

VOLUME I

ANNUAL REPORT

2012



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 2012, the average exchange rate was CHF 0.9341 to USD 1, and CHF 1.2051 to EUR 1.



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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
	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
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
	31st International Conference	31st International Conference of the Red Cross and Red Crescent, which took place in Geneva (Switzerland) from 28 November to 1 December 2011.
	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	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
	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
	Non-refoulement	<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
	Rome Statute	Rome Statute of the International Criminal Court, 17 July 1998
S	Safer Access approach	An approach developed by the ICRC to help National Societies better their response to the needs of conflict victims while enhancing the safety of their workers.
	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

In 2012, millions of people around the world fell victim to armed conflicts and other situations of violence, facing death, injury and immeasurable suffering. Countless numbers of children, women and men were forced to flee their homes, losing their property and livelihoods and in many cases becoming separated from family members. Many thousands were detained, leaving them exposed to the risks of ill-treatment and disappearance.

The ICRC worked persistently to protect and assist the most vulnerable of these people through a neutral, impartial and independent approach – aligning priorities with needs, bringing its action close to the affected people and engaging with all relevant stakeholders. Such a principled and contextualized approach – combining practical, legal and diplomatic aspects – facilitated the widest possible acceptance and respect and, through this, the broadest possible humanitarian access in a range of complex crises giving rise to multifaceted needs.

In this way, the ICRC was one of very few humanitarian organizations able to operate inside the Syrian Arab Republic (hereafter Syria) during the year, working with the Syrian Arab Red Crescent to deliver food, clean water, medical supplies and other essential relief to people affected by the spiralling conflict. In northern Mali, it was able to bring timely and effective aid to people suffering the combined effects of armed conflict and food crisis, including through large-scale food distributions, improved access to clean water supplies, and support for medical structures. Likewise, in the Democratic Republic of the Congo, the ICRC was well placed to rapidly scale up its protection and assistance operations when an upsurge of fighting in North Kivu triggered yet more displacement and compounded an already severe and protracted humanitarian crisis. This illustrated the value of the ICRC's established practice of maintaining its presence and activities in the most sensitive areas of the world, combined with the flexibility to scale its activities up or down in response to changing needs.

Indeed, away from the international spotlight on crises such as those in Syria and in the occupied Palestinian territory, more particularly in the Gaza Strip, the ICRC maintained major operations in numerous armed conflicts where both chronic and acute humanitarian needs on a massive scale received relatively little attention. Afghanistan was one example, with the situation of civilians after three decades of intermittent conflict and insecurity remaining highly precarious, not least ahead of the withdrawal of international military forces from the country. Somalia was another, with continued fighting, particularly in central and southern parts of the country, further intensifying the vulnerabilities and needs of the beleaguered population. In Colombia – the ICRC's largest operation in the Americas – fighting also continued despite peace talks aimed at ending the decades-long conflict. In numerous contexts around the world, the fall-out from the continuing global economic and financial crisis further compounded already complex humanitarian needs.

Other large operations included Iraq, Israel and the occupied territories, South Sudan, Sudan and Yemen.

In 2012, the ICRC distributed food to some 6.3 million conflict-affected people, mainly IDPs and residents, around the world, while close to 2.8 million people received essential household and hygiene items to help them meet their basic needs. In addition, livelihood support programmes enabled people to restore or reinforce their self-sufficiency by boosting their economic security and improving their standard of living. Distributions of productive inputs helped around 2.7 million people spur food production or carry out income-generating activities. Approximately 2.5 million people benefited from work, service and training opportunities, including food/cash-for-work programmes, through which they gained employable skills or improved their ability to pursue livelihoods, and over 500,000 received cash assistance, including grants for launching small businesses.

More than 22 million people benefited from ICRC water, sanitation and construction activities. In Iraq, for example, the ICRC partially or completely renovated infrastructure in conflict-affected areas where needs were acute and no alternative support was available, and trained Iraqi technical staff to help them maintain critical public services and facilities in the long term. In Ethiopia, the ICRC built wells to provide access to clean drinking water to thousands of people living in conflict-affected areas along the border with Eritrea.

Some 7.2 million people worldwide benefited from ICRC health-related activities. In the Somali capital of Mogadishu, for instance, thousands of wounded and sick people continued to receive treatment at the ICRC-supported Keysaney and Medina hospitals, which have been providing emergency medical care for over 20 years, since the start of the armed conflict. In Bani Walid, Libya, the ICRC provided urgently needed surgical and medical supplies to local health structures when fighting resumed in the city in October.

Throughout the year, 540,669 detainees in 1,744 places of detention received visits from the ICRC; 26,609 of them were monitored individually. These visits, based on confidential dialogue with the detainees and the detaining authorities, helped ensure humane treatment and conditions of detention in line with internationally

recognized standards. In November, the government of Myanmar authorized the resumption of ICRC visits to detainees in the country – a notable development since the interruption of visits in 2005.

The most critical constraints confronting the ICRC as it carried out its mission continued to be limitations on access and staff security, caused in large part by lack of respect for IHL by parties to armed conflict. The violent deaths of ICRC staff while on duty in Pakistan and Yemen in 2012 were a tragic loss to those close to them and to the organization as a whole, prompting a review of security arrangements and, in the case of Pakistan, the adjustment of some key activities.

On a programme level, the ICRC's activities over the past year continued to be guided by its institutional strategy 2011–2014, which builds on its unique mandate and particular strengths as a humanitarian actor in armed conflicts and other situations of violence, while recognizing the need to better connect with changing actors and to adapt to the evolving global context. To this end, the ICRC aimed to enhance and share its expertise, coordinating with other humanitarian agencies, building strategic relationships with both traditional and emerging actors of influence, including key States, and developing partnerships with National Societies, UN agencies and local stakeholders.

Cooperation within the Movement proved to be of particular importance, with diverse and sensitive contexts such as Mali, the occupied Palestinian territory and Syria demonstrating the significance of practical and flexible coordination arrangements adapted to each situation. National Societies were vital partners in many challenging situations of armed conflict or violence, highlighting the need to strengthen this type of cooperation and support among partners within the Movement in order to maximize the effectiveness of the humanitarian response.

The exposure of health care workers to violence was one particular issue that required partnership and cooperation between National Societies and the ICRC at both policy and practical levels. The Health Care in Danger project – a multi-year project aiming to ensure protection and better access to health care for the wounded and sick in armed conflicts and other emergencies – was an important institutional priority. After the 31st International Conference adopted a far-reaching resolution in support of the project in December 2011, the ICRC began consultations with experts from States, the Movement and other stakeholders in the health care sector. The Health Care in Danger symposium held in London, United Kingdom of Great Britain and Northern Ireland, in April and the eighth Pan-African Conference in Addis Ababa, Ethiopia, in October were two notable events during the year where such consultations took place, and where strong cooperation on the operational, expert and communication fronts was evident.

In the domain of IHL, the ICRC made authoritative contributions to a number of key issues. These efforts included pushing for a strong arms trade treaty at the diplomatic conference in New York, United States of America, in July, highlighting the catastrophic humanitarian consequences of nuclear weapons, and, together with National Societies, urging concrete action by States towards the achievement of a nuclear-free world and respect for their

commitment to implement the Mine Ban Convention. Elsewhere, the ICRC began the follow-up to the 31st International Conference resolution on strengthening legal protection for victims of armed conflicts, which was the outcome of its two-year study on the issue and subsequent consultation process with States. Beginning with the priority areas of the protection of persons deprived of their freedom in relation to non-international armed conflicts and international mechanisms to monitor compliance with IHL, the ICRC began the next phase of consultations with States and other key stakeholders on a range of options and recommendations aimed at strengthening legal protection in these domains.

The year also marked the end of an era for the International Tracing Service (ITS) in Bad Arolsen, Germany, and the ICRC: after over half a century of overseeing its administration, the ICRC handed over management of the ITS to the German government on 31 December. Founded in 1943 to provide answers to millions of families who had lost touch with relatives during the Second World War, the ITS subsequently transformed itself from an agency set up solely to facilitate family reunification to a major archive and a centre for historical research and education. The ICRC will remain in regular contact with the ITS and provide technical expertise through its Central Tracing Agency in Geneva, Switzerland, tracing agencies in ICRC delegations, and the tracing services of National Societies around the world.

Finally, major efforts were made in 2012 to advance the ICRC's new People Management programme, to enhance its information management systems and supply chain management, and to invest in the professionalism of its workforce, which is increasingly asked to respond in ever more complex and demanding contexts. The ICRC's response capacity will continue to depend on its ability to mobilize the necessary human and financial resources to fulfil its operational objectives and to improve its capacity to adapt internal structures, communication capabilities and workflows.



Peter Maurer

ICRC MANAGEMENT FRAMEWORK AND DESCRIPTIONS OF PROGRAMMES

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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 lives and the 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.

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 people affected, the actors present, the stakes and the dynamics. This enables the ICRC to identify the people adversely affected and their 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. 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, help strengthening 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 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
- ▶ **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
- ▶ **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

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 (1-5 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

The ICRC coordinates its humanitarian response with all actors – be they the authorities, UN agencies, international, regional, national or faith-based organizations or Movement partners, such as National Societies – 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.

TARGET POPULATIONS IN FIELD OPERATIONS

In setting its field objectives, the ICRC has drawn up a standard list of seven 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 situation of armed conflict or 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 internationally accepted 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) Then there are **influential individuals or institutions** that, because of their roles and functions, may directly or indirectly take action to curb, avoid or put an end to violations of IHL or other fundamental rules protecting persons in situations of violence, and protect or aid those affected when humanitarian problems arise. The ICRC endeavours to persuade them to take

action, in the manner most conducive to promoting full respect for those fundamental rules and to ensuring that the people in need receive protection and assistance. This second broad category comprises the following:

- ▶ **the authorities:**
political decision-makers (civil, administrative or legislative authorities, whether official or unofficial)
- ▶ **armed forces and other weapon bearers:**
armed, police and security forces, and all State and non-State actors involved in armed violence
- ▶ **civil society:**
the public at large, representatives of civil society or other actors exerting influence, such as the media, associations of various kinds, NGOs, religious authorities or opinion-makers, economic entities, young people, university students and academic institutions
- ▶ **the Movement:**
besides the ICRC, the Movement comprises the National Societies and their International Federation. There is a National Society in almost every country in the world, carrying out humanitarian services for the benefit of the community. For the ICRC, the existence of a local partner in each country is a valuable asset and one of the distinguishing features of 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 fighting or other disturbances, are protected in accordance with IHL and/or other applicable norms; they have access to effective 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 health/medical care and help safeguard health/medical care.

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 powerless 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 best humanitarian programmes can 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; deploying a rapid response capacity to ICRC delegations in emergencies where weapon contamination poses a threat to the ICRC and/or the population; and contributing to the development of international mine-action policy, methodologies and systems.

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 in February 2003, and the pledge made at the 28th International Conference of the Red Cross and Red Crescent in December 2003, operational guidelines have been established to prevent disappearances and to respond to the needs and suffering of the families left behind. They continue to be implemented on the ground by the relevant ICRC delegations worldwide with the recommendations pertaining to **human remains** and **forensic sciences**, which include: operational support to ICRC field operations on all matters related to human remains and the forensic sciences; training and advice on best practices in the forensic sciences as they relate to the search for the missing, including in natural disasters; spreading knowledge of and promoting those best practices; development of tools,

including for the collection and management of information, guidelines, manuals and publications to empower investigations into cases of missing persons; and carrying out forensic case-work in ICRC operational contexts that require it. Moreover, the ICRC continues to heighten concern about the issue of missing persons and their relatives among governments, NGOs, UN agencies and relevant segments of civil society and to emphasize the importance of addressing and ultimately resolving the issue.

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

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 conflicts 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 or other situation of violence, and thereby respond to the suffering caused to their relatives by the uncertainty surrounding their fate. This 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, and responding to the latter's needs.

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 physical rehabilitation assistance 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 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.

Implementation of IHL

Implementation 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

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 and implementing approaches for influencing the attitudes and actions of political authorities and weapon bearers

- ▶ 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
- ▶ 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
- ▶ 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 danger 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 other 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 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
- ▶ deploying a mine-action rapid response team to provide technical support to ICRC delegations working in emergencies where mines, cluster munitions and explosive remnants of war pose a threat to the ICRC and/or the population

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 situations of conflict and internal strife
- ▶ 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 to 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 conflict or internal strife. 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 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 are established that cover all the Red Cross and Red Crescent institutions active on the ground.

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”. Country-level memoranda of understanding defining the roles and responsibilities of each Movement component in emergency and normal situations, during periods of 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. Revised operational guidelines to enhance coordination are under development.

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 Cairo delegation in terms of communication, Amman in terms of logistics and Bangkok as a training provider.

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

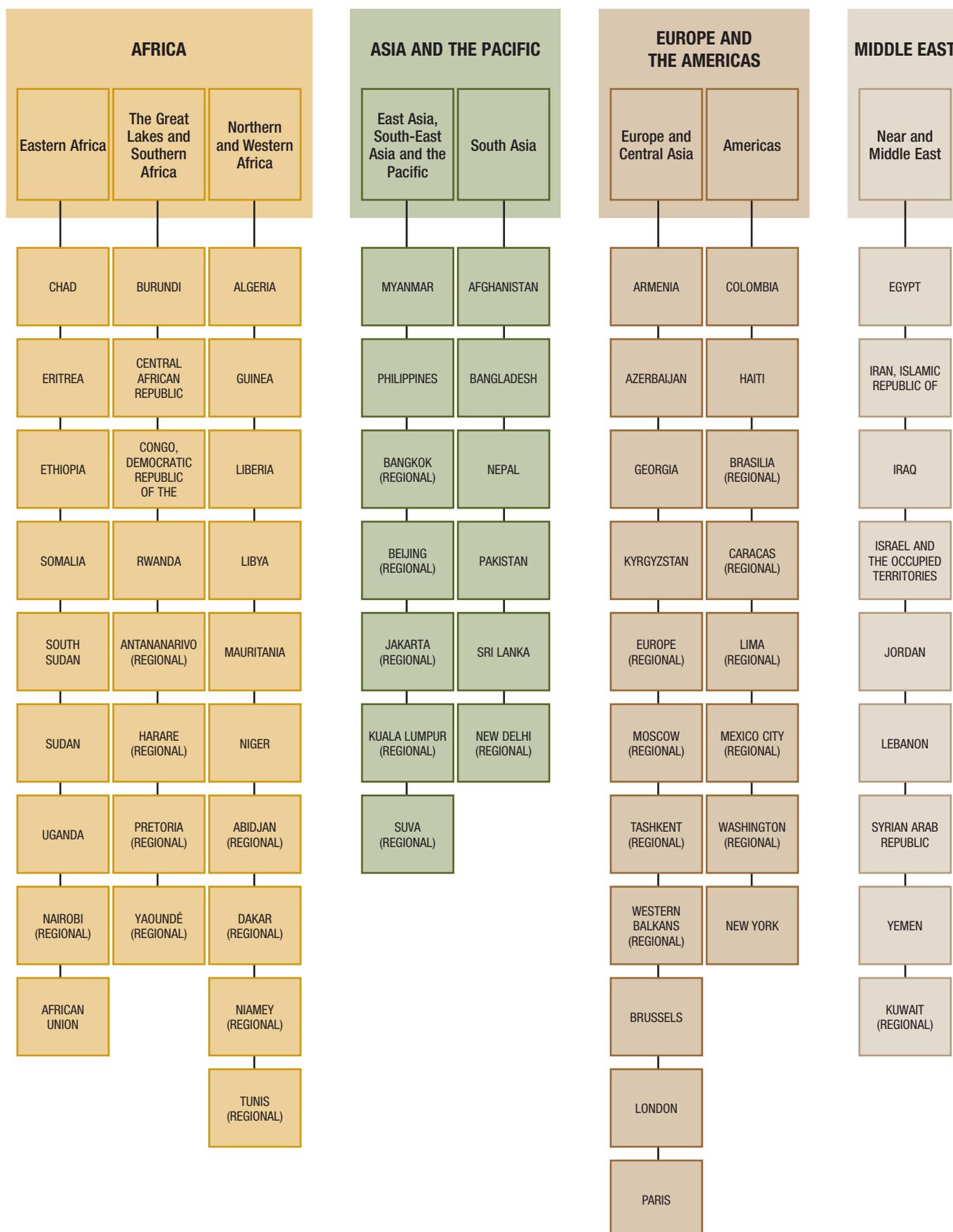
Delegations are grouped by regions covering the following geographical entities: Africa; Asia and the Pacific; Europe and the Americas; Middle East.

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.

OPERATIONS WORLDWIDE



DELEGATIONS AND MISSIONS IN MORE THAN 80 COUNTRIES AROUND THE WORLD

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 standard reporting procedures have to be duplicated to meet individual requests, 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:

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 entities	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 entities	ICRC protection activities in Asia and the Pacific
Operation	one of the operational delegations	ICRC activities in Colombia

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 flexibility 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.

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 entity 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 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 "entity-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

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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 (1-5 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	
	Authorities	Prevention
	Armed forces and other bearers of weapons	Cooperation
	Civil society	
Red Cross and Red Crescent Movement		

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

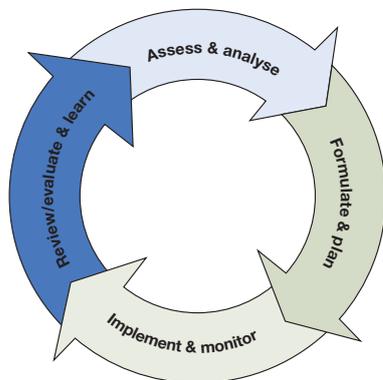
to management. Since 2007, this approach has been part of the institutional strategy. The ICRC Directorate thus seeks to:

- ▶ 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 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, 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 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 a 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 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 various – 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 information on:

- ▶ **annual appraisal:** 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 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 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.

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 snows) 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, independent and impartial humanitarian organization.

Given that result-based management aims to streamline the relevance and effectiveness of action for conflict-affected victims and permit 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, 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)

For 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 key decision-makers, such as authorities, armed forces, police forces and other weapon bearers, influential civil society protagonists, young people and academic circles and the media. For each, 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 more systematically monitor and review their activities.

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, 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/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 seven target populations, there are descriptions of the **current situation** of (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.

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.

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 at the beginning of each chapter. 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 benefiting from food aid, or the number of RCMs distributed to civilians and the number delivered to detainees. In addition, the quantitative indicators used in ICRC reporting are numbers that the ICRC considers meaningful and knows to be realistic and verifiable. The ICRC refrains from providing information and data

that it considers to be inaccurate, exaggerated, only intermittently available or subject to controversy.

The *Annual Report* also provides detailed financial reporting, including 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.

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)
Country or context	become	Context/Humanitarian response
Armed conflict and/or other situation of violence		
Humanitarian environment and the ICRC		
Security environment		
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
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

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, 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

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

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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 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. The ICRC approaches gender¹ as a means of fostering a better understanding of the respective social and cultural roles of men and women (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 women’s roles, responsibilities and experiences, 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 and that 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 oversimplification 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 specifically 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, children 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 internal 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 for 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 and, depending on the context, men may be specifically vulnerable to sexual violence 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 has therefore developed a *Frame of reference for sexual violence in armed conflict and other situations of violence*, which gives a comprehensive and detailed overview of the various aspects of sexual violence and defines the ICRC’s multidisciplinary approach to the problem. It encompasses 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.

The development of the ICRC’s approach to women and war is reflected today in its operational strategies, programmes and activities.

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.

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 their 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 IHL violations 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 national and expatriate.
- ▶ In addition to formal and informal oral and written representations to the authorities concerned about alleged incidents, preventive dissemination activities are conducted for 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 *Authorities, armed forces and other bearers of weapons, civil society*).

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.
- ▶ The ICRC family reunification programme aims 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.
- ▶ 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 children 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.

Missing persons

- ▶ ICRC action in relation to missing persons benefits mainly women as they are overwhelmingly the ones left behind after a loved one has disappeared during an armed conflict or other situation of violence.
- ▶ Whenever possible, the ICRC works closely with the relevant authorities and organizations to accelerate the tracing process. It provides support for ante-mortem data collection and the forensic process, and covers the transport costs of families – mainly women – of the missing to visit mass graves or exhumation sites. On its website it updates and publishes lists of persons reported missing. It provides women with administrative help in dealing with matters of inheritance, pensions, legal status, custody of children and property rights.
- ▶ The ICRC 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 towards the psychological support of relatives of missing persons, principally women and their children, and towards their education and occupational training.
- ▶ It also 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.

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 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 nappies.

Economic security – livelihood support

- ▶ In addition to providing relief, the ICRC also aims to help destitute or very poor families, very often mainly households headed by women or girls, recover their ability to earn a living. 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.
- ▶ Livelihood support programmes 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.
- ▶ Occupational training often forms part of livelihood support programmes. Particular attention is paid to increasing the participation of women, who perform most of the activities that provide the household with food or income.

Water supply, sanitation and shelter

- ▶ ICRC water, sanitation and habitat projects (trucking of clean drinking water during emergencies; rehabilitation or building of water sources and infrastructure) give displaced and resident women safe access to a source of water for household purposes, ensure better sanitation practices for the whole family, and free up for other tasks time once spent fetching water. They also reduce the incidence of sickness caused by inadequate hygiene and prevent long journeys to water points during which the women may be at risk of attack.
- ▶ In some contexts, the provision of fuel-saving stoves reduces the need for women and girls to go out in search of firewood, thus 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

- ▶ 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.

- ▶ In many contexts where there are not enough skilled birth attendants to cover the population's needs, 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.
- ▶ In contexts where sexual violence is a major 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.
- ▶ Local volunteers offering support for victims of sexual violence at community level 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 mediation skills, enabling them to facilitate the reintegration of victims of sexual violence, who are often rejected by their families and communities.
- ▶ Women and children are the primary target of health and hygiene promotion sessions. Most of the time, for social and cultural reasons, the ICRC uses teams of female health and hygiene promoters, who are specially trained for this task. The teams also play a crucial role in raising awareness among women, especially pregnant women and those with small children, of how malaria is transmitted, and distribute mosquito nets to help contain the spread of the disease.
- ▶ ICRC support for immunization programmes (cold chain, transport, supervision) run by governments, NGOs or international organizations benefits mostly women of child-bearing age and children under five, who receive vital vaccinations against, for example, tetanus and polio.
- ▶ 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, the ICRC marks contaminated areas and conducts mine-risk education. 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. 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 are given 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, as these are perceived to be more approachable and better able to assess thoroughly the needs of all people detained.
- ▶ As infants often stay with their detained mothers, their needs are also addressed, in terms, for example, of food, health care, clothing and play.
- ▶ In certain societies, women who are detained are often ostracized and sometimes even 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 allow detained women in particular to communicate with their families and detained men to communicate with their wives and mothers outside. This contributes to the psychological well-being of all concerned.
- ▶ The ICRC enables detained women to receive family visits and family members, who are mainly women 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 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.

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 small children.

WOUNDED AND SICK

Assistance

Medical care

- ▶ 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 hospitals focuses as a priority on emergency surgical, obstetric and paediatric services, as well as medical services for patients in general and women in particular. This support may include the provision of equipment, medical supplies and training, for example in obstetric surgery.

Physical rehabilitation

- ▶ 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 international standards.

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

Prevention

- ▶ Preventive activities targeting political authorities, armed forces, other bearers of weapons and civil society (e.g. the media, schools, universities, NGOs) always emphasize the need to take measures to respect the physical integrity and dignity of all people who are not, or no longer, participating in the armed conflict or other situation 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. 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 internal disturbances – 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 for civilians in need, including women and girls, which is impartial in nature and conducted without adverse distinction, subject to their right of control.
- ▶ 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 training, first-aid and emergency-preparedness capacities, the better to enable National Society staff and volunteers to meet the specific needs of women in situations of armed conflict or internal 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, 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 situations of armed conflict or internal 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 internal disturbances, 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

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CHILDREN IN WAR

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 powerless witnesses of atrocities committed against their relatives. Such acts include death or injury from indiscriminate attacks and mine explosions, but also direct assaults. 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 or of the family's main breadwinner may have more than just 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. 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 sex slaves. 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 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 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 enumerate rules that provide them with special protection. These include the prevention of the recruitment and participation in hostilities of children under the age of 15, as well as provisions on family reunification, protection in detention, humanitarian assistance and education. Children who take direct part in hostilities are not exempt from this special protection. Children are covered by 25 such articles in the 1949 Geneva Conventions and their 1977 Additional Protocols.

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

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, which are 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.

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.

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..

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.

Despite the fact that the ICRC has become a world reference on working with unaccompanied/separated children, 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 unaccompanied/separated children and with 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 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 for all kinds of weapon bearers to raise their awareness of their responsibilities under IHL to protect and respect at all times, in particular, children not taking part in hostilities (see *Authorities, armed forces and other bearers of weapons, civil society*).

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

- ▶ Unaccompanied/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. If the parents of both unaccompanied and separated children are being sought, unaccompanied children might be given priority, where necessary. 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/separated children as it generally refers them to other qualified actors, including National Societies, for this purpose. However, if and when the ICRC does help to arrange alternative care, it:
 - keeps 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
- ▶ 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, 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 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 can be prevented 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 after a father/husband has disappeared during an armed conflict or other situation of violence. Whenever possible, the ICRC works closely with the relevant authorities and organizations to accelerate the tracing process. On its website it updates and publishes lists of persons reported missing.
- ▶ The ICRC provides the relatives of missing persons with administrative help in dealing with matters of inheritance, pensions, legal status, custody of children and property rights. Directly or through associations or institutions, it also contributes to the provision of psychological support, education, occupational training, material assistance and livelihood support (see *Assistance* below).
- ▶ It also 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, including the children, of those who are missing, notably by making it easier for them to undertake legal proceedings.

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, particularly girls, often 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 nappies.
- ▶ 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. In extreme cases of poverty, the ICRC may consider providing some assistance to the family. Whenever possible, however, such assistance is channelled through the community so that the family is not seen as receiving preferential treatment.

Economic security – livelihood support

- ▶ In addition to providing emergency relief, the ICRC also aims to help destitute or very poor families, or those deprived of their main breadwinner, to recover their ability to earn a living. Livelihood support programmes help heads of household, often children themselves, 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 an income-generating activity.

Water supply, sanitation and shelter

- ▶ ICRC water and sanitation (trucking of clean drinking water during emergencies; rehabilitation or building of water sources and infrastructure) give displaced and resident children safe access to a source of water for household purposes, ensure better sanitation practices, and free up for other tasks time once spent fetching water. They also reduce the incidence of sickness caused by inadequate hygiene and prevent long journeys to water points during which they may be at risk of attack.
- ▶ ICRC habitat projects, such as the rehabilitation or building of health centres and schools, give children access to essential services.
- ▶ In some contexts, the provision of fuel-saving stoves reduces the need for children 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 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

- ▶ 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.

- ▶ In many contexts where there are not enough skilled birth attendants to cover the population's needs, 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.
- ▶ In contexts where sexual violence is a major 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.
- ▶ Local volunteers offering support for victims of sexual violence at community level 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 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.
- ▶ 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.
- ▶ ICRC support for immunization programmes (cold chain, transport, supervision) benefits mostly children under five 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 also supports 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, the ICRC marks contaminated areas and conducts mine-risk education. Mine-risk education sessions target primarily children. 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. In the event of an accident, the ICRC also provides surgical, medical and economic assistance to victims, including physical rehabilitation (see *Wounded and sick*). In parallel, it continues its advocacy with the relevant authorities and often supports the work of the national mine-action body.
- ▶ Communities are given support to create safe play areas for their children, free from mines and explosive remnants of war.

PEOPLE DEPRIVED OF THEIR FREEDOM

Protection

- ▶ Given their greater vulnerability, children detained in their own name are registered by the ICRC, which monitors them on an individual basis with the aim of ensuring that they are afforded due care and protection. 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 detention of any children being held. Particular consideration is given to their 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 their 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.
- ▶ When the children detained 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 rather than 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.
- ▶ As infants often stay with their detained mothers, their needs are also addressed, in terms, for example, of food, health care, 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, and adequate facilities for women with babies and/or small 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

- ▶ 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 hospitals focuses as a priority on emergency surgical, paediatric and obstetric services, as well as medical services for patients in general and children in particular. This support may include the provision of equipment, medical supplies and training, for example in paediatric/obstetric care.

Physical rehabilitation

- ▶ 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 children. In most cases, children and their care-givers are given special accommodation in line with local customs and international standards.

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

Prevention

- ▶ Preventive activities targeting political, diplomatic and military authorities, armed forces, other bearers of weapons and civil society (e.g. the media, schools, universities, NGOs) always emphasize the need to take measures to respect the physical integrity and dignity of all people who are not, or no longer, participating in the armed conflict or other situation of violence. The target groups are systematically made aware that not only do children often form the majority of this group, 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, 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 (for civilians in need, including children), which is impartial in nature and conducted without adverse distinction, subject to their right of control.
- ▶ Building on 15 years of experience in conducting a programme for secondary school children in countries of the former Soviet Union, the ICRC now 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.

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

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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 its implementation.

The ICRC is also fully committed to implementing effective coordination with other players 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 effectively to 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 *Authorities, armed forces and other bearers of weapons, civil society* 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 frontlines, 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.
- ▶ The ICRC family reunification programme aims 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 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 erodes 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 projects (trucking of clean drinking water during emergencies; rehabilitation or building of water sources and infrastructure) give IDPs, residents and returnees safe access to a source of water for household purposes, ensure better sanitation practices for the whole family, free up for other tasks time once spent fetching water, and aim to reduce any tensions caused by competition for resources. They also reduce the incidence of sickness caused by inadequate hygiene.
- ▶ 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

- ▶ 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. 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 indeed 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 and conducts mine-risk education to make people aware of the dangers. 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 encourages the relevant authorities to clear land contaminated with mines and explosive remnants of war and to stop using such weapons. It also marks contaminated areas and conducts mine-risk education to make people aware of the dangers. 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

- ▶ 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 hospitals focuses as a priority on emergency surgery, as well as medical services such as gynaecological/obstetric and paediatric services. This support may 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

- ▶ 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.

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

- ▶ Prevention activities targeting political authorities, armed forces, other bearers of weapons and civil society (e.g. the media, schools, universities, NGOs) always emphasize the need to take measures to respect the physical integrity and dignity of all people who are not, or no longer, participating in the 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 (for civilians in need), which is impartial in nature and conducted without adverse distinction, subject to their right of control.

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 2012, the Assembly and the Assembly Council held six and nine meetings respectively. The president and director-general of the ICRC kept the Assembly and the Assembly Council informed about the conduct of operations, issues relating to IHL, humanitarian diplomacy, cooperation within the Movement and with other humanitarian practitioners, external communication, and administration and finance. The Assembly and the Assembly Council examined in particular ICRC operations in Mali, Mexico, Niger, Somalia and the Syrian Arab Republic (hereafter Syria).

The Assembly also discussed the following issues: the status of several policies (e.g. the legal framework applicable to armed conflicts subject to foreign intervention; confidentiality); the strategies on People Management, Information Environment, and the Archives; the draft agenda for a meeting between the governance teams of the ICRC and the International Federation in November 2012; and recognition of the Cyprus Red Cross Society. In accordance with its statutory mandate, and pursuant to the advice of its Control Commission, the Assembly reviewed and approved the 2011 financial accounts, including the external audit report, the Directorate's proposals for the 2013 objectives and budgets, and the ICRC's risk management mechanism. It also oversaw the ICRC's withdrawal from the management and administration of the International Tracing Service, discussed the subject of other situations of violence during the annual Assembly Seminar, and appointed eight new members (three took up their functions in November 2012 while five will join the Assembly in 2013).

MISSIONS

Mr J. Kellenberger, president, conducted various missions, holding bilateral discussions with governments and multilateral organizations and delivering public lectures in Belgium (Brussels), Germany (Berlin), Japan (Tokyo), the Russian Federation (Moscow), Syria and the United States of America (Washington). He also gave various lectures in Switzerland.

Mr P. Maurer, president, conducted various missions, holding bilateral discussions with governments, National Society leaders and multilateral organizations in Belgium (Brussels), Ethiopia (Addis Ababa), France (Paris), Germany (Bad Arolsen and Berlin), Luxembourg, Mali, the Netherlands (Amsterdam), Niger, Norway (Oslo), Sweden (Stockholm), Syria and the United Kingdom of Great Britain and Northern Ireland (hereafter United Kingdom) (London).

Mrs C. Beerli, permanent vice-president, conducted missions to Afghanistan (Kabul), Austria (Vienna), Belgium (Bruges), Germany (Bad Arolsen), Haiti (Port-au-Prince), Italy (San Remo), Luxembourg, Malaysia, Norway and the United Kingdom (London). In addition, she attended various conferences in Switzerland.

Mr O. Vodoz, non-permanent vice-president, accepted a prize on behalf of the ICRC from the Prince of Asturias Foundation in Spain (Oviedo).

Other members of the Committee also conducted missions and attended functions for the ICRC:

- ▶ **Mr Bugnion** travelled to Bangladesh (field mission)
- ▶ **Mr Kesselring** travelled to Mexico (field mission) and to New York (United States of America)
- ▶ **Mrs Le Coultre** travelled to Haiti, India, Norway (for the ICRC Special Fund for the Disabled) and South Sudan (field mission)
- ▶ **Mr Sandoz** represented the ICRC at the International Humanitarian Forum hosted by the government of Azerbaijan and at a conference on cyber warfare in Paris
- ▶ **Mr Soiron** travelled to Burkina Faso
- ▶ **Mr Staffelbach** travelled to Colombia (field mission)

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 numerous challenges in terms of access and security in 2012, it also recorded a number of major accomplishments throughout the year. Most importantly, the organization developed significant responses to sudden-onset crises in places such as Mali and the Syrian Arab Republic (hereafter Syria), while sustaining its operations in contexts such as Afghanistan, Colombia, the Democratic Republic of the Congo (hereafter DRC) and Somalia. This required a strong capacity to adapt and to manage change in line with the ambitions set out in the ICRC strategy 2011–2014.

The Directorate played an active role in determining key areas for action and proposing relevant ICRC responses. Early in the year, it assessed the continuing relevance of the ICRC strategy in the light of changes in its working environment and formally reviewed progress on implementation midway into the strategy's implementation period. 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.

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 2012, demonstrating its relevance and effectiveness in armed conflicts and other situations of violence around the world. Security considerations and access limitations hampered its work in some places (e.g. Libya, Pakistan and Sudan), but it was nevertheless

able to expand its operations in a number of critical contexts (e.g. DRC, Mali, Syria and Yemen) and maintain them in others (e.g. Afghanistan and Colombia).

In line with the ICRC's ambition to play a pivotal role in the domain of health services, 52 delegations, or more than 60% of all ICRC delegations, developed activities in support of the Health Care in Danger project; 22 delegations (nearly 30% of them) began to systematically collect data on incidents affecting health care in 2012.

Additional guidance was developed for the field on children, women, IDPs and migrants, reflecting the ICRC's commitment to address the vulnerabilities and build on the resilience of populations in need. The guidance included ways to help restore people's autonomy and self-sufficiency.

The ICRC finished setting the scope of a new security and crisis management system on the basis of an extensive review of the organization's management of complex crises in the past. The regional management teams at headquarters steered operations by adapting resources as needed.

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 strengthened its operational partnerships with National Societies in contexts such as Mali, Myanmar, Sudan and Syria. It initiated new partnerships with National Societies and other humanitarian organizations on both operational and strategic issues.

The ICRC reinforced its networking and operational dialogue with key influential players (e.g. armed groups, Islamic circles) in Central Asia and in contexts such as Afghanistan, Chad, Iraq, Nigeria, Syria and Yemen. It aimed to extend its support base by securing increased political, legal, operational and financial support in 11 countries of global or regional influence, and recorded useful support in relation to operational developments in some major crises.

An unprecedented volume of media and social media coverage of the ICRC, particularly related to priority contexts such as Colombia and Syria, reinforced the organization's operational response there and positioned it more generally as a credible and effective humanitarian practitioner.

Modifications introduced into the field Planning for Results exercise helped strengthen the ICRC's result-based management practice. They contributed in particular to a process of reflection on how to more holistically appraise ICRC operations in a given context.

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 made important inroads on the “Strengthening IHL” process during the year, building on the outcomes of the 31st International Conference. It held a brainstorming meeting on compliance mechanisms with independent experts and, together with the Swiss government, co-organized an informal intergovernmental conference to raise awareness of the issues at stake and generate momentum for future work. It also organized three regional meetings on how to address the gaps in IHL protection for detainees in non-international armed conflicts.

The organization interacted with key stakeholders in multilateral fora such as the UN, regional intergovernmental organizations (e.g. African Union, European Union and Organisation of Islamic Cooperation) and movements (e.g. Non-Aligned Movement), highlighting the ICRC's operational and legal concerns and priorities. It influenced developments related to the humanitarian landscape through its participation in humanitarian coordination meetings and conferences.

The ICRC succeeded in drawing attention to the insecurity of health care in armed conflicts and other emergencies through its Health Care in Danger project. It positioned itself strongly in multilateral fora, including at the UN Security Council, for example during a debate on the protection of civilians, and the Non-Aligned Movement Summit. A Movement Reference Group made up of 22 National Societies and the International Federation was set up to serve as a project sounding board. Three expert workshops were held during the year in partnership with States, National Societies and other organizations, serving to identify concrete solutions to problems encountered on the ground.

The ICRC developed the initiative “150 years of humanitarian action” to mark key anniversaries in 2013 and 2014. This initiative will provide a further opportunity for the ICRC to engage with some of its main stakeholders and spotlight its long history and how it has and will face evolving humanitarian challenges.

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 far-reaching People Management programme was launched following the Assembly's approval of the People Management strategy in February 2012. The Human Resources Department was reorganized, enabling it to deliver more effective and efficient services, both in the field and at headquarters. Work started on setting up the ICRC Humanitarian Leadership and Management School, which targets current and future managerial staff.

The Assembly approved the Information Environment strategy, which aims to enable the organization to manage and ensure the security of information, systems and technology in support of its humanitarian action. A project was launched to update the ICRC's

information and communication network to a centralized system in order to support ever-evolving needs in terms of connectivity and accommodate the next generation of ICRC software applications. The introduction of new document-sharing databases started to foster collaborative practices.

In line with the Funding strategy 2012–2020 adopted in 2011, initial efforts to broaden the ICRC's donor base focused on States not yet contributing regularly to the ICRC and on the private sector.

The ICRC began to manage projects with a single portfolio of projects developed in order to strengthen its ability to “do the right projects”.

The launch of a project to deliver a global supply chain ensuring consistent material and financial visibility for management of materials constituted an important step towards developing a new global supply-chain solution.

Different efficiency measures were initiated during the year, including the delocalization of the Donor Reporting Unit (External Resources) to Manila (Philippines) as a component of a broader Shared Service Centre.

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 an unpredictable and volatile year, the Office of the Director-General played a crucial role in setting institutional priorities. It continued to ensure follow-up of the ICRC strategy 2011–2014, while preparing adaptations, as needed, over the short term and helping to manage the ICRC's performance and key institutional risks. Its work in these domains thus served to facilitate management decisions and to enhance learning, innovation and accountability across the organization. The Office of the Director-General also steered a new People Management programme. It helped shape the debate on legal and policy issues affecting the ICRC's work and develop a range of strategic partnerships with key external players.

LEADING THE DIRECTORATE

Throughout the year, the Office of the Director-General managed the work of the Directorate and maintained an effective 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 respond to changes affecting the ICRC's working environment.

More specifically, the Office of the Director-General managed the Directorate's agendas to ensure that they reflected institutional priorities, organizing Directorate sessions and related follow-up accordingly. It managed the Directorate's internal communication, defining related needs, plans and products together with the Internal Communication Unit (Corporate Communication). The Office of the Director-General also worked with the Directorate to review the latter's functioning and decision-making.

The Office of the Director-General led meetings of the two platforms for interdepartmental discussion, on external relations issues and on organization and management, which were 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 the functioning of these platforms during the course of the year and revised their terms of reference as needed.

MANAGING THE ICRC'S PERFORMANCE

The Office of the Director-General continued to provide guidance on managing the ICRC's performance. It provided support as the Directorate took 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 ICRC remained a full member of and represented the Movement in the steering committee of the Active Learning Network on Accountability and Performance in Humanitarian Action (ALNAP). It worked actively with donors and NGOs on issues related to accountability and performance management for humanitarian activities.

PROJECT MANAGEMENT

The Project Management Office maintained an overview of projects followed by the Directorate, refined project standards and provided support to individual project managers and steering committees defining, monitoring and reviewing projects. This function continued to play a crucial role in structuring and harmonizing ICRC project management practices, with a view to improving project success rates and identifying and replicating institutional good practices in project implementation. It conducted four training workshops for ICRC project managers and one for steering committee members during the year.

The Project Management Office provided support for the development of a single portfolio of projects in order to strengthen the organization's ability to "do the right projects". It provided guidance on managing projects within this portfolio. It proposed a methodology for establishing a ranking of projects based on their benefits as balanced against their delivery costs; the Directorate validated a list of projects to be carried out in 2013 based on this ranking.

PLANNING, MONITORING AND EVALUATION

The Institutional Performance Management Unit provided general support for planning, monitoring and evaluation. To strengthen implementation of the corporate management framework, it developed several guidance documents on result-based management and performance during the year (e.g. *Results-Based Management Fundamentals* and *Monitoring Guidelines*). It focused 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 unit also prepared the annual calendar of planning and monitoring milestones.

The unit initiated an analysis of the dimensions underlying the headquarters and field planning and monitoring processes. The results of this exercise will feed into plans to enhance both headquarters and field planning and monitoring tools. The unit also provided support for ongoing reform of the field planning process and tool. This reform aims to integrate the different programmes more fully, strengthen monitoring at management level, simplify the system, and provide training support (see *Operations*).

The Institutional Performance Management Unit compiled and analysed data and provided dashboards of results for the Directorate's quarterly reviews. It supported the Directorate's work to review progress towards implementing the ICRC strategy 2011–2014.

The unit took stock of progress towards implementing the ICRC's risk management approach and plan of action. Its recommendations for further strengthening risk management practice

were approved by the Directorate in October 2012. It helped the Directorate and risk managers review the profile of specific risks, examining their contours and identifying mitigation measures.

Three evaluations or reviews were finalized in 2012 – on the ICRC’s Exploring Humanitarian Law programme, on its physical rehabilitation programme and on its regional communication support centres. Preparatory work started on the evaluation of National Society/ICRC partnerships, which are a central element of the ICRC strategy 2011–2014.

DEVELOPING PARTNERSHIPS

An inventory of the broad types of partnership that exist across the institution was made, providing an overview of the range of activities being carried out through such relations and the criteria for establishing partnerships at the institutional level. These efforts were carried out with a view to increasing the effectiveness of combined efforts to assist people affected by armed conflicts and other situations of violence.

Partnerships on global issues were initiated with 11 National Societies, including through contacts further developed with key National Societies at the director-general/secretary-general level. The ICRC also worked more closely with other humanitarian organizations, such as Médecins Sans Frontières (MSF), on both operational and thematic issues (see *Operations and International law and cooperation*).

POSITIONING THE ICRC IN EXTERNAL DEBATES

During the year, the ICRC influenced developments related to the humanitarian sector through the director-general’s participation in humanitarian coordination meetings (e.g. UN Inter-Agency Standing Committee (IASC), Steering Committee for Humanitarian Response (SCHR) and International Council of Voluntary Agencies), his contributions to the bilateral dialogue with MSF and discussions with governments. Specifically:

- ▶ the ICRC took the initiative to reinforce cooperation and dialogue among non-UN participants in the IASC
- ▶ the ICRC supported the SCHR’s effort to set priorities for action for 2012–13; at the ICRC’s initiative, MSF participated in meetings of SCHR Principals during the year
- ▶ the agendas for ICRC Donor Support Group¹ meetings were revamped, and the first policy forum was held in October 2012

The ICRC continued to work on the five priority external relations issues approved by the Directorate in 2011: the “Strengthening IHL” process; the Health Care in Danger project; new technologies and warfare; evolving practice in humanitarian action and its impact on the humanitarian system; and situations of violence other than armed conflicts. The platform for interdepartmental discussions on external relations continued to track issues and trends, determine appropriate positioning strategies and identify key messages and themes.

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

PEOPLE MANAGEMENT

The People Management strategy was approved by the ICRC Assembly in February 2012, and the People Management programme was launched under the leadership of the director-general. Work was initiated on mapping mobile and resident positions, identifying the most critical positions within the organization, developing a competency framework for ICRC staff and managers, establishing the ICRC Humanitarian Leadership and Management School, and transforming the human resource function to deliver more effective and efficient services (see *Human resources*).

OMBUDSMAN

The Office of the Ombudsman provided independent and confidential services to staff members who approached it with workplace-related concerns. It identified and raised a number of issues with the Directorate and the Assembly, and established an informal network of colleagues that explored scenarios for a future organization-wide ombudsman support system.

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 2012, the Department of Operations comprised the following: eight geographical regions; two operational divisions, Assistance, and Central Tracing Agency and Protection (hereafter Protection); two smaller units, Security and Crisis Management Support (SCMS) and Global Affairs and Networking; and project heads for result-based management (RBM) and Health Care in Danger. All provided operational support. Through the regular update of their regional frameworks and the maintenance of flexible staff levels that were constantly adapted to changing circumstances, the regional management and support teams reinforced their capacities to supervise and coordinate field operations and help them analyse their environments and implement their objectives.

By strengthening their coordination and holding regular meetings, including those 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, while reinforcing community resilience. To this end, delegations benefited from four additional guidance documents covering the specific concerns of IDPs, migrants, children and women in war, respectively, enabling them to meet peoples' specific needs more effectively. Work also progressed on the development of guiding principles, which include a gender-sensitive approach, to be used by all ICRC staff when conducting assessments.

In line with the Directorate's decision to strengthen the Planning for Results (PFR) approach, the department-led RBM project team worked to facilitate holistic and participative planning and to ensure the requisite accountability. In order to further integrate the RBM cycle into the ICRC management cycle, delegations were encouraged to review their achievements more rigorously and to define their approach for the next year in reference to these. The department also provided support for the development of programme reference and monitoring frameworks (see *ICRC management framework and definition of programmes*): the Assistance Division further developed its reference frameworks so as to present objectives and result indicators more coherently, while the Protection Division drafted a pilot reference framework to provide a common understanding of its different activities (see below), their objectives and intended results. Work was also undertaken to define the scope and requirements for new PFR software.

The Security and Crisis Management Support (SCMS) Unit facilitated rapid responses to emergencies, including in the Democratic Republic of the Congo (hereafter DRC), the Gaza Strip (occupied

Palestinian territory) and the Philippines. The activation of the ICRC Rapid Deployment Mechanism allowed for the immediate deployment of National Society and ICRC headquarters and regional staff and resources. Notably, the Japanese Red Cross Society, supported by the National Societies of Finland, Germany and Norway, deployed its Basic Health Care Unit to Baganga in Mindanao, Philippines, while the Danish Red Cross provided Base Camp support to South Sudan. By the end of 2012, 13 National Societies had concluded rapid deployment agreements with the ICRC to provide resources for health, economic security, water and habitat, logistics and administrative activities.

Serious security incidents in Libya, Pakistan and Yemen required the activation of the SCMS critical incident management mechanisms. Following extensive reviews and consultations, a new security management information system will be tested in the field in 2013. The new system includes security and safety incident reporting, site security dashboards, a field-based risk analysis methodology and security mitigation measures for emerging threats, such as IT/communication system failures, and nuclear, radiological, biological and chemical (NRBC) incidents; in parallel, ICRC and National Society staff will receive updated security and crisis management training.

Prompted by the risk of accidental or deliberate use of chemical weapons in the Syrian Arab Republic (hereafter Syria), the NRBC team refined and tested its procedures and equipment to ensure an appropriate humanitarian response and continued staff protection and training. It also concluded agreements with more external technical specialists.

The Global Affairs and Networking Unit continued to help field delegations and headquarters units network with influential States, mainly through multilateral fora, and non-State actors. It aimed to gain a better understanding of how the ICRC is perceived by these actors, to improve acceptance of the organization 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 Asia and the Middle East, adapting to changes and developing networking approaches at regional and local levels, particularly in environments affected by the fight against "terrorism". Its analyses of armed conflict and other situations of violence, including in Syria, and of the changing dynamics in countries affected by the "Arab Spring" helped delegations reach out to civilians, authorities, armed groups, members of civil society, including academics, institutions and important channels in the Muslim world, and other players relevant to their operations across several contexts. In the Americas, the unit helped identify lessons learnt regarding illicit and criminal groups and networks involved in situations of violence and the ensuing humanitarian consequences; using these lessons, it helped define the approach for engaging with these actors.

The unit also prepared an overview of ICRC efforts to secure increased political, legal, operational and financial support from States with regional and global influence. It set up a database for sharing relevant information, including approaches, activities and results, among all delegations concerned and headquarters units. This helped facilitate interaction with the authorities of Brazil,

China, Indonesia, the Islamic Republic of Iran, Mexico, the Russian Federation and South Africa on regional and global humanitarian challenges. The unit also acted as a link to the delegations to the UN (New York, United States of America) and the African Union (Ethiopia), supporting them as necessary and managing the information flow between them and other headquarters units.

HEALTH CARE IN DANGER

During armed conflict and other emergencies, the delivery of health care services faces particular threats and impediments. Health care personnel, vehicles and facilities are often directly targeted; between January and October 2012, the ICRC received information on some 700 such incidents in at least 22 countries.

While protecting health care services has been a part of ICRC action for many years, the organization made it an institutional priority in 2011, launching the four-year Health Care in Danger project to mobilize its network of delegations, Movement partners and members of the health community to develop, promote and implement measures safeguarding health care delivery.

In 2012, three expert workshops took place – one each in Cairo (Egypt), London (United Kingdom of Great Britain and Northern Ireland) and Oslo (Norway) – bringing together National Societies, health organizations, including the World Medical Association (WMA) and the Arab Medical Union, national health authorities and NGOs. Experts shared best practices and identified ways to strengthen the protection of health care providers and patients during conflict and other emergencies. These findings have been shared with health practitioners, medical authorities and other key stakeholders, and will continue to be promoted along with the results of at least seven expert workshops to be held in 2013 and 2014. They will also be used to enhance new National Society/ICRC training modules on related topics.

At field level, most delegations contributed to the documentation of existing domestic legislation and regulations protecting health care services during armed conflict and other emergencies (see *International law and cooperation*); 52 carried out activities related to the project; and 22 systematically collected information on abuses committed against health care services. They discussed the issue with their counterparts and defined and implemented measures to address challenges to safe health care delivery. Their efforts included engaging in confidential dialogue with the parties concerned on documented IHL or international human rights law violations and supporting or organizing thematic workshops and public events. Among the most striking results was the written and public declaration of the Yemeni government that health care personnel, vehicles and infrastructure must be respected and protected.

On the basis of widely accepted medical ethics and existing legal frameworks, material on the responsibilities of health care personnel in conflicts and other emergencies was published for the first time to help field practitioners resolve any dilemmas they face.

The ICRC's organization of and participation in dedicated events helped increase awareness of the issue and mobilize a worldwide community of concern around it, with 22 National Societies, Médecins Sans Frontières (MSF) and the WMA agreeing to be key partners of the ICRC for this project. In May 2012, the World Health Assembly adopted a universally resonant resolution

emphasizing the importance of ensuring safe access to and delivery of health care services during humanitarian crises. In his 2012 report on protecting civilians, the UN secretary-general underlined the necessity for States to take action to protect patients, health care facilities and means of transport during conflict and other emergencies.

A communication campaign supports this project (see *Communication and information management*).

CENTRAL TRACING AGENCY AND PROTECTION

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

The deployment of a multidisciplinary protection team to Syria in 2012 exemplifies the division's holistic action during acute emergencies.

PROTECTION OF THE CIVILIAN POPULATION

The ICRC seeks to protect civilians from the consequences of armed conflict and other situations of violence, working to secure respect for the population's fundamental rights. It conducts activities to help raise awareness among authorities and weapon bearers of their responsibilities, while promoting measures to enhance the protection of the civilian population. It also acts to reduce the vulnerabilities and risks faced by certain groups, especially IDPs, women, children, the disabled and the elderly.

The division supported 37 delegations working with National Societies to meet the needs of migrants (see above). The 15 field migration focal points met for the first time to discuss the ICRC's approach to vulnerable migrants – selected National Societies, the International Federation and the ICRC participated in a workshop enabling them to share best practices regarding detained migrants.

Delegations benefited from a compendium of community-based protection activities that facilitated the exchange of best practices and their work to help strengthen community resilience to crisis. On-site training courses were held for four delegations.

Moreover, 15 delegations received direct support for assessing and responding to the needs of conflict/violence-affected children, as well as comprehensive advice on addressing the recruitment of children by armed groups and debriefing children formerly associated with fighting forces.

The ICRC, together with UN agencies and NGOs, continued to update and promote the document entitled *Professional standards for protection work carried out by humanitarian and human rights actors in armed conflict and others situations of violence*.

PEOPLE DEPRIVED OF THEIR FREEDOM

The main objective of ICRC work to protect people deprived of their freedom is to ensure that detainees are treated humanely and with respect for their dignity, regardless of the reasons for their detention. This includes striving to: prevent or end summary executions, torture and other forms of ill-treatment; ensure respect

for fundamental judicial guarantees; improve living conditions; and enable detainees to restore and maintain contact with their families. Trained ICRC staff visit detainees and places of detention, talk with the authorities concerned and hold private interviews with detainees. Their findings and related recommendations are discussed confidentially with the authorities concerned. The visits are conducted and repeated according to strict standard procedures, enabling delegates to monitor the detainees' conditions and the action taken by the authorities on the basis of the feedback they received.

Activities in favour of people deprived of their freedom have been progressively refined according to the reference framework adopted in 2011. Delegations received guidance for the analysis of detention systems, including the major risks detainees contend with and the challenges faced by the authorities in addressing humanitarian concerns. In line with this, they received help in defining clear objectives and priorities and to formulate and implement a multidisciplinary approach to meeting detainee needs, including by conducting monitoring activities, taking specific action regarding vulnerable detainees, continuing to implement guidelines on the protection of detained migrants, and providing a combination of emergency and long-term assistance. Teams were also advised on how to adapt their dialogue with the authorities on improving the planning of new detention facilities or addressing overcrowding.

RESTORING FAMILY LINKS AND MISSING PERSONS

Armed conflict, other situations of violence, natural or man-made disasters and migration often lead to family members losing contact with each other or to the disappearance of thousands of people, leaving their relatives uncertain of their fate. The ICRC acts in its direct operational capacity and in its lead role within the Movement in restoring family links. As a rule, it works in close cooperation with National Societies and is both the Movement's technical adviser in this field and the coordinator of the related international response. The family-links network – comprising the ICRC's Central Tracing Agency, ICRC delegations and National Society tracing services – provides essential services to those with needs in this domain. It enables relatives to communicate with one another and strives to reunite separated family members and to locate missing people. Because of their vulnerabilities and specific needs, demobilized child-soldiers and children separated from their families are given special attention.

ICRC activities in relation to missing persons include cooperating on various initiatives with the authorities and other players involved, tracing people who are unaccounted for, assisting in the proper recovery, identification and management of human remains, promoting related humanitarian rules, encouraging the development of appropriate national legislation, helping the authorities implement mechanisms to address the issue, and providing support to the families of the missing.

The ICRC spearheads implementation of the Movement's ten-year Restoring Family Links Strategy, adopted by the Council of Delegates in 2007 in order to strengthen the worldwide family-links network and provide more effective humanitarian responses whenever people are separated from or without news of their relatives. On the basis of the findings outlined in a 2011 progress report to the Council of Delegates, the ICRC and its Movement partners monitored progress, identified challenges and provided support for the Strategy's continued implementation. Launched in November, the ICRC's dedicated family-links website

(familylinks.icrc.org) strengthens service awareness and delivery, provides information on family-links services and contact details to access them worldwide, and offers online services for specific contexts. Work progressed on a standard software tool enabling National Societies to manage their information related to restoring family links and on enhancing the management systems of all ICRC protection data.

Drawing on lessons learnt during the deployment of specialists and equipment according to the rapid response mechanisms on restoring family links, which was put in place in 2009, the ICRC, with National Societies, adapted the operating procedures and increased the pool of specialists to 72 members ready for deployment.

Field operations continued to receive support for their family-links services, which focused on systematic and structured assessments of the needs of families of missing persons, including migrants. Other services, particularly the Assistance Division, contributed to the development of additional tools to guide operations and hone the skills of those handling family-links services and files concerning missing persons. These tools include:

- ▶ guidelines on mechanisms to clarify the fate and whereabouts of missing persons
- ▶ a handbook on the families of missing persons
- ▶ guidance on the ICRC's involvement in the use of DNA testing to establish biological relationships for the purpose of family reunification
- ▶ training opportunities, such as a data consolidation course and a trainers' manual

ASSISTANCE

The Assistance Division provides field operations with policy support and professional expertise in three main areas – health services, economic security, and water and habitat. These encompass forensic science and weapon contamination expertise, as well as guidance on the cross-cutting subjects of internal displacement and women and war. They cover emergency responses and, whenever possible, longer-term activities that aim to promote the early recovery of conflict/violence-affected people and the restoration of their autonomy, while helping strengthen their physical and mental resilience.

In 2012, most ICRC delegations and offices carried out health, economic security, and water and habitat activities. In addition to running extensive programmes in Afghanistan, Colombia, the DRC, Iraq, Somalia, Syria and Yemen, the division actively participated in emergency responses through the rapid deployment mechanism, notably in the Philippines. All programmes received support for activity design, monitoring, review, evaluation and reporting, with a view to improving the quality of services.

Several steps were taken to ensure that the specific needs of women and girls were taken into account in all operations: field staff were regularly briefed and debriefed on those needs and on gender-sensitive programming; guidance was provided on holistic responses to sexual violence in armed conflict, particularly in Colombia and the DRC; the Dakar (regional) delegate for women and war received particular support; and for certain posts, gender sensitivity was a recruitment factor. Missions undertaken by the women and war sector received direct assistance; one such mission helped the Colombia delegation mainstream gender concerns and address sexual violence in its problem analysis and approach.

The division continued to help delegations incorporate environmental concerns into their programming in line with the 2009 *Framework for environmental management in assistance programmes*.

In addition to the work on the assistance reference frameworks (see above), the improvements made to the range of available RBM tools include the definition of core economic security information, the pilot testing of a new reporting database and progress in developing monitoring tools. The tools needed to sustain activities – Geographical Information Systems (GIS), specific technical databases, reference manuals and handbooks, IT implementations and software – were constantly enhanced.

HEALTH

The Health Unit addresses the health-related needs of people in armed conflict or other situations of violence in line with a defined minimum package of health care. The central objectives of health assistance are to save lives and to alleviate suffering. In 2012, the core health activities were first aid, primary health care, hospital care (with an emphasis on war surgery), physical rehabilitation and detainee health. Measures addressing mental, psychological and social concerns were also developed (see below), with a view to progressively mainstreaming them into the core activities.

The support given to primary health care, surgical activities and health in detention initiatives improved thanks to updated RBM tools, including reference frameworks, which facilitated the monitoring of these activities. Field missions helped maintain quality care in all fields. Coordination with other services (e.g. those dealing with economic security, people deprived of their freedom, Movement cooperation and promotion and integration of the law), multidisciplinary training opportunities and related guidance material ensured harmonized approaches, improved understanding of the standards for health activities and helped raise skill levels, all of which enhanced field operations.

Four regional meetings of National Societies/ICRC representatives served to identify best practices in first aid and consolidated approaches to strengthening the immediate assistance provided to casualties during emergencies. A course on nutrition held in Nairobi, Kenya marked the formal inclusion of acute malnutrition treatment in primary health care.

The unit gave 20 presentations during international conferences, organized 31 war surgery seminars and 22 emergency room trauma management courses, and provided support for dedicated regional and national events for authorities responsible for health care in detention. With ICRC assistance, nine Health Emergencies in Large Populations (H.E.L.P.) courses took place in 2012.

Moreover, the first guiding principles for mental health and psychological support were completed, and progress was made on the revision of the anaesthesia guidelines during a second workshop on the topic. The unit also began to update the operating theatre guidelines and to produce videos on TB management in prisons. The second volume of *War Surgery* and a document on the ICRC's methodology for conducting assessments of health care in detention were completed and are slated for publication in 2013.

The physical rehabilitation service also updated its patient management software and its guidelines for manufacturing prosthetics. An independent evaluation of the programme highlighted the ICRC's leading role in this field and the relevance of the pillars of

its approach – accessibility, quality and sustainability of services – given the fragility of the environments it works in. The review also made recommendations for improving the long-term benefits of the programme.

The unit contributed substantially to the Health Care in Danger project, regularly promoting the safe delivery of health care services.

WATER AND HABITAT

ICRC water and habitat activities aim to ensure that conflict/violence-affected people have safe access to clean water, decent conditions of sanitation and adequate shelter. When necessary, health facilities are renovated or built from scratch to improve the population's access to health care. These services are provided at all stages of a crisis – from emergencies to post-crisis periods – and are adapted to local capacities and needs, combining substitution, support and capacity-building measures.

The Water and Habitat Unit processed hundreds of field proposals and provided guidance to local teams. It produced GIS maps in support of operations and developed the content of the geographical portal with data from different delegations and headquarters services, transforming it into a platform accessible across the institution. The unit also conducted daily global analyses of key topics regarding water resources and reviewed programme adequacy, focusing on particularly complex environments.

Five projects required the use of the protocol adopted in 2011 regarding major construction activities, and necessitated the development of complementary tools to facilitate proper monitoring. The unit prepared guidelines for building orthopaedic centres and for selecting ICRC premises. An updated handbook was published in English and in French on procedures for borehole drilling and rehabilitation.

Work in detention facilities remained a priority. Drawing on the support of penitentiary professionals and on its own expertise built up through years of experience, the organization published a guidance document highlighting the structural dimension of efficient prison management. Teams also benefited from updated material on the design of technical devices for the use of biogas and solar heating system in prisons.

Research on earthquake risk management and the ICRC's duty of care towards its staff resulted in the decision to take minimum basic preventive measures in the coming years.

ECONOMIC SECURITY

The ICRC's approach to economic security aims to ensure that households and communities can cover their essential needs and maintain, restore or strengthen their livelihoods. This involves emergency distributions of food and essential household items, interventions promoting nutrition, sustainable food production and income-generating activities, and helping strengthen local capacities, including those of National Societies, government institutions, NGOs and community-based organizations.

The Economic Security Unit contributed to internal thematic meetings, helped draft internal guidance documents (see above) and monitored global issues that affect households and livelihoods, such as food prices in the context of the global economic crisis, urbanization and land acquisition. Meetings with field staff on genetically modified organisms and on pastoralism helped refine the ICRC's

approaches to food and agricultural activities. A review of micro-economic initiatives carried out in the Caucasus and Central Asia provided useful insights that were integrated into existing guidelines. New guidelines and standard operating procedures, drafted with health and logistics teams, will make it easier for delegations to manage cash transfers and nutrition in places of detention.

To strengthen its capacity to address short- and long-term needs, the unit, together with the British Red Cross, launched a desk review of social safety nets in countries undergoing armed conflict or other situations of violence. It also embarked on the production of a document on market analysis in partnership with the American and British National Societies and the International Federation, which will be used to pilot new approaches and enhance the impact of existing activities.

WEAPON CONTAMINATION

The Weapon Contamination Unit uses a multidisciplinary approach to help delegations reduce the consequences of weapon contamination. It provides direct support for initiatives related to data management, risk reduction and education, and weapon clearance; many other activities are implemented as part of other programmes, including protection, economic security, and water and habitat.

The unit supported operations in over 20 countries and participated in rapid deployment efforts during emergencies. It helped guide delegations on adopting safe behaviour, protecting staff and infrastructure from munitions and small arms, and conducting technical analyses of weapon use and its effects.

The department's management agreed on a framework for the clearance of munitions that defines and delimits the ICRC's engagement in clearance activities. The completion of standard operating procedures for explosive ordnance disposal strengthened professional capabilities in this area.

FORENSIC SERVICES

The approach taken by the ICRC's forensic services and the organization's 2009–14 plan of action guided the implementation of humanitarian forensic activities in nearly 60 countries, helping ensure the proper management of human remains and addressing the issue of people missing as a result of armed conflict, other situations of violence or natural disaster.

Activities carried out by the forensic services included the following: overseeing and guiding humanitarian forensic recovery and identification efforts; responding to mass fatalities in contexts with limited or non-existent forensic capacities; developing and promoting new standards and effective information-management tools to support forensic identification efforts; organizing and implementing training and dissemination initiatives on humanitarian forensic action; and supporting improved cooperation among forensic institutions and practitioners worldwide. Leading forensic fora, including the American Academy of Forensic Sciences, invited ICRC forensic specialists on several occasions to share their expertise on the issue.

HUMAN RESOURCES DEVELOPMENT

To heighten staff professionalism, the Assistance and Protection Divisions devoted considerable resources to staff training. They reinforced their cooperation during several courses to strengthen the holistic approach to cross-cutting issues.

Field staff attended specialized, often multidisciplinary, training events, including on the following topics: protecting civilians; activities for detainees; managing protection data; responding to the issue of missing persons and the concerns of their families; restoring family links; addressing weapon contamination; and advancing forensic sciences, war surgery, hospital management and administration, first aid, primary health care, and health in detention.

The Protection Division launched training follow-ups, focusing on helping staff use the skills they acquired in performing their operational duties. It further developed the e-learning course on the protection of the civilian population and introduced an e-learning module on the management of protection data. In partnership with the International Centre for Prison Studies, it organized the first-ever week-long course on prison management for both prison administrators and ICRC staff.

The Health Unit set up a new training module on mental health and psychological support that will be integrated into other courses, including those on managing dead bodies and handling files on the missing. Other general and specialized courses and workshops also enabled health and medical care providers to hone their skills and improve the quality of care they provide (see above).

The Water and Habitat Unit continuously 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 findings of a 2012 assessment of the training needs of economic security staff, along with those of the 2011 review of the economic security basic training cycle, will serve as the basis for revising the economic security training package and capacity-building measures for National Society/ICRC staff. Following the latter review, discussions among several departments confirmed that a generic training module should be developed to include all disciplines involved in needs assessment, analysis and programme design on the basis of the existing economic security basic training package.

RELATIONS WITH OTHER ORGANIZATIONS AND CONTRIBUTION TO THE HUMANITARIAN DEBATE

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

In addition to conducting activities in close cooperation with the International Federation and National Societies (see *International law and cooperation*), staff from the Assistance and Protection Divisions regularly attended coordination and UN cluster meetings and other events organized by key humanitarian organizations, among them specialized UN agencies and fora (e.g. OCHA, UNDP, Food and Agriculture Organization of the UN, UNHCR, UNICEF, UN Mine Action Service, UN Office on Drugs and Crime, WFP, WHO), NGOs (e.g. Action Contre la Faim, Handicap International, MSF, Oxfam, Physicians for Human Rights), the Inter-Agency Standing Committee (IASC), the Humanitarian Affairs Department of the Organization of Islamic Cooperation,

professional organizations such as the WMA, NGOs from Islamic countries (Humanitarian Forum), think-tanks, academic circles and social groups and media influencing humanitarian action (e.g. Crisis Mappers, Google, Facebook, Ushaidi).

Specialists on internal displacement participated in related events organized by IOM, UNHCR and the UN secretary-general's special rapporteur on the subject. The Economic Security Unit took part in regular meetings of the global Food Security Cluster and the Global Nutrition Cluster, and in 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 challenges in this domain.

These meetings allowed the ICRC to keep abreast of new professional practices, to share its expertise in myriad specialized 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), and to acquire a better understanding of the approaches and working methods used by others and to jointly adapt them to be more cohesive and complementary whenever possible. They also allowed the ICRC to promote 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.

INTERNATIONAL LAW AND COOPERATION

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.

The number and intensity of armed conflicts and other situations of violence remained high in 2012. To ensure the relevance and effectiveness of the ICRC's response to the humanitarian consequences of these events, most units within the Department of International Law and Cooperation strengthened their capacity to provide operational support to delegations, for example by bringing in military experts to engage in dialogue with the parties to armed conflicts or with the actors involved in other situations of violence, in order to promote and enhance respect for the applicable law. The urgency of the need to respond to fast-evolving crisis situations required more effort to be put into cooperation with other Movement components. This included defining operational and cooperation approaches, as well as providing support to operational partnerships. The realities of some of the conflicts also obliged the ICRC to reinforce its commitment to optimal coordination with other humanitarian players locally, regionally and globally in order to limit overlaps or gaps in the humanitarian response.

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. It maintained a confidential approach in its work in relation to the domestic legal framework of those countries where it conducts activities. Adequate legal capacity and protection are crucial to the ICRC's ability to fulfil its internationally recognized humanitarian mandate independently and efficiently, and 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

ICRC delegations worldwide drew on expertise provided by the Legal Division, notably regarding the legal frameworks governing situations of violence in ICRC operational contexts. This included legal advice and input for confidential representations reminding those involved in armed conflicts and other situations of violence of their obligations under IHL and other relevant bodies of law.

STRENGTHENING IHL: OUTCOMES OF THE 31ST INTERNATIONAL CONFERENCE

Pursuant to Resolution 1 of the 31st International Conference, the ICRC conducted research and consultations on a range of options and recommendations for strengthening IHL in two areas: (1) the protection of persons deprived of their freedom in non-international armed conflicts and (2) international mechanisms to monitor compliance with IHL.

In regional consultations launched in November, States explored whether and how the substantive rules of IHL should be strengthened. In these fora, government experts exchanged views on humanitarian challenges and legal protections related to conditions of detention, transfers of detainees and grounds and procedures for internment. Their preliminary exchanges also showed how the process should go forward and what the outcome might be. Three such consultations were held in South Africa, Costa Rica and Switzerland; a fourth was planned to take place in Asia in early 2013.

A joint initiative by Switzerland and the ICRC addressed the issue of improving respect for IHL through stronger international compliance mechanisms. At an initial consultative meeting in July, States agreed on the need to have more regular dialogue on IHL compliance and indicated that further reflection within the Swiss-ICRC initiative, focusing on specific themes, would also be useful. A second meeting was planned for June 2013.

PROJECT ON CUSTOMARY IHL

In partnership with the British Red Cross, the ICRC pursued its work to update the online database on customary IHL. States, international governmental and non-governmental 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. As the formation of customary IHL is an ongoing process, the database continued to be updated regularly. Numerous National Societies and ICRC delegations contributed to the project by collecting data on the State practice of their respective countries.

NEW TECHNOLOGIES IN ARMED CONFLICT AND CYBER WARFARE

The development of new technologies for use in armed conflict requires constant consideration of their humanitarian and legal implications. Activities in this area included participation in expert meetings and discussions with government representatives on remotely controlled, automated and autonomous weapon systems.

The ICRC also strengthened its role as a reference organization on the humanitarian and legal consequences of cyber warfare. It engaged pro-actively with governments through bilateral dialogue and participated in seminars and expert processes, such as the one sponsored by NATO's Cooperative Cyber Defence Centre of Excellence (Tallinn, Estonia), which resulted in the publication of a manual clarifying the IHL rules applicable to cyber warfare.

OCCUPATION AND OTHER FORMS OF ADMINISTRATION OF FOREIGN TERRITORY

In June, the ICRC published a report describing whether and to what extent the rules of occupation law adequately deal with the humanitarian and legal challenges arising in contemporary occupation. Stakeholders in countries particularly interested in occupation law participated in activities promoting the report.

USE OF FORCE IN ARMED CONFLICT: THE INTERPLAY BETWEEN CONDUCT OF HOSTILITIES AND LAW ENFORCEMENT

The ICRC convened an expert meeting in January to debate the use of force in armed conflict. Experts discussed five practical case studies and determined in which situations the use of force falls under the conduct of hostilities paradigm or, to the contrary, under that of law enforcement. They also discussed legal issues relevant before and after the actual use of force, notably questions related to planning and investigation. The resulting document clarifying the issue and emphasizing the points of convergence and divergence among the participants will be published in 2013.

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

The project to update the commentaries on the 1949 Geneva Conventions and the 1977 Additional Protocols, which started in 2011, became fully operational. Various authors from inside and outside the organization contributed to the project and had drafted commentaries on more than 40 articles by the end of 2012. The Editorial Committee started to review several draft texts. Since the project started, research had been carried out on some 66 topics. The project aimed to bring the commentaries – which are widely used as references by legal practitioners and academics – up-to-date with current realities.

CLUSTER MUNITIONS AND THE MINE BAN CONVENTION

The ICRC continued to contribute its expertise and humanitarian perspective to the implementation of the Convention on Cluster Munitions, ensuring that the States Parties were making progress on their commitments under the Convention. These included clearance and stockpile destruction, the establishment of national implementing legislation and victim assistance. The ICRC called on the States Parties to be vigilant in ensuring that those involved in multinational military operations adopted implementing laws that were consistent with both the letter of the Convention and its object and purpose.

Likewise, the ICRC supported the implementation of the Mine Ban Convention. Its comments on several requests for extensions of clearance deadlines led to improvements in the information provided in the requests and contributed to the States Parties' analysis and decision-making. The ICRC participated in establishing a new process for States that discover mined areas after their clearance deadline has passed. It continued to engage with three States that had not met their stockpile destruction deadlines, and remained a reference on victim assistance under both treaties.

CONTROLLING ARMS AVAILABILITY

A range of civil society actors and the ICRC pursued their efforts of the past seven years to promote an international arms trade treaty as a means of protecting civilians from the effects of unregulated or poorly regulated arms transfers, which can make weapons readily available to those who may use them to commit serious violations of IHL. The ICRC actively engaged governments on this issue in

the run-up to and during the Diplomatic Conference on the Arms Trade Treaty, which concluded with a draft treaty that, if adopted, would have been an historic advance and a strong response to the global humanitarian problems caused by inadequately regulated arms transfers. The ICRC continued its promotional work with a number of States, in preparation for the planned resumption of negotiations in March 2013.

NUCLEAR WEAPONS

As discussions on nuclear weapons continued to evolve, the ICRC participated in events focusing on their humanitarian consequences and IHL implications. It worked closely with National Societies on the implementation of the 2011 Council of Delegates resolution on nuclear weapons, which appealed to States to begin negotiations to prohibit and eliminate these devices and encouraged National Societies to take up the issue with their governments. More than 20 National Societies attended a workshop hosted by the Austrian Red Cross, with ICRC support, to discuss action to implement the resolution. National Society efforts in this area received a boost from ICRC-prepared communication materials.

USE OF TOXIC CHEMICALS AS WEAPONS FOR LAW ENFORCEMENT

For the last decade, the ICRC has undertaken intensive analysis and consultations with government experts on the implications for life, health and international law of the use of toxic chemicals (other than riot-control agents) as weapons for law enforcement. As part of these efforts, State-affiliated and independent experts attended an ICRC-convened expert meeting in April, the findings of which were synthesized in a report that has been widely circulated among governments and specialists. The ICRC also raised its concerns with States regarding these “incapacitating chemical agents”, including through an expert panel discussion held on the margins of the annual Conference of the States Parties to the Chemical Weapons Convention.

OTHER MATTERS

Other key issues receiving special legal attention included the interplay between IHL and human rights, the protection of particularly vulnerable groups in armed conflicts, humanitarian assistance, the protection of journalists, multinational forces and international criminal law.

The ICRC continued to promote the Montreux document on private military and security companies, which resulted in one international organization and five additional States expressing their support for it (bringing to 43 the total number of supporting States).

A commentary on the *Guidelines for military manuals and instructions on the protection of the environment in times of armed conflict* (compiled and published by the ICRC in 1996) was finalized and will be promoted in 2013.

The work of the 67th Session of the UN General Assembly and the deliberations of the Human Rights Council provided opportunities for the ICRC to follow legal and other developments regarding armed conflict, IHL and issues such as the protection of children in armed conflicts, “terrorism”, torture, IDPs, the protection of human rights during peaceful demonstrations and transitional justice, and to promote IHL and its adequate implementation.

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

The ICRC's Advisory Service on IHL continued to work closely with governments and with international and regional organizations through its network of legal advisers, both in the field and at headquarters, facilitating accession to IHL treaties and their domestic implementation in areas as diverse as the rules on the use of force, repression of and sanctions against war crimes, the protection of the rights of the missing and of their families, and prohibition of and restrictions on the production and use of certain weapons.

The service's work included assisting South Sudan's authorities in their accession to the 1949 Geneva Conventions and the 1977 Additional Protocols. In light of the entry into force on December 6 of the African Union Convention on IDPs, specific attention was also given to the issue of IDPs in Africa. Lastly, the service mapped domestic legislation on measures to ensure access to and protection of health care in armed conflict and other emergencies. Experts attending regional events relating to IHL and its domestic implementation were also consulted on such measures.

Two new national IHL committees were established (in Qatar and Sierra Leone) in 2012, bringing the total number worldwide to 101 (two national IHL committees ceased to function during the year). The French version of a report on the Third Universal Meeting of national IHL committees was finalized for publication in early 2013. Versions in other languages will also be published and shared with the relevant national IHL committees throughout the year.

Representatives of governments, academia and civil society from over 100 countries discussed IHL and its incorporation into domestic law during 25 ICRC-organized/supported regional events. Among these was a regional expert meeting on the use of force in armed conflict and other situations of violence, which took place in Peru (see *Lima*) and in which representatives of the national IHL committees of Ecuador and Peru participated. This topic was also discussed with the authorities in other Latin American countries.

These activities contributed to 54 ratifications of IHL treaties by 37 countries:

- ▶ 1 State (Philippines) ratified Additional Protocol I
- ▶ 3 States (Nauru, Panama and Uruguay) ratified Additional Protocol III
- ▶ 2 States (Angola and Benin) ratified the Hague Convention on Cultural Property
- ▶ 1 State (Benin) ratified Protocol I to the Hague Convention on Cultural Property
- ▶ 3 States (Benin, Mali and Poland) ratified Protocol II to the Hague Convention on Cultural Property
- ▶ 1 State (Burundi) ratified the Convention on Certain Conventional Weapons
- ▶ 1 State (Burundi) ratified Protocol II to the Convention on Certain Conventional Weapons
- ▶ 1 State (Cuba) ratified Protocol IV to the Convention on Certain Conventional Weapons
- ▶ 5 States (Burundi, Cuba, Lao People's Democratic Republic, South Africa and Turkmenistan) ratified Protocol V to the Convention on Certain Conventional Weapons
- ▶ 1 State (South Africa) ratified the Amendment to Article 1 of the Convention on Certain Conventional Weapons
- ▶ 3 States (Finland, Poland and Somalia) ratified the Mine Ban Convention
- ▶ 10 States (Australia, Cameroon, Côte d'Ivoire, Honduras, Hungary, Mauritania, Peru, Sweden, Switzerland and Togo) ratified the Convention on Cluster Munitions
- ▶ 1 State (Guatemala) ratified the Rome Statute
- ▶ 4 States (Austria, Hungary, Mauritania and Philippines) ratified the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
- ▶ 7 States (Austria, Bosnia-Herzegovina, Colombia, Costa Rica, Mauritania, Peru and Samoa) ratified the Convention on Enforced Disappearance
- ▶ 7 States (Côte d'Ivoire, Grenada, Indonesia, Malaysia, Niger, Nigeria and Swaziland) ratified the Optional Protocol to the Convention on the Rights of the Child

Palestine ratified the Hague Convention on Cultural Property and its two Additional Protocols.

In addition, 11 countries adopted nearly 20 pieces of domestic legislation to implement various IHL treaties.

CIVIL SOCIETY

Education and IHL specialists supported delegations' interactions with academic circles, youth, humanitarian practitioners and other influential players by organizing training events, facilitating the sharing of best practices and developing relevant tools, including online resources. In particular:

- ▶ 48 teams (144 students) from 34 countries participated in the annual Jean-Pictet Competition on IHL, broadening the global network of young academics committed to IHL and humanitarian action
- ▶ 60 participants from over 30 nationalities benefited from the ICRC's annual IHL courses, co-organized with the Polish Red Cross and the Swiss Red Cross
- ▶ over 600 Internet users (including ICRC staff, students from the Geneva Academy of International Humanitarian Law and Human Rights and participants in IHL-related events/training courses) had access to a new version of the online course "Basic Rules and Principles of IHL"
- ▶ the following teaching tools were developed/launched:
 - an Online Training Centre project and completion of the online teaching tool *How Does Law Protect in War?*, to be launched on the ICRC website in early 2013
 - the second French edition of *Un droit dans la guerre?*, with academics and representatives of various institutions participating in a panel discussion during its official launch in Geneva
 - the first two chapters of a new IHL textbook, planned for publication in 2013
- ▶ an independent review of the Exploring Humanitarian Law programme was carried out, covering more than ten years of implementation and aimed at informing the ICRC's future approach to activities targeting young people; as part of the work to follow up its outcomes and recommendations, "Mini-EHL", a new educational tool based on the programme, was released
- ▶ over 20 participants exchanged ideas on best practices in designing, monitoring and evaluating youth projects in violence-affected communities during the first regional meeting on the ICRC's "Youth at Risk" projects, which contributed to formalizing an approach to working with youth in situations of urban violence

Over 180 groups (more than 4,000 people) from 33 countries became more knowledgeable about the ICRC and IHL during information sessions organized by the ICRC Visitors' Service.

INTERNATIONAL REVIEW OF THE RED CROSS

The *International Review of the Red Cross* is a peer-reviewed academic journal published by the ICRC and printed and distributed by Cambridge University Press. The four issues in 2012 (Vol. 94) focused on occupation; new technologies and warfare; business, violence and conflict; and violence against health care. The contents of all issues are available free online. Besides the English original version, yearly selections are published in Chinese, French, Russian and Spanish. In 2012, the *Review* commissioned a readership survey to identify its current and potential readership and verify its academic orientations.

The release of the Russian translation of the 2011 issue on Afghanistan offered an opportunity to engage political and diplomatic circles in the Russian Federation on the current humanitarian situation in Afghanistan during a launch event hosted by the Ministry of Foreign Affairs. Representatives of government, academia, think-tanks and NGOs attended the launch of the 2011 issues on armed groups, organized in cooperation with the Brookings Institution in Washington, DC (United States of America, hereafter United States) and in Melbourne, Australia, and of the issue on the future of humanitarian action, held at the Center for Strategic and International Studies in Washington, DC. Other promotion activities included two live web seminars co-organized by the *Review* and the Harvard-based Program on Humanitarian Policy and Conflict Research.

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

With the support of its 23 specialized delegates, the ICRC pursued its dialogue with the armed forces of over 160 countries, especially with those engaged in armed conflicts or other situations of violence, bilaterally or through multilateral defense organizations such as NATO, the Collective Security Treaty Organization and other international organizations. An additional position for a specialized delegate was created in Nairobi, Kenya, to enhance support for the ICRC's action in Somalia and its dialogue with the armed forces in this particular context.

A document entitled *Integration of the law of armed conflict into military decision-making processes* was produced and distributed to the specialized delegates. An instructional war game based on this document was also introduced into the sixth Senior Workshop on International Rules Governing Military Operations.

During the latter event, co-organized with the Malaysian armed forces in Kuala Lumpur, Malaysia, nearly 60 generals and senior officers from 45 countries discussed the integration of relevant legal norms into their decision-making processes. Through ICRC sponsorship, 58 officers from more than 30 countries took part in training courses at San Remo, which continued to receive ICRC advice and support.

The ICRC continued to take part in numerous predeployment training sessions and exercises, such as those aimed at troops from the United States and NATO going to Afghanistan and at contingents from countries contributing to UN peace operations

worldwide. It also participated in 12 international collective military exercises and continued to advise the military on the implementation of relevant law within their operational practice.

POLICE AND GENDARMERIE

The ICRC further consolidated its dialogue with police and security forces in more than 80 countries, focusing on those affected by an armed conflict or other situation of violence. With the support of nine specialized delegates, dialogue on the integration of relevant legal norms regulating the use of force and firearms, including maintenance of public order, arrest and detention, was further developed or initiated in contexts such as China, Guinea, Kenya, Papua New Guinea and Peru. The ICRC also took part in the annual conference of the International Association of Peacekeeping Training Centers in order to promote its programmes geared toward police forces and UN Police units. Revision of some key communication and teaching tools, such as the manual for police trainers entitled *To Serve and to Protect*, was completed.

OTHER WEAPON BEARERS

In more than 40 countries, delegates strove to maintain or engage in dialogue with armed groups, with the aim of supporting or enhancing the ICRC's operational capacity and promoting respect for IHL. With a view to ensuring that legally relevant training content is conveyed correctly, the ICRC also took part in the round-table on private military and security companies at San Remo and continued to monitor the increasing use by States of such companies to train third-party armed forces engaged in an armed conflict or other situation of violence.

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. Multilateral and bilateral contacts also aim to influence the humanitarian debate by sharing the ICRC's position on issues of humanitarian concern, including those covered by the Health Care in Danger project. 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 action.

The dialogue on humanitarian issues of common interest was further developed with regional organizations, such as the Association of Southeast Asian Nations (see *Jakarta*), the League of Arab States (see *Egypt*) and the Organization of American States (see *Washington*). In keeping with the cooperation agreement concluded in 1994 with the Organization of Islamic Cooperation (OIC), the OIC's Humanitarian Affairs Department and the ICRC held a joint workshop in Jeddah, Saudi Arabia, on the assessment of humanitarian needs. Exchanges on operational contexts also

continued, including regarding Afghanistan, Myanmar and Somalia. A high-level meeting between the OIC secretary-general and the ICRC president took place in New York, United States. The ICRC also actively participated in the 39th Session of the OIC Council of Foreign Ministers in Djibouti. In Africa, in addition to its strong cooperation with the African Union (see *African Union*), the ICRC also strengthened its cooperation with the main regional economic communities and parliamentary organizations (see *Nigeria, Pretoria and Yaoundé*) through its network of focal points in delegations.

The ICRC followed closely the work of the UN Human Rights Council and its institutions, which sought and took into account the organization's expertise on various humanitarian issues.

Dialogue with the Council of Europe, in particular its Committee on Migration, Refugees and Population and its Parliamentary Assembly, enabled the ICRC to raise awareness of pressing humanitarian concerns, such as the protection of civilians and health care. The ICRC's viewpoint was solicited on IHL, issues related to missing persons and humanitarian assessments of specific contexts or topics, such as migration.

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*). Its aim is to ensure relevant and effective protection and assistance to persons affected by armed conflict and other situations of violence, including by enabling them to strengthen their resilience in coping with their situation, and to help them achieve early recovery by restoring their livelihoods, while avoiding gaps and duplication. With the increasing diversity of humanitarian actors – including authorities, UN agencies, international/regional/national organizations, religious groups engaged in humanitarian work and National Societies – coordination has become ever more complex and requires adaptations in existing mechanisms.

The ICRC takes a pragmatic approach towards both institutional and operational coordination, believing that coordination within the humanitarian sector should be reality-based and action-oriented. In most of the contexts in which it operates, it 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. In doing this, it took into account each organization's skills, capabilities, access and resources in order to ensure that the needs of those affected would be met by the organizations that are best placed to do so.

Preserving its neutral, independent and strictly humanitarian approach was also essential to how the ICRC coordinated with others. Thus, it continued to focus on purely humanitarian aims and maintained its independence in relation to players whose approach combines humanitarian work with political, military or other objectives. This approach proved particularly useful in situations in which the UN plays a strong political role or is engaged in peace operations along with its humanitarian work. Aside from UN agencies, the Inter-Agency Standing Committee and related bodies, the ICRC maintained relations with many other international stakeholders, engaging them on topics related to humanitarian action, coordination and policy-making.

POLICY

The ICRC Assembly approved the revision of two policy documents, on IHL and non-international armed conflict with the participation of foreign armed forces and on the ICRC's confidential approach, which will be made available publicly. In addition, work began on the revision of the ICRC's policy on engagement in situations below the threshold of armed conflict.

A project on the principles guiding humanitarian action, aimed at promoting a coordinated and principled Movement approach and at shaping the debate on principled humanitarian action, was begun at the end of 2012.

MOVEMENT COORDINATION AND COOPERATION PARTNERSHIP AND CAPACITY BUILDING WITH NATIONAL SOCIETIES

Partnerships with National Societies remained a priority for the ICRC, as reflected in the ICRC Strategy 2011–2014. In 2012, 43% (up from 38% in 2011) of ICRC operations were carried out as joint operations and in partnership with National Societies working in their own country. With a view to increasing the effectiveness of combined efforts to assist people affected by armed conflict, 11 National Societies were requested to work more closely with the ICRC on global issues. Main areas of cooperation included the recruitment and deployment of international staff, rapid response capacity, humanitarian diplomacy, IHL, fundraising and the development of National Society capacity to respond to an armed conflict or other situation of violence.

ICRC delegations were helped by the Division for Cooperation and Coordination within the Movement to strengthen partnerships with National Societies and conduct joint operations with them. To this end, a group of partner National Societies provided advice to the ICRC, notably during a yearly meeting held in November. An e-learning module to complement the Movement partnership course developed for ICRC staff, along with the training of 15 new facilitators to conduct the course in the largest delegations, bolstered the continued effort to consolidate effective partnerships with National Societies. A total of 83 National Society partners participated in an assessment of their financial capacities. The results of these assessments enabled the ICRC to simplify and harmonize its financial relationship with its primary partners.

The sharing of experiences among National Societies led to the further development of the *Practical guide to enhance National Society capacity to integrate the Safer Access approach into their activities*. The content of this guide is intended to help build the National Societies' capacity to work safely and effectively in armed conflict and other situations of violence. Identified as an important initiative to support the National Societies' ability to address some of the issues preventing their health care services from reaching beneficiaries, it will focus on explaining and applying the Safer Access Framework for National Societies and is meant to reinforce the application of the Fundamental Principles and other Movement policies. A case study of the Lebanese Red Cross emergency services, developed jointly by the British Red Cross and the ICRC, complemented the three case studies (conducted in 2011) associated with the guide.

OPERATIONAL AND MOVEMENT COORDINATION SUPPORT

ICRC delegations received support aimed at establishing or strengthening Movement coordination mechanisms. This included support in using the model agreement on Movement coordination prepared by the International Federation and the ICRC in 2011. The tool provides a framework for Movement components to work in mutual consultation and coordination, including on relations between themselves and with other humanitarian actors. A total of 19 Movement Coordination Agreements had been signed by the end of 2012, including three new ones finalized during the year.

Through 15 special notes and joint statements, the ICRC provided information on humanitarian crises in North Kivu (Democratic Republic of the Congo), Israel and the occupied Palestinian territory (more particularly the Gaza Strip), the Philippines, South Sudan, the Syrian Arab Republic, Tajikistan and Yemen to all National Societies and the International Federation. Movement coordination conferences organized by the ICRC with both also facilitated information sharing and coordination in South Sudan and the Syrian Arab Republic.

To ensure that effective coordination mechanisms exist in all contexts and to monitor relations between Movement components and other players, the International Federation and the ICRC coordinated their efforts to support National Societies working with external actors. They developed an action plan for 2013, which identifies elements that should be discussed at the next Council of Delegates.

MOVEMENT PRINCIPLES AND RULES

Building on Resolution 4 adopted by the 2011 Council of Delegates, the Joint ICRC/International Federation Commission for National Society Statutes continued to support the National Societies' commitment to adhere to the Fundamental Principles and strengthen their legal and statutory bases in line with Movement standards. Throughout the year, it provided comments and recommendations to almost 50 National Societies on draft or newly adopted statutes or on domestic laws supporting/recognizing the National Society. To this end, the Commission kept track of National Society statutes and related national legislation worldwide.

Based on its statutory responsibilities, the ICRC also supported the process for official recognition of the Cyprus Red Cross Society, which was confirmed by the ICRC Assembly in February. It lent sustained support to the adoption of the legal base of the "South Sudan Red Cross" and to the organization of its first constituent assembly. The Joint Statutes Commission carried out a mission in December to examine the latter's application for recognition and for admission to the International Federation.

The ICRC continued to attach great importance to helping National Societies preserve their integrity in accordance with the Fundamental Principles. It coordinated with the International Federation, at headquarters and in the field, on integrity issues and challenges faced by National Societies. The two organizations took joint action to support National Societies when appropriate.

The ICRC also acted in support of National Societies in their operational interaction with government agencies, the UN system and other intergovernmental bodies and humanitarian players to ensure coordinated and complementary humanitarian action while safeguarding the Movement's independence and distinct identity.

Upon further reflection, a decision was made to refocus the efforts to update the ICRC prevention policy and to launch a new IHL learning approach for external target groups. The revised objective aims to redefine the rules on cooperation/complementarity within the Movement, which should lead to a replacement of the earlier guidelines adopted by the 1991 Council of Delegates. Accordingly, a panorama of the different players involved in IHL dissemination or integration was prepared for the 2013 Council of Delegates.

The ICRC dealt with and responded to over 40 inquiries relating to the proper use of the red cross, red crescent and red crystal emblems and provided regular advice and recommendations in this field to ICRC delegations, National Societies, governments and the private sector. Together with the International Federation and several National Societies, the ICRC also maintained dialogue with the Internet Corporation for Assigned Names and Numbers, with the aim of obtaining permanent protection of the designations "Red Cross", "Red Crescent" and "Red Crystal" as Internet domain names. Lastly, efforts continued in the framework of the Movement's Global Branding Initiative, which is intended to develop further guidance on the use and display of the emblems and of a National Society's logo in keeping with the requirements of IHL and with existing Movement regulations.

MOVEMENT POLICY

The resolutions of the 31st International Conference and 2011 Council of Delegates were published during the first quarter of 2012. The full proceedings of the 31st International Conference were prepared in English for publication and translation into all Conference languages. Implementation of the Conference resolutions on strengthening legal protection for victims of armed conflicts, the four-year plan for the implementation of IHL and the Health Care in Danger project continued according to the action plans developed earlier. Preparations commenced for a mid-term review of the implementation of all resolutions adopted and pledges made at the Conference, and consultations were initiated on the agenda for the 2013 Council of Delegates.

COMMUNICATION AND INFORMATION MANAGEMENT

The Communication and Information Management Department seeks to foster understanding and acceptance of the ICRC's work, including IHL promotion and development. It aids institutional decision-making by monitoring the environment in which the ICRC operates and tracking its reputation. It develops results-oriented external communication strategies, which, drawing on its quality language services, it implements through public and media relations and online, audiovisual and printed materials. 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.

In 2012, the Assembly approved the ICRC's Information Environment strategy¹, which aims to support the delivery of a quality response to the humanitarian needs of people benefiting from ICRC operations by ensuring that the organization's information management, systems and technology are handled in an integrated manner. Based on the strategy and the associated five-year action plan which details how it will be implemented and resourced, the Communication and Information Management Department initiated transformations for more efficient ICRC internal and external information flows. It also started developing a digital environment enabling staff to work together effectively, and took steps to ensure the security of ICRC information and to manage investments in information systems, tools and infrastructure in a way that responded better to ICRC needs.

The department focused on communicating on the ICRC's work and mandate, and on IHL and other relevant legal norms, to influence and ensure the support of key external stakeholders. It provided support for institutional decision-making by monitoring and analysing the ICRC's operating environment and by tracking its reputation. It developed result-oriented internal and external communication approaches which, drawing on its quality language services, it implemented via channels such as the ICRC's public and media relations, public campaigns, online communications, and audiovisual and print productions.

The department worked to ensure the coherence of internal information management. It took steps to safeguard the ICRC's institutional memory for internal and external use, while providing and updating information and communication systems and technology so as to meet operational and corporate requirements.

COMMUNICATION PUBLIC RELATIONS

The ICRC's public relations activities sought to raise public awareness of and support for the organization's field operations, positioning it as a global player helping to protect and assist people affected by armed conflicts and other situations of violence, and as a reference for IHL and other relevant legal norms. To this end, the ICRC engaged with a global network of media and National Society contacts using a variety of communication methods and tools.

In its public communication, the ICRC provided key stakeholders with a field-based perspective of the situation of the people worst affected by armed conflict or other situations of violence. It drew attention to the humanitarian impact of such situations in contexts such as Afghanistan, Colombia, the Democratic Republic of the Congo (hereafter DRC), Israel and the occupied territories, Libya, Mali, Somalia and the Syrian Arab Republic (hereafter Syria). It also publicly highlighted attacks on health services, for example in Afghanistan, Syria and Yemen. Underscoring its unique neutral, impartial and independent approach to humanitarian action, it informed key stakeholders of its role as a neutral intermediary in the safe transfer of detainees and/or hostages in Colombia, South Sudan and Sudan.

Working to strengthen the protection of conflict-affected people, the ICRC also acted as a reference for IHL as it sought support for the adoption of an international treaty to regulate the arms trade. It stepped up efforts to promote IHL rules protecting journalists, notably by participating in several international conferences organized by States and by the UN, operating a hotline for journalists on dangerous assignments, assisting some 10 media professionals, including in Colombia and Syria, and working on a new IHL training tool for journalists.

The ICRC's wide network of communicators enabled it to promote its work across the globe and around the clock. The organization enhanced its partnerships with international media companies such as Al Jazeera and Getty Images, while delegations continued to build quality relationships with local media in conflict-affected areas. These efforts led to increased public recognition of the ICRC's work. The Factiva database, which monitors a worldwide selection of print and online media and news wires, recorded some 23,500 mentions of the ICRC, 30% more than in 2011.

As part of its response to humanitarian crises, the ICRC boosted its communication capacities. For instance, it rapidly deployed four additional communication staff to the DRC, the Philippines and Syria, where they worked to enhance the organization's acceptance on the ground and access to people in need. In order to provide delegations with competent communication staff, the Public Communication Division recruited and mobilized 15 new communication specialists, including three Arabic speakers. It facilitated the organization of training events: seminars helped improve the capacity of some 80 field communicators to define and implement communication plans; workshops for field staff in the Central African Republic, the DRC and South Sudan focused on ways to reinforce the ICRC's local acceptance, staff security and access to affected people; two workshops held in Nairobi (Kenya) and Moscow (Russian Federation) for National Society and ICRC communication staff sharpened audiovisual and print production skills; one workshop strengthened communication as part of the ICRC's rapid deployment mechanism; and several workshops helped 17 senior managers improve their interview skills and their understanding of today's media environment. Based on newly developed principles for communication partnerships with National Societies, Movement partners and the ICRC discussed, during several regional conferences, how to coordinate future joint communication activities with a view to improving their access to beneficiaries.

1. Formerly called the Information Management, Systems and Technology (IMST) strategy.

An external review was completed to find ways to ensure the effective management of the ICRC's regional communication support centres in Buenos Aires (Argentina), Cairo (Egypt) and Moscow, guarantee optimal allocation of resources between them and headquarters, and identify other potential activities for them. Drawing on the review's findings, various steps were initiated, including adapting the centres' management structure, technical set-up and budget more closely to the different services they offer.

An internal survey of the ICRC's practice of direct two-way communication with beneficiaries helped attune the support given to delegations according to their needs. It also joined the Communicating with Disaster-Affected Communities Network to build relationships with other humanitarian actors and media outlets engaged in beneficiary communications.

ONLINE PUBLISHING

The ICRC consolidated its efforts to present a coherent online presence in seven languages. Thanks to its improved web platform and the increasing use of social media, it was able to engage with traditional stakeholders such as journalists, while also attracting new audiences.

The ICRC website, www.icrc.org, available in Arabic, Chinese, English, French, Portuguese, Russian and Spanish, and including IHL databases in English and French, registered around 16 million page views. The English-language site accounted for half of the hits, followed by the Spanish and French sites. Afghanistan, Colombia, Mali, Sudan and Syria attracted the most interest. The website's new multimedia features, including interactive maps, audio-accompanied slideshows and video interviews, attracted considerable interest.

Interaction with stakeholders and supporters grew as the ICRC continued to expand its presence on social media platforms such as Facebook (more than 60,000 "likes"), Twitter (more than 120,000 followers in several languages), Flickr (73,000 views), Google+ (1,600 contacts), Scribd (1.2 million document reads), and YouTube (more than 1 million views). Several ICRC delegations operated their own online and social media platforms, thereby increasing their interaction with local stakeholders and supporters. The development of mechanisms governing online publishing was initiated.

Progress was made towards the implementation in 2013 of an online fundraising platform and towards facilitating the decentralized use of content management system software.

PRODUCTION AND DISTRIBUTION

The ICRC continued to produce and distribute audiovisual and print material illustrating humanitarian crises and issues and the ICRC response. Particular attention was paid to supporting delegation efforts to improve the quality and cost-efficiency of print production. Newly recruited regional production managers for Africa and South-East Asia joined a production network that now covers all regions.

Some 35 new print products helped increase public knowledge of priority themes such as IHL and the protection of health care, while 20 existing products had their content updated and format modified to ensure their coherence with the ICRC's corporate visual identity. To make material easier to access, work was done to develop a new online shopping platform for publications and

films. Meanwhile, nearly 470,000 copies of films and publications were distributed worldwide, filling some 3,500 orders.

In total, 79 audiovisual items, including films and web clips, depicted humanitarian concerns across the globe. These included 36 items featured on the website and five films covering issues such as the ICRC's efforts to reduce the spread of TB in Azerbaijan and the Health Care in Danger campaign. Thirty-one ICRC audiovisual news items showing the humanitarian situation, notably in Colombia, Côte d'Ivoire, Libya, Mali and Syria, were distributed via satellite and the ICRC website. Digital tracking showed a significant increase in downloads and views of this material by broadcasters and National Societies worldwide. Following an upgrade, the ICRC's online "video newsroom" can now also be accessed from mobile devices.

The ICRC organized four joint assignments with Getty Images, one of the world's leading photography agencies. The resulting images, related to ICRC activities in the DRC and South Sudan, for example, were featured on the CNN and BBC websites and in British and South African newspapers. For its joint work with war photographer Andre Liohn in Libya, the ICRC was nominated for a Webby award, one of the most prestigious awards for online broadcasting.

SOCIAL MARKETING

The ICRC continued to implement a communication campaign as part of the Health Care in Danger project. The aim of the campaign is to raise public awareness of the lack of safe access to health care in situations of armed conflict and other emergencies, foster understanding of the project among experts, and promote practical measures that address the problem.

To set a baseline for its communication activities, the ICRC commissioned a research agency to conduct, in 18 countries of international influence, a poll exploring public perceptions on issues raised by the Health Care in Danger project as compared to other humanitarian problems. Results showed a significant amount of interest in the protection of health care.

Nearly 50 ICRC news releases, operational updates and web interviews, four videos and a twelve-minute film raised public awareness of the problem of violence against health care and its humanitarian consequences. Key media agencies such as Al Jazeera, BBC and CNN regularly covered the issue. Visited more than 70,000 times, the page on www.icrc.org dedicated to the issue helped draw public attention to the Health Care in Danger project, while development started on www.healthcareindanger.org, a campaign website in seven languages that will replace the existing page in early 2013. Stakeholders worldwide learnt more about the issue from publications and promotional activities, including an ICRC-produced guide for health care workers (see *Operations*).

In some 25 countries, including Afghanistan, Canada, China, the United Kingdom of Great Britain and Northern Ireland (hereafter United Kingdom) and Yemen, National Societies and/or the ICRC launched activities that raised awareness of the need to safeguard health services. In Côte d'Ivoire, for instance, a song and video by a local artist promoted the subject (see *Abidjan regional*); in central London, United Kingdom, more than 300,000 visitors viewed the campaign visuals placed at the centre of a major exhibition during the Olympics and Paralympics (see *London*); and several international and national events bringing together NGOs and health and human rights experts provided opportunities to discuss issues related to the protection of health care (see *Operations*).

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 reputation and influence of National Societies. The International Brands Reference Group brought together senior representatives of National Societies, the International Federation and the ICRC with the aim of highlighting key issues in technical work streams, discussing a draft resolution and the process leading up to the Council of Delegates in 2013 and ensuring broad Movement engagement. Global research was completed, identifying common Red Cross and Red Crescent brand attributes.

To prevent the misuse of its logo and the red cross emblem, the ICRC screened about 25 requests by private enterprises and academic institutions to use the ICRC logo or the emblem.

In line with the launch of the new family-links website (familylinks.icrc.org) (see *Operations*), a communication approach and action plan were designed and implemented to promote awareness of the tool among beneficiaries, authorities and National Societies. Specific audiovisual and print material and media relations activities garnered widespread international media attention.

Preparations continued for the “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 Tracing Agency for POWs (linked to the centenary of the start of the First World War) in 2014. These included the development of a thematic website and intranet page, video material, photo exhibitions and partnerships with key media, associations and authorities.

MULTILINGUAL COMMUNICATION

The ICRC continued to communicate in several major languages to develop its relations 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: a broad variety of public communication materials (e.g. online and print publications) and statutory, legal, operational and donor-related documents. Headquarters experts provided guidance for translation teams at the ICRC’s regional communication support centres in Buenos Aires, Cairo and Moscow.

ENVIRONMENTAL SCANNING AND RESEARCH SERVICE

The Environmental Scanning and Research Unit tracks media and other public information sources to help the ICRC optimize its understanding of its working environment. It worked closely with the ICRC’s operational regions and with delegations to identify and monitor issues of direct relevance to field operations. During acute crises, such as those in the Gaza Strip (occupied Palestinian territory) and Israel, and in Syria, the unit also produced daily digests of key information garnered from open sources. The first two regional workshops, held in Egypt and Nepal, respectively, were aimed at enhancing the capacity of the delegations’ environmental scanning practitioners.

The unit produced regular statistical reports on the ICRC’s visibility in the public domain, and these guided public communication and were included in the Directorate’s quarterly reviews (see *Directorate*). In addition to “traditional” media, the monitoring included social networks such as Twitter. A qualitative analysis

of the public coverage of the ICRC president’s visit to Mali and Niger indicated, among other findings, that the media generally reflected the ICRC’s key messages concerning the humanitarian crisis in Mali and the need for more funding.

