz, lecturer, PhD in law from the University of Neuchâtel, former lecturer at the Universities of Fribourg and Geneva, member of a number of international law institutes and associations, former ICRC delegate and director

Ms Doris Schopper, professor, PhD in public health from Harvard University, former president of Médecins Sans Frontières (MSF) Switzerland and of the MSF International Council, professor at the University of Geneva and director of the Centre for Education and Research in Humanitarian Action, chair of MSF's ethics review board

1. As at 31 December 2013

Mr Rolf Soiron, PhD from Harvard Business School, chairman of the boards of Holcim, Lonza, and Nobel Biocare, former member of the Riehen Communal Council and of the State Council of the Canton of Basel-City, former chairman of the Council of Basel University

Mr Bruno Staffelbach, professor, PhD in business administration from the University of Zurich, professor at the Universities of Fribourg, Lucerne and Zurich, former Swiss army brigadier-general, former chairman of the Council of the University of Lucerne

Ms Heidi Tagliavini, PhD in philology from the Universities of Geneva and Moscow, former Swiss ambassador having served mainly in conflict settlement (Georgia, 2008), peacekeeping (Georgia, 2002–06) and electoral observation missions (Ukraine, 2009, Russian Federation, 2011 and Armenia, 2013)

Mr Daniel Thürer, professor, PhD in law from the University of Zurich, member of the International Court of Arbitration and of the Court of Arbitration of the Organization for Security and Co-operation in Europe, professor emeritus of international, comparative constitutional and European law at the University of Zurich

Mr André von Moos, industrialist, PhD in law from the University of Zurich, former general manager and chief executive officer of a family-owned steel business, served on the boards of a number of companies, member of the Stiftungsrat FER, the ruling body for Swiss accounting standards

Honorary members: Mr Jean Abt, Mr Peter Arbenz, Mr Jean-Philippe Assal, Mr Jean-François Aubert, Mr Ernst Brugger, Ms Suzy Bruschweiler, Mr Jean de Courten, Mr Georges-André Cuendet, Mr Max Daetwyler, Mr Josef Feldmann, Mr Jacques Forster, Mr Athos Gallino, Ms Renée Guisan, Mr Rodolphe de Haller, Mr Pierre Keller, Ms Liselotte Kraus-Gurny, Mr Pierre Languetin, Mr Jacques Moreillon, Ms Gabrielle Nanchen, Mr Jakob Nüesch, Ms Anne Petitpierre, Ms Francesca Pometta, Mr Eric Roethlisberger, Mr Dietrich Schindler, Mr Cornelio Sommaruga, Mr Jenö Staehelin, Mr Jakob Kellenberger

ASSEMBLY COUNCIL

The Assembly Council is a subsidiary body of the Assembly and comprises the president, the permanent vice-president and three members elected by the Assembly. The Assembly Council prepares the Assembly's programme of activities and takes decisions on matters within its competence, particularly budget extensions during the year and major changes to operational objectives. It serves as a link between the Directorate and the Assembly, to which it reports regularly.

- ▶ **Mr Peter Maurer**, president
- ▶ **Ms Christine Beerli**, permanent vice-president
- ▶ **Ms Claude Le Coultre**, member of the Committee
- ▶ **Mr Rolf Soiron**, member of the Committee
- ▶ **Mr Bruno Staffelbach**, member of the Committee

PRESIDENCY

The Presidency is composed of the president, one permanent vice-president and one non-permanent vice-president. The president of the ICRC has primary responsibility for the organization's external relations. As president of the Assembly and of the Assembly Council, he ensures that the spheres of competence of these two bodies are safeguarded and leads their work. The president engages in ongoing dialogue with the Directorate on all activities conducted by the ICRC and can take appropriate measures in cases of extreme urgency.

OVERSIGHT MECHANISMS

Control Commission

The Control Commission is composed of five members of the Assembly who are not members of the Assembly Council. It helps the Assembly oversee the work of the organization. It controls the implementation of Assembly decisions and ensures that ICRC activities are conducted efficiently. The commission reviews the reports of the external and internal auditors, and monitors implementation of audit recommendations. It meets six to eight times a year.

Internal Audit

Internal Audit helps the ICRC to accomplish its objectives by using a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes. It reports its findings directly to the president and the Control Commission, and issues recommendations to management. The head of Internal Audit is appointed by the Assembly.

External Audit

The Assembly appoints the external auditors for the ICRC's financial statements. The external auditors report their audit opinion to the Assembly and prepare a management letter addressed to the Directorate. Since 2007, the external audit has been carried out by Ernst & Young.

DIRECTORATE

The Directorate is the executive body of the ICRC, responsible for applying and ensuring implementation of the general objectives and institutional strategy defined by the Assembly or the Assembly Council. The Directorate is also responsible for the smooth running of the ICRC and for the efficiency of its staff as a whole.

The director-general sets the administration's general priorities, directs the decision-making process and supervises implementation of the decisions taken. The director-general is accountable to the Presidency and the Assembly as regards the Directorate's objectives and activities and the results achieved.

- ▶ **Mr Yves Daccord**, director-general
- ▶ **Ms Helen Alderson**, director of financial resources and logistics
- ▶ **Mr Pierre Krähenbühl**, director of operations
- ▶ **Ms Charlotte Lindsey-Curtet**, director of communication and information management
- ▶ **Mr Philip Spoerri**, director of international law and cooperation
- ▶ **Ms Caroline Welch-Ballentine**, director of human resources

ICRC STRATEGY 2011–2014

INTRODUCTION

The 2011–2014 institutional strategy will guide the work of the ICRC over the coming four years. It builds upon the orientations presented in the previous institutional strategy, related to responding to humanitarian needs in the entire scope of its mandate, enhancing its expertise in certain fields to better meet the needs of people affected by armed conflict and other situations of violence, ensuring complementarity and coordination with other humanitarian actors, and investing in operational partnerships with National Societies¹.

The strategy will be put into practice by ICRC staff members around the world, in accordance with clearly defined management priorities that build upon the organization's key success factors². Indicators will be developed to monitor results, and progress reports will be made.

MISSION

The ICRC is a neutral, impartial and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance.

The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles.

Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.

VISION

In fulfilling its mission, the ICRC puts people's needs at the centre of its work and builds on their resilience. It is able to make a significant difference for people affected by ongoing and emerging humanitarian crises, working in close proximity to them and providing high-quality services, together with National Red Cross and Red Crescent Societies and other partners. It shapes the debate on legal and policy issues related to its mission; it uses its humanitarian diplomacy as a strong lever to influence governments and other stakeholders in order to strengthen respect for the lives and dignity of people affected by armed conflict and other situations of violence.

In line with its mission, the ICRC has identified four broad strategic orientations for the 2011–2014 period:

1. **Reinforce the ICRC's scope of action** – The ICRC will increase the relevance and effectiveness of the support it provides to people suffering because of armed conflict (including in the early recovery phase) and other situations of violence.