ICRC operations benefited from ad hoc thematic and context-related research, while the unit produced eight reports based on research in internal and other archive sources to follow up internal requests.

The ICRC continued to conduct research on the drivers that shape its reputation among key stakeholder groups. For instance, a study focusing on political authorities provided ICRC staff with valuable input for their operational and communication approaches. The unit also initiated research projects for implementation in 2013: a global opinion poll, a beneficiary survey and a staff survey.

INTERNAL COMMUNICATION

Internal communication was used as a means of managing crises and building support for key institutional projects such as the People Management strategy. ICRC managers, led by the Directorate, drew on expert support provided by internal communication specialists at headquarters for communicating with staff using various channels.

The Internal Communication Board, composed of representatives of each department, helped to identify relevant issues for internal communication across departments, contributed to outlining internal communication priorities and facilitated the planning of internal communication actions. Internal communication plans were designed for various projects, and different reference documents were made available to managers via the intranet.

The intranet remained the ICRC’s key internal communication channel, providing regular updates on field operations and important institutional developments. More information was made available, with statistics from December 2012 showing that the number of intranet pages created had increased from about 5,000 in 2011 to over 27,000.

ARCHIVES AND INFORMATION MANAGEMENT INFORMATION MANAGEMENT

Approved in 2012, the ICRC’s Information Environment strategy provided solid orientations and principles on which to base information management services over the coming years. Based on the strategy, the Department worked towards the development of the ICRC’s information architecture by mapping workflows and processes. The strategy also led to the development of new solutions for managing information, taking into account the challenges faced by ICRC delegations. These solutions included a new typology for the secure handling of documents and a new standard template for shared databases to enhance information sharing. The strategy also strengthened the role of information management advisers and assistants at headquarters and in the field.

RECORDS MANAGEMENT

Reports on ICRC activities, registers of official decisions and legal and operational correspondence have been stored in the Archives since 1863. 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.

The division continued to implement filing procedures, provide training in records management and strengthen monitoring and coaching mechanisms. About 200 staff received training in information and records management.

Work progressed towards closing the institutional archives covering the period 2006–2010; 17,290 files from general archives were repackaged for long-term preservation; and more than 600 internal research requests received answers. The division strengthened its capacity to produce archive inventories and reports synthesizing archived information for internal users, especially operational managers. Preparations continued for the public opening of the 1966–75 archives.

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 documents and collections.

The unit responded to some 2,500 external and internal requests for information and documents and welcomed nearly 2,500 visitors. Promoting the ICRC archives among National Societies, researchers and the general public, it contributed several articles to historical journals and books and discussed partnership with the University of Geneva on fostering research using the archives. In line with the “150 years of humanitarian action” initiative, it created an online archive containing more than 500 digitized documents, audio recordings, films and photos dating as far back as 1863. It also made progress on a project to provide online access to audiovisual collections; this is due to be completed in 2013.

The unit continued to work with the Association for the Preservation of the Audiovisual Heritage of Switzerland to preserve historical ICRC audio and film recordings. It launched two projects to digitize the ICRC’s video collection and the official documents of the Movement’s International Conferences, respectively.

PRESERVATION AND TRACING ARCHIVES

The ICRC’s tracing archives handled around 2,500 requests from victims of past armed conflicts and their next-of-kin, in particular those related to prisoners from the First and Second World Wars. New internal guidelines on tracing archives produced in 2011 resulted in marked progress in the organization of data for later research.

A survey of holdings and technical support for delegations resulted in improved transfers of their archives to headquarters. Twenty new accessions from delegations were registered. Total accruals in 2012 amounted to nearly 200 linear metres.

The project to restore and digitize the archives of the International Agency for Prisoners of War (1914–1918) progressed according to plan, with over five million documents scanned so far. The testing of software developed to control, research and publish the scans will start in early 2013.

So far, around 1,500 linear metres of archives have been moved from ICRC headquarters to new storerooms in the logistics centre in Satigny, outside Geneva, Switzerland.

A new database system was released in 2012 to facilitate the management of archives and improve research and publishing on the Internet.

INFORMATION AND COMMUNICATION TECHNOLOGY

Based on the newly adopted Information Environment strategy, the Information and Communication Technology (ICT) Division developed updated security guidelines governing the use of information technology and systems. The division also sought to improve its service delivery to internal clients, delivering more projects on time than in previous years while improving the quality of support.

ICT PROJECTS DELIVERED

More than 24 projects were delivered in 2012, most of them for field deployment. They included:

- ▶ software developments related to various aspects of ICRC operations, including economic security, water and habitat and logistics activities, protection, and an internal geographical information system
- ▶ software upgrades, including for economic security, water and habitat and logistics activities, for the intranet and website, IHL databases and finance applications
- ▶ the roll-out of the new version of an operating system for field servers, which marks a first step toward improved mobile access to information systems
- ▶ projects related to ICT infrastructure, network and workplace services, such as:
 - the installation of additional VSAT (Very Small Aperture Terminal) satellite connections
 - the redefinition of new server security zones in field structures
 - the completion of phase five of the disaster recovery plan, with the installation of a second data centre at the ICRC logistics centre in Satigny
 - the upgrade of the Office Communicator System to Lync 2010

ICT HIGHLIGHTS

- ▶ start of work on the Connect project, a major undertaking that included the construction of a new data network connecting all ICRC field structures and headquarters
- ▶ deployment of ICT staff and material to back the ICRC response to emergencies in the eastern DRC, the Philippines and Syria; first use of ICT crisis kits created according to the lessons learnt following the 2011 Libya crisis
- ▶ updating staff skills and knowledge through
 - Microsoft Windows 2008 training for national and expatriate staff
 - management training for regional ICT managers
 - online ICT staff forum on technological developments
- ▶ ICRC Mail available to users 99.79% of the time; “traveller”, which permits user access to ICRC Mail accounts from mobile devices, available 99.11% of the time
- ▶ efforts to improve ICT security, including:
 - the completion of the ICT security audit initiated in 2011 and start of the implementation of its recommendations
 - the recruitment of a dedicated ICT Security Officer
 - work to introduce new security risk assessments
 - work on a policy and guidelines aimed at raising user awareness of ICT security rules and procedures

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- ▶ to further improve the quality of service delivered to delegations, deployment of phase one of the ICT service portal desk for ICT staff in the field
 - ▶ support by the ICT service desk to the field and headquarters in line with agreed service level agreements; compared to 2011, stable or improved key statistics:
 - the percentage of calls answered increased from 89% to 91% (target 95%)
 - the percentage of first-time closures for service desk level 1 enquiries stable at 62% (target 65%)
 - the percentage of incidents not resolved within the required time stood at 23% at the end of 2012 (target 20%)
 - ▶ substantial work conducted on specific ICT tools and approaches aimed at better managing the division:
 - a new reference for ICT activities defined for use with a new service catalogue in 2013
 - new dashboards developed to improve follow-up of the division's activities
 - the introduction of an ICT quality officer, resulting in continuous improvements in the division's performance
 - ▶ significant work to adapt the ICT infrastructure at headquarters and in the field completed, including:
 - the launch of version three of the Service Desk tool
 - the upgrade of field servers
 - the implementation of a new archiving system
 - the introduction of a new standard phone server for delegations
 - ▶ progress on key projects, including:
 - a new Enterprise Resource Planning software for the OSCAR (Operational Supply Chain, Agile and Reliable) project (see *Financial resources and logistics*)
 - a new Customer Relation Management service for ICRC protection data (PROT 6) and for National Societies (NS-Applic) (see *Operations*)
 - a new collaborative platform for improved information management
 - the completion of the testing of the human resources self-service platform, in preparation for its field roll-out in January 2013

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 2012, an average of 10,020 national employees¹ and 1,551 expatriates were working in the field, and 919 staff at the headquarters.

MAINTAINING SERVICES IN A CLIMATE OF CHANGE

In 2012, the Human Resources (HR) Department focused on maintaining service delivery while working towards the implementation of the People Management strategy, which the Assembly approved in February.

The HR Department faced a number of major challenges during the year, including several security incidents (with three hostage crises), significant downsizing in Pakistan, the need for more specialized recruitment, increased pressure on international assignment planning and balancing operational needs and staff aspirations.

The department's new leadership team, in place since mid-2012, focused on further shaping the human resource service delivery model and creating the vision for the future function to deliver enhanced HR services both at headquarters and in the field.

The department was restructured according to a classic HR model: *shared administrative services* to deliver routine, transactional services; *centres of human resource expertise* to design and develop the necessary policies, guidelines and expertise (e.g. international assignment planning, compensation and benefits, learning and development, recruitment, health, gender and diversity), and *human resource partners* sitting within operational management teams to provide advice and support to managers on issues such as workforce planning or employee engagement.

PEOPLE MANAGEMENT PROGRAMME

The People Management strategy encompasses the ICRC's entire 13,000-strong workforce and defines how ICRC employees, managers and the HR Department will work together to make the most of the broad range of skills and experience available among staff, in line with operational objectives. The strategy seeks to build on the positive outcomes of past initiatives and on the good practices that have emerged, while remedying identified shortcomings. It is an institution-wide undertaking that requires a broad commitment from across the organization; its implementation was therefore entrusted in March to a People Management programme (PMP) structure that reports to the director-general, with the Directorate acting as steering committee. Most of the department's staff are thus free to focus on delivering daily HR services.

The main focus for the PMP, working closely with the department's leaders, is to revise and develop the tools and expertise required for the recruitment, integration, training and development, reward and recognition, competence management, career planning, diversity management, administration and health management of ICRC employees according to the People Management strategy.

Work began to define, plan and launch projects that will reform many of the existing people management policies, including: defining resident and mobile roles; identifying critical positions to enable more targeted succession planning; developing a competence framework and a robust performance management approach and the relevant training for ICRC staff and managers, including for human resource staff; and launching projects to reshape human resource policies such as those pertaining to recruitment, remuneration and benefit schemes, performance and career path management and job grading.

NEW SERVICE DELIVERY MODEL

In itself already a contribution to the PMP, a new structure was introduced, composed of four divisions.

HR Operations Division

This division provides generalist HR support to managers at headquarters and in the field. To begin to set up its organization, the new division drew on experiences and learning from the pilot project launched in 2011 with two HR regional partners working with two operational regions. Field missions enabled the new head of division to identify relevant field needs, including the creation of a number of HR partner roles in selected delegations.

Regional HR partners already in place at headquarters provided significant support in recent rapid deployments and assisted in workforce planning initiatives and in mapping resident and mobile roles across the institution. The division also continued to deliver expert support to delegation administrators, such as conducting country salary surveys, ensuring legal compliance, managing local staff insurance and overhauling administrative guidelines.

HR Sourcing Division

Resulting from the merger of two units covering recruitment and international assignment planning, the new division began to refine its working processes. Notably, it started developing a standardized approach to managing the various pools of generalists and specialists within the institution (including analysis of available staff and prospective needs), and to streamline the process and enhance the institution's capacity to identify and deploy suitably skilled and experienced staff in a timely manner.

Three recruitment specialists based in Amman (Jordan), London (United Kingdom of Great Britain and Northern Ireland) and Moscow (Russian Federation), cooperation with the Movement and investment in new recruitment networks and technology helped the Geneva-based recruitment team identify suitable candidates from international labour markets. Work to standardize the hiring procedures for Geneva-based staff progressed.

1. Daily workers not included.

Some 367 staff were hired from among 7,500 job applications received. Over 80% of newly recruited expatriates came from outside Switzerland and 50% were women.

Assignment planning remained stable, with some 1,750 international moves accomplished. It remained difficult, however, to identify middle managers to fill positions in particularly challenging contexts. A new indicator to measure the quality of assignment appointments was put in place for monitoring as from 2013.

HR Shared Services Division

The new division, created in March 2012, merged various units discharging administrative tasks such as payroll, absence management, social security, mission organization and insurance. Aligned with audit norms, it consolidates the provision of routine, transactional administrative services to employees with a Geneva-based employment contract. The change brought successes and challenges. While seeking to sustain a regular flow in its daily work, the team received over 19,000 queries and reached a response rate of over 95% during the year.

A project team completed development and testing of a self-service function on the intranet that will give mobile staff direct access to their personal data, enabling them to enter leave and expense reimbursement requests online as from 2013.

Work continued to further align administrative practices, ensure consistency in the application of rules and guidelines, and update articles of the Collective Staff Agreement for Geneva-contracted staff with the PMP. The Geneva Staff Association and the ICRC agreed on the revision of some clauses in the agreement, notably granting greater flexibility in holiday entitlement and introducing paternity leave.

Learning and Development Division

The department approved a framework for the overall institutional approach to learning and development and blended learning orientations for all ICRC staff, both prepared by the division. Work started on aligning all training activities, from staff integration to leadership and management, with the requirements of the PMP and the principles of People Leadership and Management (PLM) (self-awareness, creation of a conducive environment, effective decision-making, providing feedback).

The division also focused on designing and piloting the ICRC Humanitarian Leadership and Management School (HLMS), a leadership development programme targeting current and future managerial staff. Its vision is to foster exemplary leaders and managers at all levels of the organization who have different yet equally valuable competences, to be a vehicle for promoting better management of diversity and to affirm a multidisciplinary response to humanitarian needs.

The revision of the Staff Integration Programme resulted in better alignment of content to objectives and a reduction in costs. The programme forms the basis for the integration of new staff into the ICRC and is implemented in Geneva and in the regional training units in Amman, Bangkok (Thailand), Dakar (Senegal) and Nairobi (Kenya). Worldwide, 29 courses were attended by a total of 537 participants, including 308 national staff. In addition, 1,107 courses (7,980 participants, including 4,358 national staff) were held to develop the skills and knowledge of ICRC staff at all

levels. All training programmes were open to National Society and national staff. E-learning was further developed, with a total of 52 modules deployed.

In total, 103 middle and senior managers attended four PLM training sessions, while 29 staff with management responsibilities attended the first pilot-course within the framework of the HLMS (replacing the cross-cutting PLM programme initially planned in 2011).

GENDER AND DIVERSITY

In March 2006, the Directorate adopted a gender equality policy aiming to reach a consolidated 30% female representation by 2011 and 40% female representation by 2016 (reconfirmed by the Directorate in 2012). The 2011 gender equality report analysed the overall success of the policy and identified areas for further improvement. At headquarters, the policy proved its worth: 40% of senior management positions were held by women; this was the fruit of the support given to women and the decision to base appointments on skills and potential rather than on the applicant's career path. In the field, however, some figures remained below the target of 30%, particularly at the levels of expatriate senior management staff (never more than 22%) and locally hired staff (26%). According to the report, one key to improving gender balance at all levels of the organization is to adopt steps to help both men and women improve their work/life balance.

The 2011 report was also the first gender equality report to take into account data from all staff (Geneva-based and locally employed), thanks to improvements in the department's statistical tools and the addition of gender-related indicators. The availability of these global data also revealed new challenges. The ICRC having become more international over the past 10 years (93% non-Swiss nationals, including locally hired staff), there is a need to mainstream gender equality and manage diversity consciously to enhance the organization's effectiveness in its operational response, acceptance and access to beneficiaries and key contacts.

INFORMATION SYSTEMS AND PERFORMANCE INDICATORS

A significant prerequisite for the new HR service model is the ability to provide services and information to staff through an improved use of appropriate technology. Thus, developments began on employee self-service, manager self-service and technology-enabled solutions for a whole range of HR activities to be rolled out across the organisation, with the basic requirement of having HR Information Systems in place to cover all of the workforce.

Reporting and monitoring systems registered major progress; for example, for the first time, the HR dashboard included data on the whole ICRC workforce and key performance indicators were set by the department and its customers regarding the effectiveness of international assignment planning. After development and testing, the self-service function for Geneva-based staff was consolidated and its partial roll-out to mobile staff planned.

An updated appraisal form was introduced for all staff to ensure that the PLM principles were translated into management practice. A management review committee contributed to career path management by reviewing files of middle managers.

STAFF HEALTH

The Staff Health Unit spent much of its time in 2012 responding to serious security incidents, including three separate hostage crises, helping both headquarters and field staff handle these incidents and deal with their effects. It contributed to the definition of a comprehensive and more proactive approach, under the concept of the employer's duty of care towards employees, covering security, employee health, stress prevention and management, and conflict resolution.

The HIV/AIDS workplace programme continued to meet with success. The programme aims to protect the rights of employees and fight discrimination of those who are or may be infected with HIV. It also seeks to prevent HIV/AIDS through awareness raising, training, education, voluntary counselling and testing, and by promoting behavioural changes among staff and their families via a global policy of prevention and awareness raising. In 2012, people in 28 countries in which the ICRC had operations, including 24 African countries, benefited from the programme. More than 100 staff members and/or their dependents received antiretroviral drugs. The programme faced a major challenge, however, in guaranteeing treatment in countries drastically affected by the reduction of financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

CAREER TRANSITION

To support career transition, the Career Advisory Service improved its interactive intranet pages, notably providing on-line professional assessment tools, enhancing social networking between present and former staff and initiating partnerships with counselling resources.

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 operations and headquarters received adequate funding and appropriate support in terms of logistics, finance and administration, so as to optimize effectiveness and efficiency.

The financial and economic crisis remained a major concern for the ICRC and the humanitarian sector in general. The European sovereign debt crisis and the related euro crisis affected the organization at multiple levels.

Many donor governments faced more difficulties in clearly foreseeing future funding levels, but their financial support remained strong, even though ensuring adequate funding for activities required intense mobilization during the second semester. Efforts to diversify the donor base by seeking to obtain greater contributions from governments in emerging economies and from private sources yielded initial, albeit meagre, results. Compared to 2011, a significant drop in contributions led to a consolidated deficit, offset however by a positive balance brought forward from 2011.

Financial management focused on treasury management, with the implementation of a long-term investment policy, and on mitigating risks owing to the difficult economic climate. The foreign exchange market became less volatile after the Swiss National Bank's decision in September 2010 to set a minimum EUR-CHF exchange rate, but commodity markets remained tense and volatile. The instability of food and energy prices raised concerns with regard to the potential for related violence and management of the ICRC's financial exposure. The trend towards increasing constraints on supply chain-related regulations and customs procedures was confirmed.

In September, the formal launch of the OSCAR (Operational Supply Chain, Agile and Reliable) project together with the selection of the Enterprise Resource Planning (ERP) software marked a significant step towards a new global supply chain solution. Additional measures to increase efficiency included the delocalization of the Donor Reporting Unit (External Resources) to Manila (Philippines), where it joined the existing Field Compliance and Accounting Service (Finance and Administration) and part of the Logistics Statistics Unit (Logistics) at the ICRC Manila Shared Services Centre.

Following the adoption of the ICRC Framework for sustainable development, four delegations set up pilot projects.

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 2012, the Finance and Administration Division:

- ▶ provided the Directorate with regular financial forecasts to steer the institution towards a financially balanced year-end result
- ▶ introduced an approach for the headquarters budget, dividing investments into institutional priorities as opposed to recurrent activities
- ▶ implemented a revised treasury policy aimed at mitigating risk linked to currency exchange volatility, and developed and implemented a long-term investment policy aimed at securing future ICRC commitments towards its staff and minimizing the impact of a treasury shortfall on operations
- ▶ extended the reach of the Internal Control System (ICS) beyond the Swiss Code of Obligations to human resources (HR) and non-supply chain processes; external auditors considered the HR ICS effective, enabling a "test of control" audit approach rather than a substantive one
- ▶ pursued the systematic implementation of its framework and guidelines on preventing fraud and corruption
- ▶ continued to review the ICRC's adherence to the International Financial Reporting Standards (IFRS)

Commercial and investor requirements for financial information led to the evolution of the IFRS with regard to employee benefits (IAS 19) and forthcoming standards on the presentation of Financial Statements (IAS 1) and Leasing (IAS 17). The ICRC's compliance with the IFRS was driven by the necessary due diligence for more transparent financial information. Given that the planned changes make it less relevant for a not-for-profit entity to produce financial statements under this standard, options being considered were either to continue adhering to the increasingly complex and costly IFRS, or to move towards the International Public Sector Accounting Standards or the Swiss "Not for profit" financial standard (RPC 21). Further research was necessary, as at year-end, neither option was straightforward.

INFRASTRUCTURE MANAGEMENT

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

Together with the International Red Cross and Red Crescent Museum, the department continued to manage the construction of a modernized auditorium and cafeteria.

The ICRC's Ecogia Training Centre, located in Versoix (on the outskirts of Geneva, Switzerland), hosted 13,500 guests and over 220 events, including 40 for external participants. The installation of a third, large meeting room and the opening of the centre during weekends contributed to this result.

FUNDING

Since the adoption of the ICRC Funding strategy 2012–2020, funding has been coordinated by and channelled through the External Resources and the newly 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 through information sharing. 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 their contributions are managed in a coordinated way.

BUDGETS

The ICRC's initial 2012 budget, launched in November 2011, totalled CHF 1,150.3 million. This was CHF 80.0 million lower than the previous year's initial budget. The largest decrease was in the Emergency Appeals for field operations, which amounted to CHF 969.5 million, as opposed to CHF 1,046.9 million in 2011. The Headquarters Appeal, for its part, fell from CHF 183.5 million in 2011 to CHF 180.8 million in 2012.

During the year, donors received information about three budget extensions and one preliminary appeal, the latter for the Philippines, launched in response to unforeseen events and substantial humanitarian needs (compared with five in 2011). These were brought about by the resurgence/intensification of hostilities or by natural disasters in Mali and Niger (twice for the Niamey regional delegation), and the Syrian Arab Republic (hereafter Syria). The largest budget extension amounted to CHF 25.2 million, aimed at helping people in Mali affected by armed conflict in addition to drought. Additionally, donors were informed orally about one budget reduction, the result of reduced operational activities in Pakistan.

EXPENDITURE

Overall expenditure
CHF 1,110.2 million (including overheads)
Headquarters
CHF 180.7 million
Field operations
CHF 929.4 million

The implementation rate (field expenditure divided by final field budget) for the activities planned in 2012 was 93.5% of the overall final Emergency Appeals budget (2011: 77.9%; 2010: 90.7%).

CONTRIBUTIONS

Total contributions received in 2012: CHF 1,009 million

Funding sources and patterns were similar to previous years. In 2012, the proportion of support from governments was 82.8% (2011: 83.2%; 2010: 81.0%), while that from National Societies fell slightly to 4.3% (2011: 4.7%; 2010: 5.4%). The proportion received from the European Commission dropped slightly to 8.9% (2011: 9.2%; 2010: 10.6%) because of the unfavourable EUR-CHF exchange rate and lower contributions from the Directorate-General for Humanitarian Aid and Civil Protection (ECHO) to budget extensions during the year, while that received from various other public and private sources increased slightly to 3.7% (2011: 2.9%; 2010: 2.7%).

The United States of America (hereafter United States) remained the ICRC's largest donor, accounting for 20.6% (CHF 207.9 million) of all contributions received and 21.7% (CHF 189.0 million) of funding for field operations. Switzerland ranked second with a total contribution of CHF 110.4 million. The European Commission was the third largest donor, even though its contribution fell to CHF 89.6 million (CHF 105.7 in 2011; CHF 111.4 in 2010). The United Kingdom of Great Britain and Northern Ireland (hereafter United Kingdom) dropped to fourth position with a total contribution of CHF 75.0 million (a big decrease from CHF 152.5 million in 2011 and CHF 77.9 million in 2010), which accounted for 7.4% of all contributions received and 8.5% (CHF 74.1 million) 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). Governments that made substantial contributions in flexibly earmarked funds included Australia, Belgium, Canada, Denmark, Finland, France, Germany, Ireland, Kuwait, Luxembourg, the Netherlands, New Zealand, Norway, Spain, Sweden, Switzerland, the United Kingdom and the United States.

The ICRC's Donor Support Group (DSG) – made up of those governments contributing more than CHF 10 million in cash annually – comprised 18 members in 2012 (based on the 2011 contributions). Japan hosted the DSG annual meeting.

The table below shows the contributions of DSG members in 2012. On this basis, the DSG will have 18 members in 2013.

(in CHF million)

NAME OF DONOR (DSG member)	CASH – HEADQUARTERS	CASH – FIELD	TOTAL CASH	TOTAL KIND	TOTAL SERVICES	GRAND TOTAL
Australia	2.9	34.4	37.3	-	-	37.3
Belgium	0.9	21.9	22.8	-	-	22.8
Canada	2.8	43.6	46.4	-	-	46.4
Denmark	3.2	13.1	16.3	-	-	16.3
European Commission	-	89.6	89.6	-	-	89.6
Finland	1.2	8.7	9.9	1.0	-	10.9
France	1.2	13.7	14.9	-	-	14.9
Germany	1.7	33.9	35.6	-	-	35.6
Ireland	0.2	10.6	10.7	-	-	10.7
Japan	0.5	42.2	42.8	-	-	42.8
Luxembourg	1.0	9.0	10.0	-	-	10.0
Netherlands	4.5	25.6	30.1	-	-	30.1
Norway	4.9	57.2	62.1	-	-	62.1
Spain	-	10.9	10.9	-	-	10.9
Sweden	7.1	61.6	68.7	-	-	68.7
Switzerland	70.1	40.3	110.4	-	-	110.4
United Kingdom	0.9	74.1	75.0	-	-	75.0
United States	18.9	189.0	207.9	-	-	207.9

Note: Figures in this table are rounded off and may therefore vary slightly from the amounts presented in other documents. This may result in rounding-off addition differences.

CONTRIBUTIONS IN RESPONSE TO THE HEADQUARTERS APPEAL

Contributions for the headquarters budget totalled CHF 138.9 million: CHF 128.6 million from 70 governments, CHF 5.7 million from 64 National Societies and CHF 4.6 million from a number of other private and public sources.

CONTRIBUTIONS IN RESPONSE TO THE EMERGENCY APPEALS

Cash component	CHF 858.9 million (2011: 999.1 million; 2010: 898.6 million)
In-kind component	CHF 5.6 million (2011: 1.9 million; 2010: 1.3 million)
Services	CHF 5.5 million (2011: 8.5 million; 2010: 11.7 million)
Assets	CHF 0.0 million (2011: 0.0 million; 2010: 0.0 million)

In total, CHF 707.1 million were provided for ICRC field operations by 36 governments, CHF 89.6 million by the European Commission, CHF 37.6 million by 31 National Societies, CHF 3.4 million by several international organizations, and CHF 32.4 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).

FLEXIBILITY IN FUNDING

The ICRC experienced growing pressure from donors for tighter earmarking and ad hoc reports. 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

2012 NON-EARMARKED cash contributions	CHF 292.9 million / 29.4% (30.1% in 2011; 26.0% in 2010)
2012 TIGHTLY EARMARKED cash contributions	CHF 170.7 million / 17.2% (19.9% in 2011; 19.6% in 2010)

At 29.4% in 2012, the proportion of non-earmarked cash contributions (“core funding”) was slightly lower than in 2011 (30.1%; in 2010: 26.0%). Apart from some private donations, most non-earmarked funds came from governments (most notably from Australia, Belgium, Canada, Denmark, Finland, France, Germany, Ireland, Kuwait, Luxembourg, the Netherlands, New Zealand, Norway, Spain, 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 53.4% (CHF 531.4 million) of the total.

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 Belgium, Luxembourg and the United Kingdom. Planning constraints and national budget and financial regulations do not easily allow donors to commit themselves over the medium term. Nevertheless, the ICRC will continue, whenever deemed relevant, to seek ways of obtaining 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. While the ICRC received its first-ever substantial contributions from China and the Russian Federation, in view of its universal mandate and worldwide activities, it sought broader support in Asia, Latin America, Central Europe and the Middle East. While the data provided above would at first appear to indicate broad support in terms of the level and number of sources, a closer look reveals that the ICRC remained reliant on a small number of key donors for the bulk of its funding.

Overall ICRC funding
CHF 1,009.0 million
75 governments and the European Commission
CHF 925.2 million / 91.7% (2011: 92.4%; 2010: 91.6%)
Top 10 governments including the European Commission
CHF 775.6 million / 76.9% (2011: 79.6%; 2010: 77.5%)
Top 5 governments including the European Commission
CHF 551.5 million / 54.7% (2011: 60.3%; 2010: 59.6%)

In 2012, 70 National Societies provided contributions (2011: 72; 2010: 68).

To diversify funding sources, the ICRC explored options to receive funds from different budget lines with donor countries and the possibility of implementing joint fundraising activities with National Societies in a business-like mode. The approach included the launch of the 2012 Special Appeal “Health Care in Danger”, based on the Health Care in Danger project and health care objectives in some operations.

PRIVATE SECTOR FUNDRAISING

Also to diversify the ICRC’s income, private sector fundraising became a priority for long-term development. It includes legacies and donations from private individuals, foundations, companies and associations. Modest investment began with a focus on reinforcing the team responsible for private sector fundraising both in Geneva and from some delegations. Despite a challenging external economic environment, income increased by CHF 4.0 million to CHF 37.0 million during the year.

The ICRC maintained contact with the CSG, established in 2005, renewing partnerships with its members: ABB Asea Brown Boveri Ltd, AVINA STIFTUNG, Crédit Suisse Group, Holcim, F. Hoffmann La Roche Ltd, Fondation Hans Wilsdorf, Lombard Odier Darier Hentsch & Cie, Swiss Reinsurance Company, Vontobel Group and Zurich Insurance Group. Crédit Suisse Group in Zurich (Switzerland) hosted the CSG plenary meeting. These partnerships provided opportunities to exchange knowledge and expertise, with the aim of enhancing the ICRC’s capacity to help victims of armed conflict. They also gave rise to additional sources of funding, used for operational activities or staff training.

REPORTING TO DONORS

The Emergency and Headquarters Appeals 2012 and the 2012 Special Appeals for the Health Care in Danger project and Mine Action, followed by three budget extension appeals and one preliminary appeal, informed donors of the ICRC’s objectives, plans of action and indicators.

The Mid-term Report described all field operations from January to May. The context-specific reports contained in the present Annual Report cover the entire year. These reports discuss activities carried out for each target population in the light of the 2012 Emergency Appeals. They are result-based and include standard figures and indicators for ICRC activities. The Special Report on Mine Action 2011 and 52 updates covering 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.

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” related to the Emergency Appeals and enabling donors to make in-kind or cash-for-kind contributions, it published five such tables related to the budget extensions and 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.

LOGISTICS

A GLOBAL NETWORK

Management of the worldwide ICRC supply chain is centralized in Satigny (on the outskirts of Geneva). The logistics centre manages long-term logistics-related activities, such as defining policies, quality standards and new or updated approaches and solutions, optimizing and documenting processes and developing training opportunities.

The centre provides direct support to field operations through complex or centrally consolidated supply chains (such as pharmaceuticals), and adapts to the operational activity peaks inherent in emergencies. It reinforces the ICRC's regional infrastructure in Abidjan (Côte d'Ivoire), Amman (Jordan), Nairobi (Kenya) and Peshawar (Pakistan), which represents a network of 2,500 employees.

In addition to ensuring, measuring and improving performance in an increasingly complex operational environment, logistics activities in 2012 focused on:

- ▶ mobilizing logistical resources to support the ICRC's operations, through the delivery of 7,100 orders, totalling 105,000 MT of material to multiple destinations in 81 countries, from over 2,500 suppliers
- ▶ running complex aid distributions in remote areas suffering the combined effects of armed conflict, violence and natural disaster
- ▶ providing relief and surgical supplies through the regional logistics bases, mainly for Afghanistan, Colombia, the Democratic Republic of the Congo, Israel and the occupied territories, Mali, Niger, Somalia, Sudan, Syria and Yemen
- ▶ improving supply chain processes by helping to define parameters for the supply chain in the future ERP software (OSCAR project) and enhancing procedures (for example, improving levels of service in goods handling, enforcing control of handling procedures and ensuring adequate conditions of storage for sensitive items)
- ▶ developing business intelligence tools to collect transactional information and provide timely and updated consolidated data to enhance decision-making capacities
- ▶ carrying out supplier audits to ensure the quality of and respect for 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; improving documentation and control mechanisms related to purchasing; exploring how the ICRC can draw on the CSG members' supply chain expertise and resources
- ▶ designing a project to improve road safety, possibly in partnership with the Finnish Red Cross
- ▶ improving security management for air operations; enhancing cooperation with the WFP on air operator auditing

CROSS-CUTTING PROJECTS AND MANAGEMENT PROCESSES

After a one-year study, the formal launch of OSCAR, the largest project under the department's responsibility, took place in September, in cooperation with the Department of Operations. The project aimed to develop a consistent global supply chain providing material and financial visibility on material management, able to meet operational challenges and be progressively deployed across the ICRC.

Cross-cutting working groups chaired by the department worked to optimize reporting and decision-making management processes:

- ▶ the interdepartmental skills group on business intelligence documented the needs and concerns of departments and worked on recommendations for improvements
- ▶ the interdepartmental group on reporting pursued efforts aimed at streamlining and rationalizing the ICRC's internal reporting system
- ▶ the working group on standardization of institutional data-management procedures provided input to the RADAR project, which aimed to strengthen centralized management of reference data

The delegations based in Colombia, Nairobi (Kenya), New Delhi (India) and Paris (France), set up pilot projects to study and implement the principles of the ICRC Framework for sustainable development, assessing key environmental issues (e.g. consumption of water and energy, waste production). An electronic platform provided an overview of all pilot projects and enabled the sharing of concerns and collective identification of potential major improvements. It also allowed the monitoring of effective energy, resource and waste management measures already implemented. Initially a pilot project, the successful treatment in Kenya of tyres and hazardous liquids generated in garages and burnt in a cement factory in Mombassa was the most important achievement among several environmentally sustainable development support initiatives.

In total, 95% of delegations outlined at least one environmental concern in their 2012 planning, the most frequent relating to land tenure, weapon contamination, flooding and their environmental footprint.

OPERATIONS

THE ICRC AROUND THE WORLD

AFRICA

ASIA AND
THE PACIFIC

EUROPE AND
THE AMERICAS

MIDDLE EAST



ICRC headquarters



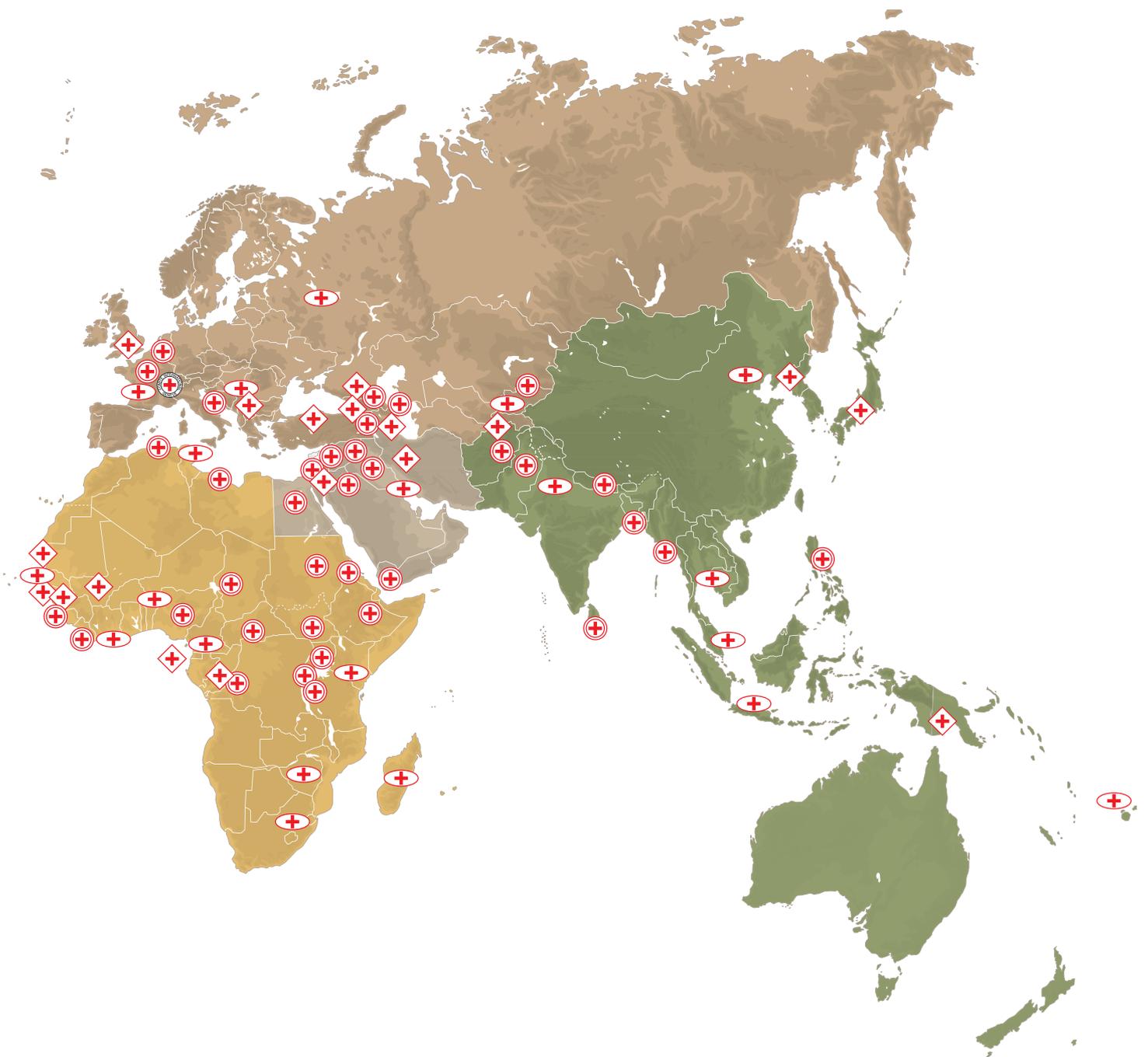
ICRC delegation



ICRC regional delegation



ICRC mission



OPERATIONAL HIGHLIGHTS



Thierry Gassmann/ICRC

CONFLICT ENVIRONMENTS AND CHALLENGES FOR HUMANITARIAN ACTION

A number of 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 2012.

First, in relation to the instability resulting from the “Arab Spring”, some countries managed smooth political transitions while others faced significant levels of social violence or armed conflict. The Syrian Arab Republic (hereafter Syria) saw the most dramatic rise in armed confrontation and humanitarian consequences: tens of thousands of people killed or injured, hundreds of thousands displaced or seeking refuge abroad, and thousands detained. The regional consequences of the situation and the absence of a solution in the short term were matters of grave concern.

Second, the deteriorating situation in the Sahel region, particularly the *de facto* split of Mali, generated new humanitarian needs and concern among neighbouring countries about the possible spread of violence. Occurring in a region already beleaguered by rampant food insecurity, the increased tension raised the level of vulnerability of large parts of the northern Malian population, disrupting local markets and basic services. Uncertainty remained high at year-end about the prospects and timing of a possible military intervention.

Third, the accelerated handover of security responsibilities from international forces to Afghan authorities raised serious questions about the future of Afghanistan’s population, which has undergone three decades of daily insecurity and widespread abuse. In the wider realm of the fight against “terrorism”, several contexts saw a shift from conventional military engagement to operations relying on special forces and drones.

Fourth, people affected by protracted armed conflicts suffered the consequences of high instability. In Somalia, confrontations between forces supporting the government, including troops of

the African Union Mission in Somalia, and the Harakat al-Shabaab al-Mujahideen intensified, leaving many Somalis, particularly in central and southern parts of the country, facing multiple risks and needs. Widespread displacement and refugee crises resulted from hostilities between South Sudan and Sudan and their respective non-international armed conflicts, a year after South Sudan became independent. In Iraq, the population remained much affected by continued violence, which saw higher weekly casualty levels mid-year than in many other conflict-affected countries. In the Democratic Republic of the Congo (hereafter DRC), an intensification of fighting between government forces and the M23 group led to numerous abuses against the civilian population, with no immediate prospect for a political solution in sight. In Colombia, fighting continued even as the government and the Revolutionary Armed Forces of Colombia initiated talks to end their decades-long conflict.

Fifth, diverse and often acute humanitarian consequences also arose from other situations of violence, such as intercommunal violence in parts of Asia, tribal clashes in several African countries, and organized national and trans-national armed violence in primarily urban environments.

Lastly, the effects of the economic crisis continued to be felt, with rising debt and unemployment in Europe and the likelihood of declining remittances from migrant workers to their conflict-affected home countries. After the food price crises of recent years, there were renewed concerns that price hikes in several commodities would lead to further instability and unrest in economically and socially fragile countries.

OPERATIONS: REVIEW, APPROACH AND THEMATIC CHALLENGES

In 2012, the ICRC assisted and helped protect millions of people in critical situations, including in Afghanistan, Colombia, Iraq, Israel and the occupied territories, Mali, Somalia, Syria and Yemen. Despite challenges to its neutral, impartial and independent humanitarian action, it gained access to and built or sustained relations with multiple actors – government or insurgent. It responded rapidly to the needs of people affected by emergencies, including towards year-end in the DRC, Israel and the occupied Palestinian territory (Gaza Strip) and the Philippines.

Key features of ICRC action were systematic, structured operational partnerships with National Societies, the adaptability of its operational procedures and team compositions, and readiness to assume significant security risks. Indeed, 2012 was the most deeply challenging for the ICRC in security terms since 2003 and 2005, with three separate hostage crises during the first semester (the tragic murder of the colleague taken hostage in Pakistan led to a significant downsizing of ICRC operations in that country), a staff member killed while on duty in Yemen, and serious security incidents in Afghanistan, the DRC, Libya and Somalia. National Society staff were also affected, for example in Syria, where seven members of the Syrian Arab Red Crescent lost their lives in 2012.

Despite these challenges, the ICRC achieved strong results in terms of the objectives set out in its initial 2012 field budget

(CHF 969.5 million) and three separate extensions amounting to CHF 62.1 million (Syria with CHF 24.6 million and Niamey regional with a total of CHF 37.5 million from two extensions)¹. The downsizing of activities in Pakistan resulted in a budget reduction of CHF 37.3 million (from an initial budget of CHF 66.2 million).

Throughout 2012, conflict and violence tore apart communities around the world – men, women and children faced enormous suffering and were forced to flee their homes, losing their belongings and livelihoods. Thousands went missing or were detained. Widespread media coverage highlighted some situations and their humanitarian consequences, but in numerous protracted armed conflicts, in which acute and chronic needs coexisted, people's suffering went relatively unnoticed. Where present, ICRC field staff, often with National Society volunteers, worked to address the vulnerabilities and suffering of those affected, keeping them and the needs expressed by them at the heart of their analysis and response. Through an all-victims approach, they sought to systematically understand the specific circumstances of people and their communities, the risks and violations they were exposed to, and their gender and age, in order to ensure a meaningful and multidisciplinary response integrating protection, assistance, prevention and cooperation.

Situations in which fighting and restrictions on movement prevented communities from accessing basic commodities or services like health care, education, water and sanitation were among the most pressing. This happened in places where hostilities had damaged or destroyed buildings and infrastructure, and areas were cordoned off by one side or the other, leaving civilians trapped and unable to approach soldiers or fighters for fear of being harassed or arrested. The main violations recorded by the ICRC were summary executions, targeted killings, death threats, disappearances, forced displacement, recruitment of minors, attacks against medical personnel, and sexual violence.

Armed conflicts and other situations of violence also provoked massive and often multiple displacement patterns, both internally and to neighbouring countries. Limited control over parts of the country, insufficient capacity, or reluctance to recognize the scale of the phenomenon often rendered the State response to internal displacement inadequate.

In many conflicts, insecurity and the proliferation of checkpoints cut off neighbourhoods from medical care and caused delays when evacuating patients in need of life-saving care, endangering their chances of survival. The same occurred when front lines prevented rural populations from reaching local health posts, or when armed security forces were deployed near or inside hospitals, threatening and in some cases arresting the wounded. Some weapon bearers also attacked, occupied and/or looted hospitals and kidnapped patients. Further to its confidential dialogue with its contacts on IHL/international human rights law and their violation, and in the scope of the Health Care in Danger project, the ICRC mobilized its delegations, Movement partners and the health community to find ways to strengthen the protection of health care providers and their patients.

The organization continued to deal with the widespread physical and psychological consequences of ill-treatment, including torture, and sexual violence. Detainees suffered the residual effects of ill-treatment during interrogation long after their eventual release from detention. Rape was a recurrent nightmare for many people – mainly women, but also men – in conflict- or violence-affected areas, usually occurring with other traumatic events involving looting, destruction of property or murder. Often, stigmatization hindered the victims and their children from returning home. The effects of such patterns were deeply traumatic for the affected populations and immensely challenging to address.

Events year-round also underlined the difficulties faced by many aid agencies in accessing conflict zones, achieving proximity to people in need and carrying out their operations directly rather than through implementing partners. Illustrative of this were northern Mali and Syria, where few agencies managed to carry out structured and sustained activities. Many humanitarian organizations faced threats and rejection by armed groups. Indeed, studies indicated that more aid workers were killed, injured or kidnapped in 2011 than ever before – a reality that undoubtedly had an impact on many agencies' operational decisions. Some struggled or were unable to sufficiently and clearly distinguish themselves from political or military actors, for example by using armed escorts to reach affected populations and thus blurring the line separating political and military agendas from the humanitarian imperative.

As the trend towards national responses to crises continued, the question of partnership development with national NGOs or State institutions became more important. The UN humanitarian community engaged in the next stage of reform with the Transformative Agenda, while several African, Asian and Latin American countries became more directly involved in humanitarian aid and development cooperation. While some long-standing NGOs appeared to have lost their ability to deploy in acute conflict situations, agencies from the Islamic world became increasingly operational in environments like northern Mali and Somalia. These changes in the humanitarian landscape contributed to a diversification of humanitarian approaches and policies, each with its own strengths and weaknesses.

AFRICA

Millions of people affected by extensive violence stretching from the Sahel all the way to Somalia received critical support from National Societies and the ICRC. In northern Mali, where people's access to water, health and livelihood suffered serious disruptions, the ICRC restored some crucial services, such as the capacity of the Gao hospital to operate, by providing means, material and staff. Food distributions carried out together with the Mali Red Cross also made a difference for over half a million people.

Violence related to intercommunal fighting and confrontations between national security forces and Boko Haram caused serious suffering in Nigeria's northern regions. The ICRC accessed these regions, initiated dialogue on humanitarian issues with authorities and others and, with the Nigerian Red Cross Society, provided medical assistance.

Over 1.7 million Somalis benefited from Somali Red Crescent Society/ICRC food distributions, water projects and medical support for hospitals and clinics. The ICRC began visiting people detained by Somali authorities, while in Ethiopia, the government approved the resumption of such visits to people held in its federal prisons.

1. A preliminary appeal amounting to CHF 10 million also contributed to covering ICRC operations in response to typhoon Bopha in the Philippines

In Sudan, operations continued in Darfur, but the ICRC managed neither to access nor to carry out effective activities in South Kordofan and the Blue Nile region. It stepped up its operations in South Sudan, focusing on water activities, medical support and physical rehabilitation.

In the DRC, during the peak of violence opposing the armed forces and the M23, which led to the battle for Goma and the surrounding region, the ICRC remained present in Goma, where its surgical teams and widespread water distributions helped save lives.

In the Central African Republic, in response to the needs resulting from renewed conflict at the end of 2012, dialogue with all parties concerned enabled the ICRC to assist those displaced, visit detainees and support medical structures.

Dialogue with the African Union on its peacekeeping mission in Somalia and with the Economic Community of West African States on Mali sought to encourage both organizations to integrate IHL into their planning and operations.

ASIA

In Afghanistan, the ICRC focused on supporting hospitals, notably in the Kandahar region, and the Afghan Red Crescent Society's network of clinics, and on serving thousands of people in physical rehabilitation centres across the country. It visited people detained either by Afghan authorities or international forces.

The killing of its medical delegate in Pakistan marked a negative turning point in the organization's operations in the country. Discussions with the Pakistani authorities were still under way at the end of 2012 on an ICRC proposal for the future of its activities.

In Myanmar, in a significant development, the Myanmar Red Cross Society and the ICRC addressed medical needs resulting from inter-communal violence in Rakhine state. Dialogue with the authorities on other points developed in a constructive atmosphere.

Alongside the Philippine Red Cross, the ICRC launched a large emergency operation in eastern Mindanao in response to typhoon Bopha. It also continued its operations in India, Nepal and Thailand, while its regional delegations deepened and diversified relations with key contacts to foster wider understanding of and support for its humanitarian priorities and approaches.

EUROPE AND THE AMERICAS

ICRC operations in Latin America focused on the needs of people affected by the conflict in Colombia, where ensuring the delivery of medical assistance to people in remote areas affected by fighting and responding to the effects of weapon contamination and sexual violence constituted major challenges. The ICRC played an intermediary role in the release of hostages.

In response to the acute consequences of armed violence in Central America, National Societies and the ICRC bolstered emergency medical capacities to treat the wounded and helped migrants re-establish contact with relatives.

Across Europe and the Americas, the ICRC visited people deprived of their freedom, including at the US internment facility at Guantanamo Bay Naval Station, Cuba. In Latin America and Eastern Europe, it continued to act in favour of families of missing

persons, encouraging the authorities and other actors to address the families' needs and supporting them in this task.

Dialogue on IHL and worldwide humanitarian priorities developed in Brazil and Mexico, while the Brussels and Moscow regional delegations provided active fora to engage governmental, regional and multilateral institutions on humanitarian issues, notably in relation to the situations in Mali and Syria.

MIDDLE EAST

The Syrian Arab Red Crescent and the ICRC's field presence enabled the provision of emergency relief items and access to medical care and water to those most affected by the conflict in Syria – both in government-controlled regions and areas held by the armed opposition – despite severe security constraints. For example, over 1.5 million people benefited from food parcels and over 600,000 received hygiene kits. The ICRC's lack of access to people detained in the country remained an issue of major concern. The ICRC worked with Movement partners in neighbouring countries, in particular Lebanon, to address some of the needs of refugees from Syria.

In Yemen, the ICRC provided extensive medical support to the wounded, assisted IDPs and visited detainees – activities that did not end following the hostage taking of an ICRC delegate and the tragic killing of a staff member while on duty. In Iraq, the ICRC spread its reach into so-called disputed areas and provided medical assistance following major acts of violence. Women-headed households and more detainees benefited from its support. In Bahrain, visits to detainees resumed at the beginning of the year.

In Israel and the occupied territories, the ICRC assisted people suffering the consequences of occupation and responded alongside the Palestine Red Crescent Society and the Magen David Adom to the emergency needs resulting from hostilities in the Gaza Strip and Israel.

ICRC OPERATIONS IN 2012: A FEW FACTS, FIGURES AND RESULTS

PRESENCE

In 2012, the ICRC was present in 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	15
Europe and the Americas	26
Middle East	9

PERSONNEL

The average number of ICRC staff in 2012 was as follows:

Headquarters:	919
Field: expatriates	1,551
<i>Expatriates</i>	1,409
<i>National Society staff</i>	110
<i>National staff on temporary mission</i>	32
Field: national staff	10,020
Field: total¹	11,571
Final total	12,490

1. This figure does not include an average of 1,377 daily workers hired by the ICRC in the field

FINANCE

ICRC expenditure in 2012	In millions	CHF	USD	EUR
Headquarters		180.7	193.5	150.0
Field		929.4	995.0	771.3
The sub-total comes to CHF 1,110.2 million, from which field overheads (CHF 56.4 million) must be deducted in order to reach the final total				
Final total		1,053.8	1,128.1	874.4

Exchange rates: USD 1.00 = CHF 0.9341; EUR 1.00 = CHF 1.2051

10 largest operations in 2012 in terms of expenditure	In millions	CHF	USD	EUR
1 Afghanistan		86.3	92.4	71.6
2 Iraq		60.0	64.2	49.8
3 Congo, Democratic Republic of the		59.7	63.9	49.5
4 Niamey (regional)		56.4	60.4	46.8
5 Somalia		56.2	60.1	46.6
6 Israel and the Occupied Territories		49.1	52.5	40.7
7 Sudan		40.1	43.0	33.3
8 Syrian Arab Republic		38.6	41.3	32.0
9 Colombia		33.9	36.3	28.1
10 South Sudan		33.5	35.9	27.8

Exchange rates: USD 1.00 = CHF 0.9341; EUR 1.00 = CHF 1.2051

VISITS TO DETAINEES

ICRC delegates visited **540,669 detainees**, **26,609** of whom were monitored individually (**626** women; **1,235** minors), held in **1,744 places of detention in 97 contexts**, including detainees under the jurisdiction of international courts and tribunals. Of this number, **13,569 detainees** (**283** women; **1,085** minors) were visited and registered for the first time in 2012.

With support provided by the ICRC, **13,913 detainees** benefited from family visits.

A total of **17,358** detention attestations were issued.

RESTORING FAMILY LINKS

The ICRC collected **144,863 (30,583 from detainees) RCMs** and distributed **134,696 RCMs (19,825 to detainees)**; moreover, **209,977 phone calls** were facilitated between family members. These services enabled members of families separated as a result of armed conflict, unrest, disturbances or tensions to exchange news. The ICRC also made **16,823 phone calls** to families to inform them of the whereabouts of a detained relative visited by its delegates.

The ICRC registered **2,763 unaccompanied/separated children (967 girls)**, including **583 demobilized children (41 girls)**, during 2012. Once their families had been located and with the

agreement of the children and their relatives, it organized the reunification of **1,811 children** (663 girls) with their families. By the end of the year, the cases of **1,998 unaccompanied/separated children** (including 376 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 **6,558 people** for whom tracing requests had been filed by their families. The ICRC website familylinks.icrc.org listed the names of **21,632 people**, increasing the chances of them reconnecting with their relatives and friends. At the end of the year, the ICRC was still taking action to locate **47,918 people** (4,190 women; 5,484 minors at the time of disappearance) at the request of their families.

The ICRC reunited **2,218 people** (including 1,811 minors) with their families. It organized the transfer or repatriation of

1,217 people, including **134 detainees** after their release. It also organized the transfer or repatriation of **1,468 sets of human remains**. It issued **travel documents** that helped **3,255 people** to return to their home countries or to settle in a host country. It relayed **1,606 official documents** of various types between family members across borders and front lines.

A total of **720,128 people** contacted ICRC offices worldwide for services or advice regarding issues related to protection and restoring family links.

ASSISTANCE

In 2012, the ICRC ran assistance programmes in **80 countries**. The bulk of the work was carried out in Afghanistan, Central African Republic, Côte d'Ivoire, the Democratic Republic of the Congo, Iraq, Libya, Mali, Niger, Pakistan, Philippines, Somalia, South Sudan, Sudan, the Syrian Arab Republic (hereafter Syria) and Yemen.

ASSISTANCE SUPPLIES

In 2012, the ICRC purchased or received as contributions in kind the following assistance supplies:

Food items	67,575 tonnes	CHF 54 million
Seed	4,653 tonnes	CHF 6 million
Essential household items	13,958 tonnes <i>including:</i> 420,770 blankets 2,111 tents 184,441 tarpaulins 154,999 kitchen sets 16,161 hygiene kits 136 tonnes of clothing	CHF 48 million
Medical and physical rehabilitation items		CHF 23 million
Water and habitat items		CHF 17 million
	TOTAL	CHF 148 million
		USD 158 million
		EUR 123 million

Exchange rates: USD 1.00 = CHF 0.9341; EUR 1.00 = CHF 1.2051

ECONOMIC SECURITY

During the year, ICRC activities that contributed to building household economic security were implemented in **63 countries**, often together with host National Societies. More than **6,283,000 internally displaced persons (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 **food aid** and **2,772,000** received **essential household and hygiene items** in kind. In addition, some **22,000** received **vouchers** enabling them to purchase food or household and hygiene items. Around **63%** of the beneficiaries of food were IDPs; **27%** were women; and **48%** were children; **60%** of the beneficiaries of essential household and hygiene items were IDPs; **25%** were women; and **44%** were children; **78%** of those who received vouchers were IDPs.

Moreover, livelihood support programmes were implemented to enable people to regain some degree of self-sufficiency. As such, some **2,687,000 people** benefited from productive inputs, such as agricultural infrastructure rehabilitation/construction, veterinary services and livestock management, and donations of fertilizer, seed and tools. Around **2,521,000 people** benefited from work (such as food/cash-for-work programmes), services and training opportunities; and over **500,000** (19% of whom were IDPs) received cash assistance, consisting mainly of grants for launching micro-economic initiatives.

WATER AND HABITAT

In 2012, the ICRC **expatriate and national engineers and technicians** were involved in water, sanitation and construction work

in **53 countries**. These projects catered to the needs of some **22,030,000 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 **32%** and **40%** of the beneficiaries were **women** and **children** respectively.

HEALTH CARE SERVICES

During the year, the ICRC regularly or on an ad-hoc basis supported **292 hospitals** and **391 other health care facilities** around the world. An estimated **7,168,000 people** (26% women; 53% children) benefited from ICRC support to health care facilities. **Community health programmes** were implemented in **23 countries**, in many cases with National Society participation.

More than **14,200 weapon-wounded** and **114,300 non-weapon-wounded patients** in need of surgical care were admitted to ICRC-supported hospitals in **26 countries**, with more than **133,100 surgical operations** performed. In these hospitals, more than **421,100 other patients** were admitted, including **193,854 women and girls** who received gynaecological/obstetric care. Some **1,479,600 people** were treated as outpatients and **6,142 people** had their treatment paid for by the ICRC. The ICRC supported **111 first-aid posts** located near combat zones, which provided emergency treatment, mainly for weapon-wounded patients.

CARE FOR THE DISABLED

ICRC physical rehabilitation technicians provided support to **95 centres** in **28 countries**, enabling **244,280 patients** (49,365 women; 60,783 children) to receive services. A total of **7,884 new patients** were fitted with prostheses and **32,738** with orthoses. The centres produced and delivered **20,345 prostheses** (2,724 for women; 1,186 for children; 7,528 for mine victims) and **60,372 orthoses** (11,436 for women; 28,311 for children; 717 for mine victims). A total of **113,454 patients** received physiotherapy. In addition, **3,414 wheelchairs** and **34,392 crutches and walking sticks** were distributed, most of them locally manufactured. Training local staff was a priority in order to ensure sustainable services for patients.

WEAPON CONTAMINATION

Throughout the year, the Weapon Contamination Sector provided operational support to delegations, National Societies and political authorities in **25 contexts**. The Sector also worked with the UN and NGOs to further develop and strengthen international mine-action standards and coordination.

FORENSIC SERVICES

In 2012, the ICRC's forensic services supported field operations in nearly **60 countries** in all regions, to help prevent people from becoming unaccounted for and to resolve cases of missing persons, including in emergencies. Activities consisted mainly of promoting and supporting the implementation of forensic best practices 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 help 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 to strengthen operational relationships and dialogue with Movement partners, for the greater benefit of people affected by armed conflict and other situations of violence.

In the vast majority of the countries where the ICRC operates, it does so in partnership with National Societies in their own countries and with the support of National Societies working internationally. In 2012, more than **one-third (43%) of the ICRC's operational activities were conducted in the frame of operational partnerships with the National Society of the country concerned**, with the following breakdown by programme:

▶ Assistance	52%
▶ Protection	34%
▶ Prevention	42%

These activities were implemented by **53 ICRC delegations**. As part of this relationship, the ICRC also contributed to strengthening the National Societies' capacities to carry out their own activities.

PUBLIC COMMUNICATION

In 2012, the ICRC's humanitarian concerns and activities continued to be widely covered by the media worldwide. According to the Factiva database, which compiles print and online media sources worldwide, the ICRC was mentioned more than **23,500 times**, marking an **increase of about 30%** compared with 2011. This is mainly due to media coverage of the ICRC's activities in Syria.

The ICRC produced **97 print and audiovisual products**, including **31 video news reports**, which were issued to broadcasters worldwide, and **41 other video news reports and films** for use with various target groups. The ICRC's news footage was aired all over the world on over **200 channels**, including Al Jazeera and BBC World TV.

The ICRC distributed some **474,000 publications** and **7,430 copies of films** worldwide.

The ICRC website received some **13.3 million page views** in total, representing a **decrease of about 7%** compared with the previous year. This was mainly due to the site migration.

At the end of 2012, nearly **66,000 people** followed the ICRC on Facebook and nearly **156,000** on Twitter; in all, **546 photos**, **174 videos** and **62 publications** were uploaded to the ICRC's channels on Flickr, YouTube and Scribd, media-sharing platforms used by the ICRC. The photos, videos and publications available on these platforms received nearly **817,000 views** in 2012 (photos: **124,997**; videos: **299,884**; publications: **391,923**).

In 2012, the ICRC's four blogs, which were operated from Bangkok (Thailand), Jakarta (Indonesia), Paris (France) and Washington (United States of America), continued to communicate the organization's worldwide activities to their respective regions. The organization also maintained its presence on three Chinese social media platforms.

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. It encouraged and supported them in their endeavours to establish national interministerial committees entrusted with the national IHL implementation. In 2012, **2 new national committees were created** (in Qatar and Sierra Leone), bringing the total number worldwide to **101**.

The ICRC organized or contributed to **39 regional events** in relation to IHL and its incorporation into domestic law. These events were attended by more than **1,500 people** from some **130 countries**.

This work contributed to **53 ratifications of IHL treaties** (including **1** of Additional Protocol I, and **2** of Additional Protocol III) by **37 countries** and the adoption of **37 pieces** of domestic legislation relating to various IHL treaties in at least **18 countries**.

RELATIONS WITH WEAPON BEARERS

Throughout the year, ICRC delegates met with various weapon bearers present in conflict zones, including the military, the police, paramilitary units, armed groups and staff of private military companies.

- ▶ **32 specialized ICRC delegates** conducted or took part in more than **130 courses, workshops, round-tables and exercises** involving some **12,000 military, security and police personnel** in more than **90 countries**; more than **58 military officers** from **38 countries** received ICRC scholarships to attend **10 military courses** on IHL in San Remo
- ▶ more than **56 general and senior officers** from **45 countries** received ICRC scholarships to attend the Senior Workshop on International Rules Governing Military Operations in Kuala Lumpur, Malaysia
- ▶ the ICRC maintained relations with the **armed forces** of **162 countries** and with more than **82 armed groups** (in some **45 contexts**, mostly undergoing non-international armed conflicts)
- ▶ 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 **12 international military exercises**

RELATIONS WITH ACADEMIC CIRCLES

Universities in more than **80 countries** received support for the teaching of IHL. More than **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. Beyond the classroom setting, **individual professors** contributed to the development, implementation and promotion of the law.

In 2012, 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**
- ▶ intensive IHL training courses in Belgium, Kenya and Poland, where approximately **100** competitively selected students, lecturers, National Society staff and other humanitarian professionals participated

- ▶ **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, where **47 student teams** from around the world participated

In addition, over **600 people** (academics, humanitarian practitioners, policy makers, etc.) benefited from the ICRC Online Course on IHL.

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 2012:

- ▶ more than **10,000 people** consulted the Exploring Humanitarian Law Virtual Campus, a web-based resource centre for the programme
- ▶ “**Mini EHL**”, a shortened and adapted version of the Exploring Humanitarian Law education materials was published in several languages
- ▶ contextualized school-based projects in Rio de Janeiro (Brazil), Medellín (Colombia), Honduras and Mexico addressed the consequences of urban violence affecting young people with the aim of fostering humanitarian values within and beyond school settings

INFORMATION AND DOCUMENTATION MANAGEMENT AND MULTILINGUAL COMMUNICATION

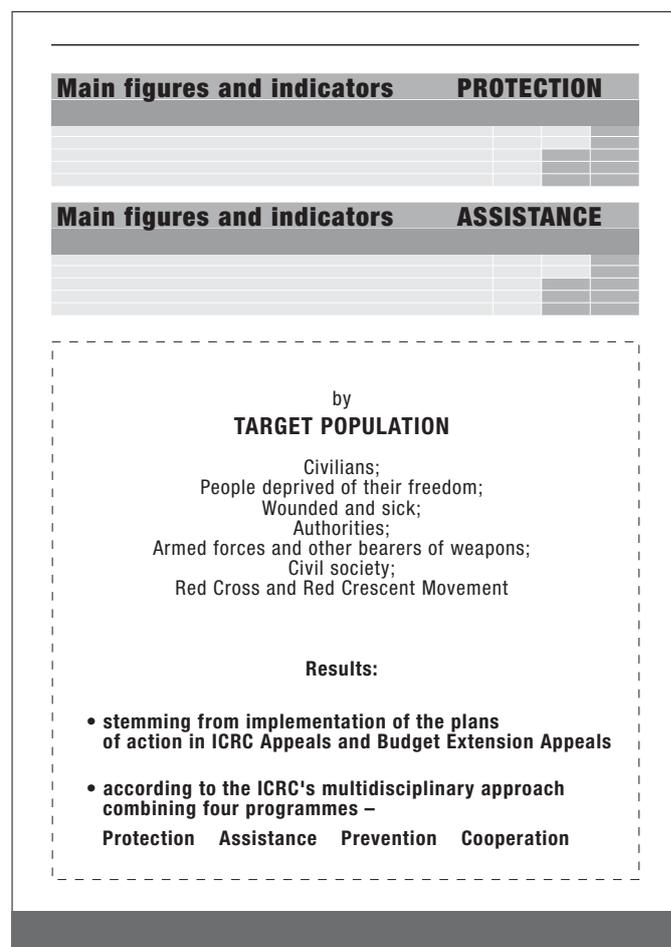
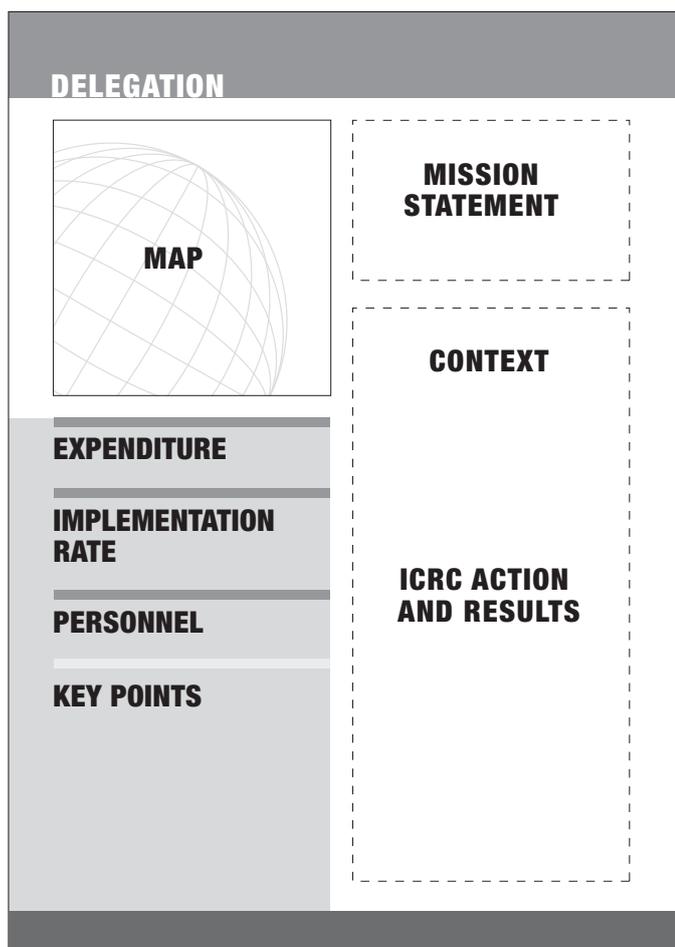
The ICRC's Archive and Information Management Division, which manages **17,000 linear metres of records**, including **1,000 meters of public archives** and a collection of over **200,000 books, periodicals, photos and videos**, received **2,500 visitors** and handled more than **2,500 requests** for material from National Societies, NGOs, academia, government departments and the media.

The ICRC Preservation and Tracing Archives Unit handled **1,555 requests** for information from victims of past armed conflicts, while its Records Management Unit responded to some **600 internal research requests** and loaned **1,150 files**, thus providing staff with the necessary information to carry out their activities.

ICRC headquarters received **188 groups** totalling some **5,700 visitors**. Of them, **58.6%** were university students, **10.3%** were National Society staff/volunteers, **10.6%** were secondary school students or undergoing vocational training, **6%** were members of armed forces, **8%** were from the diplomatic community, **2.4%** represented NGOs and religious groups, and **4.1%** came from the private sector.

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:

1. **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.
2. **Mission statement:** The ICRC's reasons for being in the country or region and its main activities there.
3. **Expenditure:** Total, and by programme.
4. **Implementation rate:** Expenditure divided by yearly budget multiplied by 100% (indicator).
5. **Personnel:** The average number of expatriate and national staff employed over the course of the year.
6. **Key points:** Up to six major achievements or examples of progress made by the ICRC or constraints it faced in terms of meeting its humanitarian objectives in a given context.
7. **Context:** The main developments in a given context and how they 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.
8. **Main figures and indicators:** Two tables providing key output and outcome figures relating to ICRC protection and assistance programmes in a given context.
9. **ICRC action and results:** A summary of the ICRC action and results in the given context followed by a description of this action and the results by target population.

These descriptions follow up objectives and plans of action provided to donors in yearly appeals and budget extension appeals. They include qualitative and quantitative results (output, outcome and some contributions to impact) and combine activities carried out in the four ICRC programmes, thus illustrating the ICRC's multidisciplinary approach.

USER GUIDE: FIGURES AND INDICATORS – EXPLANATIONS

INTRODUCTION

Standard **figures and indicators** detail protection and assistance programmes worldwide:

- ▶ when necessary, tables for each programme are available in the context sections – e.g. Afghanistan or Caracas (regional) – of the present Annual Report; 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 **summary tables** of the programmes for all contexts covered by the geographical entity
- ▶ 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.

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

RESTORING FAMILY LINKS

RED CROSS MESSAGES (RCMs)

RCMs collected

the number of RCMs collected, regardless of the destination of the RCM, during the period under consideration

RCMs distributed

the number of RCMs distributed, regardless of the origin of the RCM, during the period under consideration

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 period under consideration

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 period under consideration

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 period under consideration

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 period under consideration, 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

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 period under consideration

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 period under consideration

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 Red Cross or Red Crescent Society during the period under consideration, 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 Red Cross or Red Crescent Society

1. all cases of people whose fate is 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 fate or to confirm their alleged fate; these can include allegations of arrest and co-detention, and tracing requests collected following unsuccessful attempts to restore family links by other means
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

Cases of UAMs/SCs/demobilized child soldiers still being 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 period under consideration – these include cases concerning children whose parents were being sought or those concerning children whose parents 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 had issued travel documents during the period under consideration

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 period under consideration

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, tracing requests (other than detention attestations) – forwarded or transmitted during the period under consideration

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees visited

during the period under consideration, 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 period under consideration

Detainees newly registered during the reporting period

the number of detainees visited for the first time since their arrest and registered during the period under consideration

Number of visits carried out

the number of visits made, including those to places found empty when visited, during the period under consideration

Number of places of detention visited

the number of places of detention visited, including places that were found empty when visited, during the period under consideration

Number of 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 period under consideration

Number of 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 period under consideration

POWs newly registered during the reporting period

the number of POWs visited for the first time since their capture and monitored individually during the period under consideration

POWs released during the reporting period

the number of POWs released during the period under consideration

POWs repatriated by/via the ICRC

the number of POWs released and repatriated under the auspices of the ICRC during the period under consideration

Number of visits carried out

the number of visits to POWs carried out during the period under consideration

Number of places visited

the number of places holding or having held POWs visited during the period under consideration

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 period under consideration

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 period under consideration

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 period under consideration

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 period under consideration

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 period under consideration

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

ECONOMIC SECURITY

BENEFICIARIES

One beneficiary is one person who has benefited from some form of economic security support at least once over the course of the period considered. A person who has benefited from the same form of economic security support several times is counted only once.

Civilians

this population group includes residents, IDPs, returnees and, when relevant, 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

detainees in the structures supported

TYPES OF COMMODITY/SERVICE

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 micro-economic initiative beneficiaries 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; food items distributed typically include rice, wheat flour, maize, beans, oil, sugar, salt and, sometimes, canned food and ready-to-use therapeutic 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 some type of 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 includes grants and cash that can be used for commodities or basic services

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 assistance 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 compensation for work they provided, for example, on community projects, and from services and 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 period considered. 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 those 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 and water-treatment plants built or repaired; 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

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

Number of health centres supported

the total number of health facilities regularly supported

Activities

beneficiaries are registered and tallied based on the particular service they receive (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

Number of 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

Number of hospitals supported

the number of hospitals regularly supported

Inpatient activities

beneficiaries are registered and tallied based on the particular service they receive (surgical, medical, gynaecological/obstetric)

Outpatient activities

the number of outpatients treated, without any distinction made among diagnoses

Number of patients admitted with injuries caused by mines or explosive remnants of war

this group of patients is included in the total number of patients admitted

Number of operations performed

the number of operations performed on weapon-wounded and non-weapon-wounded patients

PHYSICAL REHABILITATION

Projects supported

the number of projects, including centres, component factories and training institutions, receiving ICRC support or managed by the ICRC

Number of 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 (prostheses, orthoses, wheelchairs, walking aids) or for physiotherapy

Number of 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 (prostheses, orthoses, wheelchairs, walking aids) or for physiotherapy

Number of 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

Total number of prostheses delivered

the number of prostheses delivered during the reporting period

Number of prostheses delivered to mine victims

the number of prostheses delivered, during the reporting period, specifically for victims of mines or explosive remnants of war

Number of 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 (prostheses, orthoses, wheelchairs, walking aids) or for physiotherapy

Number of 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

Total number of orthoses delivered

the number of orthoses delivered during the reporting period

Number of orthoses delivered to mine victims

the number of orthoses delivered, during the reporting period, specifically for victims of mines or explosive remnants of war

Number of patients receiving physiotherapy at the centres

the number of patients who received physiotherapy services at the centres during the reporting period

Number of mine victims receiving physiotherapy at the centres

the number of mine victims who received physiotherapy services at the centres during the reporting period

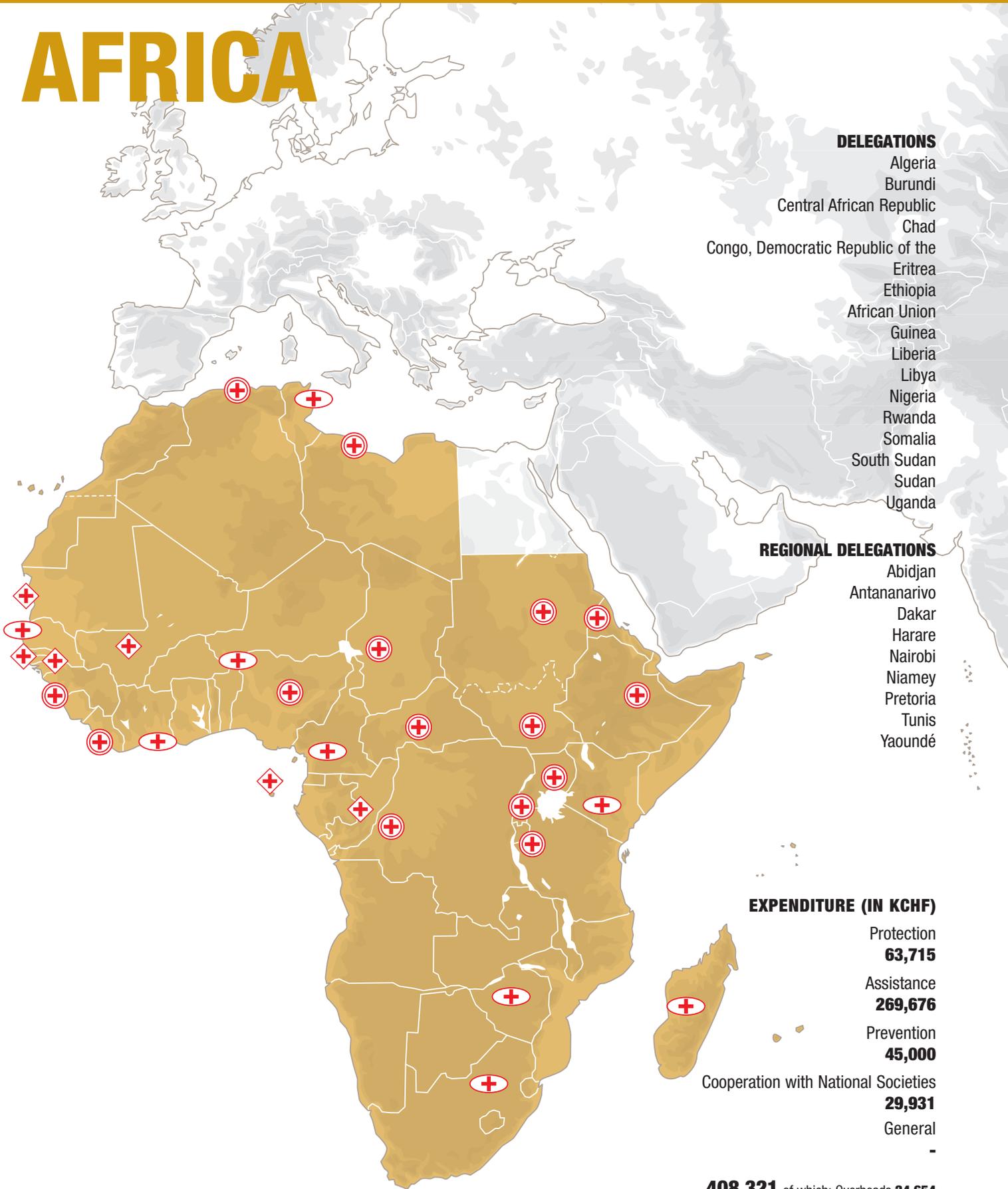
Number of crutches and sticks delivered (units)

the number of crutches and sticks (units, not pairs) delivered during the reporting period

Number of wheelchairs delivered

the number of wheelchairs delivered during the reporting period

AFRICA



DELEGATIONS

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

REGIONAL DELEGATIONS

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

EXPENDITURE (IN KCHF)

- Protection **63,715**
- Assistance **269,676**
- Prevention **45,000**
- Cooperation with National Societies **29,931**
- General -

408,321 of which: Overheads **24,654**

Implementation rate
93%

 ICRC delegation
  ICRC regional delegation
  ICRC mission

AFRICA

In 2012, the ICRC worked to protect and assist victims of past and present armed conflicts and other situations of violence in Africa. Operating from 30 delegations and missions across the continent, it adapted its activities to respond to humanitarian needs and mitigate operational difficulties in a number of rapidly evolving contexts. It concentrated its activities in areas hardest hit by crises, or where IHL and its specific expertise could contribute to an effective humanitarian response.

The pressing humanitarian needs caused by conflicts in the Central African Republic (hereafter CAR), the Democratic Republic of the Congo (hereafter DRC), Mali, Somalia, South Sudan and Sudan made ICRC operations in these countries among the organization's largest worldwide. The ICRC sought to respond to needs in a timely manner, increasing its field presence in critical areas. It established a sub-delegation in Mopti, Mali, and offices in violence-prone areas in Nigeria, and formalized its presence in Mauritania, which took in thousands of refugees from Mali, with a new headquarters agreement. It helped the authorities address the humanitarian consequences of past conflict/violence, notably in countries undergoing political transition following a recent armed conflict, uprising and/or electoral process, such as Côte d'Ivoire, Libya and Tunisia. In countries that experienced greater stability, such as Chad, Guinea and Uganda, the ICRC focused on helping local authorities and communities strengthen their capacities, scaling down its commitments while staying prepared for emergencies.

Whenever possible, the ICRC worked in partnership with the National Societies, whose local networks allowed aid to reach more people in need. They assisted the wounded, delivered relief, restored family links and raised awareness of humanitarian concerns and the Movement's work with the help of training, financial and logistical support. To maximize impact, the ICRC coordinated its activities with those of Movement partners, UN agencies and other humanitarian actors.

Securing safe access to people wounded, detained, displaced or otherwise affected by armed conflicts or other situations of violence remained challenging. Insecurity resulting from the activities of armed groups and military forces, as in parts of the CAR, the DRC, Mali, Senegal's Casamance region, South Sudan and Sudan, hindered humanitarian action. Mines/explosive remnants of war (ERW), banditry and kidnappings were added hazards for local populations and aid workers. In some contexts, government restrictions hampered operations.

To mitigate these difficulties, the ICRC reminded the authorities, weapon bearers and other influential players of the need to protect those who are not or no longer fighting, in accordance with IHL, international human rights law or other applicable law. Training sessions for armed forces, including peacekeeping troops, fostered respect for the law on the ground, while public campaigns, supported by the Health Care in Danger project, underscored the importance of ensuring care for the wounded or sick and of safeguarding medical/humanitarian personnel and infrastructure. Representations were made on reported violations to the relevant authorities, who were urged to take corrective action. To reach people in need, especially where its activities faced constraints, the ICRC sought acceptance of its work, raising awareness of its mandate and neutral, impartial and independent stance among the authorities. For example, discussions on gaining access to

Ethiopia's Somali Regional State and Sudan's Blue Nile and South Kordofan states continued. In Eritrea, the ICRC engaged in livelihood-support work in Dehub for the first time since 2009, although limits on many of its activities remained.

Where necessary, as in Somalia and Sudan (particularly in Darfur), the ICRC adapted its working and monitoring methods to pursue its assistance activities in partnership with local communities and organizations and National Societies while ensuring accountability. For example, interviews with beneficiaries conducted by field officers or National Society staff helped monitor the outcomes of livelihood activities and identify areas for improvement. Following the looting of ICRC premises in Mali, a new supply chain was established to minimize the impact of such disruptions.

Employing a multidisciplinary approach, National Society/ICRC teams helped vulnerable people and communities cope with the effects of armed conflicts and other situations of violence. They enabled beneficiaries to access life-saving care, meet their immediate needs, work towards early recovery and, wherever applicable, strengthen their resilience to risks.

People injured in clashes received emergency care from National Society first-aid teams. As a neutral intermediary, the ICRC facilitated safe passage for medical personnel treating the wounded (as in Bani Walid, Libya and northern Mali), and for the evacuation to medical facilities of those who needed further care. ICRC-supported hospitals, including in Chad, the DRC, Mali, Guinea, Nigeria, Somalia and South Sudan, benefited from supplies, infrastructure improvements and/or staff training in war surgery. Mobile surgical teams helped staff in far-flung areas treat casualties.

Vulnerable populations, including where drought, floods or other disasters exacerbated the effects of conflict, benefited from emergency provisions of food, water and other essentials. Over 3.8 million displaced or destitute people across Africa received food supplies. Household items enhanced the living conditions of thousands of families. People who fled conflict in northern Mali, including (where there were gaps in assistance) those who had crossed the border into Burkina Faso, Mauritania and Niger, survived with the help of such distributions. When fuel shortages affected the operations of water distribution plants in Goma, DRC, and northern Mali, the ICRC provided fuel to restore power and water supplies in these areas.

Notably to ease tensions over competition for access to water, the ICRC worked with local authorities and communities to improve water systems. In Kenya, for example, cash-for-work projects allowed tribes to work together to rehabilitate water points. In Uganda, women were less exposed to the threat of sexual violence after water sources were built near their communities. In cooperation with other organizations, the ICRC also improved water systems in several refugee camps in South Sudan, helping reduce health risks. In total, over 3.7 million people benefited from emergency and longer-term interventions to enhance access to water and sanitation facilities.

As soon as possible, conflict/violence-affected communities, comprising some 2 million people, received support to rebuild their livelihoods. Farmers, including in Côte d'Ivoire, Eritrea, Guinea-Bissau and Liberia, resumed/improved production using distributed seed and tools, which were sometimes accompanied by food to tide them over until the next harvest. The establishment of cereal banks helped

ensure the availability of affordable grain for planting or consumption. Ox/donkey carts enabled people to transport crops to markets or people to clinics more efficiently, thus reducing their exposure to violence-related risks. Pastoralists, as in the Casamance region in Senegal, the DRC, Kenya and South Sudan, had their herds vaccinated against disease and treated by trained local animal health workers. Some in Mali and Niger sold weaker animals at competitive prices to the ICRC, which donated the meat to vulnerable community members, including schoolchildren. Struggling households, often led by women whose husbands were missing because of conflict/violence, generated income through small-scale businesses with the help of training, materials and/or micro loans. Some supplemented their earnings by participating in projects to improve irrigation systems, roads or other structures in exchange for cash.

Primary health care centres, run by local authorities or National Societies with ICRC support in the form of training, supplies and funds, provided preventive, curative and ante/post-natal care for people in remote and insecure areas. For example, 51 fixed and mobile clinics across Somalia continued to serve vulnerable people, including malnourished children and mothers. In the suburbs of Harare, Zimbabwe, 12 polyclinics remained reliant on ICRC aid. Immunization activities helped prevent the spread of disease and lower child mortality rates. In Darfur, for instance, the ICRC facilitated access for local health teams and WHO to conduct a vaccination campaign to curb a yellow fever outbreak. People who experienced sexual or other violence availed themselves of medical treatment and/or psychological support from ICRC-trained health workers, as in the CAR, Côte d'Ivoire and the DRC.

People with conflict- or mine/ERW-related disabilities underwent physical rehabilitation at ICRC-supported centres, as in Burundi, Chad, Ethiopia, Niger and Uganda. Saharawi refugees benefited from such services at the ICRC's own prosthetic/orthotic centre in south-western Algeria. To prevent mine/ERW-related injuries and help residents resume their activities safely, ICRC experts removed mines/ERW in contaminated areas in Libya, while local mine-action teams, for instance in the Casamance region in Senegal and Zimbabwe, received training to do the same and support National Society-led campaigns to alert local populations to the dangers.

Families dispersed by conflicts or other crises restored contact with their relatives through National Society/ICRC-run family-links services. Children were helped to reconnect and, when appropriate, reunite with their relatives. New offices in Kananga, DRC, and Lunda Norte, Angola, helped migrants deported to the DRC from Angola contact the relatives they left behind. The ICRC also backed government initiatives to respond to the needs of people seeking news of relatives unaccounted for. In Burundi, the national authorities enhanced their knowledge of forensic practices during an ICRC-organized seminar, while forensic teams, including in Côte d'Ivoire and Libya, were trained in the identification of human remains to help provide answers to the families of missing people and prevent people from being unaccounted for. The Moroccan authorities and the Polisario Front were encouraged to examine cases related to the 1975–91 Western Sahara conflict.

Delegates visited detainees in 36 countries in accordance with ICRC standard procedures to help ensure that their treatment and living conditions met IHL and/or other internationally recognized standards. Careful attention was paid to the situation of security detainees, women, minors, foreigners and those with illnesses. Feedback was shared confidentially with the authorities concerned.

The ICRC pursued efforts to (re)gain access to all detainees falling within its mandate. With the authorities' consent, it began visiting detainees in Somalia and worked with the African Union (AU) Mission in Somalia to develop guidelines for the treatment of detainees and defectors. In Ethiopia, it worked with the authorities towards the resumption of its activities in federally run prisons while stepping up activities in regionally run prisons. In the international armed conflict between South Sudan and Sudan, it acted as a neutral intermediary and assisted in the repatriation of POWs. It facilitated the safe transfer to the relevant authorities of people released by armed groups, as in Mali, Senegal and Sudan. In parallel, it encouraged the authorities' efforts to improve prison conditions, offering assistance where necessary to renovate infrastructure, improve hygiene or facilitate medical treatment. To relieve overcrowding, a new probation office in Tunisia facilitated alternative sentencing options, while the release of detainees in Burundi as a result of a review of their case files reduced the population in places of detention. After reopening prisons in Côte d'Ivoire, the authorities developed new policies in consultation with the ICRC. Prison health systems increased their capacities: for example, prison clinics in Mauritania benefited from supplies and staff training, while health staff in Rwanda were sponsored to pursue post-graduate studies. Where malnutrition cases were frequent, as in Madagascar and Mauritania, the authorities established monitoring systems while some detainees received food supplements. In Zimbabwe, detainees supplemented their diet with vegetables grown in prison farms.

Long-term initiatives sought to enhance respect for IHL. Government representatives benefited from training and technical support to advance the ratification of humanitarian instruments and to enact implementing legislation. As a result of such support, for example, the South Sudan government acceded to the 1949 Geneva Conventions and ratified the South Sudan Red Cross Society Act. The AU and other regional bodies worked with the ICRC to integrate IHL into their policies and promote the national implementation of IHL-related instruments, such as the AU Convention on IDPs, which entered into force in December. Military, security and police forces, including the African Standby Force, worked to integrate IHL/international human rights law into their training, doctrine and operations.

PROTECTION MAIN FIGURES AND INDICATORS ¹

PROTECTION														
	CIVILIANS												Detainees visited	Detainees visited and monitored individually
	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		
Algeria	26	73	16								11	23	18,966	95
Burundi	1,641	1,738	76			3	1	3			24		11,469	643
Central African Republic	244	229				27	26	4	5		51		1,347	172
Chad	1,659	1,253	1,516			3	3	38			60		5,292	137
Congo, Democratic Republic of the	43,044	37,337	53	158		997	947	1,053	39		239	1	17,615	1,664
Eritrea	1,523	1,775				2	2	1			4	51		
Ethiopia	3,392	3,045	4,739			2		18	2		50	33	28,071	163
Guinea	116	168	41					24			7		3,669	101
Liberia	728	503	1,453	8		121	102	99			21	118	2,702	181
Libya	59	102	1,046								796		13,490	851
Nigeria	3	17									5			
Rwanda	2,905	2,736	245	204		19	19	269			34		64,330	301
Somalia	4,579	15,376	4	6,997	9,127	1					300	18	1,452	26
South Sudan	769	271	1,520			24	16	39	6		45	17	61	61
Sudan	6,401	6,353	3			8	8	175	5		75		97	97
Uganda	3,618	1,873	18,693			14	11	89			4	1	5,443	259
Abidjan (regional)	795	976		8		10	5	21			51	3	8,386	529
Antananarivo (regional)	4	11	27			2	2				4		10,491	27
Dakar (regional)	42	19	113			738	4				5	4	3,905	98
Harare (regional)	454	214									9	11	15,990	115
Nairobi (regional)	20,579	13,072	125,187					41	29		61	14	1,308	53
Niamey (regional)	136	148	1,696				13	28	469		49		8,951	303
Pretoria (regional)	274	273	11								32	66	8	8
Tunis (regional)	85	185	16,263			6		18			53	10	19,538	222
Yaoundé (regional)	232	407				60	60	25			110	2	56	27
Total	93,308	88,154	172,702	7,375	9,127	2,037	1,219	1,945	555		2,100	372	242,637	6,133

* Unaccompanied minors/separated children

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

PROTECTION

PEOPLE DEPRIVED OF THEIR FREEDOM

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	
1	1	74		1	32	31	16	1	66				Algeria
11	17	247	5	8	129	32	4	7				31	Burundi
7	9	147	7	9	55	23	13	5	1			2	Central African Republic
1	3	102	1	3	59	16	262	135	887			193	Chad
11	64	999	6	57	387	108	3,297	2,584	26			44	Congo, Democratic Republic of the
												12	Eritrea
1		95	1		22	20	225	1				78	Ethiopia
2		47	1		248	63	211	32	66			10	Guinea
	21	50		15	70	25	110	122	5				Liberia
22	35	631	19	24	184	86	112	46	380			10	Libya
													Nigeria
2	3	191	1	3	76	32	352	80				11	Rwanda
	6	26		6	16	6	30		18		3		Somalia
1		61	1		22	8	55	1	2		13		South Sudan
		97			7	6	19	16			87	30	Sudan
1	10	212	1	10	142	50	289	181	120			5	Uganda
10	17	362	6	14	196	72	146	93	451			11	Abidjan (regional)
		17			38	18	17	2	22	1		3	Antananarivo (regional)
2	1	54		1	45	18	37	35	139	5	8		Dakar (regional)
					83	49			84	123			Harare (regional)
1		8			10	6	573	411					Nairobi (regional)
1	5	300	1	5	59	31	122	54	46		16	1	Niamey (regional)
					2	1	1	1	9				Pretoria (regional)
7	8	132	3	8	108	38	93	18	158			11	Tunis (regional)
1		6			28	16	7	5				4	Yaoundé (regional)
82	200	3,858	53	164	2,018	755	5,991	3,830	2,480	129	127	456	Total

ASSISTANCE MAIN FIGURES AND INDICATORS ¹

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
Burundi													21,190	11,249
Central African Republic	62,032	15,098	104,522	2,060			61,950	2	15,500	13,451		218	7,218	510
Chad		11,500										477	7,823	2,061
Congo, Democratic Republic of the	226,393	196,172	183,646	12,265	6,000	13,109	834,411	28	140,599	109,156	169,821	3,800	12,491	12,491
Eritrea		6,533	84,522				17,941							
Ethiopia		6,322		660			76,774						16,533	7,192
Guinea							246,000					2,046	10,215	2,821
Liberia			18,192				41,928	4	11,114	15,436	8,281	713	2,090	1,400
Libya	42,830	102,841					925,250					2,734	6,733	3,500
Nigeria	32,536	16,112					11,167	1	2,000	816	3,054			200
Rwanda	13	115		1		71						1		14,473
Somalia	1,760,616	614,026	519,672	38,130		123,252	253,555	52	484,667	643,901	77,779			
South Sudan	74,934	142,672	95,934				189,900							
Sudan	516,733	25,092	708,209	271,643		178,220	485,842	7	141,267	88,187	150,834			
Uganda	11	13					31,250					4,561	6,576	
Abidjan (regional)	44,321	20,945	35,502	30,276			85,525	5	102,379	55,688	109,965			6,246
Antananarivo (regional)												976	497	6,659
Dakar (regional)	27,484	1,892	39,788	18		1,965	38,132	10	65,697	18,292	26,327	8	687	659
Harare (regional)	10	5					3,960	12	1,248,294	1,526,722	416,730	5,512	15,009	14,000
Nairobi (regional)				21,600		25	37,448							550
Niamey (regional)	1,015,491	106,301	240,729	27,706		1,877,653	307,463	12	16,709	10,090	13,520	482	3,550	975
Pretoria (regional)													11	
Tunis (regional)	2,500	84,500					58,755					206	690	2,585
Yaoundé (regional)	58	8		17								231	2,463	
Total	3,805,962	1,350,146	2,030,716	404,376	6,000	2,194,295	3,707,251	133	2,228,226	2,481,739	976,311	21,965	113,776	87,571
of whom women	25%	23%	27%	19%	30%	25%	34%			580,028				
of whom children	52%	47%	45%	47%	50%	46%	29%			988,157	915,433			
of whom IDPs	2,151,092	986,176	162,968	71,809	1,200	40,815	363,577							

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

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	Number of patients receiving physiotherapy	
							1	2,310	7	296	10	435	1,580	Burundi
														Central African Republic
1	1	488	126				2	4,609	82	125	265	454	2,602	Chad
5	5	15,832	738				4	759	128	12	272	21	258	Congo, Democratic Republic of the
														Eritrea
							7	6,768	741	1,037	1,838	2,372	3,495	Ethiopia
6														Guinea
														Liberia
40				5	3	257	1							Libya
11	4	2,894	57											Nigeria
														Rwanda
11	11	7,649	2,503	57	55	750								Somalia
11	1	730	221	1		25	3	2,114	76	33	212	91	791	South Sudan
9	6	14,991	445	1	1	7	9	4,207	541	682	1,390	1,315	1,951	Sudan
							2	759	137	363	197	428	193	Uganda
11	2	1,454												Abidjan (regional)
														Antananarivo (regional)
							1	631	27	8	28	9	536	Dakar (regional)
														Harare (regional)
														Nairobi (regional)
1	1	2,012	122				1	141	18	19	18	21	59	Niamey (regional)
														Pretoria (regional)
							1	540	16	47	32	74	540	Tunis (regional)
														Yaoundé (regional)
106	31	46,050	4,212	64	59	1,039	32	22,838	1,773	2,622	4,262	5,220	12,005	Total
		18,281	794					4,648	352	520	826	1,045		of whom women
		13,724	307					6,936	112	1,510	301	2,957		of whom children
											761	58		of whom IDPs

ALGERIA



ICRC delegation ICRC-supported prosthetic/orthotic centre ICRC office/presence

EXPENDITURE (IN KCHF)	
Protection	1,000
Assistance	-
Prevention	576
Cooperation with National Societies	134
General	-
	1,709
	of which: Overheads 104

IMPLEMENTATION RATE	
Expenditure/yearly budget	89%

PERSONNEL	
Expatriates	6
National staff (daily workers not included)	7

KEY POINTS

- In 2012, the ICRC:**
- visited detainees held in Justice Ministry prisons or in police/*gendarmerie* custody, confidentially sharing with the authorities its findings and recommendations on their treatment and living conditions
 - at their request, assisted foreign detainees by notifying their consular representatives or UNHCR of their situation or, if needed, referring them to a local organization for legal advice
 - trained magistrates from around the country in IHL and other international standards applicable to detention, thereby supporting them in their role of monitoring detainees' conditions
 - with the Algerian Red Crescent, helped families contact their relatives detained/interned abroad, or living abroad after a period of detention, via RCMs or telephone/video calls
 - together with local associations and NGOs working for migrants, established a network with clearly defined roles, thus facilitating assistance aimed at alleviating migrants' difficult living conditions
 - lent guidance to National Society branches in the south of the country to help them develop contingency plans for their humanitarian assistance in view of the outbreak of armed conflict in Mali

The ICRC has been working in Algeria, with some interruptions, since the 1954–62 Algerian war of independence. It visits people held in places of detention run by the Ministry of Justice and people remanded in custody in police stations and *gendarmeries*. The ICRC also works to promote IHL among Algerian civil society, the authorities and the armed forces. It supports the Algerian Red Crescent's reform process and tracing activities.

CONTEXT

Life for many Algerians continued against a backdrop of social unrest linked to high unemployment, rising living costs and, in some cases, desire for political reform. Protests occasionally led to confrontations with security forces and, reportedly, to arrests. New regulations governing press freedom and women's representation in parliament, as well as the adoption of a new electoral law and information code, paved the way for parliamentary and local elections; both saw the ruling party stay in power.

Despite a general decline in violence, localized clashes persisted between national security forces and armed groups in the north, east of Algiers. Security concerns in the Sahel region remained a priority for the authorities, more so given the armed conflict in Mali. The authorities coordinated with regional peers to combat criminal activity and to reduce the threat of armed groups in the area. There were fewer Malian refugees in Algeria than originally estimated – only a few thousand were reportedly living with Algerian host families and around 300 in a refugee camp at the end of the year.

Algeria continued to serve as a destination for migrants, some of whom intended to proceed to Europe. Unable to stay or reach their destination due to tighter regulations, many faced the risk of arrest or deportation.

ICRC ACTION AND RESULTS

The Algeria delegation continued to focus on visiting detainees held under Justice Ministry authority or in police/*gendarmerie* custody to assess their treatment and living conditions. Drawing on information gathered during visits, delegates engaged in confidential dialogue with the authorities, paying special attention to the needs of vulnerable detainees. An ICRC report submitted to the authorities in January served to complement earlier reports identifying key issues in the treatment of detainees and respect for their judicial guarantees.

To support them in their role in monitoring detainees, magistrates from around the country trained in IHL and other international standards applicable to detention. Instructors at the Algerian Magistrates' School received additional training to enhance their capacities to teach these subjects. Within prisons, the ICRC sought to familiarize detention officials and guards with and gain their support for its work, conducting dissemination sessions for prison guards on top of those for instructors and trainees at a penitentiary training facility.

Dialogue with the authorities also emphasized the psychological impact of isolation on foreigners, who contacted their consular

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		3,618	165	
RCMs distributed		1,873	42	
Phone calls facilitated between family members		18,813		
Reunifications, transfers and repatriations				
People reunited with their families		25		
	<i>including people registered by another delegation</i>	11		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		10		5
People located (tracing cases closed positively)		16		
	<i>including people for whom tracing requests were registered by another delegation</i>	12		
Tracing cases still being handled at the end of the reporting period (people)		8		5
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		131	25	
UAMs/SCs reunited with their families by the ICRC/National Society		15	4	2
	<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		89	21	
Documents				
People to whom travel documents were issued		1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		5,443		
Detainees visited and monitored individually		259	1	10
Detainees newly registered		212	1	10
Number of visits carried out		142		
Number of places of detention visited		50		
Restoring family links				
RCMs collected		289		
RCMs distributed		181		
Phone calls made to families to inform them of the whereabouts of a detained relative		120		
People to whom a detention attestation was issued		5		

* Unaccompanied minors/separated children

representatives or UNHCR through the ICRC and, in some cases, were referred by the ICRC to a local organization for legal advice. Detainees visited by the ICRC communicated with their families through RCMs or phone calls. Through the Algerian Red Crescent, families also communicated with their relatives detained/interned abroad or living abroad after a period of detention. In one instance, the ICRC helped repatriate a deceased detainee's remains from Iraq, enabling his family to mourn and carry out funeral rites.

Migrants and asylum seekers also had access to National Society/ICRC family-links services. Together with local associations and NGOs, the ICRC established a network with clearly defined roles to help ensure migrants received assistance from the appropriate organization. Information shared with the Tunis delegation supported the ICRC's efforts to help the authorities there in clarifying the whereabouts of people believed missing at sea.

The ICRC worked to promote interest in IHL among academic/religious institutions, some of which integrated/introduced the subject into their curricula. To support their efforts, the ICRC pursued discussions with the national IHL committee regarding the standardization of IHL instruction, provided faculties with reference material and sponsored one professor's participation in a course abroad. Planned dissemination activities in military and police institutions were postponed owing to the transition period following the elections and to logistic and administrative difficulties.

Contacts with the media and NGOs served to broaden awareness of and support for the Movement's work. To enhance reporting on humanitarian action, the ICRC organized a study day for journalists and sent one to a regional conference. Moreover, activities commemorating the 50th anniversary of Algeria's independence and of the creation of the Algerian Red Crescent increased public knowledge of the Movement's role in Algerian history. In line with these efforts, the ICRC worked in partnership with the Emir Abdelkader Foundation to promote awareness of Algeria's historical protection of war victims prior to IHL.

The Algerian Red Crescent organized emergency relief operations for Malian refugees in Algeria and worked towards bringing together the region's National Societies to coordinate their activities to address the humanitarian needs of Malian refugees in their respective countries. With ICRC support, the National Society made preparations to assess the capacities of two branches in the south of the country and to develop contingency plans accordingly. With Movement support, the National Society enhanced its management and other operational capacities, including in family-links services.

CIVILIANS

Algerian families contacted relatives detained/interned abroad, including in the US internment facility at the Guantanamo Bay Naval Station in Cuba, through family-links services, notably RCMs and telephone/video calls, provided by the Algerian Red Crescent with ICRC support. Eleven families seeking news of relatives

received replies from the ICRC to their inquiries. In addition, some former internees living abroad, wishing to restore contact with their families in Algeria upon release, received help to communicate with or rejoin their families; one minor was able to visit his father. In one instance, a family mourned a deceased relative and carried out appropriate funeral rites after the ICRC helped repatriate his remains from Iraq, where he had been detained.

Asylum seekers referred to the ICRC by UNHCR, including 16 unaccompanied children, also benefited from family-links services; one person contacted his family in Côte d'Ivoire. Local associations, NGOs and the ICRC established a network with clearly defined roles for assisting vulnerable migrants, including unaccompanied minors, to help ensure they received assistance from the appropriate organization. Contacts with migrant communities, the authorities and charitable institutions in Algeria's south helped assess the extent of the repercussions of the Malian conflict on migrants there, in case assistance should be needed in the future. Cases of migrants missing at sea received special attention. A list of 87 people shared with the Tunis delegation (see *Tunis*) helped consolidate information for presentation to the authorities there with a view to helping ascertain their whereabouts.

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

Detainees held in prisons under the authority of the Justice Ministry or in the custody of the police or *gendarmérie* received visits from the ICRC, according to its standard procedures, to monitor their treatment and living conditions, including respect for their judicial guarantees. As efforts during the year focused on detainees to whom the ICRC already had access, the most vulnerable among them, including women, minors and foreigners, received special attention.

After visits, the authorities received confidential feedback and recommendations. The Justice Ministry, magistrates, prison administrators, police/*gendarmérie* officers and the ICRC discussed ways of improving detainees' treatment and living conditions, particularly while in police/*gendarmérie* custody. The authorities received written reports relating to detainees' treatment, including an updated summary report in January 2012 complementing earlier documents submitted in September 2010 and January 2011, both covering key issues identified from 2008 to 2010. In support of their specific role in places of detention, magistrates participated in training sessions tailored to their work (see *Authorities*). At the same time, prison guards and around 300 instructors and trainees at the central penitentiary institution familiarized themselves with the ICRC's work and standard procedures at dissemination sessions, thus helping foster their support for ICRC action on detainees' behalf.

Discussions also emphasized the importance of family contact, particularly for foreign detainees, who were especially vulnerable to isolation, to safeguard their psychological well-being and their ability to settle back into family life after being released. Detainees who wished to do so contacted their families through RCMs and phone calls or informed their consular representatives/UNHCR of their situation through the ICRC. One inmate re-established contact with his wife for the first time in seven years. Six foreign detainees needing legal assistance were referred to a local human rights organization.

With international partners, the authorities pursued efforts to reduce overcrowding in prisons and mitigate its effects. In so doing, they were advised by the ICRC to encourage judges' use of alternative sentencing options provided for in Algerian legislation. At their invitation, the ICRC participated in a national planning conference for penitentiary management. Plans were developed for potential ICRC support in this area in 2013. An ICRC assessment of prison health services and broadened contacts with Algerian doctors laid the groundwork for a future seminar on health in detention.

AUTHORITIES

Discussions with the Algerian authorities centred on deepening mutual understanding and building support for ICRC activities in the country, particularly in places of detention (see *People deprived of their freedom*).

In support of their role in monitoring detainees' treatment and living conditions, Algerian magistrates enhanced their knowledge of IHL and international standards applicable to detention through ICRC training sessions conducted in partnership with the Algerian Magistrates' School. Nineteen instructors at the school attended a follow-up course on presentation techniques, complementing the knowledge they had acquired during a previous train-the-trainer course, thus boosting their capacities to teach their colleagues. Another 25 magistrates from different provinces attended an IHL seminar conducted jointly with ICRC-trained professors, including a national IHL committee member. Afterwards, they participated in an ICRC-organized IHL competition to hone their skills, the winners of which would be sent to a regional IHL course the following year.

Because of the transition period following national elections and the appointment of a new justice minister, several activities by the national IHL committee did not go ahead. Instead, the committee planned a comprehensive IHL training programme for government officials, weapon bearers and civil society, for implementation in 2013. In the meantime, with ICRC sponsorship, a diplomat, an acting member of parliament and four magistrates attended regional IHL training courses abroad aimed at building national IHL implementation capacities (see *Kuwait* and *Lebanon*).

ARMED FORCES AND OTHER BEARERS OF WEAPONS

As military training facilities countrywide had formally integrated IHL into their curricula, the Defence Ministry and the ICRC focused on supporting these institutions in enhancing IHL knowledge and teaching quality. To this end, the Defence Ministry's training unit received IHL teaching resources and reference materials for distribution.

Planned IHL activities with the Chercell Military Academy, including presentations for officers and overseas training for a senior officer, did not go ahead owing to logistic and administrative difficulties. A train-the-trainer event for police officers was similarly postponed to 2013.

CIVIL SOCIETY

Media, religious and academic circles and NGOs cooperated with the ICRC to build mutual understanding and broaden support for the Movement's work through a wide-ranging network of contacts. National radio stations continued to raise public awareness of ICRC activities, including those in Mali and the Syrian Arab Republic. To enhance their reporting on humanitarian action,

local journalists learnt more about armed conflict and IHL during an ICRC study day; one attended a regional journalism conference with ICRC sponsorship, enabling him to report regularly on ICRC activities.

Local associations, NGOs and the ICRC discussed topics of mutual interest, including migration (see *Civilians*). The Emir Abdelkader Foundation developed a partnership with the ICRC to continue its work raising awareness of the protection of war victims in Algerian history prior to IHL. With ICRC support, the Algerian Red Crescent embarked on activities commemorating the 50th anniversary of Algerian independence and of the creation of the National Society itself.

Two faculties of Islamic studies introduced the comparative study of IHL and Islamic law as a topic for graduate research. Supporting this initiative and continuing earlier progress in promoting IHL in religious circles, a professor of Islamic sciences attended an IHL course abroad with ICRC sponsorship (see *Lebanon*). By the end of the year, 14 Algerian law faculties had integrated IHL into their curricula, with one creating an independent IHL department. To support their efforts, the faculties received IHL reference materials and gained access to the delegation's library. Building on this progress, the national IHL committee initiated a discussion between six major law faculties and the ICRC on the standardization of IHL instruction in undergraduate and graduate studies.

RED CROSS AND RED CRESCENT MOVEMENT

Responding to the needs of conflict-affected neighbouring countries, the Algerian Red Crescent independently organized emergency relief operations for Malian refugees in Algeria. To help coordinate Movement operations in response to the conflict in Mali, it organized discussions with the National Societies in neighbouring countries. With the ICRC, the National Society's Adrar and Tamanrasset branches in the south of the country worked on contingency plans adapted to the situation in Mali.

In coordination with other Movement components, the Algerian Red Crescent received ICRC support in enhancing its family-links and tracing services (see *Civilians*) through branch visits and training activities. Additionally, the National Society's initiative to promote the Fundamental Principles and IHL benefited from ICRC expertise and financing. To improve the National Society's first-aid capacities, a coordinator attended a regional seminar abroad (see *Abidjan*) with ICRC support.

The Algerian Red Crescent and the ICRC maintained regular dialogue regarding the National Society's structural and management reforms according to Movement policies and commitments made in previous meetings. This included the continued revision of the National Society statutes based on feedback from the International Federation/ICRC Joint Statutes Commission. In light of the new financial framework governing National Society/ICRC relations from 2013, the Algerian Red Crescent assessed its financial management capacities jointly with the ICRC.

BURUNDI



ICRC / AR, 2012
 + ICRC delegation + ICRC-supported prosthetic/orthotic centre

EXPENDITURE (IN KCHF)

Protection	1,651
Assistance	2,225
Prevention	320
Cooperation with National Societies	567
General	-

► **4,764**

of which: Overheads 291

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Expatriates	14
National staff (daily workers not included)	54

KEY POINTS

In 2012, the ICRC:

- worked with the authorities to help reduce overcrowding in some places of detention, resulting in the release of a number of inmates after the review of the case files of several hundred detainees
- with the penitentiary directorate and the Belgian development cooperation agency, organized a seminar on detainees' treatment and living conditions, leading to a three-month coaching programme for penitentiary staff
- contributed to the transitional justice process by providing forensic expertise to the authorities in examining a mass gravesite
- helped disabled people from a wider geographical area gain access to Saint Kizito's physical rehabilitation services by enabling the opening of a new dormitory offering them accommodation
- together with Burundian IHL instructors, conducted pre-deployment briefings for 4 Burundian contingents participating in the African Union Mission in Somalia
- provided financial, material and technical support to the Burundi Red Cross, enabling it to collect and distribute RCMs autonomously in all of the country's 17 provinces

The ICRC has been present in Burundi since 1962, opening its delegation there in 1992 to help people overcome the worst consequences of armed conflict. Owing to the progress in the peace process, ICRC assistance activities have been scaled down and now focus mainly on working with the prison authorities to ensure that detainees are treated according to internationally recognized standards. The ICRC also reinforces physical rehabilitation services, bolsters the Burundi Red Cross, notably its efforts to restore links between separated family members, and supports the armed forces' efforts to train their members in IHL.

CONTEXT

Tensions and security incidents significantly decreased throughout the year. However, sporadic violence, mainly clashes between security forces and other weapon bearers, persisted, especially in the area bordering the Democratic Republic of the Congo (hereafter DRC).

The establishment of a Truth and Reconciliation Commission as part of the transitional justice process was postponed, as the authorities sought more time to consult with the population and increase its awareness of the matter.

Burundi remained highly reliant on international support and continued to suffer from poverty and underdevelopment. Rising prices of essential commodities led to a national strike in April. Rapid population growth, driven by high birth rates and the return of former refugees from neighbouring countries, including the United Republic of Tanzania (hereafter Tanzania), continued to fuel disputes over access to land. Owing to past and current conflicts in the region, Burundi hosted a number of refugees, mainly from the DRC.

The Burundian armed forces continued to contribute troops to the African Union Mission in Somalia (AMISOM).

ICRC ACTION AND RESULTS

In Burundi, the ICRC continued to concentrate on helping the authorities improve the conditions of detainees. To this end, delegates visited nearly 11,500 detainees in 32 places of permanent and temporary detention to monitor their treatment and living conditions, sharing their findings and any recommendations confidentially with the authorities concerned. Discussions with the Justice and Public Security Ministries focused on improving detainees' treatment and respect for their judicial guarantees. As a result, the authorities reviewed the files of several hundred detainees, speeding up the judicial process and enabling the release of some of them, thus relieving overcrowding in some places of detention. At the same time, the ICRC intervened in a more general way across the penitentiary system, providing financial, material and technical assistance to help improve inmates' living conditions. For example, with the relevant authorities, it rehabilitated/constructed prison infrastructure and carried out disinfection campaigns and a hygiene-promotion programme. The ICRC also facilitated detainees' access to health care by covering most of the costs of medicines in prison dispensaries and donating

Main figures and indicators	PROTECTION		Total
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages (RCMs)			
		UAMs/SCs*	
RCMs collected	1,641	4	
RCMs distributed	1,738	12	
Phone calls facilitated between family members	76		
Reunifications, transfers and repatriations			
People reunited with their families	5		
	<i>including people registered by another delegation</i>		2
Tracing requests, including cases of missing persons			
		Women	Minors
People for whom a tracing request was newly registered	78	18	34
People located (tracing cases closed positively)	31		
	<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)	66	16	34
UAMs/SCs*, including unaccompanied demobilized child soldiers			
		Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society	2		
UAMs/SCs reunited with their families by the ICRC/National Society	3	1	
	<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	3		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)			
ICRC visits			
		Women	Minors
Detainees visited	11,469		
Detainees visited and monitored individually	643	11	17
Detainees newly registered	247	5	8
Number of visits carried out	129		
Number of places of detention visited	32		
Restoring family links			
RCMs collected	4		
RCMs distributed	7		
People to whom a detention attestation was issued	31		

* Unaccompanied minors/separated children

such items to health centres treating inmates. A two-day seminar organized with the penitentiary directorate and the Belgian development cooperation agency aimed to improve detainees' conditions and led to the initiation of a three-month coaching/monitoring programme for penitentiary staff.

While the creation of a Truth and Reconciliation Commission was postponed, the ICRC provided ad hoc forensic expertise to the national authorities and helped examine a newly discovered mass grave.

With ICRC support, the Burundi Red Cross increased its capacity to provide family-links services, collecting and distributing RCMs in all of the country's 17 provinces. It took over from the ICRC the task of exchanging these between Burundians and their relatives detained in Tanzania. The National Society also strengthened its capacities in the fields of emergency preparedness, water and sanitation, and promotion of the Movement's Fundamental Principles. For example, it created six new emergency response brigades and initiated three new water and sanitation projects. It carried out the emergency rehabilitation of a water facility in a transit camp, enabling over 33,000 Burundian returnees repatriated from Tanzania to access clean water.

Within the framework of a multi-year plan of action, the Saint Kizito physical rehabilitation centre and the ICRC continued to work together to provide quality services to disabled people, including demobilized weapon bearers injured during past fighting. The centre worked to ensure its long-term financial sustainability, for example through an internal solidarity fund for the

cost recovery of services, while the ICRC provided training and mentoring to staff.

To strengthen understanding of humanitarian principles and IHL and garner support for the Movement, the ICRC pursued dialogue with the authorities, the armed forces and regional/international organizations. It provided technical guidance to the government and the armed forces in integrating IHL into national legislation and military doctrine and training respectively. These efforts contributed to Burundi's accession to the Convention on Certain Conventional Weapons. ICRC-trained Burundian instructors briefed four Burundian contingents on IHL prior to their deployment with AMISOM.

Movement partners met regularly to exchange views and coordinate activities.

CIVILIANS

Separated relatives restore contact

Family members dispersed while fleeing past fighting in Burundi or neighbouring countries, including Burundian refugees in or returning from Tanzania and Congolese and Rwandan refugees in Burundi, restored contact through tracing and RCM services run by the Burundi Red Cross and the ICRC.

With an increased capacity to provide family-links services, the National Society continued to collect and distribute RCMs autonomously in all of the country's 17 provinces. From the start of the year, it took over from the ICRC the task of exchanging RCMs between Burundians and their relatives detained in Tanzania.

Main figures and indicators	ASSISTANCE ¹	Total	Women	Children
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	21,190		
Water and habitat activities	Beneficiaries	11,249		
WOUNDED AND SICK				
Physical rehabilitation				
Centres supported	Structures	1		
Patients receiving services	Patients	2,310	202	1,876
New patients fitted with prostheses	Patients	7	1	3
Prostheses delivered	Units	10	2	4
New patients fitted with orthoses	Patients	296	7	259
Orthoses delivered	Units	435	12	388
Number of patients receiving physiotherapy	Patients	1,580	103	1,331
Crutches delivered	Units	63		
Wheelchairs delivered	Units	56		

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

While 31 people being traced were located, three unaccompanied children rejoined their families, including one in the DRC and one in Rwanda, according to their wishes. Upon reunification with his/her family in Burundi, the third child received an assistance kit, and another one to facilitate his/her reintegration into the family unit.

To help them run family-links services, the 17 National Society provincial relays and 66 community relays benefited from training and support for information management and basic equipment such as bicycles, shirts and bags. For future planning, the National Society and the ICRC carried out an extended joint assessment of needs and reviewed existing capacities at the end of the year.

Families of missing persons benefit from ICRC expertise

Following the postponement of the Truth and Reconciliation Commission's establishment as part of the transitional justice process in Burundi, ICRC plans to provide technical support and forensic expertise to the Burundian authorities in dealing with the issue of missing persons were placed on hold. Nevertheless, the authorities accepted an offer from the ICRC to provide ad hoc forensic expertise in the management of a mass grave found in the path of road construction in Kivyuka, Bubanza province. This offer included assistance in managing human remains, hands-on forensic training of Burundian officials and the drawing up of a national protocol for the administration of such graves. This led to a first forensic assessment of the site concerned.

As the Truth and Reconciliation Commission had not yet been established, no seminars were held to raise awareness of the needs of families of missing persons and the proper handling of human remains.

PEOPLE DEPRIVED OF THEIR FREEDOM

Nearly 11,500 detainees in 32 places of permanent and 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. Around 640 security detainees were individually followed up, with particular attention being paid to vulnerable inmates, such as minors, women and foreigners. Some inmates used RCMs to restore/maintain contact with relatives in Burundi or abroad.

Following such visits, the relevant authorities received confidential feedback and, as necessary, recommendations for improvements. Discussions with the Justice and Public Security Ministries aimed to help improve detainees' treatment and living conditions and respect for their judicial guarantees in places of detention under these ministries' jurisdiction. As a result, the authorities reviewed the files of several hundred detainees, speeding up the judicial process and enabling the release of a number of them, thus helping reduce overcrowding in some places of detention. Moreover, the judiciary departments of Ngozi and Ruyigi prisons improved their management of penal files. Acting on ICRC recommendations, the relevant authorities released some minors under 15 and provided those remaining in detention facilities with separate accommodation, helping reduce alleged harassment.

To help advance the implementation of the 2011–15 justice sector policy, at the invitation of the General Directorate of Penitentiary Affairs, the ICRC co-chaired the working group in charge of conditions of detention, comprising representatives of the authorities concerned and financial and technical partners. At a two-day seminar organized with the directorate and the Belgian development cooperation agency, penitentiary officials and non-governmental stakeholders exchanged best practices and set practical objectives for improving detainees' living conditions and treatment, including respect for their judicial guarantees. This led to the initiation of a three-month coaching/monitoring programme for penitentiary staff, followed by a first round of visits to the country's 11 prisons carried out by a technical team of the directorate.

Detainees enjoy better health and living conditions

While reminding the relevant authorities of the need to increase the budget for prison services and for the administration of places of temporary detention, the ICRC provided direct support to help improve detainees' health and living conditions. Inmates continued to access quality health care through prison dispensaries, for which the ICRC covered 80% of the costs of basic medicines. Similarly, people held in four places of temporary detention received medical attention in nearby public health centres thanks to donated medicines. With technical, material and financial support, the prison authorities provided health care to 171 detainees through local TB and HIV/AIDS support services.

Some 11,250 detainees in 20 places of detention enhanced their personal hygiene with soap and cleaning materials. They included over 10,600 inmates in 11 prisons who enjoyed a healthier environment as a result of disinfection campaigns and a hygiene-promotion programme carried out with the penitentiary directorate. Some 3,300 detainees in seven places of permanent and temporary detention benefited from improved facilities following the rehabilitation/construction of sanitation and water systems, living quarters, kitchens and/or food stores. Moreover, some detainees received educational and recreational materials, helping enhance their well-being.

WOUNDED AND SICK

Patients at the Saint Kizito physical rehabilitation centre in Bujumbura enjoyed better quality services following measures implemented with ICRC support within the framework of a multi-year plan of action agreed upon in 2010. Some 2,310 people with disabilities (including 202 women and 1,876 children) benefited from the centre's services, including the provision of orthopaedic devices and mobility aids. Since the centre began providing services for outpatients and implementing treatment protocols and technical guidelines, access to quality treatment for those in need had improved. Disabled people from a wider geographical area gained access to the centre's services thanks to the opening of a dormitory where they could be accommodated, as well as the construction of a cooking and laundry area self-financed by the programme. Within the framework of an agreement signed in July between the centre and the national commission in charge of the reintegration of demobilized armed groups, some 25 demobilized weapon bearers injured during past fighting were fitted with orthoses.

To help the centre boost its capacity to treat disabled patients and improve the quality of care, the centre's prosthetic/orthotic and physiotherapy personnel benefited from on-the-job training and mentoring. Moreover, one student received sponsorship to attend a three-year physiotherapy course in Benin.

To ensure its long-term financial sustainability, the centre created an internal solidarity fund for the cost recovery of services provided to destitute beneficiaries (30% of patients). This and other steps taken to maximize its efficiency led to a positive financial balance within only a few months of their implementation.

AUTHORITIES

Meetings with the authorities, including the Ministry of External Relations, and regional/international organizations in Burundi aimed to garner support for the Movement and its emblems. They provided opportunities to discuss humanitarian issues of common concern, including those covered by the Health Care in Danger project. In particular, dialogue with the Interior Ministry focused on issues related to missing persons and the management of human remains (see *Civilians*).

During a presentation, members of the secretariat of the International Conference of the Great Lakes Region familiarized themselves with neutral, impartial and independent humanitarian action and exchanged views on this and related topics.

Dialogue with the authorities also served to encourage the ratification of outstanding IHL treaties, such as the African Union Convention on IDPs, Additional Protocol III and the Convention on Cluster Munitions, and the incorporation of their provisions

into domestic law. Drawing on National Society/ICRC input, the Defence, External Relations and Public Security Ministries took steps resulting in Burundi becoming party to the Convention on Certain Conventional Weapons, following its accession to Protocols II and V of this convention. With National Society support, the Ministry of External Relations completed the revision of a law recognizing the Burundi Red Cross's status and protecting the emblem.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Contacts with the armed forces aimed to heighten their understanding of humanitarian principles, IHL and the Movement's work.

As part of a joint plan of action agreed upon in 2010, the Defence Ministry continued to benefit from ICRC support in integrating relevant IHL provisions into all aspects of Burundi's military training and operations. The ministry had yet to appoint a team in charge of revising the military doctrine. With respect to training, the ministry and the ICRC assessed the state of IHL instruction and the needs of instructors in all military regions; based on this assessment, they decided to focus teaching programmes on heads of army units and students of the academy of military commanders. In addition, working alongside delegates, ICRC-trained Burundian instructors briefed four Burundian contingents (307 officers, 1,900 soldiers) on basic IHL principles, including the need to respect medical personnel/infrastructure, prior to their deployment with AMISOM. During three dissemination sessions, 68 officers from three military regions learnt more about the ICRC, particularly its work for people deprived of their freedom. A senior Burundian military officer boosted his IHL expertise at the 2012 Senior Workshop on International Rules Governing Military Operations (see *International law and cooperation*).

RED CROSS AND RED CRESCENT MOVEMENT

With ICRC financial, material and technical support, the Burundi Red Cross strengthened its capacities in the fields of emergency preparedness, family links (see *Civilians*), water and sanitation, and promotion of the Movement's Fundamental Principles. It worked to widen its network of volunteers countrywide as part of its goal to become the main humanitarian actor in Burundi.

Six new emergency response brigades comprising a total of 120 volunteers underwent training and became familiar with the Safer Access approach, bringing to 72 the number of trained emergency response brigades nationwide, staffed with 360 volunteers. After receiving the necessary modules, the National Society conducted such training independently, with 12 instructors training others.

The Burundi Red Cross water and sanitation department monitored activities supported by partner National Societies and designed new projects of its own, initiating three of them. For example, following the emergency rehabilitation of a water facility in a transit camp, over 33,000 Burundian returnees repatriated from Tanzania gained access to clean water.

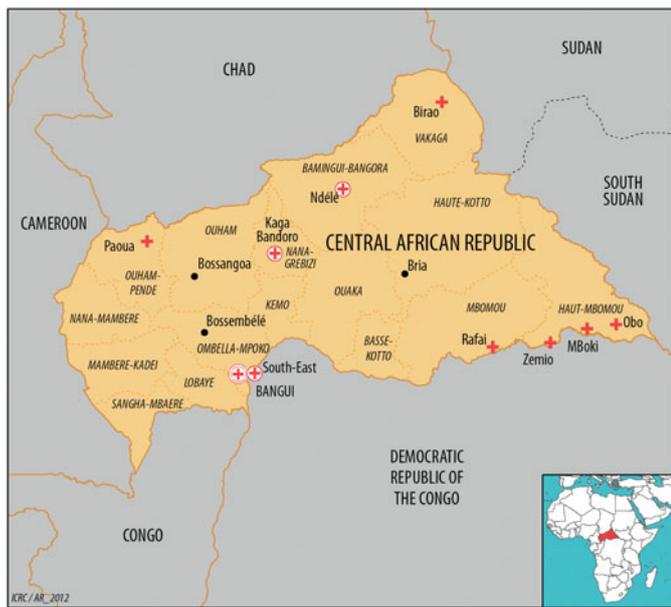
The training of volunteers in hygiene/sanitation helped increase their capacities to respond to emergencies. For instance, together with the relevant authorities, National Society teams helped vulnerable people (300 households) weather a cholera outbreak by providing them with safe drinking water and hygiene kits. While conducting disinfection campaigns, they organized awareness-raising sessions on cholera prevention.

National Society teams continued to promote both humanitarian principles and life-saving techniques in schools in rural areas. To this end, over 140 grassroots disseminators underwent training and 34 focal points refreshed their skills at four courses. Through role-play, students learnt more about topics such as child abuse, land conflict and problem-solving attitudes when facing violence at school or within the community.

The National Society regularly reported on its activities through its bilingual website, biannual magazine and weekly radio broadcasts. It also participated in statutory meetings.

Movement partners met regularly to exchange views and coordinate activities.

CENTRAL AFRICAN REPUBLIC



ICRC / AR, 2012

+ 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 carried out activities in the country since 1983. It seeks to protect and assist people affected by armed conflict/other situations of violence, providing emergency relief, medical care and psychological support, helping people restore their livelihoods, and rehabilitating water and sanitation facilities. It also visits detainees, restores links between relatives separated by conflict, promotes IHL among the authorities, armed forces, armed groups and civil society, and supports the development of the Central African Red Cross Society.

CONTEXT

In the Central African Republic (hereafter CAR), armed clashes/banditry continued to plague the north, especially the north-east, displacing residents and damaging homes. In December, the Seleka, an alliance of armed groups, took control of the north and centre of the country. The non-international armed conflict led to casualties, looting, further displacement and the temporary evacuation of most humanitarian workers.

In the south-east, sporadic armed violence, skirmishes over access to grazing land, and fear of attack by armed groups, such as the Lord's Resistance Army (LRA), also contributed to displacement or prevented IDPs from returning home. Attacks on villages allegedly by the LRA, involving the looting of food and seed stocks, reportedly increased. In the north-west, IDPs returned to their villages after long-term displacement and started rebuilding their homes.

In agreement with the government, foreign troops remained present in the country, including as part of the Mission for the Consolidation of Peace in the CAR (MICOPAX), under the responsibility of the Economic Community of Central African States (ECCAS).

ICRC ACTION AND RESULTS

Amid the continued insecurity (see *Context*), the ICRC, with the Central African Red Cross Society as its primary partner, employed a multidisciplinary approach to respond to the emergency needs of conflict/violence-affected people, while helping longer-term IDPs and returnees rebuild their lives. With ICRC financial, material and technical support, the National Society strengthened its operational capacities, notably in emergency preparedness/response, first aid and family-links services. Coordination meetings helped Movement partners harmonize their respective approaches.

The ICRC maintained or renewed dialogue with local/national authorities, weapon bearers, regional/international organizations and influential community representatives. Bilateral meetings and briefings served to raise awareness of and support for IHL, facilitate safe access to victims by National Society/ICRC personnel, and enable the rapid and effective delivery of aid. In December, the ICRC shared with the authorities its qualification of the situation as a non-international armed conflict. Based on documented allegations of abuses, it reminded the parties concerned of their responsibilities under IHL and other applicable laws to protect civilians, thus helping to prevent further violations.

EXPENDITURE (IN KCHF)

Protection	1,936
Assistance	10,110
Prevention	1,456
Cooperation with National Societies	1,140
General	-

▶ **14,642**
 of which: Overheads 894

IMPLEMENTATION RATE

Expenditure/yearly budget	96%
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PERSONNEL

Expatriates	30
National staff (daily workers not included)	177

KEY POINTS

In 2012, the ICRC:

- ▶ particularly with the resumption of hostilities in December, reminded the parties to the non-international armed conflict of the applicability of IHL and its accompanying obligations
- ▶ with the National Society, ensured people wounded by fighting in December received emergency medical care, evacuating the seriously injured and providing health facilities with medical supplies
- ▶ in the north and south-east, worked with the National Society to deliver emergency relief, including food, safe drinking water and essential items to IDPs newly uprooted by fighting and to vulnerable members of host communities
- ▶ provided 46,970 resident/displaced farmers in a more stable situation with seed, tools and training to help them undertake or expand agricultural activities and boost their household income
- ▶ with the National Society and in coordination with the authorities, rehabilitated/constructed water points and sanitation facilities in rural and urban areas, *inter alia*, easing the return home of some 40,000 long-term IDPs
- ▶ helped the National Society strengthen its operational capacities, including in first aid and restoring family links, thus facilitating first-aid teaching to weapon bearers and family reunifications

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		244	28	
RCMs distributed		229	19	
Reunifications, transfers and repatriations				
People reunited with their families		28		
	<i>including people registered by another delegation</i>	1		
People transferred/repatriated		5		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		46	2	1
People located (tracing cases closed positively)		58		
	<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)		14		2
UAMs/SCs,* including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		28	7	25
UAMs/SCs reunited with their families by the ICRC/National Society		27	8	21
	<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		4	1	4
Documents				
Official documents relayed between family members across borders/front lines		2		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		1,347		
Detainees visited and monitored individually		172	7	9
Detainees newly registered		147	7	9
Number of visits carried out		55		
Number of places of detention visited		23		
Restoring family links				
RCMs collected		13		
RCMs distributed		5		
Phone calls made to families to inform them of the whereabouts of a detained relative		1		
People to whom a detention attestation was issued		2		

* Unaccompanied minors/separated children

People wounded in the fighting benefited from National Society first-aid services, emergency medical treatment in ICRC-supported health structures, and evacuation by plane as necessary. Distributions of food and safe drinking water and the construction of latrines and temporary shelter helped IDPs in Ndélé meet their immediate needs.

With seed, tools and training, resident and displaced farmers in a more stable situation and market gardeners in Birao undertook or expanded agricultural activities, boosting their families' income. In rural villages, local workers and committee members improved or broadened community services thanks to ICRC donations of tools, mills, bicycles and other items.

Throughout the year, conflict/violence-affected communities in rural and urban areas benefited from National Society/ICRC improvements to water/sanitation facilities carried out in coordination with local water authorities. This enabled their access to clean water and helped improve sanitation conditions. As part of National Society-run hygiene-promotion programmes, communities underwent training in how to maintain the improved facilities. With technical guidance and tools, residents built their own latrines. Such efforts led to better hygiene practices and a decrease in the rate of diarrhoea, especially among children. People whose homes had sustained damage during clashes made repairs with tools and materials provided by the ICRC, and residents in the north-west affected by severe weather phenomena/bush fires received temporary shelter and essential items.

To help improve community health, residents/IDPs in the south-east exhibiting relevant symptoms were tested for malaria and given free treatment thanks to a mechanism established in 2011 to help detect/treat the disease at an early stage, preempting the need for hospitalization. In the same region, conflict/violence-affected people benefited from psychological support from ICRC-trained community members.

Meanwhile, the National Society/ICRC continued to help dispersed family members restore or maintain contact, including children formerly associated with weapon bearers and people separated from their families by detention.

Delegates pursued visits to detainees countrywide to monitor their treatment and living conditions. They shared confidential feedback and any recommendations for improvements with the relevant authorities, and maintained dialogue with them on ICRC access to all detainees within its purview. To help improve detainees' treatment, living conditions and general health, work with the penitentiary authorities focused on respect for judicial guarantees, nutrition, health/medical care and hygiene.

The ICRC encouraged the authorities to ratify IHL instruments and enforce existing legislation. This led to the production of a draft decree establishing a permanent IHL committee to oversee IHL implementation. Following efforts to assist the armed forces in integrating IHL into their training curricula, an IHL module was incorporated into the training of military cadets and company commanders.

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	62,032	30%	46%
	<i>of whom IDPs</i>	44,663		
Essential household items	Beneficiaries	15,098	24%	36%
	<i>of whom IDPs</i>	9,023		
Productive inputs	Beneficiaries	104,522	39%	24%
	<i>of whom IDPs</i>	25,714		
Cash	Beneficiaries	2,060	30%	49%
	<i>of whom IDPs</i>	1,669		
Water and habitat activities	Beneficiaries	61,950	30%	45%
Health				
Health centres supported	Structures	2		
Average catchment population		15,500		
Consultations	Patients	13,451		
	<i>of which curative</i>		1,828	5,917
Referrals to a second level of care	Patients	190		
Health education	Sessions	8		
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	218		
Essential household items	Beneficiaries	7,218		
Productive inputs	Beneficiaries	126		
Water and habitat activities	Beneficiaries	510		

CIVILIANS

Conflict/violence-affected civilians approached the ICRC with allegations of violations of IHL and national law. Once documented, their claims formed the basis of confidential oral/written representations to the parties concerned. Whenever feasible, the authorities and weapon bearers received reminders of their responsibilities under IHL and other applicable laws to protect civilians and their property, the wounded and sick, and humanitarian and medical personnel/infrastructure and to prevent forced or child recruitment by fighting forces. Dialogue aimed to prevent further abuses and obtain safe access of National Society and ICRC staff to people in need.

Employing a multidisciplinary approach, National Society/ICRC teams addressed the short-term, emergency needs of conflict/violence-affected victims, while helping longer-term IDPs and returnees rebuild their lives. The National Society therefore expanded its services over a wider area and strengthened its emergency response capacities with ICRC financial, material and technical support, organizing training, particularly in emergency response, first aid, the Safer Access approach and restoring family links, for team leaders, instructors and volunteers.

IDPs/returnees meet their emergency needs and improve their economic security

Insecurity owing to sporadic armed conflict or violence and subsequent erratic access to grazing/farming land prevented many IDPs from returning home and in some cases led to further displacement. To help them cope with their situation, 24,492 IDPs (and vulnerable members of host communities) in the north and south-east received food rations and 5,195 in the north also received essential household items.

With National Society assistance, 9,903 individuals in three remote north-western villages, whose homes had been damaged during severe weather phenomena, such as thunderstorms/flooding, or during bush fires, received tarpaulins and essential household items to help them cope in the short term.

With ICRC technical support, seed, tools and other materials, 46,970 resident and displaced farmers (9,393 households) in a more stable situation undertook farming activities on nearby plots, temporarily boosting their household income. Food rations helped tide them over between harvests. Among them, 10 cassava farming groups (246 households) in the south-east tilled their land and grew cassava with donated tools and disease-resistant cuttings, benefiting from ICRC training and supervision in so doing. The harvest helped restore economic security and thus self-sufficiency. After receiving five vegetable seed types, agricultural tools and six pedal pumps for irrigation, 337 market gardeners in farming groups in Birao expanded agricultural activities and supplied fresh vegetables to the community, generating income to support their families (1,348 people).

Using ICRC-donated multigrain mills, bicycles, bicycle push-carts, draft animals and/or high-quality toolkits, 53 trained committee members and 90 local workers in eight conflict/violence-affected rural villages improved or boosted community services, such as cereal grinding and the provision of affordable transport, benefiting 57,552 people. In Batangafo, 2,000 IDPs and vulnerable residents boosted their incomes by participating in cash-for-work community projects.

In Paoua, staff of a veterinary pharmacy attended a final course on financial management organized with the national stockbreeding federation, as part of efforts to ensure the quality and sustainability of services for local pastoralists. Recurrent weaknesses in the federation's project management led to the withdrawal of ICRC support.

Rural and urban communities' water supply, sanitation and shelter improve

In Ndélé in December, around 1,400 IDPs benefited from deliveries of safe drinking water and the construction of latrines, combined with hygiene-awareness sessions. After two weeks, sanitary conditions improved as the majority of IDPs adopted good hygiene practices. Some of them also benefited from temporary shelter protecting them from the hot sun and cold nights.

Throughout the year, conflict/violence-affected communities saw their water supply, sanitation and in some cases housing conditions improve, thanks to National Society/ICRC support provided in coordination with local water authorities. In the north-east, north-west, including at a hospital in Kabo, and south-east, some 60,000 people gained or improved access to clean water following the construction/rehabilitation of wells and boreholes. These included 39,954 people in rural areas returning to their villages after months or years of displacement. In urban areas, such activities helped ensure that IDPs settled in zones without water points had access to clean water or eased the pressure IDPs placed on host communities as they used the same water points.

As part of National Society-run hygiene-promotion programmes, communities (some 20,000 people) underwent training in maintenance of the improved facilities. In the south-east, newly established water committees took charge of maintaining the facilities and promoting good hygiene practices. With technical guidance and tools, residents built their own latrines, contributing the materials and labour. Particularly in Rafai and the north-west, these efforts led to better hygiene practices and a decrease in the rate of diarrhoea, especially among children.

Some 8,000 people whose homes had sustained damage during clashes made repairs with donated tools and materials. Among them, 37 elderly or disabled people received help from National Society volunteers in reconstructing their homes.

Conflict/violence-affected people have access to emergency medical/psychological care and malaria treatment

Health facilities in northern and central CAR received drugs and medical materials with which to treat the weapon-wounded. Using donated motorcycles, medical supplies and body bags, National Society teams reached the injured and administered first aid and/or dealt with human remains appropriately. A plane evacuated the severely wounded to Bangui for treatment.

Displaced and resident communities in Obo and Rafai benefited from a mechanism established in 2011 in coordination with the Health Ministry to detect/treat malaria at an early stage, preempting the need for hospitalization. ICRC-trained community health workers provided malaria testing and treatment free of charge, leading to the diagnosis and treatment of some 7,500 people out of 8,015 who complained of symptoms at consultations. Particularly vulnerable people, such as pregnant women and children under five, received mosquito nets after learning about malaria prevention during health information sessions.

In the same region, despite delays for staffing-related reasons, four mental health workers were recruited and some 100 key community members underwent training in mental health as first steps towards creating an effective community psychological support network for conflict/violence-affected people. They started to provide counselling to community members traumatized by violence, while some 1,600 people, the majority of them women, attended awareness-raising sessions on trauma-related symptoms.

Relatives separated by conflict re-establish or maintain contact

Dispersed family members restored/maintained contact through family-links services. They included people in towns overtaken by armed groups in December who were left without means of contacting relatives following telephone network shutdowns, and Sudanese

refugees at Bambari camp and in Sam Ouandja who had lost contact with their relatives after fleeing Darfur (Sudan) in 2007.

By year-end, 27 unaccompanied minors, including 21 formerly associated with weapon bearers, rejoined their families in the CAR and elsewhere. Four children formerly associated with the LRA received psychological support in preparation for or after their reunification with their families.

PEOPLE DEPRIVED OF THEIR FREEDOM

Over 1,300 detainees countrywide, including those held by armed groups, received ICRC visits, conducted according to the organization's standard procedures, to check that their treatment and living conditions complied with internationally recognized standards. People held in connection with armed conflict or for State security reasons received individual follow-up, while special attention was paid to other vulnerable inmates, such as women and children. Where necessary, inmates maintained contact with relatives through RCMs. Following visits, the detaining authorities received confidential feedback and, where relevant, recommendations for improvements.

Delegates pursued efforts to obtain access to all detainees in the custody of the Defence, Justice and Security Ministries, as defined in a 2011 agreement, and to those held by armed groups. However, such access had yet to become systematic by year-end.

Detainees enjoy improved nutrition, hygiene and health care

While mobilizing the support of international actors for penitentiary/judicial reform in the CAR, the ICRC worked with the authorities to improve detainees' treatment and living conditions. The Justice Ministry received a reminder of its obligation to ensure inmates' pre-trial detention did not exceed the legal limit, resulting in the release of 52 detainees on these grounds.

Despite taking initial steps to improve prison food supply and allocate more to the budget, the Justice Ministry still needed to go further in this respect. Meanwhile, 218 detainees in four facilities benefited from ICRC nutritional assistance and those in two others grew vegetables with ICRC-donated seed and tools, thus increasing their food supply and diversifying their diet. Inmates continued to undergo regular nutritional health monitoring, helping prevent malnutrition. In one prison, detainees benefited from small-scale rehabilitation work. Regularly visited inmates improved their general health and sanitation conditions thanks to donations of hygiene products and, along with prison staff, learnt good hygiene practices during awareness-raising sessions.

Meetings with the relevant authorities served to encourage implementation of the Health Ministry's new regulation on local health centres providing medical care to sick inmates, and helped ensure all detainees had access to national HIV/AIDS and TB prevention and treatment programmes. Meanwhile, medical staff benefited from training in diagnosing and treating diseases according to national protocols. Donations of consumables to two prison dispensaries helped ensure inmates received treatment for common ailments. As necessary, detainees benefited from ad hoc medical assistance.

AUTHORITIES

Following the outbreak of non-international armed conflict in December, the parties to the conflict were reminded of the applicability of IHL and its accompanying obligations. Throughout the year, regular meetings with local/national authorities and

representatives of regional/international bodies, including the African Union, ECCAS and UN agencies, aimed to raise their awareness of humanitarian issues and enhance their understanding of and support for the Movement. As a result, ECCAS sponsored the translation into Sango, the most widespread local language, of 4,000 IHL leaflets and brochures on the conduct of hostilities for distribution to a wide variety of audiences.

In coordination with UNHCR/UNICEF, contact with the government and a briefing for parliament members served to encourage the ratification or implementation of IHL instruments and help enforce existing legislation. The authorities produced a draft decree establishing a permanent IHL committee to oversee IHL implementation and submitted it to the National Assembly for consideration. To address abuse, the National Society/ICRC decided that an awareness campaign to encourage respect for the emblem would be more helpful than a decree implementing the 2009 law protecting it.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Owing to the continued insecurity, the need remained to familiarize all weapon bearers with IHL and the Movement's neutral, impartial and independent humanitarian action. Bilateral dialogue with and briefings for some 1,900 armed forces members, including the presidential guard, the *gendarmerie*, the Ugandan armed forces, MICOPAX and the tripartite CAR/Chadian/Sudanese force, and renewed contacts with armed groups served to familiarize them with these topics and remind them of their responsibilities to protect civilians and allow humanitarian workers unhindered access to conflict-affected people. Officers and non-commissioned officers also deepened their IHL knowledge during seminars at Bouar training centre.

The armed forces continued to draw on ICRC expertise to integrate IHL into their training curricula. Thirty-nine future instructors honed their IHL teaching skills at tailored training courses, and Bangui's military academies incorporated an IHL module into the training of cadets and company commanders. Two officers attended IHL courses abroad, including the director of Bouar training centre, who enhanced his IHL expertise at a course for high-level military officials (see *International law and cooperation*).

At National Society-run training sessions, some 90 armed forces and 30 armed group members learnt about first aid and the Movement's emblems so that they could assist those wounded during armed clashes (see *Civilians*).

CIVIL SOCIETY

Over 600 influential community members, including religious leaders, and more than 9,000 villagers increased their awareness of humanitarian principles and the Movement during National Society/ICRC briefings and culturally adapted events. For example, some 450 residents in the north-east attended three open-air film screenings on ICRC activities followed by question and answer sessions; in the north-west, residents in 11 towns participated in plays on humanitarian themes.

Using ICRC press releases/conferences and radio interviews, local and international media generated regular and accurate coverage of humanitarian issues and associated Movement activities. Twenty-four journalists from Bangui and seven from the main media in the south-east practised their humanitarian reporting skills at workshops. Others participated in five field trips,

interviewing beneficiaries of Movement initiatives. Resulting articles/radio spots helped raise awareness of the Movement among the public at large.

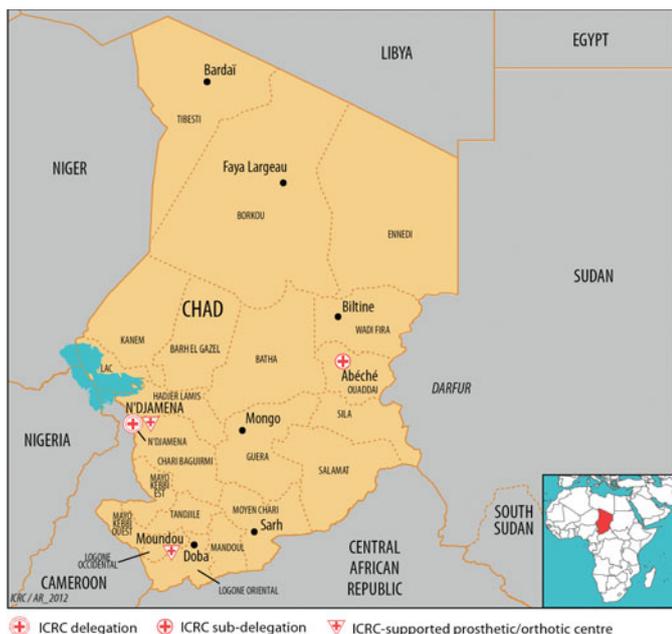
In academic circles, continued cooperation with the University of Bangui and the National School of Administration and Magistracy aimed to teach IHL to future decision-makers. Trainee magistrates thus deepened their IHL knowledge at three workshops run with the support of a lecturer from each institution and national and international legal experts. The libraries of both institutions received updated publications on IHL. Moreover, during presentations/discussions, over 200 students learnt more about IHL and the Movement.

RED CROSS AND RED CRESCENT MOVEMENT

The Central African Red Cross, as the ICRC's primary partner in assisting conflict/violence-affected people, strengthened its operational capacities, benefiting from financial, logistical and material support, training and improved/new infrastructure (see *Civilians*). It reinforced its management and governance skills through the attendance of key staff at Movement meetings abroad. In December, the National Society and the ICRC drafted a contingency plan defining their roles/responsibilities in case of escalated fighting. To help it implement the plan as necessary, the National Society received vehicles and communications and other equipment.

Movement partners met regularly to coordinate activities and harmonize their respective assistance approaches.

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 providing surgical care in the east and treatment to amputees countrywide. The ICRC continues to visit detainees and restores links between separated family members, mainly refugees from neighbouring countries. The organization also pursues long-standing programmes to promote IHL among the authorities, armed forces and civil society and supports the Red Cross of Chad.

CONTEXT

Chad continued to experience relative stability throughout 2012, following the end of armed conflict at the close of 2009 and reconciliation between the government and a number of armed groups. The overall security situation, notably in the east, was also less volatile, although incidents of banditry and occasional and localized intercommunal tensions persisted. Neighbouring countries, however, continued to experience instability, prompting some Chadians to return home, particularly from Nigeria, and limiting the prospect of return of some 350,000 refugees from the Central African Republic (hereafter CAR) and Sudan.

The reform of the military continued, including the discharge of almost half of its *de jure* members. Joint Chadian/Sudanese forces and the tripartite CAR/Chadian/Sudanese force remained stationed along their common borders.

Grievances related to the increasing cost of living remained, continuing to affect an already impoverished population. These contributed to deepening dissatisfaction among students and unions and gave rise to a general strike lasting throughout much of the second half of 2012. The precarious food security and nutrition situation triggered by drought, mainly affecting Chad's Sahelian belt, was a major concern. Flooding following the drought, recurrent epidemics and structural challenges undermined the restoration of livelihoods among communities.

ICRC ACTION AND RESULTS

The ICRC continued to address the needs of both Chadian nationals and refugees still dealing with the consequences of armed conflict but no longer directly affected by fighting. This involved support to medical and physical rehabilitation services and the facilitation of contact between separated relatives, particularly children.

The delegation maintained its support to Abéché Regional Hospital, the only referral facility in eastern Chad for surgical emergencies. The ICRC's mobile surgical team based there dealt with emergency surgical cases, including throughout a prolonged general strike. The ICRC also helped improve the quality of post-surgical care by covering the salaries of two physiotherapists and providing them with on-the-job training. Such support, combined with the partial rehabilitation of the hospital's operating theatre and donations of medical/hygiene supplies and equipment, helped the hospital maintain its emergency, surgical and physiotherapy capacities.

As there were very few admissions of weapon-wounded patients to the hospital, the Health Ministry and the ICRC worked instead to

EXPENDITURE (IN KCHF)

Protection	2,921
Assistance	5,629
Prevention	1,791
Cooperation with National Societies	1,413
General	-

► **11,754**

of which: Overheads 717

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Expatriates	26
National staff (daily workers not included)	114

KEY POINTS

In 2012, the ICRC:

- contributed to maintaining the emergency, surgical and physiotherapy capacities of Abéché Regional Hospital, including through the continued training of local staff and donations of medical/hygiene supplies and equipment
- helped the authorities overcome shortcomings in the prison food system by providing high-energy food supplements to 477 malnourished detainees, including in Koro Toro prison
- in coordination with the authorities, organized a high-level round-table to discuss factors leading to nutritional and other structural deficiencies in the penitentiary system and ways to remedy these
- with the relevant authorities, held 2 workshops attended by high-ranking officials, including from key ministries and the Supreme Court, enabling the refinement of a draft bill on the repression of grave breaches of IHL
- through briefings and seminars organized with military instructors, helped some 2,000 military and security personnel enhance their knowledge of IHL/international human rights law

Main figures and indicators	PROTECTION		Total	
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected	1,659	46		
RCMs distributed	1,253	12		
Phone calls facilitated between family members	1,516			
Reunifications, transfers and repatriations				
People reunited with their families	6			
<i>including people registered by another delegation</i>	3			
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered	42	12	12	
People located (tracing cases closed positively)	68			
<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)	51	16	7	
UAMs/SCs*, including unaccompanied demobilized child soldiers				
UAMs/SCs newly registered by the ICRC/National Society	33		27	
UAMs/SCs reunited with their families by the ICRC/National Society	6	1	3	
<i>including UAMs/SCs registered by another delegation</i>	3			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	38	4	23	
Documents				
Official documents relayed between family members across borders/front lines	20			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits				
Detainees visited	5,292			
Detainees visited and monitored individually	137	1	3	
Detainees newly registered	102	1	3	
Number of visits carried out	59			
Number of places of detention visited	16			
Restoring family links				
RCMs collected	262			
RCMs distributed	135			
Phone calls made to families to inform them of the whereabouts of a detained relative	887			
People to whom a detention attestation was issued	193			

* Unaccompanied minors/separated children

build local surgical capacities with a view to ceasing ICRC support to the hospital by the end of 2013. With sustained training, local medical staff took on greater responsibilities to ensure consistent quality of patient care. An ICRC teaching nurse permanently deployed to Abéché Health College continued to provide training and on-the-job supervision of interns and student nurses.

While seeking to enhance the sustainability of the country's two physical rehabilitation centres by the Chadian authorities and other organizations working with disabled people, the ICRC maintained its own support to the centres. Contributions included donations of orthotic/prosthetic materials and funds to treat primarily conflict amputees and impoverished disabled people. To help improve the quality of services in both centres, the ICRC supported the training of staff/students, including through courses in Togo.

Delegates pursued visits to inmates in 16 detention facilities to monitor their treatment and living conditions. Following such visits, they shared confidential feedback and any recommendations with the penitentiary authorities. While lending expertise to the authorities and, with their agreement, to international stakeholders involved in Chad's judicial and penitentiary reform, delegates stepped in to help meet detainees' immediate needs. Malnourished inmates, including in Koro Toro prison, received high-energy food supplements. Some of them also benefited from nutritional/health monitoring. Drawing on ICRC recommendations, the detaining authorities worked to increase inmates' daily food intake to a sufficient level in selected prisons. At a high-level round-table, the prison directorate and the ICRC discussed factors leading to nutritional and other structural

deficiencies in the penitentiary system and ways to remedy these. To enhance inmates' living conditions, the penitentiary authorities and the ICRC worked to rehabilitate/construct infrastructure in some prisons, including the rapid rectification of a disruption to Koro Toro prison's water supply.

Dialogue with the authorities at all levels, the armed and security forces and influential civil society members aimed to improve their understanding of and gain support for humanitarian principles, IHL/international human rights law and the Movement. Meetings with the authorities also served to help them advance the implementation of key humanitarian treaties. These encompassed a briefing for the National Assembly and workshops attended by high-ranking officials, including from key ministries and the Supreme Court, leading to the refinement of a draft bill on the repression of grave breaches of IHL. Support to the armed forces in integrating IHL into their doctrine, training and operations included a briefing on IHL and the repression of IHL violations for the military justice division.

With ICRC support, the Red Cross of Chad strengthened its operational capacities, especially in the areas of emergency response, first aid, restoring family links, and IHL promotion. Movement components met regularly to coordinate activities.

CIVILIANS

In what remained a relatively calm year, the authorities, the armed and security forces and the ICRC pursued dialogue on the situation of Chadian civilians affected by former armed conflict or

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	11,500	15%	33%
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	477		
Essential household items	Beneficiaries	7,823		
Water and habitat activities	Beneficiaries	2,061		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
	<i>of which provided data</i>	Structures	1	
Patients whose hospital treatment has been paid for by the ICRC	Patients	137		
Admissions	Patients	488	48	124
	<i>of whom weapon-wounded</i>	Patients	14	9
	<i>(including by mines or explosive remnants of war)</i>	Patients		
	<i>of whom other surgical cases</i>	Patients		
Operations performed		1,709		
Physical rehabilitation				
Centres supported	Structures	2		
Patients receiving services	Patients	4,609	860	1,886
New patients fitted with prostheses	Patients	82	22	4
Prostheses delivered	Units	265	52	22
	<i>of which for victims of mines or explosive remnants of war</i>	Units		
New patients fitted with orthoses	Patients	125	16	88
Orthoses delivered	Units	454	56	289
	<i>of which for victims of mines or explosive remnants of war</i>	Units		
Number of patients receiving physiotherapy	Patients	2,602	567	975
Crutches delivered	Units	655		
Wheelchairs delivered	Units	36		

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

other situations of violence. As necessary, those in positions of power received reminders of their obligations under IHL and other applicable law to protect and respect civilians, especially minors. Dialogue included, for example, the conduct of military operations in northern CAR, where the Chadian and CAR armed forces jointly operated.

Dispersed relatives stay in touch

Separated family members, including refugees (mostly from the CAR and Sudan) in camps in eastern and southern Chad, restored or maintained contact with relatives through RCMs and/or phone calls. Unaccompanied minors and other vulnerable people received special attention, in coordination with government bodies and/or child-protection agencies. Six children, three of whom were formerly associated with weapon bearers, rejoined their families. Thirty minors formerly associated with fighting forces, who were reunited with their families in 2011, received visits to check how well they were reintegrating into society. No national programme existed to aid their reintegration.

While the funding of a family-links specialist in the capital continued, instead of refresher courses, National Society volunteers benefited from on-the-job training by regularly working alongside ICRC teams to provide family-links services.

PEOPLE DEPRIVED OF THEIR FREEDOM

Despite the pending signature of a renewed agreement on ICRC visits to people deprived of their freedom in Chad, 5,292 detainees in 16 places of detention received such visits, conducted according to the organization's standard procedures, to monitor their treatment and living conditions in relation to internationally recognized standards. Security detainees, including some held

in northern Chad's Koro Toro high-security prison, were individually followed up. Following visits, the penitentiary authorities received confidential feedback and, where necessary, recommendations for improvements. Dialogue with the relevant authorities also focused on gaining access to all detainees within the ICRC's purview and on their need to notify the organization of any such inmates newly arrested.

Detainees maintained contact with relatives through RCMs and short oral greetings (*salamat*) conveyed by delegates via 887 phone calls. The Ministry of Social Action received notification of one minor detained in connection with armed groups.

Foreign detainees, at their request, used the ICRC as a neutral intermediary to notify their consulates of their imprisonment. As necessary, security detainees released from Koro Toro prison had the cost of their transport home covered, mostly to eastern Chad or neighbouring countries.

Detainees' nutritional health and living conditions improve

While lending expertise to the authorities and international stakeholders involved in Chad's judicial and penitentiary reform, the ICRC stepped in to help meet detainees' immediate needs.

In particular, delegates helped overcome shortcomings in the existing food system in prisons, compounded by the food crisis affecting part of the country (see *Context*). As such, 477 malnourished detainees in eight prisons, including in Koro Toro prison, benefited from supplementary food rations in the form of high-calorie biscuits and a peanut-based nutritional paste. Some transferred from Koro Toro to Moussoro prison received appropriate follow-up, including nutritional and health monitoring. Drawing on ICRC recommen-

dations, the detaining authorities worked on increasing inmates' daily food intake to a sufficient level in selected prisons, mainly in the south. These efforts contributed to improving detainees' nutritional health in the places of detention concerned, although more resources were needed to ensure sustainability.

Meanwhile, the penitentiary authorities received advice on ways to improve detainees' access to food of adequate quantity and quality and to health care, and to enhance basic sanitation conditions in prisons. At a high-level round-table, the prison directorate and the ICRC discussed factors leading to nutritional and other structural deficiencies in the penitentiary system and ways to remedy these.

To help reduce inmates' exposure to health risks and ease daily living conditions, 7,823 detainees received essential household and hygiene items. Based on findings from ICRC technical assessments, some 2,061 inmates in four places of detention benefited from the rehabilitation/construction of infrastructure. They included detainees in Koro Toro prison, who regained access to clean water following the rapid rectification of a disruption to the water supply.

At the national level, the authorities and, with their agreement, regional/international organizations supporting penitentiary reform continued to receive technical advice on the construction and maintenance of prison infrastructure in line with internationally recognized standards. However, the complexity of working procedures made the adoption of the recommendations improbable.

WOUNDED AND SICK

Within the framework of a first-aid and road safety programme, National Society teams benefited from training, first-aid kits and stretchers, strengthening their capacities to deliver first-level medical care (see *Red Cross and Red Crescent Movement*).

Emergency surgical cases from across eastern Chad received treatment from the ICRC's mobile surgical team based at Abéché Regional Hospital, the sole referral facility in the region, including throughout a prolonged general strike (see *Context*). To increase access to such treatment, the destitute had their surgical costs covered. Owing to the continued fall in the number of weapon-wounded people with the end of armed conflict in eastern Chad, most surgical cases treated were unrelated to armed fighting. No deployment of the ICRC surgical team outside the hospital was required.

Hospital facilities and training enhanced

To maintain its emergency, surgical and physiotherapy capacities, the hospital regularly received medical and hygiene supplies and new equipment, for example for anaesthesiology. In addition, amputees, 714 as inpatients and 3,693 as outpatients, benefited from quality post-surgical care thanks to the remuneration and on-the-job training of two physiotherapists. Conditions improved for patients and staff alike after the partial rehabilitation of the operating theatre and installation of equipment, such as an industrial washing machine.

As there were very few admissions of weapon-wounded patients to Abéché Regional Hospital (see above), the Health Ministry and the ICRC worked to build local surgical capacities with a view to ceasing ICRC support to the hospital by the end of 2013. At year-end, the Health Ministry was in the process of identifying two trainee surgeons to be assigned to the facility and coached by the ICRC surgical team. With continued training, local medical staff took on greater responsibilities to help ensure the consistent

quality of patient care. Meanwhile, 244 interns and student nurses in Abéché Health College underwent training combined with on-the-job supervision. The college staff benefited from guidance from an ICRC teaching nurse permanently deployed there as part of a three-year joint training project run with the Health Ministry.

However, the Health Ministry's lack of resources made it difficult to ensure the smooth running of the hospital in the long-term by local staff and the sustainability of the investment made in it.

Conflict and mine amputees benefit from physical rehabilitation services

Over 4,600 patients with disabilities, including victims of mines/explosive remnants of war, received treatment at Chad's two physical rehabilitation centres – the Centre d'appareillage et de rééducation de Kabalaye (CARK) in N'Djamena and the Moundou-based Maison Notre-Dame de la Paix. Patients at both centres were fitted with orthotic/prosthetic appliances made from ICRC-supplied components. To help improve patient access to the CARK, 196 primarily conflict amputees, including those referred from the north and east, had the cost of their treatment and/or transport covered. Furthermore, 83 impoverished disabled people gained access to such services thanks to ICRC financial support, helping them regain mobility and restore their dignity.

To help improve the quality of services in both centres, one assistant physiotherapist and two technicians attended month-long training sessions in Togo run by the ICRC Special Fund for the Disabled, while six students pursued formal qualifications at a three-year course in a specialized school there. Staff at both centres enhanced their technical capacities, physiotherapy services and management, helping improve the quality of appliances made and thus reduce the number of adjustments needed.

As the ICRC remained the chief source of support to the two physical rehabilitation centres, the Health and Social Affairs Ministries, various organizations working with disabled people and the ICRC discussed ways of making the centres more sustainable. As a result, the NGO Diakonie provided the CARK with infrastructural and patient support. Moreover, the African Federation of Orthopaedic Technicians sponsored the drafting of a national plan of action in response to the physical rehabilitation needs in Chad. The plan aimed to boost the sustainability of assistance to disabled people.

AUTHORITIES

The Chadian authorities at all levels countrywide, diplomats, international community representatives and the ICRC maintained dialogue on humanitarian issues of concern. Such contacts served to foster respect for IHL and to facilitate the smooth running of Movement operations.

Meetings with the authorities also aimed to help them advance the implementation of key humanitarian treaties, which remained slow. Through a briefing followed by an active question and answer session, 90 National Assembly members enhanced their understanding of the importance of and their role in the integration of IHL into domestic legislation. Two high-level workshops attended by officials from the Foreign Affairs and Justice Ministries, the Supreme Court and other high-ranking officials enabled the refinement of a draft bill on the repression of grave breaches of IHL. Despite National Society/ICRC efforts, the law protecting the emblem had yet to be signed by the head of State.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Dialogue with the armed and security forces, including at command level, aimed to enhance their understanding of IHL/international human rights law and the protection such laws afforded, notably to civilians, to garner support for the Movement and to ensure Movement workers' access to people in need (see *Civilians*). Some 2,000 military and security personnel, including high-ranking officers and units of the mixed Chadian/Sudanese border force, contributed to this dialogue during briefings and seminars in training schools and regional command centres, often conducted with military instructors. Troops in the field deepened their knowledge of IHL and the ICRC's activities through broadcasts on the armed forces' radio station.

Such exchanges also aimed to advance the integration of IHL into military doctrine, training and operations. Military instructors and directors of training institutions drew on ICRC expertise to enhance their IHL teaching skills. As a step towards strengthening the military justice code, 35 officers from the military justice division attended an ICRC briefing to deepen their understanding of IHL and the repression of IHL violations. No military officer participated in an IHL course abroad.

Given the prevailing absence of hostilities, no briefings for armed groups took place.

CIVIL SOCIETY

Efforts to garner support for humanitarian principles and the Movement amongst members of Chadian civil society continued. To this end, religious and traditional leaders, representatives of human rights NGOs, artists and musicians attended briefings/seminars and received promotional material on IHL and the Movement. Regular contacts with international and national media helped familiarize the wider public with the ICRC's work, mainly through radio and television broadcasts, the most appropriate means of relaying messages countrywide.

To boost IHL instruction within academic circles, two lecturers from Abéché and N'Djamena universities honed their skills at an IHL seminar in Beirut (see *Lebanon*). Upon their return, they organized conferences and activities to promote the topic within their respective institutions. This enabled their students to gain an insight into wider IHL-related issues.

RED CROSS AND RED CRESCENT MOVEMENT

The Chadian Red Cross continued to receive ICRC funds, material and technical support as well as training to help it boost its governance, management and communication skills; improve the quality of its services, including the restoration of family links (see *Civilians*); and promote the Movement. This assistance fostered a close working relationship with National Society teams and enhanced coordination among all Movement components present in Chad, thereby maximizing the impact of their respective humanitarian activities.

With such support, the National Society strengthened its national presence and operational capacities. It constructed a branch office in Moussoro and financially assisted income-generating initiatives at the regional committee level. It distributed emergency household kits to several thousand civilians displaced by flooding (see *Context*) and received two off-road vehicles to help increase teams' mobility. Five National Society branches conducted campaigns to raise awareness of their first-aid/road safety project (see *Wounded and sick*), whose popularity helped raise the organization's profile among the wider public. National Society teams also worked to combat the scourge of scorpions in Faya-Largeau, one of the main causes of death in the region, through fumigation campaigns and information sessions on scorpion sting prevention.

CONGO, DEMOCRATIC REPUBLIC OF THE



+ ICRC delegation
 + ICRC sub-delegation
 + ICRC office
+ ICRC-supported prosthetic/orthotic centre

EXPENDITURE (IN KCHF)

Protection	14,820
Assistance	38,523
Prevention	4,760
Cooperation with National Societies	1,563
General	-
	▶ 59,666
	<i>of which: Overheads 3,530</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	109%
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PERSONNEL

Expatriates	89
National staff (daily workers not included)	723

KEY POINTS

In 2012, the ICRC:

- ▶ through the provision of daily food rations to a monthly average of 3,800 detainees in 8 prisons countrywide, helped keep the global nutritional health of detainees below the emergency threshold of 30%
- ▶ maintained/further developed its confidential dialogue with armed and security forces and armed groups on respect for IHL and humanitarian principles, aiming to improve respect for and the protection of civilians
- ▶ evacuated 332 weapon-wounded people to referral hospitals in Bukavu or Goma, while enabling the treatment of 738 weapon-wounded patients and covering the cost of treatment for 967 impoverished patients
- ▶ with the National Society, helped improve the immediate living conditions of some 44,500 IDP or returnee households (222,000 people) with food rations and, in most cases, also essential household items
- ▶ worked with the National Society to reunite 973 unaccompanied minors, including children formerly associated with weapon bearers, with their families in the country or abroad
- ▶ ensured over 5,000 victims of sexual violence had access to adequate support by referring them to timely medical treatment, supporting counselling centres and training community counsellors

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, provides them with the means to become self-sufficient and helps ensure that the wounded and sick receive adequate care, including psychological support. It visits detainees, helps restore contact between separated relatives (reuniting children with their families where appropriate) and supports the National Society's development. It also promotes knowledge of and respect for IHL and international human rights law among the authorities.

CONTEXT

While some areas in the Democratic Republic of the Congo (hereafter DRC) stabilized, the humanitarian and security situation in the east worsened significantly. In early 2012, increased military operations against armed groups, sometimes supported by the UN Organization Stabilization Mission in the DRC (MONUSCO), placed a severe strain on civilians, particularly in remote areas.

Desertions by elements of the former National Congress for the Defence of the People in April and the M23's armed insurrection in May radically changed the army's focus, resulting in heavy fighting in North Kivu. This led to numerous casualties and the displacement of tens of thousands of people towards Goma, Masisi and Walikale, and into Rwanda and Uganda. After a ceasefire lasting several weeks, hostilities resumed mid-November. The M23 took control of Goma and surrounding areas, until its withdrawal in December prior to peace talks resulting in a fragile truce. Meanwhile, other armed groups regained control in certain regions, leading to casualties, property destruction and displacement.

Frequent confrontations opposing the army and armed groups occurred in South Kivu, where the Raia Mutomboki gained significant influence over previously government-controlled territory. These caused casualties and forced thousands to flee from their homes.

In Province Orientale, armed attacks by the Lord's Resistance Army (LRA) diminished overall, while banditry increased towards year-end in the Uélés.

Deportations of Congolese migrants from Lunda Norte, Angola, to Kasai Occidental continued to separate family members and took place under difficult humanitarian conditions.

ICRC ACTION AND RESULTS

Against a backdrop of increased fighting and insecurity in eastern DRC, the ICRC maintained a multidisciplinary and flexible approach, developing or adapting its activities to protect and assist victims of armed conflict, particularly in remote areas. The Red Cross Society of the DRC remained a key partner in carrying out operations, capitalizing on ICRC financial/material support and training to strengthen its assistance, family-links, first-aid and communication capacities. Coordination meetings with other Movement partners and humanitarian organizations helped maximize aid efforts.

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		43,044	2,069	
RCMs distributed		37,337	1,373	
Phone calls facilitated between family members		53		
Names published in the media		158		
Reunifications, transfers and repatriations				
People reunited with their families		1,024		
	<i>including people registered by another delegation</i>	27		
People transferred/repatriated		39		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		616	49	432
People located (tracing cases closed positively)		267		
	<i>including people for whom tracing requests were registered by another delegation</i>	28		
Tracing cases still being handled at the end of the reporting period (people)		595	50	406
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		1,670	568	449
UAMs/SCs reunited with their families by the ICRC/National Society		973	360	250
	<i>including UAMs/SCs registered by another delegation</i>	26		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1,053	340	272
Documents				
People to whom travel documents were issued		1		
Official documents relayed between family members across borders/front lines		11		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		17,615		
Detainees visited and monitored individually		1,664	11	64
Detainees newly registered		999	6	57
Number of visits carried out		387		
Number of places of detention visited		108		
Restoring family links				
RCMs collected		3,297		
RCMs distributed		2,584		
Phone calls made to families to inform them of the whereabouts of a detained relative		26		
People to whom a detention attestation was issued		44		

* Unaccompanied minors/separated children

ICRC delegates stepped up dialogue with the authorities, weapon bearers and influential civil society members to enhance their understanding of IHL, garner support for the Movement and promote respect for medical personnel/infrastructure. Drawing on documented allegations of IHL/human rights violations transmitted to the ICRC, they shared feedback and recommendations confidentially with the parties concerned.

In the hardest-hit areas of the Kivus, the ICRC helped ensure that weapon-wounded people had access to emergency and secondary-level medical care. National Society teams provided first aid and helped evacuate the injured. Donations of medical/surgical materials to medical facilities and health centres enabled patients to receive appropriate care. Following influxes of dozens of weapon-wounded in Goma in November, the ICRC deployed two surgical teams to support local staff in hospitals.

In the Kivus, National Society/ICRC teams provided emergency relief to displaced people to help them meet their basic needs. Those who returned home in stabilized areas benefited from similar support in addition to various longer-term initiatives, including agricultural/veterinary activities and cash-for-work

projects, helping them recover their economic security. Local partner organizations involved in these activities provided monitoring services and daily follow-up, helping ensure their viability.

In November and December, large numbers of IDPs in Goma had safe drinking water trucked in by the ICRC. The water authorities received fuel to overcome power shortages, helping restore water/electricity in much of the city. In urban and rural areas, conflict-affected people benefited from improved access to safe drinking water following the rehabilitation/construction of water supply systems in coordination with the water authorities.

The Ministry of Public Health and the ICRC worked towards improving people's access to quality health care, including through the training of health personnel in the identification/treatment of illnesses and vaccination campaigns. Support to counselling centres in conflict-affected areas helped ensure victims of sexual violence received psychological support and appropriate, timely treatment at nearby health facilities. In three areas in the Uélés, people affected by the LRA-related conflict had access to similar support. People disabled by armed conflict continued to receive services at ICRC-backed physical rehabilitation centres.

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	226,393	33%	38%
	<i>of whom IDPs</i>	132,596		
Essential household items	Beneficiaries	196,172	20%	34%
	<i>of whom IDPs</i>	130,592		
Productive inputs	Beneficiaries	183,646	38%	37%
	<i>of whom IDPs</i>	29,937		
Cash	Beneficiaries	12,265	34%	17%
	<i>of whom IDPs</i>	2,581		
Vouchers	Beneficiaries	6,000	30%	50%
	<i>of whom IDPs</i>	1,200		
Work, services and training	Beneficiaries	13,109	16%	8%
	<i>of whom IDPs</i>	2,470		
Water and habitat activities	Beneficiaries	834,411	30%	40%
	<i>of whom IDPs</i>	90,000		
Health				
Health centres supported	Structures	28		
Average catchment population		140,599		
Consultations	Patients	109,156		
	<i>of which curative</i>		11,706	37,741
	<i>of which ante/post-natal</i>		24,503	
Immunizations	Doses	169,821		
	<i>of which for children aged five or under</i>	164,781		
Referrals to a second level of care	Patients	4,995		
Health education	Sessions	1,219		
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	3,800		
Essential household items ¹	Beneficiaries	12,491		
Productive inputs	Beneficiaries	350		
Water and habitat activities	Beneficiaries	12,491		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	5		
	<i>of which provided data</i>	5		
Patients whose hospital treatment has been paid for by the ICRC	Patients	967		
Admissions	Patients	15,832	6,765	5,838
	<i>of whom weapon-wounded</i>	738	88	77
	<i>(including by mines or explosive remnants of war)</i>	4		
	<i>of whom other surgical cases</i>	2,213		
	<i>of whom medical cases</i>	9,622		
	<i>of whom gynaecological/obstetric cases</i>	3,259		
Operations performed		3,274		
Outpatient consultations	Patients	14,627		
	<i>of which surgical</i>	835		
	<i>of which medical</i>	11,674		
	<i>of which gynaecological/obstetric</i>	2,118		
Water and habitat				
Water and habitat activities	Number of beds	42,648		
Physical rehabilitation				
Centres supported	Structures	4		
Patients receiving services	Patients	759	129	45
New patients fitted with prostheses	Patients	128	32	6
Prostheses delivered	Units	272	67	26
	<i>of which for victims of mines or explosive remnants of war</i>	44		
New patients fitted with orthoses	Patients	12	1	1
Orthoses delivered	Units	21	3	1
	<i>of which for victims of mines or explosive remnants of war</i>	2		
Number of patients receiving physiotherapy	Patients	258	61	22
Crutches delivered	Units	885		
Wheelchairs delivered	Units	11		

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

Relatives dispersed by armed conflict restored/maintained contact through National Society/ICRC family-links services, which focused on separated children. The opening of an ICRC office in Kananga helped migrants, including unaccompanied minors, deported from Angola reconnect with their relatives. In the Kivus, work continued with local associations and community leaders to ensure the protection of children following their reunification, facilitate their reintegration and prevent their recruitment into fighting forces.

ICRC delegates pursued visits to detainees countrywide, including those held by armed groups, to monitor their treatment and living conditions. While concentrating on structural support, they stepped in to assist the penitentiary authorities in emergencies, for example by helping severely malnourished inmates recover their health. Dialogue with the relevant authorities focused on gaining access to all detainees within the ICRC's purview and on ways of improving detainees' living conditions.

CIVILIANS

In eastern DRC, civilians continued to suffer the consequences of armed conflict (see *Context*). ICRC delegates documented allegations of IHL/human rights violations, including extrajudicial executions, physical and sexual violence, recruitment of children by fighting forces and looting of medical facilities. Where necessary and feasible, parties to the armed conflict received confidential oral/written representations concerning such allegations. Regular dialogue with weapon bearers also reminded them of the protection afforded to civilians under IHL, aiming to prevent further abuses.

Dispersed family members, including children, reconnect

Relatives uprooted by armed conflict restored/maintained contact through family-links services run with trained National Society teams. In particular, 973 unaccompanied children, of whom 250 were formerly associated with weapon bearers, rejoined their families within the DRC or abroad. These included 88 children reunited with relatives in Rwanda, 6 in South Sudan, and 42 deported from Angola (see below). In total, 320 minors, including 243 children formerly associated with weapon bearers, were given food and hygiene items to ease their reintegration upon returning to their communities in the DRC. After their reunification, 560 families received follow-up visits, and repeat visits as necessary, to monitor the children's welfare; 131 people benefited from additional agricultural or other inputs to help them improve their livelihoods.

Meanwhile, in nine villages throughout the Kivus, child protection initiatives launched in 2011 to facilitate reunified children's reintegration into family/community life continued. For example, nine local associations involved children in their communities through training activities. Influential community leaders learnt about the risks children faced upon returning home. In an additional area in South Kivu, target communities for a similar programme were selected. During sessions, children in nine transit/day-care centres in the Kivus discussed the dangers of recruitment and possible challenges encountered upon their return. Some 4,000 unaccompanied minors in four transit centres covered their basic needs with ICRC-donated food and hygiene items.

A new ICRC office in Kananga supported National Society-run family-links services benefiting economic migrants deported from Angola. These enabled returnees to reconnect with their relatives and unaccompanied children to rejoin their families in the DRC (see *Yaoundé*).

Conflict-affected families receive relief and improve their livelihoods

Armed fighting in the Kivus led to further displacement, whereas in calmer areas, IDPs returned home. With training, funding and material support, the National Society responded to victims' needs, working alongside the ICRC and strengthening its capacities throughout the process, from planning to evaluation.

To help new IDPs or returnees cope with their immediate needs, 222,100 people (44,456 households) benefited from food rations and 191,918 (38,419 households) from essential household items.

Over 150 local partner organizations, as well as cooperatives and State agencies, worked with the National Society/ICRC to help longer-term IDPs/returnees recover their economic security. Daily follow-up and training by local monitors contributed to the viability and sustainability of initiatives. Financial support to 15 partner-run projects helped partners strengthen their operational capacities while learning more about the ICRC.

In recently stabilized areas in Equateur, North and South Kivu and Province Orientale, 36,737 IDP/returnee households and vulnerable members of host communities (183,515 people) improved their livelihoods through agricultural/veterinary initiatives. With disease-resistant cassava cuttings, staple crop seed, tools and training, 13,682 families (68,416 people) in 124 farming associations expanded their agricultural activities, including seed multiplication. Aside from varying their diet, these efforts helped increase household income by 15 to 25%. Some 3,800 households (19,100 individuals) covered some of their financial needs by participating in cash-for-work projects, such as bush cleaning and road or house maintenance, or benefited from voucher-based shopping fairs to buy essentials.

In the Kivus, 22 fishing associations (13,999 individuals or 2,799 households), including 1,900 people who underwent training, rehabilitated their fishponds with fishing kits and fingerlings. Apart from providing an additional source of protein to the community, these activities enabled residents in Mwenga and Nyabiondo (Masisi) to boost their household economy by 18% and 17% respectively. In the medium and high plateaus of South Kivu, 617 pastoralist households (3,085 people) benefited from a final livestock vaccination campaign, bringing to a close a programme begun in 2009 to improve livestock health, and which resulted in a 50% growth among herds. With three newly constructed corrals, training and in some cases veterinary kits, eight livestock associations started independently managing their activities.

Conflict-affected people enjoy access to clean water

In total, 834,411 people benefited from measures to improve their water supply and sanitation conditions.

Following the M23's takeover of Goma in November (see *Context*), around 90,000 IDPs, including those in one hospital, benefited from the trucking of safe drinking water for a month until water services resumed. With donated chemicals, Goma's water authorities chlorinated water points. To overcome shortages in power and therefore water supply, the water authorities and medical facilities received fuel, helping restore water/electricity supply to much of the city (see *Wounded and sick*).

The rehabilitation/construction of water supply systems continued with the water authorities. Thus, 578,809 urban dwellers,

including in Bukavu, Goma, Uvira and Walikale, 172,482 people in 15 rural areas in North and South Kivu and some 13,000 rural residents in the Haut and Bas Uélé districts gained access to more and better quality water. Furthermore, some 12,500 people in five rural areas countrywide accessed clean water at National Society-rehabilitated/constructed water points. To help sustain the improved/new infrastructure, communities established water committees to manage and maintain them.

Civilians in North and South Kivu, including victims of sexual violence, access health care services

In North and South Kivu, health services suffered from security/resource constraints.

With ad hoc medical supplies, 28 health structures provided emergency and curative care for influxes of patients or resolved shortages caused by looting. Moreover, 14 health centres (averaging a monthly catchment area of 140,599 people) benefited from regular deliveries of drugs/medical supplies, training and infrastructure upgrades. At these centres, vulnerable patients had their treatment costs covered when necessary. Nearly 5,000 patients benefited from timely referrals to secondary-level care, including over 25% for obstetric reasons. Meanwhile, during 13 training courses organized with the Public Health Ministry, 150 health personnel bolstered their skills in identifying/treating diseases. Regular monitoring confirmed improvements in the quality of care provided, particularly the prescription of medicines and drug management.

Within the framework of national immunization campaigns, ICRC-supported health centers carried out some 170,000 vaccinations, of which 97% were for children; these included 3,800 children vaccinated in remote areas thanks to the ICRC's presence, helping reduce their exposure to health risks. In over 1,200 health education sessions run by National Society volunteers with ICRC support, combined with the distribution of over 150,000 mosquito nets provided by the health authorities, communities learnt about malaria prevention. Sessions for IDPs included cholera prevention measures.

At 40 ICRC-supported counselling centres, including five rehabilitated/constructed ones, over 5,000 victims of sexual violence benefited from psychological counselling and 2,250 from referrals to nearby health facilities for treatment. During community-based awareness-raising campaigns partly aimed at preventing social stigma linked to sexual assault, women learnt about the centres

and the importance of beginning post-exposure prophylactic treatment within 72 hours of being raped. In three areas in the Haut and Bas Uélé districts of Province Orientale, people affected by the LRA-related conflict had access to services from 170 trained community psychological counsellors.

PEOPLE DEPRIVED OF THEIR FREEDOM

Over 17,600 detainees, including people awaiting transfer from the MONUSCO-run disarmament, demobilization, repatriation, resettlement and reintegration process and those held by armed groups, received ICRC visits, in most cases conducted according to the organization's standard procedures, during which delegates monitored their treatment and living conditions. Security detainees and other vulnerable inmates such as children, women and the elderly received special attention; 1,664 of them were monitored individually. As necessary, detainees communicated with relatives through RCMs. Following such visits, the detaining authorities received confidential feedback and any recommendations for improvements. Drawing on allegations of arrest transmitted to the ICRC, dialogue with the relevant detaining authorities aimed to secure access to all detainees within the organization's purview.

To enhance respect for judicial guarantees, penitentiary/judiciary authorities in Kasai Oriental and Province Orientale regularly monitored inmates' legal status. During two workshops organized with the Justice Ministry and judiciary authorities, participants discussed timely judicial action for those on trial. These efforts resulted in the release of 44 detainees whose pre-trial detention had exceeded the legal limit, thus helping ease prison overcrowding. During a workshop in North Kivu, military/police detaining authorities and Walikale's military judiciary discussed similar topics.

Inmates enjoy improved nutrition, health care and hygiene

While focusing on structural support to the penitentiary authorities, the ICRC stepped in as necessary to provide direct assistance. Thus, a monthly average of 3,800 detainees in eight prisons countrywide supplemented their meals with daily food rations, and severely malnourished inmates in 17 prisons benefited from ready-to-use therapeutic food. This led to the consistent maintenance of detainees' global nutritional health below the emergency threshold of 30% in most of the concerned facilities. With seed, tools and fertilizer, some 350 detainees cultivated fresh vegetables in two prison gardens. Newly released inmates received food and financial assistance for their trip home.

PEOPLE DEPRIVED OF THEIR FREEDOM	DRC	ARMED GROUPS	MONUSCO
ICRC visits			
Detainees visited	17,537	44	34
Detainees visited and monitored individually	1,586	44	34
	<i>of whom women</i>	11	
	<i>of whom minors</i>	64	
Detainees newly registered	921	44	34
	<i>of whom women</i>	6	
	<i>of whom minors</i>	57	
Number of visits carried out	374	2	11
Number of places of detention visited	103	2	3
Restoring family links			
RCMs collected	3,297		
RCMs distributed	2,584		
Phone calls made to families to inform them of the whereabouts of a detained relative	26		
People to whom a detention attestation was issued	44		

Meanwhile, the prison authorities worked on further securing the penitentiary food-supply chain. Drawing on ICRC recommendations, the Justice Ministry repeatedly obtained the release of food budgets, albeit not regularly, and promoted the proper allocation of funds to prisons under its authority. Consequently, the ICRC decreased or temporarily suspended food distributions and focused on providing technical input to help the authorities strengthen the proper functioning of the penitentiary system.

Detainees had access to adequate health care through distributions of drugs/medical supplies to 18 medical facilities serving prisons, including a referral hospital in Kinshasa, and the training of health staff in medical stock management. When necessary, inmates had their treatment/transfer costs covered. Some 12,500 detainees reduced their exposure to hygiene-related health hazards following the rehabilitation of water/sanitation and cooking facilities in 17 prisons. Inmates received soap and cleaning materials to enhance their personal hygiene. As necessary, detainees received material assistance such as blankets and mats. Dialogue with the relevant authorities aimed to ensure detainees countrywide had access to national HIV/AIDS, TB and malaria prevention programmes.

WOUNDED AND SICK

Owing to the intensified hostilities in the Kivus (see *Context*), fighting forces frequently needed reminding of the respect due to the wounded and sick and medical personnel/infrastructure, and of their obligation to allow people access to medical care.

The number of weapon-wounded and the need to support hospitals treating them increased significantly. Trained National Society personnel administered first aid to the injured and managed human remains. They taught first-aid skills to 686 of their peers and to 117 weapon bearers so they in turn could assist the wounded during clashes (see *Armed forces and other bearers of weapons*). In all, 332 weapon-wounded, including in remote areas, were evacuated by the National Society/ICRC to referral hospitals in Bukavu or Goma.

Nearly 740 weapon-wounded civilian and military patients benefited from secondary medical/surgical care at five hospitals regularly supported by the ICRC with drugs, supplies and equipment, combined with staff training. Among them, some 200 patients were operated on in Goma by two ICRC surgical teams deployed there since November. Over 960 injured people had their surgical treatment and, as necessary, transportation costs covered. The provision of fuel for generators kept power in continuous supply in hospitals in Goma (see *Civilians*).

Patients benefited from better hygiene/safer conditions following the rehabilitation or construction of 14 medical facilities (42,648 beds), mainly health centres (see *Civilians*).

Some 760 conflict amputees and other physically disabled people at four ICRC-supported physical rehabilitation centres in Bukavu, Goma, Kinshasa and Mbuji Mayi had their treatment and transportation and/or accommodation costs covered. In addition to regular technical support, the centres received tools, machinery and physiotherapy equipment, together with prosthetic/orthotic components, crutches and wheelchairs/tricycles to help restore the mobility and dignity of the disabled. Moreover, three of the centres' staff members enhanced their qualifications at prosthetic/orthotic and physiotherapy courses abroad.

AUTHORITIES

Meetings with local/national authorities, MONUSCO and representatives of regional/international organizations and donor countries served to deepen their understanding of humanitarian principles and IHL, including issues covered by the Health Care in Danger project, and to gain support for the Movement's operations.

After delays caused by general elections in 2011 and the establishment of a new government in May, support to the authorities in implementing outstanding IHL treaties resumed, with newly appointed high-level ministerial advisers participating in an IHL information session. This contributed to the parliament's adoption of a bill enabling the ratification of the African Union Convention on IDPs, which was subsequently submitted to the presidency for its promulgation into law. Additionally, the National Assembly initiated the review of a draft law to implement the Rome Statute. Efforts continued with the National Society to encourage the authorities to set up a national IHL committee and adopt legislation on the protection of the Movement's emblems.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Following the deterioration of the security situation in North and South Kivu, strengthened dialogue with the operational commands of the armed forces, MONUSCO and armed groups served to remind them of their responsibilities under IHL to protect civilians and medical personnel/infrastructure and to ensure safe access by Movement staff to conflict-affected victims. Countrywide, weapon bearers deepened their understanding of IHL and the Movement's neutral, impartial and independent humanitarian action through briefings/presentations and training sessions, sometimes combined with first-aid training (see *Wounded and sick*). They included some 7,300 weapon bearers in the Kivus and in Province Orientale, where new regiments were constituted.

With the authorities' agreement, key stakeholders in security sector reform, including the European Union, MONUSCO, UNDP and the NGO Search for Common Ground, and the ICRC coordinated their approach, particularly concerning the incorporation of IHL into the doctrine and training of the armed forces. Intensified dialogue with the defence minister helped support these initiatives.

During refresher courses, 39 military instructors honed their IHL teaching skills, backed by new teaching tools and methods. Forty-three IHL instructors from the national military academy's headquarters attended train-the-trainer courses before their operational deployment. As part of efforts to provide similar assistance to police training programmes, 60 police officers learnt about integrating human rights norms regulating the use of force into policing operations.

CIVIL SOCIETY

Efforts to spread public awareness of the need to ensure respect for the weapon-wounded and medical personnel/infrastructure continued. To that end, the National Society strengthened its communication capacities, including through training. Meetings/discussions with community leaders and human rights NGOs developed their understanding of IHL and the Movement and provided opportunities to share perspectives on humanitarian issues of concern.

Aside from practising their skills at workshops, journalists generated regular and more accurate or diverse reporting of the National Society's/ICRC's activities using press releases,

interviews, audiovisual materials and information gathered during field trips with Red Cross teams. Similarly, international media covered the organization's work in the country, particularly following hostilities between the army and M23. Partnerships with selected local/national radio stations helped raise awareness of the Movement among the public at large, including through the airing of a song promoting the Health Care in Danger project (see *Abidjan*).

Contacts with academic circles aimed to enhance IHL knowledge among future decision-makers. Students in six universities countrywide learnt about IHL, and teachers improved their teaching standards with updated IHL educational materials/libraries. Student teams put their skills into practice at a national IHL competition organized with the Education Ministry.

RED CROSS AND RED CRESCENT MOVEMENT

Besides partnering the ICRC, notably during family-links, relief, first-aid and communication activities (see above), the DRC Red Cross benefited from funds, equipment/materials, expertise and training to help strengthen its emergency preparedness/response capacities. This facilitated the design of a new contingency plan for six provinces countrywide, enabling an effective response to humanitarian emergencies, including in the Kivus following intensified hostilities (see *Civilians*).

The National Society organized regular coordination meetings with Movement partners at central or field level, participated in statutory Movement meetings and pursued its internal reorganization. In April, it obtained endorsement for its revised statutes, improving its governance/management structures and financial and human resources management. With ICRC backing, the national headquarters sustained and monitored local branch activities.

Regular Movement coordination meetings helped optimize the support provided to the National Society.

ERITREA



ICRC delegation

EXPENDITURE (IN KCHF)

Protection	820
Assistance	1,050
Prevention	223
Cooperation with National Societies	92
General	-

► **2,185**

of which: Overheads 133

IMPLEMENTATION RATE

Expenditure/yearly budget	44%
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PERSONNEL

Expatriates	3
National staff (daily workers not included)	39

KEY POINTS

In 2012, the ICRC:

- amid travel and import restrictions, worked with local authorities in giving livelihood assistance to communities affected by the 1998–2000 conflict with Ethiopia, including in the Debub region for the first time since end-2009
- monitored the situation of vulnerable Ethiopians, helping them restore family links, renew their Eritrean residence permits or, if they wished to be repatriated, meet administration fees and transport costs
- sought to regain the authorities' acceptance of its mandate and work with a view to having the restrictions on its activities lifted and resuming its work in favour of Ethiopian detainees

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 assist the population displaced, detained or otherwise affected by the conflict and to ensure compliance with IHL with regard to any persons still protected by the Third and Fourth Geneva Conventions. The ICRC also supports the development of the “Red Cross Society of Eritrea”.

CONTEXT

Tensions between Eritrea and Ethiopia persisted, with clashes occurring in border regions between the two countries. The physical demarcation of the Eritrea-Ethiopia border remained stalled, with both countries maintaining a large military presence at their common border.

No further progress was made towards the demarcation of the Djibouti-Eritrea border and thus the implementation of the mediation agreement between the two countries signed in 2010. Acting as mediator, Qatar maintained troops in the disputed region.

As requested by the Eritrean government in 2011, international and national NGOs and UN agencies reduced or concluded their activities in the country. In June, however, the authorities officially expressed the wish to resume cooperation with the UN and the European Union, but the necessary framework agreements were still under discussion at year-end.

ICRC ACTION AND RESULTS

As restrictions were imposed on the operations of foreign/international agencies in Eritrea, the ICRC endeavoured to regain the authorities' acceptance of its humanitarian mandate and activities so that it might continue providing assistance to vulnerable civilians, particularly those affected by the 1998–2000 conflict with Ethiopia and those of Ethiopian origin.

There were difficulties in implementing most of the ICRC's planned activities because of the lack of visas and travel permits for ICRC expatriates and constraints in importing materials into the country. These constraints were compounded by the inability to work with the “Eritrean Red Cross” owing to government instructions for it to cease receiving 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 ongoing border tensions, while seeking to persuade the authorities that it was in their interest to recognize the applicability of the 1949 Geneva Conventions to the Eritrean context. Through interaction with the National Union of Eritrean Youth and Students, it also did its best to foster awareness of its work among the public at large.

In cooperation with the authorities, the ICRC helped restore the livelihoods of border communities in Gash Barka, Southern Red Sea and, for the first time since end-2009, Debub. It worked closely with the local authorities and the Ministry of Agriculture in

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		1,523	UAMs/SCs*	
RCMs distributed		1,775		
Reunifications, transfers and repatriations				
People reunited with their families		4		
	<i>including people registered by another delegation</i>	2		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		34	Women	Minors
People located (tracing cases closed positively)		5		
	<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)		91	5	12
UAMs/SCs*, including unaccompanied demobilized child soldiers				
UAMs/SCs reunited with their families by the ICRC/National Society		2	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		51		
Official documents relayed between family members across borders/front lines		62		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Restoring family links				
People to whom a detention attestation was issued		12		

* Unaccompanied minors/separated children

carrying out a parasite-control programme for livestock in Dehub and Southern Red Sea. It also distributed seed and tools to farmers in Gash Barka and Southern Red Sea to help them resume or increase production. To enhance access of the population in these regions to water for agricultural or household use, the ICRC worked with local water authorities to install foot-operated irrigation pumps and rehabilitate water supply systems.

As the Eritrean authorities had withdrawn authorization for the ICRC to assist in the voluntary repatriation of civilians in 2009, the ICRC did its best to continue monitoring the situation of the Ethiopian community living in Eritrea to ensure that their rights under the 1949 Geneva Conventions, including voluntary repatriation, were respected. It provided financial aid to people of Ethiopian origin to obtain residence permits if they wished to stay in Eritrea, or to enable them to cover transport and other expenses if they wished to be repatriated. It also helped relatives separated by the closed Eritrea-Ethiopia border restore contact through the RCM service. In cooperation with other organizations, it facilitated the reunification of vulnerable individuals with their respective families abroad.

The ICRC pursued dialogue on the resumption of 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 about 19 Djiboutian soldiers reported by their government as missing after the Djibouti-Eritrea hostilities in June 2008.

CIVILIANS

Conflict-affected border communities rebuild their livelihoods

With constraints on its operations, the ICRC pursued dialogue with the Eritrean authorities to gain acceptance of its mandate and activities in the country (see *ICRC action and results*). Although several of the ICRC's programmes were delayed or had to be put on hold because of government-imposed limits, civilians in vulnerable areas accessible to the organization benefited from some support.

In Gash Barka and Southern Red Sea, rural communities affected by border tensions worked to rebuild their livelihoods with ICRC support. Over 400 farming households (2,300 people) resumed or increased production thanks to distributions of vegetable seed, hoes and jerrycans. Farmers reported that they were able to irrigate their crops more efficiently after the installation of 49 foot-operated pumps. Following the authorities' approval of the resumption of a livestock parasite-control programme in Dehub and Southern Red Sea, over 16,200 pastoralist households (81,000 people) with limited access to veterinary services benefited from the treatment against parasites of some 374,000 heads of cattle. This was the first time that the ICRC was able to resume activity in Dehub since the end of 2009. In Gash Barka, local agricultural experts and the ICRC jointly planned the construction of livestock ponds.

In the aftermath of the 2011 Nabro volcano eruption, some 6,500 people (1,300 households) coped with their displacement with the help of distributed household items. Some 340 households in nine villages started producing palm mats and ropes to enable some 1,600 households (8,000 people) resettling in the Southern Red Sea to improve their shelters. These artisan households received ICRC financial incentives. The project, planned to last until March 2013, was carried out at the request of the regional authorities and in consultation with the "Eritrean Red Cross".

Projects to further boost the food-production and income-generation capacities of populations in Eritrea could not be implemented owing to the absence of a visa for an ICRC specialist. These projects included the distribution of livestock, such as 200 donkeys in Gash Barka and 3,000 goats in Southern Red Sea, to agro-pastoralist families. The tractor-ploughing programme, which was intended to help farmers, especially women and the elderly, prepare their land (3,000 hectares in total) for the planting season also had to be cancelled as there was no delegate to conduct a proper assessment of the needs in new sites.

To enhance access to sufficient quantities of water for agricultural or domestic use, the local water authorities and the ICRC undertook maintenance work on water supply systems in the villages of Alale, Areta and Deba-Sima in Southern Red Sea. While fuel

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)				
Essential household items	Beneficiaries	6,533	60%	35%
	<i>of whom IDPs</i>	6,533		
Productive inputs	Beneficiaries	84,522	65%	1%
	<i>of whom IDPs</i>	845		
Water and habitat activities	Beneficiaries	17,941	40%	0%

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

remained scarce and expensive in the country, the environment-friendly solar-powered systems kept running costs to a minimum. In Beylul village in the same region, the installation of pipelines brought safe water to patients and staff at the health centre and to pupils of the primary school. The local water authorities in Sheshebit village in Gash Barka replaced a water tank with a new one provided by the ICRC. In total, some 17,900 people benefited from these programmes. However, projects to repair water systems in other areas and to train local technicians in the management of these systems were put on hold because of difficulties, experienced since September 2011, in importing the necessary materials.

Despite the ongoing threat to civilians living in weapon-contaminated border areas, no risk education sessions were carried out owing to the restrictions on cooperation with the “Eritrean Red Cross” (see *Red Cross and Red Crescent Movement*).

Vulnerable groups benefit from financial support and family-links services

People of Ethiopian origin continued to be repatriated through Sudan by the Eritrean authorities. The government had withdrawn authorization for the ICRC to assist in the voluntary repatriation of civilians across the Eritrea-Ethiopia border in March 2009. Within such constraints, the ICRC did its best to continue monitoring the situation of the Ethiopian community living in Eritrea to ensure that their rights under the 1949 Geneva Conventions, including voluntary repatriation in humane conditions, were respected.

Some 540 vulnerable Ethiopians, including children, former detainees, elderly people and single women, received financial assistance to cover administrative and/or transport costs if they chose to be repatriated to Ethiopia, while 1,892 who wished to remain in Eritrea were assisted in the administrative procedures for obtaining residence permits. Thirty-four of them who needed medical treatment had their costs covered by the ICRC.

To enable them to apply for further studies or jobs, Eritrean and Ethiopian nationals received assistance in sending important documents, usually school transcripts, across the sealed border or to elsewhere in the world. With ICRC help, 40 people who had studied in Ethiopia had their documents sent to Eritrea, while 62 people who had studied in Eritrea had their documents sent to Ethiopia or elsewhere.

Two elderly blind Eritrean women who had been living for many years in Ethiopia were reunited with their families in Asmara. Through the ICRC’s coordination with other organizations, 51 Somali nationals from a refugee camp near Massawa who had been approved for resettlement in the United States of America received ICRC travel documents. In addition, 22 Eritreans were able to join their relatives abroad after receiving their flight tickets and other papers sent through the ICRC by the International Organization of Migration.

In areas in Eritrea the ICRC could access, dispersed family members used RCMs to exchange news with their relatives in Ethiopia. However, tracing services, which had been run by the “Eritrean Red Cross” (see *Red Cross and Red Crescent Movement*) had been suspended since January. The ICRC continued to follow up with the authorities requests from families for news of relatives still missing in relation to the 1998–2000 international armed conflict with Ethiopia.

PEOPLE DEPRIVED OF THEIR FREEDOM

Despite requests from the ICRC, the authorities did not give the green light for 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 19 Djiboutian soldiers reported by their government as missing after the Djibouti-Eritrea hostilities in June 2008, and for a response to a proposal regarding the possible repatriation of a sick Eritrean POW held in Djibouti remained unanswered.

AUTHORITIES

Given the constraints placed on the ICRC by the Eritrean government, dialogue with the authorities continued to focus on rebuilding trust. Meetings with government officials, including the heads of various ministries, the director of the president’s office and, for the first time in years, the political adviser to the president and the defence minister, enabled the review of the ICRC’s operational concerns. The planning and implementation of ICRC assistance activities also provided opportunities for briefing national and local officials on the nature of the organization.

CIVIL SOCIETY

Various dissemination events and publications sought to generate support for IHL and the ICRC’s humanitarian work among youth and other influential members of Eritrean society, especially in border regions. In Southern Red Sea, for example, village administrators and religious leaders learnt more about IHL and the ICRC through operational briefings and articles distributed by field staff.

The National Union of the Eritrean Youth and Students (NUEYS) invited the ICRC to a biannual youth festival at the Sawa Military and Vocational Training Center. The event brought together some 25,000 young Eritreans, 5,000 members of the diaspora and government officials, including the Eritrean president. Some 300 people, including military officers, learnt more about the ICRC during an information session conducted during the event.

Over 1,000 NUEYS members deepened their understanding of IHL during seminars in Gash Barka and Southern Red Sea. The union promoted public awareness of IHL through its magazine by publishing articles on the subject in five local languages. During the Eritrean Book Fair in Asmara, 30 local writers increased their

knowledge of the Movement and its Fundamental Principles, aiming to enhance their capacities and interest in writing about humanitarian issues.

The director of the Asmara University law school and the ICRC held preliminary talks on encouraging the teaching of IHL in higher education institutions by, for instance, making IHL reference texts available to lecturers and students.

RED CROSS AND RED CRESCENT MOVEMENT

Because of restrictions set by the government, the “Eritrean Red Cross” was not able to cooperate with international entities. The ICRC was thus unable to lend the “Eritrean Red Cross” any support in building its capacities or to conduct any joint activities with it.

ETHIOPIA



ICRC/AR_2012
 + ICRC delegation + ICRC sub-delegation + ICRC office
 * ICRC-supported prosthetic/orthotic centre
 * The ICRC delegation to the African Union is also in Addis Ababa

EXPENDITURE (IN KCHF)

Protection	3,537
Assistance	6,161
Prevention	2,108
Cooperation with National Societies	850
General	-

► **12,657**
 of which: Overheads 767

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

Expatriates	30
National staff (daily workers not included)	149

KEY POINTS

In 2012, the ICRC:

- monitored the welfare of 66 newly captured Eritrean POWs
- stepped up activities in regionally run prisons, visiting some 28,000 detainees and working with prison authorities to enhance the living conditions of over 7,000 inmates through infrastructural improvements
- conducted a multidisciplinary assessment of all federally run prisons with a view to resuming visits to detainees in these facilities
- with local water boards and rural communities, improved access to water for more than 76,000 people in areas along the border with Eritrea and in areas hosting refugees from Sudan
- with the National Society, helped families of missing persons, families newly repatriated from Eritrea and other vulnerable families start income-generating projects through micro-economic initiatives
- to regain acceptance of its activities for conflict-affected populations in the Somali Regional State, pursued dialogue with the authorities, including through a meeting between the new Ethiopian prime minister and the ICRC president

Continuously present in Ethiopia since 1977, the ICRC's priority is to protect and assist people detained, displaced or otherwise affected by the 1998–2000 international armed conflict with Eritrea or by other armed conflicts. Thus, it helps to preserve the livelihoods of communities affected by past conflict, often compounded by 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 also supports the Ethiopian Red Cross Society.

CONTEXT

Tensions between Eritrea and Ethiopia persisted, with clashes occurring in border regions between the two countries. Meanwhile, the physical demarcation of the Eritrea-Ethiopia border remained stalled, with both countries maintaining a large military presence in the disputed areas.

In the Somali Regional State (SRS), non-international armed conflict was ongoing between special regional police forces, operating with the Ethiopian National Defence Force (ENDF), and the Ogaden National Liberation Front.

In other areas affected by intercommunal clashes, police forces, sometimes supported by the ENDF, were brought in to curb instability.

The ENDF continued to supply troops to the UN Interim Security Force for Abyei and the African Union-UN Mission in Darfur, both in Sudan, and to participate in military operations in support of the government of the Federal Republic of Somalia.

Fleeing drought and/or fighting in Somalia, South Sudan and Sudan, thousands of people crossed the border into Ethiopia. Insufficient rainfall caused food and water shortages in areas of Afar, Amhara, Oromia, SRS and Tigray, exacerbating the effects of conflict. Incidents of violence arising from competition for resources were reported in some regions.

ICRC ACTION AND RESULTS

The ICRC engaged in dialogue with the authorities in Ethiopia to strengthen acceptance of its neutral, impartial and independent humanitarian action, while continuing to assist people affected by conflict. During discussions with government officials, including a meeting in October between the new Ethiopian prime minister and the ICRC president, the ICRC sought to regain access to conflict-affected communities in the SRS and to restart visits to detainees in federally run prisons.

After the government agreed in 2011 to the resumption of ICRC visits to federal prisons, the ICRC briefed prison officials on its working methods, followed by a multidisciplinary assessment of all federal prisons. Subsequently, it held discussions with federal prison authorities on restarting visits according to its standard procedures and on making potential improvements

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		3,392	246	
RCMs distributed		3,045	11	
Phone calls facilitated between family members		4,739		
Reunifications, transfers and repatriations				
People reunited with their families		3		
	<i>including people registered by another delegation</i>	1		
People transferred/repatriated		2		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		118	32	35
People located (tracing cases closed positively)		66		
	<i>including people for whom tracing requests were registered by another delegation</i>	16		
Tracing cases still being handled at the end of the reporting period (people)		317	37	55
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		21	5	
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		18	5	
Documents				
People to whom travel documents were issued		33		
Official documents relayed between family members across borders/front lines		40		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		28,071		
Detainees visited and monitored individually		163	1	
Detainees newly registered		95	1	
Number of visits carried out		22		
Number of places of detention visited		20		
Restoring family links				
RCMs collected		225		
RCMs distributed		1		
People to whom a detention attestation was issued		78		

* Unaccompanied minors/separated children

to detention facilities under their authority. While pursuing efforts to gain access to all detainees within its purview, the ICRC visited people held in regionally run prisons in Afar and Tigray and resumed visits to those held in Amhara and Oromia. It also monitored the welfare of Eritrean POWs captured during clashes between the Eritrean and Ethiopian defence forces. With prison officials, it enhanced water, sanitation, kitchen and dormitory facilities in several prisons to improve inmates' living conditions.

In the northern border regions of Afar and Tigray, which were most affected by the past conflict and ongoing tensions between Eritrea and Ethiopia, the ICRC worked with the water authorities and rural communities to improve access to water by building water points and repairing hand pumps. Community members improved sanitation practices and built latrines with ICRC-provided materials and training. Water bureau personnel in Tigray who were trained by the ICRC managed water resources more efficiently using a geographic information system. In the Benishangul Gumuz region, particularly in areas hosting refugees from Sudan, the ICRC assisted local technicians in the rehabilitation and maintenance of water points.

Combining their resources, the Ethiopian Red Cross Society and the ICRC provided assistance to civilians displaced by clashes. National Society/ICRC teams also delivered relief to Ethiopians newly repatriated from Eritrea, while repatriated families, as well as those of people still missing from the Eritrea-Ethiopia conflict, started income-generating projects with loans and training. Family members dispersed by conflict, including Ethiopian and

Eritrean civilians separated by the sealed border, as well as Somali and Sudanese refugees in camps, restored contact through family-links services run by the National Society with support from the Swedish Red Cross and the ICRC. The ICRC also facilitated the delivery of school transcripts across the border to/from Eritrea, to enable both Eritrean and Ethiopian nationals to apply for jobs or further studies.

Physical rehabilitation centres for people with disabilities, including those injured during armed conflict or other situations of violence, continued to receive ICRC support in the form of funding, materials, on-the-job supervision and training. As the Ethiopian authorities worked to strengthen the country's physical rehabilitation services, the ICRC contributed technical advice to a committee tasked with drawing up a plan to implement the national physical rehabilitation strategy.

To broaden support for IHL and the Movement, the ICRC provided IHL briefings to members of the Ethiopian Air Force and the ENDF prior to their deployment on peacekeeping operations. Police forces learnt international human rights standards and humanitarian principles related to their work through ICRC-led training. Judges, prosecutors, community elders, religious leaders, representatives of community-based organizations, journalists and academics deepened their knowledge of IHL during National Society/ICRC-organized events.

Backed by ICRC funds, materials and technical support, the Ethiopian Red Cross continued to build its capacities to assist conflict- and disaster-affected civilians and promote IHL.

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	6,322	18%	8%
	<i>of whom IDPs</i>	5,510		
Cash ¹	Beneficiaries	660	87%	
Water and habitat activities	Beneficiaries	76,774	50%	40%
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	16,533		
Cash	Beneficiaries	32		
Water and habitat activities	Beneficiaries	7,192		
WOUNDED AND SICK				
Physical rehabilitation				
Centres supported	Structures	7		
Patients receiving services	Patients	6,768	1,375	1,586
New patients fitted with prostheses	Patients	741	112	59
Prostheses delivered	Units	1,838	256	152
	<i>of which for victims of mines or explosive remnants of war</i>	347		
New patients fitted with orthoses	Patients	1,037	240	502
Orthoses delivered	Units	2,372	527	1,209
	<i>of which for victims of mines or explosive remnants of war</i>	15		
Number of patients receiving physiotherapy	Patients	3,495	778	897
Crutches delivered	Units	6,531		
Wheelchairs delivered	Units	359		

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

CIVILIANS

Dialogue maintained to gain access to the SRS

In view of the ongoing conflicts and other situations of violence, the concerned authorities received reminders of their legal obligation to safeguard those not or no longer taking part in the fighting and to allow humanitarian aid to reach those in need.

The situation in the SRS remained a concern for the ICRC, which had been unable to conduct activities there since 2007 because of a dispute with the authorities. As dialogue progressed between the authorities and the ICRC to re-establish trust and regain access to conflict-affected populations, federal and regional officials gave the ICRC permission in December to visit and assess the condition of the ICRC compound in the Gode district of SRS for the first time in five years.

Rural communities access water and improved sanitation

Communities living or resettling in rural border areas most affected by the past conflict and ongoing tensions between Eritrea and Ethiopia gained improved access to clean and reliable water sources. The construction of new water points and the repair of hand pumps helped over 55,000 people mainly in eight districts of Afar and Tigray avoid long treks to potentially polluted wells or rivers. In the same districts, more than 21,000 people further reduced health risks by constructing their own latrines and enhancing their sanitation practices following community hygiene-awareness sessions. In addition, 40 ICRC-trained technicians of the Tigray Regional Water Bureau improved their management of water resources by using a geographical information system to map water sources and a new web-based platform to facilitate more efficient live exchange of data between central administrators and field operators.