2. **Strengthen the ICRC's contextualized, multidisciplinary response** – The ICRC will develop contextualized, multidisciplinary responses that address the vulnerabilities and build on the resilience of people in need.
3. **Shape the debate on legal and policy issues related to the ICRC's mission** – The ICRC will remain the reference organization for developing and clarifying IHL and will influence the policy agenda related to the human costs of armed conflict and other situations of violence, the future of humanitarian action, and other emerging issues.
4. **Optimize the ICRC's performance** – The ICRC will strike an appropriate balance between achieving consistency throughout the organization and maintaining operational flexibility in managing its performance.

A CHANGING WORLD

Today's armed conflicts and other situations of violence present a host of complex challenges. Most conflicts where the ICRC is active tend to be long and drawn out, rarely coming to a clear-cut end. They often revolve around competition for access to critical resources (such as energy, land and water) and have ethnic or religious dimensions. The plight of many people affected by armed conflict and other situations of violence is gravely exacerbated by the combined effect of phenomena or "mega-trends" such as climate change, natural disasters, environmental degradation, migration, pandemics, and rampant urbanization. Moreover, IHL is repeatedly flouted in armed conflict, due, in large measure, to a lack of political will on the part of both State authorities and armed groups.

The global environment in which the ICRC operates will continue to evolve significantly in the coming years. Ongoing transformations in the international political, economic, social, and environmental landscapes will likely have a significant impact on people's lives. The humanitarian sector may be altered as a result of the growing interest and involvement of States, local and regional organizations, and the private sector. At the same time, beneficiaries will play an increasingly active role in formulating their own requests and assessments, as easy-to-use technologies become more readily available. In addition, new actors of influence will emerge, prompting the ICRC to diversify its networks and more firmly anchor its presence regionally and locally to preserve and strengthen its access to the people it seeks to help. As the international community struggles to address the consequences of the aforementioned "mega-trends", attention may be deflected from the needs of people affected by armed conflict and other situations of violence. These trends will lead to more and new manifestations of organized armed violence, many of which will lie below the threshold at which IHL begins to apply.

BUILDING ON THE ICRC'S STRENGTHS TO RESPOND TO THESE CHANGES

A strong capacity to adapt to new challenges has been a hallmark of the ICRC in the past. The organization has evolved significantly in the last 10 years as a result of strategic choices made. It has gradually broadened its scope of action to meet the needs of people affected by armed conflict and other situations of violence. Accordingly, it has widened its access to people in need and striven to ensure that it is accepted on the ground as a neutral,

1. ICRC strategy 2007–2010: *Committed to meeting new challenges through action*.

2. ICRC management has defined six key success factors that describe the areas that are crucial for the ICRC's success and provide a common reading grid for all of the organization's activities: (1) relevance; (2) access; (3) reputation/acceptance; (4) organization and processes; (5) human resources capacity and mobility; and (6) positioning.

impartial and independent humanitarian actor. It has reviewed its organizational structure and processes and reinforced its capacity to evaluate the results of its activities.

Going forward, the ICRC must be prepared for further adaptation. The character, pace, and unpredictable nature of changes in its environment will make it necessary to ensure that ICRC managers are both guided by more clearly defined strategic frameworks and entrusted with strong decision-making authority and responsibility. While the organization's broad ambitions are clear, the precise path to their fulfilment cannot be predetermined. The ICRC must increasingly work on the basis of scenarios, building upon its rapid response capacity, capitalizing upon the mobility of its staff, and preserving its flexibility. It must integrate "lessons learnt" by more systematically taking stock of new experiences and sharing good practices throughout the organization. In addition, the ICRC needs to identify and work well with strong National Society partners and others to ensure that responses are relevant and effective.

2011–2014 STRATEGIC ORIENTATIONS

1. Reinforce the ICRC's scope of action

The ICRC aims to increase its relevance and effectiveness in all situations where it is active.

- ▶ Ensuring respect for IHL in situations of **armed conflict** will remain at the heart of the ICRC's mission. In such situations, it will strive to improve its access to vulnerable populations and respond more comprehensively to their needs. During the **early recovery** phase, the ICRC will be more assertive and structured in initiating programmes in certain areas – medical, economic security, and water and habitat. It will prepare to withdraw once the entry strategies of development organizations have been clearly set out and are followed by concrete actions. The collaborative dimension will be crucial here, with the ICRC developing both operational and thematic partnerships with National Societies and others.
- ▶ The ICRC will also more systematically and effectively bring the humanitarian consequences of **other situations of violence** within its scope of action. It will focus primarily on situations of organized armed violence in urban settings, State repression or intercommunity violence. The organization will engage in each new context in light of its potential added value. This will require it to adapt its knowledge of various bodies of law, such as human rights law, to the expected operational needs in certain specific domains (e.g. arrest, detention, and use of force). Once again, partnerships will play an important role in such situations.
- ▶ The ICRC will deepen its understanding of the impact of **phenomena such as climate change, natural disasters, environmental degradation, migration, pandemics, and rampant urbanization** on populations affected by armed conflict and other situations of violence. This will permit the organization to ensure that its response takes into account their cumulative impact.
- ▶ In all situations where it is active, the ICRC will play a **pivotal role in certain domains** (e.g. emergency response supported by a strong rapid deployment capacity, health services, water and sanitation in urban settings, treatment and conditions of people deprived of their freedom, and restoring family links).
- ▶ To achieve related objectives, it will consolidate its access to people affected by armed conflict and other situations of violence by developing relationships with **traditional and emerging actors of influence**. In line with its **security strategy**, the ICRC will continuously adapt its modus operandi as needed, to ensure the safety of its staff.

2. Strengthen the ICRC's contextualized, multidisciplinary response

The ICRC aims to improve and systematize its ability to place the needs of affected populations at the centre of its humanitarian response. At the same time, it aims to more firmly anchor its presence and enhance its response through local resources and skills.

- ▶ The ICRC will strengthen its ability to **address the vulnerabilities and build on the resilience of populations in need** and will ensure greater **involvement of beneficiaries** in identifying their own needs and formulating adequate responses.
- ▶ It will confirm its **multidisciplinary approach** – encompassing protection, assistance, prevention, and cooperation with National Societies – and undertake **integrated planning, implementation, monitoring, and evaluation**.
- ▶ This orientation has an important **human resources dimension**; the ICRC will place a premium on attracting, retaining, and developing staff – both internationally and locally hired – with the skills needed to ensure the relevance and effectiveness of its response to changes in its operating environment.
- ▶ It will also further develop **partnerships** both within the Movement and beyond, in order to obtain the best possible understanding of local situations and communities and to respond more effectively to identified needs. This will entail further strengthening cooperation with National Societies and their International Federation.

3. Shape the debate on legal and policy issues related to the ICRC's mission

The ICRC aims to bring its expertise to bear and make its voice heard in a timely and effective manner in fora both traditional and new, constantly expanding its network of contacts. This will help enhance respect for the lives and dignity of people affected by armed conflict and other situations of violence and for the ICRC's neutral, impartial and independent humanitarian action.