In response to the arrival in the Benishangul Gumuz region of thousands of refugees from Sudan, the local water bureau strengthened its capacity to provide quality water and sanitation services to some 20,000 residents and refugees. With spare parts

and technical assistance from the ICRC, the bureau repaired hand pumps and a major deep well serving Mankush town. Projects to improve the water supply systems in two towns were initiated.

In total, nearly 76,800 refugees and residents from different regions benefited from ICRC initiatives to facilitate access to safe water sources or to improve sanitation.

Repatriated Ethiopians and displaced civilians receive emergency assistance

People repatriated from Eritrea or affected by violence in some regions received help from the National Society, acting together with the ICRC or with its support.

Over 800 people of Ethiopian origin repatriated from Eritrea via Sudan were met with blankets, hygiene items and food upon their arrival in Tigray. They also received financial assistance to cover transportation and other costs. The ICRC continued to monitor the situation to ensure that people were repatriated voluntarily under humane conditions, in accordance with IHL.

Some 17,000 people displaced by intercommunal clashes mainly in Moyale, Oromia, and Bench Maji, Southern Nations, Nationalities and Peoples' Region (SNNPR), improved their living conditions with National Society/ICRC-supplied shelter materials and household items. To meet needs effectively, distributions were coordinated with the relevant authorities and other aid organizations.

Family members separated by conflict re-establish contact

The Ethiopian Red Cross enhanced its capacity to restore family links for conflict-affected people in partnership with the Swedish Red Cross and the ICRC, which provided training, funds, materials and technical support.

Through RCMs, civilians restored/maintained contact with their relatives. Among them were an increased number of Eritrean unaccompanied minors who had crossed the border and were

living in Ethiopian refugee camps. At the Indabaguna transit centre, children sent messages informing their families living in areas in Eritrea accessible to the ICRC that they had arrived safely. Refugees from Somalia and Sudan exchanged news with relatives; those from Sudan used a phone service to reach their families. Through the tracing service, 66 people were located.

Thirty-three people used ICRC travel documents issued in cooperation with the concerned embassies, immigration authorities and National Societies to resettle abroad or to return to their home countries. Two vulnerable and elderly women received assistance in reuniting with their families in Eritrea.

With ICRC assistance, Eritrean and Ethiopian nationals had important documents, usually school transcripts, sent across the sealed border so that they could apply for further studies or jobs. Thus, 40 people who had studied in Ethiopia had their documents sent to Eritrea, while 62 people who had studied in Eritrea had theirs sent to Ethiopia or elsewhere.

The ICRC followed up requests for information from families with relatives still missing in relation to the 1998–2000 international armed conflict with Eritrea. To mitigate difficulties caused by the absence of their main breadwinners, 32 households (192 individuals) availed themselves of loans and training from the National Society/ICRC to engage in income-generating projects 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. In addition, 75 households (450 individuals) newly repatriated from Eritrea and three other vulnerable households (18 individuals), including those headed by disabled persons, also took part in micro-economic initiatives to restore self-sufficiency.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC kept up its dialogue with the authorities with a view to gaining access to all detainees within its purview, including those in federally run places of detention and those allegedly arrested for State security reasons or on “terrorism” charges. The Ethiopian government agreed in 2011 to the resumption of ICRC visits, on hold since 2007, to security detainees in federally run prisons. Consequently, federal prison officials were informed of the ICRC’s standard procedures for visits through a briefing. Then, on the basis of a multidisciplinary assessment of all six federal prisons, the federal prison officials and the ICRC discussed ways to jointly enhance the conditions in these detention facilities.

Meanwhile, the ICRC visited detainees, including those of Eritrean origin, and monitored general conditions in regionally run detention centres in Afar and Tigray. In the second half of the year, it stepped up its activities, resuming visits to other regional prisons such as in the Amhara and Oromia regions. In 20 prisons, the ICRC visited, according to its standard procedures, over 28,000 detainees, as well as 66 Eritrean POWs newly captured by the ENDF during clashes with Eritrean forces. The authorities received confidential reports of the ICRC’s findings. The results of multidisciplinary assessments of seven regional prisons fed into discussions on future upgrades.

Some 7,000 detainees in three prisons in Tigray and two in Oromia benefited from better living conditions and reduced health risks following improvements to water, sanitation, kitchen and dormitory facilities, including new cells for women. Detainees

exchanged news with relatives through RCMs and enhanced their well-being with the help of hygiene, education and leisure items. After their release, 32 detainees had their transport costs home covered by the ICRC. To prevent disease outbreaks, an ICRC doctor checked the inmates’ health during visits. Ways to improve conditions for those suffering from TB or mental health problems were identified.

An association of former Ethiopian POWs and civilian returnees from the Ethiopia-Somalia conflict in 1977 organized, with ICRC support, a symposium that raised awareness of their past and current plight among government officials, international and local organizations and other relevant stakeholders. After the symposium, several entities pledged to support destitute members of the organization by various means, such as free training, fundraising activities or direct financial contributions.

WOUNDED AND SICK

Nearly 6,800 patients, many of whom had been injured during armed conflict or episodes of violence, received free treatment at seven physical rehabilitation centres, which continued to receive ICRC support in the form of funding, materials, equipment, on-the-job supervision and training. In addition to producing and fitting prostheses and orthoses, staff at these centres continued to assemble wheelchairs for patients. Twenty-three trainee technicians further improved their skills at an ICRC-taught nationally accredited three-year diploma course for prosthetic/orthotic technicians. Graduating in 2013, these trainees would add to the pool of skilled local personnel in the seven ICRC-supported centres, as well as others in Addis Ababa, Assosa, Gambella and Nekemte.

With technical input from the ICRC, a committee under the Ministry of Labour and Social Affairs drew up a plan for implementing its national physical rehabilitation strategy, which included the setting up of a school for prosthetic/orthotic technicians and the development of a national supply chain for importing orthopaedic components and raw materials.

Prosthetic/orthotic technicians and shoemakers from eight African countries honed their skills in producing orthopaedic fittings and special footwear for people with disabilities at a seminar organized in coordination with the Red Crescent Society of the Islamic Republic of Iran, the African Federation of Orthopaedic Technicians and the International Rescue Committee.

AUTHORITIES

Expanding humanitarian activities in the country required increased support from the authorities for IHL and the ICRC’s neutral, impartial and independent humanitarian action. During several meetings, government officials at national and regional level learnt more about the ICRC’s mandate and working methods, including in relation to detainees. In October, the new Ethiopian prime minister and the ICRC president met in Addis Ababa to discuss, among other things, issues concerning the ICRC’s access to the SRS and to federal prisons (see *Civilians and People deprived of their freedom*).

Some 560 judges and prosecutors working in supreme, high and first instance courts deepened their knowledge of IHL and its national implementation mechanisms, as well as of the ICRC’s work, during dissemination sessions organized in Amhara, Oromia, SNNPR and Tigray in cooperation with regional judicial training centres.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

To help ensure compliance with IHL during peace-support missions, 150 members of the Ethiopian Air Force participated in an IHL briefing prior to their deployment to Darfur. Given the crucial role of military legal advisers in the conduct of hostilities, 125 legal advisers of the ENDF strengthened their grasp of IHL during a three-day course.

Twenty-one instructors from the Sendafa Police University College and regional police training centres engaged in a five-day intensive training course to strengthen their ability to teach international human rights standards and humanitarian principles to fellow police officers. To enhance the quality of instruction, these centres were equipped with computers and other equipment. Some 860 members of the federal and regional police forces (including female officers) in Addis Ababa, Afar, Amhara, Dire Dawa, Gambella, Harari, SNNPR and Tigray learnt more about humanitarian principles in law enforcement during seminars.

CIVIL SOCIETY

To boost support for IHL and the Movement's work, 850 local authorities, including community elders, religious leaders and representatives of community-based organizations in violence-prone zones of Amhara, Benishangul Gumuz, Gambella and Oromia, participated in National Society/ICRC dissemination sessions. During seminars, some 100 journalists, including police and military media personnel, working in Addis Ababa, Gambella and Oromia discussed issues related to conflict reporting and the activities and mandate of the Movement.

To enhance their knowledge of IHL and their capacities to conduct research on related topics, 21 university lecturers from 18 universities attended an intensive five-day IHL training course, while 2 law lecturers took part in advanced IHL training abroad with ICRC support. Senior law students learnt more about IHL during a dissemination session. Students of Adama University demonstrated their grasp of IHL during a regional moot court competition in the United Republic of Tanzania.

RED CROSS AND RED CRESCENT MOVEMENT

The Ethiopian Red Cross worked with the ICRC to assist struggling communities in violence- and drought-affected regions, run the family-links service (see *Civilians*) and promote IHL and humanitarian principles (see *Authorities* and *Civil society*). To reinforce its skills in these areas, the National Society continued to undergo a structural review and received ICRC funds, training, expertise and logistical back-up. Its running costs, including staff salaries and equipment/vehicle purchases, were partially covered by the ICRC.

The Ethiopian Red Cross improved its ambulance service through ICRC-supported first-aid training of instructors and staff and the receipt of 19 additional vehicles stationed in volatile zones. To enhance the provision of family-links services for refugees, it conducted training courses for its tracing staff and volunteers. A review of its partnership with the Swedish Red Cross and the ICRC sought to identify ways to bridge gaps in cooperation and increase the National Society's autonomy in providing family-links services.

In addition to coordination meetings between Movement partners, representatives of the National Society headquarters and 11 regional offices and the ICRC gathered early in 2012 to discuss the year's activities, thus further strengthening cooperation.

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 also endeavours to build strong relations with AU-accredited intergovernmental organizations, NGOs and UN agencies.

CONTEXT

The African Union (AU) continued to address the various political crises and social unrest that surfaced in Africa during 2012, including in Guinea-Bissau, Madagascar and Mali, as well as the conflicts in the Central African Republic (hereafter CAR), the Democratic Republic of the Congo, Somalia, South Sudan and Sudan.

The AU maintained peacekeeping forces in Somalia and, jointly with the UN, in Darfur, Sudan. An AU High-Level Implementation Panel mediated negotiations leading to agreements between South Sudan and Sudan, including on trade and security issues. Aided by the UN, the European Union and the United States of America, an AU regional taskforce endeavoured to counter armed activity by the Lord's Resistance Army (LRA) in central Africa.

The AU continued to work towards strengthening the operational framework of its African Standby Force (ASF). Among the topics regularly discussed by the AU Commission and various AU bodies were the protection of civilians in armed conflict, peacekeeping operations, the international justice system and AU relations with other intergovernmental bodies.

ICRC ACTION AND RESULTS

To reinforce efforts to protect and assist conflict-affected populations across Africa, the ICRC made efforts to promote the integration of IHL into the AU's processes and policies and to raise awareness of IHL and ICRC activities among AU officials and, through the AU, among State decision-makers and civil society members in the region.

The AU and the ICRC worked together to incorporate IHL into the AU's normative frameworks and capacity-building mechanisms. For example, the AU drew on the expertise of an ICRC legal adviser in drafting guidelines for the AU Mission in Somalia (AMISOM) on the treatment of defectors and captured fighters and for other forces on the handling of captured/detained LRA combatants. To boost respect for IHL during peacekeeping operations, the ICRC took steps to ensure the inclusion of IHL in the ASF's AMANI II training programme. The ICRC cooperated with the AU in developing and/or building support for IHL-related instruments, such as the AU Convention on IDPs, which entered into force in December, and weapon-related treaties. The ICRC also offered technical guidance to AU member States in the national implementation of these instruments in order to strengthen the protection afforded to children and other vulnerable populations.

Regular dialogue with the AU contributed to boosting support for the ICRC's operations in crisis-affected countries such as Mali. Through presentations and bilateral talks at regional conferences

EXPENDITURE (IN KCHF)

See Ethiopia

IMPLEMENTATION RATE

See Ethiopia

PERSONNEL

See Ethiopia

KEY POINTS

In 2012, the ICRC:

- ▶ generated support from the African Union (AU) and its member States for its operations in crisis-affected countries, including Mali
- ▶ helped AU legal experts develop guidelines on dealing with detainees and armed group defectors held by the African Union Mission in Somalia and with captured/detained Lord's Resistance Army combatants
- ▶ to help foster respect for IHL during peace-support operations, worked with the African Standby Force to integrate IHL into the content of its AMANI II training cycle for military, police and civilian units
- ▶ worked with the AU in drafting a model law for the national implementation of the AU Convention on IDPs, which entered into force in December
- ▶ raised awareness of humanitarian concerns, including the need to safeguard health services, among AU officials and member States, notably through the ICRC president's dialogue with the Peace and Security Council

and other events, the ICRC sought to facilitate the exchange of information on evolving humanitarian situations and to heighten understanding of IHL and humanitarian concerns, including the need to protect health services in armed conflict, among the leaders of AU member States, AU bodies and other organizations in order to influence their decisions in favour of people affected by armed conflicts and other situations of violence.

AUTHORITIES

AU bodies seek to ensure that their mechanisms and procedures accord with IHL

The AU continued to work with the ICRC to incorporate IHL and other relevant laws and norms into its policies. At an AU-organized expert meeting on the LRA, for instance, a planning team drew on the expertise of an ICRC legal adviser seconded to the AU in drafting procedures for the treatment of alleged LRA combatants captured/detained and for assistance to the victims. Similarly, the AU Peace and Security Department progressed in integrating IHL into AMISOM guidelines, including on dealing with armed group defectors and captured fighters, and received advice on handling reported incidents involving AMISOM forces.

To foster compliance with IHL during peace-support operations, African legal and military experts and their international partners received ICRC guidance on incorporating IHL into the design of the ASF's AMANI II training cycle. Through ICRC presentations at training events, members of ASF military, police and civilian units enhanced their knowledge of international standards relating to the use of force and IHL. Senior mission leaders preparing for deployment familiarized themselves with legal issues relating to peacekeeping during a course in Ghana. In addition, the AU Peace Support Operations Division (PSOD) and the ICRC discussed partnership on further IHL capacity-building within the wider ASF and PSOD frameworks.

AU members work on developing and implementing legal frameworks on the protection of civilians

Heightened cooperation between the AU and the ICRC led to progress in the ratification and implementation of IHL-related instruments. In December, the AU Convention on IDPs entered into force, following concerted efforts by the AU and the ICRC to encourage States to ratify the treaty. To help countries take the necessary steps to incorporate the treaty's provisions into domestic legislation, the ICRC offered technical advice at a regional consultative meeting in Tunisia, while an AU legal team worked in consultation with an ICRC adviser in drafting a model law.

The AU made progress in reinforcing mechanisms to protect vulnerable populations. During meetings and an ICRC-led seminar, the African Committee of Experts on the Rights and Welfare of the Child and the ICRC discussed the protection of children under IHL, the implementation of related provisions in domestic law and policy, and the jurisprudence of international tribunals on the recruitment of child soldiers. Ministers of justice and attorneys general from AU member States also welcomed ICRC input in revising the Protocol to the African Charter on Human and Peoples' Rights and the Protocol on the Statute of the African Court of Justice and Human Rights during a conference at which they also endorsed a model national law on universal jurisdiction over international crimes, including IHL violations. To mitigate the effects of natural disasters on the continent, an AU committee conferred with the ICRC on a comprehensive disaster management policy and considered for inclusion provisions addressing the needs of dispersed families and the relatives of missing persons.

The AU and the ICRC sought to promote the national implementation of existing instruments relating to the use of weapons and to garner support for a possible international arms trade treaty by deepening understanding among member States of the humanitarian consequences of unregulated arms transfers.

The AU Commission on International Law (AUCIL) and the ICRC initiated talks on a possible partnership in efforts to encourage member States to ratify or accede to IHL instruments. To this end, two AUCIL members increased their IHL knowledge during a workshop in South Africa (see *Pretoria*).

The diplomatic community and the ICRC keep each other abreast of humanitarian concerns

The AU Commission and other AU bodies, member States, intergovernmental/regional organizations and the ICRC exchanged views on evolving humanitarian situations in Africa. Numerous meetings with representatives of these bodies served to raise awareness of National Society/ICRC operations in violence- and conflict-affected areas, such as in the CAR, Mali, South Sudan and Sudan. Interaction during various fora such as the 18th and 19th ordinary sessions of the AU Assembly, along with bilateral meetings with officials, such as the rotating presidency of the AU Peace and Security Council and the Panel of the Wise, enhanced mutual understanding and the promotion of IHL.

ICRC presentations during regional conferences and other events helped raise the awareness and elicit the support of AU members, regional economic communities and international organizations for humanitarian goals, the Movement and its neutral, impartial and independent humanitarian action. For instance, the PSC and the AU Partners Group increased their knowledge of humanitarian issues and ICRC operations worldwide on various occasions, including meetings with the ICRC president. An address to the African Parliamentary Union and an exhibit during the 8th Pan African Conference of Red Cross and Red Crescent Societies provided opportunities to highlight some of the ICRC's key concerns, such as those covered by the Health Care in Danger project. To help foster the implementation of IHL at regional and country level, ICRC legal advisers and focal points from different delegations met in Addis Ababa, Ethiopia, to examine IHL-related issues and developments.

CIVIL SOCIETY

Through round-tables and bilateral meetings, NGOs, think-tanks and the ICRC continued to forge closer working relationships, exchanging information on and deliberating humanitarian issues. Key civil society organizations participated in an AU consultative meeting attended by the ICRC, at which they were urged to improve information sharing, particularly in relation to the AU's Continental Early Warning System, to allow a faster response to needs arising from conflict situations.

Participants in meetings organized by the Institute for Security Studies (ISS) benefited from the ICRC's advice on IHL-related matters in areas such as cooperation between the AU and NATO and the launch of the African Centre for Peace and Security Training. In an AU and ISS initiative, journalists deepened their understanding of conflicts across Africa and discussed ethical issues surrounding their work at a course facilitated by the ICRC at the ISS's request.

Academics and civil society representatives continued to use the ICRC documentation centre in Addis Ababa for professional and research purposes.

GUINEA



+ ICRC delegation
 + ICRC sub-delegation
 + ICRC office

* Sierra Leone is covered by the ICRC delegation in Guinea

EXPENDITURE (IN KCHF)

Protection	1,384
Assistance	3,238
Prevention	1,389
Cooperation with National Societies	1,271
General	-

▶ 7,282

of which: Overheads 444

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Expatriates	17
National staff (daily workers not included)	93

KEY POINTS

In 2012, the ICRC:

- ▶ after dialogue with the Guinean authorities and security forces on law and order operations and arrest/detention procedures, at joint briefings, reminded over 1,000 *gendarmes* of their responsibility to respect the population
- ▶ facilitated wounded people's access to prompt and quality care by supporting National Society first-aid teams, helping hospitals develop and simulate their contingency plans and training surgeons in war surgery
- ▶ submitted 2 confidential reports to the authorities on alleged ill-treatment in places of temporary detention, which formed the basis of in-depth discussions on ways to help uphold judicial guarantees
- ▶ supplemented the food of over 2,000 malnourished detainees, thus helping keep severe malnutrition rates in participating prisons below 2%, while supporting the authorities' efforts to overhaul the prison food supply chain
- ▶ worked with the prison authorities to minimize risks to detainees' health, including by upgrading dilapidated infirmaries and water and sanitation infrastructure, training prison health staff and carrying out pest-control campaigns
- ▶ trained engineers and village water committees in the maintenance of newly installed/upgraded water infrastructure serving around 246,000 people, thus contributing to the sustainability of improvements

The ICRC has worked in Guinea since 1970, opening its delegation in 2001. It seeks to protect people affected by situations of violence, restore links between separated relatives, enhance the capacity of the health system and improve water supply. It visits detainees and advises the authorities on detention-related matters. It also promotes IHL and humanitarian principles among the armed and security forces, authorities and civil society. Since 2009, the delegation has supported the ICRC office in Sierra Leone. The ICRC works with each National Society to strengthen its capacities, including to respond to emergencies and to promote the Movement.

CONTEXT

Guineans looked forward to the completion of the country's democratic transition with the holding of legislative elections. Scheduled for May 2013, the elections, postponed several times previously, remained a source of disagreement among political groups. Protests continued to erupt as a result of the disagreement and other local grievances. While progress was made in the conduct of law enforcement operations, overall, demonstrations were marked by violence, with over 300 people reportedly wounded and some deaths.

A gradually improving economy and a reduced national debt notwithstanding, many Guineans suffered from poor living conditions and meagre access to basic services. The government took steps to address poverty and corruption and, with international support, to overhaul the justice, armed forces and security sectors.

Despite isolated incidents of violence in the run-up to elections, Sierra Leone's president was re-elected in peaceful polls. He vowed to hasten economic development and curb corruption, poverty and youth unemployment.

ICRC ACTION AND RESULTS

In light of the political uncertainty in Guinea (see *Context*), the ICRC continued to foster support for IHL/humanitarian principles and the Movement's neutral, impartial and independent humanitarian action among the authorities and military/security forces, who were reminded of their responsibility to protect and respect the population. Drawing on lessons from demonstrations in the recent past, the ICRC and the authorities engaged in dialogue on the appropriate use of force in maintaining public order. This dialogue led to the launch of joint dissemination sessions for law enforcement officers, which, together with ICRC oral and written representations to the relevant authorities, aimed to prevent abuses.

As the ICRC pursued initiatives to protect and assist vulnerable people, it helped the Guinean health services, the Red Cross Society of Guinea and the Sierra Leone Red Cross Society build their capacities to respond effectively in emergencies. In Guinea, a National Society campaign raised public awareness of Red Cross services, thereby facilitating wounded people's access to urgent care. Once the patients were stabilized, and if needed, the National Society transported them to hospital. Hospitals developed and practised contingency plans which, together with ICRC material and training assistance, helped them prepare to handle

Main figures and indicators	PROTECTION		Total
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages (RCMs)			
RCMs collected	116	UAMs/SCs*	3
RCMs distributed	168		1
Phone calls facilitated between family members	41		
Tracing requests, including cases of missing persons			
People for whom a tracing request was newly registered	37	Women	14
People located (tracing cases closed positively)	8		12
<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)	52		20
			16
UAMs/SCs*, including unaccompanied demobilized child soldiers			
UAMs/SCs newly registered by the ICRC/National Society	1	Girls	1
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	24		3
Documents			
Official documents relayed between family members across borders/front lines	1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)			
ICRC visits			
Detainees visited	3,669	Women	
Detainees visited and monitored individually	101		2
Detainees newly registered	47		1
Number of visits carried out	248		
Number of places of detention visited	63		
Restoring family links			
RCMs collected	211		
RCMs distributed	32		
Phone calls made to families to inform them of the whereabouts of a detained relative	66		
People to whom a detention attestation was issued	10		

* Unaccompanied minors/separated children

large influxes of wounded patients. To enhance the country's emergency surgical capacities, both civilian and military health professionals attended war-surgery courses.

Continued support for the Guinean and Sierra Leonean Red Cross Societies enabled them to enhance their family-links services, including tracing. These services were made available to civilians, including refugees, migrants and children living alone, and to detainees. In Guinea, ICRC support included building their skills in managing human remains.

Delegates continued to visit Guinean detainees, including those held by the police or *gendarmerie*, paying particular attention to the most vulnerable inmates. Substantive dialogue with the authorities based on the ICRC's confidential feedback and recommendations was backed by two comprehensive reports on alleged ill-treatment in places of temporary detention. To encourage respect for detainees' judicial guarantees, the ICRC drew the Justice Ministry's attention to overdue cases and conducted seminars for police/*gendarmerie* officers on the legal framework applicable to police custody. It supported the Guinean authorities' pursuit of penitentiary reform within the frame of the justice sector reform process.

Guided by an ICRC report, the Justice Ministry appointed a focal point to oversee the prison food supply chain. Meanwhile, detainees in dire circumstances staved off severe malnutrition with the help of food supplements from the ICRC. Malnourished or sick detainees received care from ICRC-trained prison health workers or were referred to hospital for appropriate treatment. To minimize the risks of water-borne or hygiene/sanitation-related diseases, such as cholera, the ICRC helped the authorities take preventive measures and distributed hygiene items. To make lasting improvements to prison living conditions, the ICRC,

in conjunction with the authorities, upgraded key infrastructure, including kitchens and water and sanitation facilities.

Together, the Guinean water authorities and the ICRC improved access to clean water for hundreds of thousands of people. In villages, they constructed water points, training water committees in their maintenance and hygiene promotion to ensure sustainability. Similarly, they upgraded water networks in urban areas and provided expert training to water board engineers.

The ICRC provided expertise and training to support the Guinean and Sierra Leonean authorities in ratifying/implementing IHL. Sierra Leone set up a national IHL committee to assist in the ratification process. To sharpen their IHL expertise, representatives of both countries attended related seminars/events in the region. Guinea's military and *gendarmerie* received similar support in integrating IHL into their respective training programmes. Activities for journalists, law lecturers and students served to stimulate their interest in IHL/humanitarian principles and foster their support for National Society/Movement activities.

Coordination with other actors helped ensure humanitarian needs were covered while avoiding duplication.

CIVILIANS

Meetings with Guinea's authorities and security forces drew on lessons from demonstrations and other events in 2011 and 2012 to remind them of their responsibility to respect civilians. Based on two ICRC reports on the matter, the authorities and the ICRC discussed the appropriate use of force in the maintenance of public order and proper arrest/detention procedures.

In Guinea and Sierra Leone, the National Societies built their humanitarian response capacities, particularly in terms of tracing,

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	246,000	50%	30%
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	2,046		
Essential household items	Beneficiaries	10,215		
Water and habitat activities	Beneficiaries	2,821		
WOUNDED AND SICK				
Water and habitat				
Water and habitat activities	Number of beds	486		

with ICRC support. They began to integrate ICRC recommendations into such services following joint family-links needs assessments in their respective countries. In Guinea, posters and leaflets increased the visibility of Red Cross tracing services at local level. Over 50 Guinean Red Cross volunteers learnt or refreshed their tracing skills, incorporating recommended practices in the management of human remains. Others took part in an emergency simulation exercise (see *Wounded and sick*). To enhance proximity and facilitate activities at the local level, the Guinean Red Cross constructed a new branch in Gaoual.

Few people approached the National Societies/ICRC for help in contacting family members. Nonetheless, unaccompanied children in Guinea who had fled the 2011 crisis in Côte d'Ivoire had access to National Society/ICRC services to locate and communicate with their families or find suitable alternatives. Refugees from Mali, migrants and foreign students separated from their families while in Guinea benefited from the expansion of such services. To help in the identification of human remains, key messages were broadcast on radio, leading to the successful resolution of six cases. Similar efforts by the Sierra Leonean Red Cross led to the location of 11 families that were in particularly secluded areas.

Vulnerable communities gain access to clean water

With ICRC training, guidance and financial support, Guinea's authorities improved the water supply in both rural and urban areas. Around 46,000 villagers improved their access to drinking water through the construction of 20 water points and the rehabilitation of a further 30. With training, village water committees maintained these points and promoted good hygiene practices, thus helping sustain the improvements made and reduce health problems associated with water-borne diseases.

In urban areas, around 200,000 people accessed drinking water. They included 40,000 people in Siguiri town who benefited from a 6.5-kilometre extension to the water network and new water fountains which, combined, doubled their supply of water. To help secure the upgraded water infrastructure for the long term, 37 water board engineers underwent additional expert training in maintenance, improving upon their previously acquired theoretical knowledge.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Guinea held by the Justice Ministry, and some by the police or *gendarmérie*, received visits from the ICRC, according to its standard procedures, to monitor their treatment and living conditions. Some detainees benefited from individual follow-up by delegates, who also closely monitored other vulnerable inmates, including women, minors, foreigners and people sentenced to

death. Detainees contacted their relatives through Movement family-links services or informed their consular representatives of their situation through the ICRC.

Following visits, the ICRC shared confidential feedback with the authorities. The justice minister and the heads of the national police received two reports on alleged ill-treatment in places of temporary detention. These reports, which were forwarded to the attention of the country's president, subsequently formed the basis of dialogue on the matter. The Justice Ministry was also notified when detainees' cases were overdue, resulting in the release or sentencing of several individuals, and thereby encouraging greater respect for judicial guarantees. Moreover, police and *gendarmérie* officers attended a seminar on the legal framework of police custody, with a view to boosting their capacities to provide such guarantees to those in their custody.

Penitentiary authorities undergo reform process

Owing to a need for greater improvement in detention conditions, the Justice Ministry, its international partners and the ICRC discussed the inclusion of penitentiary reform in the justice sector reform process begun in 2011. Consequently, plans to reform the penitentiary administration were included in the reform process, with, for example, the Justice Ministry integrating ICRC recommendations into its working documents. To support its efforts, the Justice Ministry also received ICRC comments on two proposed decrees clarifying the responsibilities of penitentiary management and staff. Prison staff deepened their knowledge of the minimum standards of detention at dissemination sessions.

Detainees have better nutrition and encounter fewer health risks

Prison food supplies remained a serious concern, as food rations were insufficient in quantity and quality. Based on an ICRC report on the food supply chain in Guinean prisons, the justice minister increased the budget, appointed a focal point for food stock management in the penitentiary administration, and called for private tenders to improve the food supply system. To boost their nutritional status in the short term, over 2,000 malnourished detainees in 30 prisons supplemented their diet with high-calorie biscuits provided by the ICRC. Although overall prison malnutrition rates remained high, the severe malnutrition rate in the participating prisons stayed at the lowest levels, between 0–2%, and no deaths were reported.

The interdepartmental dialogue initiated by the ICRC between the Health and Justice Ministries on detainees' access to health care focused on timely referral to appropriate medical facilities. The authorities were encouraged to establish a centralized health

unit to monitor/coordinate prison health activities countrywide. Despite little overall progress, more than a hundred sick detainees were transferred to hospital for appropriate treatment, with 37 receiving care paid for by the ICRC. To improve the quality of health care in prisons, which suffered in part owing to the limited presence of health staff and their low level of qualifications, 34 prison health workers improved their skills at three training courses. In some cases, prison health staff also made use of ICRC-provided medical materials.

As cholera was rampant, the authorities of seven prisons in the most-affected areas took preventive measures with ICRC support, protecting close to 1,800 detainees from exposure. Across the country, over 10,000 detainees minimized their risk of disease and improved their general well-being with the help of cleaning and hygiene items. Among them, around 2,800 detainees had their cells fumigated by the National Society/ICRC. To make lasting improvements, the authorities of five prisons holding around 1,300 detainees upgraded water and sanitation facilities, kitchens, infirmaries and/or roofing with ICRC support, thereby uplifting detainees' health, hygiene and general well-being. Likewise, four central prisons received building materials and technical support for their newly established maintenance teams to help them make infrastructural improvements benefiting 1,500 detainees.

WOUNDED AND SICK

Over 300 people injured during demonstrations and other situations of violence received first aid through the Guinean Red Cross, which transported around 125 of them to hospital.

In preparation for mass-casualty emergencies, three Guinean hospitals of the four supported by the ICRC since 2011, including the main military hospital, established contingency plans. Staff of these hospitals and two others supported since 2007 put their plans to the test in a simulation exercise conducted with stretcher-bearers from the National Society.

Following the construction of a triage area, repairs to its surgical emergency ward and the provision of examination tables, the emergency department in one hospital was better placed to handle an influx of patients. To the same end, another hospital received surgical instruments and dressing materials. Moreover, staff from the five hospitals gained on-the-job experience while working with ICRC health teams, consolidating their surgical/medical competencies and enabling them to provide better-quality treatment to weapon-wounded patients.

With a view to expanding Guinea's pool of health professionals proficient in war surgery, over a hundred civilian and military surgeons from all over the country took part in specialized courses. They included 40 surgeons taking the ICRC-taught war-surgery module at Conakry University.

AUTHORITIES

Contacts with the Defence and Justice Ministries facilitated the integration of IHL into the military justice code as part of planned penal revisions. In light of Guinea's security sector reform process, the international community and the ICRC coordinated their support activities (see *Armed forces and other bearers of weapons*).

The Guinean and Sierra Leonean authorities made progress in the ratification/implementation of IHL treaties, receiving ICRC training and expertise as needed. Guinea's transitional parliament took

steps to ratify the Convention on Cluster Munitions. To accelerate implementation efforts, the justice minister and the ICRC discussed a draft bill creating a national IHL committee that awaited the minister's signature at year-end. With the active participation of its National Society, Sierra Leone set up a national IHL committee. Its parliament adopted bills on the Geneva Conventions and their Additional Protocols and on the revision of the 1962 Red Cross Act.

To support the IHL ratification process and build national expertise, representatives from both countries discussed IHL implementation/developments at various meetings, including a regional seminar and a round-table on a future arms trade treaty, both in Abuja (see *Nigeria*). Sierra Leone sent representatives to a regional consultation on the "Strengthening IHL" process in South Africa (see *International law and cooperation*).

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Ahead of Guinea's elections, officials from the security forces and the ICRC pursued dialogue on the use of force in law enforcement operations and proper arrest and detention procedures. They co-developed a teaching presentation that was subsequently used during joint dissemination sessions for around 1,000 members of the *gendarmerie*. In support of these efforts, 20 *gendarmerie* instructors trained in related topics and in IHL which, with the help of an instructional CD, facilitated the integration of these subjects into training. Sixty-five Sierra Leonean security force commanders received similar training in preparation for the elections.

Likewise, Guinea's armed forces, their IHL office and the ICRC launched joint dissemination campaigns for troops stationed throughout the country; 1,500 military personnel learnt about IHL through these sessions. Within the framework of the security sector reform process, the Guinean authorities, their international partners and the ICRC discussed the importance of ensuring respect for IHL. With the help of ICRC analysis of existing military training, the authorities established an IHL training road map for their personnel. As a first step, 20 Guinean military instructors trained in IHL. Following the train-the-trainers exercise, the Guinean authorities established a commission to develop teaching material adapted to different military ranks.

In Sierra Leone, military commanders received in-depth training, and 800 troops learnt basic IHL principles in preparation for their deployment to Somalia. To help boost their teaching capacities, 18 military instructors trained in IHL.

CIVIL SOCIETY

With the help of presentations, press releases and other communication tools that integrated aspects of the Health Care in Danger project as appropriate, the National Society/ICRC pursued efforts to build widespread support for humanitarian principles and the Movement among influential civil society representatives. The Guinean Red Cross developed a communication plan, organized events and produced its own publications. The general public learnt about Red Cross services through a radio campaign (see *Civilians*). A similar campaign facilitated wounded people's access to urgent care in emergencies (see *Wounded and sick*).

During field trips and information sessions, television, newspaper and radio journalists were familiarized with the ICRC's humanitarian action, enabling them to provide broad coverage of the organization's activities in Guinea.

Work with universities in both countries focused on stimulating teachers' and students' interest in IHL. To this end, students from eight Guinean universities participated in an ICRC-organized moot court competition. After holding its own national moot court competition, the Sierra Leonean Red Cross helped prepare the winning team for the Africa-wide competition in Arusha (see *Nairobi*).

RED CROSS AND RED CRESCENT MOVEMENT

The Guinean and Sierra Leonean Red Cross Societies continued to receive training, funds and materials to strengthen their capacities in, among other things, family-links, first aid, and the promotion of IHL, the Movement and the Fundamental Principles, particularly among young people.

Apart from training its tracing volunteers (see *Civilians*), the Guinean Red Cross enhanced its first-aid capacities and coordinated response plan, enabling it to respond better to emergencies, including those linked to demonstrations and other situations of violence (see *Wounded and sick*). As a complement, it developed radio campaigns to help boost awareness of its first-aid and other services for the population (see *Civilians* and *Wounded and sick*). The Sierra Leonean Red Cross prepared and deployed its own contingency plans ahead of national elections.

The Guinean Red Cross continued its internal reorganization, undergoing some management changes to support the implementation of activities, develop branch-level capacities and identify possible income-generating activities. With other Movement components, it began to prepare a new institutional strategy.

With ICRC support, both the Guinean and Sierra Leonean Red Cross Societies discussed humanitarian concerns with other National Societies at a conference abroad.

LIBERIA



ICRC delegation ICRC sub-delegation

EXPENDITURE (IN KCHF)

Protection	1,364
Assistance	2,494
Prevention	1,104
Cooperation with National Societies	1,966
General	-

► **6,928**
of which: Overheads 423

IMPLEMENTATION RATE

Expenditure/yearly budget	105%
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PERSONNEL

Expatriates	13
National staff (daily workers not included)	118

KEY POINTS

In 2012, the ICRC:

- ▶ with Movement partners and the authorities and organizations concerned, facilitated the reunification of 104 Ivorian refugee children with their families, mainly in Côte d'Ivoire
- ▶ helped over 18,000 Ivorian refugees living in host communities along the Liberia-Côte d'Ivoire border cope with their situation by providing them with essential household items
- ▶ visited, according to its standard procedures, 131 internees/detainees held in connection with the Ivorian conflict, advising the authorities on international norms on internment and helping transfer those released to refugee camps
- ▶ supported the prison and health authorities in their efforts to establish a functioning health care system in all 15 prisons in Liberia, in line with the new national health policy
- ▶ following material and capacity-building support to the local authorities and farmers in Lofa county, handed over to them full responsibility for managing previously supported health clinics and palm-oil projects respectively
- ▶ supported the Liberia National Red Cross Society's efforts to strengthen its governance and management by assisting it in holding its general assembly and national elections

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.

CONTEXT

In 2012, the situation in Liberia was by and large peaceful, with a low level of political violence. Porous borders, however, facilitated occasional cross-border activity by weapon bearers, including violent incidents along the border with Côte d'Ivoire during the second half of the year, leading to increased tensions. Consequently, the security forces and UN peacekeeping missions in both countries strengthened cooperation. Although well over half of the refugees from Côte d'Ivoire (see *Abidjan*) had gone home by mid-year, these incidents slowed down their return; thus, an estimated 65,000 refugees remained in camps and with host families along the border areas in eastern Liberia, placing a significant strain on communities' limited resources. The humanitarian and security consequences of hosting refugees continued to be a concern for Liberia, as were widespread poverty and unemployment that caused many Liberians to struggle for access to basic utilities and health care.

As part of its planned withdrawal over the next three years, the United Nations Mission in Liberia (UNMIL) began the progressive reduction of its peacekeeping forces, posing a challenge for Liberia's nascent police and security forces.

Although the Special Court for Sierra Leone found former Liberian president Charles Taylor guilty in May, the verdict reportedly had no impact on security.

ICRC ACTION AND RESULTS

Working with the Liberia National Red Cross Society, the ICRC continued to address needs arising from the influx of refugees from Côte d'Ivoire, while meeting the enduring needs of civilians elsewhere in the country, particularly by building the capacities of local partners.

In coordination with the authorities, UN agencies and other humanitarian actors, the National Society/ICRC continued to provide family-links services to refugees wishing to restore or maintain contact with relatives, focusing on reuniting separated children with their families. National Society/ICRC teams also distributed essential household items to refugees who had settled in host communities along the border. In accordance with its standard procedures, the ICRC visited people detained/interned in connection with the Ivorian conflict and advised the Liberian authorities on international standards applicable to internment and IHL. It provided vulnerable internees at Wainsue internment camp with food for at least six weeks and, following the camp's closure, helped released internees transfer to refugee camps.

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		728	UAMs/SCs*	168
RCMs distributed		503		81
Phone calls facilitated between family members		1,453		
Names published in the media		8		
Reunifications, transfers and repatriations				
People reunited with their families		128		
	<i>including people registered by another delegation</i>	7		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		34	Women	8
People located (tracing cases closed positively)		38		14
	<i>including people for whom tracing requests were registered by another delegation</i>	17		
Tracing cases still being handled at the end of the reporting period (people)		56		20
UAMs/SCs*, including unaccompanied demobilized child soldiers				
UAMs/SCs newly registered by the ICRC/National Society		120	Girls	58
UAMs/SCs reunited with their families by the ICRC/National Society		104		53
	<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		99		42
Documents				
People to whom travel documents were issued		118		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits				
Detainees visited		2,702	Women	
Detainees visited and monitored individually		181		21
Detainees newly registered		50		15
Number of visits carried out		70		
Number of places of detention visited		25		
Restoring family links				
RCMs collected		110		
RCMs distributed		122		
Phone calls made to families to inform them of the whereabouts of a detained relative		5		

* Unaccompanied minors/separated children

Continued visits to other detainees in Liberia held by the Justice Ministry were also conducted according to the ICRC's standard procedures, allowing delegates to monitor detainees' treatment and living conditions and to provide confidential reports to the detaining authorities based on their findings. The ICRC worked closely with the authorities concerned, providing material input, advice and specialized training to help them strengthen their capacities to ensure the well-being of inmates. As a result, detainees in some prisons received improved health care, such as disease monitoring and control, within the new national prison health service. On the basis of nutritional surveys, a number of improvements were made to the provision of food to detainees, including the most severely malnourished, who benefited from a supplementary feeding programme. Repair work on water and sanitation infrastructure and the regular provision of soap and hygiene items also contributed to a healthier environment.

Outside of prisons, National Society/ICRC teams, together with the authorities and/or community members in a number of counties, constructed or repaired water points and latrines, improving access to clean water and reducing exposure to water-borne diseases. ICRC-trained National Society volunteers trained community pump mechanics to undertake routine maintenance and promoted good hygiene practices to community members.

Alone or with the National Society, the ICRC also provided training, material and/or logistical support to local partners such as health workers and farmers, including those hosting refugees, to help build their capacities to run and sustain health and livelihood programmes respectively. By year-end, the local health authorities

had taken full responsibility for the management of four health clinics in Lofa county previously supported by the ICRC. Likewise, farmers took over the running of their palm-oil plantations as the ICRC wrapped up its agricultural support in Liberia. With the completion of these activities, the ICRC closed its offices in Sanniquellie and Voinjama.

Through meetings, workshops and multimedia communication, the ICRC endeavoured to increase support for Movement activities and raise awareness of IHL, international human rights law and humanitarian principles among the authorities, security forces and members of civil society. Regional seminars encouraged the authorities to advance domestic IHL implementation, including the establishment of a national IHL committee. The armed forces took steps to integrate IHL modules into their training and operations, with ICRC-supported in-house briefings and training.

As the ICRC's main operational partner, the Liberian Red Cross received training, financial and material support to strengthen its emergency response capacities and to enhance its family-links, promotion and assistance activities and governance/management, for example during its national and county elections.

CIVILIANS

The National Society and the ICRC worked together to improve the living conditions of Liberians or of foreign nationals who had taken refuge in the country and to enable them to maintain contact with their families. Aside from benefiting from practical experience and coaching while conducting activities jointly with the ICRC, National Society volunteers attended regular theoretical

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				
Productive inputs	Beneficiaries	18,192	50%	30%
Water and habitat activities	Beneficiaries	41,928	35%	45%
Health				
Health centres supported	Structures	4		
Average catchment population		11,114		
Consultations	Patients	15,436		
	<i>of which curative</i>		2,445	6,774
	<i>of which ante/post-natal</i>		1,183	
Immunizations	Doses	8,281		
	<i>of which for children aged five or under</i>	7,885		
Referrals to a second level of care	Patients	9		
Health education	Sessions	523		
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	713		
Essential household items	Beneficiaries	2,090		
Water and habitat activities	Beneficiaries	1,400		

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

training, such as workshops on planning, monitoring and evaluating relief and livelihood initiatives and on implementing water, sanitation and hygiene-promotion projects. Thus, volunteers were better equipped to help those in need and to train community members to manage and maintain the systems installed.

Ivorian refugees are better able to cope with their displacement

The Liberian authorities, National Society/ICRC teams, UN agencies and other humanitarian actors monitored refugees' movements, well-being and impact on host communities, and coordinated activities in order to meet needs without duplication. For example, ICRC plans to repair roads/bridges were no longer pursued as other organizations took on such activities to ensure access to the refugees and their host communities. A total of 18,192 people (3,032 households) who had settled in host communities along the Ivorian border, specifically in Grand Gedeh and River Gee counties, received essential household items, including tarpaulins and sleeping mats, from the ICRC to ease the burden on their hosts.

Dispersed family members get back in touch

National Society/ICRC family-links services proved invaluable as a means for refugees and other people in Liberia to locate or get in touch with relatives with whom they had lost contact, including those detained/interned (see *People deprived of their freedom*). Using these free services, they made 1,453 telephone calls, sent 728 RCMs and received 503 RCMs during the year. Effective cooperation among Movement components and other organizations in Liberia, as well as in Côte d'Ivoire and Guinea, helped 104 children and 12 vulnerable adults from Côte d'Ivoire rejoin their families, mainly in Côte d'Ivoire, while of the 99 pending cases of children being handled by the ICRC, 42 had already restored contact with their families. Where necessary, vulnerable children received material or medical assistance from child protection agencies.

Communities enjoy improved access to water and sanitation

In parts of Monrovia and in Bong, Grand Gedeh, Maryland, Nimba and River Gee counties, where water infrastructure was inadequate or dilapidated, residents and any refugees they were hosting struggled to obtain clean water, with many suffering from water-borne diseases. The water authorities and community

members worked with National Society/ICRC teams to construct or repair wells and hand pumps and, in Monrovia, to rehabilitate latrines. As a result, 41,928 people had a more reliable supply of safe water and efficient sanitation, including 26,500 who benefited from improved general public health after ICRC-trained National Society volunteers promoted basic hygiene practices. Training sessions helped 64 pump mechanics from 20 communities sharpen their maintenance skills so that facilities would not fall into disrepair in the short term.

People in Lofa County access quality health care

Four clinics in Bondi, Duogomai, Kpotomai and Vezala (catchment population: over 11,000), to which the ICRC had resumed material, technical and logistical support in 2011, made marked progress in improving the quality of curative and ante/post-natal health care they provided. By mid-year, the Ministry of Health and Social Welfare's County Health Team was making regular visits to all clinics, while the ministry had taken over supplying the most-needed medicines and payment of staff salaries. These efforts helped attract an adequate number of qualified personnel to the clinics, which, along with on-the-job coaching, improved services and more than doubled the number of consultations carried out. The local health authorities, while continuing to work to incorporate the clinics into Liberia's national health care development plan, reassumed full responsibility for them in October.

Farmers receive livelihood support

In Lofa county, the 2,592 farmers (including members of associations/cooperatives and women's groups) who had previously rehabilitated palm-oil plantations with ICRC support continued to benefit from agricultural inputs and management/marketing training to enable them to maintain the plantations independently and thus support their families (another 2,160 people). Under the supervision of ICRC-trained National Society volunteers, the farmers used fertilizer and insecticide to help stimulate crop growth and combat pests. By year-end, the farming communities had taken full responsibility for the plantations and had been referred by the ICRC to commercial enterprises interested in purchasing their palm oil, helping ensure the sustainability of their livelihoods.

Support also continued to rice-cultivation initiatives to boost food/economic security. Some 1,000 people from 50 farming

communities joined an ICRC-supported National Society initiative to train upland rice farmers to cultivate swamp-rice instead, in order to combat environmental degradation in upland areas and associated losses in productivity. They received tools, including cutlasses, shovels, hoes and boots, to enable them to begin cultivation and generate income for their families. Additionally, 750 people hosting Ivorian refugees in Grand Gedeh county received rice seed and tool kits to help improve their yields and better cope with the presence of refugees.

PEOPLE DEPRIVED OF THEIR FREEDOM

Over 2,700 detainees, including women, minors and the sick, and internees held by the Liberian Justice Ministry and other authorities continued to receive ICRC visits according to the organization's standard procedures. Some 180 of them, including 131 alleged combatants who had fled the conflict in Côte d'Ivoire, were monitored individually. Delegates also monitored detainees' treatment and living conditions in relation to internationally recognized standards, including IHL where applicable. Following such visits, the detaining authorities received confidential reports detailing delegates' findings and, where necessary, recommendations. Detainees/internees were able to communicate with their families using RCMs and/or phone calls.

Detaining authorities benefit from ICRC support in ensuring the well-being of detainees/internees

The government's taskforce on internment solicited ICRC guidance on how best to comply with international norms applicable to internment, including the principle of *non-refoulement*. Juvenile and other vulnerable internees among the 82 people being held at the Wainsue internment camp received particular attention, including the provision of food for at least six weeks. As a result of cooperation among the Liberian authorities, UNHCR and the ICRC, eight minors rejoined their families. In March, the government closed the Wainsue internment camp and released 69 of the 82 internees. They received ICRC assistance to get to the refugee camps, as well as clothing and shoes.

ICRC assessments in police detention facilities revealed that the health of those in custody was not linked to police practice; thus, efforts focused instead on enhancing the national penitentiary system. To help ensure that detainees' conditions were in line with internationally recognized standards, the Liberian Bureau of Corrections and Rehabilitation (BCR) worked with the ICRC to improve the prison administration as a whole and to minimize the consequences of overcrowding, particularly in relation to health, nutrition and hygiene. For example, during the drafting of its 2012 budget, the BCR received input from the UNMIL Corrections Advisory Unit and the ICRC, with the ICRC focusing on the three aforementioned issues.

The Ministry of Health and Social Welfare took a number of steps to implement the new national guidelines on prison health care, which were included in the national health policy produced in 2011, such as opening new clinics in five prisons with ICRC technical and material support. It also appointed a focal point for prison health care and co-organized with the BCR an introductory workshop for 30 prison health workers and correctional officers. Additionally, prison health workers received ICRC coaching on appropriate health care for detainees. Consequently, they initiated systematic tours of cells with a view to identifying problems early and, by year-end, regularly visited all 15 prisons across Liberia, two of which introduced medical examinations for all new inmates.

Detainees in Monrovia Central Prison, which housed over half of Liberia's prison population, benefited from better disease monitoring and control after health workers there received ICRC support in establishing guidelines and regulations, and following the rehabilitation/expansion and completion of the prison clinic and infirmary. Thanks to improved coordination with local hospitals, detainees underwent regular TB/malaria screening, with 3,335 treated on-site or referred outside for treatment as necessary. Given the prompt reaction to any diagnosed cases, malaria remained under control within the facility. Other prisons improved their health care services with ICRC-supplied equipment and drugs.

Although the BCR had yet to establish a maintenance team, it worked with the ICRC to improve water and sanitation infrastructure in nine prisons, benefiting 1,400 detainees. To enhance their environmental health and living conditions, 2,090 detainees received essential household items, including mosquito bed-nets, mattresses and blankets, and soap and hygiene items backed by hygiene-promotion campaigns.

With ICRC support, the prison administration conducted a comprehensive nutritional survey and discussed the results with representatives of the Ministry of Health and Social Welfare and all prison superintendents at a two-day seminar. These discussions and ICRC advocacy for a substantial increase in the food budget led to all detainees being guaranteed two meals per day, with protein-rich foodstuffs a daily part of their diet. The comprehensive survey, as well as independent ICRC nutritional surveys, revealed cases of malnutrition; thus, 130 malnourished detainees in three prisons received supplementary food from the ICRC. Prison kitchen staff and nutritional supervisors from the ministry learnt more about identifying and measuring malnutrition at a workshop conducted by an ICRC nutritionist.

AUTHORITIES

Local, national and regional authorities, including diplomats and representatives of UNMIL and UN agencies, and the ICRC regularly met to discuss humanitarian/security concerns and IHL. Briefings and publications kept the authorities updated on Movement activities in Liberia, particularly those focusing on refugees from Côte d'Ivoire, to encourage them to support neutral, impartial and independent humanitarian action.

The government continued to work to bring national legislation in line with IHL, for example by finalizing the formation of a national IHL committee. Representatives of the Ministries of Justice and Foreign Affairs and the Law Reform Commission shared expertise with and learnt from their counterparts during regional seminars on the implementation of IHL (see *Nigeria*) and on the "Strengthening IHL" process (see *International law and cooperation*). The government actively promoted a future arms trade treaty at both national and regional level, with representatives of the Liberia National Commission on Small Arms and civil society attending a meeting (see *Nigeria*) and a UN diplomatic conference on this topic, in support of efforts to reduce the humanitarian impact of unregulated arms transfers.

With ICRC support, the Armed Forces of Liberia (AFL) took steps to enhance their IHL teaching capacities in line with the integration of IHL modules into their training and operations. For example, seven instructors broadened their knowledge and skills during workshops and one officer participated in an IHL course in

San Remo. As a result, ICRC-supported AFL instructors trained 96 military officers in IHL and briefed 451 soldiers on the basic rules of IHL. The AFL also drafted an IHL training manual.

Through ICRC briefings, 470 military/joint security personnel and incoming UN peacekeepers, as well as police officers, better understood the organization's activities, particularly for detainees, and the importance of respecting IHL and international human rights law, including provisions on arrest and detention, during situations of violence.

CIVIL SOCIETY

Influential individuals and organizations, including political, religious and community leaders, NGOs and the media, deepened their knowledge of the Movement and kept abreast of its activities through bilateral meetings, briefings, National Society dissemination sessions and ICRC publications/multimedia communication.

To encourage Liberian journalists to cover and to produce more in-depth reports on the humanitarian situation and IHL implementation in their country, two journalists participated in a media and IHL workshop (see *Nairobi*) and nine undertook trips to see ICRC operations first-hand. Thus, the general public became better informed about the Movement's activities worldwide, as well as ICRC programmes in Liberia, particularly for refugees, detainees/internees and other people affected by the conflict in Côte d'Ivoire, through regularly produced media reports, supplemented by photo diaries and features posted on the ICRC website and Facebook page.

As no suitable lecturer could participate in an IHL training abroad, a government representative was sponsored instead (see *Authorities*).

RED CROSS AND RED CRESCENT MOVEMENT

The Liberian Red Cross received training and logistical, material and financial support from the ICRC to help it achieve its peacetime objectives while maintaining its emergency response capacities. While the National Society was the ICRC's main operational partner in the country (see *Civilians*), it also drew on ICRC support to boost its capacity to work independently. For example, all 15 chapters received stocks of essential household items for distribution in emergencies, enabling them to assist 7,433 families affected by natural disasters. Similarly, after undergoing training in the dissemination of IHL and humanitarian principles and the receipt of multimedia equipment, the National Society went on to conduct presentations for 2,832 people, including the authorities, community leaders and youth groups (see *Authorities* and *Civil society*). It also continued to produce its newsletter independently to strengthen its image in the country. An ICRC-supported National Society-run first-aid training course for 225 people, including journalists, generated income for the National Society.

With Movement support, the National Society took steps to reinforce its organizational structure by holding a general assembly and national and county elections, after which 165 newly elected officials from all 15 chapters participated in ICRC induction training. It also adopted its strategic development plan for 2013–17 and an anti-corruption policy.

Regular meetings of Movement components facilitated coordination of activities.



ICRC/AR, 2012
 + ICRC delegation + ICRC sub-delegation + ICRC office/presence
 + ICRC-supported prosthetic/orthotic centre

EXPENDITURE (IN KCHF)

Protection	6,131
Assistance	7,109
Prevention	3,621
Cooperation with National Societies	1,673
General	-

► **18,533**
 of which: Overheads 1,131

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Expatriates	40
National staff (daily workers not included)	109

KEY POINTS

In 2012, the ICRC:

- expanded its network of contacts with civilian and military authorities, weapon bearers and community leaders to foster support for IHL and humanitarian principles and boost acceptance of Movement action
- visited nearly 13,500 inmates in 86 places of detention, bringing to the authorities' notice individual cases requiring specific attention and making recommendations in line with internationally recognized standards and/or IHL
- so that families might learn the fate of missing relatives, provided technical assistance to the ministry concerned, including by joining gravesite visits and conducting training courses to enhance the forensic skills of relevant staff
- supported the National Society's first-aid teams, other emergency responders and 40 hospitals in treating wounded patients effectively, including by supplying medical materials and conducting simulation exercises
- removed around 11,000 mines/explosive remnants of war and 13,500 pieces of small arms ammunition from heavily contaminated areas, allowing residents to resume their activities in a safer environment
- with the National Society, responded to emergency needs resulting from the armed confrontations in Bani Walid and localized clashes elsewhere in Libya by facilitating safe passage and providing food and other assistance to victims

The ICRC opened a delegation in Libya in 2011 after social unrest escalated into armed conflict. While boosting the capacities of the Libyan Red Crescent, it works alongside it to respond to the needs of conflict-affected people in terms of medical care, emergency relief, essential services and family contact and to address weapon contamination. It reminds all parties – authorities and weapon bearers – of their obligations under IHL to protect those not or no longer taking part in the fighting and visits people detained in relation to the conflict.

CONTEXT

In 2012, the Libyan authorities worked to reunify the country and rebuild its institutions in the aftermath of the 2011 conflict. Polls in July led to the formation of the General National Congress, the country's first-ever elected parliament. Despite the successful transition, the authorities struggled to fully restore basic services and reconstruct damaged or destroyed infrastructure. Mines and explosive remnants of war (ERW) remained widespread.

Security remained a serious concern, particularly in Benghazi, in the east, where assassinations allegedly targeted members of the former administration. In October, armed confrontations in Bani Walid resulted in scores of dead or wounded, with thousands more displaced. Localized clashes, concentrated in the south, persisted between armed groups, communities and tribes. Long-term IDPs, members of minority communities and migrants continued to be vulnerable to discriminatory or retaliatory acts.

The integration of revolutionary brigades into military/security forces suffered delays. Despite efforts to reduce the number of detaining authorities without central oversight, brigades continued to hold individuals awaiting legal proceedings.

ICRC ACTION AND RESULTS

The deteriorated security situation in the east of Libya had considerable repercussions on the ICRC's work to protect and assist Libyans affected by continuing violence or with residual needs from the 2011 conflict. After a series of incidents in Benghazi and Misrata between May and August, the organization temporarily suspended its activities, recovering little ground towards the end of the year. As a priority, the ICRC extended its network of contacts with the civil and military authorities, weapon bearers and community leaders to promote humanitarian principles and boost acceptance of neutral, impartial and independent Movement action, in particular with a view to broadening respect for patients, medical services and others not participating in the violence. Informational material and other support to journalists encouraged accurate humanitarian reporting, contributing to this end.

ICRC delegates visited several thousand detainees according to the organization's standard procedures. They reported their findings confidentially to the detaining authorities and made recommendations for improvements in inmates' treatment and living conditions, pointing out cases requiring specific attention. Dialogue with the authorities helped clarify the legal framework relevant to a comprehensive review of detainee files. To improve

Main figures and indicators	PROTECTION		Total
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages (RCMs)			
RCMs collected	59	UAMs/SCs*	1
RCMs distributed	102		
Phone calls facilitated between family members	1,046		
Tracing requests, including cases of missing persons			
People for whom a tracing request was newly registered	540	Women	19
People located (tracing cases closed positively)	875		Minors 12
<i>including people for whom tracing requests were registered by another delegation</i>	79		
Tracing cases still being handled at the end of the reporting period (people)	1,318	27	36
UAMs/SCs*, including unaccompanied demobilized child soldiers			
UAMs/SCs newly registered by the ICRC/National Society	1	Girls	Demobilized children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)			
ICRC visits			
Detainees visited	13,490	Women	Minors
Detainees visited and monitored individually	851	22	35
Detainees newly registered	631	19	24
Number of visits carried out	184		
Number of places of detention visited	86		
Restoring family links			
RCMs collected	112		
RCMs distributed	46		
Phone calls made to families to inform them of the whereabouts of a detained relative	380		
People to whom a detention attestation was issued	10		

* Unaccompanied minors/separated children

detention conditions, the ICRC helped authorities upgrade prison water and sanitation infrastructure and provided detainees with food and bedding where needed.

Detainees informed their families of their detention and exchanged news via Movement family-links services; foreign detainees contacted their consular representatives to inform them of their situation. Such services were also made available to civilians, often migrants, separated from their relatives.

The ICRC assisted people seeking news of missing relatives, expanding contacts with migrant communities to help diversify tracing efforts and following up cases with the authorities concerned. It provided technical advice and training sessions to government staff to help ensure the prompt identification of human remains. Some families, particularly those unable to access State services, received assistance to meet their immediate needs.

Together with the Libyan Red Crescent, its primary partner, the ICRC responded to emergency needs resulting from localized clashes and from the armed confrontations in Bani Walid. Acting as a neutral intermediary, the ICRC facilitated the safe passage of wounded people and medical personnel. Patients were stabilized and/or evacuated by National Society first-aid teams or emergency services in the field and treated at ICRC-supported medical facilities. Medical services received supplies to ensure appropriate handling of human remains. To boost national capacities in emergency and first-level care, the ICRC conducted training for National Society, emergency service and hospital staff and civil defence personnel. Surgeons took part in war-surgery seminars co-organized by the Health Ministry and the ICRC, with some attending advanced courses abroad.

In areas not covered by other humanitarian actors, the National Society/ICRC worked with local authorities to provide people with water supplies during flare-ups of violence or supply shortages and to repair damaged water and electrical installations.

Victims of clashes, including IDPs, received food, essential household items and hygiene products as needed.

ICRC teams removed mines/ERW and small arms ammunition from heavily contaminated areas, enabling residents to resume activities in a safer environment. Alongside these efforts, National Society volunteers carried out awareness campaigns promoting safe behaviour, aimed at preventing injuries from ordnance. An agreement signed with the University of Tripoli on a future prosthetics and orthotics degree aimed to help build competencies in physical rehabilitation.

The authorities renewed the ICRC's headquarters agreement, allowing the continuation of the organization's work in the country. Contacts with the Libyan Armed Forces resulted in steps towards integrating IHL into the Military Act and military training. Consequently, the ICRC and the Libyan Armed Forces signed an agreement on the training of officers. As part of efforts to encourage IHL study in universities, two lecturers attended an IHL training session abroad.

The ICRC continued to coordinate its activities with those of Movement partners, UN agencies and other humanitarian actors in fields of common interest, in order to identify unmet needs, maximize impact and avoid duplication.

CIVILIANS

During ICRC field trips or through visits or calls to the delegation, civilians provided essential information about their conditions. People reported abuses committed against them, particularly during continued tensions. Foreigners unable to depart the country, minorities, IDPs and other groups at risk of discrimination or retaliation continued to be especially vulnerable (see *Context*). Complaints in relation to clashes, as in Bani Walid, Kufra and Sabha, centred on impediments to the provision of medical care (see *Wounded and sick*). This information provided the basis for regular ICRC dialogue with local and national civil and military

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	40,010	28%	40%
	<i>of whom IDPs</i>	Beneficiaries		
		34,051		
Essential household items	Beneficiaries	102,559	28%	42%
	<i>of whom IDPs</i>	Beneficiaries		
		79,126		
Water and habitat activities	Beneficiaries	925,250	35%	45%
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	2,554		
Essential household items	Beneficiaries	6,715		
Water and habitat activities	Beneficiaries	3,500		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	40		
First aid				
First-aid posts supported	Structures	5		
	<i>of which provided data</i>	Structures		
		3		
Wounded patients treated	Patients	257		
Physical rehabilitation				
Centres supported	Structures	1		

authorities and with weapon bearers to enhance the protection of civilians, including access to basic services and respect for medical infrastructure.

Given the protracted uncertainty in the country, the National Society focused on strengthening its emergency response capacities. To this end, staff in 34 branches, along with staff from a government relief agency, received training in needs assessment, assistance operations, restoring family links, and mine/ERW-risk education. At the Bani Walid branch, staff working conditions improved following the rehabilitation of their office.

Families exchange news via the Movement family-links network and await information on missing relatives

As many people returned from abroad and communication across the country improved, numerous previously registered tracing requests were resolved without ICRC intervention. Nonetheless, people seeking news of relatives continued to approach the National Society/ICRC for help, reporting over 500 new arrests (see *People deprived of their freedom*), cross-border movements or other circumstances of disappearance. Expanded contact with foreign communities helped diversify tracing efforts in this regard. Some separated family members, mainly detained foreigners (see *People deprived of their freedom*), restored contact through Libyan Red Crescent/ICRC free telephone/RCM services, notably making over 1,000 calls to relatives over the year.

The Ministry for the Affairs of the Families of Martyrs and Missing Persons (MAFMM) benefited from ICRC technical advice in handling cases of missing persons, estimated at up to 10,000 people, to speed up the identification of human remains and thus reduce delays in informing the families. This included assisting with gravesite visits and carrying out assessments of other alleged gravesites. Ministry staff received training to boost their forensics capacities. By year-end, the MAFMM and the ICRC had laid the groundwork for an agreement formalizing their cooperation. Some families of missing persons followed up their cases with the MAFMM through the ICRC. Among them, particularly vulnerable families in the south-west unable to access State services received ad hoc ICRC assistance to meet their immediate food needs.

Vulnerable people still in need of assistance

In areas not covered by other humanitarian actors, people made vulnerable by clashes, as in Bani Walid or Kufra, met their immediate needs thanks to ad hoc National Society/ICRC assistance. In total, around 40,000 people (6,000 households) received a one-off supply of rations to meet their food needs and over 102,000 people (16,700 households), mainly IDPs (12,865 households) who had left their homes, made use of essential household and hygiene items to ease their living conditions. The Health Ministry's central pharmacy warehouse, which supplied medical facilities in Benghazi, Ghadamis, Sabha and Sirte, received supplementary supplies to help ensure their continued availability in affected areas (see *Wounded and sick*).

Some 925,000 people benefited from the ICRC's work to ensure a steady water and electricity supply during localized flare-ups of violence or to bridge gaps when funds and/or equipment and spare parts ran low. In Kikla and Sabha, over 5,000 residents relied on emergency water supplies, including those delivered by water truck, until the water authorities could restore the network. In places such as Qubah (32,000 people), the installation of submersible pumps in cooperation with local water boards boosted water supply while protecting the areas' springs, and in Ajdabiyah (75,000 people), the repair of a central sewage pumping station helped residents improve their sanitation and thus their health. Some 900 IDPs at the Libyan Red Crescent camp in Benghazi also faced fewer health risks after the installation of insulation foam to protect storage containers from rainwater.

Needs assessments covering 80% of the Libyan population found that vulnerable groups needing livelihood support, such as long-term IDPs and some returnees, had access to State social welfare benefits/allowances. Therefore, instead of providing direct assistance, the ICRC held meetings with social welfare authorities at local and national level to raise their awareness of the needs of these particular groups and to encourage them to respond.

Civilians protected from mines/ERW

Residents in areas heavily contaminated by mines/ERW, such as in and around Jmeil, the Nafusa Mountains, Sirte, Tripoli and Zwara, resumed their activities in a safer environment after the

removal of around 11,000 mines/ERW and 13,500 pieces of small arms ammunition by ICRC specialist teams. A casualty data-management system was set up with the ICRC's help at the Libyan Mine Action Centre to bolster the efforts of all involved to prevent mine/ERW accidents. By year-end, 215 mine/ERW casualties had been recorded.

To sharpen their skills, representatives of the Mine Action Centre and the National Safety Authority and members of civil society attended mine/ERW-risk education sessions delivered by the National Society (see *Civil society*). Some people attended similar sessions in a bid to raise public awareness of the dangers of mines/ERW.

PEOPLE DEPRIVED OF THEIR FREEDOM

Despite the temporary suspension of ICRC activities in the east and centre of the country (see *ICRC action and results*), nearly 13,500 detainees, mainly people held in relation to the 2011 armed conflict, but also alleged irregular migrants, received ICRC visits, carried out according to the organization's standard procedures, to check their treatment and living conditions. In total, 851 detainees were monitored individually. During visits, detainees were given the opportunity to contact their families through Movement family-links services. Such services were particularly useful for migrants, who made phone calls to relatives (see *Civilians*). Over 300 foreigners informed their consular representatives of their situation via the ICRC.

Following visits, delegates shared their findings and recommendations confidentially with the detaining authorities, mainly the Ministry of Justice, but also the Ministries of Interior and Defence and local brigades undergoing the process of bringing all places of detention under government oversight. Feedback included raising individual cases requiring specific attention, whether for security or medical reasons. A comprehensive agreement with the central authorities regarding the ICRC's detention-related work remained pending.

Dialogue with both military and civil prosecutors supported their efforts to clarify the legal framework governing evidence-based criminal justice in line with their review of all inmates' files. Military prosecutors discussed the matter further at an ICRC-organized workshop. However, by the end of the year, only a few dozen detainees had been sentenced and a large majority were still awaiting trial.

Following assessments carried out by ICRC engineers and their work with the detaining authorities, some 3,500 detainees benefited from upgrades to water and sanitation facilities in five places of detention. To contribute to ensuring decent living conditions, over 6,700 detainees, including detained migrants, received essential items such as clothing, bedding and hygiene products. In southern Libya, 2,554 detained migrants received one-off food assistance.

WOUNDED AND SICK

Victims of fighting in areas such as Bani Walid, Kufra, Regdaline, Sabha and Zwara required on-site first-level care and surgery or evacuation. Intermittent shortages of medical supplies and equipment exacerbated by staffing and security constraints, however, continued to impede patient care (see *Civilians*).

In coordination with the health authorities, 40 hospitals, several first-aid posts and ambulance services treated several hundred patients with ICRC-provided emergency medical supplies,

such as first-aid and war-wounded kits, dressing materials and surgical instruments. On several occasions, weapon-wounded patients were evacuated for treatment by the National Society/ICRC and human remains were transferred thanks to the ICRC acting as a neutral intermediary. In October, patients and hospital personnel were offered safe passage out of Bani Walid. Medical services managing mass casualties also benefited from guidance and assistance in the proper handling of human remains, receiving supplies such as body bags, and in informing families of a relative's death.

To bolster the provision of emergency and first-level care, 606 people, including National Society volunteers, scouts, emergency service/civil defence staff and nurses, boosted their knowledge of first aid and emergency response during courses combining theory and practice, including one where the ICRC simulated a plane crash at an airport. In Benghazi and Misrata, 35 doctors enhanced their capacities to manage emergencies and handle trauma patients at ICRC-organized courses. To strengthen national war-surgery capacities, over 120 surgeons took part in a seminar co-organized with the Health Ministry, while a further 5 surgeons attended advanced courses abroad with ICRC sponsorship.

The University of Tripoli and the ICRC signed an agreement on the joint development and implementation of a planned prosthetics and orthotics degree aimed at building local capacities to care for disabled people. The agreement included practical training for students with ICRC supervision, as well as the provision of educational materials and equipment.

AUTHORITIES

Local and national authorities and representatives of the international community maintained contact with the ICRC on issues of mutual interest, including the legal framework relevant to detention (see *People deprived of their freedom*). In light of the insecurity, and as a matter of priority, such contacts focused on broadening support for National Society/ICRC activities for civilians and detainees, while facilitating humanitarian coordination.

In the run-up to elections, meetings with representatives of the MAFMM and the Ministries of Defence, Foreign Affairs, Interior and Justice served to remind the authorities of their obligations under IHL and to promote respect for other applicable international norms. In March, the authorities renewed the ICRC's headquarters agreement, reaffirming their commitment to meeting humanitarian needs in Libya. Within this framework, eight ministry staff members attended a regional IHL training seminar organized by the League of Arab States and the ICRC in Beirut (see *Lebanon*).

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Officers from the main branches of the Libyan Armed Forces and members of revolutionary brigades performing security functions (see *People deprived of their freedom*) and/or transitioning into reserve positions (see *Context*) learnt about IHL at dissemination sessions and training events, which also served to foster acceptance of Movement activities.

Meetings with the chief of staff of the Libyan Armed Forces and with members of its IHL/international human rights law office, as well as round-tables with the revolutionary brigades in Benghazi, Misrata and Tripoli, allowed for a constructive dialogue regarding IHL dissemination, instruction and integration into the Libyan Military Act. Following this dialogue, and in support of the

military reform process, the Libyan Armed Forces and the ICRC signed a cooperation agreement focusing on integrating IHL into military doctrine and training. Consequently, in preparation for their 2013 training programme, the Libyan Armed Forces reviewed existing IHL materials with the help of an ICRC specialist. The IHL/international human rights law office received recommendations for the revision of the military manual, which was first reviewed with the ICRC in 2010.

CIVIL SOCIETY

In the wake of security incidents targeting the ICRC and the National Society, widened contacts with influential religious/community leaders and other civil society representatives, including from communities in south-western Libya, served to boost awareness of humanitarian issues, such as the respect due to patients and medical services, and to foster acceptance of the Movement's neutral, impartial and independent humanitarian action. The National Society received advice and training to help strengthen its communication strategy. A doctor and a National Society representative shared their experiences during the 2011 conflict at an event on the Health Care in Danger project (see *Dakar*). Various other members of civil society attended mine/ERW-risk education sessions (see *Civilians*).

Local and international media made significant use of the information material put at their disposal and covered public events and interviews organized with the National Society and an international symposium abroad that touched on Libya (see *London*). In addition, two journalists attended a regional media workshop on humanitarian reporting. Such efforts, alongside a nationwide radio campaign, helped to ensure accurate media coverage and to correct misconceptions about the National Society's and the ICRC's roles in Libya.

The media's attention was also drawn to the plight of families of missing persons. For example, on the occasion of the International Day of the Disappeared, journalists filmed the stories of two families of missing persons, which resulted in news/web features available for media use.

To develop local expertise in IHL and encourage its study at university level, two Libyan lecturers, supported by the ICRC, attended an IHL training session abroad. A planned seminar on the common ground between IHL and Islamic law was postponed.

RED CROSS AND RED CRESCENT MOVEMENT

As the ICRC's primary partner and with its support, the Libyan Red Crescent continued to boost its capacity to respond adequately to humanitarian needs resulting from emergencies, notably in the fields of restoring family links, economic security, mine-risk education and first aid (see *Civilians* and *Wounded and sick*). During the year, the two organizations signed a framework agreement to strengthen and clarify their relationship.

In consultation with the International Federation and the ICRC, the National Society continued to improve its governance/management structures. Its participation in regional events strengthened its adherence to and relationship with the Movement, while staff and volunteers refreshed their knowledge of Movement policies and principles at dissemination sessions.

Movement components met regularly to coordinate their activities.

NIGERIA



+ ICRC delegation
 + ICRC sub-delegation
 + ICRC office/presence

EXPENDITURE (IN KCHF)

Protection	423
Assistance	4,566
Prevention	2,403
Cooperation with National Societies	1,455
General	-

▶ **8,846**

of which: Overheads 540

IMPLEMENTATION RATE

Expenditure/yearly budget	86%
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PERSONNEL

Expatriates	19
National staff (daily workers not included)	62

KEY POINTS

In 2012, the ICRC:

- ▶ reinforced its operational presence, opening a new sub-delegation in Jos (Plateau state) and an office in Maiduguri (Borno state)
- ▶ with the Nigerian Red Cross Society, provided emergency assistance to over 32,000 IDPs, through distributions of food and essential household items and water supply and sanitation initiatives
- ▶ supported the casualty care chain in violence-prone states by helping the National Society improve first-aid care at community level and hospitals strengthen mass-casualty management
- ▶ concluded its primary health care programme in the Niger Delta, having conducted 23 medical outreach missions over a three-month period in Asari-Toru (Rivers state), the last location targeted by the programme
- ▶ started preparing for future visits to detainees, after obtaining authorization from the Nigerian federal government to conduct such visits

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 violence-affected people, working with and helping boost the capacities of the Nigerian Red Cross Society to respond to emergencies, particularly in the Niger Delta and the centre and north of the country. 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.

CONTEXT

Poverty and inadequate basic services continued to characterize everyday life for most Nigerians. Public interest focused on reports of embezzlement of State funds and the widespread flooding in 16 of Nigeria's 36 states, adversely affecting agricultural production and the lives of tens of thousands of people.

Armed confrontations in central, northern and north-eastern states resulted in many deaths and injuries, overstressing hospitals and emergency medical services.

In Bauchi, Benue, Kaduna, Nasarawa and Plateau states, intercommunal clashes caused casualties, while general insecurity persisted owing to attacks on public markets and on government, religious and university buildings. In Borno and Yobe states, heavy and frequent confrontations between the security forces and armed groups such as Boko Haram also took their toll on the population, some of whom had completely abandoned their neighbourhoods following attacks. In Kano state, government and security installations had also been targeted.

In the Niger Delta, calm prevailed thanks to the ongoing government amnesty for former members of armed groups, despite grievances over the slow implementation of the amnesty, drug trafficking and pollution.

Nigeria maintained its role as a key regional actor through the Economic Community of West African States (ECOWAS).

ICRC ACTION AND RESULTS

The ICRC, through its various programmes, responded to humanitarian needs resulting from violence in Nigeria, mainly in the central and northern states where few other humanitarian actors operated. It provided life-saving emergency assistance to IDPs, while carrying out capacity-building initiatives for communities, hospitals and the Nigerian Red Cross Society. Regular dialogue with the authorities and armed groups helped facilitate Movement activities.

The ICRC expanded its field presence by opening two new structures in Borno and Plateau states, enabling it to provide a more timely response to people's needs in violence-prone or remote areas. This broader operational reach also helped reinforce dialogue with the authorities and weapon bearers regarding humanitarian needs arising from situations of violence and their obligations/responsibilities towards the local population.

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		3		
RCMs distributed		17		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		18	11	2
People located (tracing cases closed positively)		5		
Tracing cases still being handled at the end of the reporting period (people)		11	8	
Documents				
Official documents relayed between family members across borders/front lines		1		

* Unaccompanied minors/separated children

The ICRC, operating in partnership with the National Society, focused on helping people withstand the effects of violence in their daily lives. To this end, it provided violence-affected people, including IDPs and host communities, with urgent assistance such as food and essential household items. It also trained National Society volunteers in emergency water response in anticipation of water and sanitation needs in places ill-prepared to host large-scale displacements.

ICRC technical and material support to the casualty care chain increased significantly.

The National Society/ICRC pursued efforts to build a countrywide network of people likely to be first on the scene in an emergency and therefore the best placed to administer first aid. The National Society thus provided basic, refresher or instructor first-aid courses to community first-aid teams and military first-responders, with a view to enhancing the quality of pre-hospital care, in particular during medical evacuations.

ICRC support to hospitals, in particular those located in violence-prone states, focused on boosting their capacities to manage injured patients in mass-casualty situations. On the basis of an earlier assessment of hospital capacities, the ICRC deployed a fully staffed mobile surgical team, which provided on-site surgical interventions or advice to local medical staff. Having formalized an agreement with the relevant health authorities to support its capacity-building efforts, the ICRC provided emergency medical supplies to key hospitals and shared its expertise in weapon-wound management to local practitioners in order to boost their treatment capacities.

The ICRC concluded its primary health care programme in the Niger Delta after its mobile health teams completed the last rounds of immunizations, along with other preventive and curative care, in Asari-Toru (Rivers state). In support of efforts to improve public health in that region, the implementation of some water and sanitation infrastructure projects enhanced the services provided by health facilities.

In response to an offer of services submitted in 2011, the federal government granted the ICRC permission to visit detainees. In preparation for such visits, discussions with the relevant detaining authorities and prison staff were ongoing. To improve the material conditions of detainees held in Jos police station, the ICRC lent support to the detaining authorities, undertaking projects to enhance ventilation and water and sanitation facilities there.

To boost support for IHL and its implementation, the ICRC worked with Nigerian national/state authorities and international bodies such as ECOWAS. Dedicated events raised awareness of IHL and support for Movement activities among key civil society sectors, armed/security forces and other weapon bearers.

ICRC support to the Nigerian Red Cross helped boost its capacities, in particular in the area of emergency preparedness and response in violence-prone states.

CIVILIANS

The ICRC opened a sub-delegation in Jos and an office in Maiduguri so as to be able to deploy more quickly in violence-prone central and northern states. This expanded operational presence also enabled it to intensify its dialogue with the relevant authorities, weapon bearers and other key actors regarding the humanitarian consequences of violence and their obligations under applicable laws to protect civilians and medical and humanitarian workers.

To address people's needs during emergencies, the National Society strengthened its capacities in several fields, with ICRC support. Thirty-two National Society staff/volunteers and ICRC field staff participated in a workshop on needs assessment and relief distribution in emergency situations, and 14 staff members learnt how to provide counselling and to teach stress coping mechanisms. To help improve basic facilities in shelters, 87 volunteers from 10 National Society branches trained in emergency water response, enabling them to rapidly install or construct water bladders, tap stands and latrines and to promote good hygiene practices in places hosting IDPs.

Separated family members keep in touch

People in Nigeria, including IDPs, refugees and migrants, maintained contact with relatives using Movement family-links services. More refugees/migrants availed of these services thanks to continued coordination between the ICRC and other organizations also assisting them.

Vulnerable communities are better able to cope

In central Nigeria, a total of 32,536 vulnerable people, mainly IDPs living in precarious conditions, received a one-month food ration, and 16,112 of them also received essential household items through distributions carried out with the National Society, relieving the burden on host communities/facilities. They included: over 15,000 IDPs from Benue and Nasarawa states; 3,350 IDPs, who also benefited from the installation of water and sanitation facilities in three camps in Plateau state; and 6,500 IDPs living in two villages (Ladduga, Kaduna state and Ryom, Plateau state) that also gained improved access to safe water through the installation of a new water supply system.

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	32,536	20%	60%
	<i>of whom IDPs</i>	Beneficiaries	32,536		
Essential household items		Beneficiaries	16,112	20%	60%
	<i>of whom IDPs</i>	Beneficiaries	16,112		
Water and habitat activities		Beneficiaries	11,167	22%	57%
	<i>of whom IDPs</i>	Beneficiaries	9,897		
Health					
Health centres supported		Structures	1		
Average catchment population			2,000		
Consultations		Patients	816		
	<i>of which curative</i>	Patients		114	360
Immunizations		Doses	3,054		
	<i>of which for children aged five or under</i>	Doses	2,902		
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	200		
WOUNDED AND SICK					
Hospitals					
Hospitals supported		Structures	11		
	<i>of which provided data</i>	Structures	4		
Admissions		Patients	2,894	914	428
	<i>of whom weapon-wounded</i>	Patients	57	2	11
	<i>(including by mines or explosive remnants of war)</i>	Patients	61		
	<i>of whom other surgical cases</i>	Patients	1,471		
	<i>of whom medical cases</i>	Patients	1,297		
	<i>of whom gynaecological/obstetric cases</i>	Patients	69		
Operations performed			543		
Outpatient consultations		Patients	2,817		
	<i>of which surgical</i>	Patients	2,224		
	<i>of which medical</i>	Patients	590		
	<i>of which gynaecological/obstetric</i>	Patients	3		
Water and habitat					
Water and habitat activities		Number of beds	327		

IDPs also benefited from improvements to water and sanitation systems in three health structures serving them, namely: Ladduga clinic in Kaduna state, and Albarka clinic and Murna hospital in Plateau state. Rehabilitation work at the Zonkwa medical centre (Kaduna state) was also nearly completed. In a school in Rahos (Plateau state), a broken hand pump was repaired and three volunteers trained in its repair/maintenance.

In response to a reported degradation of primary health care in communities in north-eastern states, particularly in Borno and Yobe, the ICRC initiated an assessment to determine prospective health-related activities there.

Niger Delta communities have easier access to health services and safe water

Through a primary health care programme co-implemented by the ICRC and local health authorities, some 2,000 residents of 20 remote creek communities in the Niger Delta gained better access to preventive and curative care thanks to a mobile health team that navigated the waterways, in coordination with local authorities. It provided some 800 consultations, while over 3,000 people (mostly children) from these communities and beyond were vaccinated against polio and tetanus. Some also received vitamin supplements, soap and deworming tablets; inhabitants of malaria-prone areas received mosquito nets.

Given the link between hygiene and health, some 1,200 people in two communities enjoyed improved access to safe water after the ICRC completed the construction of four shallow wells. Some health facilities also benefited from improvements to their water

supply and sanitation, while a hospital in Port Harcourt had its roof and sanitation system repaired. Such structural support aimed to create a healthier environment for patients.

In Asari-Toru (Rivers state), the last location covered by the programme, 17 communities benefited from 23 medical outreach missions conducted over a three-month period. No referrals for advanced medical care were carried out from isolated creek communities owing to the lack of need for such a service and the modest size of the catchment populations. These were also the reasons why the programme was wound up in October after being implemented in four local government areas.

PEOPLE DEPRIVED OF THEIR FREEDOM

Continued discussions with the Nigerian authorities regarding ICRC visits to detainees produced positive results. The federal government accepted the offer of services submitted in 2011 and granted the ICRC access to people deprived of their freedom, in particular those arrested in relation to the security situation in the country. Ongoing dialogue between the authorities and the delegation aimed to iron out the practical details in advance of visits. To this end, the detaining authorities received in-depth briefings on the ICRC's standard procedures for visiting detainees.

People held in Jos police station benefited from ICRC support to the detaining authorities in improving detainees' material conditions. Inmates faced fewer health risks thanks to new showers, toilets and a septic tank, plumbing repairs, the installation of a water tower and submersible pump, and the creation of ventilation holes in two cells that had no windows.

WOUNDED AND SICK

In response to outbreaks of violence in the central, northern and north-eastern regions, the ICRC signed memoranda of understanding with the Federal Health Ministry and with the state Health Ministries of Bauchi, Kaduna and Plateau to formalize plans to co-implement a medical assistance programme encompassing the entire casualty care chain, with a view to building hospital and staff emergency preparedness and capacities.

Injured people benefit from improved first-aid capacities

During flare-ups, the injured received prompt attention from community, National Society and military first-aiders, who also evacuated seriously wounded patients to hospital.

To further expand the network of first-responders, National Society/ICRC teams engaged in extensive first-aid training countrywide, with a view to raising the quality of pre-hospital care, including during medical evacuations. In total, 712 National Society volunteers received first-aid training, and 20 National Society first-aid teams took refresher courses with simulation exercises. Some of them became instructors, who in turn trained community-based first-responders. Community volunteers obtained updated training support following a National Society/ICRC review of community first-aid services. An additional 1,000 volunteers from 40 communities trained in first aid and received 80 first-aid kits. Newly trained and equipped first-aiders formed emergency response teams, bringing the countrywide total to 102, and maintained their proficiency through regular simulation exercises.

Selected military personnel also increased their knowledge of first aid at two trainers' courses, creating a pool of 48 new instructors capable of training other officers/soldiers. Ongoing follow-up visits to previously trained communities in the southern region helped ensure that first-aid volunteers did not lose their skills.

Hospitals receive help in the management of mass casualties

A systematic assessment of the capacities of 58 Nigerian hospitals to manage weapon-wounded patients in mass-casualty situations determined the kind and extent of ICRC support necessary to help them in this regard. As a result, the ICRC deployed an emergency surgical team, composed of a surgeon, anaesthetist and operating theatre/ward nurse, and later, a physiotherapist, in order to reinforce second-level care in the country. During emergency deployments, people who sustained severe or complex injuries received expert care from the team, which provided direct surgical interventions or on-the-spot advice to local medical staff, staying for as long as requested by the affected hospitals. Four such hospitals regularly received dressing materials, body bags and other medical supplies; other hospitals received ad hoc material support.

With a view to providing longer-term/sustainable support, hospitals in the northern region, particularly those routinely experiencing surges in the arrival of weapon-wounded patients, were assessed in between emergency deployments. To boost staff skills, over 70 Nigerian surgeons underwent training in the emergency treatment of mass casualties at two ICRC-run seminars, which also sought to promote support for the goals of the Health Care in Danger project. Surgeons learnt proper triage – prioritizing the most severely wounded for treatment first – and tackled organizational issues and the management of dead bodies.

AUTHORITIES

Dialogue with national and state authorities, including the National Emergency Management Agency, and representatives of the international community, including ECOWAS officials, focused on domestic and regional humanitarian issues, broadening support for IHL and Movement activities.

Lawmakers and national IHL committee members attended briefings/meetings promoting domestic IHL implementation, helping spur Nigeria's ratification of the African Union Convention on IDPs and the Optional Protocol to the Convention on the Rights of the Child. With ICRC input, Nigeria deposited with the UN the mandatory declaration to the Protocol that children under age 18 would not be conscripted into the military/security forces. In a workshop for legal drafters, 28 ministerial/parliamentary officials learnt ways to incorporate IHL treaties into the formulation of domestic legislation. In another workshop, almost 30 legal experts received advice on the legal mechanisms for implementing the ECOWAS Convention on Small Arms and Light Weapons.

Regionally, ECOWAS officials and the ICRC shared views on common concerns regarding conflict/violence-affected contexts and explored ways of advancing IHL implementation. During the 10th annual ECOWAS/ICRC seminar on IHL in Abuja, experts from 15 countries discussed the ratification status of 11 principal IHL treaties. At their request, over 70 ECOWAS parliamentarians/representatives received ICRC input on similar topics; other representatives attended a round-table aimed at reinforcing a common position towards a future arms trade treaty.

In March, the ECOWAS member-States meeting in Benin adopted a Humanitarian Policy and Plan of Action, in support of the work of the ECOWAS Humanitarian Affairs Department.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Given the recurring violence in many areas, gaining the support of all weapon bearers for humanitarian principles, applicable law and Movement activities remained an ICRC priority.

Over 1,930 military personnel, including members of special task forces and peacekeepers, learnt about such topics at ICRC lectures/seminars. In the Niger Delta, briefings – some combined with first-aid training – for 45 members of the Joint Task Force and former armed opposition fighters helped secure safe passage for National Society/ICRC teams in creek communities. At the request of the National Defence College, which received an IHL curriculum proposal for military officers, 129 senior officers participated in an ICRC-organized seminar on the protection of civilians; two high-level military officials attended IHL courses abroad. A two-week IHL course produced 19 new military IHL instructors.

To spread awareness among the police of applicable standards in law enforcement, over 460 officers stationed in violence-prone states attended briefings on international human rights law. During an information session, 26 Abuja police officers learnt about the ICRC's standard procedures for visits to detainees (see *People deprived of their freedom*).

CIVIL SOCIETY

Religious/traditional leaders and the ICRC held round-tables/meetings regarding the humanitarian needs of victims of violence. Local/international media, using ICRC materials, helped

relay humanitarian messages by reporting on Movement activities. Such articles, together with a workshop on humanitarian reporting attended by 30 Nigerian journalists, helped spread awareness of humanitarian principles and promote support for Movement activities.

ICRC activities in schools/universities maintained and developed interest in IHL among students/lecturers. Over 1,500 law students deepened their understanding of IHL and the Movement at ICRC presentations, complemented by publications donated to libraries. Students prepared IHL-themed theses, while six law faculties participated in the third Nigerian moot court competition, co-organized by the ICRC with Benson Idahosa University. The winning team received ICRC sponsorship to participate in the regional moot court competition in the United Republic of Tanzania (see *Nairobi*). To keep IHL teaching updated, lecturers from 20 institutions discussed the relevance of IHL to contemporary conflicts at an ICRC workshop, and two senior lecturers attended an advanced IHL course in South Africa (see *Pretoria*).

Some 350 National Society volunteers received publications on IHL and the ICRC.

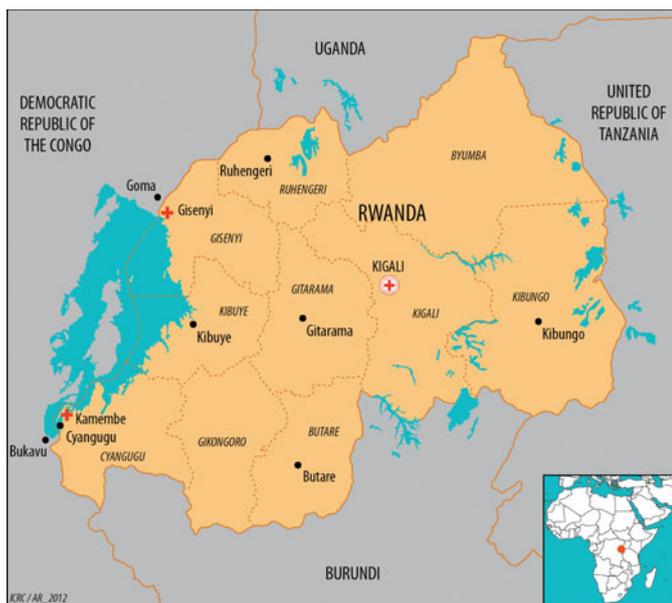
RED CROSS AND RED CRESCENT MOVEMENT

The Nigerian Red Cross adopted revised statutes in March, thereby strengthening its legal base. It continued to receive ICRC financial, logistical and material support to help bolster its operations and emergency preparedness/response, focusing on 10 priority branches in violence-affected areas. It remained the ICRC's main operational partner in providing vital assistance to violence-affected people (see *Civilians* and *Wounded and sick*).

Senior National Society staff attended an ICRC workshop to help them better respond to, as well as create, media interest during crisis situations. With ICRC support, the National Society also produced information materials to support such activities.

The ICRC regularly contributed to Movement coordination meetings.

RWANDA



ICRC delegation + ICRC office

EXPENDITURE (IN KCHF)

Protection	2,006
Assistance	1,865
Prevention	508
Cooperation with National Societies	476
General	-

► **4,855**

of which: Overheads 296

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Expatriates	9
National staff (daily workers not included)	71

KEY POINTS

In 2012, the ICRC:

- with the Rwandan Red Cross, helped people, particularly those who had fled the conflicts in the Democratic Republic of the Congo, restore and/or maintain contact with their families through family-links services
- visited 64,330 detainees held by the military, the police and the Rwanda Correctional Service, monitoring their treatment and living conditions and providing them with family-links services
- gave technical advice and practical support to the authorities in improving infrastructure management and health and hygiene conditions for over 14,000 detainees, including around 4,500 women and children in 12 prisons
- helped the Rwandan Red Cross complete the first phase of its multi-year first-aid programme aimed at making it the national first-aid provider, by assisting in the training of 47 first-aid trainers
- with the Ministry of Internal Security, encouraged dialogue on and support for a future arms trade treaty by organizing a regional conference for diplomats and experts from 10 States party to the Nairobi Protocol

Having worked in the country since 1960, the ICRC opened a delegation in Rwanda in 1990. It focuses on visiting the tens of thousands of detainees held in central prisons. It also visits people held in places of temporary detention such as police stations and military facilities. It helps reunite children with the families from whom they became separated in relation to the genocide or the conflicts in the Democratic Republic of the Congo. The ICRC works with the authorities to incorporate IHL into domestic legislation. It also supports the development of the Rwandan Red Cross.

CONTEXT

In the North Kivu province of the Democratic Republic of the Congo (hereafter DRC), the armed conflict between the armed group M23 and the DRC's armed forces led to an influx of reportedly over 20,000 refugees into Rwanda.

The Rwandan government pursued efforts to develop the country's economy and infrastructure and to advance its integration into the East African Community, including by participating in the Community's security reform processes such as those relating to weapons control and military cooperation.

In July 2012, the Mechanism for International Criminal Tribunals, tasked with carrying out some of the essential functions of the International Criminal Tribunal for Rwanda (ICTR), began its work. The Rwandan government also established a specialized court to pursue cases related to international crimes.

After completing a major overhaul of the penitentiary system, the authorities concerned, led by the Rwanda Correctional Service (RCS), continued to implement measures to reduce the prison population. Furthermore, the Rwandan president promulgated a new penal code. The *gacaca* courts officially closed in June after trying close to 2 million suspects in relation to the 1994 conflict and genocide.

ICRC ACTION AND RESULTS

The ICRC in Rwanda maintained its focus on visiting detainees and monitoring their treatment and living conditions, on helping strengthen the capacities of the Rwandan Red Cross and, with the National Society, on providing family-links services, particularly to refugees affected by the conflict in North Kivu.

The ICRC visited detainees held throughout the country in civilian prisons, police stations and military camps. People regularly visited by the ICRC included those detained by the State security forces on security-related charges; detainees transferred to Rwanda by the Special Court for Sierra Leone (SCSL), the ICTR or its subsequent mechanism; and former weapon bearers held in camps run by the Rwanda Demobilization and Reintegration Commission. Following these visits, the ICRC shared its findings and recommendations confidentially with the authorities. Moreover, it provided technical and material support to the RCS to assist them in improving the living conditions of detainees. These efforts led the RCS to take tangible steps, on the basis of a cost-sharing agreement with the ICRC, to improve inmates' nutritional status

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		2,905	118	
RCMs distributed		2,736	24	
Phone calls facilitated between family members		245		
Names published in the media		204		
Reunifications, transfers and repatriations				
People reunited with their families		131		
	<i>including people registered by another delegation</i>	112		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		85	13	42
People located (tracing cases closed positively)		69		
	<i>including people for whom tracing requests were registered by another delegation</i>	35		
Tracing cases still being handled at the end of the reporting period (people)		159	23	68
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		380	199	62
UAMs/SCs reunited with their families by the ICRC/National Society		129	43	1
	<i>including UAMs/SCs registered by another delegation</i>	110		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		269	125	58
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		64,330		
Detainees visited and monitored individually		301	2	3
Detainees newly registered		191	1	3
Number of visits carried out		76		
Number of places of detention visited		32		
Restoring family links				
RCMs collected		352		
RCMs distributed		80		
People to whom a detention attestation was issued		11		

* Unaccompanied minors/separated children

and health and hygiene conditions, especially for women and children. Initiatives included a disinfection project in two places of detention and the rehabilitation of prison infrastructure.

With ICRC financial, material and technical support, the National Society stepped up its tracing and RCM services for refugees, especially those affected by the conflict in North Kivu, and for returnees and former weapon bearers seeking to restore and/or maintain contact with their families. ICRC delegates, in coordination with the local authorities and other ICRC delegations and organizations concerned, continued to assist children separated from their families in locating their relatives, reuniting them when appropriate, and supporting their reintegration into family and community life.

The National Society, with ICRC support, strengthened its capacity to raise awareness of IHL and the Movement by improving its promotional tools and briefings. First-aid trainers and volunteers received training and equipment enabling the National Society to boost its emergency response capacity and pursue its plan to become a national first-aid provider.

The ICRC continued to promote greater understanding of IHL and acceptance of the Movement through various activities with and technical support to Rwandan political, military and academic circles. In cooperation with the Ministry of Internal Security, the delegation organized a regional conference to elicit support for a future arms trade treaty. Officers from the Rwanda Defence Force (RDF) and the ICRC held meetings and explored possible areas of cooperation, with a special focus on detention and regional peace-keeping efforts. Presentations on ICRC activities and key IHL developments were also made at university law faculties.

Movement partners in Rwanda and other organizations active in similar fields met regularly in order to coordinate activities, maximize impact and avoid duplication.

CIVILIANS

The influx of Congolese refugees fleeing armed clashes and insecurity in North Kivu from the end of April 2012 led to a rise in family-links needs. Rwandan Red Cross volunteers strengthened their capacities to provide such services with the help of ICRC training and material support. Refugees thus re-established contact with their families and informed them of their safety through 245 telephone calls and some 2,900 RCMs facilitated by the National Society/ICRC. Of the 380 unaccompanied minors registered by the National Society/ICRC in Rwanda, 19 reunited with their families with ICRC support and over 140 did so on their own. Victims of alleged IHL violations in North Kivu, such as refugees at the Nkamira camp, let the ICRC document their claims. These, along with similar information collected in the DRC, served as the basis for reminding the alleged perpetrators of their obligations towards civilians.

Family members dispersed during past conflicts also continued to rely on tracing services provided by the National Society, with ICRC support, to re-establish and maintain contact with relatives within Rwanda and across borders. Amongst these were Rwandan returnees and refugees from neighbouring countries, as well as repatriated former weapon bearers, including children, in the Doha and Mutobo camps run by the Rwanda Demobilization and Reintegration Commission. National radio announced the names of minors still seeking their families, while the two camps displayed posters of children registered by the ICRC in the DRC. Through

Main figures and indicators	ASSISTANCE	Total	Women	Children
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	13		100%
	<i>of whom IDPs</i>	6		
Essential household items ¹	Beneficiaries	115		100%
	<i>of whom IDPs</i>	15		
Cash	Beneficiaries	1		100%
	<i>of whom IDPs</i>	1		
Work, services and training	Beneficiaries	71		100%
	<i>of whom IDPs</i>	16		
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	1		
Water and habitat activities	Beneficiaries	14,473		

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

a partnership between the Rusayo Centre for Unaccompanied Children and the ICRC, some 300 children housed by the centre received hygiene items, school kits and sports equipment to help address their health, educational and recreational needs.

According to their wishes, an additional 110 minors, registered by other delegations, rejoined their families. Nearly 100 among them, as well as two vulnerable women, reunited with their families in Rwanda. Others from the DRC were repatriated with the help of the authorities and the ICRC delegation in the DRC (see *Congo, Democratic Republic of the*). They received essential household items to help them settle back into society and later received follow-up visits to monitor their reintegration. Those experiencing social difficulties benefited from ICRC mediation and counselling services and/or referral to the appropriate government services or organizations, while those facing economic difficulties received further material assistance.

Upon the request of the National Commission for Children, the ICRC actively participated in the establishment of a database containing relevant information on orphans and vulnerable children, designed to ensure that all vulnerable minors in Rwanda received basic services such as education and health insurance without duplication of services.

Regular contacts with other actors providing services to refugees, such as UNHCR, enhanced coordination of activities and awareness of the Movement's family-links services.

PEOPLE DEPRIVED OF THEIR FREEDOM

More than 64,000 people held in places of detention under the authority of the RCS, the RDF and the Rwanda National Police, including women, children and some to whom the ICRC had not previously had access, received visits to monitor their treatment and living conditions and respect for their judicial guarantees. While most visits were conducted according to the ICRC's standard procedures, the organization pursued efforts to ensure that these procedures were respected during visits in all places of detention.

People who received individual follow-up from the ICRC through frequent visits included security detainees detained in relation to the armed conflict in the DRC; former weapon bearers, including children, in camps run by the Rwanda Demobilization and Reintegration Commission; and detainees transferred to Rwanda by the SCSL, the ICTR and its subsequent mechanism. When necessary, and with the authorities' consent, detainees, including newly arrested people and individuals claiming foreign citizenship, contacted their relatives and/or embassies through family-links

services. The authorities concerned received confidential oral and written reports containing recommendations based on the ICRC's findings during visits. These and previous reports, as well as ICRC technical and material support, helped the authorities take tangible steps to improve the living conditions of detainees (see below). The Ministry of Internal Security discussed possible cooperation with the ICRC on promoting respect for international human rights law in places of detention under its responsibility.

Prison authorities boost their capacities to address detainees' needs

In view of Rwanda's ongoing prison reforms, the RCS and other authorities concerned continued to pursue efforts to bring detainees' conditions more in line with internationally recognized standards. Two senior RCS managers attended a course on prison management jointly organized by the International Centre for Prison Studies and the ICRC in Geneva, Switzerland. During the second national seminar on health in prisons organized by the Ministry of Internal Security, stakeholders from the detention and health sectors discussed health problems faced by detainees in Rwandan prisons and expressed their commitment to help improve the situation. Training sessions and technical meetings attended by officials of the Ministry of Internal Security, the Ministry of Health and the RCS helped them work towards strengthening the prison health system, including by developing a strategic plan for 2013–17. Furthermore, two permanent health staff had their postgraduate studies financed by the ICRC. Nearly 30 health staff boosted their knowledge of mental health issues at a workshop, going on to train 920 peer educators in the identification of physical and mental illnesses. The Ministry of Internal Security continued to use and enhance a system for recording and analysing prison health data, established with ICRC support, enabling better monitoring of and response to public health issues in prisons, notably early detection and control of epidemics and disease, including HIV/AIDS and TB. The RCS conducted health assessments to harmonize data collection and to facilitate adequate response mechanisms.

Nutritional surveys jointly conducted by the authorities and the ICRC in five prisons helped address vitamin deficiency and malnutrition among detainees. The surveys paid particular attention to food allocation procedures to gain a comprehensive understanding of the food supply chain in prisons and to identify any shortcomings. In response to a survey recommendation and upon the authorities' request, the ICRC assessed the production capacity of prison farms with the aim of improving inmates' diet. To enhance their capacities to implement the nutrition monitoring system, prison health staff participated in a training session on nutritional concepts and in determining and analysing body mass index.

Prison authorities, particularly RCS staff and engineers, benefited from on-the-job training and joint assessments to help them strengthen their capacities to maintain infrastructure and hygiene in prisons, although the development of related norms and procedures was delayed.

Detainees' health and living conditions improve

Prison authorities took ownership of improvement projects implemented within the framework of an RCS/ICRC cost-sharing agreement. These projects thus enabled 14,473 detainees to enjoy better living conditions. They included: 10,747 detainees in two prisons who benefited from cleaner common areas after the implementation of a pilot project on the production of a disinfecting solution; some 3,600 women and their infants in eight prisons who enjoyed rehabilitated sleeping and outdoor areas; 3,646 detainees in one prison who were able to access drinking water after the construction of a water tank; and around 4,500 women and children in 12 prisons who maintained their personal hygiene with regular supply of soap and other hygiene items. Improvements to prison kitchens and the installation of a biogas system were under way.

To ensure that detainees, particularly children, received other forms of complementary support, various organizations involved in detention-related work and the ICRC maintained contact and participated in a conference aimed at facilitating multi-agency assistance projects in prisons.

AUTHORITIES

In preparation for the international talks on a future arms trade treaty (see *New York*), the Ministry of Internal Security and the ICRC organized a regional conference bringing together diplomats and experts from the Regional Centre for Small Arms and representatives of 10 States party to the Nairobi Protocol for the Prevention, Control and Reduction of Small Arms and Light Weapons in the Great Lakes Region and the Horn of Africa. By the end of the conference, participants agreed to strengthen their common position on the issue and adopted IHL-related recommendations for the future treaty.

Through bilateral meetings, the authorities were encouraged to take further steps to implement treaties to which the country was already party, including the African Union Convention on IDPs. The authorities also discussed with the ICRC the possibility of establishing a national IHL committee, while some officials participated in regional seminars on domestic IHL implementation (see *Pretoria*) and on the "Strengthening IHL" process (see *International law and cooperation*).

Activities organized by the National Society, with ICRC support, helped the authorities boost their awareness of humanitarian concerns and the Movement (see *Red Cross and Red Crescent Movement*) and of the need for legislation providing a legal basis for the National Society.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

In light of Rwanda's deployment of troops to peacekeeping missions and its plan to be involved in the development of the Eastern African Standby Force (EASF), high-ranking defence force officials, other relevant stakeholders and the ICRC discussed integrating IHL into the African Contingency Operations Training and Assistance course for peacekeepers. Following its internal reorganization, the RDF strengthened dialogue with the ICRC on possible areas of cooperation, such as detention and the incorporation

of IHL into the curricula of military facilities, including the Gako Military Academy and the Rwanda Peace Academy.

Senior military officers from the five East African Community member States boosted their knowledge of IHL through various courses, with ICRC input. For example, some 30 of them participated in a course on ethics and the law of armed conflict organized by the Dutch embassy. Similarly, at a military observer course headed by the Australian Defence Force's Peace Operations Training Centre, peacekeeping officers shared best practices on security and stability operations. Moreover, during an EASF course, some 40 civilian experts from the 10 member States learnt more about basic IHL principles and humanitarian workers' experiences in peace-support operations.

CIVIL SOCIETY

To enhance knowledge of IHL and improve teaching capacities in the subject at university level, IHL lecturers from both private and State-run universities received regular updates on relevant legal developments, while one lecturer participated in a regional event (see *Nairobi*). Law lecturers and students from five universities continued to benefit from up-to-date reference materials on IHL for research purposes. Some 200 law students boosted their knowledge of recent key developments in IHL and of the ICRC's activities during various presentations.

In order to shape the organization's future support to lecturers and students, the ICRC continued to assess IHL teaching with the education authorities where findings showed that teachers were qualified and proactive. A new law curriculum which included IHL as a stand-alone course was approved by the National Council for Higher Education.

RED CROSS AND RED CRESCENT MOVEMENT

The Rwandan Red Cross and the ICRC continued to strengthen their operational partnership in restoring family links (see *Civilians*), providing emergency response, particularly first aid, and promoting the Movement's principles and activities. The National Society boosted its capacities in these areas with ICRC material and technical support.

The National Society implemented the pilot phase of its multi-year first-aid programme aimed at enhancing its ability to respond to emergencies and to provide free first-aid services to the public. Some 480 volunteers of local disaster response teams participated in training sessions, which included the Safer Access approach, and received basic first-aid equipment, while 47 first-aid trainers honed their practical skills during refresher courses. The National Society also developed the draft of its first-aid policy and commercial business plan.

To help raise awareness of and gain support for humanitarian values and the Movement, the National Society organized a training session and a refresher course for its volunteers on dissemination and promotion, including on the Fundamental Principles and the Health Care in Danger project. Subsequently, briefing sessions/presentations were held for over 25,000 people, including journalists, the authorities, the private sector, international community representatives and the general public. National Society-produced television/radio programmes and publications helped reach an even broader audience.

Various meetings organized by the National Society regularly brought together Movement partners to coordinate and evaluate activities.

SOMALIA



ICRC / AR, 2012
 + 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. It focuses on providing emergency aid to people directly affected by armed conflict, often in combination with natural disasters, and runs an extensive first-aid, medical and basic health care programme. It endeavours to promote respect for IHL, particularly the protection of civilians and medical staff and infrastructure. It also carries out water, agricultural and cash-for-work projects, designed to restore or improve livelihoods in communities weakened by crises. It works closely with and supports the development of the Somali Red Crescent Society.

CONTEXT

The new government of the Federal Republic of Somalia was formed with the election of its president in September and the appointment of a cabinet endorsed by parliament in November. The completion of this UN-backed process ended the eight-year Transitional Federal Government's mandate and was acclaimed by the international community, which nevertheless acknowledged current challenges.

Fighting persisted between troops supporting the Somali authorities, including those of the African Union Mission in Somalia (AMISOM), and the Harakat al-Shabaab al-Mujahideen group, more commonly known as al-Shabaab. Al-Shabaab reportedly lost control of main towns in southern Somalia. Some of its members were detained, while others surrendered. Retaining influence in rural areas, however, al-Shabaab allegedly shifted to guerrilla tactics in Mogadishu and the countryside, and sought to increase its presence in the north. Meanwhile, tensions intensified in the disputed areas between the semi-autonomous region of Puntland and the self-declared Republic of Somaliland.

While food security improved following humanitarian interventions in 2011, hundreds of thousands of civilians continued to struggle to overcome the effects of the protracted armed conflict and climate shocks, including floods in Beletweyne. The widespread insecurity, blurring of front lines, and restrictions on humanitarian operations hampered the delivery of assistance to vulnerable communities.

ICRC ACTION AND RESULTS

Despite risks and challenges, the ICRC continued to respond to the needs of people affected by conflict across Somalia. In January, restrictions were imposed upon ICRC operations in areas controlled by al-Shabaab. Food commodities intended for communities in Middle Shabelle and South Galgadud, as well as seed and fertilizer destined for farmers in the Hiran region, were confiscated. Because of security difficulties, food distributions and livelihood-support and infrastructure projects were suspended in these areas. However, with the flexibility of its field officers and the countrywide presence of the Somali Red Crescent, the ICRC adapted its working procedures and control mechanisms to continue providing assistance to those in need. Meanwhile, it increased its expatriate presence in Somalia (particularly in Baidoa, Garowe and Mogadishu), while maintaining a base in Nairobi, Kenya.

EXPENDITURE (IN KCHF)

Protection	965
Assistance	53,346
Prevention	925
Cooperation with National Societies	922
General	-
	56,158
	<i>of which: Overheads 3,425</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	80%
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PERSONNEL

Expatriates	22
National staff (daily workers not included)	56

KEY POINTS

In 2012, the ICRC:

- ▶ worked to ensure that detention conditions complied with IHL by visiting detainees in Baidoa, Mogadishu and Puntland and by providing legal advice in the drafting of the African Union Mission in Somalia's detention guidelines
- ▶ with the National Society, engaged in dialogue with the Harakat al-Shabaab al-Mujahideen, with a view to resuming assistance operations for vulnerable populations in areas under the group's control
- ▶ distributed food rations to over 1.7 million residents and IDPs in conflict- and drought-affected areas to enable them to survive during "hunger gap" periods or to maintain their dignity during displacement
- ▶ to help them work towards regaining self-sufficiency, assisted over 86,600 rural households (519,600 people) in boosting agricultural production and some 171,000 people in improving their long-term access to water
- ▶ ensured 27,800 severely malnourished children received free primary health care and therapeutic feeding at 51 fixed and mobile National Society-run clinics, which continued to function despite security and access difficulties
- ▶ supported first-aid posts and hospitals, including the Keysaney (National Society-run) and Medina (community-run) hospitals in Mogadishu, in coping with large influxes of wounded and sick patients (over 7,000 people)

Main figures and indicators	PROTECTION		Total
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages (RCMs)			
RCMs collected	4,579	UAMs/SCs*	
RCMs distributed	15,376		
Phone calls facilitated between family members	4		
Names published in the media	6,997		
Names published on the ICRC family-links website	9,127		
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	537	Women	Minors
People located (tracing cases closed positively)	305		
<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)	1,370	292	679
Documents			
People to whom travel documents were issued	18		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)			
ICRC visits			
Detainees visited	1,452	Women	Minors
Detainees visited and monitored individually	26		6
Detainees newly registered	26		6
Number of visits carried out	16		
Number of places of detention visited	6		
Restoring family links			
RCMs collected	30		
Phone calls made to families to inform them of the whereabouts of a detained relative	18		
Detainees released and transferred/repatriated by/via the ICRC	3		

* Unaccompanied minors/separated children

With limits imposed on its operations in some areas of southern and central Somalia, the ICRC continued to extend its reach to other conflict-affected regions, while appealing to all parties to the conflict to facilitate the organization's access to vulnerable communities. In these regions, over 1.7 million residents and IDPs sustained themselves with ICRC-supplied food rations. Hundreds of thousands enhanced their living conditions with essential household items and improved water supplies. Whenever and as soon as possible, this large-scale emergency assistance was complemented by resilience-building activities, including livelihood support and construction/rehabilitation of water infrastructure. With ICRC support, families worked towards regaining self-sufficiency. For instance, farmers increased their productivity with the help of ICRC-provided inputs such as seed and tools, livestock treatments and the upgrade of irrigation and flood-prevention structures. With ICRC training and material assistance, some households pursued other income-generating activities, such as running small businesses and fishing. Separated family members restored contact through the family-links service run jointly with the Somali Red Crescent.

Despite the suspension of ICRC activities in areas controlled by al-Shabaab and security-related difficulties, Somali Red Crescent-run medical facilities continued to provide free health care with ICRC support. Fifty-one fixed and mobile National Society clinics delivered primary health care to violence-affected Somalis. Moderately to severely malnourished children and pregnant and lactating women received treatment at therapeutic and wet feeding centres at National Society clinics or from mobile health teams across southern and central Somalia. To help them cope with the growing influx of weapon-wounded patients, the ICRC maintained its support to Keysaney and Medina hospitals in Mogadishu in the form of funds, supplies, training and infrastructure maintenance. Supplies were delivered as needed to other facilities.

The ICRC reminded the authorities concerned and armed groups of their responsibility to protect civilians, engaging in discussions with senior Somali government officials and international allied forces on IHL provisions governing the conduct of hostilities. National Society and ICRC staff pursued dialogue with weapon bearers to facilitate the continual provision of essential services, including health care, to vulnerable populations. In view of the arrest/surrender of some armed group members, the ICRC provided legal advice in the drafting of guidelines on AMISOM's handling of detainees and defectors.

Having secured the relevant authorities' approval, the ICRC monitored the living conditions and treatment of people held in various places of detention in Baidoa, Mogadishu and Puntland, and shared its findings confidentially with the detaining authorities. To enhance inmates' well-being, the ICRC worked with the authorities to upgrade ventilation systems and water and sanitation infrastructure and distributed hygiene items. When requested by foreign detainees, the ICRC helped facilitate their repatriation or notified their embassies of their detention.

With ICRC support, the National Society strengthened its capacities to assist conflict-affected communities. To maximize the effectiveness of aid, the ICRC and National Society coordinated activities with other humanitarian and international organizations in Somalia.

CIVILIANS

Conflict- and disaster-affected civilians receive emergency aid and livelihood support

Maintaining its neutral, impartial and independent stance, the ICRC engaged in confidential dialogue with relevant weapon bearers in order to reach communities in need of humanitarian aid. Even with constraints on its operations (see *ICRC action and results*), it assisted civilians suffering the effects of armed conflict

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	1,760,616	17%	67%
	<i>of whom IDPs</i>	1,666,550		
Essential household items	Beneficiaries	614,026	18%	66%
	<i>of whom IDPs</i>	614,026		
Productive inputs	Beneficiaries	519,672	17%	66%
Cash	Beneficiaries	38,130	12%	47%
	<i>of whom IDPs</i>	22,497		
Work, services and training	Beneficiaries	123,252	17%	66%
Water and habitat activities	Beneficiaries	253,555	20%	60%
	<i>of whom IDPs</i>	82,380		
Health				
Health centres supported	Structures	52		
Average catchment population		484,667		
Consultations	Patients	643,901		
	<i>of which curative</i>		93,748	304,771
	<i>of which ante/post-natal</i>		55,078	
Immunizations	Doses	77,779		
	<i>of which for children aged five or under</i>	69,114		
Referrals to a second level of care	Patients	4,053		
Health education	Sessions	1,913		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	11		
	<i>of which provided data</i>	11		
Admissions	Patients	7,649	2,898	744
	<i>of whom weapon-wounded</i>	2,503	614	189
	<i>(including by mines or explosive remnants of war)</i>	68		
	<i>of whom other surgical cases</i>	2,931		
	<i>of whom medical cases</i>	917		
	<i>of whom gynaecological/obstetric cases</i>	1,298		
Operations performed		11,855		
Outpatient consultations	Patients	20,854		
	<i>of which surgical</i>	8,867		
	<i>of which medical</i>	9,285		
	<i>of which gynaecological/obstetric</i>	2,702		
First aid				
First-aid posts supported	Structures	57		
	<i>of which provided data</i>	55		
Wounded patients treated	Patients	750		
Water and habitat				
Water and habitat activities	Number of beds	170		

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

and climate shocks. As the ICRC's main operational partner, the Somali Red Crescent strengthened its capacities to implement relief and economic security projects and provide health care. In places that the ICRC managed to reach, hundreds of thousands of people received emergency aid to help them cope in the short term and, whenever possible, livelihood support as soon as they were able to work towards regaining self-sufficiency.

Following the suspension in January of distributions in areas controlled by al-Shabaab, food supplies, including some that had been intended for distribution in 2011, were delivered to conflict-affected people in regions where the ICRC and the National Society were able to gain or maintain safe access. A total of over 1.7 million people received food items consisting of rice, beans, oil and cereal-soy blend, enabling them to cover their basic nutritional requirements for up to two months before the harvest season and to retain vital livelihood assets that they would have otherwise exchanged for food. Most of them lived in destitute or violence-prone areas in Bakool, Banadir, Galgaduud, Gedo, Hiran, Lower Juba, Mudug, Puntland, Sanag and Sool. On the basis of a

comprehensive ICRC survey of IDP needs, over 420,000 people received one-month food rations in one of the largest distributions ever carried out in Mogadishu. In Buhodle, some 22,000 people who had fled fighting in Sool and Togdheer benefited from food and water rations. Over 614,000 people improved their living conditions using ICRC-supplied household items, while some 82,000 IDPs in different regions gained access to water following emergency interventions. Of these, 39,000 people displaced by floods in Beletweyne built temporary shelters and met their basic needs thanks to ICRC-provided materials and relief supplies. Some 29,000 IDPs in Gedo regained access to clean water following the rapid provision of water pumps and repairs to equipment.

Except in areas where floods destroyed crops, the provision of agricultural inputs in 2011 contributed to better yields and lower cereal prices in early 2012. To further bolster their food security and increase their incomes, farmers in Bay, Gedo, Hiran and Lower Juba and pastoralists in Galgaduud, Mudug and Puntland (78,000 households/472,000 people) resumed or boosted agricultural production with staple, vegetable and/or fodder

seed, tools and irrigation pumps provided by the ICRC. Some 25,000 households (150,000 people) prepared their land for planting using rented tractors. The animal health departments in Puntland and Somaliland treated some 388,000 heads of live-stock against parasites for over 4,400 pastoralist households (26,000 people).

Struggling households found alternative income sources with ICRC support. In urban areas, for instance, vocational training, materials and cash grants enabled over 2,300 households (14,000 individuals), most of them led by women, to start small businesses that would allow them to generate, within three months, enough income to cover at least 50% of an average household's food needs. In riverside/coastal areas in Lower Shabelle and Mogadishu, breadwinners of some 150 households (900 individuals) learnt fishing techniques and made their own fishing nets/lines during an ICRC-run workshop. Meanwhile, more than 4,500 people from landless and vulnerable households (comprising some 38,000 individuals) in Bakool, Hiran, Lower Shabelle, Middle Shabelle and Mudug generated income from cash-for-work projects. Through these projects, irrigation canals, rainwater catchments and flood-prevention structures were rehabilitated, thus allowing communities to increase their water supply, and some additional 18,000 households (108,000 people) to reduce the risk of floods damaging their farmlands.

External constraints did not permit ICRC staff to adequately monitor improvements in the production or income of participants in livelihood-support projects; however, National Society/ICRC staff received positive oral feedback from beneficiaries.

Over 171,000 people benefited from longer-term measures to boost their access to water for both household consumption and farming. Residents in drought-prone areas gained more sustainable access to water following the drilling of boreholes, the installation of generators, the construction of elevated tanks and animal troughs, and the building/rehabilitation of *berkhads* (traditional rainwater catchments) and water points. Beneficiary communities directly contributed to the design and execution of each project. With ICRC-provided tools and training, technicians in Garowe operated and maintained the boreholes in their area. Owing to difficulties of access and insecurity, some projects in Bakool and Middle Juba were postponed. With civilians requesting the resumption of these projects, the ICRC continued to pursue efforts to secure access to these communities.

Vulnerable IDPs and residents have continued access to health care

With health concerns growing because of drought/floods, food scarcity and overcrowding in IDP camps, the provision of free health care services remained a key priority for the National Society and the ICRC.

Thirty-nine Somali Red Crescent primary health care clinics, including a newly built facility in violence-prone Galinsoor (Mudug), and 12 mobile health teams serving people unable to travel for financial, health or security reasons continued to receive ICRC financial and material support. However, insecurity and movement restrictions imposed by al-Shabaab hindered the regular delivery of supplies to some clinics. A few clinics, such as those in Afgoye and Balad, suffered interruptions in service because of intense fighting and mass movements of IDPs out of those areas.

Despite these difficulties, National Society clinics in southern and central Somalia remained operational. They enabled an average of 482,000 IDPs and residents in conflict-affected areas to receive free primary health care services. Of the 641,000 consultations conducted, over 54,000 attended to the needs of pregnant and lactating mothers. To lower the risk of disease, some 78,000 vaccines were administered; however, the coverage was below target because of difficulties in replenishing vaccine stocks. To prevent cholera outbreaks, National Society radio spots and community seminars raised awareness of good sanitation practices, and families used hygiene items and water purification tablets received from the ICRC.

Efforts to curb malnutrition continued as some 59,900 people, comprising mainly children under the age of five, received nutritional and medical support. Moderately malnourished children and their caregivers (117,000 people) were given nutritional supplements at 13 temporary wet feeding centres, which received water rations for up to four months. Severely malnourished children (7,900 individuals) were treated at National Society-run therapeutic feeding centres, while their carers benefited from cooked meals at wet feeding centres. These interventions contributed to the reduction of child mortality rates by preventing the development of medical complications in some 27,800 severely malnourished children and 8,800 pregnant and lactating women. Where the ICRC was able to deliver supplies regularly, the average monthly cure rate among patients was above 80%. Because severe complicated malnutrition cases were fewer than expected, the planned opening of new stabilization centres was no longer needed, as existing facilities were able to cope.

Dispersed families re-establish contact in Somalia and abroad

Somalis continued to use the family-links service run by the Somali Red Crescent and the ICRC to locate and exchange news with their relatives at home and abroad (over 15,000 RCMs distributed and 4,500 collected). Thousands of families had the names of some 7,000 missing relatives read out on the "Missing Persons" radio programme on the BBC Somali Service or consulted the list of over 9,000 missing persons registered through the Red Cross and Red Crescent network on the ICRC's family-links website (familylinks.icrc.org). To improve the monitoring of tracing cases and discuss related issues, the National Society and ICRC tracing officers held an annual coordination seminar in Puntland.

Eighteen refugees without official identification papers resettled in third countries with ICRC travel documents issued in cooperation with the relevant embassies and UNHCR.

PEOPLE DEPRIVED OF THEIR FREEDOM

Following dialogue with the authorities concerned, people detained in Baidoa, Mogadishu (including those held in the Central Prison and under the jurisdiction of the Criminal Investigation Department) and Puntland, received visits for the first time from ICRC delegates. These visits were carried out according to the organization's standard procedures to check that their living conditions and treatment complied with IHL and other relevant laws. Following the visits, delegates shared their findings confidentially with the detaining authorities and made recommendations as necessary.

Upon their request, 15 foreign detainees had their embassies notified of their detention, and three foreign detainees were

repatriated under ICRC auspices. Inmates wrote RCMs, restoring contact with their relatives for the first time since their detention.

In places of detention visited, some 1,500 inmates enjoyed better living conditions following the supply of mattresses, clothing and hygiene items. Some 1,000 detainees received food rations during Ramadan. In one detention centre, inmates' living conditions improved following the renovation of the ventilation system and water and sanitation facilities, while those in the Mogadishu Central Prison, the largest prison in Somalia, stood to benefit from a project to enhance their access to clean water.

Meetings with the authorities aimed to formalize and extend ICRC access to all people detained in relation to the situation in Somalia, including those held by AMISOM, those in Somaliland and those held by armed groups. In several meetings, African Union (AU) representatives were apprised of humanitarian concerns relating to the UN's and AMISOM's planned approach to the handling and management of detainees and armed group defectors. Drawing on ICRC legal and practical recommendations, an AU legal team drafted AMISOM detention guidelines in accordance with IHL (see *African Union*).

WOUNDED AND SICK

Given the widespread insecurity, parties to the conflict were reminded of their obligation to safeguard the provision of care to the wounded and sick. Representations were made to the parties concerned to address alleged violations, in order to prevent, for instance, further damage to health facilities and looting of medical supplies. The National Society discussed with other stakeholders potential measures to address the issues encompassed by the Health Care in Danger project during a workshop in Norway (see *Europe*).

Over 2,500 weapon-wounded patients received treatment at 11 hospitals supported by the ICRC. In addition, some 750 casualties were stabilized in 55 ICRC-supported first-aid posts, including those run by the National Society. The hospitals admitted some 6,350 wounded or sick patients; some 11,900 surgeries and some 1,300 deliveries were performed at these facilities.

The majority of these medical interventions took place at the Keysaney (National Society-run) and Medina (community-run) hospitals (90 and 150 beds respectively) in Mogadishu. Resources were often stretched to cope with frequent influxes of patients, but both hospitals managed to remain operational, backed by the ICRC's provision of medical supplies, equipment and funds, training and supervision, and infrastructure maintenance.

Outside Mogadishu, people wounded during armed clashes were treated in medical facilities across Somalia, including in Bardera, Buhodle, Dusamareb, El Waq and Hargeisa. These facilities coped with influxes of patients with the help of emergency surgical material supplied by the ICRC.

ICRC-trained surgeons and staff in Keysaney and Medina hospitals contributed to building the capacities of doctors and nurses from other hospitals in southern and central Somalia through training and supervision. Two doctors started their second year of specialist training under the supervision of senior surgeons from both hospitals. In addition, work progressed on the design of a surgeons' refresher course and the recruitment of more candidates for two-year surgical internships at ICRC-supported hospitals. The shortage of and high demand for doctors in Somalia posed challenges in finding surgical interns.

To boost local capacities in emergency care, 15 National Society instructors enhanced their first-aid teaching skills during an ICRC-facilitated course. The National Society also finalized its health strategy for 2013–17, which included an action plan for its organizational development.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Parties to the conflict in Somalia, the majority of whom were in regular contact with the National Society and the ICRC, were reminded of their obligations under IHL. This included appeals to ensure respect for those not or no longer taking part in the fighting and to facilitate safe access of humanitarian aid, including medical services, to vulnerable communities.

Bilateral meetings with senior Somali officials, including from the army, and international allied forces provided opportunities to promote IHL and remind key players in Somalia of the rules governing the conduct of hostilities and detention. More than 4,000 military personnel from international allied forces participated in IHL briefings prior to their deployment in Somalia (see, for example, *Nairobi* and *Uganda*). To supplement briefings planned for 2013, some 20,000 code of conduct booklets were produced for the Somali National Armed Forces.

With ICRC guidance, the National Society stepped up its efforts to strengthen dialogue with armed groups to facilitate the continual provision of its essential services in areas where very few humanitarian actors were able to operate.

PEOPLE DEPRIVED OF THEIR FREEDOM	SOMALIA	PUNTLAND
ICRC visits		
Detainees visited	1,279	173
Detainees visited and monitored individually	20	6
	<i>of whom women</i>	1
	<i>of whom minors</i>	5
Detainees newly registered	20	6
	<i>of whom women</i>	1
	<i>of whom minors</i>	5
Number of visits carried out	13	3
Number of places of detention visited	4	2
Restoring family links		
RCMs collected	30	
Phone calls made to families to inform them of the whereabouts of a detained relative	18	
Detainees released and transferred/repatriated by/via the ICRC	3	

CIVIL SOCIETY

Communication materials produced in Arabic, English and Somali generated extensive coverage of humanitarian concerns and the Movement's response in Somalia. They included news releases and a new Somali language webpage on the ICRC website. National and international media heightened public awareness of IHL and the ICRC's concerns, including those encompassed by the Health Care in Danger project, covering, among other events, the 20th anniversary of the establishment of the National Society-run Keysaney Hospital (see *Wounded and sick*).

Nine radio stations broadcast live round-table discussions, dramas and messages promoting the protection of civilians. Some broadcasts drew parallels between IHL and traditional Somali rules of warfare to make IHL more understandable to younger people, including weapon bearers. To deepen their knowledge of IHL and the ICRC, the National Union of Somali Journalists held bilateral discussions with ICRC delegates, and 20 Somali and foreign radio broadcasters attended a workshop abroad.

Regular meetings with traditional and new actors, including the UN, the Organisation of Islamic Cooperation, Islamic Relief, Médecins Sans Frontières, the Somali Humanitarian Operational Consortium and the Zamzam Foundation, enhanced understanding within the humanitarian community of the ICRC's concerns in Somalia.

RED CROSS AND RED CRESCENT MOVEMENT

The Somali Red Crescent, in partnership with the ICRC, continued to deliver emergency aid and medical care, restore family links and promote acceptance of humanitarian action (see *Civilians*). It improved its operational capacities and management with financial, material and technical support from the ICRC. It sought to boost its performance through staff recruitment, the planning of a resource mobilization campaign and membership drive, and the introduction of a new financial management system. Medical staff and patients had better access to the National Society-run hospital in Mogadishu following an ICRC-funded road repair.

In Mogadishu, the National Society chaired the regular Movement meetings attended by the ICRC and other National Societies with an established presence in Somalia, including those of the Islamic Republic of Iran, Qatar, Turkey and the United Arab Emirates. During joint assistance operations, the ICRC supported the efforts of its Movement partners, including through the transport of staff and goods using its dedicated aircraft.

To maximize impact and minimize duplication of activities, the ICRC stayed in contact with international aid organizations and attended meetings of Nairobi-based Somalia coordination bodies, including donors, UN agencies and NGOs.

SOUTH SUDAN



EXPENDITURE (IN KCHF)

Protection	3,628
Assistance	25,260
Prevention	2,588
Cooperation with National Societies	2,054
General	-

▶ **33,531**

of which: Overheads 1,992

IMPLEMENTATION RATE

Expenditure/yearly budget	134%
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PERSONNEL

Expatriates	53
National staff (daily workers not included)	255

KEY POINTS

In 2012, the ICRC:

- ▶ visited 17 Sudanese POWs, monitoring their welfare and acting as a neutral intermediary in the repatriation of 13 of them and of 19 South Sudanese POWs from Sudan back to South Sudan
- ▶ secured full access to people held in places of detention under the National Prisons Service
- ▶ with local health teams, provided surgical care to 221 weapon-wounded people and medical supplies for the treatment of some 900 injured patients
- ▶ apart from providing emergency relief, helped communities rebuild their livelihoods by enabling over 8,100 households to improve their harvests with agricultural inputs and 4,100 households to have their livestock vaccinated
- ▶ supported the “South Sudan Red Cross” in helping refugees and children restore contact and reunite with their families, including through a phone service that facilitated some 1,500 calls
- ▶ welcomed South Sudan’s accession to the 1949 Geneva Conventions and their Additional Protocols and the adoption of the South Sudan Red Cross Act

The ICRC opened a delegation in newly independent South Sudan in mid-2011, although it has been present in Juba since 1980. It works to ensure that people affected by armed conflict are protected in accordance with IHL, have access to medical care, from first aid to surgery to physical rehabilitation, receive emergency relief and livelihood support, have access to safe water and can restore contact with relatives. It seeks to increase knowledge of IHL among the authorities and armed forces. It also works with and supports the “South Sudan Red Cross Society”.

CONTEXT

In disputed areas between South Sudan and Sudan, military confrontations escalated into an international armed conflict between the Sudan People’s Liberation Army (SPLA) and the Sudanese Armed Forces. A comprehensive agreement defining, among other things, a demilitarized border zone was signed in September; however, discord over its implementation remained.

Sporadic clashes erupted between armed groups and the SPLA, particularly in Jonglei, Unity and Upper Nile states. Intercommunal violence persisted, affecting mainly Jonglei and, to a lesser extent, Lakes, Northern and Western Bahr al-Ghazal, and Warrap states.

As a result, thousands of people were wounded, killed or displaced. Humanitarian needs were exacerbated by the heavy influx of refugees from Sudan’s Blue Nile and South Kordofan states to South Sudan’s Unity and Upper Nile states. Insecurity hampered civilian access to already meagre basic services, including health care.

Communities in Bahr al-Ghazal and Western Equatoria continued to cope with the consequences of past activities of the Lord’s Resistance Army (LRA).

ICRC ACTION AND RESULTS

The ICRC expanded and adapted its operations in South Sudan, particularly in Northern Bahr al-Ghazal, Unity, Upper Nile and Western Bahr al-Ghazal states, aiming to protect and assist people suffering the effects of the armed conflicts and other situations of violence.

With its neutral, impartial and independent stance, the ICRC engaged in dialogue with the relevant parties to gain safe access to people in need and to promote respect for those not or no longer taking part in fighting. It monitored the detention conditions of Sudanese POWs and other detainees and facilitated the voluntary repatriation of 13 POWs to Sudan after their release. Following a high-level detention seminar, the Ministry of the Interior granted the ICRC full access to detainees under the jurisdiction of the National Prisons Service in December.

In spite of security- and climate-related difficulties, the “South Sudan Red Cross” and the ICRC responded, using a multidisciplinary approach, to both emergency and longer-term humanitarian needs, even in areas that few or no other humanitarian actors were able to reach. As the ICRC’s main operational partner, the “South Sudan Red Cross” developed its capacities with training and material support and received guidance in its efforts to achieve recognition by the Movement.

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		769	43	
RCMs distributed		271	15	
Phone calls facilitated between family members		1,520		
Reunifications, transfers and repatriations				
People reunited with their families		29		
	<i>including people registered by another delegation</i>	5		
People transferred/repatriated		6		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		164	25	7
People located (tracing cases closed positively)		54		
	<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)		219	13	43
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		30	18	9
UAMs/SCs reunited with their families by the ICRC/National Society		21	11	6
	<i>including UAMs/SCs registered by another delegation</i>	5		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		39	19	7
Documents				
People to whom travel documents were issued		17		
Official documents relayed between family members across borders/front lines		1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		61		
Detainees visited and monitored individually		61	1	
Detainees newly registered		61	1	
Number of visits carried out		22		
Number of places of detention visited		8		
Restoring family links				
RCMs collected		55		
RCMs distributed		1		
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		13		

* Unaccompanied minors/separated children

The “South Sudan Red Cross” and the ICRC responded to immediate needs arising from clashes. Tens of thousands of displaced persons and residents, mainly in the northern states, benefited from shelter materials and food that helped them survive, especially during the difficult rainy season. Casualties received first aid from “South Sudan Red Cross” personnel. A mobile ICRC surgical team based at the Malakal Teaching Hospital, along with the provision of medical supplies and technical support, helped hospitals cope with frequent influxes of patients. In Malakal, a newly deployed paediatric team attended to children afflicted with malaria, malnutrition or other ailments.

In view of the scale of humanitarian needs, the “South Sudan Red Cross” and the ICRC complemented efforts by other organizations to assist refugees in camps. Over 73,000 refugees in two camps in Maban county (Upper Nile), for example, benefited from improvements to water networks bringing safe water into their camps, while 97,200 people in all four camps received household items. The “South Sudan Red Cross” provided RCM and phone services to enable refugees to exchange news with relatives, mainly in Blue Nile and South Kordofan, Sudan. In Western Equatoria, children formerly associated with weapon bearers re-established contact and reunited with their families, including across the border in the Democratic Republic of the Congo.

Whenever possible, communities received assistance in rebuilding their livelihoods. The distribution of seed and tools led to better

harvests for 8,100 households (49,100 people), while a seed multiplication programme encouraged farmers to produce more seed for their communities. Distributions of fishing kits and livestock helped improve food security for other households. Pastoralists preserved the quality of their livestock with enhanced veterinary services, including vaccination campaigns, organized in cooperation with the Ministry of Animal Resources and Fisheries. Rural and urban water committees built/repared vital water infrastructure to ensure a reliable water supply for household or agricultural use.

The ICRC continued supporting the Physical Rehabilitation Reference Centre (PRRC) in Juba and began supporting a rehabilitation centre in Rumbek. Patients gained improved mobility and independence with prosthetic/orthotic devices and physiotherapy services provided by these centres.

The ICRC continued to foster relations with civil and military authorities to promote respect for IHL. Technical advice contributed significantly to South Sudan’s accession to the 1949 Geneva Conventions and their Additional Protocols and its adoption of the South Sudan Red Cross Act. With ICRC support, the SPLA continued to work towards the integration of IHL into its doctrine and operations.

The ICRC continued to coordinate its activities with those of Movement partners and other humanitarian actors in order to identify unmet needs and maximize impact.

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	74,934	37%	38%
	<i>of whom IDPs</i>	23,979		
Essential household items	Beneficiaries	142,672	36%	43%
	<i>of whom IDPs</i>	39,948		
Productive inputs	Beneficiaries	95,934	30%	48%
	<i>of whom IDPs</i>	21,090		
Water and habitat activities	Beneficiaries	189,900	40%	30%
	<i>of whom IDPs</i>	75,200		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	11		
	<i>of which provided data</i>	1		
Admissions	Patients	730	136	171
	<i>of whom weapon-wounded</i>	221	55	6
	<i>(including by mines or explosive remnants of war)</i>	5		
	<i>of whom other surgical cases</i>	509		
Operations performed		816		
First aid				
First-aid posts supported	Structures	1		
Wounded patients treated	Patients	25		
Physical rehabilitation				
Centres supported	Structures	3		
Patients receiving services	Patients	2,114	434	147
New patients fitted with prostheses	Patients	76	11	8
Prostheses delivered	Units	212	41	14
	<i>of which for victims of mines or explosive remnants of war</i>	55		
New patients fitted with orthoses	Patients	33	7	14
Orthoses delivered	Units	91	25	25
Number of patients receiving physiotherapy	Patients	791	161	79
Crutches delivered	Units	883		
Wheelchairs delivered	Units	211		

CIVILIANS

Civilians' protection is monitored and family links restored

With the escalation of violence in areas bordering Sudan, regular meetings with civil and military authorities provided the ICRC with opportunities to promote IHL based on observations made by delegates on the humanitarian consequences of the armed conflicts. These authorities and the ICRC engaged in dialogue to address documented allegations of abuses, including those related to sexual violence, by weapon bearers near the border and around refugee camps. Measures to foster respect for those not or no longer taking part in fighting in accordance with IHL were discussed. Coordination with other humanitarian actors enabled victims to be referred for medical/psychological care. Reports of abuses from refugees provided background information for the ICRC's work in Sudan (see *Sudan*).

Having fled fighting in the South Kordofan or Blue Nile states of Sudan, people taking refuge in South Sudan (in Jamam and Yida camps, for instance) re-established links with their families at home using the RCM and phone services of the "South Sudan Red Cross", which established a new tracing office in Juba and expanded its network with ICRC support.

In Western Equatoria, children formerly associated with weapon bearers re-established contact with relatives. Twenty-one of them were reunited with their families, including across the border in the Democratic Republic of the Congo.

Communities receive relief and livelihood assistance

Amid difficult environmental and security conditions, the "South Sudan Red Cross" and the ICRC worked to provide conflict-affected civilians with timely emergency assistance and, whenever possible, livelihood support. To strengthen their capacities, 19 Red Cross emergency action teams participated in emergency-response and first-aid training. These teams, as well as local authorities in Juba and Malakal, also learnt more about the management of human remains and benefited from psychological support.

IDPs and residents, mainly in Agok, Jaac and the Shilluk Kingdom, met their immediate needs with emergency aid. Some 55,000 people received food supplies for up to one month, and over 45,400 people received tarpaulins, blankets, mosquito nets and other essentials. This assistance partly alleviated the burden on host communities and enabled displaced families, including those affected by floods in Aweil, to construct temporary shelters. Because of insecurity, only the "South Sudan Red Cross" and the ICRC were able to reach some of these people, such as around 17,500 displaced in Jaac in April.

Nearly 16,000 rural households (96,000 people) restored or maintained a degree of self-sufficiency with the help of livelihood support. Through crop and livestock farming and fishing, they were able to sustain themselves without foraging or hunting in the bush, thus reducing their exposure to violence-related risks. Beneficiaries included people in border villages in the Agok area, and in Jonglei and Upper Nile, and those affected by the activities of the LRA in Western Bahr Al-Ghazal and Western Equatoria.

Some 8,100 households (49,100 people), including returnees whose assets had been looted or destroyed, received seed and tools. Some of them benefited from a half-month food ration to ensure that the seed would not be consumed before being planted. A post-harvest survey in Agok showed that farmers found the harvest generally good, although better dissemination of information on cultivating different crop varieties was recommended. In Western Equatoria, the Ministry of Agriculture and Forestry and the ICRC organized seed multiplication farming groups tasked with producing locally adapted seed and recovering crops destroyed by conflict/violence. Seventy-two farmers planted 720 kg of maize during the second half of 2012. To ensure the sustainability of the programme, they were expected to return the same amount of maize out of their expected yield of about 3,600 kg. The returned seed would be distributed to other beneficiaries in 2013.

Within the framework of a tripartite agreement, the *Vétérinaires Sans Frontières-Germany*, the Ministry of Animal Resources and Fisheries, and the ICRC worked together to help pastoralists including in counties near the border with Sudan maintain the quality of their livestock. Forty community animal health workers updated their skills during refresher courses, while 36 new staff provided veterinary services after undergoing training. This enabled some 4,100 households (25,000 people) to have their animals (some 277,500 heads) vaccinated against fatal diseases. In response to livestock disease outbreaks, sick animals were given emergency treatment (as in Maban), and some affected households received sheep and goats and/or veterinary supplies. Over 1,900 households (11,200 people) pursued fishing activities with ICRC-supplied kits.

Displaced people and residents gain access to clean water

Over 189,900 people, mostly in remote and conflict-affected areas along the border with Sudan, accessed clean water following emergency and longer-term initiatives implemented by local water boards, the “South Sudan Red Cross” and the ICRC. These initiatives enabled people to avoid drinking from open ponds or walking several kilometres to obtain drinking water, thereby contributing to their improved health and safety.

Over 73,000 people in two refugee camps in Maban county, Upper Nile, gained access to clean water following emergency interventions carried out by the ICRC in coordination with other humanitarian organizations on the ground. In Batil, for instance, some 37,200 people had unrestricted access to safe water following the ICRC’s reorganization of the camp’s water production and distribution system, construction of 16 water points and training of local technicians. Upon the completion of the project, two NGOs, GOAL and Solidarités International, took over the maintenance of these structures, backed by manuals, equipment and spare parts from the ICRC. In Jamam, the installation of pumps and a 15-kilometre pipeline brought clean water to some 36,000 refugees. In addition, over 97,200 people in all four refugee camps in Maban county received hygiene items, helping prevent water contamination and the spread of water-borne diseases, such as cholera.

People in violence-prone areas also benefited from projects aimed at improving their long-term access to water. Some 40,500 people in Bentiu and Rubkona had access to clean water following the repair of water treatment plants. The repair of a water yard and hand pumps benefited some 37,200 people in northern Unity and Northern and Western Bahr al-Ghazal, while the construction of three solar water yards benefited some 37,000 residents

and IDPs in Akobo county, Jonglei. The local water committee in Akobo better managed water systems and solar water yards following receipt of technical assistance, training and spare parts. Technicians in other regions likewise learnt to maintain their water facilities.

PEOPLE DEPRIVED OF THEIR FREEDOM

In eight military places of detention, 17 Sudanese POWs and 44 other detainees were visited according to the ICRC’s standard procedures to help ensure that their treatment and living conditions complied with the Third Geneva Convention and other internationally recognized standards. After these visits, delegates reported their findings confidentially to the authorities and made recommendations as necessary. In the places visited, detainees received basic items, including clothes and hygiene kits, which contributed to healthier living conditions, and exchanged news with their families through RCMs. At their request, five foreign detainees had their embassies notified of their detention.

Upon their release, 13 POWs were repatriated to Sudan according to their wishes, under the auspices of the Egyptian government and with the ICRC acting as a neutral intermediary.

Nineteen SPLA soldiers were also repatriated from Sudan under ICRC auspices, and were visited to ensure they had contact with their families.

Following a seminar for high-level officials from various ministries, the Ministry of Interior granted the ICRC full access to detainees under the jurisdiction of the National Prisons Service. A first visit to Juba central prison was carried out after a dissemination session for prison officials in December.

WOUNDED AND SICK

Given the harsh environment (especially during the rainy season) and the lack of roads in rural areas, many people injured in clashes faced difficulties in accessing adequate medical care. To mitigate these difficulties, the Ministry of Health, humanitarian agencies and the ICRC concerted efforts to strengthen the response capacities of existing medical structures and local health teams.

With support from the Norwegian Red Cross and the ICRC, the “South Sudan Red Cross” developed its first-aid capacities and gave first-aid kits and training to emergency action teams (see *Civilians*) and weapon bearers (see *Armed forces and other bearers of weapons*), who were also urged to protect health services to ensure timely care of the wounded and sick.

Mainly in Unity, Upper Nile and Warrap states, some 900 weapon-wounded patients received timely medical care at 10 hospitals and one fixed and several temporary first-aid posts, which received supplies and direct support from the ICRC.

Some 220 weapon-wounded patients from different regions benefited from emergency surgery and/or trauma care from an ICRC surgical team. Based since June 2011 in Malakal Teaching Hospital (Upper Nile), which served a catchment population of about 3 million people, the team was called upon to help other medical facilities such as the Bentiu Civil Hospital (Unity) and the Comboni Hospital (Wau county, Western Bahr al-Ghazal) cope with influxes of patients during/following clashes. In all, the team performed 816 operations.

Operating in challenging environmental conditions, the Malakal Teaching Hospital (292 beds) continued to receive support. In addition to the wounded, children suffering from malaria, malnutrition or other ailments received life-saving care with the recent deployment of a paediatrician and a nurse, who also provided staff training. Patients stood to benefit from further improved conditions with the deployment of a hospital manager, the ongoing construction of an operating theatre and other infrastructure work.

Health workers enhanced their skills through training and coaching from ICRC staff. For instance, 23 medical professionals learnt war-surgery techniques during a seminar. Surgeons at Marialou Hospital treated patients injured during clashes in Warrap, with assistance from an ICRC team as well as additional supplies. Two orthopaedic technology students received funding for the first year of a three-year training course in United Republic of Tanzania.

People with conflict-related disabilities had access to prostheses, orthoses, wheelchairs and crutches, as well as physiotherapy services, contributing to their improved mobility and independence. Some 1,750 patients received treatment at the PRRC in Juba, run by the Ministry of Gender, Child and Social Welfare with ICRC support. The centre served patients in Juba and those referred from pre-selection sites in Malakal and Wau. Those living outside Juba had their transportation, food and accommodation covered by the centre. Some 360 patients were treated by a physical rehabilitation team from Juba during monthly week-long missions in Wau. Meanwhile, ICRC support to Rumbek Rehabilitation Centre commenced in November, and wheelchairs were prepared for donation to the national disabled basketball team.

AUTHORITIES

The South Sudanese authorities and the ICRC engaged in dialogue on humanitarian concerns such as: the protection of civilians under IHL; the need for safe access to conflict-affected populations for humanitarian workers, including medical personnel; and the ICRC's access to POWs. Local authorities in the Abyei area, Jonglei, and Northern and Western Bahr al-Ghazal enhanced, through briefings, their knowledge of their responsibilities under IHL.

The government of South Sudan drew on the ICRC's technical advice in acceding to IHL treaties. In July, it acceded to the 1949 Geneva Conventions and their Additional Protocols. The president also ratified the South Sudan Red Cross Act recognizing the "South Sudan Red Cross" as an auxiliary to the government. Prior to these developments, legislative assembly members and other officials participated in information sessions, deepening their understanding of IHL and its relevance in South Sudan.

To facilitate the implementation of IHL, plans to establish a national IHL committee were discussed, following the participation of two high-level government officials in a regional IHL seminar in South Africa (see *Pretoria*). A Ministry of Defence official increased his knowledge of IHL-related issues during a conference held in the context of the "Strengthening IHL" process (see *International law and cooperation*).

ARMED FORCES AND OTHER BEARERS OF WEAPONS

The SPLA chief of staff agreed to work with the ICRC in conducting training, developing doctrine and policy, and addressing protection-related concerns in accordance with IHL. As part of the SPLA IHL committee's plan to systematically integrate IHL into military training and operations, 20 instructors from different academies learnt to teach IHL. During workshops, SPLA commanders discussed the importance of integrating IHL into operations, focusing on command responsibility.

To enhance their ability to advise military officers, 17 legal officers from a recently created SPLA international law department attended an extended IHL course. In addition, a high-ranking military officer attended a workshop in Malaysia on IHL rules governing military operations (see *International law and cooperation*).

Meanwhile, some 3,700 members of the armed forces, including peacekeeping troops, as well as police officers in violence-prone areas such as Agok and Bentiu, continued to learn more about IHL and Movement activities through briefings, sometimes combined with first-aid training to enhance the availability of life-saving care on the ground (see *Wounded and sick*).

CIVIL SOCIETY

Over 500 community representatives, including traditional and religious leaders, enhanced their understanding of IHL and Movement activities during dissemination sessions. Local and foreign print, television and radio journalists reported on the humanitarian situation and the Movement's work with the aid of ICRC press releases. Some produced comprehensive reports following field visits with ICRC teams. During a seminar, 26 radio journalists, including those broadcasting in conflict-affected zones, deepened their awareness of IHL and the practical, ethical and legal challenges of humanitarian reporting.

The law faculty of the recently reopened Juba University started developing an IHL curriculum. Students and lecturers were able to consult a set of IHL reference materials donated to the library. To heighten understanding of IHL and related issues among students and civil society members, an IHL essay-writing competition was held in South Sudan for the first time, and the main daily newspaper published the winning entry.

RED CROSS AND RED CRESCENT MOVEMENT

With guidance and material assistance, the "South Sudan Red Cross" strengthened its organizational structure and increased its capacities as the ICRC's main partner in emergency response, first aid and restoring family links (see *Civilians* and *Wounded and sick*). Its staff and volunteers promoted IHL with the help of training and materials developed by the Swedish Red Cross and the ICRC.

The "South Sudan Red Cross" received support in its bid to achieve recognition by the Movement. During three regional workshops, it worked to establish its legal base and a draft constitution, with technical advice from the ICRC. Subsequently, it organized its first general assembly, adopted the constitution and elected a governing board.

All Movement partners met regularly to coordinate their activities in South Sudan.

SUDAN



KRC / AR 2012

+ ICRC delegation
 + ICRC sub-delegation
 + ICRC office / presence
+ ICRC-supported prosthetic/orthotic centre

EXPENDITURE (IN KCHF)	
Protection	4,647
Assistance	30,261
Prevention	3,230
Cooperation with National Societies	2,000
General	-

▶ **40,137**
 of which: Overheads **2,425**

IMPLEMENTATION RATE	
Expenditure/yearly budget	73%

PERSONNEL	
Expatriates	60
National staff (daily workers not included)	763

KEY POINTS

In 2012, the ICRC:

- ▶ gained access to detained persons for the first time in many years, visiting 24 recently captured South Sudanese POWs and acting as a neutral intermediary in the repatriation of 19 of them and of 13 Sudanese POWs from South Sudan
- ▶ facilitated the safe transfer of 68 Sudanese Armed Forces personnel and 34 foreign nationals to the authorities concerned, following their release by armed groups in Darfur and South Kordofan
- ▶ despite security and access constraints, supported 7 primary health centres in rural Darfur, which provided mother and child care and immunization, among other services
- ▶ to help them cope with large numbers of casualties, provided hospitals in areas in Blue Nile, Darfur and South Kordofan with emergency medical supplies, enabling them to treat over 400 weapon-wounded
- ▶ with the National Society, combined emergency aid with livelihood support for some 118,300 households (708,200 people) including by distributing seed and tools and, with local experts, providing livestock care and vaccination
- ▶ helped some 486,000 people in conflict-affected communities access clean water for domestic and agricultural use

The ICRC opened an office in Khartoum in 1978. In 1984, it initiated operations in response to the armed conflict between government forces and the Sudan People's Liberation Movement/Army, later adapting its programmes to the transition to peace. Since 2003, it has responded to needs arising from the hostilities in Darfur. It works to ensure that people directly affected by armed conflict are protected in accordance with IHL, receive emergency aid, livelihood support and medical care and can restore contact with relatives. It works with and supports the Sudanese Red Crescent Society.

CONTEXT

In disputed areas between South Sudan and Sudan, military confrontations escalated into an international armed conflict between the Sudan People's Liberation Army and the Sudanese Armed Forces (SAF). A comprehensive agreement defining, among other things, a demilitarized border zone was signed in September; however, discord over its implementation remained.

In Blue Nile and South Kordofan states, hostilities between armed groups and the SAF persisted. International actors had limited access to these areas. Most humanitarian assistance was channelled through designated national organizations.

In Darfur, people continued to be affected by the non-international armed conflict, as well as tribal clashes. Security conditions remained volatile, affecting all humanitarian actors. This situation, coupled with heavy administrative procedures, limited the provision of aid to vulnerable populations. Erratic rainfall in Darfur led to below-average harvests.

The African Union-United Nations Hybrid operation in Darfur (UNAMID), whose mandate was renewed in July, and the UN Interim Security Force for Abyei (UNISFA) continued their peace-support operations.

ICRC ACTION AND RESULTS

In spite of security and access constraints in some parts of Sudan (see *Context*), the ICRC continued to assist conflict-affected people in Darfur, adapting its activities and monitoring procedures as it worked via "remote management" with its own locally recruited staff or through partners, such as the Sudanese Red Crescent, national and local authorities and communities. In Blue Nile and South Kordofan, access restrictions limited ICRC activities, which thus remained modest.

To foster greater acceptance of its neutral, impartial and independent humanitarian action, the ICRC engaged in dialogue with the authorities, armed forces and civil society representatives. It sought to heighten their understanding of IHL and humanitarian concerns, including the need to safeguard health care. The authorities and weapon bearers were reminded of their obligations under IHL and, where necessary, reported violations were brought to their attention for follow-up with those allegedly responsible.

Having secured the authorities' approval, the ICRC visited recently captured South Sudanese POWs in Sudan to monitor their

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		6,401	UAMs/SCs*	14
RCMs distributed		6,353		5
Phone calls facilitated between family members		3		
Reunifications, transfers and repatriations				
People reunited with their families		8		
People transferred/repatriated		5		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		382	Women	36
People located (tracing cases closed positively)		91		67
	<i>including people for whom tracing requests were registered by another delegation</i>	16		
Tracing cases still being handled at the end of the reporting period (people)		542	61	92
UAMs/SCs*, including unaccompanied demobilized child soldiers				
UAMs/SCs newly registered by the ICRC/National Society		17	Girls	5
UAMs/SCs reunited with their families by the ICRC/National Society		9		3
	<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		175	34	
Documents				
Official documents relayed between family members across borders/front lines		11		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits				
Detainees visited		97	Women	
Detainees visited and monitored individually		97		
Detainees newly registered		97		
Number of visits carried out		7		
Number of places of detention visited		6		
Restoring family links				
RCMs collected		19		
RCMs distributed		16		
Detainees released and transferred/repatriated by/via the ICRC		87		
People to whom a detention attestation was issued		30		

* Unaccompanied minors/separated children

treatment and living conditions. As a neutral intermediary, it facilitated the repatriation of 19 South Sudanese POWs and 13 Sudanese POWs. It also facilitated the safe transfer of SAF personnel and foreign nationals released by armed groups to the Sudanese authorities or to their respective embassies. While continuing talks with the authorities to gain access to other persons held in relation to the conflicts in Blue Nile, Darfur and South Kordofan, it simultaneously sought through dialogue to visit people held by armed groups.

Employing a multidisciplinary approach, the ICRC, together with the Sudanese Red Crescent, provided a combination of emergency aid and livelihood support to communities struggling to recover from the effects of conflict. In Darfur, vulnerable families of IDPs, residents or people returning home after displacement received food rations and shelter materials. Through the joint efforts of the Ministry of Animal Resources and Fisheries and the ICRC, pastoral communities benefited from livestock vaccination and enhanced veterinary services, while farming communities increased food production and income with the help of seed, equipment and other inputs. With local authorities and communities, the ICRC rehabilitated and maintained water facilities to ease access to water for domestic and agricultural use.

The ICRC worked with the Ministry of Health in making health care more accessible to conflict-affected populations. In South Kordofan, weapon-wounded people received treatment from National Society volunteers or other first-responders trained by the National Society/ICRC. Medicines and other supplies helped hospitals cope with large influxes of casualties. Ad hoc support

was given to health centres and a Sudanese Red Crescent mobile health unit in areas of Blue Nile state affected by fighting and displacement. In rural Darfur, ICRC-supported primary health centres provided preventive and curative care, including mother and child care, post-rape treatment and immunization. With local health teams and the WHO, the ICRC facilitated a vaccination campaign to contain a yellow fever outbreak.

To ensure longer-term care for people with conflict-related disabilities, the ICRC provided physical rehabilitation centres with funding, materials and equipment. Local technicians increased their skills through training.

Families dispersed by conflict or other situations of violence were able to re-establish contact with their relatives through the National Society/ICRC family-links service. Unaccompanied children reunited with their families. Families of Sudanese people held in the US internment facility at Guantanamo Bay Naval Station in Cuba and in the Parwan detention facility in Afghanistan communicated with their relatives via telephone/video calls. Ex-Guantanamo internees were offered psychological support.

The National Society remained the ICRC's main operational partner in Sudan. With ICRC material, technical and financial support, the Sudanese Red Crescent continued to build its capacities to respond to emergencies, restore family links and, with the Swedish Red Cross, disseminate IHL and the Fundamental Principles.

The ICRC continued to coordinate with Movement partners and other humanitarian agencies, thereby maximizing impact, identifying unmet needs and avoiding 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	516,733	22%	49%
	<i>of whom IDPs</i>	Beneficiaries		
Essential household items	Beneficiaries	25,092	26%	44%
	<i>of whom IDPs</i>	Beneficiaries		
Productive inputs	Beneficiaries	708,209	26%	48%
	<i>of whom IDPs</i>	Beneficiaries		
Cash	Beneficiaries	271,643	16%	49%
	<i>of whom IDPs</i>	Beneficiaries		
Work, services and training	Beneficiaries	178,220	16%	51%
	<i>of whom IDPs</i>	Beneficiaries		
Water and habitat activities	Beneficiaries	485,842	40%	20%
Health				
Health centres supported	Structures	7		
Average catchment population		141,267		
Consultations	Patients	88,187		
	<i>of which curative</i>	Patients	9,252	40,593
	<i>of which ante/post-natal</i>	Patients	13,216	
Immunizations	Doses	150,834		
	<i>of which for children aged five or under</i>	Doses	148,346	
Referrals to a second level of care	Patients	330		
Health education	Sessions	205		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	9		
	<i>of which provided data</i>	Structures		
Patients whose hospital treatment has been paid for by the ICRC	Patients	30		
Admissions	Patients	14,991	5,317	6,138
	<i>of whom weapon-wounded</i>	Patients	445	21
	<i>(including by mines or explosive remnants of war)</i>	Patients	13	
	<i>of whom other surgical cases</i>	Patients	2,664	
	<i>of whom medical cases</i>	Patients	9,146	
	<i>of whom gynaecological/obstetric cases</i>	Patients	2,736	
Operations performed		2,162		
Outpatient consultations	Patients	32,869		
	<i>of which surgical</i>	Patients	4,015	
	<i>of which medical</i>	Patients	27,314	
	<i>of which gynaecological/obstetric</i>	Patients	1,540	
First aid				
First-aid posts supported	Structures	1		
	<i>of which provided data</i>	Structures	1	
Wounded patients treated	Patients	7		
Physical rehabilitation				
Centres supported	Structures	9		
Patients receiving services	Patients	4,207	966	905
New patients fitted with prostheses	Patients	541	132	26
Prostheses delivered	Units	1,390	345	72
	<i>of which for victims of mines or explosive remnants of war</i>	Units	22	
New patients fitted with orthoses	Patients	682	92	485
Orthoses delivered	Units	1,315	233	836
Number of patients receiving physiotherapy	Patients	1,951	548	243
Crutches delivered	Units	1,495		
Wheelchairs delivered	Units	14		

CIVILIANS

Civilians have their welfare promoted and family links restored

Security and access constraints in conflict-affected areas of Sudan, including Darfur, continued to limit the ICRC's first-hand monitoring of the situation of civilians. Nevertheless, wherever possible and on the basis of documented allegations, ICRC delegates engaged in dialogue with the relevant authorities and armed groups with a view to enhancing the protection of the civilian population and preventing abuses. Meanwhile, assistance activities were designed to help communities strengthen their existing self-protection mechanisms; for example, the provision of donkey carts enabled families to transport crops to markets or people to clinics more efficiently, reducing violence-related risks while travelling.

Specific representations were backed up by general briefings, during which the authorities, community leaders and weapon bearers were reminded of their responsibilities under IHL to protect civilians and to allow humanitarian workers safe and unimpeded access to people in need. During a round-table organized by the National Society, for example, Sudanese officials from different ministries and Movement representatives discussed ways to safeguard the provision of health care. The government was also reminded of its obligation to allow South Sudanese citizens in Sudan to return to their country if they so wished and to protect any nationals who chose to remain in Sudan.

Families dispersed by conflict restored/maintained contact through the tracing and RCM services of the National Society/ICRC.

Refugees in Sudan contacted their relatives back home, while Sudanese nationals kept in touch with theirs abroad (in Ethiopia and South Sudan, for example). Nine unaccompanied minors reunited with their families, eight of them in Chad and South Sudan. Through video calls, families exchanged news with relatives held in the Guantanamo Bay internment facility and Parwan detention facility.

In the aftermath of confrontations between South Sudanese and Sudanese forces, National Society emergency teams, equipped with body bags, protective material and technical advice from the ICRC, managed the remains of the dead. The teams also received psychological support.

With ICRC input, the National Society completed a review of its family-links services for IDPs, residents, returnees, refugees, migrants and asylum seekers. Using its findings, it worked with the ICRC to enhance, for instance, its follow-up of tracing cases with the authorities concerned and the promotion of measures to prevent disappearances.

Rural communities benefit from emergency and livelihood support

Adapting its approach to the constraints on its operations (see *ICRC action and results*), the ICRC worked with the National Society and local authorities to help communities, mainly in Darfur, recover from the effects of conflict through a combination of emergency relief and livelihood assistance. As the ICRC's main operational partner, the National Society enhanced its capacities in emergency response, first aid and other areas with ICRC financial, material and technical support.

Following clashes, some 169,000 returnees, IDPs and residents, including some 114,000 people in East Jebel Marra, Darfur, met their immediate needs with food rations to last for up to one month. Some 25,000 people, including flood victims in South Kordofan and some 6,000 people who had fled fighting in Blue Nile, improved their living conditions following the receipt of tarpaulins, blankets and other supplies.

Returnees and residents whose livelihoods had been disrupted by conflict resumed or continued farming with ICRC support. Over 93,000 households (560,000 people) planted vegetable and groundnut seed. Some 58,000 of these households (348,000 people) received food supplies to prevent the consumption of the seeds before planting. Some 2,000 of these households irrigated their lands with newly installed pumps (see below), while some 6,000 households (36,000 people) cultivated up to 100% more land with new ploughs. To raise their income by up to 20%, some families engaged in community-based livelihood initiatives, such as cereal milling and groundnut oil production, with ICRC-supplied tools. In addition, agricultural research centres in Al-Fashir and Nyala increased the availability of locally adapted seed with structural support and irrigation equipment.

During face-to-face/phone interviews conducted by National Society/ICRC teams with community representatives, most farmers gave positive feedback on the agricultural inputs they received. In south and east Darfur, for example, while crop disease and pest attacks adversely affected crops, farmers produced enough seed to sustain their families and save some for the next planting cycle. In some areas such as East Jebel Marra, however, insecurity limited farmers' access to land and caused crop damage, resulting in low yields.

In Darfur, 21,700 pastoralist households (130,200 people) had their herds (over 1 million heads) protected against disease through vaccination campaigns implemented by the Ministry of Animal Resources and Fisheries with ICRC support. Some 178 community animal health workers, 20 animal health auxiliaries and 20 National Society personnel who attended refresher/basic training courses served some 29,700 pastoralist households (178,000 people) in remote areas. The rehabilitation of animal health clinics (one completed, three ongoing) improved the accessibility and quality of services.

Families access clean water and health care

Vulnerable communities comprising some 486,000 people and their livestock, mostly in Darfur but also in Blue Nile and western South Kordofan, accessed safe water and reduced health risks through the ICRC's rehabilitation of water facilities in close cooperation with the local authorities and communities. After undergoing training, some 250 community workers repaired and maintained these water points.

Seven primary health care centres in Darfur provided preventive and curative care to a catchment population of 141,000 with financial and material support. Of these, only six centres (catchment: 138,000 people) benefited from monthly supplies, staff training and infrastructural maintenance, as restrictions limited the ICRC's access to one centre in Jebel Marra. Supply rations included drugs, surgical material and post-rape kits.

Over 88,000 consultations, including some 13,000 for pregnant women, were carried out at primary health centres, while patients needing specialized care were transferred to other facilities. Twenty-eight children were referred for surgery to a Khartoum hospital, while 13 women from Gereida, Nyala and Zalingay were referred for vesicovaginal fistula repair to the Al-Fashir Special Women's Hospital. Upon request, their transport and treatment costs were covered by the ICRC. To mitigate disease risks, primary health teams conducted routine childhood immunizations and vaccination campaigns against polio and meningitis, reaching over 150,000 people.

In five localities in North Darfur, the local health authorities and the ICRC worked together to enable over 26,000 children to receive routine vaccinations and over 10,500 women of child-bearing age to be vaccinated against tetanus during a six-month campaign. As a result, the immunization coverage in these areas for children under 5 years of age rose from an estimated 10% to 50.4%. This improvement was more modest than expected, partly because the movements of nomadic communities prevented some children from getting all the required doses. In response to a yellow fever outbreak in Darfur, over 208,000 people in Nertiti and Sharq Al-Jabal were vaccinated against the disease, thus preventing its further spread, during an emergency campaign organized with the Ministry of Health and the WHO. Hospitals were assisted in treating those affected. Over 250 awareness sessions promoted sound health practices among over 10,000 people to prevent sickness.

Contributing to the availability of adequate ante/post-natal care in remote villages, 27 new midwives completed their training in schools in Al-Fashir and Zalingay and facilitated safe home births using ICRC-provided kits. Another 48 women started their training in these midwifery schools, which benefited from better facilities and teaching materials.

As insecurity affected medical services in Blue Nile, four health centres and a Sudanese Red Crescent mobile health unit also received ad hoc supplies enabling them to cope with growing numbers of patients following displacements. Ministry of Health staff also conducted monitoring visits to remote health centres with ICRC support.

PEOPLE DEPRIVED OF THEIR FREEDOM

For the first time in many years, the Sudanese authorities gave the ICRC permission to visit detained persons. The ICRC visited 24 recently captured South Sudanese POWs according to its standard procedures in two places of internment, in Kadugli and Nyala, to check on their treatment and living conditions. Following the visits, the ICRC reported its findings confidentially to the Sudanese authorities on the basis of the Third Geneva Convention.

With the ICRC acting as a neutral intermediary, 19 South Sudanese POWs were repatriated from Sudan, and 13 Sudanese POWs were repatriated from South Sudan. The ICRC also facilitated the safe transfer of 68 SAF soldiers released by armed groups in Darfur to the authorities concerned, and of 29 Chinese civilians released by an armed group in South Kordofan (see *Nairobi*) and 5 Turkish civilians released by an armed group in Darfur to their respective embassies.

The ICRC continued to seek permission from the relevant authorities to visit all people detained in relation to the conflicts. It also pursued efforts to visit people held by armed groups.

With some 140 people informing the ICRC of the alleged arrest/capture of a family member, the alleged detaining authorities received requests to provide, if possible, information on the whereabouts of these people to enable them to restore family links. Sudanese detainees/internees held in the Guantanamo Bay internment facility and Parwan detention facility were able to exchange news with relatives through video calls.

People of Sudanese origin who had returned to Sudan following their release from the Guantanamo Bay internment facility participated in individual, group and family therapy sessions to deal with the psychological effects of their incarceration.

WOUNDED AND SICK

People wounded in fighting increased their chances of surviving their injuries as the National Society's 23 emergency action teams (460 volunteers) administered first aid and, when necessary, evacuated patients to medical facilities. National Society personnel, as well as some 135 weapon bearers, sharpened their first-aid skills at National Society/ICRC courses.

Nine hospitals in conflict areas (six in Darfur, two in South Kordofan and one in Blue Nile) coped with influxes of casualties with the help of drugs and material provided by the ICRC. Over 400 weapon-wounded received care, and some 2,600 surgeries were performed at six of these hospitals.

Over 4,000 people with conflict-related disabilities underwent physical rehabilitation at seven centres in Khartoum and Nyala. These centres, managed by the National Authority for Prosthetics and Orthotics (NAPO), received support in the form of components, equipment and technical expertise. Some 116 patients had their transport, food and other costs covered during their treatment. People also accessed rehabilitative care at a NAPO-run

mobile clinic and five satellite centres. Moreover, ICRC-funded renovations progressed at the Damazine and Kadugli centres. In addition, Cheshire Home, a children's hospital, received materials enabling it to manufacture orthopaedic devices for disabled children.

To boost national technical capacity, Sudanese prosthetic/orthotic technicians and physiotherapists participated in a course on treating patients with clubfoot. NAPO staff members were sponsored to attend training courses conducted abroad by other organizations, such as Mobility India and the Tanzania Training Centre for Orthopaedic Technologists.

AUTHORITIES

In view of the ongoing armed conflicts, the authorities were reminded through dialogue of their responsibilities under IHL to protect people not or no longer taking part in the fighting and to allow humanitarian aid, including health care, to reach those in need. Decision-makers in Khartoum and in the field received monthly reports on ICRC activities, while members of the State parliament and senior national security and military intelligence officers deepened their understanding of IHL and the Movement's work through briefings.

Drawing on the ICRC's expertise and published materials, the national IHL committee continued to raise awareness of IHL and its implementation among government officials. In support of the Health Care in Danger project, the committee also contributed to promoting unimpeded access to health care for the wounded and sick.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

The SAF integrated IHL into its doctrine, training and rules of engagement. With ICRC support, it drafted a plan to ensure the systematic teaching of IHL at all levels. It continued to offer basic IHL courses using ICRC-published materials.

Over 100 senior SAF officers and 40 legal advisers were briefed on the ICRC's mandate to boost support for the organization's humanitarian activities, including for detainees. The SAF-affiliated Central Reserve Police increased its pool of IHL instructors after 30 officers completed their training, enabling them to teach humanitarian norms to police troops. To strengthen their capacities to teach IHL, 30 SAF officers attended instructor courses, and two SAF and two police officers attended an IHL course abroad with ICRC sponsorship.

Some 600 government security personnel received briefings on IHL norms. Such briefings could not take place for armed groups. To help facilitate safe humanitarian access, predeployment briefings were given to UNAMID troops, and contacts were maintained with UNISFA officers.

CIVIL SOCIETY

Communication efforts sought to enhance cooperation between communities and the ICRC on assistance projects and to foster support for humanitarian aims among the general public, including weapon bearers. Community leaders, journalists and academics learnt more about the ICRC's mandate and work.

Media produced reports based on ICRC press releases and briefings, heightening public awareness of humanitarian issues, including those encompassed by the Health Care in Danger project.

To increase the quantity and accuracy of their reporting, journalists enhanced their understanding of the Movement's neutral, impartial and independent humanitarian action during National Society/ICRC-run workshops in Darfur.

Law students became better acquainted with the ICRC's work through seminars, while three educators updated themselves on IHL-related developments by attending courses abroad. They also received reference materials to assist them in their teaching. During a workshop, 12 academics from three peace and development centres in Darfur developed a model IHL curriculum.

National Society staff enhanced their promotion of IHL and production of communication materials. An external evaluation of a Swedish Red Cross/ICRC-led project aimed at building the IHL dissemination capacities of the National Society confirmed the progress made in this respect.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society remained the ICRC's main operational partner in Sudan in the areas of emergency assistance, livelihood support, family links, health care, first aid, and the promotion of IHL and the Fundamental Principles (see *Civilians, Wounded and sick* and *Civil society*). To boost its capacities in these areas, the National Society drew on ICRC technical, material, training and financial support.

With ICRC guidance, the National Society facilitated a Health Care in Danger round-table with representatives of the military medical corps and the Ministry of Health to raise awareness of the global need to safeguard health care during situations of armed conflict and other emergencies. It also engaged in contingency planning for potential unrest, trained volunteers in the Safer Access approach, and sought to optimize its financial management.

The Sudanese Red Crescent coordinated activities with Movement partners through meetings and workshops. The signing of a new partnership framework agreement between the National Society and the ICRC and of a Movement coordination agreement between the National Society, the International Federation and the ICRC aimed at strengthening cooperation over the next three years.

UGANDA



ICRC delegation (red cross icon) ICRC-supported prosthetic/orthotic centre (red cross with white circle icon)

EXPENDITURE (IN KCHF)

Protection	1,648
Assistance	1,572
Prevention	1,016
Cooperation with National Societies	930
General	-

► **5,166**

of which: Overheads 315

IMPLEMENTATION RATE

Expenditure/yearly budget	100%
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PERSONNEL

Expatriates	9
National staff (daily workers not included)	44

KEY POINTS

In 2012, the ICRC:

- fully handed over to the Uganda Prisons Service a joint pilot health project to provide preventive and curative treatment for HIV/AIDS, TB and malaria in 3 prisons
- maintained dialogue with the relevant authorities on detention-related issues, including their obligation under national and international law to hold detainees in officially recognized places of detention
- with the Uganda Red Cross Society, improved sanitation practices in Moroto, Karamoja, through hygiene-promotion sessions and the construction or rehabilitation of latrines, boreholes and hand pumps
- with the National Society, offered family-links services such as facilitating phone calls between refugees and relatives and tracing the families of minors, including those formerly associated with the Lord's Resistance Army
- provided IHL training for troops bound for the African Union Mission in Somalia, as well as technical support for IHL workshops run by the armed forces and the training of 29 police instructors in human rights norms
- helped strengthen the National Society's capacity to respond to the needs of people affected by natural disasters, violence and other adverse circumstances throughout the country

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.

CONTEXT

Uganda continued to recover from the effects of armed conflict, particularly in the north, but difficulties in accessing essential goods and services persisted for many people. The country remained susceptible to violence and regional instability. In Karamoja, intercommunal clashes over cattle rustling and disarmament operations, as well as the risk of violence owing to porous borders and the availability of cheap weapons in neighbouring countries, threatened the fragile security situation. Demonstrations against the ruling party reportedly triggered clashes and the arrest of protesters. Many people fleeing the violence in the Kivus in the Democratic Republic of the Congo (hereafter the DRC) added to Uganda's already sizeable refugee population, most of whom came from the DRC, South Sudan and Sudan.

The Uganda People's Defence Force (UPDF) maintained its military operations against the Lord's Resistance Army (LRA) and contributed significant numbers of troops to the African Union Mission in Somalia (AMISOM). Uganda hosted peace talks between representatives of the DRC government and armed groups.

ICRC ACTION AND RESULTS

As the disarmament process in the violence-prone Karamoja region entered its final phase, the ICRC maintained its holistic approach, integrating protection concerns into assistance programmes to address the needs of the population through community-led initiatives. The approach included systematically reminding weapon bearers to respect civilians, while taking measures to immediately reduce the risks people had to contend with. For example, women were less exposed to sexual violence while fetching water after a new water source was specifically built within close distance of their communities.

To ensure sustainable results and local ownership of projects, the ICRC worked in partnership with the Uganda Red Cross Society in implementing key activities, thus helping it develop its structure and skills. As such, National Society/ICRC teams conducted hygiene-promotion sessions targeting thousands of residents to improve community sanitation and reduce health risks. In response to clashes in Karamoja, disasters such as fires, and cholera outbreaks, the two organizations launched joint relief operations to provide emergency assistance to those affected.

Also with support from the ICRC, the National Society strengthened its family-links services for refugees, including through the provision of a new phone service for Congolese refugees. In northern Uganda, women and children formerly associated

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		3,618	165	
RCMs distributed		1,873	42	
Phone calls facilitated between family members		18,693		
Reunifications, transfers and repatriations				
People reunited with their families		25		
	<i>including people registered by another delegation</i>	11		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		10		5
People located (tracing cases closed positively)		16		
	<i>including people for whom tracing requests were registered by another delegation</i>	12		
Tracing cases still being handled at the end of the reporting period (people)		8		5
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		131	25	
UAMs/SCs reunited with their families by the ICRC/National Society		15	4	2
	<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		89	21	
Documents				
People to whom travel documents were issued		1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		5,443		
Detainees visited and monitored individually		259	1	10
Detainees newly registered		212	1	10
Number of visits carried out		142		
Number of places of detention visited		50		
Restoring family links				
RCMs collected		289		
RCMs distributed		181		
Phone calls made to families to inform them of the whereabouts of a detained relative		120		
People to whom a detention attestation was issued		5		

* Unaccompanied minors/separated children

with the LRA were reunited with their families through cross-border operations involving the DRC and South Sudan. In the same region, the specific needs of families of missing persons were identified through in-depth interviews, and a holistic approach was formulated to address them. Foreign nationals with security or other concerns were followed up and referred to UNHCR or other organizations providing the necessary support.

To promote the humane treatment of detainees in line with applicable national laws and internationally recognized standards, the ICRC visited, according to its standard procedures, those under the authority of the Ministry of Defence and the Ministry of Internal Affairs. Delegates assessed detainees' treatment and living conditions, confidentially sharing their findings and, where necessary, recommendations with the authorities. The ICRC pursued efforts to gain access to all other detainees falling within its mandate.

After five years, a joint pilot health project, which significantly improved the management of HIV/AIDS, TB and malaria in three detention sites, was successfully handed over to the Uganda Prisons Service (UPS) by year-end. As part of the programme, detainee health care was enhanced through mass screenings, infrastructure improvements and ICRC-provided materials, equipment and expertise. To strengthen their capacities to manage health programmes, prison staff participated in workshops, peer education and on-the-job training, and received material and technical support.

Following years of ICRC support, two physical rehabilitation centres in Uganda were ready to operate independently by the end of 2012. During the year, both centres received material assistance enabling them to treat patients with disabilities. With ICRC encouragement, the Ministry of Health ordered a year's supply of prosthetic/orthotic components to ensure the availability of such care.

The ICRC's efforts to promote respect for IHL, international human rights law and humanitarian action through awareness programmes, training and technical support focused mainly on weapon bearers, key universities and the National Society. Specifically, this enabled the UPDF to continue working towards autonomy in integrating IHL into military training, doctrine and operations; troops bound for AMISOM in Somalia received IHL training; and police officers learnt how to train instructors in international human rights law. University lecturers discussed developments in IHL education at an ICRC-organized conference, and a dissemination session was held for religious leaders to facilitate dialogue on common themes between sharia law and IHL. Meanwhile, National Society staff and volunteers learnt about modern communication practices to help them utilize new channels for IHL dissemination.

CIVILIANS

Vulnerable civilians in Karamoja monitored and assisted

As civilians in the Karamoja region continued to be affected by intercommunal violence and clashes with security forces in relation to the disarmament process, safeguarding civilians and

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	11	2%	0%
Essential household items	Beneficiaries	13	4%	0%
Water and habitat activities	Beneficiaries	31,250	40%	30%
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	4,561		
Essential household items	Beneficiaries	6,576		
Cash	Beneficiaries	46		
WOUNDED AND SICK				
Physical rehabilitation				
Centres supported	Structures	2		
Patients receiving services	Patients	759	257	205
New patients fitted with prostheses	Patients	137	31	4
Prostheses delivered	Units	197	51	8
	<i>of which for victims of mines or explosive remnants of war</i>	52		
New patients fitted with orthoses	Patients	363	131	141
Orthoses delivered	Units	428	147	184
	<i>of which for victims of mines or explosive remnants of war</i>	7		
Number of patients receiving physiotherapy	Patients	193	56	42
Crutches delivered	Units	232		

ensuring they had an adequate water supply and proper sanitation in violence-prone areas remained priorities. Dissemination sessions reminded weapon bearers to respect civilians, as required by relevant national and international norms. ICRC delegates made confidential representations to the parties concerned to take action to prevent or end abuses.

To help ensure that humanitarian needs were comprehensively addressed and protection concerns integrated into the design of assistance projects, representatives of the Ugandan Red Cross and other National Societies working in the region discussed these issues at an interactive ICRC-run workshop. One of the course's conclusions, for example, was that women's exposure to sexual violence while fetching water could be reduced by drilling boreholes closer to their villages.

In the Moroto district, some 17,000 people facing health hazards owing to lack of access to clean water and adequate sanitation facilities participated in hygiene-promotion sessions led by ICRC-coached National Society specialists and volunteers, thus improving community sanitation practices. To promote good hygiene among the young, teachers from 11 selected schools completed a course on sanitation education conducted by a district health educator, while drama and music groups from various communities learnt how to spread knowledge of the subject through performance arts. Also in the Moroto district, 28 villages built latrines for household use, while refugees benefited from the construction of latrines in refugee settlements.

By the end of 2012, over 14,000 people in an additional seven villages in Moroto benefited from improved sources of safe water after the drilling of new boreholes and the rehabilitation of hand pumps. However, following negative reviews of the energy-saving stoves built in 2011, an assessment was under way on alternative methods that could more appropriately respond to the needs of the communities.

Some 500 households affected by violence, including clashes in Karamoja, and by natural or man-made disasters such as fire

and landslides, benefited from ICRC-donated first-aid material and other emergency relief assistance, as distributed by the National Society. Similar activities were undertaken in response to cholera outbreaks and refugee influxes in northern and western Uganda respectively.

Specific needs of refugees and foreigners addressed

Refugees living in settlements or urban areas communicated with relatives through National Society/ICRC family-links services, which for the first time included phone calls. The phone service was introduced in response to needs identified in an assessment conducted at the beginning of 2012 in four settlements hosting refugees from the DRC. It enabled 60% of Congolese refugees arriving from the Kivus 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 regularly visited by Ugandan Red Cross/ICRC teams, with the National Society staff receiving on-the-job coaching. A newly recruited and trained regional tracing officer reinforced the family-links network in south-western Uganda where most refugees from the DRC had congregated. In these settlements, refugees reported abuses, including sexual violence and other threats that they allegedly faced before or after their arrival in Uganda. To prevent or end such abuses, the ICRC brought up documented cases with the parties reportedly concerned, including weapon bearers, in the DRC and in Uganda.

Foreign nationals who 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 children, who were also systematically registered and followed up. Several inter-camp family reunifications were carried out. Some refugees, including ex-abductees, women and minors formerly associated with the LRA, resettled or joined relatives abroad using ICRC travel documents. Activities for minors were coordinated with UNICEF, the regional focal point on the issue.

The specific needs of families of missing persons were identified through interviews with 100 families. The findings fed into the design of a holistic response targeting selected communities in northern Uganda, with a view to reducing these families' emotional distress by strengthening their mechanisms to cope with loss and by building community support for them.

PEOPLE DEPRIVED OF THEIR FREEDOM

Throughout the year, detainees held by the Ministry of Defence and the Ministry of Internal Affairs in priority areas – Kampala, Karamoja and south-western Uganda – received visits from the ICRC. They included: in Kampala, detainees held on charges of armed rebellion, “terrorism” or political unrest; in the Karamoja region, detainees held in relation to the disarmament operations; and in south-western Uganda, detainees held in relation to their alleged connection with the Allied Democratic Forces and to the violence in the DRC. During visits, which were carried out according to standard ICRC procedures, delegates assessed detainees' treatment and living conditions, sharing their findings confidentially with the authorities and making recommendations when necessary. The authorities were reminded of their obligations to hold detainees in gazetted (officially recognized) places of detention, to ensure humane treatment and adequate living conditions, and to uphold respect for judicial guarantees, including the principle of non-*refoulement*. In parallel, the ICRC pursued efforts to gain access to all other detainees falling within its mandate.

Vulnerable detainees, including foreigners, stayed in touch with relatives through RCMs, while the families of 120 detainees were informed by phone of their relatives' arrest or transfer to another place of detention. Where they so desired, foreign detainees informed their embassies – or UNHCR in the case of asylum seekers – of their detention, via the ICRC. Upon release, some 46 detainees had their transport costs home paid for by the ICRC.

Detainees benefit from improved conditions

Inmates in three prisons – Fort Portal, Gulu and Luzira Upper – continued to benefit from a pilot health project aimed at providing preventive and curative treatment for HIV/AIDS, TB and malaria in detention facilities. The project, which had been supported by the ICRC since 2007, was fully handed over to the UPS by the end of 2012. At least partly owing to the project, the crude mortality rate and the incidence of malaria among detainees had dropped significantly; and the TB notification and treatment rates had noticeably improved in all three sites, as had access to HIV care.

For the fourth time, inmates of the three prisons underwent mass screening for TB. Following arrangements made in 2011 with the district health office, 12 patients were monitored to ensure the positive outcome of their TB treatment after their release. Some 1,790 inmates learnt their HIV status, with those who tested HIV-positive obtaining treatment from the country's available services. Authorities responsible for health in detention further strengthened their capacities to manage health programmes through a related workshop, peer education, on-the-job training and supervision visits.

Improvements to prison infrastructure, such as the installation of a solar panel in Fort Portal, helped secure the power supply of its health centre, while an incinerator in Gulu prison improved infection control/medical waste management. To ease hygiene and sanitation conditions in Luzira Upper, one of the cells was

converted into toilets and existing collective toilets/showers were rehabilitated. Some 6,576 vulnerable detainees received household and recreational items.

WOUNDED AND SICK

After four years of ICRC support, two physical rehabilitation centres – Mbale in the east and Fort Portal in the west – were ready to operate independently at year-end.

Throughout the year, these structures received material support enabling them to treat some 750 disabled patients, including victims of mines or ERW. Significant renovations to the Mbale centre helped to improve the quality of its services.

Following dialogue with the ICRC on the national provision of raw prosthetic/orthotic materials to physical rehabilitation centres, the Ministry of Health ordered a year's supply of these materials for the national medical store in Kampala, with a view to ensuring the provision of these components to hospitals and increasing their capacities to assist people with disabilities.

AUTHORITIES

Reinstated in 2010 with encouragement from the ICRC, the national IHL committee pursued efforts to integrate IHL into national legislation. Committee members participated in a workshop focusing on IHL integration, while three government officials attended a regional course on related issues, such as the progress made in ratifying treaties regulating weapons use (see *Pretoria*).

The processes of adopting the Toxic Chemicals Control Bill and the Anti-Personnel Mines Bill and of amending the Geneva Conventions Act reached advanced stages, while ratification of the Convention on Cluster Munitions progressed. The working group established to amend the Red Cross Act and the Geneva Conventions Act received technical support.

Meetings with representatives of regional political and economic organizations provided opportunities to learn more about each other's activities and perspectives on humanitarian concerns in the region.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

In light of the continued violence in the country, weapon bearers were regularly reminded of their obligations to uphold the rights of the population (see *Civilians*).

With ICRC support, the UPDF worked towards gaining autonomy in integrating IHL into its training, doctrine and operations, including by organizing two technical working sessions and one curriculum review on the matter. The Uganda Military Academy, Junior Command and Staff College, UPDF Training School and UPDF Peacekeeping Training Centre underwent reviews of their capacities to conduct training courses; on the basis of which, they continued to receive training and technical support from the ICRC, with a view to further enhancing the continuity and quality of IHL instruction.

Some 4,280 officers and troops bound for peacekeeping operations in Somalia deepened their understanding of their obligations under IHL through regular ICRC-supported briefings during pre-deployment training courses.

Meanwhile, the Uganda Police Force (UPF) and the ICRC worked to promote respect for humanitarian principles in the conduct

of law enforcement operations. For the first time, police officers in Kabale attended a session on international human rights law and other applicable norms. To equip themselves to train police officers, 61 future instructors in the Kabale and Karamoja regions participated in a trainers' workshop. The UPF also began drafting a new agreement defining its training relationship with the ICRC.

CIVIL SOCIETY

Key civil society actors continued to work with the ICRC to foster public awareness of humanitarian principles. To boost IHL teaching at the university level and share best practices, 15 lecturers from seven universities discussed new developments in IHL education at an annual faculty round-table, while three lecturers were sponsored to attend a regional workshop for the same purpose (see *Nairobi*). Students also participated in national and regional moot court competitions. With the support of the Uganda Muslim Supreme Council and the Office of the Deputy Mufti, a dissemination session was held for Islamic clerics to discuss common themes between sharia law and IHL.

Journalists covering the activities of AMISOM received regular information about humanitarian concerns and Movement activities in Somalia and Uganda, including on issues covered by the Health Care in Danger project, to encourage them to report more frequently on these topics. In support of this, journalists in Kampala participated in a media workshop; and one journalist received sponsorship to attend a regional seminar on conflict reporting (see *Nairobi*).

Aiming to bolster their capacities to gain wider acceptance of humanitarian work, 117 National Society branch directors and volunteers in the Kisoro, Mbarara and Mukono districts of Karamoja stayed up-to-date on modern communication practices and trends through ICRC briefings.

RED CROSS AND RED CRESCENT MOVEMENT

With ICRC technical, financial, material and logistical support, the Ugandan Red Cross continued to respond to emergencies, deliver focused assistance to returnees, restore family links, raise awareness of good hygiene practices (see *Civilians*) and promote IHL and the Movement (see *Civil society*), while working to enhance its capacities to carry out these activities. It also contributed to advancing the goals of the Health Care in Danger project.

National Society volunteers from the newly established regional Red Cross Action Team, together with the ICRC, responded to the needs of those affected by natural disasters, violence and other adverse circumstances throughout the country by providing emergency kits, first-aid materials and household and shelter items (see *Civilians*).

In Kisoro, National Society staff refreshed their skills during a training course on first aid, communication and the Movement. Key National Society personnel received salaries and incentives from the ICRC, which also supplied some regional offices with computers and office furniture to enhance efficiency.

Coordination with Movement partners helped the National Society conduct its activities, including an assessment of the humanitarian needs of the families of missing persons in Karamoja (see *Civilians*). To ascertain the effectiveness of their cooperation, the National Society and the ICRC reviewed the results of their partnership agreement and produced recommendations for improvements.

ABIDJAN (regional)

COVERING: Benin, Burkina Faso, Côte d'Ivoire, Ghana, Togo



ICRC / AR, 2012
 + ICRC regional delegation + ICRC sub-delegation + ICRC office/presence
 △ ICRC regional logistics centre

EXPENDITURE (IN KCHF)	
Protection	3,258
Assistance	8,473
Prevention	2,239
Cooperation with National Societies	1,684
General	-

► **15,654**
 of which: Overheads 955

IMPLEMENTATION RATE	
Expenditure/yearly budget	94%

PERSONNEL	
Expatriates	42
National staff (daily workers not included)	242

KEY POINTS

In 2012, the ICRC:

- through dialogue with and briefing of the authorities and weapon bearers in Côte d'Ivoire, particularly in the country's still-volatile west, fostered respect for humanitarian principles and support for National Society/ICRC work
- facilitated the return of Ivorian refugees and IDPs to their communities, including by repairing/rebuilding over 800 homes looted or wrecked in 2011, providing farming inputs and supporting income-generating projects
- with the Red Cross Society of Côte d'Ivoire, provided over 42,600 patients with preventive/curative health care through a mobile clinic in an area without State health services
- as prisons reopened, worked with the Ivorian penitentiary authorities to make structural improvements, helping prevent a return to previous mortality/malnutrition rates while also relieving pressure on places of temporary detention
- in northern Burkina Faso, with the Burkinabé Red Cross Society, provided over 18,900 refugees (2,700 households) fleeing the conflict in Mali with essential household items to help them cover their immediate needs

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 also 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 affected by the lasting consequences of the crisis in Côte d'Ivoire that began in 2002, as well as the election-related conflict of 2011, and by the consequences of armed conflict/other situations of violence in the greater region, including people who take refuge in the countries covered.

CONTEXT

Côte d'Ivoire faced considerable hurdles in its recovery from the 2011 conflict that followed the post-electoral crisis. Although the economy slowly recovered and some refugees and IDPs returned, rising prices, high unemployment and stagnant rural revival led to disaffection among a population expecting rapid and lasting changes. Security remained a concern, particularly in the west, where sporadic violence along the Liberian border caused casualties and displacement; in the east, small-scale attacks allegedly targeting military/police forces led to arrests. Weapons circulated as military reform stalled. In Ghana, where the interim president was confirmed in his post following elections, the presence of former Ivorian weapon bearers remained a potential threat to the fragile situation in Cote d'Ivoire.

National reconciliation efforts in Côte d'Ivoire made little headway. While the national assembly met for the first time in several years, dialogue between the ruling party and the opposition remained strained because of unmet demands. Judicial impartiality was questioned as no government supporters had been prosecuted following the violence. The truth and reconciliation commission had not yet borne fruit. In November, the International Criminal Court requested the extradition of the former first lady.

Burkina Faso grappled with the humanitarian needs of an estimated 35,000 refugees from Mali in the country's north, which was also suffering from a regionwide food crisis.

The region's countries held important positions in international diplomacy: Benin presided over the African Union; Côte d'Ivoire chaired the Economic Community of West African States; and Togo had non-permanent membership of the UN Security Council.

ICRC ACTION AND RESULTS

With stability increasing in Côte d'Ivoire despite the challenges encountered (see *Context*), the ICRC adapted its priorities accordingly, addressing the remaining areas of humanitarian concern, primarily in the west, while taking advantage of the unique opportunity to make a positive contribution during the country's transition.

The ICRC's continued presence in still-volatile areas was vital in promoting respect for the population among the authorities and weapon bearers. It engaged in dialogue with them and made oral and written representations reminding them of their responsibilities under applicable law. Regular dissemination and public

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		795	219	
RCMs distributed		976	185	
Names published in the media		8		
Reunifications, transfers and repatriations				
People reunited with their families		122		
	<i>including people registered by another delegation</i>	112		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		88	15	23
People located (tracing cases closed positively)		85		
	<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)		149	24	30
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		12	4	
UAMs/SCs reunited with their families by the ICRC/National Society		106	52	
	<i>including UAMs/SCs registered by another delegation</i>	101		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		21	7	
Documents			Women	Minors
People to whom travel documents were issued		3		
Official documents relayed between family members across borders/front lines		1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses) ¹				
ICRC visits			Women	Minors
Detainees visited		8,059		
Detainees visited and monitored individually		529	10	17
Detainees newly registered		362	6	14
Number of visits carried out		196		
Number of places of detention visited		72		
Restoring family links				
RCMs collected		146		
RCMs distributed		93		
Phone calls made to families to inform them of the whereabouts of a detained relative		451		
People to whom a detention attestation was issued		11		

* Unaccompanied minors/separated children 1. Burkina Faso, Côte d'Ivoire and Togo

communication played a key role in broadening awareness of humanitarian principles and ensuring support for the National Society's/ICRC's activities, particularly among the informal auxiliary forces present throughout most of the territory. Military/*gendarmierie* instructors received training in IHL/humanitarian principles to multiply these efforts.

Although refugees and IDPs were slow to return owing to actual or perceived security threats, those who did so required support in settling back into their communities. The ICRC helped such families recover from the effects of the crisis by assisting them in rebuilding their damaged/destroyed homes, by distributing seed and tools for farming activities and by providing health care where State agencies were not yet fully functional. As the situation stabilized, the ICRC focused on sustainability, equipping and training community committees in water pump maintenance and supporting local health centres in ensuring the delivery of quality primary health care in the areas most affected by the crisis.

Although the population's return facilitated the re-establishment of family links in general, the ICRC provided services for refugees in areas without telephone networks or who lacked the financial means to contact their relatives, and, where necessary, reunited separated/unaccompanied children with their families.

Family-links services were also made available to detainees visited in Burkina Faso, Côte d'Ivoire and Togo. Following such visits,

delegates shared their findings and recommendations confidentially with the authorities. In Côte d'Ivoire, the ICRC maintained dialogue with the authorities at all levels to improve the treatment and living conditions of detainees, particularly those arrested in connection with the post-election conflict and/or State security.

The reopening of the country's prisons after they had been decommissioned in 2011 provided an opportunity for the ICRC to work with the authorities to upgrade prison infrastructure and improve detention conditions generally, including by providing input to new penitentiary policies and helping establish nutrition monitoring/alert systems. These systems, together with the renovation/repair of prison kitchens, the authorities' recruitment of prison health staff and the ICRC's provision of medical supplies, helped maintain the overall acute malnutrition rate below 15%. At the same time, the rehabilitation of water and sanitation infrastructure contributed to reducing detainees' exposure to health risks. Thanks to these efforts, the authorities were able to make the prisons rapidly operational, thus relieving the pressure on places of temporary detention.

Together with the respective National Society, the ICRC provided food and/or other essentials to vulnerable people as emergencies arose, including to refugees from Mali in Burkina Faso, families affected by ethnic clashes in Ghana, and victims of intercommunal violence in Togo. On-the-job experience, combined with internal and regional training events and material support, helped the National

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	44,321	30%	50%
	<i>of whom IDPs</i>	2,922		
Essential household items	Beneficiaries	20,945	30%	50%
	<i>of whom IDPs</i>	1,938		
Productive inputs	Beneficiaries	35,502	30%	50%
Cash	Beneficiaries	30,276	30%	50%
Water and habitat activities	Beneficiaries	85,525	30%	35%
	<i>of whom IDPs</i>	42,025		
Health²				
Health centres supported	Structures	5		
Average catchment population		102,379		
Consultations	Patients	55,688		
	<i>of which curative</i>		7,112	27,165
	<i>of which ante/post-natal</i>		3'585	
Immunizations	Doses	109,965		
	<i>of which for children aged five or under</i>	105,432		
Referrals to a second level of care	Patients	156		
Health education	Sessions	316		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)³				
Economic security, water and habitat (in some cases provided within a protection programme)				
Water and habitat activities	Beneficiaries	6,246		
WOUNDED AND SICK²				
Hospitals				
Hospitals supported	Structures	11		
	<i>of which provided data</i>	2		
Admissions	Patients	1,454	1,013	273
	<i>of whom medical cases</i>	651		
	<i>of whom gynaecological/obstetric cases</i>	803		
Outpatient consultations	Patients	20,966		
	<i>of which surgical</i>	1,045		
	<i>of which medical</i>	19,505		
	<i>of which gynaecological/obstetric</i>	416		
Water and habitat				
Water and habitat activities	Number of beds	395		

1. Burkina Faso, Côte d'Ivoire

2. Côte d'Ivoire

3. Côte d'Ivoire. Owing to operational and management constraints, figures in this table and in the narrative part of the report may not reflect all activities carried out during the reporting period.

Societies develop their emergency response and communication capacities, enabling them to run their own initiatives, including on HIV/AIDS awareness, hygiene promotion and emblem protection.

The promotion of IHL and humanitarian principles among the authorities, regional bodies and civil society continued.

CIVILIANS

Although their number decreased, people in Côte d'Ivoire continued to contact the ICRC to request help or report abuses, primarily in relation to violence in the west (see *Context*). Allegations of abuses were passed on to the relevant authorities, weapon bearers and community members to remind them of the population's rights and to encourage them to take preventive/corrective measures.

As the ICRC's primary partners, the region's National Societies worked alongside the organization in carrying out activities for vulnerable people. Country-specific and regional training events complemented their on-the-job experience, helping them build their response capacities, including in first aid and restoring family links. In Burkina Faso and Côte d'Ivoire, they expanded their reach through ICRC-provided motorcycles/vehicles, two newly constructed/renovated branch offices in Côte d'Ivoire and, in light of the needs of Malian refugees, a new family-links office in Burkina Faso.

IDPs/returnees receive food and water and rebuild their homes and livelihoods

As emergencies arose, the National Societies/ICRC provided relief to IDPs/refugees in their respective countries after they had been displaced by intercommunal violence or, in the case of Mali, armed conflict. In all, 18,900 people (2,700 households) who fled Mali for northern Burkina Faso received household essentials, 984 people (200 families) in northern Ghana received food, and 1,938 people (323 households) in northern Togo received food and household essentials. Around 100 people affected by fires near Abidjan received similar assistance.

In western Côte d'Ivoire, over 6,600 IDPs and host families (1,110 households) in Bangolo sustained themselves with food rations from the ICRC. In addition, over 42,000 IDPs benefited from an improved water supply, proper sanitation and/or decent housing through ICRC initiatives. They included over 3,000 people who sought refuge in Tai following attacks on their villages, who accessed water thanks to the supply of fuel by the ICRC to water utilities without electricity. In the Duékoué and Guiglo camps, 5,000 IDPs used clean and functioning sanitation facilities maintained with the help of ICRC-provided tools and training. As the IDPs progressively returned home, the camp sites were cleaned/rehabilitated with National Society/ICRC participation.

Returnees required help to settle into their communities. Around 33,400 people were better able to meet their water needs after the installation/rehabilitation of hand pumps, which trained local water committees maintained with ICRC-provided tools and spare parts. Returning to their homes with little to no food and/or seed reserves, 5,713 IDP/refugee households (34,278 people) resumed farming following the donation of maize and rice seed and tools, and received food to tide them over in the meantime. Around 5,000 returning households (30,000 people) each rehabilitated a hectare of coffee/cacao farmland with ICRC support, providing them with a cash injection while improving the land for future planting. Over 200 women heading households (providing for 1,200 people) took on income-generating projects to help rebuild their livelihoods.

Over 3,600 returnees (800 families) whose homes had been looted or wrecked during heavy fighting had them rebuilt/repared by hired locals working with ICRC supervision and materials. Thus, the returnees improved their living situation, while workers and their families benefited from the income and upgraded technical skills.

Conflict-affected populations in Côte d'Ivoire enjoy improved health services

Weakened by the crisis, health services in Côte d'Ivoire continued to lack supplies and motivated staff. Some 10,300 residents in the west therefore accessed preventive and curative care from four ICRC-supported health centres, one of which was also rehabilitated. In the north of the Bloléquin district, where health infrastructure was non-existent, 42,600 people received similar care through a National Society/ICRC-run mobile clinic. A community centre was built to replace the mobile clinic, allowing outreach activities to continue in the area until the Health Ministry could begin providing services. Patients of the centres or mobile clinic were referred to higher-level health facilities for specialized treatment as necessary.

Pregnant women and young children received immunizations (close to 110,000 vaccines administered) and treated mosquito nets, helping protect them against communicable diseases and malaria respectively. In an effort to expand the reach of State-provided health care, the Health Ministry conducted large-scale polio vaccination campaigns with ICRC logistical support. With cholera recurrent throughout Côte d'Ivoire, 9,000 crisis-affected people in rural villages and 43,000 people in the Abidjan area living with poor water and sanitation conditions learnt how to reduce their exposure to the disease through National Society

campaigns. In Abidjan, they also benefited from the chlorination of wells and the distribution of soap. As the national urban water board had no urgent needs, planned support was cancelled.

Mental health care was an important part of primary health care support. Health practitioners were trained in psychological first aid and benefited from supervision and case-analysis sessions in the field, where they attended to over 50 patients coping with the effects of post-conflict stress and/or gender-based violence. Health practitioners and authorities learnt about the issues covered by the Health Care in Danger project and its relevance in Côte d'Ivoire at awareness sessions. While alleged incidents of lack of respect for health workers/services were isolated, efforts continued to respond to those cases encountered.

Separated family members restore contact and authorities work to clarify the fate of the missing

The vast majority of people displaced during the Ivorian crisis had re-established contact with their families. Nonetheless, unaccompanied/separated children, people with relatives detained abroad (see *Liberia*), and refugees in places without telephone networks or lacking the necessary financial means used Movement family-links services to communicate with their relatives. In coordination with the authorities and UNHCR, 106 children were helped to rejoin their families.

With the exact number of people remaining unaccounted for from the crisis unknown, the ICRC reminded the authorities of their responsibility to clarify the fate of the missing. To this end, the authorities received encouragement and advice in developing a methodology for the exhumation and identification of human remains, and the medical-legal institute made use of forensic/anthropological materials provided for this purpose by the ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Burkina Faso, Côte d'Ivoire and Togo received visits from the ICRC, according to its standard procedures, to monitor their treatment and living conditions. Detainees communicated with their relatives through Movement family-links services or, in the case of foreign detainees, informed their consular representatives of their situation.

Based on their findings, ICRC delegates provided the authorities with confidential feedback and recommendations. Dialogue with the relevant authorities included discussion on the situation of detainees in Benin serving sentences under the International

CIVILIANS		BURKINA FASO	CÔTE D'IVOIRE	GHANA	TOGO
Economic security, water and habitat					
Food commodities	Beneficiaries		41,399	984	1,938
	<i>of whom IDPs</i>			984	1,938
Essential household items	Beneficiaries	18,900	107		
	<i>of whom IDPs</i>	18,900			
Productive inputs	Beneficiaries		35,502		
Cash	Beneficiaries		30,276		
Water and habitat activities	Beneficiaries		85,525		
	<i>of whom IDPs</i>		42,025		
Health					
Health centres supported	Structures		11		
Average catchment population			102,379		
Consultations	Patients		55,688		
Immunizations	Doses		109,965		
	<i>of which for children aged five or under</i>		105,432		
Referrals to a second level of care	Patients		156		
Health education	Sessions		316		

Criminal Tribunal for Rwanda (see *Nairobi*), people arrested in relation to disturbances in Burkina Faso in 2011, and security detainees in Togo. More detainees in Ivorian police, *gendarmerie* or military custody received visits as the number of arrests linked to security incidents increased (see *Context*). Particularly vulnerable detainees, including those arrested in relation to the 2011 crisis, women and children, were monitored individually.

Detainees' nutritional, health and sanitation needs are addressed

The gradual reopening of penitentiary facilities in Côte d'Ivoire after the crisis provided an opportunity for the prison authorities and the ICRC, in coordination with other organizations, to work on improving detention conditions systematically, supported by ICRC reports on the food and health situation. The Health and Justice Ministries received input for the drafting of related policies, while their representatives, prison administrators and regional prosecutors participated in establishing monitoring/alert systems aimed at preventing a return to previous mortality and malnutrition rates. The two ministries and the ICRC co-organized a national meeting on health in detention, with the participation of prison health/medical personnel, to explore solutions and coordinate efforts. Health services in 21 prisons received ICRC advice, drugs and other supplies and, with ICRC encouragement, they designated medical staff in 7 prisons to care for the detainees.

With ICRC health teams, the prison authorities kept a close eye on the detainees' nutritional situation and set up a system to monitor the food supply chain, helping maintain the overall acute malnutrition rate at below 15%. Around 100 severely malnourished detainees in 11 prisons damaged by the 2011 crisis received therapeutic feeding, while moderately malnourished inmates received supplementary food rations to prevent their state from worsening. To help them improve their capacities to provide adequate food, the prisons' kitchens/ovens were repaired or replaced, benefiting around 1,600 inmates.

In 12 prisons, around 1,600 detainees had their access to clean water and sanitation restored/improved through ICRC-supported infrastructure projects; expanding the prisons' infrastructural capacities also helped relieve the pressure on places of temporary detention. Complementing these efforts, 2,643 detainees in

Côte d'Ivoire's two largest prisons contained the spread of disease thanks to cleaning and pest-control campaigns carried out with the National Society/ICRC. Around 320 detainees in a scabies-affected prison in Togo benefited from similar initiatives, including support for medical treatment where needed. To the same end, over 6,000 detainees in both countries received hygiene items, mats and new clothes.

WOUNDED AND SICK

Two general hospitals in Côte d'Ivoire – one renovated/equipped by the ICRC in 2011, the other in 2012 – conducted over 20,000 consultations and cared for 1,454 inpatients with the help of ICRC-supplied medical and hygiene materials and maintenance supplies. In addition to receiving similar materials as needed and support in transporting oxygen supplies, one regional hospital received surgical materials to treat patients referred to it for specialized care from health facilities in the region.

AUTHORITIES

In still-volatile regions of Côte d'Ivoire, efforts to foster support for the National Society's/ICRC's neutral, impartial and independent humanitarian action continued, with local authorities attending information sessions in Bloléquin, Gagnoa and Zouan Hounien. Senior Health Ministry officials and the ICRC discussed potential cooperation in promoting respect for medical services, in line with the goals of the Health Care in Danger project.

The Ivorian IHL committee, ministries concerned, and regional and international bodies pursued dialogue with the ICRC on subjects of mutual interest, including the proliferation of small arms. Officials from all five countries discussed such topics at a regional seminar on IHL implementation and at a round-table on a future arms trade treaty, both in Abuja (see *Nigeria*). Senior officials from Burkina Faso and Côte d'Ivoire attended a workshop in South Africa on the "Strengthening IHL" process (see *International law and cooperation*).

Authorities from all five countries discussed with the ICRC ways of advancing IHL ratification/implementation and took account of its comments on draft legislation. In Côte d'Ivoire, for example, discussions included the Justice Ministry's examination of proposed legislation on the Movement's emblems, while in Togo,

PEOPLE DEPRIVED OF THEIR FREEDOM	BURKINA FASO	CÔTE D'IVOIRE	TOGO
ICRC visits			
Detainees visited	82	7,977	327
Detainees visited and monitored individually	82	447	
		<i>of whom women</i>	8
		<i>of whom minors</i>	17
Detainees newly registered	9	353	
		<i>of whom women</i>	6
		<i>of whom minors</i>	14
Number of visits carried out	2	193	1
Number of places of detention visited	2	69	1
Restoring family links			
RCMs collected	1	138	7
RCMs distributed		90	3
Phone calls made to families to inform them of the whereabouts of a detained relative	6	440	5
People to whom a detention attestation was issued		5	6

PEOPLE DEPRIVED OF THEIR FREEDOM		CÔTE D'IVOIRE	TOGO ¹
Economic security, water and habitat			
Water and habitat activities	Beneficiaries	6,246	

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

penal reform proceeded with ICRC input aimed at integrating sanctions for IHL violations into national legislation.

The Burkinabé IHL committee requested and incorporated ICRC comments on its action plan and received other informational materials and advice throughout the year. In Benin and Togo, the authorities were encouraged to appoint members to their IHL committees, enabling these bodies to begin functioning. ICRC participation in related events, including a conference in Abidjan marking the third anniversary of the African Union Convention on IDPs, supported such efforts.