- ▶ The ICRC will remain the **reference organization for the development and clarification of IHL**, undertaking a broad range of related initiatives.
- ▶ At the same time, it will endeavour to increasingly **influence the debate on the human costs of organized armed violence more generally, the future of humanitarian action and principles, as well as other emerging issues**.

4. Optimize the ICRC's performance

The ICRC aims to meet its objectives and fulfil expectations, safeguarding consistency across the organization while maintaining operational flexibility.

- ▶ The ICRC's **13,000 staff members** are its strongest asset; their individual contributions are crucial to the organization's overall performance. The ICRC will **adapt its approach to developing and managing its human resources** so as to enable it to make the most of the skills and experience of its staff – be they internationally or locally hired – and to define and implement human resources strategies in support of its operational objectives.
- ▶ Staff members will incorporate into their work **best practices for managing people**. They will focus in particular on increasing self-awareness, fostering an environment conducive to open communication, making clear and transparent decisions, and providing relevant and timely feedback.
- ▶ The ICRC will ensure that **decision-making is aligned** with the organization's strategy and **measure its overall performance** on the basis of its key success factors.

-
- ▶ It will further strengthen its internal culture of critical self-appraisal by enhancing its **result-based management practice**. It will also complement its own assessment with independent, external perspectives on its results. Activities will be geared towards making a significant difference for people affected by armed conflict and other situations of violence.
 - ▶ The ICRC will continue to ensure that its processes and procedures reinforce **accountability**, both within the organization and vis-à-vis external stakeholders, by permitting efficient management of activities and strengthening coherence across the organization.
 - ▶ In addition, the organization will further develop its **information-management capacity**, channelling, synthesizing, and sharing information so as to facilitate decision-making and to guide the process of adapting its humanitarian response to constantly changing situations. It will also better incorporate the use of **new technologies** in its work.
 - ▶ The ICRC will strive to ensure that it always has **adequate, quality funding** to implement its activities.

THE ICRC AND ITS WORK WITH OTHER COMPONENTS OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

The International Red Cross and Red Crescent Movement (the Movement) is made up of the National Societies, their International Federation and the ICRC. Although each of the Movement's components engages in different activities, they are all united by the same mission: to alleviate human suffering, protect life and health, and uphold human dignity, especially during armed conflicts and other emergencies. Moreover, they share the same Fundamental Principles: humanity, impartiality, neutrality, independence, voluntary service, unity and universality.

As the founding institution of the Movement, the ICRC has certain statutory responsibilities towards the other components. In particular, it is responsible under the Statutes of the Movement for ensuring respect for and promoting knowledge of the Fundamental Principles, recognizing new National Red Cross or Red Crescent Societies that meet the conditions for recognition, and discharging the mandates entrusted to it by the International Conference of the Red Cross and Red Crescent. The ICRC is actively involved in the organization of the Council of Delegates and the International Conference of the Red Cross and Red Crescent.

National Societies in their respective countries and the ICRC both have the mandate to assist those affected by armed conflict and other situations of violence. National Societies are the primary operational partners of the ICRC, particularly in the fields of medical and relief assistance and restoring family links. Strengthening cooperation and partnerships between National Societies and the ICRC is an opportunity to contribute to a more effective Movement and a means to optimize the fulfilment of their common mission.

Complementing the efforts of the International Federation in the area of organizational development, the ICRC contributes to the development of National Societies in the following fields:

- ▶ disseminating knowledge of IHL and promotion of the Fundamental Principles
- ▶ taking measures to help ensure the implementation of IHL
- ▶ preparing for activities in the event of armed conflict and other situations of violence, in particular in fields such as the evacuation of the wounded, pre-hospital care and relief assistance
- ▶ restoring family links
- ▶ mine action, including risk reduction and victim assistance

In addition, the ICRC helps National Societies build a strong legal basis for independent action, including by:

- ▶ providing technical and legal assistance for the establishment and the recognition of National Societies within the Movement
- ▶ together with the International Federation, revising and strengthening National Society statutory and legal base instruments
- ▶ together with the International Federation, supporting National Societies in their efforts to apply and adhere at all times to the Fundamental Principles and to the Movement's regulatory framework

Finally, the ICRC may act as the lead agency, or support the National Society of the affected country in its responsibility as the lead agency, in coordinating the international relief operations conducted by the Movement in response to the direct consequences of international and non-international armed conflict and other situations of violence, as well as in situations of armed conflict concomitant with natural or technological disasters. The ICRC also coordinates activities to restore family links in all situations that require an international response.

The work of the ICRC is based on the four Geneva Conventions of 1949, their two Additional Protocols of 1977 and Additional Protocol III of 2005, the Statutes of the International Red Cross and Red Crescent Movement, and the resolutions of the International Conferences of the Red Cross and Red Crescent. The ICRC's mission is to provide the victims of armed conflict with protection and assistance. To that end, the ICRC takes direct and immediate action in response to emergency situations, while at the same time promoting preventive measures, such as the dissemination and national implementation of IHL.

It was on the ICRC's initiative that States adopted the original Geneva Convention of 1864. Since then, the ICRC, with the support of the entire Movement, has put constant pressure on governments to adapt IHL to changing circumstances, in particular to modern developments in the means and methods of warfare, so as to provide more effective protection and assistance for conflict victims.

Today, all States are bound by the four Geneva Conventions of 1949, which, in times of armed conflict, protect wounded, sick and shipwrecked members of the armed forces, prisoners of war and civilians.

Over three-quarters of all States are currently party to the 1977 Additional Protocols. Protocol I protects the victims of international armed conflicts, while Protocol II protects the victims of non-international armed conflicts. These instruments have in particular codified the rules protecting the civilian population against the effects of hostilities.

The legal bases of any action undertaken by the ICRC may be summed up as follows:

- ▶ the four Geneva Conventions and Additional Protocol I confer on the ICRC a specific mandate to act in the event of international armed conflict. In particular, the ICRC has the right to visit prisoners of war and civilian internees. The Conventions also give the ICRC a broad right of initiative
- ▶ in situations of armed conflict that are not international in character, the ICRC enjoys a right of humanitarian initiative recognized by the international community and enshrined in Article 3 common to the four Geneva Conventions
- ▶ in the event of internal disturbances and tensions, and in any other situation that warrants humanitarian action, the ICRC also enjoys a right of initiative, which is affirmed and recognized in the Statutes of the International Red Cross and Red Crescent Movement. Thus, wherever IHL does not apply, the ICRC may offer its services to governments without that offer constituting interference in the internal affairs of the State concerned