Benin ratified the Hague Convention on Cultural Property and its two protocols. Benin and Burkina Faso ratified the African Union Convention on IDPs, while Côte d'Ivoire and Togo ratified the Convention on Cluster Munitions. Côte d'Ivoire ratified the Optional Protocol to the Convention on the Rights of the Child.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Dialogue with weapon bearers, including security forces undergoing reorganization following the 2011 Ivorian crisis, aimed to reinforce understanding of and respect for humanitarian principles. In Côte d'Ivoire, over 600 *gendarmérie* officers, 1,800 military officers, 750 members of informal auxiliary forces, and 30 UN peacekeepers attended briefings highlighting basic IHL principles and the ICRC's mandate. Another 2,200 Burkinabé, Ghanaian and Togolese military personnel, some of whom were preparing for deployment on peacekeeping missions, benefited from similar sessions.

As the attention of the Ivorian military leadership was focused on the reform/restructuring process, ICRC support to the armed forces' newly established IHL office was limited. The office nonetheless received help in encouraging influential actors to play a role in advancing the integration of IHL into military doctrine, training and operations, and the office's interim head built his IHL capacities in a course in San Remo. Furthermore, 20 instructors from the Ivorian military/security forces received additional training, enabling them to conduct sessions on the IHL/humanitarian principles relevant when maintaining order, particularly during arrest and detention, for over 270 police superintendents and other officers and for over 1,400 officers studying at the military/*gendarmérie* schools. In turn, over 700 students at military/*gendarmérie* schools in Benin, Burkina Faso, Ghana and Togo broadened their awareness at comparable sessions conducted by the ICRC on the use of force in law enforcement and during conflict or other situations of violence.

CIVIL SOCIETY

Across the region, over 2,300 civil society representatives, including journalists, community leaders, trade unionists, academics, law students and other young people, such as members of politically active Ivorian youth groups, gained a better grasp of humanitarian principles and the Movement's distinctive approach through National Society/ICRC information sessions, during which youth leaders also learnt basic first aid. At a regional public health institute in Benin, staff learnt about IHL through an ICRC presentation.

Through articles and television programmes, the general public gained a better awareness of the ICRC's work, particularly in Burkina Faso, Côte d'Ivoire and Togo. In Côte d'Ivoire, a song composed by local singers highlighting the challenges faced by health workers during conflict or other situations of violence was aired by over 20 radio stations and the national television network

and was released on social media. Over 600 students and teachers learnt about the Health Care in Danger project, IHL and the ICRC through an inter-school competition that reached another 20,000 people through live radio broadcasts.

At an advanced regional seminar (see *Pretoria*), a Ghanaian law lecturer shared his expertise and learnt more about other specialized IHL topics, thus helping strengthen IHL curricula at his university.

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies worked with the ICRC in protecting and assisting crisis/violence-affected people in their respective countries. With ICRC help, they developed the emergency response capacities of their staff and volunteers (see *Civilians*), thus expanding their reach and enabling them to run their own projects, including, for example, in hygiene and health.

All five National Societies conducted public dissemination sessions on the Movement and its activities, reaching thousands of participants. In Côte d'Ivoire, efforts to promote respect for the Movement's emblems resulted in over 450 private structures abandoning their use. To reinforce their efforts, the Burkinabé Red Cross Society familiarized 20 of its senior staff members with the Movement and IHL, while the Ghanaian and Ivorian Red Cross Societies trained volunteers in the promotion of humanitarian principles.

Movement components met regularly to coordinate their efforts and avoid duplication. In Burkina Faso, a National Society-organized workshop convened Movement partners to discuss contingency plans with regard to potentially increasing humanitarian needs in the country arising from the Malian conflict.

ANTANANARIVO (regional)

COVERING: Comoros, Madagascar, Mauritius, Seychelles



 ICRC regional delegation

EXPENDITURE (IN KCHF)

Protection	660
Assistance	1,174
Prevention	308
Cooperation with National Societies	605
General	-

► **2,748**

of which: Overheads 168

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Expatriates	6
National staff (daily workers not included)	18

KEY POINTS

In 2012, the ICRC:

- based on a report submitted following its visits to detainees in 12 central prisons in 2011, engaged with Madagascar's authorities to identify ways of bringing detention conditions in line with internationally recognized standards
- lent expertise to Madagascar's technical committees on respect for judicial guarantees and detainee health to help them manage inmates' case files and improve the quality of prison health care services
- in Madagascar, helped improve the nutritional health of some 1,000 malnourished detainees by providing them with high-energy food rations and, when necessary, facilitating their access to medical treatment
- helped the Malagasy penitentiary authorities take responsibility for a nutrition surveillance system
- assisted the region's National Societies in developing their capacities, notably in emergency preparedness/response, first aid and IHL promotion, while familiarizing themselves with the Safer Access approach
- with the relevant authorities, organized 2 train-the-trainer courses for the Malagasy police and *gendarmérie* to help them better understand/teach internationally recognized standards relating to maintaining law and order

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 also raises awareness of IHL, international human rights law and the ICRC's mandate among the authorities and armed and security forces. It supports the activities of the region's National Societies, while helping boost their capacities.

CONTEXT

Madagascar's political crisis remained unresolved although multi-lateral efforts, including those under the auspices of the Southern African Development Community, to implement a road map agreed upon in September 2011 between the transitional government and the opposition continued. Presidential and legislative elections were planned for July and September 2013, respectively.

The state of Madagascar's economy continued to exacerbate the country's already chronic poverty, while financial support from main international donors remained frozen.

The rest of the region was politically stable. In the Comoros, the *refoulement* of Comorian migrants from Mayotte Island drew international attention.

The governments of the Comoros and Madagascar dealt with the humanitarian consequences of natural disasters.

ICRC ACTION AND RESULTS

The ICRC focused its work in the region on three main areas: structural support to the prison administration in Madagascar and, on a smaller scale, in the Comoros and, when requested, the provision of assistance to detainees as necessary; the promotion of IHL and other relevant bodies of law; and support to the region's National Societies in strengthening their emergency services.

ICRC delegates visited detainees in the Comoros and Madagascar to monitor their treatment and living conditions and respect for their judicial guarantees. In Madagascar, security detainees received individual follow-up, while other vulnerable inmates were paid special attention. Following such visits, the ICRC shared confidential feedback and any recommendations for improvements with the relevant authorities.

As part of its efforts to support penitentiary reform in Madagascar, the ICRC discussed with the relevant authorities the substance of a report submitted following visits undertaken in 2011, which provided an overview of the situation in 12 central prisons and made recommendations for specific improvements. The ICRC also worked with two technical committees, formed in 2011, on respect for judicial guarantees and on detainee health respectively. The committee on respect for judicial guarantees worked to improve respect for detainees' rights, including by providing technical guidance to the prison authorities on the management of hundreds of inmates' case files, helping expedite the judicial

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		4	UAMs/SCs*	
RCMs distributed		11		
Phone calls facilitated between family members		27		
Reunifications, transfers and repatriations				
People reunited with their families		2		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		4	Women	Minors
People located (tracing cases closed positively)		4		
Tracing cases still being handled at the end of the reporting period (people)		1	1	
UAMs/SCs*, including unaccompanied demobilized child soldiers				
UAMs/SCs newly registered by the ICRC/National Society		2	Girls	Demobilized children
UAMs/SCs reunited with their families by the ICRC/National Society		2		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
ICRC visits				
Detainees visited		10,491	Women	Minors
Detainees visited and monitored individually		27		
Detainees newly registered		17		
Number of visits carried out		38		
Number of places of detention visited		18		
Restoring family links				
RCMs collected		17		
RCMs distributed		2		
Phone calls made to families to inform them of the whereabouts of a detained relative		22		
Detainees visited by their relatives with ICRC/National Society support		1		
People to whom a detention attestation was issued		3		

* Unaccompanied minors/separated children 1. Comoros, Madagascar

process. For its part, the committee on detainee health worked to implement a national prison health charter, adopted in 2011, outlining policies and guidelines. Encouraged by the launch, at the ICRC's suggestion, of a nutrition surveillance system covering all central prisons, the penitentiary administration continued to work on a programme to deal with acute malnutrition and drafted an implementation framework in this regard.

Meanwhile, the ICRC stepped in to assist the Malagasy penitentiary administration in meeting detainees' emergency needs. It provided high-energy food rations to malnourished detainees in selected places of detention, while enabling the more serious cases to receive the necessary medical care, including treatment outside prison. These efforts led to a decrease in malnutrition and related mortality rates in most of the concerned prisons. The ICRC also helped improve inmates' health and sanitation conditions, including through vector-control campaigns carried out with the Health Ministry and the Pasteur Institute. The refurbishment of infrastructure in selected detention facilities contributed to better living conditions for inmates. Detainees in one prison in the Comoros benefited from similar improvements carried out with the National Society.

Towards year-end, as a result of mobilization efforts, the penitentiary administration, an NGO dealing with detention issues and the ICRC drew up plans to provide assistance to malnourished detainees in additional detention facilities.

The ICRC continued to provide financial and technical support to the region's National Societies in developing their capacities to carry out their core activities effectively, particularly in the areas of emergency preparedness/response, first aid and the promotion of IHL and the Movement. Regular meetings were held with the National Societies and other Movement partners to coordinate activities.

To keep them informed of and garner support for Movement operations, the ICRC held discussions with the authorities, armed/security/police forces, representatives of regional and international organizations, UN agencies and the media. Such contacts also served to encourage the relevant authorities to ratify or implement IHL treaties. Discussions with the Malagasy police and *gendarmérie* training commands aimed to advance the integration of relevant international law into their training curricula.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Anjouan and Moroni prisons in the Comoros and more than half of Madagascar's prison population received visits from ICRC delegates, carried out according to the organization's standard procedures, to monitor their treatment and living conditions and respect for their judicial guarantees. In Madagascar, detainees, including those held for State security reasons, were individually followed up, while vulnerable inmates, including women, children, the elderly and foreigners, received special attention. Following such visits, the authorities were provided with confidential feedback and, where relevant, recommendations for improvements. As necessary, detainees remained in touch or restored contact with relatives through RCMs/phone calls.

Inmates in Madagascar benefit from long- and short-term efforts to improve their detention conditions

The Malagasy penitentiary administration often lacked the resources to address overcrowding and its consequences. It received ICRC support in finding lasting solutions to structural deficiencies in the prison system, to meet detainees' emergency needs and to help it boost its capacities to mobilize national/international support.

As a step towards tackling detention-related issues, the president of the High Transitional Authority, the prime minister, the justice minister and the penitentiary authorities received and

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 ²	Beneficiaries	976		
Essential household items ²	Beneficiaries	497		
Cash	Beneficiaries	595		
Water and habitat activities	Beneficiaries	6,659		

1. Comoros, Madagascar

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

discussed an ICRC report concerning visits the organization carried out in 2011. The report provided an overview of detainees' situation in 12 central prisons and made specific recommendations for improvements, including on the organization of the penitentiary administration, detainee living conditions and treatment, and respect for judicial guarantees. At a round-table in October, 14 regional prison directors discussed detention-related issues, including hygiene, prevention and treatment of malnutrition and the proper management of security incidents by prison staff, and developed recommendations to remedy these. Meanwhile, the ICRC submitted an offer to support the national prison administration school in raising awareness of internationally recognized detention standards among future penitentiary officials.

In advancing penitentiary reform, the relevant authorities drew on ICRC expertise. The two technical committees formed in 2011 – on respect for judicial guarantees and health issues – continued to meet, bringing together the prison administration and the judiciary and the medical sector, respectively, with the ICRC facilitating coordination and discussions.

The committee on respect for judicial guarantees issued recommendations concerning the penitentiary administration and judiciary. It adopted measures aimed at improving respect for and awareness of detainees' rights, including the rights to apply for bail and parole and for their cases to be heard within a reasonable time, thereby also helping ease prison overcrowding. It provided technical guidance to the prison authorities on the management of inmates' case files and helped resolve hundreds of individual cases, bringing any irregularities to light and thus expediting the judicial process. Furthermore, a working group on judicial guarantees, composed of NGO representatives dealing with detention issues, met regularly to share information and good practices. The legal offices of 11 central prisons received office materials/equipment to enhance their working conditions.

The committee on detainee health met 21 times during the year. It worked to implement a national prison health charter outlining policies and guidelines, adopted in 2011. In particular, it took steps to improve the management of TB cases at the Antanimora and

Tsiafahy prisons. This led to the signing of an agreement between the Health and Justice Ministries and the ICRC to launch a project to enhance the quality of health care in these detention facilities. Following the restoration by decree of prison medical services, the committee deployed medical staff to detention facilities lacking such personnel. These initiatives helped improve detainees' access to adequate health care.

In October, the Justice Ministry appointed a person to manage a nutrition surveillance system, established at the ICRC's suggestion, covering all 41 Malagasy central prisons. This system aimed to gather data on the nutrition status of the detainees in each prison and monitor acute malnutrition among them. With technical support, medical personnel in the detention facilities concerned developed a framework for when and how to run a nutritional intervention and drafted a model menu for balanced meals.

Detainees' health and sanitation conditions improve

To help boost their nutritional health, some 1,000 malnourished detainees in nine Malagasy detention facilities received high-energy food rations in the form of a "marmite", or cooking pot, containing rice, beans, oil and salt. The more serious cases received medical attention in 11 prison infirmaries supplied with drugs and medical materials. Ten detainees benefited from specialized medical treatment outside their detention facility. These efforts, combined with careful supervision of the distribution of the "marmites", led to a decrease in malnutrition and related mortality rates in most of the prisons covered. As confirmed by a review in October of the ICRC's nutritional-support activities in Madagascar's prisons, the overall malnutrition rates among inmates decreased from 30% in 2011 to 10–20% in 2012. Progressively, the penitentiary administration took over responsibility for supplying high-energy food rations to detainees in three prisons. However, more resources were needed to extend such activities to other places of detention and ensure the sustainability of efforts.

To enhance their health and sanitation conditions, detainees received soap, cleaning products and rubbish bins. Some 6,500 inmates saw their general conditions improve: 6,300 detainees benefited from disinfection and vector-control campaigns conducted

PEOPLE DEPRIVED OF THEIR FREEDOM	COMOROS	MADAGASCAR
ICRC visits		
Detainees visited	211	10,280
Detainees visited and monitored individually		27
Detainees newly registered		17
Number of visits carried out	4	34
Number of places of detention visited	2	16
Restoring family links		
RCMs collected		17
RCMs distributed		2
Phone calls made to families to inform them of the whereabouts of a detained relative	3	19
Detainees visited by their relatives with ICRC/National Society support		1
People to whom a detention attestation was issued	2	1

in 10 facilities; 5,300 faced fewer health risks following pest- and rat-control campaigns carried out in seven prisons by the Health Ministry, Pasteur Institute and the ICRC; living conditions improved for some 4,900 inmates following the refurbishment of infrastructure in seven places of detention, including a kitchen and sanitation facilities in the country's main prison. To help ensure sustainability, 80 trainees, including prison staff and inmates, learnt how to inspect and control rodent infestation.

Towards year-end, as a result of mobilization efforts, the penitentiary administration, an NGO dealing with detention issues and the ICRC agreed to take over an emergency nutritional programme previously supported by an international medical NGO, to be implemented in up to 16 other detention facilities with ICRC financial, material and technical support. By end-2012, 595 detainees benefited from the programme. Meanwhile, with the authorities' consent, members of the diplomatic community and international/regional organizations received updates on the situation in Malagasy prisons in a bid to rally their support.

Detainees in the Comoros enjoy a healthier environment

Inmates in Moroni prison benefited from improvements to their hygiene and living conditions carried out by the National Society and the ICRC. These included a pest-control campaign and the refurbishment of the women's quarter, the roofs of all cells and an infirmary, which also received medical supplies. Work on the prison water supply's connection to the city water network improved detainees' access to safe drinking water.

Drawing on ICRC recommendations, the relevant authorities drafted a decree to establish a new national penitentiary administration and appointed a reference doctor and a clerk for Moroni prison. Both appointees benefited from the necessary office equipment to start functioning. At a ten-day training course organized with the Malagasy prison administration, the clerk learnt more about the tasks in hand and the working procedures of prison legal offices. Meanwhile, the ICRC pursued efforts to mobilize other relevant actors to help enhance medical care for detainees.

AUTHORITIES

Dialogue with the Malagasy authorities focused on the joint efforts of the penitentiary authorities and the ICRC to improve detainees' living conditions (see *People deprived of their freedom*) and on enhancing law enforcers' understanding of humanitarian principles, IHL/international human rights law and the Movement (see *Armed forces and other bearers of weapons*).

In the Comoros, the national IHL committee and the Comoros Red Crescent continued to receive support to help them promote widespread understanding of IHL.

Efforts to promote the ratification and/or implementation of IHL treaties, notably the Convention on Cluster Munitions, continued. Drawing on ICRC expertise, the Malagasy national IHL committee drafted a bill on the use and protection of the emblem, while waiting for the legislative branch to resume IHL implementation activities.

Senior officials from the region's national IHL committees exchanged ideas and shared good practices at the 12th regional IHL seminar in South Africa (see *Pretoria*).

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Efforts to ensure respect for civilians among the armed, security and police forces in the event of unrest and to garner support for the Movement's activities continued. To that end, some 100 Malagasy police and *gendarmerie* officers and instructors enhanced their knowledge of humanitarian principles, IHL/international human rights law and the Movement during briefings held in coordination with the authorities. For staffing-related reasons, such activities were carried out in Madagascar only.

Discussions with the Malagasy police and *gendarmerie* training commands aimed to advance the integration of relevant international law into their training curricula. This led to the first draft of a memorandum of understanding between the national police and the ICRC at year-end. Meanwhile, police and *gendarmerie* instructors underwent two week-long train-the-trainer courses to better understand and teach internationally recognized standards relating to the maintenance of law and order, in particular best practices in the use of force and firearms.

Sixty Malagasy armed forces officers deepened their IHL knowledge at a week-long course on the subject held at their military academy.

RED CROSS AND RED CRESCENT MOVEMENT

With financial and technical support, the region's National Societies continued to develop their capacities to carry out their core activities effectively, particularly in the areas of emergency preparedness/response, first aid and the promotion of IHL and the Movement. Notably, the Malagasy Red Cross Society and the Comoros Red Crescent trained 248 and 53 volunteers respectively in first aid, and 103 Malagasy first-aiders familiarized themselves with the Safer Access approach. Such support and training facilitated an adequate response by the National Societies to the needs of victims affected by severe floods in the Comoros and by cyclones in Madagascar. Furthermore, the Malagasy Red Cross organized a workshop to update its contingency plan.

The region's National Societies organized activities for the wider public on World Red Cross and Red Crescent Day (8 May), while the Mauritius Red Cross Society and the Seychelles Red Cross Society promoted IHL and humanitarian principles among academic circles. In particular, the Mauritian Red Cross and the national IHL committee organized an IHL essay competition for 210 students from 29 schools and universities, and invited the ICRC to participate in the prize-giving ceremony.

Meetings with the National Societies and other Movement partners provided opportunities to discuss topics of concern and facilitated coordination of activities.

PEOPLE DEPRIVED OF THEIR FREEDOM		COMOROS	MADAGASCAR
Economic security, water and habitat			
Food commodities ¹	Beneficiaries		976
Essential household items ¹	Beneficiaries	211	286
Cash	Beneficiaries		595
Water and habitat activities	Beneficiaries	141	6,518

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

DAKAR (regional)

COVERING: Cape Verde, Gambia, Guinea-Bissau, Senegal



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

EXPENDITURE (IN KCHF)

Protection	1,465
Assistance	6,217
Prevention	2,130
Cooperation with National Societies	1,463
General	-

▶ **11,275**

of which: Overheads 656

IMPLEMENTATION RATE

Expenditure/yearly budget	108%
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PERSONNEL

Expatriates	23
National staff (daily workers not included)	143

KEY POINTS

In 2012, the ICRC:

- ▶ acting as a neutral intermediary, facilitated the safe transfer home of 8 Senegalese nationals it had visited during the year, after their release by a faction of the Mouvement des Forces Démocratiques de Casamance
- ▶ visited 43 people detained in Guinea-Bissau after an alleged coup attempt in 2011 and the military takeover in 2012, all held in places of detention accessed for the first time
- ▶ together with the National Society, provided over 37,800 people in Senegal suffering the effects of a regionwide food crisis with seed and food, thus helping them restore their livelihoods and meet their immediate needs
- ▶ supported 10 community health centres serving over 44,600 people in Casamance and Guinea-Bissau, enabling them to provide quality preventive, ante/post-natal and curative care and to refer patients as needed
- ▶ provided the Senegalese Red Cross with financial, material and logistical support in formulating and implementing its contingency plans for the presidential elections, thus helping them maintain adequate first-aid coverage
- ▶ in partnership with the Senegalese Red Cross and armed forces and a coalition of NGOs, organized a conference for over 100 representatives of civil society dealing with the issues covered by the Health Care in Danger project

The ICRC opened a regional delegation in Dakar in 1989, although it had already worked in the region for some years. It focuses on promoting IHL among the armed forces and other weapon bearers and on encouraging implementation of that law by the authorities throughout the region. It also supports the activities of the National Societies, assists people affected by armed conflict and other situations of violence in Casamance, Senegal, and in Guinea-Bissau, and visits detainees of ICRC concern, providing them with material aid where necessary.

CONTEXT

The capture by a faction of the Mouvement des Forces Démocratiques de Casamance (MFDC) of eight Senegalese nationals, including six soldiers, at the end of 2011 prompted over two months of military operations, during which over 150 people were displaced within the country and more than 650 sought refuge in Gambia. In otherwise abandoned villages, some homes were looted. The fighting subsided in the second half of the year as the newly elected Senegalese government and the MFDC established contact; the captives were released in December. While the calm allowed several dozen IDPs/refugees to return, most stayed away as landmines remained widespread. Both Casamance and Gambia felt the effects of a regionwide food crisis.

In Guinea-Bissau, the election of a new president was interrupted by a military takeover in April. The Economic Community of West African States (ECOWAS) deployed a force to monitor a 12-month transition period. At year-end, major players in the international community were still refusing to recognize the transitional government, although it had restored parliament and the electoral commission. The international impasse had economic consequences for a population long-challenged by the effects of political instability.

ICRC ACTION AND RESULTS

In 2012, the Dakar delegation pursued efforts to protect and assist people made vulnerable by conflict or other situations of violence across the region. Working with the National Societies whenever possible, the ICRC helped them build their capacities to respond to national and cross-border emergencies, deliver family-links services, conduct health initiatives and promote humanitarian principles. Together, they endeavoured to gain the support of the authorities, weapon bearers and other influential actors for IHL/humanitarian principles and for safe Movement operations.

Given the intensification of the fighting in the Casamance region of Senegal (hereafter Casamance), ICRC delegates reminded all the parties involved of their obligations under IHL, particularly the respect due to those not or no longer participating in the fighting. Delegates documented abuses against civilians and, where necessary, made representations to the alleged perpetrators to prevent reoccurrence. Regular contact with civil and military authorities and MFDC field commanders helped ensure that emergency assistance could reach IDPs, refugees and others affected by the fighting/food crisis. With ICRC support, weapon-wounded people received first aid and urgent medical/surgical treatment.

Main figures and indicators	PROTECTION		Total
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages (RCMs)		UAMs/SCs*	
RCMs collected	42	2	
RCMs distributed	19	2	
Phone calls facilitated between family members	113		
Reunifications, transfers and repatriations¹			
People reunited with their families	738		
Tracing requests, including cases of missing persons		Women	Minors
People for whom a tracing request was newly registered	13	5	5
People located (tracing cases closed positively)	5		
Tracing cases still being handled at the end of the reporting period (people)	24	4	4
UAMs/SCs*, including unaccompanied demobilized child soldiers		Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society	4		
UAMs/SCs reunited with their families by the ICRC/National Society	4		
Documents			
People to whom travel documents were issued	4		
Official documents relayed between family members across borders/front lines	1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)²			
ICRC visits		Women	Minors
Detainees visited	3,905		
Detainees visited and monitored individually	98	2	1
Detainees newly registered	54		1
Number of visits carried out	45		
Number of places of detention visited	18		
Restoring family links			
RCMs collected	37		
RCMs distributed	35		
Phone calls made to families to inform them of the whereabouts of a detained relative ¹	139		
Detainees visited by their relatives with ICRC/National Society support ³	5		
Detainees released and transferred/repatriated by/via the ICRC ¹	8		

* Unaccompanied minors/separated children 1. Senegal 2. Gambia, Guinea-Bissau, Senegal 3. Gambia and Senegal

Delegates visited detainees arrested in relation to the Casamance conflict and Guinea-Bissau's political instability, sharing feedback and recommendations confidentially with the authorities. After the release of the Senegalese nationals held by the MFDC, the ICRC, acting as a neutral intermediary, facilitated their safe transfer home. It stepped in to support the Senegalese authorities in addressing the urgent health risks posed by dilapidated prison water/sanitation infrastructure and discussed with them longer-term solutions to overcrowding. As the organization had not succeeded in regaining access to detainees in Gambia, it closed its Banjul mission and pursued its activities for the country from Dakar.

Detainees maintained contact with relatives through Movement family-links services. These services were also made available to family members dispersed by conflict or other circumstances, particularly migrants and children.

In Casamance and north-west Guinea-Bissau, National Society/ICRC teams helped conflict- and drought-affected communities, including IDPs, refugees and returnees, to cope with economic insecurity. Returnees in Casamance repaired/rebuilt their homes with ICRC-provided materials. Farmers, including many women providing for households, received seed to replenish diminished stocks or to diversify their crops, cereal mills to reduce their workload and oxcarts to facilitate market access. Stockbreeders maintained healthy herds thanks to ICRC-supported animal vaccination programmes. IDPs/mine victims set up small businesses to boost their income.

To reduce the population's exposure to water-borne and related diseases in Casamance, Gambia and north-west Guinea-Bissau, the National Society/ICRC built/upgraded water and sanitation facilities and worked with local cooperatives and water boards to ensure their continued maintenance. In line with disease prevention, many people, particularly women and children, received vaccinations against polio and meningitis. Through National Society dissemination activities, others learnt how to protect themselves from sexually transmitted diseases.

Although security constraints hampered the health authorities' ability to deliver quality services in Casamance and north-west Guinea-Bissau, the population accessed government-approved standards of care at ICRC-supported primary health facilities. In Guinea-Bissau, where needs were greatest, the Health Ministry and the ICRC cooperated to renovate health structures, including the São Domingos health centre and Bissau's physical rehabilitation centre, where patients received limb-fitting and/or physiotherapy services.

The ICRC maintained contact with influential representatives of civil society to stimulate interest in humanitarian issues, coordinate activities and foster support for IHL and Movement activities, hosting events at its IHL documentation centre. To arouse interest in the study and teaching of IHL, it conducted presentations and developed contacts within academic circles. The ICRC contributed legal expertise and training support and conducted briefings to advance the ratification/implementation of IHL treaties and the further integration of IHL/international human rights law into the training, doctrine and operations of the region's armed/security forces.

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	27,484	35%	41%
	<i>of whom IDPs</i>	275		
Essential household items	Beneficiaries	1,892	7%	64%
	<i>of whom IDPs</i>	208		
Productive inputs	Beneficiaries	39,788	37%	40%
	<i>of whom IDPs</i>	398		
Cash	Beneficiaries	18	50%	
	<i>of whom IDPs</i>	18		
Work, services and training ²	Beneficiaries	1,965	55%	27%
Water and habitat activities	Beneficiaries	38,132	25%	50%
	<i>of whom IDPs</i>	320		
Health³				
Health centres supported	Structures	10		
Average catchment population		65,697		
Consultations	Patients	18,292		
	<i>of which curative</i>		2,032	6,629
	<i>of which ante/post-natal</i>		4,020	
Immunizations	Doses	26,327		
	<i>of which for children aged five or under</i>	25,313		
Referrals to a second level of care	Patients	140		
Health education	Sessions	500		
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 ¹	Beneficiaries	8		
Essential household items	Beneficiaries	687		
Water and habitat activities	Beneficiaries	659		
WOUNDED AND SICK				
Hospitals⁴				
Patients whose hospital treatment has been paid for by the ICRC	Patients	8		
Physical rehabilitation⁵				
Centres supported	Structures	1		
Patients receiving services	Patients	631	228	109
New patients fitted with prostheses	Patients	27	4	1
Prostheses delivered	Units	28	4	2
	<i>of which for victims of mines or explosive remnants of war</i>	21		
New patients fitted with orthoses	Patients	8	1	4
Orthoses delivered	Units	9	1	7
	<i>of which for victims of mines or explosive remnants of war</i>			
Number of patients receiving physiotherapy	Patients	536	216	91
Crutches delivered	Units	40		

1. Gambia, Guinea-Bissau, Senegal

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

3. Guinea-Bissau, Senegal 4. Senegal 5. Guinea-Bissau

CIVILIANS

The intensification of armed confrontations in Casamance early in the year restricted civilian and humanitarian movement, preventing a planned assessment of the threat posed by mines/explosive remnants of war and the subsequent work of ordnance-clearing actors. The parties involved in the confrontations were reminded of their responsibility to protect those not or no longer participating in the fighting. Where possible, ICRC delegates in the field documented alleged threats/abuses towards the civilian population; subsequent oral or written representations to the alleged perpetrators aimed to encourage them to take preventive/corrective measures.

Once their needs had been assessed, direct victims of the conflict and the ongoing food crisis were better able to cope after receiving some form of assistance from National Society/ICRC teams. To help them provide effective emergency and livelihood support, National Society volunteers in Casamance, Guinea-Bissau and Gambia enhanced their technical knowledge in relation to needs assessment and project management, including in water and sanitation activities.

IDPs and residents receive relief and livelihood support

Around 160 people (20 households) newly displaced in the Fogy region of Casamance met their immediate needs with two-month food rations and household essentials. Among those who were able to return to their homes, about 610 people rebuilt/repared their wrecked/looted houses with ICRC-provided materials. Other vulnerable people, such as a few families whose homes had been damaged by winds/fire, received household essentials, while a mine victim received bedding.

Some 37,800 drought-affected villagers (3,721 households) bolstered their economic security with the help of four-month food rations and/or seed. During post-distribution monitoring, they provided positive feedback, particularly regarding the seed received, which had replenished their diminished stocks. In five villages, 25 families received taro and peanut seed to diversify their crops. Farmers continued to benefit from ICRC-donated cereal mills and oxcarts: communities which had received them in 2010/2011 reviewed their progress with ICRC specialists; 850 people in

two further communities received mills; and 25 families received oxcarts. The mills reduced the farmers' workload, while the carts facilitated the transport of produce to markets. Some 1,300 women heading households, organized in 15 associations in Casamance and 9 in Guinea-Bissau, including 143 women heading households (1,725 people) in two newly assisted communities in Casamance, pursued market garden activities with the help of seed, advice and, for 437 people, improved irrigation from three upgraded wells. At year-end, Senegal's agricultural services took over responsibility for supporting the 37 market gardens set up since 2005.

Herding families gained from the improved health and market value of their animals, which were vaccinated against common diseases with ICRC backing. In Senegal, two ICRC-supported auxiliary veterinarians took part in a nationwide animal vaccination campaign attended by hundreds of pastoralists, providing for 25,000 people. In Guinea-Bissau, 5 auxiliary veterinarians and 2 assistants from government livestock services, trained by the ICRC, vaccinated more than 4,000 animals, benefiting around 15,000 people.

A review found that 16 households (120 people) in Senegal, including IDPs and mine victims, continued to run income-generating projects among the 21 households that set up projects in 2010/2011. Twelve households initiated new projects. To build on their results and help ensure such initiatives weathered the long term, 18 heads of household developed their business management skills during training.

Rural communities enjoy healthier living conditions

In Casamance, Gambia and north-west Guinea-Bissau, work carried out by community members, cooperatives and water authorities alongside the National Societies/ICRC improved hygiene and access to water and sanitation. Around 3,550 people in Casamance, 2,020 people in Guinea-Bissau and 320 Senegalese refugees in Gambia used latrines constructed in their schools/homes, while nearly 2,800 people in Casamance and 2,450 in Guinea-Bissau accessed clean water from new/repaired water points. To contribute to the projects' sustainability, local hand-pump technicians received training conducted in cooperation with the water boards, while trained/equipped volunteers promoted good hygiene

CIVILIANS		GAMBIA	GUINEA-BISSAU	SENEGAL ¹
Economic security, water and habitat				
Food commodities	Beneficiaries			27,484
	<i>of whom IDPs</i>			275
Essential household items	Beneficiaries			1,892
	<i>of whom IDPs</i>			208
Productive inputs	Beneficiaries		35	39,753
Cash	Beneficiaries			18
Work, services and training ¹	Beneficiaries		150	1,815
Water and habitat activities	Beneficiaries	320	11,000	26,812
	<i>of whom IDPs</i>	320		
Health				
Health centres supported	Structures		3	7
Average catchment population			53,837	11,680
Consultations	Patients		9,208	9,084
	<i>of which curative</i>		6,238	8,034
	<i>of which ante/post-natal</i>		2,970	1,050
Immunizations	Doses		20,917	5,410
	<i>of which for children aged five or under</i>		20,095	5,218
Referrals to a second level of care	Patients		66	74
Health education	Sessions		407	93

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

CIVILIANS		GAMBIA	GUINEA-BISSAU	SENEGAL
Red Cross messages (RCMs)				
RCMs collected		8	1	33
	<i>including from UAMs/SCs*</i>			2
RCMs distributed		6	1	12
	<i>including from UAMs/SCs*</i>			2
Phone calls facilitated between family members				113
Reunifications, transfers and repatriations				
People reunited with their families				738
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		3	2	8
	<i>of whom women</i>	2	1	2
	<i>of whom minors at the time of disappearance</i>	1	1	3
People located (tracing cases closed positively)		3		2
Tracing cases still being handled at the end of the reporting period (people)		9	4	11
	<i>of whom women</i>		2	2
	<i>of whom minors at the time of disappearance</i>		1	3
UAMs/SCs*, including unaccompanied demobilized child soldiers				
UAMs/SCs newly registered by the ICRC/National Society				4
UAMs/SCs reunited with their families by the ICRC/National Society				4
Documents				
People to whom travel documents were issued				4
Official documents relayed between family members across borders/front lines				1

* Unaccompanied minors/separated children

practices among close to 17,400 schoolchildren in Casamance and Guinea-Bissau. In Casamance, the water boards and the ICRC coordinated/cooperated on maintenance works, including on the creation of a regional supply chain for spare parts, and the training of staff. Cholera-response initiatives were undertaken by other humanitarian actors present in the most-affected areas.

Security/resource constraints hampered the delivery of quality services by health authorities in Casamance and north-west Guinea-Bissau. Nonetheless, more than 44,600 people accessed government-approved standards of preventive, curative and ante/post-natal care, including vaccination and family-planning guidance, at seven ICRC-supported primary health facilities in Casamance and three in north-west Guinea-Bissau, where ICRC health staff worked alongside centre personnel to boost their capacities. In Guinea-Bissau, where needs were greatest, the Health Ministry and the ICRC signed a cooperation agreement covering the three supported facilities, including the São Domingos health centre, all of which underwent renovation/rehabilitation to improve the level of care provided. In Casamance, infrastructural work was carried out with the Senegalese Health Ministry on 9 National Society health posts. One post also received equipment.

Support to national vaccination campaigns facilitated the administration of, among others, over 9,000 doses of polio vaccine in Guinea-Bissau and Senegal. In parallel, more than 30,000 people, including nearly 18,000 women, learnt how to protect themselves from sexually transmitted diseases, including HIV/AIDS, through over 400 education sessions conducted by a network of trained community workers/National Society volunteers. In Dakar, the National Society provided such briefings and screening services for female migrants.

Dispersed family members re-establish contact

Regionwide, relatives, including unaccompanied minors, dispersed by conflict, migration or other circumstances received help from the National Societies/ICRC to restore/maintain contact, reunite or obtain identity papers. Over 760 children rejoined their families through ICRC-supported National Society family-links services after becoming separated from them, including during crowded religious/festive events. Some unaccompanied children and vulnerable migrants had the costs of their travel home or to rejoin their families covered by the ICRC. To enhance their capacities, some 60 National Society volunteers completed training in family-links techniques, including some who attended a regional workshop on the subject (see *Abidjan*). In Casamance, trained volunteers formed

a network of family-links focal points which, with the help of 10 ICRC-donated bicycles, speeded up the distribution of RCMs.

With the approval of their teachers, who received first-aid training, the National Society/ICRC assessed the needs of foreign children separated from their families while studying in Senegal, with a view to informing a future Red Cross response. In the meantime, the schools received 1,500 blankets and mats to improve the children's conditions. A similar assessment was conducted for the families of missing migrants. An association of such families received materials to facilitate their research and boost their organizational capacities. With ICRC support, they hosted a commemorative event for their missing relatives on the occasion of the International Day of the Disappeared. Similar work was planned for the families of the missing in Casamance.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Guinea-Bissau and Senegal received visits from the ICRC according to its standard procedures to monitor their treatment and living conditions. In Guinea-Bissau, they included 43 individuals arrested following an alleged coup attempt in 2011 and the military takeover in 2012, such as the interim president and prime minister, all held in places of detention accessed by the ICRC for the first time. In Senegal, they included 8 people held by an MFDC faction who, following their release at year-end, returned home thanks to the ICRC acting as neutral intermediary. Feedback was shared confidentially with the authorities. Despite efforts to engage in dialogue with the Gambian authorities aimed at resuming visits to detainees, suspended since 2006, no agreement was reached.

During visits, detainees made use of family-links services to restore/maintain contact with their families or, in the case of foreigners, to notify their consular representatives of their detention. Among them were three former MFDC weapon bearers detained in Gambia, who received ICRC-supported visits from family members from Casamance.

At a round-table in Senegal, high-level government and *gendarmarie* representatives and the ICRC discussed prison overcrowding and the related importance of respect for judicial guarantees. The meeting's outcomes were presented to local and central authorities to encourage improvements to the judicial system.

In prisons in Casamance and Guinea-Bissau, the detaining authorities received support to improve living conditions. Over 550 inmates in three prisons in Casamance had better sanitation

PEOPLE DEPRIVED OF THEIR FREEDOM	GAMBIA	GUINEA-BISSAU	SENEGAL	MFDC
ICRC visits				
Detainees visited		355	3,535	15
Detainees visited and monitored individually		43	47	8
			2	
			1	
Detainees newly registered		25	21	8
			1	
Number of visits carried out		18	15	12
Number of places of detention visited		9	7	2
Restoring family links				
RCMs collected		2	12	23
RCMs distributed		1	11	23
Phone calls made to families to inform them of the whereabouts of a detained relative			59	80
Detainees visited by their relatives with ICRC/National Society support	4		1	
Detainees released and transferred/repatriated by/via the ICRC				8

following the completion of rehabilitation works begun by the ICRC in 2011. Another 100 detainees in a prison and a police station in Guinea-Bissau benefited from similar upgrades, thus reducing their exposure to health risks. Some 490 detainees in 3 prisons in Casamance and 170 detainees in 5 places of detention in Guinea-Bissau received hygiene kits, bedding and other items. Detainees held by the MFDC received blankets, hygiene items, and/or food to supplement their meals.

WOUNDED AND SICK

Weapon-wounded people obtained appropriate care with the ICRC's help. In Casamance, weapon bearers received first aid thanks to regularly and directly supplied medical materials. At the regional hospital, eight people wounded in the armed conflict or other violence had urgent medical/surgical treatment performed; among them, four amputees were referred for physical rehabilitation in Bissau, where the ICRC covered their costs. During the election period, over 150 wounded people were administered first aid by ICRC-trained/equipped Senegalese Red Cross volunteers.

In Guinea-Bissau, the Health Ministry and the ICRC signed an agreement on the running of Bissau's physical rehabilitation centre. Despite a short interruption in April owing to the political situation (see *Context*), the centre operated with the ICRC's technical, supervisory and financial backing, allowing more than 630 patients to receive limb-fitting and/or physiotherapy services, including 28 patients who were fitted with prostheses and 9 with orthoses. Two ICRC-sponsored students concluded the first of a three-year degree in prosthetics/orthotics in Togo, helping build national capacities in the field.

AUTHORITIES

National and local authorities, diplomats, humanitarian actors and the ICRC discussed humanitarian and security concerns in various briefings/forums, primarily relating to the armed confrontations in Casamance, the political instability in Guinea-Bissau and the needs of the Sahel population. Such dialogue provided opportunities to remind authorities of their responsibilities to safeguard the population's rights, and to increase support for IHL and neutral, impartial and independent Movement action. In particular, it enabled the ICRC to clarify its role following the release of Senegalese nationals detained by the MFDC (see *People deprived of their freedom*).

Gambia, Guinea-Bissau and Senegal sent representatives to an ECOWAS/ICRC regional seminar (see *Nigeria*), who brought back recommendations for the countries working towards IHL implementation. The meeting of the African Commission on Human and Peoples' Rights in Banjul provided an opportunity to stress the importance of ratifying the African Union Convention on IDPs. Senegal signed this instrument.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Dialogue with Senegalese military commanders and representatives of MFDC factions helped deepen understanding of IHL/international human rights law and foster awareness of the Movement's distinct humanitarian role. As a result, military field units participated in briefings on the use of force; a system of

notifying weapon bearers of the National Society's/ICRC's presence ensured safe access to vulnerable people; and MFDC factions allowed the ICRC access to detainees in their hands (see *People deprived of their freedom*). Those preparing to deploy on peace-keeping operations also received briefings.

Acting on a directive to integrate IHL into military training curricula, Senegal's command appointed an IHL liaison officer and commented on the ICRC-reviewed soldiers' handbook. To support integration efforts and enhance regional expertise, senior officers attended a seminar in San Remo and the Senior Workshop on International Rules Governing Military Operations (see *International law and cooperation*). Eighteen trainers attended additional courses in IHL, enlarging the pool of IHL instructors. Meanwhile, military/*gendarmerie* officers, including some at the *gendarmerie* school in Dakar, took part in training courses dealing with the use of force in law enforcement and child protection.

In Gambia, the military's IHL committee worked on the draft of a renewed agreement on IHL training by the ICRC and first-aid training by the National Society, which also proposed renewing a similar agreement with the Gambian police.

CIVIL SOCIETY

National and international media in Dakar, a hub for humanitarian diplomacy, contributed to awareness of humanitarian concerns and the Movement's activities, particularly in Casamance. Journalists produced accurate coverage thanks to field trips and ICRC materials and interviews, as well as their participation in a workshop co-organized by the ICRC with a professional association. Their efforts helped promote respect for National Society/ICRC staff, particularly during evacuation of the wounded. Red Cross participation in community radio shows facilitated direct dialogue with victims of the conflict, who could call in about their concerns.

Senegalese religious leaders and the ICRC were in regular contact, fostering support for the ICRC's activities and building sustained relations with political/religious associations. Representatives of religious and media circles discussed the perspective of Islam on protecting and assisting victims of armed conflict at a seminar on the topic co-organized with their respective associations.

In April, around 100 representatives from the authorities, international community and civil society attended a conference co-organized with a coalition of NGOs, the Senegalese Red Cross and armed forces, and the International Federation, to raise awareness of issues covered by the Health Care in Danger project.

Several organizations, academics and students made use of the ICRC's IHL documentation centre to hold events on various themes, including women and children and war, and for research purposes. Students strengthened their understanding of IHL through ICRC briefings, some organized with a law faculty. Complementing these activities, numerous civil society representatives attended the launch of the centre's website (www.espacejwf.org) which, with social media sites, served as a platform to stimulate interest in humanitarian concerns.

PEOPLE DEPRIVED OF THEIR FREEDOM		GUINEA-BISSAU	SENEGAL
Economic security, water and habitat			
Food commodities	Beneficiaries		8
Essential household items	Beneficiaries	170	517
Water and habitat activities	Beneficiaries	100	559

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies worked with the ICRC to assist vulnerable people in their respective countries. With ICRC help, they reinforced the emergency response capacities of their staff and volunteers, particularly those working in risky areas or during elections, including through training in first aid, needs assessment, project management and restoring family links, as well as the upgrade of equipment and supply of materials. For example, around 100 Red Cross volunteers from Gambia, Guinea-Bissau and Senegal took part in cross-border emergency simulation exercises, and two Senegalese first-aid trainers shared their experiences with peers at a regional workshop.

The National Societies of Gambia, Guinea-Bissau and Senegal received financial and technical support to produce promotional materials, such as those used in radio broadcasts. The Gambia Red Cross Society, in addition to working with a law faculty and parliamentarians to produce an IHL handbook, also trained police forces in first aid and basic IHL.

To help address internal management/governance concerns delaying its activities, the Gambian Red Cross underwent an external audit with International Federation/ICRC financing.

Movement components met regularly to coordinate activities.

HARARE (regional)

COVERING: Malawi, Mozambique, Namibia, Zambia, Zimbabwe



ICRC regional delegation ICRC sub-delegation

EXPENDITURE (IN KCHF)

Protection	1,264
Assistance	4,388
Prevention	1,622
Cooperation with National Societies	1,236
General	-

► **8,510**

of which: Overheads 519

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Expatriates	14
National staff (daily workers not included)	80

KEY POINTS

In 2012, the ICRC:

- enhanced networking with key actors to help ensure access to affected populations in case of violence in Zimbabwe, while raising awareness of IHL, the humanitarian consequences of violence, and the Movement
- completed the handover of responsibility for prison food supplies to the Zimbabwe Prison Service, which consolidated its capacity to monitor nutritional levels and increase food production
- commenced visits to detainees under the custody of the Zimbabwe Republic Police, providing hygiene and other items and helping make improvements in infrastructure and sanitation in 2 police stations
- helped maintain the provision of quality health care for Harare residents through material, logistical and technical support, while assisting the City Health Services in gradually assuming full responsibility for running 12 polyclinics
- assisted the Zimbabwean government in its efforts to reduce the humanitarian consequences of weapon contamination by providing technical and material support to national demining bodies
- helped the region's National Societies strengthen their capacities in the fields of emergency preparedness and response, family links and communication

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 in Namibia and Zimbabwe, working closely with the latter's authorities to improve their conditions. Also in Zimbabwe, it supports polyclinics in Harare and helps the country's Mine Action Centre strengthen its capacities. Throughout the region, it helps relatives separated by armed conflict 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.

CONTEXT

In Zimbabwe, the referendum and the general elections were pushed back to 2013. People continued to suffer the consequences of sporadic incidents of political violence and intolerance.

In Malawi, President Joyce Banda introduced economic and political reforms that brought some stability following the death of her predecessor in April. Major bilateral donors resumed limited financial support for government programmes.

In Mozambique and Namibia, the ruling parties held elective congresses.

While the region remained relatively stable, high unemployment rates and significant income disparities continued to be potential triggers for social unrest, with severe drought and flooding often affecting the region's food production.

ICRC ACTION AND RESULTS

In Zimbabwe, the ICRC maintained its preparedness in case of violence, expanding its network of contacts among political/community leaders and authorities at all levels in order to facilitate access to victims, while raising awareness of the humanitarian consequences of violence and promoting acceptance of the Movement.

The ICRC conducted regular visits to detainees held in Zimbabwe Prison Service (ZPS) facilities, monitoring their treatment and living conditions and working with the authorities to improve them. The handover of full responsibility for prison food supplies was completed in January as planned, with the authorities stepping up their provisions accordingly. To ensure food security, the ICRC continued to support the ZPS in enhancing food production and management and improving nutritional screening/monitoring.

The ICRC continued to support the authorities in their efforts to meet their responsibilities to detainees in a reliable, efficient and sustainable manner. In collaboration with the ZPS, the ICRC worked to meet gaps through the targeted distribution of essential items and occasional food supplements; to ensure optimal use of funds by providing technical advice and operational support; to address management, health and infrastructural issues through capacity-building workshops for ZPS personnel; and to conduct a study of prison farms' production capacities.

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
			UAMs/SCs*	
RCMs collected		454		
RCMs distributed		214		
Tracing requests, including cases of missing persons				
			Women	Minors
People for whom a tracing request was newly registered		17	4	12
People located (tracing cases closed positively)		9		
Tracing cases still being handled at the end of the reporting period (people)		15	5	5
Documents				
People to whom travel documents were issued		11		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
ICRC visits				
			Women	Minors
Detainees visited		15,990		
Detainees visited and monitored individually		115		
Number of visits carried out		83		
Number of places of detention visited		49		
Restoring family links				
Phone calls made to families to inform them of the whereabouts of a detained relative		84		
Detainees visited by their relatives with ICRC/National Society support		123		

* Unaccompanied minors/separated children 1. Namibia, Zimbabwe

In its capacity as adviser to the Ministry of Justice-led Committee on Reviewing Standing Orders of Police and Prisons (hereafter the Ministry of Justice-led committee) regarding detainees' treatment and living conditions, the ICRC, together with prison and police authorities, contributed key recommendations to the committee's final report. Further discussions with the Zimbabwean police resulted in permission being granted for the ICRC to commence visits to police stations in September, leading to improved living conditions for inmates in two stations.

In Namibia, the National Society/ICRC facilitated family visits for detainees under trial in connection with the 1999 Caprivi Strip uprising.

The ICRC continued its support to 12 polyclinics serving Harare's suburban population, aiming to help the City Health Services (CHS) gradually take over the running of the polyclinics autonomously by ensuring the sustainability of quality curative and ante/post-natal care through training/workshops for health and management personnel. In parallel, it encouraged the CHS and city authorities to improve the funding of the Harare health system, providing them with the recommendations of an ICRC-sponsored study.

In accordance with an agreement concluded with the Zimbabwean government in February, the ICRC provided local demining staff with training in international mine-action standards, including quality management procedures for clearance operations, in order to help local teams boost their capacities to conduct and manage demining operations. Among the first results, Zimbabwe's army drafted a set of standards for humanitarian mine action.

The ICRC continued to raise awareness among government officials, civil society actors, media institutions and academics of its role in armed conflicts and other situations of violence. Hundreds of government officials, military officers and university students in the region attended briefings on various aspects of IHL and the Movement.

The ICRC also provided support to the region's National Societies to develop their emergency response capacities and family-links services, including through cross-border cooperation, and to assist in their efforts to promote awareness and understanding of humanitarian principles. Movement partners regularly met to coordinate their action.

CIVILIANS

Zimbabwean civilians' protection concerns are shared with the authorities

In Zimbabwe, the few people who lost their homes owing to sporadic instances of violence, including at times assault, destruction of property or temporary displacement, received ICRC assistance to meet their immediate needs. In parallel, discussions with the authorities and influential figures in the affected communities focused on the need to build a more secure environment that would prevent displacement, violence and other related humanitarian concerns. The discussions also sought to deepen their understanding of the Fundamental Principles and the Movement, in order to help maintain access to people living in affected areas and to dissuade all those concerned from the use of violence.

Harare residents have improved access to quality health care

Residents of Harare's high-density suburbs had improved access to quality curative care, immunization and family-planning services in 12 polyclinics supported by ICRC deliveries of drugs and medical and cleaning materials. Serving a catchment population of 1.2 million inhabitants, the polyclinics provided nearly 1.5 million consultations, mainly for women and children, and 140,892 ante/post-natal consultations, and assisted 27,276 deliveries.

Owing to various delays, the scaling down of ICRC support had to be postponed. An ICRC-sponsored study was made available to CHS and city authorities, providing them with suggestions on how to increase funding.

As part of efforts to assist the CHS in assuming responsibility for running the polyclinics autonomously while further improving the quality of its services, 94 health personnel enhanced their skills through ICRC-sponsored workshops on infection control/prevention, while another 48 participated in a workshop for CHS executives. Polyclinic staff also sharpened their knowledge of the safe disposal of medical waste and the proper use of medical incinerators during two training sessions. These facilitated discussions among head nurses, administrators and incinerator operators, enabling them to draft a waste-management policy that was later endorsed by the CHS. During a week-long immunization campaign, three of Harare's health districts received help in transporting personnel, drugs and other related materials.

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	10		
	<i>of whom IDPs</i>	Beneficiaries	10		
Essential household items		Beneficiaries	5		
	<i>of whom IDPs</i>	Beneficiaries	5		
Water and habitat activities		Beneficiaries	3,960	52%	41%
Health					
Health centres supported		Structures	12		
Average catchment population			1,248,294		
Consultations		Patients	1,526,722		
	<i>of which curative</i>	Patients		207,050	554,332
	<i>of which ante/post-natal</i>	Patients		140,892	
Immunizations		Doses	416,730		
	<i>of which for children aged five or under</i>	Doses	387,647		
Referrals to a second level of care		Patients	48,397		
Health education		Sessions	10,908		
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	5,512		
Essential household items		Beneficiaries	15,009		
Productive inputs		Beneficiaries	10,992		
Water and habitat activities		Beneficiaries	14,000		

1. Zimbabwe

People are protected from the dangers posed by mines

In line with a 2012 memorandum of understanding aimed at reducing the humanitarian impact of weapon contamination, the Zimbabwe Mine Action Centre (ZIMAC) and the ICRC took measures to enhance demining operations in contaminated areas. To boost local expertise and skills, senior demining personnel received training in quality management procedures and international humanitarian mine-action standards. Future instructors among army engineers received similar training, which resulted in the formulation of national mine-action standards. To support clearance operations, army medics deployed in the field participated in emergency trauma training, while ZIMAC's mine-clearance unit received ICRC-donated demining and medical equipment.

Separated family members exchange news

Refugees and migrants in the region restored and/or maintained contact with relatives through tracing and RCM services provided directly by the ICRC in Zimbabwe and by the respective National Societies, with ICRC support, in Malawi, Mozambique, Namibia, Zambia and Zimbabwe (see *Red Cross and Red Crescent Movement*).

PEOPLE DEPRIVED OF THEIR FREEDOM

In Zimbabwe, some 15,000 detainees held under the authority of the ZPS in 45 places of detention (including 35 out of the 46 prisons) received visits from the ICRC. In addition, upon obtaining permission from the Zimbabwe Republic Police to visit detainees under its custody for the first time, the ICRC

commenced regular monthly visits to detainees held in Bulawayo and Harare police stations in September. During these visits, all carried out according to the organization's standard procedures, delegates assessed detainees' treatment and living conditions, thereafter sharing their findings/recommendations confidentially with the authorities. Following visits conducted in police detention cells, detainees benefited from ICRC-provided cleaning materials, supplementary items such as blankets, and repairs to water/sanitation infrastructure.

The ICRC also drew the attention of ZPS officials and other authorities and stakeholders to cases of vulnerable inmates, such as minors, the mentally ill and foreigners, to address their specific needs and judicial guarantees. These representations, in addition to capacity-building workshops for prison officials, aimed at the speedy release of stabilized mental health patients to their families and enabled foreign detainees to contact their families through the ICRC's *salamat* (ICRC-transmitted short, oral message) service. Meanwhile, the Ministry of Justice-led committee tasked with examining the treatment and conditions of detainees continued to draw on ICRC advice as it submitted a report with recommendations to the minister of justice and the cabinet.

In Namibia, 121 detainees arrested in connection with the 1999 Caprivi Strip uprising continued to receive follow-up visits and maintained contact with their families through letters and visits facilitated by the Namibia Red Cross/ICRC. Their concerns regarding the slow pace of their trials were also raised with the authorities.

PEOPLE DEPRIVED OF THEIR FREEDOM	NAMIBIA	ZIMBABWE
ICRC visits		
Detainees visited	121	15,869
Detainees visited and monitored individually	115	
Number of visits carried out	2	81
Number of places of detention visited	2	47
Restoring family links		
Phone calls made to families to inform them of the whereabouts of a detained relative		84
Detainees visited by their relatives with ICRC/National Society support	123	

Detainees' diet improves in Zimbabwe

In line with the ZPS's aim to stabilize the nutritional situation in all prisons, in January 2012, the ZPS assumed full responsibility for detainees' supplementary food provision after three years of ICRC support. This enabled the ICRC to shift its focus from direct food assistance to providing technical advice, specifically on monitoring systems and addressing remaining gaps. For example, during a workshop, prison health staff enhanced their knowledge of food/nutrition management. Most of the country's prisons now checked inmates' nutritional status upon entry and on a monthly basis using tools developed by the ZPS nutrition unit and the ICRC, allowing early detection and prevention of nutritional problems. Using these tools, the ZPS produced internal quarterly nutrition reports for the first time. A revision of the legal instrument defining inmates' dietary provision enabled the ZPS to focus its resources on providing eight essential food items to ensure adequate nutritional status in prisons. To cover any gaps in ZPS assistance, over 5,000 detainees received one-off, targeted food/hygiene items from the ICRC.

Almost 11,000 inmates supplemented their diet with vegetables grown on prison farms with the help of ICRC-provided seed, tools and fertilizer. To diversify and further increase crop yields, prison authorities received technical support through training in planning and farming techniques and for the construction/rehabilitation of irrigation systems (benefiting some 6,600 inmates); a study was initiated in November to look into options for improving the farms' production capacities. For the 2012–13 agricultural season, the planting area of legumes and other previously neglected dietary components was increased, supported by ICRC inputs and advice.

Detainees have improved health care and hygiene

Inmates accessed better health care in prison dispensaries, which were regularly supplied with drugs by the ICRC through a partnership with the National Pharmaceutical Company. Regular meetings and joint prison visits enabled ZPS regional health coordinators and the ICRC to strengthen coordination between national and local prison health authorities. This resulted in increased support to and training of prison health staff, contributing to improvements in inmates' access to mental health services, HIV/AIDS and TB treatment, and therapeutic feeding. Furthermore, 23 ZPS doctors and nurses attended a two-week course on the management of antiretroviral drugs, organized by the Ministry of Health and Child Welfare, and, during a two-day workshop, some 20 national and regional health managers drafted a plan of action for 2012.

Detainees also benefited from preventive health measures undertaken by the ZPS with ICRC support. Over 15,000 inmates received soap and hygiene kits; in Matabeleland, a delousing campaign was launched in a detention facility. Following a two-day workshop, the construction unit adopted planning and monitoring tools for the use of funds allocated by the Finance Ministry. Some 10,000 inmates benefited from improvements in prison infrastructure; the construction/rehabilitation of water and sanitation systems, for example, enabled some 2,000 of them to enjoy better hygiene conditions. Based on a 2011 joint assessment of all prison kitchens, the ZPS and the ICRC continued to implement a plan of action to improve food sanitation. Over 2,400 inmates benefited from upgrades carried out in six kitchens, while an assessment of the electrical supply of a main prison was conducted, with a view to conducting future repairs.

Thanks in part to the measures outlined above, detainees in Zimbabwe's main prisons faced no major outbreak of disease. Nevertheless, the ZPS health department, with ICRC support, started working on contingency plans for potential epidemics.

AUTHORITIES

The ICRC maintained its preparedness in case of violence by expanding its network of contacts among political/community leaders and authorities at national and local level in order to facilitate access to victims, raising awareness of the humanitarian consequences of violence and promoting acceptance of the neutral, impartial and independent work of the Movement.

Bilateral meetings with the national IHL committees of Malawi, Mozambique, Namibia, Zambia and Zimbabwe aimed to encourage ratification and implementation of IHL instruments in these countries, as well as strengthen national authorities' understanding of humanitarian issues and the Movement.

In Namibia, the national IHL committee and the ICRC signed a memorandum of understanding to support the IHL implementation process, with committee members attending a workshop to familiarize them with their role. In Mozambique, the cabinet approved the African Union Convention on IDPs and transmitted it to parliament for ratification consideration. In Malawi and Zambia, limited progress was achieved in IHL implementation owing to organizational and other issues being experienced by the national IHL committees.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Over 500 officers from the Zimbabwe Defence Forces and guest students from the Southern African Development Community (SADC) member States, including Botswana and Namibia, participated in dissemination sessions aimed at increasing their knowledge of IHL, humanitarian principles and the ICRC's mandate.

In a Zimbabwe National Army peacekeeping exercise involving over 300 officers, and in courses run by the SADC Regional Peacekeeping Training Centre for over 125 civilian, military and police officers and senior government officials, the delegation, introducing the organization's approach to humanitarian action, explained and simulated the role of the ICRC and discussed the applicability of IHL during peace-support operations. Eight hundred Malawi Defence Force troops were also briefed on these topics before their deployment on peacekeeping operations in Côte d'Ivoire.

The ICRC began discussions with the Zimbabwe Republic Police to hold training activities for senior district/provincial commanders.

CIVIL SOCIETY

To strengthen the delegation's operational networks, over 25 key civil society actors and media representatives across the region took part in various activities, enhancing their capacities to spread awareness and understanding of humanitarian principles, the ICRC and the Movement.

In Malawi and Zimbabwe, some 170 students of law, media and other fields increased their knowledge of, interest in and respect for IHL, humanitarian action and the Movement during several lectures. In addition to existing cooperation with universities throughout the region, Zimbabwe's Midlands State University engaged in a new partnership with the ICRC aimed at integrating

IHL into its politics and public management curricula. Frameworks for the teaching of IHL were also established in cooperation with the law faculties of the University of Malawi and University of Namibia. The High Court of Zimbabwe co-hosted the annual national IHL moot court competition, whose winners attended the All Africa IHL moot court competition (see *Nairobi*).

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region worked to enhance their emergency response capacities and family-links services and raised awareness of the Movement's principles, with ICRC technical, material and financial support, including contributions to staff salaries. The Malawi and Zimbabwe Red Cross Societies developed emergency preparedness measures, including an analysis of their capacities, contingency planning for different emergencies, stakeholder mapping and the Safer Access approach. In Zimbabwe, the National Society concentrated on conducting first-aid training sessions for its action teams deployed in 26 districts.

During an ICRC-organized inter-regional workshop, the focal point of each of the nine National Societies covered by the ICRC delegations in Harare and Pretoria (South Africa) discussed family-links services in the contexts of emergencies and migration, receiving tools and participating in exercises to enhance their capacities to deliver these services through a regionwide network, including through cross-border cooperation. Follow-up missions produced positive results; for example, the Malawian Red Cross gained the Malawian authorities' approval for undertaking dead body management for migrants during disasters.

National Society staff from Malawi, Mozambique and Zimbabwe benefited from various training sessions organized by the ICRC. In a course conducted jointly with the International Federation, the newly elected officers of the Malawi and Zambia Red Cross Societies were inducted into their functions and responsibilities. In Malawi and Zimbabwe, the National Societies focused on boosting their networking and communication initiatives. The region's National Societies also developed promotional materials to enhance people's understanding and acceptance of and support for IHL and the Movement.

Malawi, Mozambique, Namibia and Zimbabwe Red Cross Societies participated in an ICRC-organized annual legal advisers' meeting. The Namibian Red Cross embarked on a review of Namibia's National Society act.

Movement partners continued to coordinate their activities through the South African Partnership of Red Cross Societies and regular meetings in Zimbabwe.

Main figures and indicators	PROTECTION		Total
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages (RCMs)		UAMs/SCs*	
RCMs collected	20,579	31	
RCMs distributed	13,072	9	
Phone calls facilitated between family members	125,187		
Reunifications, transfers and repatriations			
People transferred/repatriated	29		
Tracing requests, including cases of missing persons		Women	Minors
People for whom a tracing request was newly registered	262	50	105
People located (tracing cases closed positively)	104		
<i>including people for whom tracing requests were registered by another delegation</i>	43		
Tracing cases still being handled at the end of the reporting period (people)	382	73	136
UAMs/SCs*, including unaccompanied demobilized child soldiers		Girls	Demobilized children
UAMs/SCs newly registered 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	41	15	
Documents			
People to whom travel documents were issued	14		
Official documents relayed between family members across borders/front lines	1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses) ¹			
ICRC visits		Women	Minors
Detainees visited	1,308		
Detainees visited and monitored individually	53	1	
Detainees newly registered	8		
Number of visits carried out	10		
Number of places of detention visited	6		
Restoring family links			
RCMs collected	573		
RCMs distributed	411		

* Unaccompanied minors/separated children

1. Djibouti, ICTR detainees held in the United Republic of Tanzania, United Republic of Tanzania

to alleviating tensions over competition for scarce resources. In arid and semi-arid areas, civilians gained reliable access to water following the construction and rehabilitation of water points, dams, wells and rainwater catchments. Through cash-for-work projects, vulnerable households generated an income, and communities previously involved in disputes worked together on repairing irrigation canals, flood-control structures and roads. Agro-pastoral families protected their livestock with the help of parasite-control treatments.

Refugees and migrants restored contact with relatives through family-links services. A mobile phone service was extended to refugees, including children, in Djibouti and Kenya. In both countries, the ICRC pursued efforts to ensure that the families of persons missing in relation to armed conflict or other violence were informed of their relatives' fate or whereabouts.

The ICRC maintained dialogue with the authorities, weapon bearers and community leaders to promote the protection of those not or no longer taking part in fighting and to safeguard access of humanitarian aid, including health care, to those in need. Training courses and briefings sought to ensure compliance with IHL and international human rights law among members of the military, *gendarmerie* and police, including those slated for deployment to Somalia or on other peacekeeping missions abroad. As a neutral and independent intermediary, the ICRC facilitated the safe handover of Chinese nationals released by an armed group in South Kordofan (see *Sudan*) to their embassy in Nairobi.

To ensure that detainees' living conditions and treatment complied with IHL and/or other internationally recognized standards,

ICRC delegates conducted visits according to its standard procedures to POWs of Eritrean origin and other detainees held in Djibouti and to Congolese detainees and people sentenced by the ICTR held in United Republic of Tanzania. Following visits, delegates shared their findings confidentially with the detaining authorities. The Djiboutian authorities received reminders of their obligation under IHL to allow the voluntary repatriation of POWs. Following an ICRC-organized workshop, the health and penitentiary authorities in Djibouti enhanced their coordination in promoting hygiene and providing health care to detainees, including those with mental health problems.

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

Authorities, weapon bearers and community leaders participated in dialogue aimed at building respect for IHL. In view of Kenya's military involvement in Somalia, the KDF and the ICRC discussed issues surrounding the protection of civilians, including the conduct of hostilities and respect for human rights. The authorities were informed of the organization's findings related to the said issues through a confidential report and received recommendations as needed.

With the ICRC acting as a neutral and independent intermediary, 29 Chinese nationals released by an armed group in South Kordofan (see *Sudan*) were safely handed over to the Chinese embassy in Nairobi.

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) ²				
Cash	Beneficiaries	21,600	17%	66%
Work, services and training	Beneficiaries	25	20%	
Water and habitat activities	Beneficiaries	37,448	60%	40%
	<i>of whom IDPs</i>	5,000		
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 ³	Beneficiaries	550		

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

2. Kenya 3. Djibouti

Violence-affected communities in Kenya cope with displacement and strengthen their resilience against tensions

Communities affected by drought or by clashes over resources coped with displacement, improved their access to water or strengthened their livelihoods with Kenyan Red Cross and ICRC assistance. To enhance their capacities, staff of the National Society and key local agencies participated in training in managing emergency and longer-term assistance operations.

Some 5,000 newly displaced people who had fled violence in Moyale gained access to water following the emergency installation of water points and built temporary shelters with donated materials. Over 6,000 people (1,000 households) displaced by clashes in the Tana Delta received household items to ease their living conditions in IDP camps.

In all, over 37,400 people living in arid and semi-arid areas of Isiolo, Marsabit, Moyale, Samburu and Tharaka districts gained better access to water following the construction and rehabilitation of boreholes, rainwater harvesting systems, shallow wells,

water tanks and earth dams. To make sure that the water was safe to use, families made 100 household filters with National Society/ICRC-supplied materials, and some received water purification tablets. Students in vulnerable villages no longer had to walk long distances to fetch water following the installation of rain-water catchments in primary schools. Fifteen water committees maintained their water supply systems with the help of National Society/ICRC-provided training and materials. Such improvements helped alleviate tensions between groups competing for access to water.

Moreover, in the Rift Valley and Upper Eastern regions, cash-for-work projects provided opportunities for rural communities previously involved in disputes to work together to build/repair infrastructure such as irrigation canals, flood-control structures and roads serving over 27,000 people. These households improved their agricultural production and restored their access to markets, hospitals and schools, while some 21,600 people from vulnerable households who participated in these projects generated an income.

CIVILIANS	DJIBOUTI	KENYA	UNITED REPUBLIC OF TANZANIA
Red Cross messages (RCMs)			
RCMs collected	945	15,512	4,122
	<i>including from UAMs/SCs*</i>	8	23
RCMs distributed	1,667	7,660	3,745
	<i>including from UAMs/SCs*</i>		9
Phone calls facilitated between family members	3,950	121,237	
Reunifications, transfers and repatriations			
People transferred/repatriated		29	
Tracing requests, including cases of missing persons			
People for whom a tracing request was newly registered		255	7
	<i>of whom women</i>	49	1
	<i>of whom minors at the time of disappearance</i>	101	4
People located (tracing cases closed positively)		103	1
	<i>including people for whom tracing requests were registered by another delegation</i>	43	
Tracing cases still being handled at the end of the reporting period (people)	18	359	5
	<i>of whom women</i>	73	
	<i>of whom minors at the time of disappearance</i>	133	3
UAMs/SCs*, including unaccompanied demobilized child soldiers			
UAMs/SCs newly registered by the ICRC/National Society		1	
	<i>of whom girls</i>	1	
UAM/SC cases still being handled at the end of the reporting period		7	34
	<i>of whom girls</i>	1	14
Documents			
People to whom travel documents were issued		14	
Official documents relayed between family members across borders/front lines		1	

* Unaccompanied minors/separated children

Some 1,500 pastoralist households (9,000 people) maintained the health of their herds with the Kenyan Red Cross/ICRC-sponsored treatment of some 75,000 sheep and goats against parasites. To prepare for a potential rise in livestock mortality during the dry season, staff of the Ministry of Livestock, NGOs and the National Society increased their capacities to conduct emergency interventions such as destocking during ICRC-run refresher courses.

Refugees and migrants restore contact with their families

Refugees and migrants, including unaccompanied minors, re-established contact with their families through family-links services run by the National Societies and the ICRC. Training to boost the National Societies' tracing and RCM capacities and regular coordination among ICRC delegations in the wider region helped enhance the provision of such services. In Kenya and United Republic of Tanzania, joint trips with the respective National Societies to refugee camps enabled the follow-up of pending cases, sought to overcome challenges faced by tracing volunteers and promoted the family-links service among refugees.

Introduced in the Dadaab camp (Kenya) in 2011, the mobile phone service was extended to refugees, including children, in Kakuma camp in Kenya and Ali Adé camp in Djibouti, enabling them to speak to relatives in Somalia or elsewhere in the world. Travel documents issued in coordination with the relevant embassies and UNHCR allowed 14 people to return home or resettle in a third country. The Tanzanian Red Cross closely monitored the situation of unaccompanied minors during the repatriation process of Burundian refugees from Mtabila camp before its closure in December.

In Djibouti and Kenya, efforts continued to ensure that the families of people missing were informed of the fate or whereabouts of their relatives. However, requests for information submitted to the Eritrean authorities on the Djiboutian soldiers reported as missing after the 2008 Djibouti-Eritrea conflict and to the Kenyan authorities on persons reported as missing from past violence in Mt. Elgon remained unanswered. In Djibouti, during an ICRC-conducted workshop, district authorities, first-responders and National Society volunteers learnt how to better handle human remains and conduct dignified burials according to local customs.

PEOPLE DEPRIVED OF THEIR FREEDOM

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, the ICRC visited detainees according to its standard procedures. Those visited included, in Djibouti, 19 POWs of Eritrean origin and other detainees, and, in the United Republic of Tanzania, 8 newly registered detainees of Congolese origin. The relevant

authorities were informed of the ICRC's findings through confidential reports and bilateral meetings. In Djibouti, they were reminded of their obligation under IHL to repatriate the POWs upon their release, if the detainees so wished. The detainees visited used the family-links service to get in touch with relatives.

Djibouti's Justice Ministry and penitentiary administration pursued prison reforms, drawing on ICRC technical advice. An ICRC-organized workshop attended by justice, penitentiary and health authorities and detainee representatives clarified the participants' respective roles, leading to improved cooperation on strengthening the provision of health services, such as TB control and hygiene promotion, at the Gabode civilian prison. Increased support from the Ministry of Health to the prison administration also enabled inmates suffering from mental illness to consult a psychiatrist, who also coached a prison nurse in monitoring the patients' condition.

Detainees visited in Djibouti, including those held in the Nagad police detention centre, benefited from monthly handouts of hygiene items and cleaning products. Similarly, in United Republic of Tanzania, Congolese detainees received essential household supplies to ease their living conditions. Detainees held in Gabode prison benefited from the improvement of their courtyard through the creation of shaded areas.

Detainees sentenced by the ICTR received a visit from the ICRC. The ICTR authorities and the ICRC discussed findings and recommendations from previous ICRC visits to ICTR-convicted detainees including those held in Benin and Mali (see *Abidjan and Niamey*). After the ICTR branch of the MICT started operating in July, a first high-level meeting in Geneva, Switzerland, provided an opportunity for the ICRC and the MICT to discuss humanitarian concerns relating to detention.

The ICRC pursued efforts to collect and follow up with the relevant organizations, media, community leaders and families in Kenya information regarding allegations of capture, detention or extradition of people held in relation to "terrorism". In Djibouti, it maintained dialogue with the relevant authorities and stakeholders with a view to receiving notification of potential arrests. In United Republic of Tanzania, representatives of the prison administration and special forces in Zanzibar and the ICRC discussed the situation of people arrested and detained in relation to Uamsho's campaign for a referendum on independence for Zanzibar.

WOUNDED AND SICK

In Kenya, National Society staff and volunteers provided emergency care to casualties of violence, with the help of ICRC-provided training and supplies. Wounded people were stabilized

PEOPLE DEPRIVED OF THEIR FREEDOM	DJIBOUTI	ICTR	UNITED REPUBLIC OF TANZANIA
ICRC visits			
Detainees visited	933	23	352
Detainees visited and monitored individually	22	23	8
		<i>of whom women</i>	1
Detainees newly registered			8
Number of visits carried out	6	1	3
Number of places of detention visited	3	1	2
Restoring family links			
RCMs collected	311		262
RCMs distributed	105		306

at eight first-aid posts in the Upper Eastern region. Thirty people injured during clashes in Moyale received treatment at the district hospital, to which the Kenyan Red Cross/ICRC donated materials and equipment at the request of the Ministry of Medical Services. Doctors from the hospital, together with an ICRC surgeon, performed surgery on two people with gunshot wounds.

In preparation for potential violence related to the upcoming elections, 43 doctors sharpened their skills in emergency trauma care during seminars in Kisumu and Nairobi. Twenty representatives of humanitarian organizations attended a third course on Health Emergencies in Large Populations, run by the Kenyan Red Cross with ICRC support.

AUTHORITIES

Dialogue with the authorities sought to foster awareness of humanitarian concerns, including those encompassed by the Health Care in Danger project, and build support for the Movement's work. Work began on a study on Kenyan legislation relating to the protection of health care in situations of violence.

In Kenya, the proper implementation of the constitution was the government's main priority. Nonetheless, the State Law Office and the ICRC continued to discuss the ratification and implementation of IHL treaties.

In United Republic of Tanzania, a seminar co-organized by the ICRC and the Ministry of Foreign Affairs' Legal Division dealt with the establishment of a national IHL committee. Judges and other legal officers at the African Court on Human and Peoples' Rights improved their access to IHL-related information following the donation of IHL books and documents to their library.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Weapon bearers were informed and reminded of their obligation under IHL to protect the rights of civilians during their operations.

In view of Kenya's military operations in Somalia, 17 KDF instructors prepared to teach IHL to their colleagues during a training course conducted by the ICRC at the KDF's request. During a dissemination session co-organized with the International Peace Support Training Centre, 25 military personnel deepened their understanding of IHL and, through a demonstration, of the ICRC's work to foster the protection of civilians.

To strengthen the integration of IHL and humanitarian principles into military doctrine and practice, 21 legal advisers of the Tanzania People's Defence Force (TPDF) participated in an IHL workshop. Prior to departing on peacekeeping operations in Darfur, Sudan, some 1,000 TPDF officers familiarized themselves with IHL during a two-day seminar. Similarly, 100 Tanzanian police officers slated for deployment to Darfur and 50 Djiboutian *gendarmierie* officers for deployment on UN missions also received briefings on humanitarian norms.

To promote the application of international human rights law and humanitarian principles in law enforcement, officers from the regular and paramilitary units of the Kenya Police Service prepared themselves to train their colleagues during an instructors' course. In areas prone to election-related violence, such as the North Eastern, Nyanza and Rift Valley regions, over 250 senior and mid-level police officers, including those mandated to manage situations of conflict under the 2011 National Police Service Act,

as well as 500 general service personnel, learnt about international human rights law and humanitarian norms during training sessions conducted jointly by the Kenyan Red Cross and the ICRC. In United Republic of Tanzania, some 40 police officers stationed in the Mwanza and Geita regions participated in similar sessions conducted with the Tanzanian Red Cross.

CIVIL SOCIETY

Regular interaction with community leaders, journalists, academics and other humanitarian actors helped foster public acceptance of IHL and Movement activities.

In Kenya, three major newspapers featured articles on the ICRC's water and habitat projects. In United Republic of Tanzania, following the participation of 23 journalists in a National Society/ICRC seminar on emblem protection, the media raised public awareness of the issue by providing free interview slots in radio programmes and by publishing articles on the topic. Journalists in Kenya and United Republic of Tanzania discussed humanitarian concerns and learnt more about the Movement's work during seminars. Six Kenyan radio broadcasters exchanged views with fellow journalists during a three-day regional seminar on reporting on conflict and humanitarian issues. Journalism students also learnt more about the subject during training sessions.

Students enriched their appreciation of IHL by taking part in ICRC-sponsored programmes. Some engaged in IHL-related research through internships (two at the ICTR and five at the Nairobi delegation). Sixty-two students from five countries in East Africa demonstrated their understanding of IHL in an essay competition, while student teams from Kenya and United Republic of Tanzania took part in the Jean-Pictet Competition on IHL. Students from nine countries around Africa competed in the all-Africa IHL moot court competition co-organized with the ICTR in Arusha. These events generated media coverage, promoting humanitarian concerns among the general public.

IHL-related information became more accessible following the donation of reference materials to the ICTR and to universities in Kenya, and with the continued operation of the IHL documentation centre in Nairobi.

During a week-long seminar in Kenya, 18 representatives of various humanitarian organizations in Africa, Asia, Europe and North America familiarized themselves with IHL and related norms.

RED CROSS AND RED CRESCENT MOVEMENT

Independently or alongside the ICRC, the National Societies assisted vulnerable communities, offered family-links services and promoted IHL (see *Civilians* and *Civil society*) with training, financial, material and technical support from the ICRC. Training in first aid, the Safer Access approach and other related areas enhanced their response to humanitarian needs.

Volunteers of the Red Crescent Society of Djibouti, as well as students and teachers, learnt to provide life-saving care through National Society/ICRC-run courses. Such training enabled them to assist, for example, migrants injured in a major road accident. Generating local and regional media coverage, a Djibouti Red Crescent blood donation drive held at the capital's police and army academies fostered public awareness of the Movement's work.

Kenyan Red Cross teams responded to violence- and flood-related emergencies and participated in specialized ICRC-facilitated training to prepare for potential election-related emergencies. The National Society's board members deepened their understanding of Movement principles and partnerships during a management course.

The Tanzanian Red Cross launched a campaign on the protection of the emblem and provided first-aid and family-links services to those affected by emergencies such as floods in the capital and two ferry accidents in Zanzibar.

To foster wider acceptance of the Movement and its work, National Society staff in Djibouti and Kenya drew on ICRC expertise in sharpening their media communication skills.

Movement components enhanced their coordination through regular meetings at local and regional level. The National Societies reviewed with the ICRC their respective financial and accounting procedures through a financial framework assessment. A partnership framework agreement was signed by the National Society and the ICRC in each of the three countries (Djibouti, Kenya and United Republic of Tanzania) to develop key areas of cooperation.

NIAMEY (regional)

COVERING: Mali, Niger



EXPENDITURE (IN KCHF)

Protection	1,889
Assistance	49,723
Prevention	2,803
Cooperation with National Societies	2,025
General	-

► **56,440**
of which: Overheads 3,409

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Expatriates	34
National staff (daily workers not included)	214

KEY POINTS

In 2012, the ICRC:

- developed dialogue with civil and military authorities and armed groups, reminding them of their obligations to people not or no longer participating in hostilities and promoting acceptance of the Movement's humanitarian action
- helped weapon-wounded patients to obtain urgent care at ICRC-supported health facilities, to reach referral facilities and, if needed, to receive physical rehabilitation services
- with the National Societies, provided emergency relief to over 1.1 million people whose food security had been compromised by the conflict, the regionwide food crisis or other disasters
- in Mali, secured the water supply of over 115,000 people living in Gao, Kidal or Tombouctou by providing fuel to power plants serving water supply/treatment stations, allowing them to run for eight hours daily for nine months
- in cooperation with regional agricultural/veterinary authorities and the National Societies, helped over 1.8 million people in pastoral or farming families rebuild/protect their livelihoods, thus boosting their economic status
- visited and individually monitored over 300 detainees held by the authorities or armed groups, helping them, as a neutral intermediary, contact their families and/or return home upon their release

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.

CONTEXT

In early 2012, a rebellion led by the Mouvement National de Libération de l'Azawad (MNLA) and armed groups claiming to belong to or have links with Al-Qaeda in the Islamic Maghreb escalated into an armed conflict in Mali, which was complicated by a coup d'état in the capital, Bamako. The armed groups took control of the three northern regions, Gao, Kidal and Tombouctou, effectively splitting the country in two. Pressed to restore constitutional order, the junta handed over power to a transitional government in May. Later, the MNLA lost its strongholds after armed confrontations with other groups; by October, three armed groups controlled the north.

The conflict triggered population movements within the north; to Mopti, near the country's north-south divide; to the south; and into neighbouring countries. Civilians reported attacks and looting. The Malian population's conflict-related needs added to the already severe food insecurity regionwide. Essential services, including in health, were disrupted.

In December, the UN Security Council adopted a resolution authorizing the deployment of international troops in Mali. Niger committed to joining the planned intervention. It remained vulnerable to the spillover of violence from Libya, Mali and Nigeria. Influxes of refugees, returnees, migrants and traffickers added to existing social, economic and political tensions.

ICRC ACTION AND RESULTS

In 2012, the ICRC, together with the Mali Red Cross and the Red Cross Society of Niger, worked to protect and assist people suffering the effects of the Malian conflict and the regionwide food crisis. As the ICRC's primary partners, the National Societies received material, financial and technical support to help them strengthen their operational capacities and thus play a central role in the ICRC's humanitarian action. With the populations' needs rising through the year, the ICRC increased its initial budget and twice appealed for additional funds.

As the conflict threatened its access to the population in the north, the ICRC adapted its operations, including by opening a new sub-delegation in Mopti, near the country's north-south divide. Its initially reduced numbers of staff in the north were progressively bolstered, including by expatriates, enabling them to implement activities with ICRC partners in these troubled areas. Following the looting of ICRC premises, a new supply chain was established.

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		136	UAMs/SCs*	
RCMs distributed		148	31	
Phone calls facilitated between family members		1,696	1	
Reunifications, transfers and repatriations				
People reunited with their families		6		
	<i>including people registered by another delegation</i>	6		
People transferred/repatriated		469		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		142	Women	Minors
People located (tracing cases closed positively)		63	15	8
	<i>including people for whom tracing requests were registered by another delegation</i>	14		
Tracing cases still being handled at the end of the reporting period (people)		96	12	13
UAMs/SCs*, including unaccompanied demobilized child soldiers				
UAMs/SCs newly registered by the ICRC/National Society		41	Girls	Demobilized children
UAMs/SCs reunited with their families by the ICRC/National Society		13	10	
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		28	10	
Documents				
Official documents relayed between family members across borders/front lines		10		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
ICRC visits				
Detainees visited		8,951	Women	Minors
Detainees visited and monitored individually		303	1	5
Detainees newly registered		300	1	5
Number of visits carried out		59		
Number of places of detention visited		31		
Restoring family links				
RCMs collected		122		
RCMs distributed		54		
Phone calls made to families to inform them of the whereabouts of a detained relative		46		
Detainees released and transferred/repatriated by/via the ICRC		16		
People to whom a detention attestation was issued		1		

* Unaccompanied minors/separated children 1. Mali, Niger

The ICRC reminded the authorities and weapon bearers of their obligations to respect people not or no longer participating in the hostilities. Contacts with the civilian and military authorities, armed groups and influential civil society representatives, including the media, broadened acceptance of the National Society/ICRC action, enabling them to work more securely. In Niger, dialogue extended to members of armed groups operating near the Nigerian border. Both countries also took steps to advance IHL implementation and its integration into the doctrine, training and operations of their military/security forces.

With the armed groups' consent, injured people were stabilized at National Society-run first-aid posts and ICRC-supported health facilities and, when needed, evacuated to referral facilities with the ICRC acting as a neutral intermediary. Staff at the Gao regional hospital worked alongside an ICRC medical team to perform surgical/medical interventions for the wounded or sick. Some patients received physical rehabilitation services in Bamako; in Niamey, the national hospital offered similar services with ICRC help. Rural health centres and mobile clinics continued to provide services, including for women, young children and isolated populations, with ICRC support. Swift action prevented the spread of cholera on the outskirts of Gao.

As the conflict disrupted the power supply, the ICRC rapidly provided fuel to secure the functioning of water supply/treatment stations serving towns in the north, while engaging in dialogue with the authorities to encourage them to assume such responsibility themselves. In rural areas, vulnerable community members or IDPs/refugees and their livestock accessed water through

rehabilitated sources. In response to the alarming food security situation in northern Mali and in Niger, the National Society/ICRC delivered emergency food and essential household items to over 1 million people in total.

With the conflict putting additional strain on the population's already precarious economic situation, the ICRC provided comprehensive assistance to help people rebuild/protect their livelihoods. Farmers used improved seed and other materials to plant staple crops and pursue market gardening. Others received cash in return for upgrading communal infrastructure, enabling them to buy essentials while benefiting the whole community. Community-run cereal/fodder banks received support in providing a reliable service. Pastoralists turned to ICRC-supported veterinary services for the care of their animals and received related training; some sold their weaker animals to the ICRC at competitive prices.

Delegates visited detainees held by the authorities or armed groups to monitor their treatment and living conditions, at times providing support in reducing inmates' health risks. In Mali, the ICRC acted as a neutral intermediary in transferring released detainees home safely. Efforts to gain access to all detainees continued. Family-links services were made available to detainees and civilians, including migrants, who also received assistance as needed.

The ICRC coordinated its activities with government bodies, Movement partners, UN agencies and other humanitarian actors in fields of common interest, in order to maximize impact, identify unmet needs and avoid duplication.

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	1,015,491	37%	35%
	<i>of whom IDPs</i>	Beneficiaries	153,415		
Essential household items		Beneficiaries	106,301	41%	23%
	<i>of whom IDPs</i>	Beneficiaries	72,008		
Productive inputs		Beneficiaries	240,729	20%	27%
Cash		Beneficiaries	27,706	28%	29%
	<i>of whom IDPs</i>	Beneficiaries	1,581		
Work, services and training		Beneficiaries	1,877,653	27%	46%
	<i>of whom IDPs</i>	Beneficiaries	15,161		
Water and habitat activities		Beneficiaries	307,463	30%	50%
Health²					
Health centres supported		Structures	12		
Average catchment population			16,709		
Consultations		Patients	10,090		
	<i>of which curative</i>	Patients		1,542	3,875
	<i>of which ante/post-natal</i>	Patients		723	
Immunizations		Doses	13,520		
	<i>of which for children aged five or under</i>	Doses	4,013		
Referrals to a second level of care		Patients	34		
Health education		Sessions	70		
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	482		
Essential household items		Beneficiaries	3,550		
Cash		Beneficiaries	5,252		
Water and habitat activities		Beneficiaries	975		
WOUNDED AND SICK					
Hospitals³					
Hospitals supported		Structures	1		
	<i>of which provided data</i>	Structures	1		
Admissions		Patients	2,012	1,190	8
	<i>of whom weapon-wounded</i>	Patients	122		2
	<i>of whom other surgical cases</i>	Patients	246		
	<i>of whom medical cases</i>	Patients	578		
	<i>of whom gynaecological/obstetric cases</i>	Patients	1,066		
Operations performed			230		
Outpatient consultations		Patients	18,893		
	<i>of which surgical</i>	Patients	825		
	<i>of which medical</i>	Patients	13,496		
	<i>of which gynaecological/obstetric</i>	Patients	4,572		
Water and habitat³					
Water and habitat activities		Number of beds	150		
Physical rehabilitation⁴					
Centres supported		Structures	1		
Patients receiving services		Patients	141	52	35
New patients fitted with prostheses		Patients	18	6	1
Prostheses delivered		Units	18	6	1
	<i>of which for victims of mines or explosive remnants of war</i>	Units	1		
New patients fitted with orthoses		Patients	19	5	12
Orthoses delivered		Units	21	5	14
Number of patients receiving physiotherapy		Patients	59	20	9
Crutches delivered		Units	4		

1. Mali, Niger

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

3. Mali

4. Niger

CIVILIANS

With the outbreak of armed conflict in Mali, the ICRC reminded the authorities and weapon bearers of their responsibility to respect those not or no longer participating in the fighting, in conformity with relevant international and national law. Delegates documented reported abuses and made oral and written representations to the alleged perpetrators to prevent their recurrence.

The Mali Red Cross and the Red Cross Society of Niger worked with the ICRC to respond to the needs of conflict- and crisis-affected people. Each National Society operated with

already-trained staff, while more volunteers received ICRC-supported training to build their capacities in needs assessment, operational planning and monitoring. With ICRC help, both National Societies built/renovated critical structures, including, in Mali, a dispensary, with a view to expanding and strengthening their reach (see *Red Cross and Red Crescent Movement*).

Civilians in northern towns regain access to water

After the conflict disrupted power supplies, and thus the water supply, in Gao, Kidal and Tombouctou towns, over 115,000 residents regained access to water after the ICRC supplied

their power plants with sufficient fuel to operate for eight hours a day for nine months. To encourage them to ensure the full resumption of power and water supplies, the ICRC held discussions with the national authorities and electricity and water boards. In rural villages, 61,900 people in the Gao region and 46,742 people in the Tombouctou region had improved access to water following the rehabilitation of wells and water supply systems.

Conflict-affected people and migrants receive relief and family-links services

With the onset of hostilities, people fled to safer areas within Mali or in neighbouring countries (see *Context*), where they lacked the means to sustain themselves. In early 2012, 116,305 IDPs (17,996 households) in the Kidal, Gao and Tombouctou regions of northern Mali and in the Mopti area covered their food needs after receiving full rations for three months. To help them settle into host communities, 4,506 households (26,877 people) received cooking utensils and other items. Later in the year, as needs increased and access was permitted (see *Context* and *ICRC action and results*), an additional 21,379 IDPs in Mali met their food needs with the help of two sets of rations distributed over a four-month period. Over the course of the year, more than 41,000 refugees, returnees or IDPs in Niger also received food assistance to cover their needs. A further 79,424 people in the region, including some displaced by fires or floods, benefited from household essentials. Thanks to the rehabilitation of boreholes and wells in three regions of Niger, around 23,350 people and their livestock accessed sufficient quantities of water.

After crossing into Niger from Libya, 3,889 migrants stopped at a National Society-run transit centre to obtain assistance, including to travel home. The authorities were reminded of their obligations towards migrants under applicable law. Similarly, at the Algeria-Mali border, a few hundred migrants received food, shelter and/or medical attention.

In both countries, family members dispersed by the conflict, localized violence or migration re-established contact through Movement family-links services, which facilitated 1,696 phone

calls and the exchange of RCMs. Among beneficiaries were 25 Malian children in refugee camps, separated from their relatives en route to Niger; of these, 2 rejoined their families. Many vulnerable people from northern Mali, including children, moved south to safety with Red Cross help. Elsewhere in Mali, hundreds of children living alone also received help to contact relatives, with 11 rejoining their families.

Crisis-affected people receive emergency assistance and work to rebuild/protect their livelihoods

Owing to poor agricultural/pastoral yields in 2011, vulnerable residents of northern Mali and Niger struggled to meet their basic needs while protecting their livelihoods. Mali's armed conflict exacerbated the situation, as prices for essentials, when available in markets, soared beyond the population's limited financial means. Over 560,000 people in northern Mali and close to 300,000 people in Niger experiencing precarious conditions received half-rations of food to help meet their needs for seven months.

In Niger's Agadez and Tillabéry regions, 84,807 people (15,109 farming or pastoral families) bought their staple, millet, at subsidized prices from 136 community-run cereal banks. Around 6,000 farmers benefited from the ICRC's rehabilitation of six such banks, increasing their storage capacities, while community members, grouped in committees, received training in cereal stock management to ensure a reliable service year-round.

Some 17,000 farming families (114,100 people), including 10,000 in Niger and 7,000 in Mali, resumed production of staple crops with the help of improved seed. Around 2,100 families in Niger and 340 in Mali (14,700 people in total) also planted vegetables in market gardens with the help of ICRC-donated seed, tools and irrigation materials. Farmers who had diversified their crops as part of a 2011 ICRC initiative received guidance from ICRC specialists. As a complement to these activities, around 27,700 people (5,100 families) received cash in return for deepening reservoirs or rehabilitating pasture, thus benefiting the community as a whole. In Niger's Agadez region, construction began on an underground dam to help refill the local aquifer.

CIVILIANS		MALI	NIGER
Economic security, water and habitat			
Food commodities	Beneficiaries	700,742	314,749
	<i>of whom IDPs</i>	137,684	15,731
Essential household items	Beneficiaries	81,036	25,265
	<i>of whom IDPs</i>	66,450	5,558
Productive inputs	Beneficiaries	100,470	140,259
Cash	Beneficiaries	5,100	22,606
	<i>of whom IDPs</i>	1,581	
Work, services and training	Beneficiaries	357,647	1,520,006
	<i>of whom IDPs</i>		15,161
Water and habitat activities	Beneficiaries	268,425	39,178
Health¹			
Health centres supported	Structures	9	3
Average catchment population		17,891	13,460
Consultations	Patients	5,894	4,196
	<i>of which curative</i>	5,342	4,025
	<i>of which ante/post-natal</i>	552	171
Immunizations	Doses	1,538	11,982
	<i>of which for children aged five or under</i>	1,316	2,697
Referrals to a second level of care	Patients	15	19
Health education	Sessions	57	13

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

Veterinary services and livestock authorities, a specialist consultancy and the National Societies/ICRC cooperated to provide free services, including vaccination and pest treatment, to over 270,000 pastoral families (1,638,000 people) in both countries, boosting the health and market value of over 5 million animals. To support this initiative, 36 auxiliary veterinarians enhanced their capacities at a veterinary school with ICRC support. Around 38,000 pastoral families (232,000 people) sold their weaker animals to the ICRC at competitive prices, being left with smaller, healthy herds and funds to buy essentials. Cured meat from the animals' slaughter was donated to vulnerable community members, including schoolchildren.

Over 1,600 pastoralists (215 in northern Mali and 1,400 in Niger) underwent training in animal health care and flock management to help them handle stress on their herds. Once community members had been trained in stock management, 12 fodder banks in northern Mali and 81 in Niger's Agadez region received fodder and salt licks to kick-start their services, benefiting around 56,400 people in Mali and 49,500 in Niger. Another 325 families in Niger received training, fodder seed and tools to diversify their sources of animal feed.

In Niger's Air and Tillabéry regions, some 39,178 pastoralists were better able to protect their animals from the effects of drought after the ICRC built/rehabilitated wells and fitted them with hand pumps. One well, fitted with a solar pump system, contributed electricity to a local health centre in Air.

Vulnerable communities gain easier access to health care

Owing to the conflict, many health centres in northern Mali closed or lacked staff and supplies. Nine community health centres in northern Mali serving an average of around 17,900 people and three centres in Niger serving 13,460 people continued to function thanks to ICRC-supplied medical materials and staff incentives. Two of the centres in Mali expanded their service delivery capacities following the completion of renovations begun in 2011, while a third, in Niger, was rehabilitated within the year. The Ansongo referral health centre in Mali operated with material and financial support from the ICRC until an NGO took over this responsibility.

People living in isolated areas also had better access to health care, including through Mali Red Cross/ICRC mobile clinics, which treated 385 people suffering from malaria. To help reduce health risks, more than 4,000 young children and around 9,500 women of reproductive age were vaccinated against common diseases in both countries, while, in cooperation with Niger's health authorities, midwives and community relays enhanced their skills at training courses. In response to a cholera outbreak outside Gao town, the affected people received drugs and other supplies to aid their recovery. The nearby population reduced its exposure to infection thanks to repairs to a well, awareness sessions and the delivery of hygiene items by the National Society/ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM

In both Mali and Niger, detainees received visits from the ICRC according to its standard procedures to monitor their treatment and living conditions. Feedback and recommendations from the visits were shared confidentially with the authorities. Meanwhile, the ICRC pursued efforts to gain access to all detainees. Those serving sentences in Mali under the International Criminal Tribunal for Rwanda received follow-up visits (see *Nairobi*).

Among those visited in Mali were 159 detainees held by the authorities in relation to the conflict or the political instability in the capital and 104 people in the hands of the armed groups in the north. With the ICRC acting as a neutral intermediary, 15 of these detainees were transferred home after their release. In Niger, 61 security detainees received specific attention. During visits, detainees contacted their families through Movement family-links services.

Some 8,800 detainees in both countries enjoyed reduced exposure to health risks thanks to the provision of cleaning and hygiene items or funds for the penitentiary authorities to purchase such items. Among them were 755 detainees in Niger who also enjoyed improved access to water and sanitation after the rehabilitation of prison water supply and sanitation systems. At the same time, 220 detainees in one Malian prison stood to benefit from the authorities' efforts, with ICRC support, to upgrade kitchen facilities, thus improving food quality and helping prevent malnutrition. Sick detainees received medical treatment with ICRC help.

PEOPLE DEPRIVED OF THEIR FREEDOM		MALI	MALI – ARMED GROUPS	NIGER
ICRC visits				
Detainees visited		3,372	104	5,475
Detainees visited and monitored individually		159	83	61
	<i>of whom women</i>	1		
	<i>of whom minors</i>	4		1
Detainees newly registered		159	83	58
	<i>of whom women</i>	1		
	<i>of whom minors</i>	4		1
Number of visits carried out		37	4	18
Number of places of detention visited		17	3	11
Restoring family links				
RCMs collected		30	78	14
RCMs distributed		29	20	5
Phone calls made to families to inform them of the whereabouts of a detained relative		38		8
Detainees released and transferred/repatriated by/via the ICRC		10	5	1
People to whom a detention attestation was issued		1		

PEOPLE DEPRIVED OF THEIR FREEDOM		MALI	NIGER
Economic security, water and habitat			
Food	Beneficiaries	482	
Essential household items	Beneficiaries	2,649	901
Cash	Beneficiaries		5,252
Water and habitat activities	Beneficiaries	220	755

WOUNDED AND SICK

As part of its response plan for wounded patients, the Mali Red Cross, with ICRC support, set up and managed first-aid posts and trained more volunteers. With the consent of the authorities and armed groups, injured/sick patients reached health facilities with Red Cross help.

In agreement with the local authorities, the Gao regional hospital underwent rehabilitation to cater to the increased needs. With the help of ICRC-provided medical materials, logistical support and staff incentives, hospital personnel worked alongside seven ICRC medical professionals to treat more than 2,000 patients, including more than 122 weapon-wounded people, and conducted 18,893 consultations. Twenty-five injured patients were evacuated to and treated in larger health facilities in Bamako or Niamey with ICRC help. Wounded people were able to access physical rehabilitation services in Bamako thanks to an agreement with a local centre.

Niamey's national hospital and the ICRC signed an agreement formalizing their cooperation in securing the quality, accessibility and sustainability of physical rehabilitation services. Their prosthetic/orthotic centre expanded its capacity following renovation and the donation of equipment; 141 patients received 18 prostheses and 21 orthoses, underwent physiotherapy and stayed in a dormitory rehabilitated for their use. Technicians working alongside an ICRC prosthetist/orthotist upgraded their skills in polypropylene technology after receiving sponsorship to attend a course abroad.

AUTHORITIES

Senior ministers, diplomats and representatives of international bodies, including UN agencies and the Organization of Islamic Cooperation, and the ICRC met regularly to discuss humanitarian and security concerns, facilitating coordination of the response to needs within Mali and throughout the Sahel region. The Malian government and the ICRC pursued dialogue on the humanitarian consequences of the conflict, particularly in relation to people detained or displaced. Accordingly, the Malian justice minister attended a regional consultation on the "Strengthening IHL" process (see *International law and cooperation*).

Both countries took tangible steps to advance IHL implementation, with officials sharing their views on the matter with peers at a seminar and discussing the humanitarian impact of unregulated arms transfers at a separate meeting, both held in Abuja (see *Nigeria*). Niger ratified the African Union Convention on IDPs and acceded to Protocol V to the Convention on Certain Conventional Weapons. Its justice minister welcomed the ICRC's suggestions to amend the penal and military codes in line with the international norms adopted by the country.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

The humanitarian consequences of the Malian conflict in both countries underscored the importance of gaining the support of all weapon bearers for Movement activities. Military and police field commanders in Mali and neighbouring regions of Niger and the ICRC maintained contact on the prevailing conditions likely to affect the movement of civilians and humanitarian workers. In northern Mali, Red Cross teams extended their network of contacts with all weapon bearers. Through dissemination sessions in Bamako, in Badiangara and Mopti, near the front line, in Niamey and in northern Mali, over 500 Malian military/security officers, 100 members of the MNLA and 300 other weapon bearers learnt about IHL and the ICRC's neutral, impartial and independent

humanitarian action. Similar presentations were conducted for around 900 peacekeepers bound for Côte d'Ivoire.

Niger's authorities signed a decree on the integration of IHL into the doctrine, training and operations of its military/security forces. Consequently, 20 instructors from these forces enhanced their IHL teaching capacities at an ICRC train-the-trainer workshop, while *gendarmerie* and national guard trainers took part in a separate workshop tackling international standards in law enforcement. Mali's central military authorities agreed with the ICRC on the need to train troops in IHL. Thus, to further develop IHL instruction in both countries, six senior military/security officers attended international IHL courses with ICRC sponsorship. In the meantime, over 200 non-commissioned West African cadets studying at an officers' school in Niger were introduced to IHL and the ICRC's mandate during seminars.

CIVIL SOCIETY

Throughout the year, academics, NGOs and religious leaders in both countries, including Mali's High Islamic Council, the National Societies and the ICRC exchanged views on humanitarian and security concerns relating to Mali's conflict as well as, in Niger, the ICRC's relationship with religious circles. At community level, information sessions, at times coupled with first-aid training, for local religious leaders and instructors served to broaden awareness of and support for neutral, impartial and independent Movement action.

National and international media made use of National Society/ICRC operational updates, interviews and other materials to broaden awareness of humanitarian issues related to the Malian conflict and the Sahel-wide food crisis. National human rights defenders and journalists also learnt about IHL and the ICRC's mandate and activities during presentations in Bamako, Mopti and Niamey. Meanwhile, community radio journalists from northern Mali and Niger enhanced their reporting on humanitarian topics during an ICRC seminar.

To facilitate the integration of IHL into university curricula and his participation in national IHL implementation, a senior representative of the region's foremost religious university attended an international IHL course (see *Lebanon*). In Niger, students and researchers interested in IHL gained access to reference material from a library donated by the ICRC to the National Society. Students from 11 institutions tackled IHL-related scenarios at moot court competitions.

RED CROSS AND RED CRESCENT MOVEMENT

The Mali Red Cross and the Red Cross Society of Niger were instrumental in the delivery of humanitarian assistance. They received ICRC financial, material and technical support to help them boost their capacities, particularly in the fields of economic security, restoring family links and first aid (see *Civilians* and *Wounded and sick*).

With ICRC support, the Mali Red Cross built a new office for its Kidal chapter and a dispensary for its Mopti chapter, thus expanding their capacities and improving working conditions. In Niger, the Iférouane and Ouallam chapters of the National Society upgraded their premises with similar support.

Both National Societies launched campaigns against the improper use of Movement emblems in their countries. Following the revision of their internal statutes and regulations, they implemented IHL dissemination activities, including in schools in Agadez, Niamey, and Tillabéry, where Red Cross clubs were set up.

PRETORIA (regional)

COVERING: Botswana, Lesotho, South Africa, Swaziland



ICRC regional delegation

EXPENDITURE (IN KCHF)

Protection	229
Assistance	-
Prevention	1,409
Cooperation with National Societies	859
General	-

► **2,497**

of which: Overheads 152

IMPLEMENTATION RATE

Expenditure/yearly budget	87%
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PERSONNEL

Expatriates	5
National staff (daily workers not included)	25

KEY POINTS

In 2012, the ICRC:

- co-organized with the South African authorities a regional seminar on strengthening legal protection for people deprived of their freedom in non-international armed conflict, as part of the “Strengthening IHL” process
- supported the successful first-ever hosting in Africa of the Jean-Pictet Competition – the premier international IHL competition for university students – in Winterton, South Africa
- welcomed Swaziland’s ratification of the African Union Convention on IDPs, which ensured the Convention’s entry into force in December
- monitored the treatment and living conditions of security detainees in Maseru (Lesotho), while working with the authorities on structural improvements benefiting the general prison population
- in coordination with the International Federation, helped the region’s National Societies improve family-links services for migrants and refugees, including through cross-border collaboration

The ICRC has worked in South Africa since the early 1960s, opening a regional delegation in Pretoria in 1978. It keeps a close eye on the domestic situation in the countries covered, supports a sport-based initiative that aims to reduce violence in two townships in South Africa, and helps refugees and asylum seekers to restore contact with family members. 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. It also visits detainees in Lesotho.

CONTEXT

South Africa maintained its influence within the region and in Africa more generally. It engaged in diplomatic initiatives and deployed peacekeeping troops abroad, such as in the Democratic Republic of the Congo (hereafter DRC) and Sudan. It remained firmly committed to its membership of the BRICS group of emerging economies comprising Brazil, the Russian Federation, India, China and South Africa. South Africa also occupied a temporary seat on the UN Security Council in 2012 and continued to host the Pan-African Parliament (PAP), among other regional organizations, as well as major think-tanks and media agencies.