UNIVERSAL ACCEPTANCE OF THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS

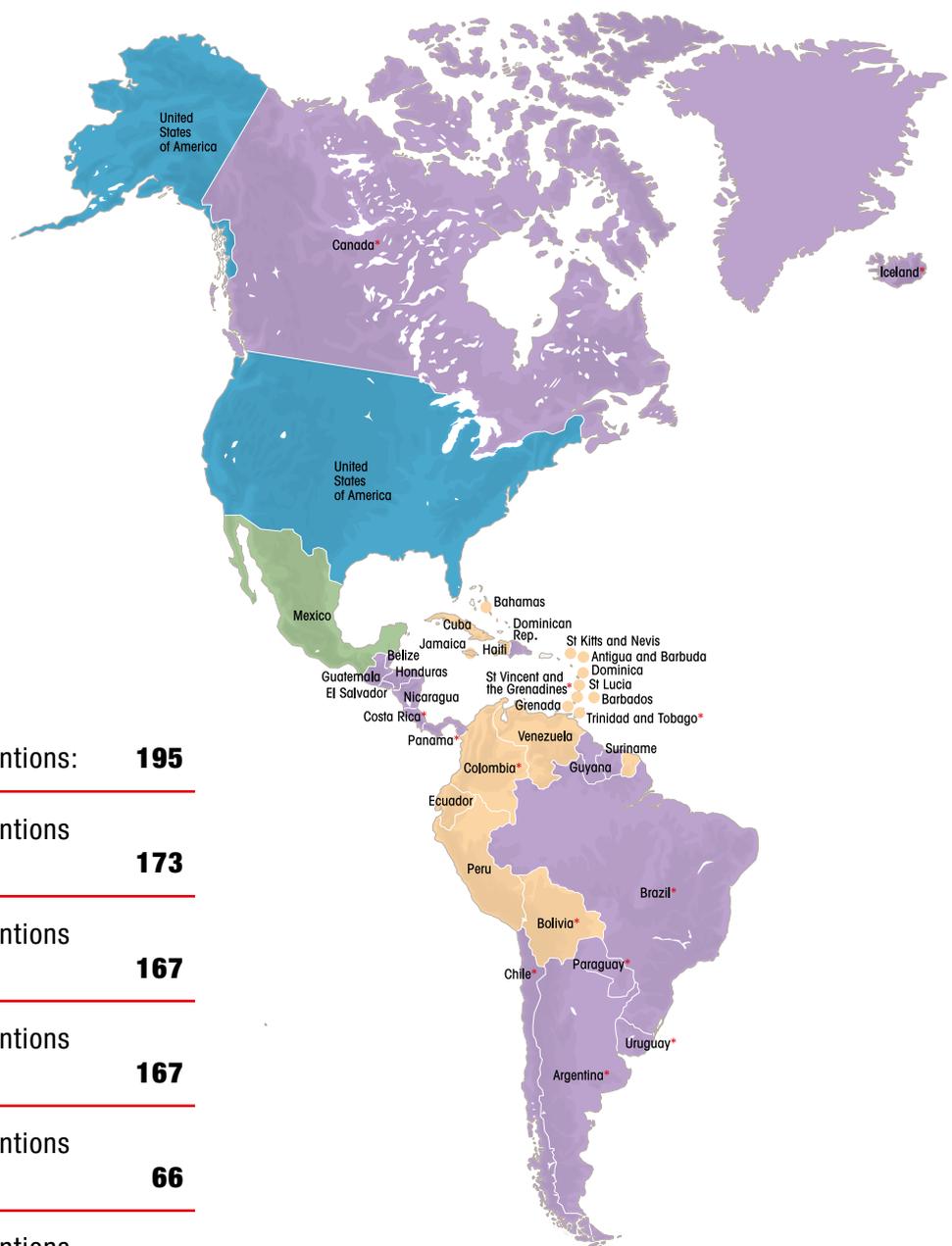
In 2013, South Sudan acceded to the four 1949 Geneva Conventions, their two Additional Protocols of 1977 and Additional Protocol III of 2005. In addition, Kenya, New Zealand and Suriname became party to Additional Protocol III. 195 States are now party to the four 1949 Geneva Conventions. The number of States party to Additional Protocols I, II and III is brought to 173, 167 and 66 respectively.

By 2013, 74 States have made declarations under Article 90 of Additional Protocol I, which provides for the establishment of an International Fact-Finding Commission to enquire into allegations of serious violations of humanitarian law.

STATES PARTY TO THE GENEVA CONVENTIONS

This map shows which States were party to the 1949 Geneva Conventions and to their Additional Protocols, as at 31 December 2013. It also indicates which States had made the optional declaration under Article 90 of Additional Protocol I, recognizing the competence of the International Fact-Finding Commission.

N.B. The names of the countries given on this map may differ from their official names



States party to the 1949 Geneva Conventions: **195**

States party to the 1949 Geneva Conventions and to 1977 Additional Protocol I: **173**

States party to the 1949 Geneva Conventions and to 1977 Additional Protocol II: **167**

States party to the 1949 Geneva Conventions and to both 1977 Additional Protocols: **167**

States party to the 1949 Geneva Conventions and to 2005 Additional Protocol III: **66**

States party to the 1949 Geneva Conventions, to both 1977 Additional Protocols and to 2005 Additional Protocol III: **62**

States having made the declaration under Article 90 of 1977 Additional Protocol I: **74**

AND THEIR ADDITIONAL PROTOCOLS

States party to the 1949 Geneva Conventions only

States party to the 1949 Geneva Conventions and to 1977 Additional Protocol I and II



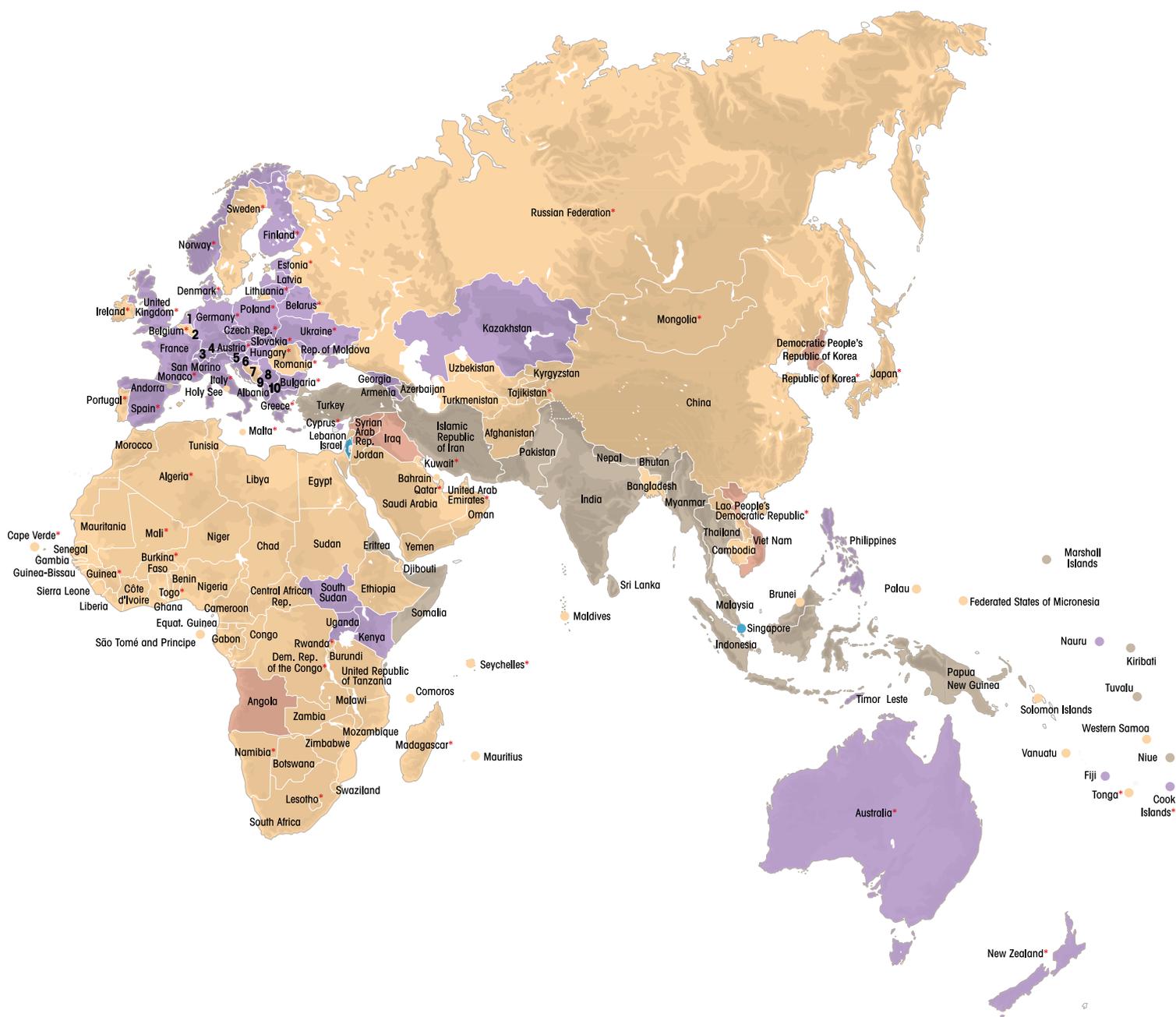
States having made the declaration under Article 90 of 1977 Additional Protocol I

States party to the 1949 Geneva Conventions and to 1977 Additional Protocol I only

States party to the 1949 Geneva Conventions, to both 1977 Additional Protocols and to 2005 Additional Protocol III

States party to the 1949 Geneva Conventions and to 2005 Additional Protocol III only

States party to the 1949 Geneva Conventions, 1977 Additional Protocol I and 2005 Additional Protocol III



1 Netherlands*
2 Luxembourg*

3 Switzerland*
4 Liechtenstein*

5 Slovenia*
6 Croatia*

7 Bosnia and Herzegovina*
8 Serbia*

9 Montenegro*
10 FYR Macedonia*

ABBREVIATIONS

R/A/S

Ratification: a treaty is generally open for signature for a certain time following the conference that has adopted it. However, a signature is not binding on a State unless it has been endorsed by ratification. The time limits having elapsed, the Conventions and the Protocols are no longer open for signature. The States that have not signed them may at any time accede or, in the appropriate circumstances, succeed to them.

Accession: instead of signing and then ratifying a treaty, a State may become party to it by the single act called accession.

Succession (declaration of): a newly independent State may declare that it will abide by a treaty which was applicable to it prior to its independence. A State may also declare that it will provisionally abide by such treaties during the time it deems necessary to examine their texts carefully and to decide on accession or succession to some or all of the said treaties (declaration of provisional application of the treaties). At present no State is bound by such a declaration.

R/D

Reservation/Declaration: unilateral statement, however phrased or named, made by a State when ratifying, acceding or succeeding to a treaty, whereby it purports to exclude or to modify the legal effect of certain provisions of the treaty in their application to that State (provided that such reservations are not incompatible with the object and purpose of the treaty).

D90

Declaration provided for under Article 90 of Additional Protocol I (prior acceptance of the competence of the International Fact-Finding Commission).

DATES

The dates indicated are those on which the Swiss Federal Department of Foreign Affairs received the official instrument from the State that was ratifying, acceding to or succeeding to the Conventions or Protocols or accepting the competence of the Commission provided for under Article 90 of Additional Protocol I. They thus represent neither the date on which ratification, accession, succession or acceptance of the Commission was decided upon by the State concerned nor that on which the corresponding instrument was sent.

N.B. The dates given for succession to the Geneva Conventions by **Congo, Democratic Republic of the Congo, Jamaica, Madagascar, Mauritania, Niger, Nigeria, Rwanda, Senegal and Sierra Leone** used to be those on which the corresponding instruments had been officially adopted. They have now been replaced by the dates on which the depositary received those instruments.

ENTRY INTO FORCE

Except as mentioned in footnotes at the end of the tables, for all States the entry into force of the 1949 Geneva Conventions and of the Additional Protocols occurs six months after the date given in the present document; for States which have made a declaration of succession, entry into force takes place retroactively, on the day of their accession to independence. The 1949 Geneva Conventions entered into force on 21 October 1950. The 1977 Additional Protocols entered into force on 7 December 1978. The 2005 Additional Protocol III entered into force on 14 January 2007.

NAMES OF COUNTRIES

The names of countries given in the list on page 613 may differ from the official names of States.

UPDATE SINCE 31.12.2012

195 States are party to the four Geneva Conventions of 1949.

Ratifications, accessions or successions to Additional Protocol I: 1

▶ South Sudan 25.01.2013

Ratifications, accessions or successions to Additional Protocol II: 1

▶ South Sudan 25.01.2013

Ratifications, accessions or successions to Additional Protocol III: 4

▶ Kenya 28.10.2013

▶ New Zealand 23.10.2013

▶ South Sudan 25.01.2013

▶ Suriname 25.06.2013

TOTALS

Number of States parties to the Geneva Conventions of 1949: 195

Number of States parties to Additional Protocol I: 173

Number of States having made the declaration under Article 90: 74

Number of States parties to Additional Protocol II: 167

Number of States parties to Additional Protocol III: 66

Number of States Members of the United Nations: 193

States parties to the Geneva Conventions but not members of the United Nations: **Cook Islands** and **Holy See**.