Regionwide, persistent socio-economic issues – unemployment, income inequality and inadequate public services – prompted recurring protests. In South Africa, after violent strikes at the Marikana mine in August resulted in over 40 deaths, a commission was set up to investigate the incident. The South African government intensified its efforts to combat irregular immigration. In Swaziland, as in the previous year, protesters continued to press for wage increases and for multiparty democracy in rallies that frequently deteriorated into violence.

In Lesotho, a new government took charge after May elections.

ICRC ACTION AND RESULTS

The ICRC delegation in Pretoria focused on promoting widespread understanding of humanitarian principles and on reinforcing the ICRC’s standing as a reference on IHL for political and military authorities and other influential actors in the region.

With South Africa’s Department of International Relations and Cooperation (DIRCO), the ICRC co-organized two major seminars: the annual regional IHL seminar sought States’ commitment to enact domestic implementing legislation for humanitarian instruments; and, as part of the “Strengthening IHL” process, officials from 30 African countries discussed strengthening the legal protection of detainees in non-international armed conflict. The ICRC pursued dialogue with the South African authorities to gain wide support for these initiatives, as well as for the Health Care in Danger project.

Despite organizational challenges, members of the region’s national IHL committees, with ICRC technical support and through contacts with other government officials, helped advance ratification/implementation of IHL and other instruments, paving the way for Lesotho, South Africa and Swaziland to become

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		274	UAMs/SCs*	
RCMs distributed		273		
Phone calls facilitated between family members		11		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		50	Women	Minors
People located (tracing cases closed positively)		34		
	<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)		101	18	39
Documents				
People to whom travel documents were issued		66		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
ICRC visits				
Detainees visited and monitored individually		8	Women	Minors
Number of visits carried out		2		
Number of places of detention visited		1		
Restoring family links				
RCMs collected		1		
RCMs distributed		1		
Phone calls made to families to inform them of the whereabouts of a detained relative		9		

* Unaccompanied minors/separated children 1. Lesotho

parties to additional treaties in 2012. South Africa adopted domestic legislation implementing two major humanitarian instruments.

The ICRC also sought to consolidate knowledge of IHL among the region's armed forces. It further expanded training cooperation with the South African National Defence Force (SANDF), enabling more training centres to receive ICRC input on IHL teaching for troops, including on developing their training curricula for peacekeepers. Renewed dialogue with the Swazi armed forces enabled the ICRC to organize training activities for the country's military officers. During a multilateral military exercise, ICRC delegates imparted humanitarian principles to high-ranking officers from Botswana and South Africa.

The ICRC reached out to a wide range of civil society actors to enlist their support for the promotion of IHL and humanitarian principles. This included organizing a seminar to obtain broad public support for a future arms trade treaty. The ICRC helped IHL lecturers sustain proficiency in the subject through an annual seminar and sponsored students to test their knowledge of IHL in debating competitions. It also supported a multi-year research project to gauge the impact of violence-reduction programmes among South African youths.

Delegates continued to visit, in accordance with standard ICRC procedures, security detainees in Maseru, Lesotho. In addition to providing the detaining authorities with infrastructural support, the ICRC briefed prison staff on detention-related norms, as part of a wider initiative to enhance prison services across the region. Dialogue with the Swazi authorities regarding ICRC access to detainees continued.

Regionwide, the ICRC worked closely with the National Societies, providing them with material, financial and technical support to help boost their capacities in the areas of emergency response and family links, with a particular focus on providing these services to refugees and migrants through cross-border collaboration.

PEOPLE DEPRIVED OF THEIR FREEDOM

Eight security detainees held at the Maseru Central Correctional Institution in Lesotho in relation to an alleged assassination attempt on the country's prime minister in 2009 were visited,

in accordance with the ICRC's standard procedures, by delegates who checked on their treatment and living conditions. Following visits, the prison authorities received confidential reports, including recommendations as necessary. Inmates maintained contact with their relatives through ICRC-facilitated phone calls and RCMs; a foreigner detained for reasons unrelated to the assassination attempt informed his consulate of his detention through the organization.

Security and vulnerable detainees received toiletries, reading materials and other essential items. The rest of the prison population, some 800 people, also benefited from the ICRC's dialogue with the Lesotho prison authorities on general living conditions within the facility and from the authorities' efforts, with ICRC support, to improve them. Detainees enjoyed enhanced air quality and food hygiene after the ICRC provided thermal transfer oil for six industrial stoves, enabling them to stop using coal for cooking in a makeshift outdoor kitchen. Inmates in one block saw improvements in sanitation following the delivery of a water storage tank, a water heater and connecting pipes.

Visit to a South African immigration detention centre could not proceed yet, despite the authorities' agreement in principle. Discussions continued with the Swazi authorities regarding the ICRC's offer of services submitted in 2009. As part of wider efforts to improve detainees' legal protection in Southern African Development Community (SADC) countries, 130 prison staff received a briefing on IHL and international human rights law at the request of the Lesotho prison authorities, and two prison officials, one each from Botswana and Lesotho, enhanced their management skills at a course organized by the ICRC in Geneva, Switzerland.

AUTHORITIES

Government officials and representatives of regional/international organizations, including SADC, the PAP and the New Partnership for Africa's Development, exchanged views during meetings/events organized or attended by the ICRC focusing on promoting respect for IHL, the Health Care in Danger project and a prospective arms trade treaty (see *Civil society*) throughout the region and beyond.

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)				
Essential household items	Beneficiaries	11		

1. Lesotho

Dialogue with the South African authorities developed. DIRCO and the ICRC co-organized two IHL-related seminars: representatives of 18 African countries discussed their roles in IHL implementation during the 12th annual regional IHL seminar, which sought States' commitment to incorporate humanitarian instruments into domestic law; and, as part of the "Strengthening IHL" process (see *International law and cooperation*), officials from 30 African countries brainstormed ways to enhance the legal protection of people deprived of their freedom in non-international armed conflict. Discussions were ongoing with the South African authorities to gain their wide and direct support for these initiatives, as well as for the Health Care in Danger project.

ICRC seminars and other support focused on the role of the region's national IHL committees, notwithstanding their organizational challenges, in advancing treaty ratification/implementation, leading to limited yet significant results. South Africa, for example, acceded to Protocol V to the Convention on Certain Conventional Weapons and the Convention's 2001 amendment, and enacted legislation implementing the Protocol and the 1949 Geneva Conventions. Lesotho and Swaziland ratified the African Union Convention on IDPs, the latter the 15th State to do so, ensuring its entry into force in December. In Lesotho, the health authorities received a model draft law on the protection of health care services to aid their deliberations.

Governments took note of ICRC comments on National Society-related legislation; the PAP recognized the ICRC as an observer. SADC and the ICRC continued discussions regarding an agreement on further cooperation.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Through expanded dialogue, the region's armed forces continued to receive ICRC technical support on both the theoretical and practical application of IHL.

In South Africa, officers at an even greater number of SANDF training institutions benefited from ICRC technical support to IHL training. During predeployment briefings, peacekeeping battalions boosted their knowledge of IHL rules specific to their mission, including those relating to protection of health services. SANDF trainers made use of ICRC input to develop their training curricula; the Defence Ministry received feedback on its defence review process. During the Combined Joint African Exercise, high-ranking officers from Botswana and South Africa learnt how to incorporate a humanitarian perspective into peace-support operations. Following renewed dialogue with Swaziland's armed forces, some 70 officers participated in briefings, with a particular focus on international human rights law and norms related to military deployment in security operations. In Botswana, 50 officers attended an IHL refresher course.

CIVIL SOCIETY

Local/international media, using ICRC information materials, highlighted humanitarian issues and Movement activities. In one workshop, South African journalists learnt about the protection afforded them by IHL, while eNews Africa correspondents,

after travelling to the DRC, reported on the Movement's assistance to children formerly associated with armed groups.

To enlist government support for a future international arms trade treaty, the Institute for Security Studies (ISS) and the ICRC co-organized a public seminar to raise awareness of the humanitarian effects of poorly regulated arms transfers, followed up by a round-table on the topic for civil society actors. At other seminars/round-tables organized by the ISS and other NGOs, participants from diverse sectors drew on ICRC delegates' expertise in IHL and relevant norms. Private businesses, for example, received ICRC input during a regional workshop on the protection of businesses and human rights in situations of violence.

Fifteen law faculties in the region had already integrated IHL into their curricula. Lecturers received ICRC material/technical support in enhancing their IHL teaching skills. The ICRC also contributed to the publication of the *2011 African Yearbook on International Humanitarian Law*. During the annual Advanced IHL Seminar for Academics in Pretoria, 28 lecturers/researchers from across Africa deliberated contemporary IHL issues. Law students/graduates tested their IHL expertise with the help of ICRC sponsorship. For example, two student teams from the region joined the 48 teams from 40 countries worldwide taking part in the 2012 Jean-Pictet Competition on IHL, held – for the first time in Africa – in Winterton, South Africa; two other teams participated in the Arusha Moot Court Competition in Tanzania (see *Nairobi*).

The NGO Amandla received ongoing ICRC support in implementing a multi-year project involving a network of researchers tasked with gauging the impact of violence-reduction programmes among disaffected South African youths. The use of football leagues and leadership coaching involving the broader community as a methodology to reduce xenophobic/youth violence was shared with Movement partners working on youth violence (see *International law and cooperation*).

RED CROSS AND RED CRESCENT MOVEMENT

With ICRC training, material, technical and financial support, the region's National Societies focused on improving their capacities in the areas of family links, emergency response, dissemination and management, in collaboration with the International Federation.

The National Societies boosted volunteers' family-links capacities through training courses, including in a regional seminar in Zimbabwe on cross-border collaboration (see *Harare*), while continuing to help refugees/migrants reconnect with their families through RCMs. Besides attending a disaster management workshop, volunteers received training in first aid and the Safer Access approach, enabling the National Societies to better respond to needs arising from violence, in particular in Swaziland.

National Societies affected by financial/structural crises received support for their recovery/restructuring efforts. Movement components met regularly, coordinating their work in wider regional gatherings.

TUNIS (regional)

COVERING: Mauritania, Morocco/Western Sahara, Tunisia



ICRC regional delegation
 ICRC mission
 ICRC office/presence
 ICRC-supported prosthetic/orthotic centre
 * Map shows structures supporting ICRC operations in Libya

EXPENDITURE (IN KCHF)	
Protection	2,999
Assistance	4,504
Prevention	1,997
Cooperation with National Societies	779
General	-

▶ 10,279
 of which: Overheads 627

IMPLEMENTATION RATE	
Expenditure/yearly budget	97%

PERSONNEL	
Expatriates	28
National staff (daily workers not included)	56

KEY POINTS

In 2012, the ICRC:

- ▶ alongside visits to detainees, helped Mauritania's authorities repair or rehabilitate critical infrastructure in 4 prisons, boosting 885 detainees' access to adequate food, health care, hygiene and sanitation
- ▶ gave technical advice to the Tunisian authorities in their efforts to reduce prison overcrowding, contributing to the establishment of the country's first probation office and thereby facilitating the use of alternative sentencing options
- ▶ installed a fire detection/alert system in Tunisia's second-largest prison, improving the safety of 1,700 detainees
- ▶ with the National Society, delivered much-needed water and household essentials to Malian refugees in south-eastern Mauritania and began renovation of a health centre catering to the needs of both refugees and residents
- ▶ with the respective National Societies, helped separated family members restore/maintain contact, including people in transit in Tunisia who had fled Libya in 2011 and refugees from Mali in Mauritania
- ▶ provided expertise to the region's military/security authorities as they pursued efforts to integrate IHL/international human rights law into their doctrine, training and operations or, as in Tunisia, to reform the security sector

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. Acting as a neutral intermediary, it is also involved in efforts to resolve 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.

CONTEXT

A year after the election of a new government in 2011, Tunisia's political landscape had yet to stabilize as political groups jockeyed for power in advance of the 2013 elections. Protests in Tunisia, as in Mauritania, against deteriorating social and economic conditions took place in many towns, sometimes leading to clashes between demonstrators and law enforcement officers; Tunisia's state of emergency was extended to January 2013. Tunisians continued to await the drafting of a new constitution. Mauritania postponed its elections.

Security incidents in Tunisia, which multiplied in 2012, included attacks on diplomatic missions. In both Tunisia and Mauritania, military/security operations targeted armed elements suspected of endangering State security, some of whom had alleged ties to Al-Qaeda in the Islamic Maghreb. Mauritania's president was wounded by gunshot in unclear circumstances; he returned to the country in December following medical treatment abroad.

The region hosted many people fleeing conflict in neighbouring countries. At its height, nearly 100,000 people sought refuge in south-eastern Mauritania from the Malian conflict, increasing the strain on an area already experiencing food insecurity. Similarly, Tunisia continued to host people who had fled Libya in 2011. Although the number of people in transit had decreased, approximately 1,500 remained in one camp, Choucha, near the border.

The status of Western Sahara remained a contentious issue between Morocco and the Polisario Front. Families on both sides continued to seek news of relatives missing from the 1975–91 Western Sahara conflict. Mines/explosive remnants of war (ERW) remained from this period.

ICRC ACTION AND RESULTS

In response to the needs in the region, the Tunis delegation contributed to the protection of detainees and people separated from and/or seeking news of their families. Whenever possible, it worked in partnership with the respective National Societies, which it provided with financial, technical and material support in building their emergency response capacities, particularly in the areas of family links and the promotion of humanitarian principles. Together, they sought the support of the region's authorities, weapon bearers and opinion-shapers for IHL/humanitarian principles and Movement action through dialogue, briefings and training. Dialogue with the authorities in Mauritania resulted in the ratification of a new headquarters agreement formalizing the ICRC's presence in the country.

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		85	UAMs/SCs*	
RCMs distributed		185		
Phone calls facilitated between family members		16,263		
Reunifications, transfers and repatriations				
People reunited with their families		6		
Tracing requests, including cases of missing persons¹				
People for whom a tracing request was newly registered		107	Women	Minors
People located (tracing cases closed positively)		54		
	<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)		241	39	53
UAMs/SCs*, including unaccompanied demobilized child soldiers				
UAMs/SCs newly registered by the ICRC/National Society		3	Girls	Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		18		
Documents				
People to whom travel documents were issued		10		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)²				
ICRC visits				
Detainees visited		19,538	Women	Minors
Detainees visited and monitored individually		222	7	8
Detainees newly registered		132	3	8
Number of visits carried out		108		
Number of places of detention visited		38		
Restoring family links				
RCMs collected		93		
RCMs distributed		18		
Phone calls made to families to inform them of the whereabouts of a detained relative		158		
People to whom a detention attestation was issued ³		11		

* Unaccompanied minors/separated children

1. Not including people missing as a consequence of the Western Sahara armed conflict

2. Mauritania, Tunisia

3. Attestations delivered to persons formerly held as a consequence of the Western Sahara armed conflict

The ICRC visited detainees in Mauritania and Tunisia to monitor their treatment and living conditions and provided the authorities with confidential feedback and recommendations. To help the authorities make lasting improvements, the ICRC provided encouragement and expertise on matters such as detainees' treatment during interrogation and respect for their judicial guarantees. The Tunisian authorities pursued efforts to reduce prison overcrowding, notably by establishing a probation office to facilitate the use of alternative sentencing options. To assist Mauritanian detainees in gaining immediate access to adequate food, drinking water, health care and sanitation, the ICRC helped the authorities renovate critical infrastructure and provided prison health and catering services with various forms of support. It reiterated to the Polisario Front its readiness to resume visits to detainees under the group's authority.

Detainees and other people separated from their families, including migrants, contacted their relatives through Movement family-links services. Although the number of people in transit decreased, the ICRC and the Tunisian Red Crescent continued to offer telephone and tracing services in the Choucha transit camp on the Tunisia-Libya border. Others in the region, particularly people with relatives detained/interned abroad, such as in the US internment facility at Guantanamo Bay Naval Station in Cuba, communicated via telephone/video calls or RCMs. Former Guantanamo internees received ad hoc support to help them settle into their communities.

The Moroccan authorities and the Polisario Front were encouraged by the ICRC to clarify the fate of people missing from the Western Sahara conflict. Saharawis wounded during the conflict and other disabled people benefited from limb-fitting/physiotherapy

services provided by the ICRC-supported physical rehabilitation centre in Rabouni, near Tindouf, south-western Algeria. The Moroccan Red Crescent/ICRC conducted risk-awareness sessions for communities in the Moroccan-administered part of Western Sahara, an area still contaminated by mines/ERW, with a view to preventing further incidents.

People seeking refuge in south-eastern Mauritania from the Malian conflict received much-needed water and household essentials through ICRC support to the National Society and to organizations working in the camps at the Mauritania-Mali border. Work began on the rehabilitation of a nearby health centre to ensure it had sufficient capacity to handle the needs of the newcomers on top of those of the resident population.

To advance the implementation of humanitarian treaties, the ICRC enabled high-level officials from the countries covered to attend regional IHL courses. It provided expertise to the Mauritanian and Moroccan military/security authorities in their efforts to integrate IHL/international human rights law into their doctrine, training and operations and to the Tunisian authorities in reforming the security sector in line with international human rights law.

CIVILIANS

Fewer than 1,500 people who had fled Libya in 2011 remained in transit in the Choucha camp near the Tunisia-Libya border at the end of the year, where they received help from the Tunisian Red Crescent/ICRC in locating and/or contacting their relatives. Assessments found that the decrease in the camp's population as people were repatriated or resettled in third countries corresponded with a reduced need for telephone services: of the 16,200 calls made in 2012, only 3,000 were made after June. On this basis, family-links

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	2,500	57%	21%
	<i>of whom IDPs</i>	850		
Essential household items	Beneficiaries	84,500	41%	44%
	<i>of whom IDPs</i>	850		
Water and habitat activities	Beneficiaries	58,755	20%	65%
	<i>of whom IDPs</i>	58,755		
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	206		
Essential household items	Beneficiaries	690		
Water and habitat activities	Beneficiaries	2,585		
WOUNDED AND SICK				
Physical rehabilitation²				
Centres supported	Structures	1		
Patients receiving services	Patients	540	145	142
New patients fitted with prostheses	Patients	16	1	
Prostheses delivered	Units	32	2	
	<i>of which for victims of mines or explosive remnants of war</i>	23		
New patients fitted with orthoses	Patients	47	20	4
Orthoses delivered	Units	74	36	4
	<i>of which for victims of mines or explosive remnants of war</i>	6		
Number of patients receiving physiotherapy	Patients	540	145	142
Crutches delivered	Units	170		
Wheelchairs delivered	Units	10		

1. Mauritania, Tunisia

2. Physical rehabilitation centre in Rabouni (south-western Algeria) for disabled Saharawis

services were adapted and the Tunisian Red Crescent began the process of managing them independently with the help of training and on-the-job supervision. Around 2,500 people in the camp met their food needs with the help of a one-off distribution.

The Moroccan Red Crescent's staff/volunteers received similar training, including, for some volunteers, from a family-links module integrated into their standard training in disaster/emergency response techniques.

Family-links services remained available to people elsewhere in Tunisia and in the wider region, such as Malian refugees in Mauritania or Tunisian families searching for relatives in Syria. In addition, families communicated with relatives detained/interned

at the US internment facility at Guantanamo Bay Naval Station in Cuba, in Iraq or in other locations through telephone/video calls or RCMs. For the first time, families were able to send parcels to relatives held in the Guantanamo Bay internment facility. Three former Guantanamo internees received support according to their needs, enabling them to return home to Morocco or Tunisia and/or start their reintegration.

The Tunisian authorities and the National Society/ICRC shared materials/information collected on people missing in relation to migration or conflict in Iraq, Lebanon or the Mediterranean area, as a result of which three families of migrants and two unaccompanied children identified their relatives' remains. Working together to better understand the challenges facing migrants and

CIVILIANS	MAURITANIA	TUNISIA
Red Cross messages (RCMs)		
RCMs collected	72	13
	<i>including from UAMs/SCs*</i>	4
RCMs distributed	122	63
Phone calls facilitated between family members	16,261	2
Tracing requests, including cases of missing persons		
People for whom a tracing request was newly registered	96	11
	<i>of whom women</i>	20
	<i>of whom minors at the time of disappearance</i>	30
People located (tracing cases closed positively)	46	8
	<i>including people for whom tracing requests were registered by another delegation</i>	1
Tracing cases still being handled at the end of the reporting period (people)	235	6
	<i>of whom women</i>	38
	<i>of whom minors at the time of disappearance</i>	51
UAMs/SCs*, including unaccompanied demobilized child soldiers		
UAMs/SCs newly registered by the ICRC/National Society	1	2
UAM/SC cases still being handled at the end of the reporting period	16	2
Documents		
People to whom travel documents were issued	10	

* Unaccompanied minors/separated children

their families, the Moroccan Red Crescent and the ICRC carried out joint visits to regions in the country with a strong migrant presence. Contacts with leaders of Morocco’s migrant community served to raise their awareness of Movement family-links services at their disposal.

The Moroccan authorities and the Polisario Front received encouragement to clarify the fate of people missing from the Western Sahara conflict. Morocco’s new National Council for Human Rights finalized its structure, enabling its representatives and the ICRC to carry out a joint field visit to Laayoune city for the first time. The “Saharawi Red Crescent”, as the institution mandated to deal with the issue, and the ICRC discussed ways to boost the Polisario Front’s commitment to working with the “Saharawi Red Crescent” on the subject.

Camp hardship is eased for Malian refugees

In south-eastern Mauritania, following needs assessments in camps housing Malian refugees, close to 59,000 people enjoyed improved water and sanitation after camp facilities were upgraded by humanitarian organizations using materials supplied by the ICRC. Around 82,000 IDPs/refugees also received household essentials directly from the National Society/ICRC. Following the conclusion of an agreement between Mauritania’s Health Ministry and the ICRC, work began on the renovation of the Bassikounou health centre, which served both the camp and resident populations.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Mauritania and Tunisia, including those under arrest and interrogation, received visits from the ICRC, carried out according to its standard procedures, to monitor their treatment and living conditions. During visits, detainees contacted their families through Movement family-links services or, in the case of foreign detainees, informed their consular representatives of their situation through the ICRC. Following visits, the authorities received confidential feedback and recommendations where necessary.

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. The ICRC reiterated its readiness to conduct such visits.

Mauritanian detainees meet their food, health and sanitation needs

At their request, the Mauritanian Justice Ministry and prison authorities met several times with an ICRC-commissioned specialist in prison administration to talk about broad penitentiary reform. In particular, to strengthen respect for detainees’ judicial guarantees, the authorities worked with the ICRC to develop a reference document outlining the guarantees to be respected at each stage of the legal process. They were also informed of detainees’ cases that required follow-up.

To help address deficiencies in meeting detainees’ basic needs and to promote their general health, the authorities, with ICRC support, renovated a range of facilities, including kitchens, dispensaries, water/sanitation systems, cells and open spaces, in four prisons. As a result, 885 inmates, some of them women, enjoyed sufficient quantities of drinking water and food, better health care, proper sanitation/wastewater-disposal systems, increased light and ventilation, and access to the open air. Following the conclusion of an agreement between the Habitat Ministry and the ICRC, similar work began in two more detention centres.

In the above-mentioned four prisons and three others, detainees received appropriate health care from prison health staff supplied by the ICRC with medicines and equipment. Health staff also benefited from on-the-job training and supervision, backed by salary incentives, and were encouraged to adhere to regular working hours and increase the frequency of consultations. To reduce detainees’ exposure to health risks, all seven prisons received cleaning products and underwent fumigation for pest control.

In Nouakchott’s biggest prison, around 200 malnourished detainees augmented their regular meals with high-calorie supplements as part of a therapeutic feeding programme. The prison authorities received a report on the food supply chain and discussed the findings with an ICRC nutritionist. Afterwards, they held coordination meetings with the city’s medical personnel to discuss ways to improve prison health services, including plans for future dental consultations.

Tunisian authorities pursue long-term efforts to improve detainees’ treatment and living conditions

The Tunisian Interior Ministry received a written report on detainees’ treatment during interrogation. The authorities were encouraged to investigate and, where needed, follow up cases of alleged abuses. Police and National Guard officers in charge of interrogation and the ICRC discussed the report’s findings during a workshop exploring ways to reinforce respect for detainees’ rights. During hunger strikes in several Tunisian prisons, detainees received more frequent visits from the ICRC as well as, in the two prisons most affected, ad hoc assistance.

Although personnel changes precluded prison officials from attending a planned course on penitentiary management, work continued on a joint Tunisian Justice Ministry/ICRC pilot initiative to tackle prison overcrowding. The new project head, representatives of the five prisons involved and the ICRC relaunched activities for the year. The training programme for prison staff was reviewed during a train-the-trainer session facilitated by an ICRC-sponsored instructor, while prison staff attending awareness sessions learnt about the consequences of overcrowding and about the ICRC’s work. The authorities and the ICRC agreed to promote alternative sentencing options among judges, with the aim of decreasing the influx of new detainees. To this end, they established a probation office tasked with ensuring that people complied with the terms of their alternative sentences.

CIVILIANS		MAURITANIA	TUNISIA
Economic security, water and habitat			
Food commodities	Beneficiaries		2,500
	<i>of whom IDPs</i>		850
Essential household items	Beneficiaries	82,000	2,500
	<i>of whom IDPs</i>		850
	<i>Water and habitat activities</i>	58,755	
	<i>of whom IDPs</i>	58,755	

In the meantime, to make a more immediate difference in detainees' daily lives, the Tunisian Justice and Health Ministries and the ICRC met to discuss a possible joint project aimed at improving health services in three prisons. With the help of an ICRC-commissioned consultant, the two ministries conducted health assessments in six prisons; the final report, completed in October, provided the basis for the planning of future activities.

Around 1,700 inmates in Tunisia's second-largest prison had a safer environment after the ICRC completed the installation of a fire detection/alarm system. With the ICRC, the authorities identified two other prisons needing similar systems and other repairs. To help them care for the particular needs of detainees, prison doctors and psychologists raised their awareness of concerns related to the delivery of physical and mental health care in prisons at information sessions.

WOUNDED AND SICK

Around 540 disabled Saharawis benefited from limb-fitting/physiotherapy services provided by the ICRC-supported physical rehabilitation centre in Rabouni, near Tindouf, south-western Algeria. Others made use of wheelchairs and crutches provided by the centre. Serving nearby refugee camps, the centre prevented patients from having to travel long distances for treatment. To help ensure sustainability, seven Saharawi physiotherapists and prosthetic/orthotic technicians enhanced their skills through ICRC supervision and on-the-job training. On the occasion of the International Day of Persons with Disabilities, more than 40 runners, including people with disabilities, participated in a race organized to raise Saharawi refugees' awareness of the centre and to gain their support for its activities.

In the Moroccan-administered part of Western Sahara, communities learnt how to avoid the dangers posed by mines/ERW through education sessions conducted by trained volunteers from the Moroccan Red Crescent using ICRC-provided dissemination materials. Four families of mine victims travelled to visit their relatives in hospital and eight children of mine victims had their school fees paid for thanks to National Society micro-initiatives.

AUTHORITIES

Dialogue with the region's authorities, including, in Tunisia, penitentiary personnel, focused on building their awareness of and support for the ICRC's neutral, impartial and independent humanitarian action (see *People deprived of their freedom*). In February, the Mauritanian parliament ratified a headquarters agreement formalizing the ICRC's presence in the country.

With ICRC support, the region's governments pursued efforts to build their expertise in and implement IHL. Mauritania's ministers' council approved the ratification of the Convention on Enforced Disappearance and the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. To encourage further such progress, officials from the region participated in IHL workshops abroad (see *Kuwait* and *Lebanon*). Moroccan diplomats and parliamentarians learnt more about IHL principles at seminars held at the diplomats' school in Rabat.

Tunisia's national IHL committee reviewed the draft law protecting the Movement's emblems and, with ICRC support, began work on two other bills on the repression of war crimes and on the protection of cultural property.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Given the situation in the region (see *Context*), building respect for Movement operations, IHL and other rules governing the conduct of security operations remained important. Military/security establishments cooperated with the ICRC to that end, with some taking steps to incorporate such topics formally into their curricula.

Mauritania's highest military and security authorities decided to integrate IHL and international human rights law into their training, with the army, *gendarmerie*, National Guard and police drawing on ICRC expertise to draft a plan of action for the next four years. Similarly, in Tunisia, the authorities sought ICRC advice in pursuing security sector reform aligned with international human rights law. Tunisian security officers undergoing the highest level of education in their field attended a seminar on the topic, co-organized with their institute for the first time. These activities heightened the ICRC's visibility within the Tunisian Interior

PEOPLE DEPRIVED OF THEIR FREEDOM	MAURITANIA	TUNISIA
ICRC visits		
Detainees visited	1,555	17,983
Detainees visited and monitored individually	70	152
	<i>of whom women</i>	7
	<i>of whom minors</i>	8
Detainees newly registered	22	110
	<i>of whom women</i>	3
	<i>of whom minors</i>	8
Number of visits carried out	42	66
Number of places of detention visited	11	27
Restoring family links		
RCMs collected	61	32
RCMs distributed	4	14
Phone calls made to families to inform them of the whereabouts of a detained relative	119	39

PEOPLE DEPRIVED OF THEIR FREEDOM	MAURITANIA	TUNISIA
Economic security, water and habitat		
Food commodities	Beneficiaries	206
Essential household items	Beneficiaries	690
Water and habitat activities	Beneficiaries	885
		1,700

Ministry, which expressed interest in continuing cooperation with the organization in other aspects of law enforcement, including regarding the treatment of people held in places of temporary detention (see *People deprived of their freedom*). In addition, over 100 trained Tunisian officers preparing to deploy as peacekeepers received briefings with ICRC participation.

Otherwise, during briefings or seminars, including at institutes providing the highest level of military training in each country, more than 600 officers learnt more about IHL and the work of the ICRC. An additional 120 Moroccan officers attending an academy for auxiliary forces, 100 cadets at the *gendarmérie* school and 100 officers from the military examined the use of force and the application of IHL in situations of violence, including armed conflict. With the support of the Canadian and Swiss Defence Ministries, the medical services of the Tunisian armed forces organized an IHL course for their personnel with ICRC participation.

In Laayoune city, officials from the UN Mission for the Referendum in Western Sahara and the ICRC shared views on common operational concerns.

CIVIL SOCIETY

National Society/ICRC contacts, briefings and seminars with various sectors of civil society fostered support for humanitarian principles and Movement action among influential people in the region. They included meetings with representatives of the media, NGOs involved in detention-related matters, political groups and religious leaders. Contacts were widened with Tunisian journalists, many of whom learnt about ICRC activities while reporting on the hunger strikes in prisons (see *People deprived of their freedom*). One prominent journalist attended an IHL course abroad (see *Lebanon*), while others learnt about the nuances of conflict reporting at ICRC seminars in Morocco and Tunisia.

Members of academic circles worked with the ICRC to stimulate interest in IHL and the Movement, co-organizing lectures/seminars and publishing articles related to IHL. In a significant step, ten representatives of Tunisian universities attended a round-table convened with the aim of drafting a report on the status of IHL teaching in the country. At the start of the academic year, IHL was introduced in a graduate law degree at one university. With ICRC sponsorship, three academics attended an advanced IHL course abroad (see *Lebanon*).

RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies continued to draw on ICRC technical, financial, material and training support to increase their capacities, both operational and institutional (see *Civilians and Wounded and sick*).

In coordination with the International Federation, the Tunisian Red Crescent and the ICRC entered into a three-year partnership agreement that included support to first-aid and disaster-response volunteers and communication focal points. As part of the agreement, all staff and volunteers received training in the Safer Access approach, with a view to integrating the approach into their training curricula.

The Mauritanian Red Crescent pursued the revision of its statutes, policies and operational strategy, appointing new coordinators/managers in the fields of health, disaster response and food security. Together with the ICRC, the National Society assessed its first-aid training needs, paving the way for future cooperation; for the first time, the two organizations discussed a possible partnership agreement.

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 restores contact between refugees, migrants and their families. It pursues long-standing programmes to spread knowledge of IHL among the authorities, armed forces and civil society, and supports the development of the region's National Societies.

CONTEXT

The region remained generally stable and free of armed conflict, although insecurity linked to piracy and local political tensions persisted in and around the oil-rich Gulf of Guinea. In Angola's Cabinda enclave, tensions continued between the Angolan armed forces and alleged members of the Front for the Liberation of the Enclave of Cabinda. In Cameroon, localized intercommunal clashes led to riots in Douala early in the year. In March, the explosion of a munitions depot in Mpila (Brazzaville), Congo, resulted in dozens of deaths, thousands of injuries and displacement. Demonstrations ensued, leading to localized rioting among youth.

Economic and social factors, namely the unequal distribution of wealth, high youth unemployment, rising food prices and, in northern Cameroon, the effects of drought, were sources of social discontent.

The Angolan government continued to deport economic migrants, mostly Congolese nationals, considered illegal, from Lunda Norte back to the Democratic Republic of the Congo (hereafter DRC). The repatriation of refugees from the DRC remaining in Congo's north-eastern region of Likouala continued.

Legislative elections in Angola and Congo and a government reshuffle in Equatorial Guinea passed off without major incident.

ICRC ACTION AND RESULTS

The Yaoundé delegation focused on supporting the region's National Societies in assisting vulnerable people; visiting and monitoring security detainees in the region's prisons; and promoting widespread understanding of humanitarian principles, IHL and the Movement.

Whenever possible, the ICRC worked with the region's National Societies to respond rapidly and efficiently to the emergency needs of vulnerable people. To this end, it helped the National Societies strengthen their operational capacities, particularly in the areas of emergency preparedness/response, family links and communication. Movement components met regularly to coordinate activities in the region.

With the respective National Societies, the ICRC carried out family-links activities. In particular, they provided such services to migrants awaiting deportation/deported from Angola and their families left behind or in the DRC (see *Context*). The opening of an office in Lunda Norte helped support these activities and facilitated increased dialogue with national/local Angolan authorities on the humanitarian situation of migrants awaiting deportation.

EXPENDITURE (IN KCHF)

Protection	1,436
Assistance	-
Prevention	1,894
Cooperation with National Societies	1,129
General	-

► 4,459

of which: Overheads 272

IMPLEMENTATION RATE

Expenditure/yearly budget	85%
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PERSONNEL

Expatriates	9
National staff (daily workers not included)	49

KEY POINTS

In 2012, the ICRC:

- established dialogue with the Angolan authorities on the humanitarian situation of Congolese migrants deported from Angola, opening an office in Lunda Norte to better respond to the migrants' needs
- with the Congolese Red Cross, reunited 57 children separated from their families by a munitions explosion in Mpila, Congo, while helping the authorities manage the victims' remains
- assisted the authorities in collecting some remaining unexploded munitions in Mpila, while helping communities learn of their associated dangers, resulting in no further injury or death among civilians
- supported first-aid instructors of the Congolese Red Cross in integrating family-links techniques and the Safer Access approach into their curricula, thereby strengthening their emergency response capacities
- following renewed dialogue with the penitentiary authorities in Equatorial Guinea, resumed complete visits to inmates in detention facilities
- developed relations with the Central African Multinational Force to help it formally integrate IHL into its training curricula

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		232	3	
RCMs distributed		407	1	
Reunifications, transfers and repatriations				
People reunited with their families		67		
	<i>including people registered by another delegation</i>	7		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		171	5	132
People located (tracing cases closed positively)		124		
	<i>including people for whom tracing requests were registered by another delegation</i>	14		
Tracing cases still being handled at the end of the reporting period (people)		75	8	48
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		95	42	
UAMs/SCs reunited with their families by the ICRC/National Society		67	38	
	<i>including UAMs/SCs registered by another delegation</i>	7		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		25	9	
Documents				
People to whom travel documents were issued		2		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
ICRC visits			Women	Minors
Detainees visited		56		
Detainees visited and monitored individually		27	1	
Detainees newly registered		6		
Number of visits carried out		28		
Number of places of detention visited		16		
Restoring family links				
RCMs collected		7		
RCMs distributed		5		
People to whom a detention attestation was issued		4		

* Unaccompanied minors/separated children

1. Angola, Cameroon, Congo, Equatorial Guinea, Gabon

In coordination with the authorities, the ICRC worked with the Congolese Red Cross to restore contact between family members separated by the munitions explosion in Mpila (see *Context*), focusing on unaccompanied minors. Such efforts led to the reunification of the vast majority of separated children registered by the National Society/ICRC with their relatives within three months of the incident. With ICRC input, the Brazzaville municipality created a search unit to locate those unaccounted for, so that families could learn the fate of their missing relatives. An ICRC forensic specialist helped the municipality train security forces to recover human remains in ways that would aid their identification. Furthermore, a team of weapon-contamination experts helped collect some of the remaining unexploded munitions and worked with the National Society to raise communities' awareness of the associated dangers.

The ICRC visited security detainees in Angola, Cameroon and Congo, along with people detained in Angola's Cabinda enclave and individuals awaiting deportation from Angola. Following such visits, the ICRC shared confidential feedback with the authorities concerned and, as necessary, made recommendations for improvements. Renewed discussions with the Defence, Justice and National Security Ministries in Equatorial Guinea led to the resumption of visits to detainees in facilities temporarily inaccessible to the ICRC. The organization provided guidance and expertise to the Gabonese authorities as they worked towards penitentiary reform. Towards year-end, it submitted a report to the authorities on health and sanitation conditions in prisons, containing specific recommendations. This led to plans to carry out a project to make improvements in these areas in two prisons.

The delegation maintained contact with regional, national and local authorities, including the Economic Community of Central African States (ECCAS), and with weapon bearers and influential civil society members, including Islamic leaders and youth groups. Dialogue aimed to enhance understanding of IHL/international human rights law and garner support for the Movement. It also served to encourage the authorities to accede to outstanding IHL treaties and integrate their provisions into national law, contributing, for example, to the ratification of the Hague Convention on Cultural Property by Angola and the Convention on Cluster Munitions by Cameroon. Cooperation with the armed and security forces, in particular their training institutions, focused on assisting them in integrating IHL and other relevant international law into their training and operations. This included the organization of various presentations and training sessions on IHL for armed and security force members in Angola, Cameroon, Congo and Gabon.

CIVILIANS

Civilians, particularly migrants deported from Angola to the DRC and people affected by violence in Angola's Cabinda enclave, approached the ICRC with allegations of human rights violations. Delegates documented such allegations, which served as the basis for dialogue with the Angolan national/local authorities, including the national foreign migration service. Weapon bearers in Angola were also reminded of the respect due to civilians under international human rights law and other applicable laws (see *Armed forces and other bearers of weapons*).

With ICRC support and training, the National Societies in Angola and Congo strengthened their family-links capacities and

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) ^{1,3}				
Food commodities	Beneficiaries	58	1%	28%
Essential household items	Beneficiaries	8	3%	6%
Cash	Beneficiaries	17	12%	82%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme) ^{2,3}				
Food commodities	Beneficiaries	231		
Essential household items	Beneficiaries	2,463		

1. Angola, Cameroon, Congo

2. Angola, Cameroon, Congo, Equatorial Guinea, Gabon

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

expanded their volunteer network. First-aid instructors in Congo integrated family-links techniques and the Safer Access approach into their curricula (see *Red Cross and Red Crescent Movement*). At a seminar organized with the Congolese Red Cross, 11 volunteers acquired the skills to run family-links services independently. Such services enabled separated family members, including DRC refugees in Likouala, Congo, and DRC migrants, to restore or maintain contact.

Through cooperation between the ICRC offices in Kananga, DRC, and Lunda Norte, Angola (both established in 2012), economic migrants, mostly from the DRC, and in particular unaccompanied children, awaiting deportation/deported from Angola used RCMs to exchange news with relatives in either country. Two people, including one unaccompanied girl, rejoined their families and received financial assistance to cover their transportation costs. Vulnerable people, such as unaccompanied minors and families/orphanages hosting them and people in a transit centre in Lunda Norte, received ad hoc food rations and/or essential items to help them cover their immediate needs.

In coordination with the Congolese Ministry for Humanitarian Action, family members, particularly children, dispersed by the munitions explosion in Mpila (see *Context*), restored contact. Out of 81 registered unaccompanied minors, 70 rejoined their families within three months of the incident, of which 57 did so with National Society/ICRC help. With ICRC input, the Brazzaville municipality created a search unit to locate those unaccounted for, so that families could learn the fate of their missing relatives. With the help of an ICRC forensic specialist, the municipality trained security forces to recover human remains in ways that would aid identification. It enabled the collection of post-mortem information, and provided its dedicated software to manage the data. A local team underwent training to ensure appropriate follow-up of such activities. Similarly, victims of a plane crash in Brazzaville in December benefited from activities carried out with the Congolese Red Cross, the fire brigade and the army to manage human remains appropriately.

To help prevent further injury among civilians in Mpila, ICRC weapon-contamination experts, in coordination with the relevant

authorities, helped collect some of the remaining unexploded munitions in 20% of the total contaminated area. Communities learnt of the dangers related to such munitions during information sessions run with the National Society. These activities contributed to the result that no civilians were injured or killed during the months following the incident. As necessary, team members who assisted victims of the explosion, including National Society volunteers, morgue employees and psychological counsellors, benefited from National Society/ICRC psychological support to help them work effectively.

PEOPLE DEPRIVED OF THEIR FREEDOM

People held for security reasons in Angola, Cameroon, and Congo, as well as some detainees in Equatorial Guinea and Gabon, received ICRC visits, carried out according to the organization's standard procedures, to assess their treatment and living conditions. Among inmates visited were people detained in Angola's Cabinda enclave and individuals awaiting deportation in retention centres or police stations in Lunda Norte (see *Civilians*). Following such visits, the relevant authorities received confidential feedback and, as necessary, recommendations for improvements. When needed, detainees, particularly foreign inmates, used RCMs to contact relatives.

Renewed discussions with the Defence, Justice and National Security Ministries in Equatorial Guinea focused on obtaining regular access to all detainees within the ICRC's purview held in various places of detention. These exchanges resulted in the resumption of complete visits to detainees held in facilities temporarily inaccessible to the ICRC.

With ICRC encouragement, the authorities in Gabon worked towards penitentiary reform. Based on a report submitted by the ICRC containing findings and recommendations following its assessment visits in 2011, the Justice Ministry drafted a detailed action plan to improve prison management and detention conditions, including tangible steps for its implementation. The plan focused notably on health, nutrition, infrastructure and the judiciary system. Similarly, towards year-end, the Justice Ministry received another report containing findings and specific recommendations following visits by ICRC experts to assess health and sanitation conditions in three prisons. This led to future plans to

CIVILIANS		ANGOLA ¹	CAMEROON	CONGO
Economic security, water and habitat				
Food commodities	Beneficiaries	2		56
Essential household items	Beneficiaries	2		6
Cash	Beneficiaries		17	

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

jointly carry out a project to make improvements in these areas in two of the prisons. In agreement with the authorities, meetings with regional/international organizations dealing with detention issues aimed to garner their support for the reform process.

Detainees in six prisons in Angola's Cabinda enclave, Cameroon, Congo, Equatorial Guinea and Gabon benefited from ad hoc supplementary food rations and/or hygiene items or other essentials to help improve their health and living conditions.

AUTHORITIES

Dialogue with the region's authorities at several levels, including the Angolan national foreign migration service in Lunda Norte (see *Civilians*), aimed to enhance their understanding of IHL/international human rights law and garner support for the Movement.

Meetings with ECCAS focused on the ICRC's action in the region and the dissemination of IHL among and its integration by ECCAS member countries and the Central African Multinational Force (FOMAC) (see *Armed forces and other bearers of weapons*).

Contacts with the authorities served to promote the incorporation of IHL treaties into national legislation and/or the creation of a national IHL committee. Ministry officials or parliamentarians in Cameroon, Congo and Gabon attended workshops on such topics organized with the authorities. These efforts contributed to the ratification of the Hague Convention on Cultural Property by Angola and the Convention on Cluster Munitions by Cameroon. The authorities in Angola, Cameroon and Congo took steps to advance accession to other IHL treaties.

Drawing on ICRC expertise, the Cameroonian Justice Ministry considered the inclusion, in a specific law, of draft articles integrating sanctions for IHL violations and provisions of weapon-related treaties incorporated into a draft national criminal code.

Two senior Angolan officials deepened their IHL knowledge at the 12th annual regional IHL seminar in South Africa (see *Pretoria*).

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Meetings with the region's armed/security forces, deployed to maintain or restore law and order during public demonstrations and unrest, aimed to enhance their understanding of IHL/international human rights law, humanitarian issues and the Movement.

At National Society/ICRC-organized sessions in Yaoundé, senior officers, military medical staff and Defence Ministry officials enhanced their knowledge of such topics, including those covered by the Health Care in Danger project. During presentations, 205 officers from two Cameroonian military academies, including some from the army, air force, navy and fire department, deepened their understanding of IHL and the appropriate use of force in maintaining law and order. Similarly, dialogue with the Cameroonian security forces centred on the promotion of relevant international law among security/law-enforcement officers. Meetings with weapon bearers in Angola included contacts with the border police and *gendarmerie* in Lunda Norte to help increase their understanding of IHL/international human rights law and the protection they afforded, notably to civilians (see *Civilians*).

Bilateral discussions with ECCAS and FOMAC, including the regional central command, focused on promoting IHL to its standby brigade and possible ICRC participation in future field exercises.

To help improve training quality among military training institutions, delegates contributed expertise and/or facilitated workshops on IHL/international human rights law. In Angola, 126 officers enhanced their IHL knowledge at a course organized with the staff college in Luanda. Officers from Cameroon's Rapid Intervention Battalion (BIR) participated in similar courses. In Gabon, 82 officers from 17 French-speaking countries attended IHL sessions at the Libreville military academy, while the Mouila national training school for non-commissioned officers incorporated IHL into its curriculum. Congolese instructors refined their teaching skills at a train-the-trainer course organized with the national IHL committee. An officer from the BIR boosted his IHL expertise at the 2012 Senior Workshop on International Rules Governing Military Operations (see *International law and cooperation*).

CIVIL SOCIETY

Efforts to build widespread support for humanitarian principles/the Movement among youth, political/religious leaders, the media and academic circles continued with the region's National Societies.

Islamic leaders/youth groups and 3,000 motorcyclists learnt about the Movement and its emblems and/or first-aid skills at events organized by Cameroonian Red Cross youth clubs. During national youth day celebrations at Douala University, 1,700 people

PEOPLE DEPRIVED OF THEIR FREEDOM	ANGOLA	CAMEROON	CONGO	EQUATORIAL GUINEA	GABON
ICRC visits					
Detainees visited	11	9	9	24	3
Detainees visited and monitored individually	8	7	9		3
			1		
		4	2		
Detainees newly registered					
Number of visits carried out	10	5	5	4	4
Number of places of detention visited	3	4	3	3	3
Restoring family links					
RCMs collected		2	5		
RCMs distributed			5		
People to whom a detention attestation was issued			4		

PEOPLE DEPRIVED OF THEIR FREEDOM	CAMEROON	CONGO	GABON
Economic security, water and habitat¹			
Food commodities	Beneficiaries	225	6
Essential household items	Beneficiaries	450	13
			2,000

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

enhanced their knowledge of the Movement. At seminars, participants learnt about the ICRC's work, including its family-links services, and discussed IHL-related topics such as the proposed arms trade treaty. The Congolese IHL club organized an IHL presentation for 50 high-level officials from the Communication, Defence, Justice and Youth Ministries and students.

Drawing on press releases, interviews, publications and/or field trips, the media, particularly in Cameroon, Congo and Equatorial Guinea, generated regular and accurate coverage (including radio broadcasts) of humanitarian issues and associated Movement action. For instance, the national/international media covered the Movement's activities following the munitions explosion in Mpila (see *Civilians*).

Selected academic establishments benefited from ICRC expertise and IHL materials specific to their needs, including updated publications and reference literature for their libraries. Through briefings/presentations, 150 Cameroonian students learnt about ICRC activities, particularly in Libya. In Congo, lecturers attended similar briefings organized with military instructors (see *Armed forces and other bearers of weapons*), helping enhance IHL teaching standards. Students/teachers used the delegation's IHL documentation centre for study/research purposes.

RED CROSS AND RED CRESCENT MOVEMENT

With ICRC training and financial, material and technical backing, the region's National Societies strengthened their operational capacities, particularly in the areas of emergency preparedness/response, family-links and communication.

Emergency-response team leaders from 10 National Societies from the region and beyond exchanged ideas and good practices at a workshop in Brazzaville aimed at harmonizing first-aid approaches. At a national workshop, 15 Congolese first-aid instructors harmonized their training curricula, integrating family-links techniques and the Safer Access approach (see *Civilians*). Refresher courses and donated equipment further enhanced the National Societies' first-aid capacities. Such support helped first-aiders/volunteers adequately address the needs of victims of major incidents in Congo (see *Civilians*).

Disaster management-trained Gabonese Red Cross personnel assisted victims of flooding and worked to improve vulnerable people's health. An assessment of the Sao Tome and Principe Red Cross's capacities helped it determine its priorities for action. The training of 11 emergency-response team leaders in the implementation of economic security projects enabled Cameroonian, Congolese and Guinean Red Cross teams to help sustain vulnerable communities' livelihoods.

The Cameroonian Red Cross revised its contingency and communication plans and created a new communication team. With equipment and training, 20 Cameroonian focal points and radio presenters produced radio spots promoting the Movement. The Congolese Red Cross produced similar radio spots. The region's National Societies published brochures/newsletters on their activities and promoted the Movement to the wider public on World Red Cross and Red Crescent Day (8 May).

Movement components met regularly to coordinate activities.

ASIA AND THE PACIFIC

DELEGATIONS

Afghanistan
 Bangladesh
 Myanmar
 Nepal
 Pakistan
 Philippines
 Sri Lanka

REGIONAL DELEGATIONS

Bangkok
 Beijing
 Jakarta
 Kuala Lumpur
 New Delhi
 Suva

EXPENDITURE (IN KCHF)

Protection **37,211**
 Assistance **112,764**
 Prevention **29,938**
 Cooperation with National Societies **13,903**
 General -

193,817 of which: Overheads **11,822**

Implementation rate
98%

 ICRC delegation
  ICRC regional delegation
  ICRC mission

ASIA AND THE PACIFIC

The ICRC's operational environment in several parts of Asia and the Pacific remained challenging in terms of the scope of humanitarian needs and access constraints resulting from fighting or insecurity or from government restrictions. In Pakistan, ICRC operations faced significant difficulties, as evidenced in particular by the kidnapping and murder of a health delegate that resulted in the suspension of most ICRC activities in May. This included the closure of the ICRC field hospital in Peshawar, a well-known regional referral hospital for weapon-wounded patients from both Pakistan and Afghanistan. Despite these challenges, the ICRC maintained its dialogue with the Pakistani authorities with a view to clarifying its objectives in the country and resuming scaled-down operations. Owing to the shifting political and security situation in Afghanistan, the delegation also experienced setbacks such as the withdrawal of its medical team from Mirwais Hospital in Kandahar after a security incident in June; as a result, some of its overall objectives were not fully met.

Given the challenges faced by other operations in the region, for example, in India, Indonesia, Myanmar and Sri Lanka, the ICRC worked to gain acceptance of and support for its neutral, impartial and independent humanitarian action, its activities and IHL among the authorities, armed and security forces and influential members of civil society, notably the media and religious and community leaders. It organized and participated in regional events and engaged in bilateral dialogue, raising context-specific humanitarian issues in order to obtain access to and address the needs of people affected by past and present armed conflicts and other situations of violence or concern, including detainees, migrants, families of the missing and communities exposed to the presence of mines/explosive remnants of war.

The regional resource centre attached to the delegation in Malaysia helped ICRC delegations throughout Asia and the Pacific enhance understanding of IHL and humanitarian action and principles and encourage the implementation of IHL among stakeholders. With the authorities, the ICRC organized three regional Teaching Sessions on IHL in Bhutan, Malaysia and Sri Lanka, and an international workshop on IHL and military operations in Malaysia (see *International law and cooperation*). Backed by the findings of its customary IHL studies, the ICRC also offered expertise and technical support to governments on acceding to IHL instruments and enacting national legislation, to armed and security forces for integrating IHL and humanitarian practices into their doctrine, training and operations, and to relevant universities for including IHL and humanitarian principles in their curricula. The education ministries and National Societies of, for example, Brunei Darussalam, China, the Republic of Korea, Malaysia, Mongolia, Singapore and Thailand received similar support, tailored to the degree of implementation of the Exploring Humanitarian Law programme in their countries, and shared their experiences of the programme during a regional seminar in Indonesia. More broadly, the ICRC contributed to the discussion on migration trends and developments during the 26th Asia Pacific Roundtable in Malaysia. It worked with the Association of Southeast Asian Nations (ASEAN) on various regional issues, including by enhancing the peacekeeping competencies of participants from 16 countries at a joint seminar in Indonesia and independently conducting predeployment IHL briefings for troops bound for international peacekeeping missions. These efforts were reinforced by dialogue with key players, such as the top-level officials met by the ICRC president in Afghanistan and in Japan,

where the ICRC's yearly Donor Support Group¹ meeting was held. Discussions with the Indonesian authorities continued with the aim of redefining or formalizing the organization's role and activities in the country, including detention visits, and with Sri Lankan government officials on helping them address the consequences of the former armed conflict.

Partnerships with the region's National Societies allowed the ICRC to increase the coverage or effectiveness of its operations, particularly in Afghanistan, India, Myanmar, Nepal, Pakistan and the Philippines. In Afghanistan, this partnership, combined with intense networking and adapted working procedures, was pivotal to reaching vulnerable communities in all 34 of the country's provinces. 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.

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 conflict, other situations of violence, migration or natural disasters. The ICRC offered RCM, tracing and sometimes telephone/videoconference services to people seeking to contact relatives, including those who were detained locally or abroad, and issued travel documents to asylum seekers accepted by a host country. It 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 Nepal, 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, and training in the correct handling of human remains to help ensure people could be accounted for. The ICRC acted as a neutral intermediary in facilitating the handover of the remains of 1,200 fallen fighters between the parties to the conflict in Afghanistan and helped in the release and repatriation of 29 Chinese nationals held by an armed group in Sudan, providing a concrete opportunity for the Chinese authorities to appreciate the ICRC mandate.

While working to gain acceptance and support, the ICRC provided tailored, needs-based responses, in a neutral and impartial way, to the needs of people affected by conflicts or other situations of violence. In contexts where IHL applied and dialogue was forthcoming, it 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 assistance safe passage. With ongoing fighting resulting in civilian casualties and other weapon-wounded patients, despite the limitations imposed on its operations in Afghanistan and before the suspension of its activities in Pakistan, the ICRC continued to support hospitals and sought to improve access to adequate first aid and surgical care in

1. The ICRC's Donor Support Group – made up of governments contributing more than CHF 10 million in cash annually – comprised 18 members in 2012 (based on 2011 contributions)

both countries. It provided similar assistance in 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, supporting ambulance services, training medical staff and first responders, supplying first-aid posts and hospitals, and financing patients' treatment costs, as needed. With the local authorities and the National Society, it provided both Muslim and Rakhinese victims of inter-communal clashes in Rakhine state, Myanmar, with such emergency assistance. After the security incident at Mirwais Hospital, the ICRC, in coordination with the Afghan health authorities, reassessed its engagement and subsequently shifted its focus from substitution to a more supporting role in hospital operations.

Primary health centres and National Society fixed and mobile health clinics in Afghanistan, India, Myanmar, Pakistan and Papua New Guinea received ICRC supplies, training and maintenance support, enabling them to provide quality preventive and curative health care for affected people. The ICRC enlisted more women volunteers in Afghanistan, thus making it easier for female patients to obtain health care.

In 11 countries, including Bangladesh, Cambodia, China, the Democratic People's Republic of Korea and Myanmar, the ICRC provided assistance for the provision of physical rehabilitation services. Some 111,000 amputees and other disabled patients, including mine victims, received services at ICRC-supported centres. In some countries, the National Society, supported by the ICRC, ran outreach programmes to identify, transport and accommodate vulnerable amputees, particularly those from remote areas, enabling them to obtain physical rehabilitation services. With the National Societies of, for example, Cambodia and Viet Nam, the ICRC took steps to decrease the number of victims of mines/explosive remnants of war through risk education sessions.

The region was struck by several natural disasters, particularly in parts of Fiji, Indonesia, Pakistan and the Philippines. In areas afflicted by violence, such disasters further compounded the difficulties experienced by communities, some of which were displaced multiple times and found it even harder to access essential services, food sources and/or a means of livelihood. Together with National Societies, the ICRC continued to respond to the immediate needs of people affected by armed conflicts, other situations of violence or natural disasters, including IDPs and host communities. Thus, over 620,000 violence- and/or natural disaster-affected residents and IDPs in Afghanistan, Pakistan, Papua New Guinea and the Philippines, especially victims of Typhoon Bopha, received emergency food rations, often accompanied by essential household items. Some saw damaged and overstretched water and sanitation facilities improved.

Whenever possible, the ICRC endeavoured to contribute to early recovery. Communities regained access to clean water for drinking and/or irrigation through various initiatives to build or rehabilitate water and sanitation infrastructure in cooperation with the local authorities and the community members themselves. Over 560,000 residents, IDPs and returnees affected by ongoing fighting and unrest, including in Afghanistan, India and southern Thailand, and those still suffering the consequences of past conflicts, as in Nepal and Sri Lanka, restored their livelihoods through agricultural and micro-economic initiatives. Often carried out with the help of local partners, these ranged from seed and tool distributions to agricultural and business management training and cash grants, for example to open shops.

Owing to the recognition of the ICRC's neutral and independent stance or when its expertise was seen as useful by the authorities, 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 15 contexts, including Fiji, India (in relation to the prevailing situation in Jammu and Kashmir), Malaysia, the Maldives, Papua New Guinea and Thailand, according to the ICRC's standard procedures. Following regular visits, delegates submitted confidential reports to the authorities containing, where necessary, recommendations for improving treatment or living conditions. In Afghanistan, the ICRC prioritized its dialogue with the detaining authorities of Afghanistan, the United States of America and NATO/the International Security Assistance Force to ensure that the rights and dignity of detainees were respected, including during the transfer of persons and detention facilities from United States to Afghan control. Following the authorities' approval, ICRC delegates obtained expanded access to detainees, including migrants, in Malaysia and Thailand. In November, the Myanmar government announced that it would allow the ICRC to resume prison visits in the country. Efforts to resume visits to some detainees in Sri Lanka – which were suspended in March – continued until year-end. The ICRC maintained its dialogue with the Bangladeshi government on the relevance of its offer of services regarding detention visits. In Pakistan, it ceased its detention programmes in Gilgit-Baltistan, Punjab and Sindh in August.

The ICRC worked with the authorities to improve living conditions in the most problematic detention facilities, to strengthen health care, including with regard to TB and HIV; to find practical solutions to overcrowding, for example by speeding up the judicial process for inmates; or to boost the technical and managerial capacities of prison administrations. A regional seminar held in the Philippines brought together senior prison authorities from nine countries to share best practices on mitigating the causes and effects of overcrowding, while regular round-table meetings for Cambodian authorities aimed to do the same. With the Chinese Justice Ministry, the ICRC organized a health in detention seminar with a panel of international experts. It also helped the Afghan authorities implement their national primary health care policy for all detainees held in Justice Ministry facilities. ICRC-supported infrastructure improvement projects benefited over 51,000 detainees, including those in three facilities in Myanmar, which led to the expansion of such work in an additional four prisons.

PROTECTION MAIN FIGURES AND INDICATORS ¹

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	Detainees visited and monitored individually
Afghanistan	10,603	18,328	7,433						1,172	2,405		33,165	4,055	
Bangladesh	32	28	2			2		2		7				
Myanmar										30				
Nepal	4	60		1,401	1,401					63	27			
Pakistan	453	572	319							17	6	40	40	
Philippines	2	2								10		90,485	790	
Sri Lanka	145	166						32		36	97	636	636	
Bangkok (regional)		1									2	36,411	504	
Jakarta (regional)	19	19	49	150						13	1			
Kuala Lumpur (regional)	39	94										8,487	293	
New Delhi (regional)										1	290	615	589	
Suva (regional)	58	58										1,514	31	
Total	11,355	19,328	7,803	1,551	1,401	2		44	2	1,172	2,582	423	171,353	6,938

* Unaccompanied minors/separated children

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

PROTECTION

PEOPLE DEPRIVED OF THEIR FREEDOM

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	
8	182	1,766	3	102	378	109	15,509	10,338	1,780	3,359	2	17	Afghanistan
													Bangladesh
										199		39	Myanmar
							9	3				17	Nepal
	17	23		17	4	4	19	5	15				Pakistan
40	6	165	15	5	402	175	1			348			Philippines
15		161	7		30	12	150	78	61	1,588	1	1,079	Sri Lanka
10		164	3		101	58	420	55	28	146		1	Bangkok (regional)
												120	Jakarta (regional)
5	142	292	5	142	24	17	143	28	165				Kuala Lumpur (regional)
6	8	273	3	7	31	23	76	2	10	144		1	New Delhi (regional)
		1			28	20	58	56		21			Suva (regional)
84	355	2,845	36	273	998	418	16,385	10,565	2,059	5,805	3	1,274	Total

ASSISTANCE MAIN FIGURES AND INDICATORS¹

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
Afghanistan	379,155	151,028	431,036	14,171		12,120	327,199	50	671,145	597,980	331,834		49,255	17,202
Bangladesh				589									1,000	
Myanmar							23,193							1,945
Nepal		5,718		699										
Pakistan	29,610	20,958	34,111	84		196,231	99,837	12	90,908	89,296	26,433			3,658
Philippines	214,938	238,194	96,842	1		3,980	45,876						22,276	6,176
Sri Lanka				76		471	108	1	13,698	11,548			527	
Bangkok (regional)														22,148
Beijing (regional)														
Jakarta (regional)				1,482										
Kuala Lumpur (regional)							70							
New Delhi (regional)	1,272	2,191	1,735	1,278		337	8,778	4	37,519	36,457	46			
Total	624,975	418,089	563,724	18,380		213,139	505,061	67	813,270	735,281	358,313		73,058	51,129
of whom women	30%	25%	33%	34%		27%	28%			143,887				
of whom children	41%	38%	38%	32%		41%	39%			307,310	295,809			
of whom IDPs	134,417	118,347	18,450	589		5	91,979							

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

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	Number of patients receiving physiotherapy		
35	2	44,413	2,791	1	1	1,300	8	80,528	1,136	4,939	4,046	10,754	53,408	Afghanistan	
							2	389	35	354	35	649		Bangladesh	
							7	4,716	589	495	1,618	1,095	971	Myanmar	
39	2	42	39	10	10	2,637	2	1,303	134	79	150	108	223	Nepal	
7	7	8,305	822				4	9,257	1,334	1,266	1,682	2,092	4,535	Pakistan	
21	16	240,438	1,398				1	207	36	9	75	8	142	Philippines	
							1	1,228	123	92	328	220	689	Sri Lanka	
							3	11,425	129	245	1,684	1,386	3,197	Bangkok (regional)	
4	1	150					4	982	325	18	774	31	747	Beijing (regional)	
														Jakarta (regional)	
														Kuala Lumpur (regional)	
							5	1,240	144	178	206	269	758	New Delhi (regional)	
106	28	293,348	5,050	11	11	3,937	37	111,275	3,985	7,675	10,598	16,612	64,670	Total	
		144,680	782					17,722	500	1,464	1,150	2,733		of whom women	
		85,077	433					24,997	243	3,047	565	7,537		of whom children	
of which for victims of mine or explosive remnants of war											5442	318		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

EXPENDITURE (IN KCHF)	
Protection	12,547
Assistance	66,957
Prevention	4,492
Cooperation with National Societies	2,296
General	-

▶ 86,292
 of which: Overheads **5,267**

IMPLEMENTATION RATE	
Expenditure/yearly budget	97%

PERSONNEL	
Expatriates	139
National staff (daily workers not included)	1,636

KEY POINTS

- In 2012, the ICRC:**
- ▶ in the changing political/security landscape, stepped up dissemination to key actors (traditional and new), to promote National Society/ICRC acceptance and respect for IHL, including confidential follow-up of alleged violations
 - ▶ monitored the conditions of some 33,000 detainees, giving structural/individual assistance and support as required, including mobilizing Afghan, US and international actors to adapt 6 facilities to suit local capacities and customs
 - ▶ after a security incident in June, reviewed its role in Health Ministry-run hospital operations, while maintaining support to health centres and community-based programmes in delivering quality services to the wounded and sick
 - ▶ with the National Society and/or local partners, helped conflict-affected people access better quality water (327,000 people), meet emergency food needs (250,000 people) and preserve/improve their livelihoods (430,000 people)
 - ▶ helped more than 80,500 disabled people improve their quality of life through treatment and social reintegration support, including to wheelchair users playing at a new adapted basketball court in one physical rehabilitation centre
 - ▶ helped the National Society consolidate its legal base by supporting its first general assembly, at which its constitution was approved

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 focus on: 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 hospital care; improving water and sanitation services; promoting accession to and implementation of IHL treaties and compliance with IHL by military forces; and strengthening the Afghan Red Crescent Society.

CONTEXT

Afghanistan entered a period of transition affecting Afghan authorities and security forces. Responsibility for prisons was transferred from the Justice Ministry to the Interior Ministry. The handover of responsibility for security from the NATO-led International Security Assistance Force (ISAF) to Afghan forces began, and international troops started their pull-out. In September, the US forces began the transfer of more than 3,000 detainees/internees held at the Parwan facility to Afghan authority.

The security situation in the country worsened and humanitarian needs grew. Civilians continued to bear the brunt of the fighting, which caused death, injury and displacement and impeded access to essential services. Against a backdrop of continued conflict/harsh environmental conditions, the emergence of more armed groups and the fragmentation of the political/military landscape complicated matters, blurred channels of communication and further restricted humanitarian access. Many humanitarian organizations left the country. In June, an improvised explosive device detonated in the ICRC parking area of Mirwais hospital in Kandahar.

ICRC ACTION AND RESULTS

As a result of the deteriorating security situation, the ICRC faced increasing difficulty in reaching many parts of the country and in carrying out its activities. It therefore stepped up efforts to maintain/develop dialogue with authorities, weapon bearers and civil society representatives to build understanding of IHL and the ICRC. It did so at all levels, from the Afghan president and international, national and provincial detention authorities, down to local religious/community leaders with influence over armed groups. The aim was to impress upon the parties to the armed conflict the need to respect their obligations under IHL, including by calling their attention to allegations of violations, and to improve the organization's access to people in need.

Despite the constraints, the ICRC managed to reach conflict/disaster-affected people in all 34 provinces, thanks to its strong partnership with the Afghan Red Crescent Society and general acceptance/recognition by most parties to the conflict of its neutral, impartial and independent humanitarian approach. However, delivery of services, for example at Mirwais hospital, and/or access to certain populations suffered where key actors/groups had little understanding of IHL and the ICRC or where no dialogue could be established at all.

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		10,603	UAMs/SCs*	
RCMs distributed		18,328		
Phone calls facilitated between family members ¹		7,433		
Reunifications, transfers and repatriations				
Human remains transferred/repatriated		1,172		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		2,982	Women	Minors
People located (tracing cases closed positively)		2,405	137	331
Tracing cases still being handled at the end of the reporting period (people)		494	67	165
Documents				
Official documents relayed between family members across borders/front lines		337		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)²				
ICRC visits				
Detainees visited		33,165	Women	Minors
Detainees visited and monitored individually		4,055	8	182
Detainees newly registered		1,766	3	102
Number of visits carried out		378		
Number of places of detention visited		109		
Restoring family links				
RCMs collected		15,509		
RCMs distributed		10,338		
Phone calls made to families to inform them of the whereabouts of a detained relative		1,780		
Detainees visited by their relatives with ICRC/National Society support		3,359		
Detainees released and transferred/repatriated by/via the ICRC		2		
People to whom a detention attestation was issued		17		

* Unaccompanied minors/separated children 1. Mainly phone or video calls between detainees and their families abroad

2. For people in US custody: all detainees known through the authorities' notifications and followed up by the ICRC

Meanwhile, National Society/ICRC teams distributed food and household items to help sustain conflict- or drought-affected families, some of whom were underserved by overstretched/weak government services or unreachable by the otherwise diminishing pool of humanitarian actors in the country. The teams helped communities revive or protect income-generation through agricultural or livestock support and small loans, including for women. Rehabilitation of irrigation channels improved food security, while the ICRC's projects with water committees contributed to better water quality and sanitation conditions.

The National Society/ICRC helped address medical needs through a comprehensive approach involving every stage in the casualty care chain. First-aid training enabled volunteers, including women, and weapon bearers to save lives, while an ICRC-funded transport system evacuated the wounded to hospital. National Society clinics and community-based first-aiders offering preventive and curative primary health care for the local population benefited from ICRC support, including through assistance with medical logistics and procurement management and through training, material and equipment provided in coordination or together with other Movement partners. Systematic support to the Health Ministry-run Mirwais and Shiberghan regional hospitals, as well as the provision of ad hoc supplies to other hospitals and training, helped boost the quality of treatment. After the withdrawal of its medical team from Mirwais hospital in June following a security incident (see *Context*), the ICRC reviewed its involvement with the Health Ministry, moving from substitution to more of a supporting role in hospital operations. ICRC-run physical rehabilitation centres continued to provide services to the disabled, including conflict amputees.

Delegates visited detainees under Afghan, NATO/ISAF and US authority, according to standard ICRC procedures, and shared their findings and recommendations confidentially with the

authorities concerned. They enabled detainees/internees to contact their families through RCMs, family visits and/or video/telephone calls. In the neediest Afghan-run facilities and where the detaining authorities were unable to do so, the ICRC rehabilitated detention facilities to improve the detainees' health and sanitation conditions. With the authorities' backing, it mobilized greater support both within and outside the country to adapt Afghan detention facilities according to local needs and capacities. The ICRC also served as a reference organization throughout the major transfer of responsibility between authorities for detainees and detention facilities in Afghanistan, ensuring, through briefings and dialogue, that the rights and dignity of detainees were protected and respected during and after the handover.

While preserving its independence, the ICRC maintained close contact with other humanitarian actors to avoid duplication of efforts and to ensure maximum coverage of needs.

CIVILIANS

Civilians continued to suffer the effects of the fighting, with many killed, wounded or displaced. People reported IHL violations to the ICRC, which followed up the cases confidentially with the alleged perpetrators, although the presence of multiple actors made this difficult. Parties to the conflict were encouraged to take corrective action to prevent the recurrence of such incidents and meet their obligations under IHL (see *Armed forces and other bearers of weapons*).

The main parties generally accepted the ICRC and frequently requested it to act as a neutral intermediary in the handover of the remains of people killed in the conflict to their families. Families received the remains of some 1,170 relatives and, in some cases, buried them with ICRC help. The identification/location of the families often required active tracing efforts by National Society/ICRC teams. Relatives separated by the conflict used Movement

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	379,155	32%	38%
	<i>of whom IDPs</i>	Beneficiaries	107,315		
Essential household items ¹		Beneficiaries	151,028	25%	29%
	<i>of whom IDPs</i>	Beneficiaries	104,290		
Productive inputs ¹		Beneficiaries	431,036	34%	36%
	<i>of whom IDPs</i>	Beneficiaries	8,577		
Cash ¹		Beneficiaries	14,171	30%	31%
Work, services and training ¹		Beneficiaries	12,120	5%	5%
	<i>of whom IDPs</i>	Beneficiaries	5		
Water and habitat activities		Beneficiaries	327,199	30%	40%
Health					
Health centres supported		Structures	50		
Average catchment population			671,145		
Consultations		Patients	597,980		
	<i>of which curative</i>	Patients		78,324	248,637
	<i>of which ante/post-natal</i>	Patients		38,357	
Immunizations		Doses	331,834		
	<i>of which for children aged five or under</i>	Doses	270,978		
Referrals to a second level of care		Patients	1,060		
Health education		Sessions	5,239		
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	49,225		
Cash ¹		Beneficiaries	59		
Work, services and training ¹		Beneficiaries	938		
Water and habitat activities		Beneficiaries	17,202		
WOUNDED AND SICK					
Hospitals					
Hospitals supported		Structures	35		
	<i>of which provided data</i>	Structures	2		
Patients whose hospital treatment has been paid for by the ICRC		Patients	54		
Admissions		Patients	44,413	27,138	4,535
	<i>of whom weapon-wounded</i>	Patients	2,791	485	189
	<i>(including by mines or explosive remnants of war)</i>	Patients	978		
	<i>of whom other surgical cases</i>	Patients	12,619		
	<i>of whom medical cases</i>	Patients	9,195		
	<i>of whom gynaecological/obstetric cases</i>	Patients	19,808		
Operations performed			11,385		
Outpatient consultations		Patients	216,618		
	<i>of which surgical</i>	Patients	74,039		
	<i>of which medical</i>	Patients	88,339		
	<i>of which gynaecological/obstetric</i>	Patients	54,240		
First aid					
First-aid posts supported		Structures	1		
	<i>of which provided data</i>	Structures	1		
Wounded patients treated		Patients	1,300		
Water and habitat					
Water and habitat activities		Number of beds	686		
Physical rehabilitation					
Centres supported ²		Structures	8		
Patients receiving services		Patients	80,528	13,463	20,469
New patients fitted with prostheses		Patients	1,136	112	90
Prostheses delivered		Units	4,046	351	219
	<i>of which for victims of mines or explosive remnants of war</i>	Units	2,495		
New patients fitted with orthoses		Patients	4,939	1,001	1,851
Orthoses delivered		Units	10,754	1,782	4,848
	<i>of which for victims of mines or explosive remnants of war</i>	Units	32		
Number of patients receiving physiotherapy		Patients	53,408	8,187	19,904
Crutches delivered		Units	12,544		
Wheelchairs delivered		Units	1,145		

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

2. Including a component factory

family-links services to restore/maintain contact (see *People deprived of their freedom*). Thanks to strengthened capacities, the National Society responded to some 250 tracing requests from Afghans abroad and progressively took responsibility for these services in the north.

To limit the number of new cases of missing persons, stakeholders received ICRC advice on proper human remains management. ISAF drafted standard procedures in this regard.

Affected civilians' needs are better met

Insecurity limited access of National Society/ICRC teams to certain populations and hampered needs assessment and the delivery and monitoring of services/assistance programmes. However, some of the most-affected populations received aid to meet their needs, including through local partners. Further training of National Society volunteers and emergency teams in managing assistance activities, coupled with remote management approaches to some activities and adapted monitoring procedures ensuring accountability, allowed assistance to reach all 34 provinces.

Communities receive food and restore their livelihoods

Life-saving assistance benefited in priority newly displaced people and, in the north, drought-affected households. Over 107,000 IDPs and 147,826 drought-affected individuals met their nutritional needs with food rations for up to two months. Some 115,800 individuals (16,545 households), including 104,290 IDPs and 1,159 returnees, improved their living conditions with ICRC-donated shelter kits and other essentials.

In conflict-affected areas, over 40,000 particularly vulnerable people received food for themselves and their families (300,000 people) in exchange for work repairing roads, irrigation systems and other vital community infrastructure. Despite adapted working procedures, the prevailing security and access situation hampered the identification and planning of such projects, resulting in fewer beneficiaries than intended.

Meanwhile, 17,163 households (120,078 residents) in conflict-affected areas better protected/restored their livelihoods through various forms of support. Some 15,300 pastoral farmers in the south and central regions improved their animals' health with help from ICRC-trained and -equipped community-based veterinary workers and a deworming programme, resulting, for instance, in a 25% productivity increase for beneficiaries in Kandahar. Some 1,200 households, including 400 vulnerable households in the east, accessed food and increased their incomes with vegetable seed, tools and fertilizer. Six hundred women from northern communities boosted their self-sufficiency by raising poultry after receiving training and materials. Some 2,000 farmers also pursued small-business ventures using micro-loans.

Disabled patients at ICRC-supported physical rehabilitation centres (see *Wounded and sick*) received ICRC support enabling them to generate income and support themselves and their families. They included 2,621 individuals who received vocational training and 1,878 who received stationary kits in support of their scholarships. In total, 309 breadwinners (with 1,854 family members) increased their income after boosting or starting their livelihood activities with micro-loans. In total, 4,711 homebound individuals and their families (28,266 people), including people with spinal cord injuries, received food rations and hygiene items.

Communities enjoy a reliable water supply

More than 300,000 people in rural areas accessed safe drinking water thanks to new/rehabilitated hand pumps maintained by ICRC-trained and -equipped water management committees. In remote areas with no access to underground water, ICRC engineers installed sand filters to make surface water drinkable. Some 25,000 people in six semi-urban areas accessed better quality water after the rehabilitation of their water supply systems, while preparations began for future repairs/improvements to suburban water networks in Kandahar and Kunduz.

Civilians access health care

Thanks to the Afghan Red Crescent's community-based health and first-aid programme, some 85,000 people obtained first aid or general health care, while 57,000 learnt more about good health/hygiene practices from some 14,000 trained National Society volunteers across the country. The National Society received help from the Norwegian Red Cross/ICRC to strengthen these services. In addition to the provision of equipment, including 20,300 first-aid kits, to people delivering such services, training took place regularly for new recruits and experienced first-aiders, while some 80 instructors, including 16 women, attended advanced workshops.

General health was also maintained through preventive/curative health care provided by, on average, 50 primary health-care facilities, including 47 National Society clinics, 3 of which had closed by year-end for relocation or conversion to an emergency unit, and four ICRC-supported health care centres, three of which closed later in the year owing to insecurity. Nevertheless, people continued to benefit from services at the health centre in Korengal after the community's *shura* council took responsibility for its management.

PEOPLE DEPRIVED OF THEIR FREEDOM	HELD BY THE AFGHAN GOVERNMENT	HELD BY US FORCES	IN NATO/ISAF CUSTODY PRIOR TO THEIR TRANSFER TO AFGHAN CUSTODY
ICRC visits			
Detainees visited	29,878	3,162	125
Detainees visited and monitored individually	1,993	2,057	5
<i>of whom women</i>	8		
<i>of whom minors</i>	99	83	
Detainees newly registered	524	1,237	5
<i>of whom women</i>	3		
<i>of whom minors</i>	48	54	
Number of visits carried out	336	12	30
Number of places of detention visited	98	2	9
Restoring family links			
RCMs collected	8,105	7,404	
RCMs distributed	5,798	4,540	
Phone calls made to families to inform them of the whereabouts of a detained relative	718	1,062	
Detainees visited by their relatives with ICRC/National Society support	1,695	1,664	
Detainees released and transferred/repatriated by/via the ICRC		2	
People to whom a detention attestation was issued	13	4	

Some 598,000 patients attended consultations while children under five years old received vaccines (some 271,000 doses) at the clinics (although most clinics did not provide complete data). The National Society received ICRC support and training at central level to help it independently manage medical logistics and procurement processes and achieve service levels in line with the government's Basic Package of Health Services.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees/internees under Afghan, NATO/ISAF and US authority received visits, conducted according to the ICRC's standard procedures, from delegates, who monitored their treatment, living conditions and respect for their judicial guarantees and shared findings and recommendations confidentially with the authorities. Particular attention was paid to vulnerable groups such as foreigners, women, minors and the mentally ill. To ensure the smooth conduct of visits, troops newly assigned to the US-run Parwan detention facility and recruits of the Afghan National Directorate of Security (NDS) attended briefings on ICRC activities for detainees.

Notification of new arrests, transfers and releases given by US and NATO/ISAF authorities to the ICRC, along with information collected from visits, kept families informed of their detained relatives' whereabouts. Detainees/internees held at Parwan or in the US internment facility at Guantanamo Bay Naval Station in Cuba communicated with their families via RCMs, telephone/video calls, through delegates during visits or, in the case of Parwan, in person, through ICRC-organized family visits to some 3,300 inmates.

Afghan and US authorities, other stakeholders and the ICRC maintained dialogue to ensure that the rights and dignity of detainees were respected, including during the transfer of US-held persons and US-run detention facilities to Afghan control. Discussions touched on the legal frameworks and procedural safeguards required to establish an internment/detention system according to internationally recognized standards, the continuation of family visits at Parwan and the sustainability of prison infrastructure. Dialogue with the NDS and other Afghan authorities specifically sought to ensure progress on judicial guarantees for detainees and adherence to IHL provisions and applicable Afghan laws, also in light of the transfer of responsibility for district and provincial prisons from the Ministry of Justice to the Ministry of Interior Affairs.

Relevant stakeholders received a report of the ICRC's 2011 assessment of Afghan detention facilities, proposing solutions to water/sanitation problems in each facility, in addition to 1,000 related publications in English and Dari. With its intimate knowledge of the Afghan detention system, the ICRC secured the support of Afghan and US authorities to mobilize, in both Kabul and Washington, United States of America (see *Washington*), international and local actors involved in prison construction/rehabilitation to adapt detention facilities to suit local custom and the authorities' maintenance capacities. This resulted in the improvement of five provincial prisons and one juvenile rehabilitation centre.

Under ICRC programmes in four juvenile rehabilitation centres and in the most critical/needy detention facilities in the country (1 district-level and 13 provincial prisons), some 8,100 detainees had better living conditions thanks to prison infrastructure construction/rehabilitation work. Over 17,000 improved their hygiene using kits and information learnt from health promotion sessions. They included more than 1,700 detainees facing fewer health risks following scabies and bloody diarrhoea treatment campaigns.

In line with the government's Basic Package of Health Services, prison health staff received training and supplies to help them treat sick inmates, who were transferred to hospital when necessary. Mentally ill detainees at Pul-i-Charkhi central prison, including 14 severe cases, received adapted drug therapy and monthly visits by a psychiatrist.

Vulnerable inmates received clothing, hygiene items and other essentials, as well as recreational items, on an ad hoc basis to make their confinement more comfortable.

WOUNDED AND SICK

Obtaining appropriate and timely medical treatment in conflict-affected areas remained difficult for much of the population; attacks on medical personnel and facilities impeded services further. The security incident at Mirwais hospital in Kandahar (see *Context*) prompted a discussion between the Health Ministry and the ICRC on the need to safeguard the neutrality and impartiality of health facilities. The two organizations also considered adjustments to their mode of cooperation in the provision and improvement of health care services, with the ministry assuming greater ownership and the ICRC taking on a more supporting role.

Despite the challenges, wounded and sick patients benefited from improved treatment from ICRC partners throughout the casualty care chain.

Thousands of weapon-wounded people received immediate care thanks to the upgraded first-aid skills of National Society volunteers (see *Civilians*) and some 2,300 government workers, taxi drivers and police personnel/weapon bearers provided with first-aid kits by the ICRC. Once stabilized, more than 3,300 patients in southern Afghanistan were evacuated to hospital through ICRC-funded transport systems.

In the south, wounded and sick people relied on the 420-bed Mirwais hospital for treatment and care, including in surgery, obstetrics and paediatrics, in line with the Health Ministry's Essential Package of Hospital Services. Patients benefited from better services at Mirwais following ICRC donations of drugs and consumables and rehabilitation and renovation work on the premises. Until June, the support also included skills upgrading of medical staff through theoretical and bedside teaching and weekly teleconferences with Geneva University Hospital, Switzerland.

Patients in northern Afghanistan sought care in the 200-bed Shiberghan hospital, which also received supplies, equipment and training.

The two hospitals treated a total of 44,413 inpatients and 216,618 outpatients. Thirty-three other hospitals in different regions received ad hoc medical supplies from the ICRC, enabling them to cope with mass-casualty influxes. Owing to logistical and security issues, planned support to Ghazni hospital was called off.

Disabled people improve their mobility and reintegration into society

Some 80,500 disabled Afghans benefited from prosthetic/orthotic devices and physiotherapy 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

benefited from 7,083 home visits. Patients received support in gaining self-sufficiency (see *Civilians*). Wheelchair users practised or played at the newly constructed adapted basketball court at the Kabul centre, with some competing in national tournaments and the Paralympic Games.

Patients at other centres were fitted by trained technicians with devices produced using materials from an ICRC-managed component factory. Meanwhile, construction of a new centre in Faizabad continued.

National medical practice boosted

Twenty Afghan doctors sharpened their skills at an emergency room trauma course, as did 41 surgeons attending a war-surgery seminar organized with Kabul Medical University. The first batch of 21 prosthetic/orthotic technicians gained international certification upon their completion of the Health Ministry/Institute of Health Science/ICRC three-year course.

AUTHORITIES

Dialogue with Afghan authorities at national, provincial and local level, including with new actors, focused on the protection of civilians, the importance of allowing safe access to health care and humanitarian aid, and enhancing understanding of the ICRC's mandate and Movement activities.

The authorities were encouraged to translate IHL, particularly recognition/protection of the Movement's emblems, into domestic legislation, although their preoccupation with the conflict and the transfer of responsibility for security stalled progress in this regard. Nevertheless, the authorities received ICRC publications and Dari and Pashto translations of humanitarian treaties to assist them in the implementation process and to advance accession to these instruments, particularly to the Convention on Certain Conventional Weapons and the Hague Convention on Cultural Property. Officials discussed IHL implementation with civil society representatives at a round-table, while others who attended IHL conferences abroad, including the Fourth South Asian Regional Conference (see *New Delhi*) and two IHL teaching sessions (see *Iran, Islamic Republic of* and *Sri Lanka*), helped facilitate meetings with relevant authorities.

Diplomats and representatives of international organizations also received ICRC publications during briefings, with a view to enlisting their support for the Movement.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Given the changes in the security environment, dialogue with weapon bearers remained more essential than ever. Through direct contact with delegates and aided by local-language publications, weapon bearers were reminded of their obligations under IHL to protect those not or no longer participating in the fighting, to respect the principles of distinction and proportionality, to allow civilians access to basic necessities and to protect medical personnel, transport and infrastructure. Despite insecurity and growing fragmentation making some parties difficult to reach, meaningful dialogue with armed groups was sought, even indirectly, through contacts with influential members of civil society such as traditional/religious leaders (see *Civil society*).

Officers of the armed and police forces attending the Command and Staff College enhanced their knowledge of IHL/humanitarian principles through ICRC presentations and materials. Meetings and

briefings with over 2,000 Afghan National Security Force and NDS personnel and members of armed groups throughout Afghanistan served to reinforce the importance of IHL compliance.

The ANA took further steps to integrate IHL into its doctrine, education and operations by including, for the first time, an IHL module in its yearly training manual and briefing 216 instructors on the topic.

Relations with key/elite Afghan and international forces developed further during training and through regular meetings/contact in Afghanistan and abroad (see *Brussels* and *Washington*). Topics discussed included the conduct of hostilities, detention matters and the transition. Predeployment training exercises for Afghanistan-bound international personnel included briefings on IHL and the Movement.

CIVIL SOCIETY

Some 3,600 influential community leaders, including elders, religious teachers and *shura* council members, learnt more about IHL and the Movement during ICRC presentations and from local language publications, deepening their understanding and support. For example, about 30 imams and religious leaders participated in round-table discussions in Herat, while over 20 eminent religious scholars attended seminars relating to IHL and Islam in Afghanistan and abroad (see *Iran, Islamic Republic of* and *Lebanon*). Law/sharia law students enhanced their knowledge at an IHL workshop. Independent humanitarian action was the topic of the first ICRC round-table with youth associations.

International and national media used ICRC sources, such as briefings, operational updates and press releases, for their stories, including on Mirwais hospital, human remains recovery by a National Society volunteer and the lack of access to health care. A study on the impact of a 2011 BBC World Service/ICRC radio programme also discussing access to health care showed a marked increase in rural communities' awareness of their rights and obligations under IHL. Students at the Kabul University medical faculty used the delegation library to research issues covered by the Health Care in Danger project. National Society communication officers attended a workshop enabling them to support dissemination needs in the field.

RED CROSS AND RED CRESCENT MOVEMENT

The Afghan Red Crescent remained the ICRC's main operational partner in providing relief and medical care to victims, many of whom were underserved by overstretched/unreliable government services or beyond the reach of other humanitarian actors (see *Civilians* and *Wounded and sick*). The National Society received technical, financial and material support for its activities for vulnerable people, as well as for its own institutional development. It strengthened its legal base by approving its constitution during its first general assembly. It developed its organizational skills, financial management capacity and, with additional Swedish Red Cross support, volunteer management programme.

The National Society established a pool of 18 trainers to teach the Safer Access approach to volunteers in all regions and at headquarters, using supplementary materials translated in Dari and Pashto.

Movement partners in Afghanistan met regularly to coordinate activities.

BANGLADESH



EXPENDITURE (IN KCHF)

Protection	514
Assistance	514
Prevention	1,301
Cooperation with National Societies	320
General	-

► **2,649**

of which: Overheads 162

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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PERSONNEL

Expatriates	8
National staff (daily workers not included)	29

KEY POINTS

In 2012, the ICRC:

- restored contact between Bangladeshi nationals detained abroad and their relatives, while facilitating the repatriation of those released, in cooperation with the local authorities and the National Societies concerned
- provided victims of clashes in Cox's Bazaar district with cash assistance to help them cope with their situation, in partnership with the Bangladesh Red Crescent Society and other Movement partners
- supported the opening of the Centre for the Rehabilitation of the Paralysed in Chittagong, bringing quality physical rehabilitation services closer to vulnerable disabled people in the area
- conducted dissemination sessions on IHL and international human rights law for over 180 Border Guard Bangladesh members
- further expanded dialogue on IHL and the organization's mandate and activities with Islamic academic circles
- received the "Friends of Liberation War Honour" for its humanitarian response during Bangladesh's 1971 liberation war

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 also seeks to visit people deprived of their freedom in the country.

CONTEXT

Despite the absence of major security incidents since 2005, tensions in Bangladesh resurfaced after an alleged foiled coup attempt in January, reportedly resulting in some arrests. Strikes (*hartals*) increased following the government's formation of a new election commission contrary to the request of political parties seeking the restoration of a caretaker government. A further increase in *hartals* at the end of the year disrupted daily life in the capital, Dhaka, affecting all sectors of the economy.

Trials of alleged 1971 war criminals under the Bangladesh International Crimes Tribunal began, with a second tribunal established to speed up the process. In February, the parliament passed an anti-terrorism bill.

The intercommunal violence in Myanmar was widely covered by the Bangladeshi media, which gave rise to tensions, particularly in Ramu, Cox's Bazaar district, Chittagong, where mobs torched places of worship and houses in September. Sporadic clashes in the Chittagong Hill Tracts continued to affect the population in the area.

ICRC ACTION AND RESULTS

Since the opening of its delegation in Bangladesh, the ICRC sought support for IHL and its own activities, with a particular focus on obtaining a favourable response from the authorities concerned on its offer of services to visit detainees according to its standard procedures. The offer was still under discussion at year-end.

In parallel, the ICRC provided technical, material and financial support to the Bangladesh Red Crescent Society to contribute in boosting its emergency response and reinforcing its institutional capacity, including by assisting in the drafting of a new Red Crescent law submitted to the government for review. The National Society/ICRC conducted training sessions on emergency response, family links and human remains management for National Society volunteers and local organizations to help ensure that people affected by violence and disaster and vulnerable migrants were provided with the means to keep in touch with their families and that the dead were accounted for. In coordination with the Bangladeshi Ministries of Foreign and Home Affairs, the National Society/ICRC in Bangladesh and elsewhere helped migrants detained abroad re-establish and maintain contact with their families, facilitated the return of those released, and provided ad hoc assistance to the most vulnerable following their repatriation, including from countries where Bangladesh had no diplomatic relations or office. The National Society/ICRC provided victims of clashes in Cox's Bazaar district with financial assistance to help them cope with their situation. With ICRC support,

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		32	UAMs/SCs*	
RCMs distributed		28		
Phone calls facilitated between family members		2		
Reunifications, transfers and repatriations				
People reunited with their families		5		
	<i>including people registered by another delegation</i>	3		
People transferred/repatriated		2		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		6	Women	Minors
People located (tracing cases closed positively)		8		
	<i>including people for whom tracing requests were registered by another delegation</i>	1		
Tracing cases still being handled at the end of the reporting period (people)		12		

* Unaccompanied minors/separated children

the National Society worked with the local authorities to respond rapidly to various fires around the capital, including properly managing human remains, and provided foreign detainees in Bangladesh with family-links services and hygiene kits to boost their well-being.

With the ICRC, the National Society conducted campaigns and sessions to raise the general public's awareness of humanitarian principles, the Movement's mandate and the need to respect the red crescent emblem and health care services during emergencies and *hartals*. Moreover, the ICRC broadened contacts with the authorities, armed and police forces, including, for the first time in three years, the Border Guard Bangladesh (BGB), and civil society representatives, particularly Islamic universities and organizations, to promote IHL, international human rights law and the organization's activities.

By co-organizing and sponsoring officials to participate in national and regional events, the ICRC encouraged domestic IHL implementation and the integration of IHL and international human rights law into the curricula of universities and into the training and operations of the armed and police forces. The quality of the ICRC's relations with the armed forces developed with discussions on the IHL integration process taking place at the highest level. Following National Society/ICRC first-aid instructor courses, the Rapid Action Battalion (RAB) included first aid in its training curriculum.

The ICRC helped vulnerable disabled people access quality physical rehabilitation services by supporting the opening of a new Centre for the Rehabilitation of the Paralysed (CRP) in Chittagong and by continuing its material, infrastructural and training support to the CRP in Savar. With the help of the ICRC, the CRP's Bangladesh Health Professions Institute received authorization from the health authorities to run a diploma course in prosthetics and orthotics.

CIVILIANS

Political, ethnic or communal tensions, disasters, migration and detention sometimes led to deaths, injuries and/or deprivation of contact with or separation of family members. Numerous meetings with officials from different ministries (Expatriates' Welfare and Overseas Employment, Food and Disaster Management, Foreign Affairs and Home Affairs), members of police forces, and representatives of other institutions concerned served to remind them of their responsibilities to protect and assist civilians affected by such situations. It also enabled the ICRC to

follow up cases of people separated from their relatives and to highlight the need for measures to prevent people from becoming unaccounted for.

To help the authorities address the above issues, the National Society, with ICRC technical, financial and training support, further enhanced its capacities in the areas of emergency response, family-links needs assessment and services, and human remains management. The National Society organized a Safer Access workshop for its staff and volunteers in one district in the Chittagong Hill Tracts to help equip them with the skills to respond safely to possible situations of violence. During a training session, participants from the National Society, the Food and Disaster Management Ministry, 14 organizations deploying first-responders during disasters, a local NGO collecting and burying unclaimed dead bodies, the police force and the RAB learnt more about how to manage human remains properly after a disaster. With the local authorities, National Society volunteers applied these skills, using ICRC-donated body bags, to recover, transport, identify and store dead bodies after fires in and around Dhaka. Over 50 National Society volunteers boosted their tracing skills through training, while some of its branches organized film shows to raise the local population's awareness of its family-links programme for relatives separated by disaster or migration.

As a result, relatives of Bangladeshi migrants, including those detained abroad, continued to restore and maintain contact with family members overseas using family-links services facilitated by the National Society/ICRC in Bangladesh and in other countries concerned and in cooperation with the Bangladeshi Ministries of Foreign and Home Affairs. Family members of 3 and 18 Bangladeshis detained in Georgia and India respectively received notification of their relatives' detention. Relatives of Bangladeshis detained in those countries and elsewhere received 28 RCMs and 49 oral messages, while the mother of a detained Bangladeshi in Tunisia kept in touch with her son through phone calls.

Two Nepalese former detainees in Bangladesh had their air fares home paid for by the ICRC. Bangladeshi nationals previously detained in Israel, Malaysia, Pakistan and Qatar received assistance in reuniting with their families, while those held in India and Zimbabwe were repatriated thanks to ICRC coordination with the authorities concerned. Upon their return, where necessary, they benefited from National Society assistance, including first-aid services and phone calls to contact their families. A disabled Bangladeshi migrant from Malaysia received medical assistance from the ICRC-supported CRP.

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	589	42%	21%
	of whom IDPs	Beneficiaries		
		589		
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	1,000		
WOUNDED AND SICK				
Physical rehabilitation				
Centres supported	Structures	2		
Patients receiving services	Patients	389	17	329
New patients fitted with prostheses	Patients	35	4	2
Prostheses delivered	Units	35	4	2
New patients fitted with orthoses	Patients	354	13	327
Orthoses delivered	Units	649	17	610

Following the clashes in Ramu (see *Context*), an assessment showed that other actors were providing for the communities' emergency food and material needs, thus 84 vulnerable families (589 people) benefited instead from cash assistance from the National Society/ICRC and other Movement partners to help them cope with their situation.

PEOPLE DEPRIVED OF THEIR FREEDOM

According to the authorities, over 70,000 people were detained in some 60 detention facilities in Bangladesh, including people held in connection with violence and unrest or for reasons of State security.

Upon authorization by and advice from the Ministry of Foreign Affairs, pursuant to it receiving an ICRC offer of services in 2011 to visit detainees, delegates stepped up contacts with the ministries and services concerned at different levels, including the Ministry of Home Affairs, the Bangladeshi police, RAB and the Prison Directorate, to gain acceptance of and support for the ICRC's mandate and activities for people deprived of their freedom. The offer was still under discussion at year-end. Dialogue continued with the relevant authorities on the situation of the 6–7,000 Bangladeshis, including migrants, detained overseas, among them those wishing to return home (see *Civilians*).

Some 1,000 foreign detainees held in Bangladeshi prisons served their sentences with more dignity thanks to National Society/ICRC-provided hygiene kits. Those who so wished re-established contact with relatives in their countries of origin through the National Society family-links service.

WOUNDED AND SICK

Although the government had declared the country free from mines, isolated incidents involving unexploded ordnances occasionally caused casualties. Victims had difficulties in accessing physical rehabilitation services owing to the limited number of providers in the country.

In October, the new CRP in Chittagong became operational and assisted patients needing prostheses/orthoses. The installation of equipment, coupled with the training of clinical staff and bench workers, including in polypropylene technology, further boosted the quality of the centre's services. To ensure that more disabled people were aware of and could access the available services, the ICRC initiated discussions with the National Society's Chittagong branch on the development of a referral system with the help of its youth volunteers.

The CRP in Savar continued to benefit from ICRC financial and technical support. In May, the centre signed a memorandum of understanding with the ICRC focusing on improving its management structure and quality of services. To further enhance patient care, work commenced on a combined physiotherapy and orthotics clinic, while weekly training courses at the centre continued. Technicians received ICRC sponsorship to follow advanced prosthetics/orthotics courses abroad to boost their knowledge and skills. A total of 389 patients received services at the centre, including 10 vulnerable people who had their transport costs covered by the ICRC. To help them reintegrate into society, six patients undertook vocational training.

Efforts to establish a school for prosthetics and orthotics began. Following discussions with the ICRC, the Ministry of Health granted the CRP's Bangladesh Health Professions Institute authorization to conduct a diploma course on the subject. Final approval of the course curriculum was under way.

Meetings with stakeholders took place in order to gain a better understanding of the physical rehabilitation sector in the country.

AUTHORITIES

To encourage domestic IHL implementation, the authorities and the ICRC discussed the establishment of a national IHL committee, the update and inclusion of the 1936 Geneva Convention Implementing Act into the Bangladesh Code, and the approval of the translated 1949 Geneva Conventions. Moreover, 17 representatives of parliament, various ministries, police forces and civil society deepened their understanding of IHL, with the authorities pledging their support for domestic implementation efforts, during regional IHL events (see *Iran, Islamic Republic of, New Delhi and Sri Lanka*), while others took an IHL course (see *Civil society*).

In March, the prime minister and the president of Bangladesh awarded the ICRC the "Friends of Liberation War Honour" in recognition of its humanitarian action during the 1971 liberation war.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

For the first time since 2009, contact between the BGB, formerly the Bangladesh Rifles, and the ICRC resumed. Over 180 BGB members and nearly 450 officers and future officers of the army, air force and navy learnt more about IHL and international human rights law through dissemination sessions/lectures, while troops departing on UN peacekeeping missions received briefings on IHL and the Movement. To help the armed forces integrate IHL into their training and operations, over 60 trainers

from the Bangladesh Institute for Peace Support Operation Training honed their IHL teaching skills during ICRC courses; one officer participated in an international event on military operations (see *International law and cooperation*) and another took an IHL course (see *Civil society*). The Armed Forces Division of the Prime Minister's Office considered a cooperation agreement with the ICRC aimed at facilitating the IHL integration process.

During regular dissemination sessions, members of the Bangladeshi Police Service, including those assigned to remote areas of the Chittagong Hill Tracts, police training centres and the RAB learnt more about the Movement, IHL and international human rights law, including provisions on law enforcement such as arrest and detention and the use of force and firearms. The police and the RAB continued to integrate key components of IHL and international human rights law into their respective training curricula. The participation of a senior police official in a regional IHL event (see *Authorities*) and another in an IHL course (see *Civil society*) supported such efforts. National Society/ICRC first-aid training and train-the-trainer courses helped both the police and the RAB boost their emergency response capacities and the RAB incorporate first-aid training for new members into its curriculum.

CIVIL SOCIETY

Familiarizing key civil society actors with IHL, the Movement, and the need to protect the civilian population and the wounded and sick during times of unrest remained important. Thus, ICRC events, covered by the media, and publications in the local language helped raise awareness of humanitarian issues. Contacts with political student groups and Islamic organizations and academic institutions continued through formal dialogue, dissemination sessions on IHL and the Movement, and National Society/ICRC first-aid courses. These initiatives led to one university co-organizing a seminar on Islam and IHL and another signing an agreement to prepare a booklet on the same subject, both in conjunction with the ICRC.

To foster the integration of IHL into the curricula of and enhance teaching capacities at higher education institutions, senior staff of 22 law faculties exchanged ideas during a seminar, 203 lecturers and students from religious and secular universities participated in IHL training, and 3 law faculties received IHL documentation. Moreover, 12 academics, government officials, including security force personnel, and students began the online postgraduate IHL course run by NALSAR University, India. The University of Dhaka co-organized an IHL training programme for non-law lecturers from four universities to broaden interest in the subject. Students showcased their IHL knowledge during a national moot court competition, the winners of which represented Bangladesh and challenged their counterparts from India, the Islamic Republic of Iran, Nepal, Pakistan and Sri Lanka at a regional competition held in Dhaka.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society, having renewed its partnership framework agreement with the ICRC, continued to work with the organization to meet the needs of victims of disasters and to provide family-links services to the families of detainees, while strengthening its capacities in those areas (see *Civilians*), first-aid training and the promotion of the Movement.

It organized events and photo exhibitions to celebrate World Red Cross and Red Crescent Day, raising awareness of the Movement and humanitarian principles, including the importance of allowing the safe passage of medical staff and ambulances during *hartals*. To prevent misuse of the red crescent emblem, it conducted ICRC-supported campaigns in six districts across the country.

With International Federation/ICRC support, the National Society submitted the final draft of a new Red Crescent law aimed at consolidating its legal base to the Health Ministry for endorsement by the parliament.

MYANMAR



ICRC delegation ICRC office ICRC-supported prosthetic/orthotic centre

EXPENDITURE (IN KCHF)

Protection	1,449
Assistance	2,068
Prevention	745
Cooperation with National Societies	1,041
General	-

► **5,302**

of which: Overheads 324

IMPLEMENTATION RATE

Expenditure/yearly budget	108%
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PERSONNEL

Expatriates	9
National staff (daily workers not included)	101

KEY POINTS

In 2012, the ICRC:

- with the Myanmar Red Cross Society, helped people cope with the effects of violence in Rakhine State by providing them with emergency medical care, health services and adequate water and sanitation facilities
- began discussions with the authorities on a pilot visit to detainees following the government's announcement in November of its agreement to the resumption of such visits
- through infrastructure projects, improved water and hygiene conditions in three prisons, benefiting 1,945 detainees
- resumed support to three of the Ministry of Health's physical rehabilitation centres
- with the Ministry of Foreign Affairs, fostered dialogue and interest in IHL through a one-day workshop on the subject for senior government officials
- in conflict/violence-prone areas, supported the training of National Society volunteers in first aid and the Safer Access approach, enabling them to assist victims more safely and effectively

The ICRC began working in Myanmar in 1986. It supports physical rehabilitation centres run by the Ministry of Health and the Myanmar Red Cross Society to ensure quality services for mine victims and other disabled patients. It also works to: improve water and sanitation in prisons, although it has not yet been able to resume its visits to detainees according to its standard procedures, which were interrupted in 2005; promote IHL/humanitarian issues; and help build the capacity of the Myanmar Red Cross to respond effectively to needs of communities in areas prone to conflict/tensions or affected by natural disasters.

CONTEXT

The government of Myanmar pursued its path of reform, initiated when it came to power in 2011. Four major amnesties granted since then had led to the release of more than 20,000 detainees. Discussions on possible areas of cooperation with various international humanitarian and development organizations began. During the by-elections in April, the National League for Democracy, led by Daw Aung San Suu Kyi, won the majority of the disputed seats in parliament. Many countries responded to the reforms by sending high-profile diplomatic missions to Myanmar to meet with both President Thein Sein and Daw Aung San Suu Kyi, increasing economic engagement and suspending or lifting sanctions.

Since the start of talks with armed groups in 2011, the government had concluded initial ceasefire agreements with a reported 10 of them, including the Karen National Union, the country's longest-standing armed group. However, negotiations with the Kachin Independence Organization (KIO) were unsuccessful. In December, clashes between government forces and the Kachin Independence Army – the military wing of the KIO – intensified, reportedly leading to the displacement of tens of thousands of people.

In June and October, waves of intercommunal violence between Muslim and Rakhinese communities in Rakhine State left several dozen people dead or injured and displaced over 115,000 people, according to official figures.

ICRC ACTION AND RESULTS

In 2012, the ICRC was able to increase contact and strengthen its dialogue with the authorities and subsequently develop its operations through ongoing and new activities. In particular, it gained access to violence-affected communities in Rakhine State and undertook preparatory work to resume visits to detainees following the government's announcement in November of its agreement to such visits. However, talks on possible assistance to conflict-affected communities in the east made no new progress.