STATES PARTY TO THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS

Country	GENEVA CONVENTIONS		PROTOCOL I			PROTOCOL II		PROTOCOL III					
	R/A/S	R/D	R/A/S	R/D	D90	R/A/S	R/D	R/A/S	R/D				
Afghanistan	26.09.1956	R	10.11.2009	A		10.11.2009	A						
Albania	27.05.1957	R	X	16.07.1993	A		16.07.1993	A	06.02.2008	A			
Algeria	20.06.1960	A		16.08.1989	A	X	16.08.1989	A					
	03.07.1962	A		16.08.1989	A	X	16.08.1989	A					
Andorra	17.09.1993	A											
Angola	20.09.1984	A	X	20.09.1984	A	X							
Antigua and Barbuda	06.10.1986	S		06.10.1986	A		06.10.1986	A					
Argentina	18.09.1956	R		26.11.1986	A	X	11.10.1996	26.11.1986	A	X	16.03.2011	R	X
Armenia	07.06.1993	A		07.06.1993	A			07.06.1993	A		12.08.2011	A	
Australia	14.10.1958	R	X	21.06.1991	R	X	23.09.1992	21.06.1991	R		15.07.2009	R	
Austria	27.08.1953	R		13.08.1982	R	X	13.08.1982	13.08.1982	R	X	03.06.2009	R	
Azerbaijan	01.06.1993	A											
Bahamas	11.07.1975	S		10.04.1980	A			10.04.1980	A				
Bahrain	30.11.1971	A		30.10.1986	A			30.10.1986	A				
Bangladesh	04.04.1972	S	X	08.09.1980	A			08.09.1980	A				
Barbados	10.09.1968	S	X	19.02.1990	A			19.02.1990	A				
Belarus	03.08.1954	R		23.10.1989	R		23.10.1989	23.10.1989	R		31.03.2011	A	
Belgium	03.09.1952	R		20.05.1986	R	X	27.03.1987	20.05.1986	R				
Belize	29.06.1984	A		29.06.1984	A			29.06.1984	A		03.04.2007	A	
Benin	14.12.1961	S		28.05.1986	A			28.05.1986	A				
Bhutan	10.01.1991	A											
Bolivia, Plurinational State of	10.12.1976	R		08.12.1983	A		10.08.1992	08.12.1983	A				
Bosnia and Herzegovina	31.12.1992	S		31.12.1992	S		31.12.1992	31.12.1992	S				
Botswana	29.03.1968	A		23.05.1979	A			23.05.1979	A				
Brazil	29.06.1957	R		05.05.1992	A		23.11.1993	05.05.1992	A		28.08.2009	R	
Brunei Darussalam	14.10.1991	A		14.10.1991	A			14.10.1991	A				
Bulgaria	22.07.1954	R		26.09.1989	R		09.05.1994	26.09.1989	R		13.09.2006	R	
Burkina Faso	07.11.1961	S		20.10.1987	R		24.05.2004	20.10.1987	R				
Burundi	27.12.1971	S		10.06.1993	A			10.06.1993	A				
Cabo Verde	11.05.1984	A		16.03.1995	A		16.03.1995	16.03.1995	A				
Cambodia	08.12.1958	A		14.01.1998	A			14.01.1998	A				
Cameroon	16.09.1963	S		16.03.1984	A			16.03.1984	A				
Canada	14.05.1965	R		20.11.1990	R	X	20.11.1990	20.11.1990	R	X	26.11.2007	R	X
Central African Republic	01.08.1966	S		17.07.1984	A			17.07.1984	A				
Chad	05.08.1970	A		17.01.1997	A			17.01.1997	A				
Chile	12.10.1950	R		24.04.1991	R		24.04.1991	24.04.1991	R		06.07.2009	R	
China	28.12.1956	R	X	14.09.1983	A	X		14.09.1983	A	X			
Colombia	08.11.1961	R		01.09.1993	A		17.04.1996	14.08.1995	A				
Comoros	21.11.1985	A		21.11.1985	A			21.11.1985	A				
Congo	04.02.1967	S		10.11.1983	A			10.11.1983	A				
Congo, Democratic Republic of the	24.02.1961	S		03.06.1982	A		12.12.2002	12.12.2002	A				
Cook Islands	07.05.2002	S		07.05.2002	A		07.05.2002	07.05.2002	A		07.09.2011	A	
Costa Rica	15.10.1969	A		15.12.1983	A		09.12.1999	15.12.1983	A		30.06.2008	R	
Côte d'Ivoire	28.12.1961	S		20.09.1989	R			20.09.1989	R				
Croatia	11.05.1992	S		11.05.1992	S		11.05.1992	11.05.1992	S		13.06.2007	R	
Cuba	15.04.1954	R		25.11.1982	A			23.06.1999	A				
Cyprus	23.05.1962	A		01.06.1979	R		14.10.2002	18.03.1996	A		27.11.2007	R	
Czech Republic	05.02.1993	S		05.02.1993	S		02.05.1995	05.02.1993	S		23.05.2007	R	
Denmark	27.06.1951	R		17.06.1982	R	X	17.06.1982	17.06.1982	R		25.05.2007	R	
Djibouti	06.03.1978	S		08.04.1991	A			08.04.1991	A				
Dominica	28.09.1981	S		25.04.1996	A			25.04.1996	A				
Dominican Republic	22.01.1958	A		26.05.1994	A			26.05.1994	A		01.04.2009	R	
Ecuador	11.08.1954	R		10.04.1979	R			10.04.1979	R				
Egypt	10.11.1952	R		09.10.1992	R	X		09.10.1992	R	X			
El Salvador	17.06.1953	R		23.11.1978	R			23.11.1978	R		12.09.2007	R	
Equatorial Guinea	24.07.1986	A		24.07.1986	A			24.07.1986	A				
Eritrea	14.08.2000	A											
Estonia	18.01.1993	A		18.01.1993	A		20.02.2009	18.01.1993	A		28.02.2008	R	
Ethiopia	02.10.1969	R		08.04.1994	A			08.04.1994	A				
Fiji	09.08.1971	S		30.07.2008	A			30.07.2008	A		30.07.2008	A	

STATES PARTY TO THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS (cont.)

Country	GENEVA CONVENTIONS		PROTOCOL I			PROTOCOL II		PROTOCOL III					
	R/A/S	R/D	R/A/S	R/D	D90	R/A/S	R/D	R/A/S	R/D				
Finland	22.02.1955	R	07.08.1980	R	X	07.08.1980	07.08.1980	R	14.01.2009	R			
France	28.06.1951	R	11.04.2001	A	X		24.02.1984	A	X	17.07.2009	R		
Gabon	26.02.1965	S	08.04.1980	A			08.04.1980	A					
Gambia	20.10.1966	S	12.01.1989	A			12.01.1989	A					
Georgia	14.09.1993	A	14.09.1993	A			14.09.1993	A		19.03.2007	R		
Germany	03.09.1954	A	X	14.02.1991	R	X	14.02.1991	14.02.1991	R	X	17.06.2009	R	
Ghana	02.08.1958	A		28.02.1978	R			28.02.1978	R				
Greece	05.06.1956	R		31.03.1989	R	X	04.02.1998	15.02.1993	A		26.10.2009	R	
Grenada	13.04.1981	S		23.09.1998	A			23.09.1998	A				
Guatemala	14.05.1952	R		19.10.1987	R			19.10.1987	R		14.03.2008	R	
Guinea	11.07.1984	A		11.07.1984	A		20.12.1993	11.07.1984	A				
Guinea-Bissau	21.02.1974	A	X	21.10.1986	A			21.10.1986	A				
Guyana	22.07.1968	S		18.01.1988	A			18.01.1988	A		21.09.2009	A	
Haiti	11.04.1957	A		20.12.2006	A			20.12.2006	A				
Holy See	22.02.1951	R		21.11.1985	R	X		21.11.1985	R	X			
Honduras	31.12.1965	A		16.02.1995	R			16.02.1995	R		08.12.2006	R	
Hungary	03.08.1954	R		12.04.1989	R		23.09.1991	12.04.1989	R		15.11.2006	R	
Iceland	10.08.1965	A		10.04.1987	R	X	10.04.1987	10.04.1987	R		04.08.2006	R	
India	09.11.1950	R											
Indonesia	30.09.1958	A											
Iran (Islamic Republic of)	20.02.1957	R	X										
Iraq	14.02.1956	A		01.04.2010	A								
Ireland	27.09.1962	R		19.05.1999	R	X	19.05.1999	19.05.1999	R	X			
Israel	06.07.1951	R	X								22.11.2007	R	X
Italy	17.12.1951	R		27.02.1986	R	X	27.02.1986	27.02.1986	R		29.01.2009	R	
Jamaica	20.07.1964	S		29.07.1986	A			29.07.1986	A				
Japan	21.04.1953	A		31.08.2004	A	X	31.08.2004	31.08.2004	A				
Jordan	29.05.1951	A		01.05.1979	R			01.05.1979	R				
Kazakhstan	05.05.1992	S		05.05.1992	S			05.05.1992	S		24.06.2009	A	
Kenya	20.09.1966	A		23.02.1999	A			23.02.1999	A		28.10.2013	R	
Kiribati	05.01.1989	S											
Korea, Democratic People's Republic of	27.08.1957	A	X	09.03.1988	A								
Korea, Republic of	16.08.1966	A	X	15.01.1982	R	X	16.04.2004	15.01.1982	R				
Kuwait	02.09.1967	A	X	17.01.1985	A		21.06.2013	17.01.1985	A				
Kyrgyzstan	18.09.1992	S		18.09.1992	S			18.09.1992	S				
Lao People's Democratic Republic	29.10.1956	A		18.11.1980	R		30.01.1998	18.11.1980	R				
Latvia	24.12.1991	A		24.12.1991	A			24.12.1991	A		02.04.2007	R	
Lebanon	10.04.1951	R		23.07.1997	A			23.07.1997	A				
Lesotho	20.05.1968	S		20.05.1994	A		13.08.2010	20.05.1994	A				
Liberia	29.03.1954	A		30.06.1988	A			30.06.1988	A				
Libya	22.05.1956	A		07.06.1978	A			07.06.1978	A				
Liechtenstein	21.09.1950	R		10.08.1989	R	X	10.08.1989	10.08.1989	R	X	24.08.2006	R	
Lithuania	03.10.1996	A		13.07.2000	A		13.07.2000	13.07.2000	A		28.11.2007	R	
Luxembourg	01.07.1953	R		29.08.1989	R		12.05.1993	29.08.1989	R				
Macedonia, the Former Yugoslav Republic of	01.09.1993	S	X	01.09.1993	S	X	01.09.1993	01.09.1993	S		14.10.2008	R	
Madagascar	18.07.1963	S		08.05.1992	R		27.07.1993	08.05.1992	R				
Malawi	05.01.1968	A		07.10.1991	A			07.10.1991	A				
Malaysia	24.08.1962	A											
Maldives	18.06.1991	A		03.09.1991	A			03.09.1991	A				
Mali	24.05.1965	A		08.02.1989	A		09.05.2003	08.02.1989	A				
Malta	22.08.1968	S		17.04.1989	A	X	17.04.1989	17.04.1989	A	X			
Marshall Islands	01.06.2004	A											
Mauritania	30.10.1962	S		14.03.1980	A			14.03.1980	A				
Mauritius	18.08.1970	S		22.03.1982	A	X		22.03.1982	A	X			
Mexico	29.10.1952	R		10.03.1983	A						07.07.2008	R	
Micronesia (Federated States of)	19.09.1995	A		19.09.1995	A			19.09.1995	A				
Moldova, Republic of	24.05.1993	A		24.05.1993	A			24.05.1993	A		19.08.2008	R	X
Monaco	05.07.1950	R		07.01.2000	A		26.10.2007	07.01.2000	A		12.03.2007	R	
Mongolia	20.12.1958	A		06.12.1995	R	X	06.12.1995	06.12.1995	R				
Montenegro	02.08.2006	A		02.08.2006	A		02.08.2006	02.08.2006	A				

STATES PARTY TO THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS (cont.)

Country	GENEVA CONVENTIONS		PROTOCOL I			PROTOCOL II		PROTOCOL III	
	R/A/S	R/D	R/A/S	R/D	D90	R/A/S	R/D	R/A/S	R/D
Morocco	26.07.1956	A	03.06.2011	R		03.06.2011	R		
Mozambique	14.03.1983	A	14.03.1983	A		12.11.2002	A		
Myanmar	25.08.1992	A							
Namibia	22.08.1991	S	17.06.1994	A X	21.07.1994	17.06.1994	A X		
Nauru	27.06.2006	A	27.06.2006	A		27.06.2006	A	04.12.2012	
Nepal	07.02.1964	A							
Netherlands	03.08.1954	R	26.06.1987	R X	26.06.1987	26.06.1987	R X	13.12.2006	R X
New Zealand	02.05.1959	R	08.02.1988	R X	08.02.1988	08.02.1988	R X	23.10.2013	R
Nicaragua	17.12.1953	R	19.07.1999	R		19.07.1999	R	02.04.2009	R
Niger	21.04.1964	S	08.06.1979	R		08.06.1979	R		
Nigeria	20.06.1961	S	10.10.1988	A		10.10.1988	A		
Norway	03.08.1951	R	14.12.1981	R	14.12.1981	14.12.1981	R	13.06.2006	R
Oman	31.01.1974	A	29.03.1984	A X		29.03.1984	A X		
Pakistan	12.06.1951	R X							
Palau	25.06.1996	A	25.06.1996	A		25.06.1996	A		
Panama	10.02.1956	A	18.09.1995	R	26.10.1999	18.09.1995	R	30.04.2012	
Papua New Guinea	26.05.1976	S							
Paraguay	23.10.1961	R	30.11.1990	A	30.01.1998	30.11.1990	A	13.10.2008	R
Peru	15.02.1956	R	14.07.1989	R		14.07.1989	R		
Philippines	06.10.1952	R	30.03.2012	R X		11.12.1986	A	22.08.2006	R
Poland	26.11.1954	R	23.10.1991	R	02.10.1992	23.10.1991	R	26.10.2009	R
Portugal	14.03.1961	R X	27.05.1992	R X	01.07.1994	27.05.1992	R X		
Qatar	15.10.1975	A	05.04.1988	A X	24.09.1991	05.01.2005	A		
Romania	01.06.1954	R	21.06.1990	R	31.05.1995	21.06.1990	R		
Russian Federation	10.05.1954	R X	29.09.1989	R X	29.09.1989	29.09.1989	R X		
Rwanda	05.05.1964	S	19.11.1984	A	08.07.1993	19.11.1984	A		
Saint Kitts and Nevis	14.02.1986	S	14.02.1986	A		14.02.1986	A		
Saint Lucia	18.09.1981	S	07.10.1982	A		07.10.1982	A		
Saint Vincent and the Grenadines	01.04.1981	A	08.04.1983	A	04.11.2013	08.04.1983	A		
Samoa	23.08.1984	S	23.08.1984	A		23.08.1984	A		
San Marino	29.08.1953	A	05.04.1994	R		05.04.1994	R	22.06.2007	R
Sao Tome and Principe	21.05.1976	A	05.07.1996	A		05.07.1996	A		
Saudi Arabia	18.05.1963	A	21.08.1987	A X		28.11.2001	A		
Senegal	18.05.1963	S	07.05.1985	R		07.05.1985	R		
Serbia	16.10.2001	S	16.10.2001	S	16.10.2001	16.10.2001	S	18.08.2010	R
Seychelles	08.11.1984	A	08.11.1984	A	22.05.1992	08.11.1984	A		
Sierra Leone	10.06.1965	S	21.10.1986	A		21.10.1986	A		
Singapore	27.04.1973	A						07.07.2008	R
Slovakia	02.04.1993	S	02.04.1993	S	13.03.1995	02.04.1993	S	30.05.2007	R
Slovenia	26.03.1992	S	26.03.1992	S	26.03.1992	26.03.1992	S	10.03.2008	R
Solomon Islands	06.07.1981	S	19.09.1988	A		19.09.1988	A		
Somalia	12.07.1962	A							
South Africa	31.03.1952	A	21.11.1995	A		21.11.1995	A		
South Sudan	25.01.2013	A	25.01.2013	A		25.01.2013	A	25.01.2013	A
Spain	04.08.1952	R	21.04.1989	R X	21.04.1989	21.04.1989	R	10.12.2010	R
Sri Lanka	28.02.1959	R							
Sudan	23.09.1957	A	07.03.2006	A		13.07.2006	A		
Suriname	13.10.1976	S X	16.12.1985	A		16.12.1985	A	25.06.2013	A
Swaziland	28.06.1973	A	02.11.1995	A		02.11.1995	A		
Sweden	28.12.1953	R	31.08.1979	R X	31.08.1979	31.08.1979	R		
Switzerland	31.03.1950	R	17.02.1982	R	17.02.1982	17.02.1982	R	14.07.2006	R
Syrian Arab Republic	02.11.1953	R	14.11.1983	A X					
Tajikistan	13.01.1993	S	13.01.1993	S	10.09.1997	13.01.1993	S		
Tanzania, United Republic of	12.12.1962	S	15.02.1983	A		15.02.1983	A		
Thailand	29.12.1954	A							
Timor-Leste	08.05.2003	A	12.04.2005	A		12.04.2005	A	29.07.2011	R
Togo	06.01.1962	S	21.06.1984	R	21.11.1991	21.06.1984	R		
Tonga	13.04.1978	S	20.01.2003	A	20.01.2003	20.01.2003	A		
Trinidad and Tobago	24.09.1963	A	20.07.2001	A	20.07.2001	20.07.2001	A		
Tunisia	04.05.1957	A	09.08.1979	R		09.08.1979	R		

STATES PARTY TO THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS (cont.)

Country	GENEVA CONVENTIONS		PROTOCOL I			PROTOCOL II		PROTOCOL III		
	R/A/S	R/D	R/A/S	R/D	D90	R/A/S	R/D	R/A/S	R/D	
Turkey	10.02.1954	R							X	
Turkmenistan	10.04.1992	S	10.04.1992	S		10.04.1992	S			
Tuvalu	19.02.1981	S								
Uganda	18.05.1964	A	13.03.1991	A		13.03.1991	A	21.05.2008	A	
Ukraine	03.08.1954	R	25.01.1990	R	25.01.1990	25.01.1990	R	19.01.2010	R	
United Arab Emirates	10.05.1972	A	09.03.1983	A	X	06.03.1992	09.03.1983	A	X	
United Kingdom of Great Britain and Northern Ireland	23.09.1957	R	X	28.01.1998	R	X	17.05.1999	28.01.1998	R	X
United States of America	02.08.1955	R	X					08.03.2007	R	
Uruguay	05.03.1969	R	X	13.12.1985	A	17.07.1990	13.12.1985	A	19.10.2012	
Uzbekistan	08.10.1993	A		08.10.1993	A		08.10.1993	A		
Vanuatu	27.10.1982	A		28.02.1985	A		28.02.1985	A		
Venezuela, Bolivarian Republic of	13.02.1956	R		23.07.1998	A		23.07.1998	A		
Viet Nam	28.06.1957	A	X	19.10.1981	R					
Yemen	16.07.1970	A	X	17.04.1990	R		17.04.1990	R		
Zambia	19.10.1966	A		04.05.1995	A		04.05.1995	A		
Zimbabwe	07.03.1983	A		19.10.1992	A		19.10.1992	A		

NOTES

Djibouti

Djibouti's declaration of succession in respect of the First Geneva Convention was dated 26.01.1978.

France

On accession to Additional Protocol II, France made a communication concerning Additional Protocol I.

Ghana

Entry into force of Additional Protocols I and II on 07.12.1978.

Namibia

An instrument of accession to the Geneva Conventions and the 1977 Additional Protocols was deposited by the United Nations Council for Namibia on 18.10.1983. In an instrument deposited on 22.08.1991, Namibia declared its succession to the Geneva Conventions, which were previously applicable pursuant to South Africa's accession on 31.03.1952.

Niue

Pursuant to New Zealand law at the time of accession, and consistent with customary international law, the Geneva Conventions apply to Niue by virtue of New Zealand's accession, on 02.05.1959, to the four 1949 Geneva Conventions.

Palestine

On 21.06.1989, the Swiss Federal Department of Foreign Affairs received a letter from the Permanent Observer of Palestine to the United Nations Office at Geneva informing the Swiss Federal Council "that the Executive Committee of the Palestine Liberation Organization, entrusted with the functions of the Government of the State of Palestine by decision of the Palestine National Council, decided, on 04.05.1989, to adhere to the four Geneva Conventions of 12 August 1949 and the two Protocols additional thereto".

On 13.09.1989, the Swiss Federal Council informed the States that it was not in a position to decide whether the letter constituted an instrument of accession, "due to the uncertainty within the international community as to the existence or non-existence of a State of Palestine".

Philippines

The First Geneva Convention was ratified on 07.03.1951.

Republic of Korea

The Geneva Conventions entered into force on 23.09.1966, the Republic of Korea having invoked Art.62/61/141/157 common respectively to the First, Second, Third and Fourth Conventions (immediate effect).

Sri Lanka

Accession to the Fourth Geneva Convention on 23.02.1959 (Ceylon had signed only the First, Second, and Third Geneva Conventions).

Switzerland

Entry into force of the Geneva Conventions on 21.10.1950.

Trinidad and Tobago

Accession to the First Geneva Convention on 17.03.1963.

MISSION

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.



ICRC