The Myanmar Red Cross Society received ICRC support to strengthen its capacities to respond to emergencies resulting from conflict/violence and natural disaster, to conduct dissemination sessions on IHL and basic humanitarian principles and to provide family-links services. Capacity-building training, including in first aid and the Safer Access approach, helped National Society

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	16	1	1
People located (tracing cases closed positively)	30		
Tracing cases still being handled at the end of the reporting period (people)	21	2	
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	12		12
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)			
Restoring family links			
Detainees visited by their relatives with ICRC/National Society support	199		
People to whom a detention attestation was issued	39		

* Unaccompanied minors/separated children

volunteers safely address the humanitarian needs of violence-affected communities. Joint National Society/ICRC assessment missions and dissemination sessions across the country led to an ICRC presence in some conflict/tension-prone areas, in some cases for the first time since 2006.

Following the outbreak of violence in Rakhine State, affected Muslim and Rakhinese communities received assistance from the National Society/ICRC acting in their neutral and impartial role. Material, staff and logistical support, including the protection/safe passage of medical vehicles and staff, enabled the emergency evacuation of the injured and sick to hospitals and the delivery of preventive and curative care by government-run mobile clinics. Other activities focused on providing communities with safe drinking water through the installation of water tanks and hand pumps, on ensuring the maintenance of good sanitation conditions in camps for displaced people and on providing family-links services where needed.

The completion of water and sanitation projects in three prisons led to the expansion of such work to an additional four places of detention. Through seminars, prison officials learnt more about best practices in detention and carrying out infrastructure projects in line with internationally recognized standards. Detainees continued to enjoy visits from family members, while those released had the cost of their transport home covered by the ICRC.

Physically disabled people benefited from improved treatment and services at the Hpa-an Orthopaedic Rehabilitation Centre, run by the National Society with ICRC support, thanks to staff training, the construction of a new dormitory and the setting up of a prosthetic production unit. An agreement was reached with the Ministry of Health on the resumption of ICRC support to three of its physical rehabilitation centres. Referrals began again and improvement works got under way. Similar proposed activities with the Ministry of Defence were significantly delayed pending its authorization to visit the three centres under its responsibility.

The Ministry of Foreign Affairs and the ICRC organized a first workshop for senior government officials to familiarize them with IHL and the ICRC's role and mandate. As in previous years, a number of government representatives, armed and police force officers and university lecturers received ICRC sponsorship to participate in IHL teaching events abroad and in postgraduate IHL courses.

The ICRC worked closely with other Movement partners to coordinate efforts and to support the National Society's development.

CIVILIANS

In parts of the country, people continued to suffer the effects of conflict and violence (see *Context*).

To meet the needs of communities in conflict/tension-prone areas, the Myanmar Red Cross Society strengthened its emergency response capacity with ICRC support. For example, over 300 volunteers attended training in the Safer Access approach, enabling them to deliver humanitarian assistance effectively and safely to affected people, while others participated in training sessions on first aid and on the proper implementation of water, sanitation and hygiene projects.

Communities in conflict/tension-prone areas of Kachin, Kayah and Shan border states received humanitarian assistance from the National Society operating alone or in partnership with the ICRC. Although joint National Society/ICRC activities in the eastern border states were limited to government-controlled areas, they led to an expanded ICRC presence. For example, a team assessed the feasibility of community project proposals submitted by six National Society township branches in Kayah and eastern Shan states, while two pilot community projects on hygiene promotion led by trained volunteers from two township branches in southern Shan State were already under way. Some 40 volunteers in Kachin State trained in first aid dealt with mass-casualty situations, including several mine explosions in the state capital Myitkyina. A substantive dialogue with the authorities on an ICRC proposal to deliver medical assistance in Kachin and Kayin states had yet to start.

The outbreak of violence in Rakhine State (see *Context*) had severe consequences. In particular, it prevented the populations in remote villages, enclaved communities or townships from accessing basic services, including health and medical care (see *Wounded and sick*). Both Muslim and Rakhinese communities benefited from assistance provided by National Society/ICRC teams acting in their neutral and impartial role. Immediately after the outbreak of violence, people affected received basic emergency, medical and psychological care from National Society volunteers trained in first aid and family-links services. Nearly 2,000 people received first aid, while 13 families in the Maungdaw township reunited with their separated children registered in the Buthidaung camp. In neighbouring countries, people who fled the unrest kept in touch with their relatives in Myanmar through 141 "safe and well" phone calls.

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	23,193	50%	30%
	<i>of whom IDPs</i>	23,193		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
Economic security, water and habitat (in some cases provided within a protection programme)				
Water and habitat activities	Beneficiaries	1,945		
WOUNDED AND SICK¹				
Water and habitat				
Water and habitat activities	Number of beds	16		
Physical rehabilitation				
Centres supported ²	Structures	7		
Patients receiving services	Patients	4,716	598	376
New patients fitted with prostheses	Patients	589	73	21
Prostheses delivered	Units	1,618	176	76
	<i>of which for victims of mines or explosive remnants of war</i>	914		
New patients fitted with orthoses	Patients	495	134	166
Orthoses delivered	Units	1,095	242	478
	<i>of which for victims of mines or explosive remnants of war</i>	10		
Number of patients receiving physiotherapy	Patients	971	85	50
Crutches delivered	Units	1,784		
Wheelchairs delivered	Units	25		

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

2. Four centres were directly supported. Three centres worked with material provided by the ICRC in previous years. Figures include data from all seven centres

In view of the magnitude of the needs, some additional 490 National Society volunteers from all over the country quickly arrived in the area in shifts of around 90 persons, further helping victims of the violence cope with their situation by providing them with emergency assistance and staff support to health services.

Some 18,200 people in Sittwe township had access to clean drinking water thanks to the installation of distribution points and water tanks, while in other townships, 5,000 people benefited from the installation of 15 hand pumps. Vector-control activities and the disinfection of latrines and wells, paired with health education sessions, helped prevent the spread of disease and improve sanitation facilities in these townships. Government-run mobile clinics received material and logistical support, including in ensuring the safe passage of medical vehicles and staff (see *Wounded and sick*).

People continued to approach the ICRC for help in clarifying the fate or whereabouts of relatives unaccounted for in the border areas. Written representations were submitted to the authorities regarding 12 minors who had allegedly been recruited into the armed forces. Most of the cases were still under review at year-end.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees had not received ICRC visits to monitor their treatment and living conditions since 2005. Following the government's announcement in November of its agreement to the resumption of such visits according to the ICRC's standard procedures, a pilot visit was scheduled for early 2013.

Nearly 200 detainees continued to receive visits from family members, many of whom lived in remote areas of the country. Beneficiary numbers were lower than in previous years owing to

the numerous amnesties granted by the government (see *Context*). Upon their release, 363 former detainees had the cost of their journey home covered by the ICRC.

With the completion of construction and rehabilitation work in the three prisons of Hpa-an, Mawlamyaing and Myaungmya, 1,945 detainees gained improved access to adequate water and sanitation facilities and safe drinking water. The works included the installation of solar-powered water pumps, the rehabilitation of water supply systems and the construction or rehabilitation of toilet blocks. Prison Department officials expressed their satisfaction with the results and requested the ICRC's help with similar projects in four other prisons. Following assessments, improvement projects in two of the four prisons got under way. During a seminar, 70 representatives of the Ministry of Home Affairs and the Prison Department and officials and engineers from various prisons throughout the country learnt more about the ICRC and its prison infrastructure projects. Work with the prison authorities on health issues had yet to begin.

More broadly, two Prison Department officials shared their experiences and best practices in dealing with detention-related issues and discussed topics of common concern with their counterparts at a regional seminar on correctional management (see *Philippines*).

WOUNDED AND SICK

In Rakhine State, the National Society/ICRC helped the local authorities and other organizations concerned boost medical services for affected populations (see *Civilians*). Over 350 patients benefited from emergency medical evacuations, while two hospitals received supplies, including dressing kits and surgical instruments, to respond to medical emergencies.

The Kachin State General Hospital increased its capacity to treat weapon-wounded patients and to respond to other emergencies after receiving dressing kits and packets of oral rehydration salts.

Amputees and mine victims have access to physical rehabilitation services

In total, 1,789 physically disabled people, mainly from south-eastern Myanmar, received services at the Hpa-an Orthopaedic Rehabilitation Centre, run by the National Society with ICRC managerial, technical, financial and training support. Amputees in many regions, however, continued to face considerable difficulty in reaching the centre owing to financial or security constraints or other travel restrictions, while others did not know of the centre's existence. To help overcome these, the National Society, together with the ICRC, ran an outreach programme which referred 260 people to the Hpa-an centre. In order to increase the centre's capacity to meet patients' needs, the National Society recruited five additional employees, completed the construction of extension buildings, including a 16-bed dormitory, and set up a unit for the manufacturing of prosthetic feet that led to the production of 926 prostheses – an increase of 39% from the previous year. Victims of landmines were the recipients of 67% of these prostheses. Two staff members continued to enhance their professional skills on a three-year course at the Cambodian School of Prosthetics and Orthotics, while technicians and assistant physiotherapists at the centre benefited from anatomy and physiology lessons conducted by a consultant orthopaedic surgeon. A seminar organized in cooperation with national providers helped surgeons from the centre improve their abilities to perform amputations.

The Ministry of Health agreed to the ICRC's offer to resume support to three of its physical rehabilitation centres. Thus, improvement works began on its prosthetic foot manufacturing unit. The revived outreach programme run with the National Society referred 10 patients with lower-limb amputations from Kachin State to a ministry-run hospital. However, the full implementation of planned activities was held up owing to administrative and infrastructural constraints faced by the ministry. A similar cooperation proposal with the Ministry of Defence was delayed pending its authorization for the ICRC to visit the three centres under its responsibility.

For the first time, all current and potential actors in the field of physical rehabilitation came together to share experiences during a national round-table on prosthetics and orthotics organized by the Ministry of Social Welfare, Relief and Resettlement with ICRC support.

AUTHORITIES

Contacts with officials at the national and regional level significantly expanded and provided more opportunities to explain the ICRC's mandate and activities and to explore areas for the possible development of ICRC work in Myanmar. These resulted in the expansion of ICRC activities, particularly in Rakhine State (see *Civilians* and *Wounded and sick*) and in places of detention; however, the ICRC's proposal to deliver medical assistance to people in conflict-affected areas had not yet received a response.

To further develop their understanding of and support for IHL, members of parliament and government officials, including from the Attorney-General's Office and various ministries (Defence,

Education, Social Welfare and Border, Home and Foreign Affairs), participated in national and regional events. For example, during a one-day IHL workshop co-organized by the Ministry of Foreign Affairs and the ICRC and backed by relevant literature, 14 attendees discussed issues such as the direct participation of civilians in hostilities, weapons treaties and possible accession by Myanmar to international treaties. Representatives also took part in regional conferences and teaching sessions (see *Iran, Islamic Republic of, Kuala Lumpur, New Delhi* and *Sri Lanka*). Furthermore, five officials followed a distance-learning postgraduate diploma course in IHL from the NALSAR University of Law in Hyderabad, India.

Government officials, particularly at the local level, learnt more about IHL, humanitarian principles and the Movement through dissemination sessions run by the National Society with ICRC support (see *Red Cross and Red Crescent Movement*). Members and staff of the parliament had access to additional IHL reference materials following the donation of an IHL library kit.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Five military officers from the Office of the Judge Advocate-General and one police officer participated in the regional IHL conference in Bhutan (see *New Delhi*) and the teaching sessions held in Kish Island (see *Iran, Islamic Republic of*) and in Colombo (see *Sri Lanka*). While two military officers from the Office of the Judge Advocate-General and one police officer joined a one-day IHL workshop for senior government officials (see *Authorities*), mid-ranking police officers attended dissemination workshops (see *Red Cross and Red Crescent Movement*). Two military officers further deepened their understanding of IHL through the NALSAR distance-learning IHL course.

Security forces in Rakhine State demonstrated their understanding of the National Society's and the ICRC's roles and activities in the area by allowing unhindered humanitarian access to both Muslim and Rakhinese communities (see *Civilians* and *Wounded and sick*).

Representatives of Myanmar armed groups in Thailand were reminded of the need to respect IHL, especially with regard to the use of anti-personnel mines and child soldiers (see *Bangkok*).

CIVIL SOCIETY

Media and civil society representatives, university officials and students learnt more about the National Society/ICRC through dissemination sessions (see *Red Cross and Red Crescent Movement*). These sessions further encouraged the national and local media to continue reporting widely on National Society/ICRC activities, highlighting in particular the ICRC's detention-related work following the government's announcement of the resumption of the organization's visits to detainees.

To enhance IHL understanding and teaching capacities, two university lecturers participated in teaching sessions on IHL (see *Kuala Lumpur* and *Sri Lanka*), while another two lecturers took part in the NALSAR distance-learning IHL course. University students and military officers pursuing postgraduate studies in international law made 241 visits to the ICRC's resource centres in Mandalay and Yangon to consult reference works on IHL and the ICRC. Owing to limited resources, formal contact with the Ministry of Education could not be established.

RED CROSS AND RED CRESCENT MOVEMENT

The Myanmar Red Cross responded to the needs of people affected by natural disaster and conflict/violence, strengthening its capacity to do so with ICRC financial, technical, logistical and infrastructural support (see *Civilians* and *Wounded and sick*). The Kyaing Tong Red Cross branch in eastern Shan State was in a better position to deliver humanitarian services following the ICRC-supported construction of a new office and warehouse.

To increase support for their activities and knowledge of IHL, humanitarian principles and the Movement, the National Society and the ICRC jointly conducted 27 dissemination sessions for nearly 2,000 police officers, health and education officials, religious and community leaders, civil society representatives, university students and National Society volunteers. Information material in local languages supported such work.

The National Society continued to boost its family-links services within the framework of an Australian Red Cross-supported project, with the ICRC providing technical advice. In May, the National Society launched its RCM service in 8 of the 16 states/regions.

The National Society continued revising its legal base with help from the ICRC and the International Federation. To strengthen coordination, it held regular meetings with Movement partners and established a tripartite body for the Movement's response in Rakhine State.

NEPAL



ICRC / AR, 2012
 + ICRC delegation + ICRC office + ICRC-supported prosthetic/orthotic centre

EXPENDITURE (IN KCHF)

Protection	1,046
Assistance	1,261
Prevention	1,123
Cooperation with National Societies	438
General	-

► **3,868**

of which: Overheads 236

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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PERSONNEL

Expatriates	8
National staff (daily workers not included)	68

KEY POINTS

In 2012, the ICRC:

- ▶ with its partners, reviewed, in one district, the pilot phase of a comprehensive project to address the needs of families of missing persons, where a marked improvement was noted in the beneficiaries' quality of life
- ▶ helped relevant agencies resolve/prevent cases of missing persons by contributing to the drafting of guidelines on exhumations and human remains management and to building the Armed Police Force's (APF) forensic capacity
- ▶ with the Nepal Red Cross Society, boosted national emergency response capacities by training some 450 volunteers and APF personnel in first aid and by supporting the integration of volunteers into district disaster-response teams
- ▶ conducted dissemination sessions on internationally recognized policing standards for senior APF officers and, for the first time, for district officers at the invitation of the Judicial Service Training 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: clarifying the fate of missing persons and supporting their families; taking action on behalf of people deprived of their freedom; promoting full compliance with IHL; and improving medical care for the wounded. It works closely with the Nepal Red Cross Society.

CONTEXT

Although the integration of members of the Maoist People's Liberation Army (PLA) into the Nepalese Army was nearly complete, progress in Nepal's long-stalled peace process remained slow. The country stayed mired in a constitutional and political crisis after its major political parties failed to agree on contentious issues related to the drafting of the constitution, such as the country's future form of government and federal structure, prior to its May 2012 deadline. This led to the dissolution of the Constituent Assembly, such that, pending new elections, Nepal had no legislative body or parliament.

Prior to the political crisis, the parliament's legislative committee decided to merge two bills related to transitional justice mechanisms, namely the Truth and Reconciliation Commission and the Commission of Inquiry on Disappearances, to create a single commission with broad provisions for pardon, giving rise to concerns over prevailing impunity. As the political crisis unfolded, the prospects of the unified bill and other legislation being adopted became uncertain.

Nationwide protests and strikes or exacerbated local tensions occasionally degenerated into violent confrontations between protesters and security forces or between groups with conflicting demands, particularly in the far west but also in the Terai region. Bomb blasts, along with other incidents involving explosive remnants of war (ERW) from past conflict or explosive devices linked to criminality, also affected public life in many parts of the country.

ICRC ACTION AND RESULTS

Together with the Nepal Red Cross Society, its main partner, the ICRC assisted people suffering the residual effects of the past armed conflict, while monitoring the humanitarian situation and responding to the needs of people affected by ongoing unrest. In this regard, the National Society received ICRC financial, technical and material support and training to boost its capacities and pursue organizational development activities.

The ICRC kept up its comprehensive efforts to help clarify the fate of some 1,400 persons missing in connection with the past conflict. With the National Society, it collected and verified further information on missing persons from their families and submitted the information to the former parties to the conflict. It reminded authorities of the importance of addressing the needs of the families, including through interim relief benefits, and of establishing a national mechanism to resolve the issue.

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		4		
RCMs distributed		60		
Names published in the media		1,401		
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		35	4	7
People located (tracing cases closed positively)		63		
Tracing cases still being handled at the end of the reporting period (people)		1,404	95	148
Documents				
People to whom travel documents were issued		27		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Restoring family links				
RCMs collected		9		
RCMs distributed		3		
People to whom a detention attestation was issued		17		

* Unaccompanied minors/separated children

The ICRC worked with the National Society and local NGOs in helping relatives of missing persons meet their needs for information and support. Trained National Society volunteers served as primary contacts with the families and updated them on relevant developments and available government benefits. The National Society/ICRC empowered relatives of missing persons and other volunteers to facilitate peer support groups to help them cope with their situation. With training and livelihood input from ICRC partners, the families improved their economic situation, enabling them to assist other vulnerable people. Support to the National Network of Families of Disappeared and Missing (NEFAD) helped ensure that families were represented in discussions on the issue. The ICRC helped the authorities strengthen their forensic capacities, increasing the likelihood of bodies being identified and thus providing some people with answers as to their relatives' fate.

To facilitate access to timely and adequate treatment for people injured during unrest, the ICRC provided ad hoc support to hospitals and helped the National Society improve its emergency response capacity. It supported the National Society's first-aid and ambulance services, including the integration of volunteers into district disaster-response teams, as well as its efforts to train the police and other first-responders in first aid and human remains management. The National Society/ICRC strove to stop the obstruction and vandalism of ambulances through round-table discussions with relevant stakeholders and promotional campaigns. To prevent further casualties resulting from mines/ERW, the National Society conducted mine-risk education sessions in vulnerable communities.

Disabled people, including those injured during the past conflict, received appropriate care at two ICRC-supported physical rehabilitation centres.

Although political instability slowed progress in IHL implementation, the ICRC carried on, as much as possible, with its dialogue on IHL-related issues with the authorities, the armed and police forces and civil society. It supported the national IHL committee in consulting with relevant bodies on IHL treaties. It formed a working relationship with the Judicial Service Training Centre to help it train district officers responsible for maintaining peace and order, and helped the Armed Police Force (APF) promote internationally recognized policing standards among its officers. The ICRC facilitated

the participation of government and armed forces representatives in IHL training courses and conferences. It promoted IHL in academic circles by providing lecturers with materials and sponsoring student competitions, and encouraged the media to report on IHL issues and National Society/ICRC activities.

The ICRC coordinated its activities with those of other Movement partners and other humanitarian organizations, including on matters concerning contingency planning for disasters, in order to identify unmet needs, maximize impact and avoid duplication.

CIVILIANS

Prevailing political uncertainty and the region's susceptibility to natural disaster prompted the ICRC to remind the authorities of their obligation to meet the basic needs of affected communities and to ensure people did not go unaccounted for. With ICRC support, the Nepalese Red Cross boosted its own emergency and disaster response capacities, demonstrated by the integration of 100 of its trained volunteers into district disaster-response teams and its distribution of blankets and other essential household items to some 5,600 earthquake-affected victims in eastern Nepal. Coordination with humanitarian organizations focused on contingency planning.

Families of missing persons supported in their search for answers

More than five years since the end of the conflict, families were still seeking some 1,400 missing relatives. National Society/ICRC teams continued to collect and verify additional information on missing persons from their families and submitted it to the former parties to the conflict (APF, Nepal Army, PLA) with the aim of clarifying their fate. To this end, 30 new cases of missing persons were registered, 26 cases were reopened, and 10 people were found alive. An updated list was published on the ICRC's family-links website (familylinks.icrc.org) in August. Work began on an ICRC report summarizing 10 years of learning and progress on the missing persons issue in Nepal.

As primary contact with the families of the missing, the Nepalese Red Cross trained about 70 district focal points to coordinate with some 250 volunteers, who visited the families regularly, informed them of any developments concerning the fate of their relatives, facilitated access to government assistance and compiled findings from all participating districts.

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)				
Essential household items	Beneficiaries	5,718	51%	
Cash	Beneficiaries	699	36%	27%
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	39		
	<i>of which provided data</i>	2		
Patients whose hospital treatment has been paid for by the ICRC	Patients	31		
Admissions	Patients	42	1	8
	<i>of whom weapon-wounded</i>	39	1	8
	<i>(including by mines or explosive remnants of war)</i>	31		
	<i>of whom other surgical cases</i>	3		
First aid				
First-aid posts supported	Structures	10		
	<i>of which provided data</i>	10		
Wounded patients treated	Patients	2,637		
Physical rehabilitation				
Centres supported	Structures	2		
Patients receiving services	Patients	1,303	315	102
New patients fitted with prostheses	Patients	134	25	11
Prostheses delivered	Units	150	28	12
	<i>of which for victims of mines or explosive remnants of war</i>	19		
New patients fitted with orthoses	Patients	79	16	23
Orthoses delivered	Units	108	19	36
Number of patients receiving physiotherapy	Patients	223	45	28
Crutches delivered	Units	275		
Wheelchairs delivered	Units	172		

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

Families receive psychological and social support

While waiting for answers as to the whereabouts of their relatives, 741 families (4,399 individuals) of missing persons in 16 districts received psychological, legal, social and economic support through a comprehensive project begun in 2010 with the National Society and eight partner NGOs, which received ICRC technical assistance and material/financial support to help them implement and sustain the project.

Under the project, some 30 family members, supported by 40 volunteers, trained to become facilitators of 116 specialized groups of mothers, wives or fathers, helping the families cope with their situation through peer support. Over 150 relatives received professional psychological care, while 23 individuals, including 8 mentally ill, had their travel costs covered so they could receive free treatment at government hospitals. Some 400 families revived or improved their income-generating capacities via training, exposure visits, business grants and/or productive inputs from ICRC partners. Around 500 families spread the positive benefits of the project by donating the offspring of the animals they had received to economically vulnerable women in their communities.

In Bardiya district, a review at the conclusion of the project's two-year pilot phase showed a marked improvement in the lives of the beneficiaries (266 families). The project had enabled them to form social networks that helped them combat the social/cultural stigma attached to their status and enhanced their ability to function at individual, family and community level.

The holding of public commemorative events, the staging of street theatre, and the formation of solidarity networks to mobilize external resources in the districts helped foster communities'

understanding of the issue of missing persons and address the social stigma suffered by the families. With ICRC support, NEFAD continued to develop stronger representation in various regions of the country.

Families applying for financial support under the government's interim relief programme benefited from the extended deadline set by the Ministry of Peace and Reconciliation at the ICRC's request. Thus, 128 families and 33 individuals detained as minors during the conflict applied for relief, with National Society/ICRC guidance; to date, 1,234 of the 1,400 families had received government relief. Regrettably, owing to lack of funds, children of missing persons and/or those orphaned as a result of the conflict could not regularly access government-allocated scholarships and assistance.

With the constitutional and political crisis, there was little progress on the pending bill addressing the issue of missing persons and the needs of their families (see *Authorities*).

Human remains management boosted

The authorities received ICRC input to help them facilitate future exhumations and ensure that people did not go unaccounted for. Though there was still no legal framework for exhumations, the National Human Rights Commission drafted guidelines on the conduct of such. Similarly, the Ministry of Home Affairs adopted national guidelines on human remains management, which were applied and demonstrated, using ICRC material and technical support, by two forensic pathologists in the examination and documentation of 13 unidentified bodies after a flash flood in the Kaski district. Additionally, some 150 APF personnel and over 250 National Society volunteers from vulnerable areas of the

country studied human remains management at National Society/ICRC training sessions, while a government specialist learnt more about the handling of ante/post-mortem data at a course in Geneva, Switzerland.

Dispersed relatives stay in touch

Over 220 National Society volunteers from nine districts reinforced their skills in restoring family links at various training sessions. The exchange of RCMs, submission of tracing requests, and family visits enabled separated family members in Nepal and abroad, in particular Bhutanese refugees and their relatives detained in Bhutan (see *New Delhi*), to restore and maintain contact. Two Nepalese ex-detainees with mental health needs returned home from Bangladesh with ICRC support.

A total of 1,242 people in eight districts benefited from National Society mine-risk education sessions following incidents involving or reports of the presence of unexploded devices (see *Context*), while many others learnt more through a National Society-produced basic safety message which aired on radio. The insights gained from National Society mine-risk education activities since 2005 were compiled in a booklet published with ICRC assistance.

PEOPLE DEPRIVED OF THEIR FREEDOM

Individuals arrested in relation to current situations of violence and unrest were usually released after a few days and received lawyers' visits facilitated by the ICRC. Persons detained in 15 police stations in the country benefited from improved access to legal services and family visits in premises rehabilitated/constructed under a joint project with the authorities and a local NGO.

Seventeen former detainees gained access to government benefits after receiving detention attestations from the ICRC.

WOUNDED AND SICK

The provision of health services, particularly first aid for people injured during violence, remained constrained by poverty and poor infrastructure. To help counter this, 285 volunteers in 12 districts and 168 APF personnel in 7 districts upgraded their first-aid skills with the help of National Society instructors. The National Society maintained/repairs its ambulance services with ICRC support. Some 2,600 people injured during unrest received treatment from 10 first-aid teams funded and equipped by the ICRC.

While transporting patients injured during civil unrest or by improvised explosive devices (IED) to hospital, 10 ambulances, including 4 belonging to the National Society, suffered obstruction and damage. Bilateral contacts with relevant individuals/groups, round-tables with all stakeholders, and jingles aired in five local languages on radio stations in 71 districts helped increase awareness of the obligation to allow the free movement of ambulances. National Society branches and district ambulance management committees coordinated on the systematic monitoring of ambulance misuse and the provision of first-aid training to ambulance drivers.

Ad hoc donations of supplies helped 39 hospitals provide medical/surgical care to people wounded during unrest or explosions, as well as other patients. Additionally, 31 patients received financial assistance to cover their treatment costs.

Over 60 health specialists in the emergency departments of 53 hospitals honed their skills in handling and managing trauma cases through a specialized course. Four ICRC-trained instructors at the Kathmandu University Hospital delivered the same course to 40 interns.

People with disabilities improve their mobility

Amputees, including mine/IED victims, enjoyed improved mobility after being fitted with artificial limbs produced with ICRC-donated materials at the Nepal Army's Yerahiti National Rehabilitation Centre and the Green Pastures Hospital and Rehabilitation Centre in Pokhara. Patients disabled as a result of the past conflict received free treatment, while the transport costs of 325 people undergoing treatment were covered by the ICRC. To ensure the continued quality of services, three technicians from both centres undertook formal schooling abroad, while others received on-the-job training.

Both centres lent technical support at a camp held in Butwal, southern Nepal, to provide follow-up care to 117 disabled patients, who benefited from free consultations, repairs to their devices and/or referrals for new/replacement devices.

Discussions with vocational training providers in Rupandehi district explored the possibility of people with disabilities enrolling in their training programmes free of charge.

AUTHORITIES

The situation in the country hampered government efforts to implement IHL at national level. As much as was possible, the national IHL committee consulted with relevant government bodies on a draft Geneva Conventions Act, while work on an official Nepalese translation of the 1949 Geneva Conventions continued. Officials discussed the Hague Convention on Cultural Property at a briefing organized with the Ministry of Culture, which had previously agreed to consider the IHL committee's recommendation to accede to the convention. To further stimulate interest in IHL implementation, the national IHL committee drafted a handbook for parliamentarians and civilian authorities, with National Society/ICRC support.

Ministry representatives and senior government officials also enhanced their knowledge of IHL, including issues covered by the Health Care in Danger project, at ICRC-supported briefings in Nepal, such as those organized by the Ministry of Law and Justice and the Institute of Foreign Affairs, and at teaching seminars and conferences abroad (see *Iran, Islamic Republic of, New Delhi and Sri Lanka*). For the first time, the Judicial Service Training Centre invited the ICRC to share information on the use of force and code of conduct for law enforcement officials with 30 chief district officers.

The prospects of the adoption of a unified bill on disappearances and on truth and reconciliation remained uncertain in the given political environment. No progress was made regarding a stand-alone Red Cross Act to strengthen the National Society's legal status.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Through dialogue with the ICRC, military and police forces received information on the Movement's mandate and activities and were encouraged to integrate IHL and international human rights law into their doctrine, training and operations.

Meetings with the chief of staff of the Nepal Army focused on enhancing mutual understanding and fostering cooperation on the IHL-related activities of the army's Human Rights Directorate. No briefings on IHL principles and the Movement could take place for Nepali peacekeeping troops.

The Ministry of Home Affairs decided to review the ICRC's involvement with the APF, putting most programmes on hold. Nevertheless, with ICRC assistance, the APF trained 24 senior officers in internationally recognized policing standards and briefed 150 others in general sessions.

Meanwhile, various military and police officials learnt more about IHL at seminars abroad, including teaching sessions in Bhutan and Sri Lanka (see *Authorities*) and in San Remo. Foreign defence attachés in the country also learnt about IHL in meetings with the ICRC.

CIVIL SOCIETY

Public awareness of humanitarian issues and Movement activities remained essential given Nepal's potential for unrest. Thus, the National Society received training and support to help it disseminate humanitarian principles and promote the Movement through a variety of communication materials/channels, including round-table discussions with influential stakeholders, a weekly radio programme and the nationwide airing of ambulance jingles in Nepalese and local languages.

Journalists drew on National Society/ICRC briefings and press releases for their stories, including on the relevance of emergency room trauma courses and activities benefiting families of missing persons. Sixteen journalists gained further skills in humanitarian reporting at a two-day workshop organized with the National Society, the International Federation and the BBC. Human rights organizations enhanced their programmes with ICRC resources and input.

Law faculties received relevant materials, while 16 lecturers attended a seminar to enhance IHL teaching. Students of law and conflict studies gained a greater understanding of IHL and Movement activities through periodic ICRC presentations. They tested their knowledge at national and regional moot court competitions.

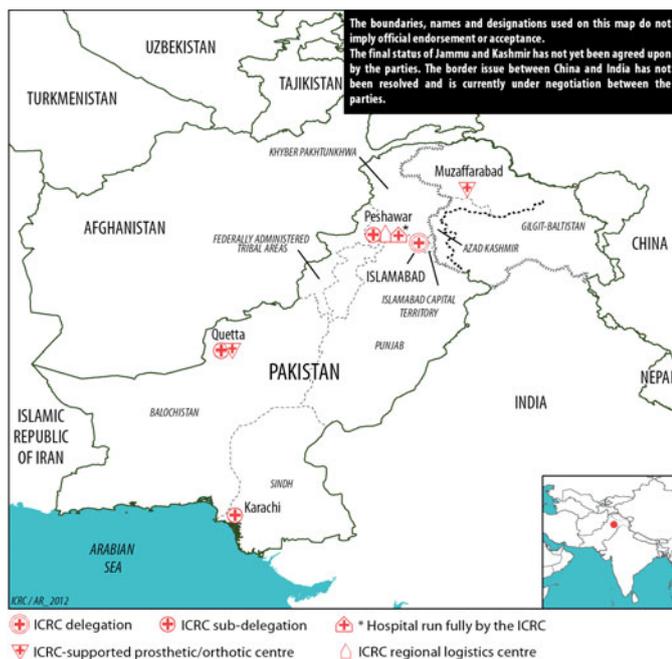
RED CROSS AND RED CRESCENT MOVEMENT

The Nepalese Red Cross remained the ICRC's key operational partner and received training and support in strengthening its capacities in the areas of restoring family links, human remains management, emergency preparedness and response, and mine-risk education (see *Civilians*).

With security fragile in many parts of Nepal, National Society staff and volunteers received training in the Safer Access approach, which also helped to strengthen public perception of the National Society at local and national level. Despite the lack of progress in strengthening their legal status (see *Authorities*), organizational development activities (a review of its constitution, the creation of a gender and inclusion department, workshops addressing the needs of less-developed chapters) accompanied strategic and structural changes within the National Society.

All components of the Movement met regularly to exchange information and ensure effective coordination of activities.

PAKISTAN



EXPENDITURE (IN KCHF)

Protection	2,842
Assistance	17,558
Prevention	4,820
Cooperation with National Societies	2,192
General	-

► **27,413**

of which: Overheads 1,666

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Expatriates	57
National staff (daily workers not included)	817

KEY POINTS

In 2012, the ICRC:

- after the kidnapping and murder of a health delegate, accelerated the planned reduction in operations and eventually suspended them, maintaining only its work in physical rehabilitation, family-links and with the National Society
- conferred with the government on a concept paper on future ICRC action in Pakistan, while pursuing dialogue with authorities, members of the armed and security forces and other key actors to review the scope of its activities
- until end-April, contributed to the medical and surgical treatment of 4,434 weapon-wounded patients from Pakistan and Afghanistan at its hospital in Peshawar and at other ICRC-supported health facilities
- completed the renovation of the Garhi Khairo Taluka Headquarter Hospital, which resumed services for 150,000 people in Sindh in June
- supported 4 centres providing physical rehabilitation services to over 9,200 patients, including by helping improve accommodation facilities and contributing to the upgrade of qualifications of the staff and faculty
- until end-April, boosted government agricultural/veterinary services to help improve the livelihood assets and farming output of 230,342 residents in Balochistan, the Federally Administered Tribal Areas and Khyber Pakhtunkhwa

The ICRC began working in Pakistan in 1981 to assist victims of the armed conflict in Afghanistan. Its current presence is aimed at pursuing dialogue with all relevant authorities both on the humanitarian impact of armed violence and natural disasters and on neutral and independent humanitarian action. In particular, the ICRC's operations focus on: ensuring the provision of care for the weapon-wounded and the disabled; supporting the Pakistan Red Crescent Society; and fostering dialogue with the government, religious leaders, academic institutions and the media on IHL-related issues.

CONTEXT

Fighting continued between Pakistani armed forces and armed groups in Khyber Pakhtunkhwa (KP) and the Federally Administered Tribal Areas (FATA), as did violence by armed elements against civilians and in public places, including in Balochistan. Aggravated by a third consecutive year of flooding in some parts of the country, the fighting/violence led to casualties and displacement, disrupted access to essential services and undermined flood recovery efforts. Weapon contamination from past armed conflicts continued to affect populations in areas along the borders with Afghanistan and India.

Independent humanitarian action across the country, organized around the national disaster mechanism, remained constrained by the insecurity and government restrictions on access. An ICRC health delegate was kidnapped by unknown people in January and found murdered at the end of April. Other attacks against humanitarian and health workers forced humanitarian organizations either to limit their movements or to withdraw staff from the field.

ICRC ACTION AND RESULTS

Government reservations regarding the ICRC's activities in the country and restrictions on its access prompted the organization to significantly scale back its operations at the beginning of the year, cancelling most planned economic-security and water/habitat activities. Then, security concerns stemming from the kidnapping and subsequent murder of an ICRC health delegate led the ICRC to suspend all its activities at the beginning of May, with the exception of physical rehabilitation work, family-links services and cooperation with the Pakistan Red Crescent Society. Afterwards, it began an in-depth review of its activities in Pakistan, with the needs of the affected communities foremost in mind.

Throughout the above developments and after, the ICRC maintained dialogue with the authorities and key stakeholders in order to: deal in the best possible way with the kidnapping/murder; enhance understanding of and support for the Pakistani Red Crescent's and the ICRC's neutral, impartial and independent humanitarian action; and review the scope of ICRC operations. In August, it presented to the Pakistani government a concept paper proposing a revised operating model and set of ICRC activities in the country, with a view to obtaining explicit assurances of agreement and support before resuming operations.

Given the limited space to operate, cooperation with the National Society and its extensive volunteer network remained crucial.

Main figures and indicators	PROTECTION		Total
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages (RCMs)			
		UAMs/SCs*	
RCMs collected	453	1	
RCMs distributed	572		
Phone calls facilitated between family members	319		
Tracing requests, including cases of missing persons			
		Women	Minors
People for whom a tracing request was newly registered	88	2	9
People located (tracing cases closed positively)	17		
Tracing cases still being handled at the end of the reporting period (people)	116	7	28
UAMs/SCs*, including unaccompanied demobilized child soldiers			
		Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society	1		
Documents			
People to whom travel documents were issued	6		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)			
ICRC visits			
		Women	Minors
Detainees visited and monitored individually	40		17
Detainees newly registered	23		17
Number of visits carried out	4		
Number of places of detention visited	4		
Restoring family links			
RCMs collected	19		
RCMs distributed	5		
Phone calls made to families to inform them of the whereabouts of a detained relative	15		

* Unaccompanied minors/separated children

The ICRC helped the National Society boost its capacities to conduct joint operations and to develop and run its own programmes, providing it with financial, technical and material support notably in the fields of communication, emergency response and first aid. It supported the National Society's efforts to improve its institutional set-up and management approach, particularly in terms of project monitoring, and in expanding its network by opening branches in vulnerable areas.

Throughout the year, disabled people benefited from the services of physical rehabilitation centres supported by the ICRC. At one centre in Peshawar, a new accommodation facility was completed for patients preparing for device fitting, while new machines helped boost treatment. More generally, the ICRC contributed to the improvement of rehabilitation services in the country by providing learning opportunities for hospital and rehabilitation staff.

National Society/ICRC family-links services remained available to family members separated during fighting or disasters or to relatives of refugees, stateless persons and asylum seekers wishing to contact their relatives.

Between January and the beginning of May, the ICRC, with the National Society, continued to adapt its activities and endeavoured to reach vulnerable people in the critical areas of Balochistan, FATA, KP and Sindh.

Together, the two organizations distributed emergency relief, mainly to displaced people from FATA, and helped protect/restore the livelihoods of people affected by fighting, including through follow-up support to recipients of business start-up grants in the previous year. The ICRC extended assistance to government agricultural/livestock facilities, enabling them, in turn, to help people improve their livelihood assets and farming output. It worked with local authorities to complete ongoing rehabilitation work on water supply and sanitation systems, thereby improving access to drinking water for thousands of people and contributing to their general health.

In partnership with health authorities and other stakeholders, the ICRC sought to improve the availability and quality of care and services throughout the casualty care chain. It supported the conduct of mine-risk education sessions to prevent further injuries. To ensure the availability of emergency care, it helped the National Society build a pool of trained first-aiders, especially in areas heavily affected by fighting. Weapon-wounded patients from Pakistan and Afghanistan received treatment at the ICRC field hospital in Peshawar and at private and government-run ICRC-supported hospitals, including at the Garhi Khairo Taluka Headquarter Hospital in Sindh, which reopened in June after renovations to repair serious damage from the 2010 floods.

The ICRC maintained contact with other Movement partners, NGOs, humanitarian organizations and other key actors to ensure coordination of activities.

CIVILIANS

Civilians suffered the effects of continued fighting and recurrent natural disasters, with many displaced or requiring assistance to meet their basic needs and restore disrupted livelihoods. However, restricted access, along with related operational adjustments and the suspension of all activities as of May (see *ICRC action and results*), prevented the ICRC from implementing many planned assistance programmes, including economic support to returnees, violence-affected communities and the disabled, and water, sanitation and infrastructure projects in communities and IDP camps. Dialogue with authorities at all levels aimed first to improve ICRC access to affected populations and obtain assurances on the resumption of its activities, before other topics, such as the protection needs of civilians, could be broached (see *Authorities*).

Where able, National Society/ICRC teams provided emergency relief to vulnerable communities until end-April. The National Society received technical and financial support to boost its capacities to conduct such programmes, including in developing emergency assistance training modules for its staff (see *Red Cross and Red Crescent Movement*).

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	29,610	28%	44%
	<i>of whom IDPs</i>	Beneficiaries	15,465		
Essential household items		Beneficiaries	20,958	28%	44%
	<i>of whom IDPs</i>	Beneficiaries	2,155		
Productive inputs		Beneficiaries	34,111	28%	43%
Cash		Beneficiaries	84	31%	34%
Work, services and training		Beneficiaries	196,231	28%	43%
Water and habitat activities		Beneficiaries	99,837	28%	44%
	<i>of whom IDPs</i>	Beneficiaries	51,386		
Health					
Health centres supported		Structures	12		
Average catchment population			90,908		
Consultations		Patients	89,296		
	<i>of which curative</i>	Patients		14,645	37,662
	<i>of which ante/post-natal</i>	Patients		4,321	
Immunizations		Doses	26,433		
	<i>of which for children aged five or under</i>	Doses	24,831		
Referrals to a second level of care		Patients	259		
Health education		Sessions	2,110		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
Economic security, water and habitat (in some cases provided within a protection programme)					
Cash ¹		Beneficiaries	118		
Water and habitat activities		Beneficiaries	3,658		
WOUNDED AND SICK					
Hospitals					
Hospitals supported		Structures	7		
	<i>of which provided data</i>	Structures	7		
Patients whose hospital treatment has been paid for by the ICRC		Patients	3,612		
Admissions		Patients	8,305	4,368	1,724
	<i>of whom weapon-wounded</i>	Patients	822	122	114
	<i>(including by mines or explosive remnants of war)</i>	Patients	19		
	<i>of whom other surgical cases</i>	Patients	2,564		
	<i>of whom medical cases</i>	Patients	2,848		
	<i>of whom gynaecological/obstetric cases</i>	Patients	2,071		
Operations performed			4,671		
Outpatient consultations		Patients	101,294		
	<i>of which surgical</i>	Patients	9,399		
	<i>of which medical</i>	Patients	81,629		
	<i>of which gynaecological/obstetric</i>	Patients	10,266		
Water and habitat					
Water and habitat activities		Number of beds	1,068		
Physical rehabilitation					
Centres supported		Structures	4		
Patients receiving services		Patients	9,257	1,017	2,525
New patients fitted with prostheses		Patients	1,334	161	98
Prostheses delivered		Units	1,682	218	158
	<i>of which for victims of mines or explosive remnants of war</i>	Units	430		
New patients fitted with orthoses		Patients	1,266	185	449
Orthoses delivered		Units	2,092	297	805
	<i>of which for victims of mines or explosive remnants of war</i>	Units	271		
Number of patients receiving physiotherapy		Patients	4,535	750	748
Crutches delivered		Units	1,986		
Wheelchairs delivered		Units	234		

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

Affected communities receive help in meeting immediate needs

In total, 29,610 people, including some 15,400 IDPs, met their immediate needs through food rations distributed by the National Society and ICRC partners. About 1,400 returnees rebuilt their homes with shelter kits, while other people received essential household items and hygiene material.

Ongoing micro-economic, agricultural and livestock initiatives were completed prior to the suspension of activities. Efforts to train veterinary/livestock-care practitioners, increase the availability of better-quality seed and enhance government extension services at Provincial Farm Service Centres and in

the field of artificial insemination enabled 230,342 people in Balochistan, FATA and KP to improve their livelihood assets and increase their farming output. Twelve families (84 people) received second grant installments to sustain small business initiatives begun in 2011; monitoring of a sample of previous grantees in KP showed that 95% of the businesses were doing well.

Civilians protect their health and have access to basic care

Close to 100,000 people, including 882 IDPs in a camp prior to its closure in April, protected their health thanks to access to better-quality drinking water and sanitation facilities in rural areas in FATA and KP after the construction/rehabilitation of water supply systems by the ICRC in conjunction with local authorities.

Health-promotion sessions organized by the National Society relayed messages on key health issues and good hygiene practices to 18,641 people in Balochistan, FATA and KP, while health authorities received preventive and curative means with which to address seasonal outbreaks of acute watery diarrhoea.

To help the country's overstretched health system cope with the effects of the fighting and the displacement of civilians, government- and National Society-run basic health facilities received ICRC material, technical and financial support. Some 89,300 people attended consultations at 12 health care facilities, including 1 mobile and 6 basic health units run by the National Society, while many others availed of ante/post-natal care and immunizations against common diseases. Eight of these facilities were located in FATA and KP and four in Balochistan. In Sindh, services improved at one health centre damaged during the 2010 floods following repairs to its water and sanitation systems.

People alerted to weapon-contamination danger

Some 30,770 people from FATA and Pakistan-administered Kashmir learnt to minimize their risk of injury from mines and unexploded ordnance at education sessions conducted by trained National Society volunteers.

Separated family members restore contact

National Society/ICRC tracing and RCM services remained available throughout the year for family members separated during fighting or to people wanting to contact relatives in Pakistan or abroad, including refugees, stateless persons and asylum seekers. Families communicated with relatives interned/detained in the US internment facility at Guantanamo Bay Naval Station in Cuba or in the Parwan detention facility in Afghanistan via messages relayed by ICRC delegates/interpreters or via video or telephone calls facilitated by the ICRC (see *Afghanistan* and *Washington*). Relatives of Pakistani nationals on board a boat which capsized near Christmas Island, Australia, filed 73 tracing requests for their kin, of which 15 were resolved in cooperation with the Australian Red Cross. The Pakistani Red Crescent initiated a review of its family-links services to determine needs and areas for improvement.

With a view to preventing cases of missing persons owing to violence or disaster, three Pakistani officials participated in courses abroad on managing human remains and preserving data for future identification, as did 77 emergency responders and civil authorities from FATA, KP and Punjab at three local courses. Partner organizations, including ICRC-trained first-responders at the scene of a plane crash in Islamabad, were better prepared to manage human remains thanks to ICRC-donated body bags, protective material and reference books.

PEOPLE DEPRIVED OF THEIR FREEDOM

Prior to the suspension of detention visits in May, ICRC access to detainees remained limited to those in Gilgit-Baltistan, Pakistan-administered Kashmir and Sindh, with a negative response from the authorities on previous offers of services to extend visits to more areas.

In the first three months of the year, 40 detainees in Sindh benefited from individual follow-up by ICRC delegates. Following visits to four different places of detention under the authority of the Ministry of Interior, conducted according to the organization's standard procedures, delegates reported their findings

confidentially to the authorities, with recommendations for improvements in detainees' treatment and living conditions where necessary. The Sindh authorities also received ICRC support in the prison reform process. For example, 20 prison superintendents and deputy superintendents participated in a prison management seminar organized at the request of the Sindh home secretary. When needed, detainees used RCMs and phone calls to maintain contact with relatives or, in the case of foreign detainees, with their respective diplomatic representations in Pakistan.

No other visits to detainees took place elsewhere.

Detainees in Gilgit-Baltistan and Pakistan-administered Kashmir weathered the winter season using 1,500 blankets donated by the ICRC. Over 100 former detainees/internees repatriated from abroad (including Afghanistan), some of whom had been visited by the ICRC while in custody, received medical follow-up. The spouses of two people in long-term detention abroad regained some financial security through ICRC micro-economic initiatives.

WOUNDED AND SICK

Casualty care chain boosted

Improving the availability and quality of emergency life-saving care for people injured during violence or disaster remained a National Society/ICRC priority. Thus, some 100 health staff in FATA enhanced their first-aid skills at training sessions co-facilitated by the FATA hospital's senior medical officer, as did 209 responders in KP, including police, medical staff and volunteers, at various other sessions. Sixteen police trainers boosted their first-aid teaching skills at an instructors' course. After ICRC-organized first-aid training sessions ceased (see *ICRC action and results*), the National Society, through its branches particularly in FATA and KP, continued training volunteers and holding first-aid orientation sessions for communities, students and journalists.

Weapon-wounded patients obtained quality surgical care at the 120-bed ICRC field hospital in Peshawar, with some 534 patients receiving treatment until the hospital's closure in May (see *ICRC action and results*). The planned expansion to accommodate more patients was cancelled.

About 3,600 weapon-wounded patients received ICRC-funded treatment at a private hospital in KP and four private hospitals in Quetta until mid-2012.

Four government and two private hospitals in KP and FATA enhanced their services thanks to the provision of medical/surgical material and consumables and infrastructural improvements. In June, the Garhi Khairo Taluka Headquarter Hospital, which had been seriously damaged during the 2010 floods, resumed services for 150,000 people in northern Sindh after the completion of renovation works by local authorities and the ICRC. As a final boost, the hospital received three months' worth of essential drugs and consumables.

Disabled people undergo physical rehabilitation

ICRC physical rehabilitation services remained available throughout the year, except at the Christian Hospital Rehabilitation Centre in Quetta, which closed immediately after the kidnapping of the ICRC health delegate in the area. The discussion to hand over the centre to the CHAL Foundation in 2013 was ongoing as at year-end.

Over 9,200 disabled patients received services at four ICRC-supported facilities, namely, the Akbar Kare Institute in Peshawar, the Muzaffarabad Physical Rehabilitation Centre (MPRC), the Pakistan Institute of Prosthetic and Orthotic Sciences (PIPOS) in Peshawar and the Paraplegic Centre Hayatabad (PCH).

Patients undergoing rehabilitation at PIPOS benefited from a new machine park, while those preparing for device fitting did so in a clean, accessible and safe environment at a new accommodation facility converted from an existing building with ICRC support. An internal reorganization at PIPOS resulted in improved workflow (including in production), clearer lines of communication and better-defined management responsibilities, promoting efficiency in the discharge of treatment and fabrication of devices.

The MPRC and the ICRC extended their cooperation agreement for another year, while planning the transfer of the centre's management to the Pakistan-administered Kashmir government.

House-bound patients in KP benefited from care and house-modification services provided by the PCH.

A clubfoot treatment programme initiated at MPRC and PIPOS focused on the early management of physical impairments.

Local skills are enhanced

To help ensure sustainability, and with long-term quality health care in mind, local professional practice was boosted through: the provision of scholarships to internationally recognized study programmes at PIPOS and universities abroad, including for faculty members working towards post-graduate degrees; exposure visits to ICRC-supported facilities; training and workshops; and mentoring by the ICRC's international medical staff. Thirty physiotherapists and nursing staff from the PCH and the ICRC hospital in Peshawar exchanged knowledge at a workshop to improve the management of spinal injury patients from rehabilitation to community integration.

AUTHORITIES

Numerous meetings, including at high level, with the Foreign Affairs and Human Rights Ministries and major players in the civil, military and security administrations sought to: enhance understanding/acceptance of the National Society's and the ICRC's neutral, impartial and independent humanitarian action; address reservations against the latter's work; and in the aftermath of the kidnapping/murder of the ICRC delegate, determine the scope of future ICRC operations in Pakistan, on the basis of a concept paper presented to the government. In most cases, people acknowledged the value of the ICRC, while some questioned aspects of its working methods.

No progress was made in the domestic implementation of IHL or in the establishment of a national IHL committee. Nevertheless, three government officials learnt more about IHL implementation at a conference in Bhutan (see *New Delhi*), while two others attended a technical workshop on the Chemical Weapons Convention in Montreux, Switzerland.

Dialogue with diplomatic representatives and relevant multilateral organizations explored various avenues of support and cooperation.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Discussions regarding the kidnapping/murder of the ICRC delegate (see *Context*) and the future of the ICRC's work in Pakistan, including its implications for activities in Afghanistan, dominated the organization's contacts with all weapon bearers throughout the year (see *Authorities*). Although limited by restrictions on their involvement with foreign organizations, including with regard to peacekeeping, dialogue with the army and security organizations aimed at building their understanding of the ICRC's work.

Prior to the suspension of activities, the ICRC continued to work with the air force and navy, in particular with their training institutions, to familiarize their personnel with IHL. Around 300 cadets and 800 mid-level to senior officers from the two services learnt more about their obligations under IHL at information sessions. Five senior officers participated in international workshops on contemporary issues related to IHL, including the Senior Workshop on International Rules Governing Military Operations, held in Kuala Lumpur, Malaysia (see *International law and cooperation*).

Until end-April, bilateral meetings with senior police officers had paved the way for regular information sessions at their stations. Twenty senior operational commanders and about 200 trainers from provincial and federal police training institutions improved their skills in line with internationally recognized policing standards at ICRC-supported training. First-aid training also helped enhance the delivery of emergency care by police officers (see *Wounded and sick*).

CIVIL SOCIETY

Given the ongoing violence and the anticipated impact of the reduction of activities on thousands of ICRC beneficiaries, it remained important that the public understood and supported the Movement's work. Therefore, joint National Society/ICRC public communication and targeted networking with media and civil society representatives focused on explaining ongoing Movement activities and constraints.

Using ICRC materials, the media covered humanitarian issues, including the implications of the kidnapping/murder on health-care provision and humanitarian work.

Islamic scholars exchanged views with the ICRC on neutral humanitarian action. Academic institutions, including the faculties of Islamic studies and sharia law of nine universities, promoted IHL using materials such as ICRC-donated libraries and books in Urdu on IHL and its links with the sharia. Two prominent public universities worked to incorporate the topic into their curricula. Students and teachers deepened their understanding of IHL and the Movement at presentations and training sessions, including abroad (see *Iran, Islamic Republic of, Lebanon and Sri Lanka*), and at moot court competitions.

Pakistan's prominent international law think-tank, the Research Society of International Law, contributed to and published a collaborative study on explosive remnants of war. Three representatives of Islamic charities participated in international workshops on the Health Care in Danger project with ICRC support (see *Egypt and Iran, Islamic Republic of*).

RED CROSS AND RED CRESCENT MOVEMENT

Within the limited humanitarian space in which the ICRC was operating until end-April, the Pakistani Red Crescent remained the organization's key partner in bringing emergency relief and essential services to violence- and disaster-affected people (see *Civilians* and *Wounded and sick*). Throughout the year, the National Society, at headquarters and at provincial/branch level, received ICRC support to improve the conduct of its activities and to strengthen its institutional set-up.

National Society representatives participated in events related to the Health Care in Danger project (for example, see *London*) and contributed to the preparation of a Movement guide on the Safer Access approach. Staff, volunteers and trainers upgraded their skills, notably in IHL promotion, emergency relief and first aid. Institutional coaching and management-level training, including for the National Society's new leadership, in areas such as project monitoring and evaluation, strategic communication and financial management, coupled with internal reviews of its emergency preparedness and response programmes and other initiatives, helped the National Society consolidate its operations. Two new branches were set up in the FATA with ICRC support.

Movement partners met regularly to coordinate activities and plans of action, especially in view of the prevailing operational and security constraints.

PHILIPPINES



ICRC / AR, 2012
 + ICRC delegation + ICRC sub-delegation + ICRC office

EXPENDITURE (IN KCHF)

Protection	3,374
Assistance	9,967
Prevention	2,033
Cooperation with National Societies	856
General	-

► **16,230**

of which: Overheads 991

IMPLEMENTATION RATE

Expenditure/yearly budget	124%
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PERSONNEL

Expatriates	31
National staff (daily workers not included)	169

KEY POINTS

In 2012, the ICRC:

- ▶ alone or with the Philippine Red Cross, facilitated, as a priority, the economic recovery of more than 96,000 people, including nearly 10,000 IDPs in Mindanao and the Visayas through productive inputs and livelihood training
- ▶ with the Philippine Red Cross, helped around 25,000 conflict-affected people and 226,000 victims of Typhoon Bopha cope with their situation by providing them with emergency food and/or household items
- ▶ in partnership with the local authorities and community members in central Mindanao, completed the construction of a water supply system benefiting nearly 16,000 people
- ▶ with the prison authorities, rehabilitated and equipped the 60-bed TB infirmary and microscopy laboratory in Quezon City Jail, thereby improving TB detection rates and reducing the risk of infection among inmates
- ▶ built and equipped a polypropylene workshop at the physical rehabilitation centre in Davao, enabling 207 amputees to receive better-quality services
- ▶ welcomed the ratification of Additional Protocol I by the Philippine government

In the Philippines, where the ICRC has worked since 1982, the delegation assists and seeks to protect civilians displaced or otherwise affected by armed clashes between the government and insurgent groups, primarily on the southern islands of Mindanao. It acts as a neutral intermediary between opposing forces in humanitarian matters. It visits security detainees and, with the authorities, aims to improve conditions in prisons, through direct interventions and prison reform. It also works with the Philippine Red Cross to assist displaced people and vulnerable communities and promote compliance with IHL.

CONTEXT

The Philippine government and the Moro Islamic Liberation Front (MILF) worked towards a peace deal following the conclusion of a framework agreement in mid-October 2012. Negotiations with the Moro National Liberation Front (MNLF) continued with the aim of reaching a final settlement enabling implementation of the 1996 peace agreement. In some parts of Mindanao, clashes occasionally occurred between government troops and armed groups and among powerful clans (*ridos*).

Clashes continued between the New People's Army (NPA) – the military wing of the Communist Party of the Philippines (CPP) – and the armed forces, particularly in Mindanao, southern Luzon and the Visayas. In December, a 15-day truce between the Philippine government and the CPP signalled the possible resumption of peace talks. The truce enabled the provision of humanitarian assistance to the victims of Typhoon Bopha, which, after making landfall in early December, caused widespread devastation in eastern Mindanao and some parts of the Visayas. According to official figures, more than 1,800 people perished or remained unaccounted for and over 6 million people were affected.

Territorial disputes over parts of the South China Sea remained a source of tension in the region.

ICRC ACTION AND RESULTS

The ICRC worked to promote protection of and respect for people affected by armed conflict and other situations of violence in the Philippines. It did so through dialogue with the parties to the conflicts, sharing, where relevant, reports of alleged IHL violations, and through the dissemination of IHL and humanitarian principles among weapon bearers and the civilian population. Improved dialogue with the stakeholders concerned, particularly in central and eastern Mindanao and eastern and western Visayas, enabled the ICRC to gain access to and provide further assistance to affected communities in those areas.

The ICRC continued to visit people deprived of their freedom, paying particular attention to those detained in relation to conflict and other situations of violence. The authorities and key government agencies at central and local levels pursued efforts to improve prison facilities and health care and tackle overcrowding within the framework of the ICRC-supported "Call for Action" process. A new taskforce, established under a Supreme Court mandate, met each month to make recommendations on expediting the cases of inmates held in Manila City Jail. With prison officials, the ICRC

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		2	UAMs/SCs*	
RCMs distributed		2		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		6	Women	Minors
People located (tracing cases closed positively)		10		
Tracing cases still being handled at the end of the reporting period (people)		1		
Documents				
Official documents relayed between family members across borders/front lines		1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits				
Detainees visited		90,485	Women	Minors
Detainees visited and monitored individually		790	40	6
Detainees newly registered		165	15	5
Number of visits carried out		402		
Number of places of detention visited		175		
Restoring family links				
RCMs collected		1		
Detainees visited by their relatives with ICRC/National Society support		348		

* Unaccompanied minors/separated children

rehabilitated and equipped a 60-bed infirmary in Quezon City Jail and provided guidance and expertise in improving the quality of care for inmates suffering from TB. More broadly, prison authorities from the region shared experiences in addressing the causes and consequences of overcrowding at a seminar on correctional management held in Manila.

The Philippine Red Cross remained the ICRC's primary partner in delivering assistance, enhancing the ICRC's ability to meet the needs of violence-affected people, while strengthening its own emergency response capacities through ICRC technical and material support. Following Typhoon Bopha, the ICRC and the National Society launched a large-scale relief operation in eastern Mindanao.

The ICRC focused its assistance activities on helping vulnerable residents and former IDPs in areas affected by conflict and violence restore some means of livelihood through the provision of agricultural and fishing inputs. To improve living conditions and general health, the local authorities and community members worked with the ICRC to construct water supply systems. Training in proper infrastructure management enabled beneficiaries to take ownership of the projects and ensure their sustainability. People who had fled armed confrontations or other violence in Mindanao received emergency relief goods.

Key hospitals in Mindanao and the Visayas continued to receive material support to ensure the availability of emergency medical supplies for the care of weapon-wounded patients and victims of natural disasters. People injured during clashes in Mindanao had the cost of their treatment covered by the ICRC. To bolster emergency response capacities, health providers and National Society volunteers benefited from training and technical support. The Jubilee Foundation physical rehabilitation centre in Davao started producing lighter and more durable polypropylene prostheses at a new workshop built and equipped by the ICRC.

The Philippine government pursued efforts to implement IHL, ratifying Additional Protocol I in March. The armed and police forces also took steps to integrate IHL into their training and operations. During dissemination and training sessions, members of government forces and armed groups were reminded of the need to respect IHL and other relevant international standards.

Civil society stakeholders, primarily in violence-affected areas, also learnt about IHL and the work of the ICRC, increasing their awareness of the relevance of the organization's neutral, humanitarian role in the Philippines.

The ICRC continued to coordinate its activities with Movement partners and other humanitarian agencies in order to maximize impact, identify unmet needs and avoid duplication.

CIVILIANS

Civilians continued to suffer the consequences of the various armed conflicts and other situations of violence in the Philippines. Wherever fighting took place, they faced casualties, loss of livelihood and short-term displacement in regions often lacking infrastructure, essential services and income-generating opportunities.

The presence of the ICRC in violence-affected areas and its dialogue with the stakeholders concerned – weapon bearers, armed and security forces, local authorities and religious and other community leaders – helped promote respect for the civilian population. Whenever possible, the relevant parties were made aware of documented allegations of IHL violations and other concerns, such as the plight of civilians caught between fighting forces, so that corrective action could be taken.

Emergency assistance to conflict- and disaster-affected communities

In central and eastern Mindanao and Calabarzon, southern Luzon, to help people affected by clashes cope with their situation, 4,969 IDPs (935 households) benefited from essential household items and 23,274 residents and IDPs (3,879 households) received food rations from the National Society/ICRC. They included people who benefited from bags of rice for their work in completing the community-based water-supply system in Pikit, North Cotabato, thus enabling 15,700 people to gain access to safe drinking water and to deal with the effects of possible future outbreaks of violence in the area. Community leaders drafted their own policies for the use and maintenance of the system with advice from the local authorities and the ICRC. In Marcelo, Negros Occidental, in preparation for the management of a similar, ongoing water-supply project, 2,276 people learnt how to improve practices in water storage, use of sanitation facilities and personal hygiene with

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	214,938	27%	46%
	<i>of whom IDPs</i>	11,637		
Essential household items	Beneficiaries	238,194	24%	45%
	<i>of whom IDPs</i>	11,902		
Productive inputs	Beneficiaries	96,842	32%	45%
	<i>of whom IDPs</i>	9,873		
Cash	Beneficiaries	1		
Work, services and training	Beneficiaries	3,980	40%	40%
Water and habitat activities	Beneficiaries	45,876	17%	67%
	<i>of whom IDPs</i>	17,400		
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	22,276		
Water and habitat activities	Beneficiaries	6,176		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	21		
	<i>of which provided data</i>	16		
Patients whose hospital treatment has been paid for by the ICRC	Patients	69		
Admissions	Patients	240,438	113,160	78,794
	<i>of whom weapon-wounded</i>	1,398	174	122
	<i>(including by mines or explosive remnants of war)</i>	163		
	<i>of whom other surgical cases</i>	36,644		
	<i>of whom medical cases</i>	127,183		
	<i>of whom gynaecological/obstetric cases</i>	75,213		
Operations performed		56,366		
Outpatient consultations	Patients	539,428		
	<i>of which surgical</i>	128,542		
	<i>of which medical</i>	297,637		
	<i>of which gynaecological/obstetric</i>	113,249		
Water and habitat				
Water and habitat activities	Number of beds	82		
Physical rehabilitation				
Centres supported	Structures	1		
Patients receiving services	Patients	207	24	64
New patients fitted with prostheses	Patients	36	5	
Prostheses delivered	Units	75	9	8
New patients fitted with orthoses	Patients	9		8
Orthoses delivered	Units	8		8
Number of patients receiving physiotherapy	Patients	142	12	48
Crutches delivered	Units	60		
Wheelchairs delivered	Units	6		

the help of the local authorities and ICRC-trained Philippine Red Cross volunteers. Owing to Typhoon Bopha, technical training for local water engineers did not go ahead.

A total of 225,924 victims (37,654 families) of Typhoon Bopha in Compostela Valley, Davao Oriental and Surigao del Sur benefited from National Society/ICRC emergency assistance consisting of one-off distributions of essential household items, of which 191,658 people (31,943 households) also received food. In Baganga and Cateel, Davao Oriental, some 19,000 people accessed potable water from distribution points and trucking services, while an additional 6,500 benefited from the repair of existing water systems. A district hospital and a rural health unit in Compostela Valley rehabilitated damaged water pipelines with donated materials, while material assistance to five health facilities in the three affected provinces enabled them to continue providing services to the population.

Post-emergency, vulnerable families recover a means of livelihood

In central and eastern Mindanao and the Visayas, 90,290 residents and 6,552 resettled IDPs (16,064 families) restored or boosted their means of livelihood with productive inputs provided by the ICRC in coordination with local agricultural authorities.

Beneficiaries included 10,378 farming families (62,268 people) in Negros Oriental and Northern Samar, who received seed, water buffalo (*carabaos*), hand tractors and rice threshers to increase planting and harvesting efficiency. In Palawan, 620 households (3,720 people) formerly linked to an armed group received rice seed for planting. Some 3,012 IDPs in Mindanao who no longer had access to agricultural land took up fishing activities thanks to the provision of paddle boats, nets and other equipment. A total of 3,980 also underwent training to improve the management and sustainability of their livelihoods.

Conditions for migrants in transit enhanced

In Zamboanga, 6,965 migrants transiting through a processing centre and minors housed at an institution for trafficked children following deportation from Malaysia received hygiene kits from the ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM

After receiving allegations of conflict- and violence-related arrests from families or learning of them from media reports, the ICRC requested immediate access to those arrested in order to ensure they were being treated with full respect for their dignity, according to internationally recognized standards. With the authorities

concerned, the ICRC confirmed 72 allegations of arrest, while continuing to follow up closely any remaining cases.

Over 90,400 people deprived of their freedom in 175 places of detention under the responsibility of the Bureau of Jail Management and Penology (BJMP), the Bureau of Corrections, provincial authorities, the armed forces and the police received visits from the ICRC, according to its standard procedures, to monitor their treatment and living conditions. Particular attention was paid to vulnerable detainees, such as minors, women, the elderly and the mentally ill. Following such visits, findings and recommendations were shared confidentially with the authorities orally and in writing.

A total of 348 detainees received ICRC-funded visits from relatives, facilitated by the National Society.

Detainees' living conditions improve as a result of "Call for Action"

The authorities and key government agencies at central and local level continued to pursue efforts to improve prison facilities and health care services and tackle overcrowding within the framework of the ICRC-supported "Call for Action" process. Three working groups continued to address the management of TB in places of detention, problems related to prison infrastructure and shortcomings in the criminal justice system, particularly procedural delays, one of the major causes of overcrowding. In support of these efforts, the ICRC Asia-Pacific Seminar on Correctional Management held in Manila enabled the prison authorities from the Philippines and elsewhere in the region to share best practices on mitigating the causes and effects of overcrowding.

A special taskforce, established under a Supreme Court mandate and chaired by judges, bringing together prosecutors, public attorneys, and representatives of the BJMP and the ICRC, met on a monthly basis to review the cases of inmates of Manila City Jail who had been awaiting trial for excessive periods of time. The taskforce, known as "Katarungan at Kalayaan", submitted recommendations to regional or metropolitan trial court judges to speed up the resolution of 249 cases. As a result, 67 inmates were released and 95 were sentenced, 40 of whom were transferred to a prison to serve their sentences. In addition, with the ICRC's help, the taskforce drafted recommendations for procedural changes or improvements, for submission to the Supreme Court's Committee on Decongestion. To facilitate the updating of inmates' records, the BJMP developed a national electronic database with ICRC technical support.

Better access to health care in detention

As part of the "Call for Action" process, the national authorities strengthened TB management in prisons. The BJMP and the Bureau of Corrections participated in an ICRC-facilitated workshop aimed at drawing up a five-year TB-control strategy focusing on the expansion of activities and quality of care. Subsequently, the BJMP organized training in TB management for prison health staff and wardens, Health Ministry officials and local authorities in Calabarzon. In Quezon City Jail, the TB detection rate almost doubled from 2011 to 2012 thanks to ICRC-supported measures, including: the renovation and furnishing of a 60-bed TB infirmary with proper segregation and infection control; the full equipment of a TB microscopy laboratory; and regular guidance for medical staff from TB experts. Planned financial assistance to transferred or released TB patients, however, did not take place.

More than 47,000 detainees in 31 jails and prisons benefited from ICRC monitoring of their general health and access to medical care. The ICRC shared its findings with the Health Ministry and the BJMP, which began working together on the creation of a health information system aimed at improving detainee health care. Eight jails received basic medical equipment and supplies, while detainees' received hygiene kits and recreational items to ease their living conditions. In Metro Manila District Jail, 370 detainees diversified their daily food intake following the start of a gardening project.

Prison infrastructure upgraded

The BJMP and the ICRC continued to work together to upgrade infrastructure in 12 places of detention as a way of addressing the consequences of overcrowding. Five provincial jails benefited from similar projects. Over 6,100 detainees thus enjoyed better living conditions, in particular water and sanitation, ventilation, cooking facilities, and sleeping and outdoor areas. In one prison, energy costs were significantly reduced and inmates' working conditions in kitchens improved following the installation of a solar water heater for cooking. The Montevista District Jail in Compostela Valley received construction materials to repair damage caused by Typhoon Bopha.

A total of 49 BJMP and Bureau of Corrections engineers, construction supervisors and technical staff improved their knowledge during training sessions on construction project management.

WOUNDED AND SICK

More than 1,300 weapon-wounded patients received improved emergency care at 21 hospitals in Mindanao and the Visayas thanks to the ICRC's donation of medical supplies. A total of 69 civilians injured during clashes or other acts of violence in Mindanao benefited from direct financial assistance to cover their medical costs. The provision of additional pharmaceutical and surgical equipment helped boost three ICRC-supported hospitals' medical services for the victims of Typhoon Bopha in Mindanao, while dressing materials and water donated to a hospital in Negros, the Visayas, helped address the immediate needs of people injured by a 6.9 earthquake that hit the area in February.

To further enhance emergency response during conflict situations and natural disasters, some 30 nurses working in emergency departments in hospitals throughout the country participated in a trauma surgery course facilitated by the ICRC in partnership with the National Association for Traumatology. The Philippine Red Cross, with the help of ICRC health experts, developed and updated its first-aid training and instructor's manuals, while some local chapters received first-aid materials.

The Jubilee Foundation physical rehabilitation centre in Davao upgraded its services following the opening of the first polypropylene workshop in the country, built and equipped by the ICRC. The construction of a physiotherapy unit was also under way. On-the-spot training and methodological support from ICRC physical rehabilitation experts for the centre's medical staff enhanced the quality of patient care, while sponsorship of a technician to attend the Cambodian School of Prosthetics and Orthotics boosted the centre's capacity and sustainability. More than 200 patients enjoyed these improved services, including 75 who received prostheses produced by the new workshop.

AUTHORITIES

The Philippine government ratified Additional Protocol I, while the Congress passed a bill on protecting the Movement's emblems. The Senate was still reviewing the Hague Convention on Cultural Property and the Convention on Cluster Munitions and bills on IDPs and landmines. The Congress continued to receive ICRC technical assistance in the drafting of IHL- and detention-related bills.

To enhance local capacities to implement the national IHL law (Republic Act 9851), some 50 judges and 47 prosecutors from areas affected by armed conflict underwent IHL training, conducted together with the Philippine Judicial Academy and the Department of Justice respectively. Support to the creation of an interministerial IHL body was ongoing.

Regular contacts with national and local authorities helped garner support for efforts to address humanitarian issues and for the ICRC's neutral, impartial and independent humanitarian action.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

During 47 field dissemination sessions, members of the armed forces, police and armed groups were reminded of the need to respect civilians and medical staff and facilities and to ensure that humanitarian workers had safe and unhindered access to victims, in accordance with IHL and other relevant international standards. Members of the MILF took part in a special session on Islam and IHL.

Under a pilot scheme, the armed forces' Human Rights Office set up mobile teams to provide IHL and human rights training in the field for military auxiliary services in tension-prone provinces. Twenty-eight personnel from the eastern Mindanao command participated in the programme and shared what they had learnt with field units.

The police also launched a pilot training programme wherein 60 officers of Special Action Forces and Public Safety Battalions in conflict-affected areas in Luzon and Mindanao learnt more about the national IHL law and the ICRC's mandate. Police officers throughout the country received pocket cards in national and local languages featuring the basic rules of law enforcement and anti-torture warnings.

To further encourage the integration of IHL into the doctrine and operations of both the armed and police forces, key officers attended international seminars (see *Kuala Lumpur*), while 17 armed forces operations officers participated in an ICRC workshop on humanitarian norms.

Some 200 peacekeepers departing on missions overseas attended ICRC briefings.

CIVIL SOCIETY

National and local stakeholders such as the media, NGOs, think-tanks and religious and community leaders enhanced their knowledge of the ICRC's mandate and work through continued dialogue and interaction with the organization. They had access to a wide range of materials such as a new IHL film translated into Tagalog, social media, online publications and newsletters, some of which included updates on the Movement's Typhoon Bopha response. These, coupled with dissemination sessions held by ICRC-trained National Society volunteers, helped reinforce awareness of the relevance of the Movement's neutral, humanitarian role in the Philippines.

About 35 journalists from the conflict-affected Caraga region bolstered their understanding of IHL and accurate conflict reporting at an ICRC workshop. The second edition of the Red Cross Award for Humanitarian Reporting was launched in partnership with the National Society and media-related NGOs. Some 50 religious leaders and academics in violence-affected areas of Mindanao gained greater insight into IHL and the work of the ICRC at presentations on the relationship between IHL and Islamic law.

University students tested their skills at national and regional IHL moot court competitions. Lecturers and students further enhanced their knowledge of IHL developments and humanitarian issues through ICRC-delivered lectures and a social media page jointly managed by the National Society and the ICRC. To help promote IHL and ICRC activities in Mindanao, a university professor participated in a regional training session (see *Kuala Lumpur*).

RED CROSS AND RED CRESCENT MOVEMENT

The Philippine Red Cross remained a key operational partner of the ICRC. Cooperation between the two organizations enhanced both the ICRC's ability to meet the needs of violence-affected people and the capacity of the National Society to respond to emergencies (see *Civilians and Wounded and sick*).

With ICRC support, the National Society strengthened its response capacity through training in first aid, restoring family links, the Safer Access approach and disaster management. Some 200 Red Cross Action Team (emergency response) volunteers from 10 priority chapters attended such training and shared what they had learnt with their respective chapters. The National Society also received support in lobbying for the passage of the emblem bill (see *Authorities*).

Regular Movement meetings continued to take place to ensure coordination of activities, especially regarding security in project areas, response to emergencies and large-scale disasters, and capacity building.

SRI LANKA



ICRC delegation ICRC-supported prosthetic/orthotic centre

EXPENDITURE (IN KCHF)

Protection	2,757
Assistance	918
Prevention	905
Cooperation with National Societies	859
General	-

► **5,439**

of which: Overheads 332

IMPLEMENTATION RATE

Expenditure/yearly budget	87%
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PERSONNEL

Expatriates	15
National staff (daily workers not included)	89

KEY POINTS

In 2012, the ICRC:

- ▶ despite some access restrictions, individually monitored 636 detainees, while facilitating family visits for 1,588
- ▶ offered its services to assist the government in addressing the needs of families of missing persons, including through the establishment of a centralized database and a related national mechanism
- ▶ with the National Society, expanded its micro-economic initiatives project in Mullaitivu and Vavuniya districts, enabling more returnee households to improve their income-generating capacities
- ▶ with the National Society, supported a national steering committee in the development of a master plan and a set of guidelines for the management of dead bodies in disaster situations
- ▶ encouraged interest and participation in discussions on IHL and its relevance in post-conflict Sri Lanka among the authorities and civil society circles by co-organizing national and regional events
- ▶ agreed with the Sri Lanka Police Department to jointly review the police's standing orders on the appropriate use of force, with the aim of bringing them in line with internationally recognized standards

The ICRC has worked in Sri Lanka since 1989. Operations focus on: work to protect and assist civilians affected by the past armed conflict; visiting detainees and enabling family members to remain in touch; supporting the Sri Lanka Red Cross Society in boosting the economic security of IDPs, returnees and resident communities; improving access to physical rehabilitation facilities; and supporting military training in IHL.

CONTEXT

With macro-economic growth and restored stability 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 September marked the end of major displacement in the country, with IDPs returning to their areas of origin – a large-scale undertaking that required the allocation of massive resources, the rapid rebuilding of essential government services, the demining of large stretches of land, and the coordination of different aid providers. Despite these efforts, many returnees had still not established their livelihoods, and access to basic services was poor. Several thousand people remained unaccounted for, leaving their relatives in a constant state of anguish about their fate.

By end-2012, the number of people held in relation to the past conflict significantly decreased to about 1,300, both in places of temporary and permanent detention and in rehabilitation centres.

The Lessons Learnt and Reconciliation Commission (LLRC), appointed by the Sri Lankan president, published its report on essential measures required for post-conflict reconciliation and recovery, covering various issues of humanitarian concern. In response, the government released a plan of action in July rearranging the 285 recommendations of the LLRC report into 96, grouped under five headings, namely: International Humanitarian Law, Human Rights, Land Return and Resettlement, Restitution/Compensatory Relief, and Reconciliation.

ICRC ACTION AND RESULTS

Despite the government's scrutiny of and restrictions on independent humanitarian action, the ICRC continued to contribute to addressing the consequences of the former armed conflict. Whenever possible, it operated in partnership with the Sri Lanka Red Cross Society, which benefited from ICRC financial, material and technical support to develop its emergency and recovery response capacities, particularly in its northern and eastern branches.

The ICRC visited detainees arrested and held under the Prevention of Terrorism Act, monitoring their treatment and living conditions and reporting findings and recommendations confidentially to the detaining authorities. While the vast majority of visits were conducted according to the ICRC's standard procedures, private interviews with detainees were not permitted during a visit to one prison under the responsibility of the Ministry of Rehabilitation and Prison Reforms (MRPR), which led to the suspension of visits to its facilities. As discussions took place to remedy the problem, ICRC activities for people held in places of detention under the authority of the Terrorism Investigation Department (TID) continued, with inmates in some of these places enjoying improved living

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		145	UAMs/SCs*	
RCMs distributed		166		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		335	Women	Minors
People located (tracing cases closed positively)		36		
Tracing cases still being handled at the end of the reporting period (people)		16,090	823	1,574
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		32	Girls	Demobilized children
Documents				
People to whom travel documents were issued		97		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits				
Detainees visited		636	Women	Minors
Detainees visited and monitored individually		636	15	
Detainees newly registered		161	7	
Number of visits carried out		30		
Number of places of detention visited		12		
Restoring family links				
RCMs collected		150		
RCMs distributed		78		
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		1,588		
Detainees released and transferred/repatriated by/via the ICRC		1		
People to whom a detention attestation was issued		1,079		

* Unaccompanied minors/separated children

conditions thanks to ICRC material support. Family visits helped raise the spirits of detainees, including those held in places affected by the suspension of ICRC visits and in rehabilitation centres.

The National Society/ICRC continued to offer tracing services to people seeking to restore contact with relatives, including migrants. They also supported the Health Ministry-chaired national steering committee in completing a master plan on the management of dead bodies during disasters.

The ICRC continued to remind the government of the plight of the families of the missing and to encourage them to establish a centralized database and a national mechanism to address the issue. It stood ready to help the government implement some of the recommendations of the LLRC report, particularly those concerning the needs of families of the missing and detainees arrested in relation to the past conflict. A study tour and a draft concept paper helped advance such efforts.

In addition to offering its services to help address residual humanitarian needs, the ICRC held/co-organized meetings and events, such as the 21st South Asia Teaching Session on IHL (SATS), to encourage the authorities and civil society representatives to participate in ongoing discussions on IHL in post-conflict Sri Lanka and to advance IHL implementation. Such initiatives, however, produced limited results. Nevertheless, the armed and police forces took steps to integrate IHL and internationally recognized standards on the use of force into their respective training and operations.

National Society/ICRC teams supported the early recovery of communities still struggling with the effects of the former armed conflict. Vulnerable households in Mullaitivu and Vavuniya districts increased their incomes with the help of cash grants and business management training, while communities in Ampara, Anuradhapura and Jaffna accessed clean drinking water thanks to

well-disinfection projects conducted with the Health Ministry and, in some cases, with community members. People living in Jaffna district continued to benefit from basic medical/health services provided by National Society-run mobile clinics. By year-end, the ICRC wound up support to these clinics, as Health Ministry facilities had resumed their services.

The Jaffna Jaipur Centre for Disability Rehabilitation (JJCDR) continued to provide services to people with conflict-related disabilities and worked towards self-sufficiency with ICRC technical and material support. Disabled patients in the south had their treatment at the Navajeevana physical rehabilitation centre paid for by the ICRC.

CIVILIANS

Many former IDPs who had returned to their places of residence or resettled elsewhere remained vulnerable, with little means to restart livelihood activities. Damaged or neglected infrastructure, such as water supply systems, and lack of proper health care facilities made it more difficult for them to cope with the situation.

The Sri Lankan Red Cross and the ICRC worked together to address the needs of vulnerable returnee communities in the northern and eastern provinces. With ICRC material, technical and training support, National Society staff in these provincial branches boosted their capacities to respond to emergencies, to assess needs, to follow up and monitor livelihood activities, notably micro-economic initiatives, and to manage and maintain water sources, thus ensuring the smooth implementation and sustainability of current and future recovery projects.

The pilot micro-economic initiatives project launched in the Vavuniya district in 2011 continued, with over 157 heads of household learning how to run their own businesses with the help of business management courses (benefiting 471 people). A total

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		76	80%	
Work, services and training	Beneficiaries		471	87%	
Water and habitat activities	Beneficiaries		108	50%	
Health					
Health centres supported	Structures		1		
Average catchment population			13,698		
Consultations	Patients		11,548		
	<i>of which curative</i>	Patients		3,053	6,144
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		527		
WOUNDED AND SICK					
Physical rehabilitation					
Centres supported	Structures		1		
Patients receiving services	Patients		1,228	346	53
New patients fitted with prostheses	Patients		123	27	
Prostheses delivered	Units		328	77	9
	<i>of which for victims of mines or explosive remnants of war</i>	Units	102		
New patients fitted with orthoses	Patients		92	29	17
Orthoses delivered	Units		220	67	29
Number of patients receiving physiotherapy	Patients		689	196	67
Crutches delivered	Units		161		
Wheelchairs delivered	Units		31		

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

of 23 of these heads of household, mostly women or disabled persons, received one-off cash grants to kick-start such endeavours and support themselves and their families, benefiting 76 people. Similarly, in the Mullaitivu district, a first batch of 31 heads of household received cash grants to restart livelihood activities.

Communities in Ampara and Anuradhapura districts and Jaffna peninsula benefited from clean drinking water after the disinfection of 60 wells in the area, sometimes with their help. Two public health inspectors from the Health Ministry actively participated in training in how to properly manage and maintain these water sources.

In Jaffna peninsula, the progressive phase-out of ICRC support to National Society mobile health clinics, which assisted nearly 11,600 people through 170 visits, concluded, as patients could already access the Health Ministry's basic health care services.

Families seek information on missing relatives

Thousands of people had lost touch with relatives during the former conflict and in its immediate aftermath, and many such cases reported to the ICRC remained unresolved. Sri Lankans in the country, as well as migrants abroad, continued to request help in tracing relatives with whom they had lost contact or who were unaccounted for, submitting tracing requests to the ICRC in Sri Lanka, to National Society branches or to National Societies/ICRC delegations abroad.

To enable the National Society to collect and respond to such requests efficiently, volunteers from five branches in the northern and eastern provinces attended training courses. These branches also received support in integrating family-links services into their contingency planning.

With the release of the LLRC report and the corresponding plan of action (see *Context*), the ICRC offered its services to the government to help it implement the recommendations aimed at addressing the needs of families of missing persons. Government

representatives also continued to be reminded of the plight of the families of the missing and encouraged to create a national mechanism to address their needs and a centralized system for data collection. During a study tour, officials from the Ministry of Defence learnt more about how such needs were addressed in Nepal. In addition, the defence secretary received a concept paper, drafted by the ICRC in cooperation with the Chief National Intelligence Office, on the creation of a national mechanism for missing persons. Working-level meetings took place with relevant officials regarding improvement of data-sharing and cross-matching.

With National Society/ICRC support, the Health Ministry-chaired national steering committee set up in 2011 completed a master plan and set of guidelines for the management of dead bodies after disaster situations, which were awaiting validation. To help build national capacities, forensic specialists and officers from the Health Ministry participated in various events, such as the Asia-Pacific Meeting of Medico-Legal Institutes and Agencies. Moreover, two forensic doctors honed their skills in managing human remains at a training course in Geneva, Switzerland, while another took a month-long course in forensic anthropology in Coimbra, Portugal.

PEOPLE DEPRIVED OF THEIR FREEDOM

In a number of facilities, detainees held in relation to the former armed conflict and under the Prevention of Terrorism Act received visits from ICRC delegates who assessed their treatment and living conditions according to internationally recognized standards. Rehabilitation centres, however, had remained inaccessible to the organization since March 2010. Following an unprecedented refusal in March by the authorities in one prison to allow delegates to talk to detainees in private (part of the ICRC's standard procedures), the ICRC suspended visits to all people held in prisons under the responsibility of the MRPR. While discussions to remedy the problem did not reach a conclusion, detainees in places under the authority of the TID continued to receive ICRC visits conducted according to the organization's standard procedures, with 636 monitored individually.

Following visits, ICRC delegates submitted confidential reports to the relevant detaining authorities containing their findings, including on procedural safeguards, and related recommendations. Such dialogue led to the authorities making improvements to daily meals, hygiene facilities and library access in some places of detention. For example, with the provision of ICRC materials and equipment, inmates in Boossa, the largest TID facility in the country, enjoyed access to better quality drinking water, improved sanitation and hygiene facilities and a new carpentry workshop.

Although the Ministry of Justice received technical support from an ICRC external consultant in revising the Prison Ordinance and its Rules, there was no progress regarding the implementation of the recommendations in the ICRC's 2011 report and the planned systemic projects in sites under the MRPR aimed at tackling the causes and consequences of severe overcrowding – the main humanitarian issue affecting inmates in all prisons.

Despite these limitations, some assistance was still extended to detainees and their families. Over 1,500 inmates under the responsibility of the TID, as well as that of the MRPR before the suspension of visits in March, benefited from clothing and hygiene items, while some 2,400 eased the monotony of their incarceration with ICRC-provided recreational items, including books and indoor/outdoor games. Disabled detainees served their sentences with more dignity with the help of mobility aids, such as crutches.

While some inmates maintained contact with their families through RCMs, 1,588 detainees under MRPR and TID responsibility, including some in rehabilitation centres, benefited from visits from relatives every two months. Transport costs covered by the ICRC helped families visiting their relatives in detention and released detainees returning home to save their often meagre resources for other essentials, such as health care or education.

WOUNDED AND SICK

Some of the people wounded as a result of the past conflict, either during the fighting or afterwards by explosive remnants of war, had had limbs amputated and required physical rehabilitation.

A total of 1,228 patients benefited from various services provided by the ICRC-supported JJCDR, the only longstanding physical rehabilitation centre in the north. This included the production of 328 prostheses, 220 orthoses, and other assistive devices.

With a view to achieving financial sustainability, the JJCDR took steps to diversify its fundraising capacity with ICRC support and as a result, managed to continue its outreach programme independently. It also raised the public's awareness of its services through ICRC-sponsored promotional materials for its 25th anniversary celebration. Training abroad for a physiotherapy assistant, initially planned for 2012, had already taken place in 2011.

As most humanitarian actors active in physical rehabilitation focused their services in the north, 69 amputees in the south had their treatment at the Navajeevana centre, a local NGO in the south dedicated to helping disabled people, paid for by the ICRC. With the resettlement of beneficiaries (see *Context*), the ICRC-supported National Society ambulance service for the severely disabled in Vavuniya was terminated.

AUTHORITIES

Influential actors, such as government ministers, and the ICRC pursued discussions on remaining humanitarian priorities and the organization's post-conflict activities. During bilateral meetings, the authorities received the ICRC's offer of services to support them in implementing some of the LLRC report's recommendations of a humanitarian nature, particularly in relation to the needs of the families of the missing and detainees held in connection with the former armed conflict.

Government officials, army officers and civil society representatives took part in various events aimed at further raising their awareness of and contributing to the ongoing academic discussions on IHL, and at encouraging the implementation of several treaties through domestic law. Representatives of the Attorney General's Office attended an IHL workshop co-organized with a local law school (see *Civil society*), while high-ranking government officials participated in regional IHL events (see *Iran, Islamic Republic of and New Delhi*). Held for the first time in the country, the 21st SATS, organized in cooperation with the Ministry of External Affairs, brought together representatives from the region to share their experiences in ratifying and implementing IHL. This event welcomed the formation of a SATS alumni network aimed at working with the national IHL committee in promoting IHL throughout the country and the launch of the customary IHL rules translated into Sinhalese and Tamil. The national IHL committee began a similar initiative to translate the 1949 Geneva Conventions.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

As part of efforts to ensure the sustainability and quality of the army's IHL training, 85 IHL instructors improved their capacities to teach the topic during ICRC workshops, while 31 army and 6 navy officers and 3 members of the Special Task Force enhanced their IHL knowledge at courses organized with the army's Directorate of Human Rights and IHL. High-ranking officers also attended an IHL workshop co-organized with a local law school (see *Civil society*), an IHL training session in San Remo and an international workshop on IHL and military operations in Malaysia (see *International law and cooperation*). The army showed interest in further discussing its role in law enforcement.

At the army's request, over 1,700 personnel departing on UN peacekeeping missions in Haiti and Lebanon attended briefings where they enhanced their knowledge of their legal obligations, the humanitarian situation in their countries of deployment and the ICRC's role.

The police force took steps to integrate the appropriate use of force and firearms in law enforcement, particularly during search, seizure, arrest and detention, into its training through workshops for over 2,600 police officers, including those tasked with teaching the subject to colleagues. The Sri Lanka Police Department concluded an agreement with the ICRC, providing the framework to review its standing orders on the appropriate use of force, and set up a steering committee for this purpose.

CIVIL SOCIETY

Local media and relevant actors of influence continued to draw on information and documentation provided by the ICRC through articles, seminars, conferences and field trips, to promote priority humanitarian topics. Journalists who participated in a study tour in Nepal wrote about the similar humanitarian issues faced by families of the missing in Sri Lanka.

With the aim of stimulating interest in and academic debate on IHL-related issues in the post-conflict environment, a local law school organized, with ICRC support, a two-day training workshop for 26 lecturers/instructors from universities, the armed forces and the Attorney General's Office. The participants learnt about recent IHL developments and addressed related topics during panel discussions. Briefings and participation in various events helped raise understanding of IHL and the ICRC within the academic community. Teams of students tested their IHL skills at national or regional moot court competitions (see *Bangladesh* and *Beijing*).

RED CROSS AND RED CRESCENT MOVEMENT

Amid the government's continuing scrutiny of humanitarian actors, 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, providing health care and supporting income-generation and water and habitat projects (see *Civilians*). Training in first aid and search and rescue helped disaster response teams throughout the country strengthen their emergency preparedness. They included 155 volunteers trained in the newly opened Anuradhapura training centre, established with ICRC support. The Kilinochchi and Mullaitivu branches also benefited from equipment and the refurbishment of vehicles.

ICRC-trained National Society volunteers helped promote humanitarian principles and the Movement to over 12,000 people through dissemination sessions and community activities.

The National Society continued the revision of its statutes with ICRC technical support and coordinated activities with Movement partners.

BANGKOK (regional)

COVERING: Cambodia, Lao People's Democratic Republic, Thailand, Viet Nam



ICRC regional delegation + ICRC office ICRC-supported prosthetic/orthotic centre

EXPENDITURE (IN KCHF)

Protection	5,251
Assistance	3,124
Prevention	2,767
Cooperation with National Societies	1,019
General	-
	▶ 12,160
	<i>of which: Overheads 742</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	101%
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PERSONNEL

Expatriates	42
National staff (daily workers not included)	105

KEY POINTS

In 2012, the ICRC:

- ▶ expanded its detention-related activities in Thailand, visiting a total of 27,566 detainees, including those held for security reasons, in 44 places of detention
- ▶ in southern Thailand, helped families affected by the violence restore their livelihoods, by providing them with training and material inputs
- ▶ for the first time, held an IHL dissemination session for military taskforces in southern Thailand
- ▶ with the National Societies in Lao People's Democratic Republic and in Viet Nam, helped communities affected by mines/explosive remnants of war reduce the consequences through mine-risk education and livelihood inputs
- ▶ supported the Thai Ministry of Education and the Thai Red Cross Society in implementing the Exploring Humanitarian Law programme in secondary schools nationwide
- ▶ through training, helped National Society branches along the Cambodia-Thailand border build their capacities to provide emergency assistance to people affected and/or displaced in the event of outbreaks of violence

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 now promotes the ratification and implementation of IHL treaties and the integration of IHL into military training regionwide. It strives to raise awareness of humanitarian issues and supports National Societies in developing their IHL promotion and family-links activities. It seeks to protect and assist vulnerable populations in Thailand, visits detainees in Thailand and in Cambodia, where it also supports the authorities in improving prison management, and helps meet the need for affordable, good-quality prostheses.

CONTEXT

Thai politics remained riven by rivalry between supporters and opponents of the current government and former prime minister Thaksin Shinawatra. Government efforts to pass constitutional amendments and a national reconciliation bill, proposing an amnesty for those involved in Thailand's six-year political crisis, reportedly met widespread opposition.

Some of Thailand's southern border provinces continued to be plagued by violent incidents, in particular drive-by shootings and bombings in public places, causing deaths and injuries among civilians. The population in the area was further affected by the implementation of consecutive emergency laws. Tensions between Cambodia and Thailand over disputed border issues subsided, with troops from both sides pulling out of the area.

The start of ceasefire negotiations between the government of Myanmar and some ethnic groups in the eastern part of the country led to a decrease in clashes, although not in all States (see *Myanmar*).

Cambodia chaired the Association of Southeast Asian Nations (ASEAN) and hosted its 21st Summit, at which regional leaders agreed on the establishment of a regional mine action centre in the country.

In Lao People's Democratic Republic (hereafter Lao PDR), the situation of vulnerable minority groups, including the ethnic Hmong, and the presence of mines/explosive remnants of war (ERW) remained a major concern. In Viet Nam, the government took steps to speed up the clearance of mines/ERW by working with various agencies and mobilizing international support.

ICRC ACTION AND RESULTS

The ICRC regional delegation in Bangkok continued to develop its dialogue with the authorities, security forces, armed groups and civil society representatives in the countries covered to raise awareness of and gain support for IHL and the organization's activities. These efforts contributed to promoting respect for the life and dignity of people affected by the consequences of violence/tensions, including detainees, and to broadening the ICRC's access to these people.

In southern Thailand and along the Thailand-Myanmar border, the ICRC continued to monitor and address the effects of the violence on the civilian population. Regular contact with leaders

Main figures and indicators	PROTECTION		Total
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages (RCMs)			
RCMs distributed		UAMs/SCs*	
	1		
Documents			
People to whom travel documents were issued	2		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹			
ICRC visits			
		Women	Minors
Detainees visited	36,411		
Detainees visited and monitored individually	504	10	
Detainees newly registered	164	3	
Number of visits carried out	101		
Number of places of detention visited	58		
Restoring family links			
RCMs collected	420		
RCMs distributed	55		
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	146		
People to whom a detention attestation was issued	1		

* Unaccompanied minors/separated children 1. Cambodia, Thailand

of armed groups from bordering States in Myanmar and with Thai authorities took place to remind them of the ICRC's mandate, promote IHL and discuss humanitarian concerns such as anti-personnel mines, child recruitment and access of the weapon-wounded to medical care. The ICRC paid for the surgical treatment in Thai hospitals of weapon-wounded people from Myanmar unable to be treated in their own country. In southern Thailand, the ICRC broadened its network of contacts, conducting, for the first time, an IHL dissemination session for military taskforces. Violence-affected families in the area received assistance in setting up sustainable small businesses to restore their livelihoods.

At the beginning of 2012, the Thai Ministry of Justice granted the ICRC access to all detainees in all prisons in Thailand, enabling the organization to expand its visits throughout the country, monitoring overall conditions and treatment of detainees, particularly those detained for security reasons. The ICRC also continued to visit those arrested in relation to the violence in the south held in police stations and army facilities. It established a constructive dialogue with the detaining authorities, including by submitting a report on its findings and recommendations following prison visits. Vulnerable detainees such as migrants and those held far from their families received specific attention, including support in contacting their relatives and material assistance. Prisons affected by floods during the previous year benefited from rehabilitation work.

With ICRC support, the Cambodian General Department of Prisons (GDP) pursued efforts to improve prison management, detainee health care, and prison water supply, sanitation and infrastructure. Government officials explored ways of reducing prison overcrowding at round-tables, set up in a confidential environment provided by the ICRC.

Through an increased presence in Lao PDR, the ICRC built its dialogue with the Ministry of Public Security on cooperation in activities in places of detention. Together with the Lao Red Cross, the ICRC continued its work to assist vulnerable groups in remote areas of the country.

Communities living in areas affected by mines/ERW in Lao PDR benefited from first-aid training and mine-risk education sessions, while in Viet Nam they benefited from livelihood inputs.

In Cambodia, victims of mines/ERW and people otherwise disabled received physical rehabilitation services at ICRC-supported centres.

In all four countries, the ICRC continued to promote further accession to IHL treaties, their national implementation and the integration of IHL into military training and operations. Work with universities sought to encourage greater interest in IHL and its inclusion in their curricula. With ICRC support, the Thai Education Ministry and the Thai Red Cross Society implemented the Exploring Humanitarian Law programme in secondary schools nationwide. The Cambodian Education Ministry showed interest in adopting a similar programme.

With the ICRC, the region's National Societies strengthened their capacities in the areas of emergency response, family links, livelihood support and the promotion of IHL and the Movement.

CIVILIANS

Civilians in southern Thailand continued to bear the brunt of the ongoing violence. Authorities concerned, religious and community leaders and the ICRC regularly reviewed humanitarian issues on the basis of first-hand information collected by delegates in the affected areas. People suffering the effects of the violence, including families who had lost their breadwinners, restored their livelihoods by starting sustainable small businesses, such as food shops and carpentry and repair workshops. Over 50 households benefited from vocational training, accounting workshops and material inputs.

Along the Thailand-Myanmar border, civilians seeking refuge in Thailand from the effects of the armed conflict in Myanmar received visits from ICRC delegates who monitored their situation and raised specific humanitarian concerns with the authorities and the parties involved in the conflict (see *Armed forces and other bearers of weapons*).

In the Lao PDR province of Luang Namtha, an assessment of the needs of ethnic minorities began.

The National Societies and the ICRC worked to mitigate the effects of the continued presence of mines/ERW in the region. In Lao PDR (Attapeu and Sekong provinces), affected communities learnt about the risks of weapon contamination and boosted their emergency

Main figures and indicators	ASSISTANCE ¹	Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses) ²				
Economic security, water and habitat (in some cases provided within a protection programme)				
Water and habitat activities	Beneficiaries	22,148		
WOUNDED AND SICK				
Hospitals ³				
Patients whose hospital treatment has been paid for by the ICRC	Patients	38		
Physical rehabilitation ⁴				
Centres supported ⁵	Structures	3		
Patients receiving services	Patients	11,425	1,514	750
New patients fitted with prostheses	Patients	129	23	4
Prostheses delivered	Units	1,684	134	34
	<i>of which for victims of mines or explosive remnants of war</i>	1,441		
New patients fitted with orthoses	Patients	245	43	110
Orthoses delivered	Units	1,386	244	562
Number of patients receiving physiotherapy	Patients	3,197	572	335
Crutches delivered	Units	3,318		
Wheelchairs delivered	Units	606		

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

2. Cambodia, Thailand 3. Thailand 4. Cambodia 5. Includes a component production unit

response capacities with the help of the National Society/ICRC and a local organization specializing in this field. Over 40 families in Viet Nam (Quang Binh and Quang Tri provinces) set up livelihood projects with National Society support, reducing their need to work on contaminated land. The Cambodian Red Cross Society continued its community-based mine-action programme with support from other Movement partners and the ICRC.

Separated relatives stay in touch

Civilians in the region maintained contact with relatives through tracing and RCM services facilitated by ICRC-trained National Society volunteers. Following the expansion of ICRC visits to detainees in Malaysia (see *Kuala Lumpur*) and Thailand (see *People deprived of their freedom*), people detained abroad and their families, especially from Cambodia, Lao PDR and Viet Nam, kept in touch by these means. With the help of the local authorities and the National Society concerned, unaccompanied migrant minors from Cambodia and Viet Nam reunited with their relatives after returning from Malaysia. Follow-up visits monitored their social reintegration.

Refugees accepted for resettlement in third countries were issued with ICRC travel documents in coordination with UNHCR and the embassies concerned.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Cambodia and Thailand received regular ICRC visits, carried out according to the organization's standard procedures, with particular attention paid to vulnerable people, including

security detainees, migrants, women and minors. After the visits, delegates shared their findings and any recommendations regarding detainees' treatment and living conditions confidentially with the detaining authorities. Where necessary, inmates benefited from material assistance and used the National Society/ICRC family-links service to communicate with their families. In-depth health assessments were conducted in prisons in both countries with the aim of sharing ways to improve detainee health services with the authorities concerned.

The Lao PDR Ministry of Public Security and the ICRC discussed cooperation on detention-related issues, including capacity building, water supply, infrastructure and health care. The ministry received a proposal on improving drinking water quality and health care services for detainees in one facility following an ICRC assessment.

To encourage support for prison management in line with internationally recognized standards, detaining authorities from Cambodia, Lao PDR and Thailand participated in a regional seminar in Manila (see *Philippines*).

Visits expanded to more detainees in Thailand

The Thai Ministry of Justice granted the ICRC access to all detainees in all prisons throughout the country. Thus, 27,566 detainees, including security detainees and people arrested in connection with the violence in the south, in 44 places of detention, be they military facilities, police stations or prisons, received such visits.

PEOPLE DEPRIVED OF THEIR FREEDOM	CAMBODIA	THAILAND
ICRC visits		
Detainees visited	8,845	27,566
Detainees visited and monitored individually	47	457
	<i>of whom women</i>	2
Detainees newly registered	3	161
	<i>of whom women</i>	3
Number of visits carried out	32	69
Number of places of detention visited	14	44
Restoring family links		
RCMs collected	1	419
RCMs distributed		55
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		146
People to whom a detention attestation was issued		1

The detaining authorities and the ICRC held constructive dialogue on humanitarian issues linked to detention, which included the submission of a report to the director general of the Department of Corrections on the ICRC's findings and recommendations with its visits to prisons from January to September. During an ICRC-facilitated pilot inter-agency meeting, the detaining and judicial authorities in the south shared ideas on how to strengthen respect for judicial guarantees.

Hygiene and recreational items helped enhance the well-being of some 28,000 inmates. Over 7,800 detainees in four prisons affected by floods at the end of 2011 benefited from improved health services, drinking water, and kitchen and sanitation facilities with the donation of medical equipment and the rehabilitation of some infrastructure. Nearly 150 detainees in the south and in Bangkok received ICRC-facilitated visits from relatives.

Detainees in Cambodia enjoy improved living conditions

The GDP continued its efforts to cope with the high number of detainees accommodated in old and overcrowded facilities and to boost its capacities to address detainees' needs with ICRC technical and financial support. It co-organized and participated in three round-table discussions on prison overcrowding, including on the implementation of laws related to judicial supervision, with representatives from the Ministries of Interior, Justice, Defence, Economy and Finance. These events contributed to the strengthening of cooperation and coordination among the authorities concerned.

ICRC-supported field missions enabled the GDP to assess issues faced by prisons, particularly in health care delivery and infrastructure. The GDP Health Office organized bimonthly coordination meetings with the different bodies concerned and, with the Health Ministry and the National Society/ICRC, conducted training in TB and HIV/AIDS management and first aid for health staff from 27 prisons. In 17 places of detention, health staff discussed with the ICRC health concerns faced by inmates following an ICRC assessment. The receipt of field survey instruments and toolkits facilitated the work of the GDP Construction Office. As a result of capacity-building efforts and earlier ICRC recommendations, tangible improvements in some places of detention leading to the greater well-being of detainees were noted.

Joint GDP/ICRC infrastructure projects benefited a total of 14,294 detainees in 19 prisons. These included improved access to clean drinking water for 7,558 detainees, a more reliable energy supply for 3,109 inmates, new kitchen facilities for 2,100 detainees, better ventilation, sleeping areas and sewage facilities for 500 detainees and flood protection through the distribution of sandbags, ropes and pump kits for 2,500 inmates in three prisons.

Some 800 detainees, including 500 women, and in some cases prison officials regularly received hygiene items to encourage proper health and hygiene practices; and over 1,500 detainees in three prisons benefited from anti-scabies campaigns.

WOUNDED AND SICK

An estimated three-quarters of all patients from Myanmar reaching Thai hospitals had been injured by mines, after a reduction in fighting in some areas (see *Myanmar*) enabled the population to move around more and thus increased their exposure. A total of 38 weapon-wounded patients from Myanmar seeking treatment in Thai hospitals had their medical costs covered by the ICRC. Timely access to surgical facilities reduced most patients' need for amputations.

Following a seminar conducted by the Public Health Ministry and the National Society/ICRC in Songkhla University, southern Thailand, some 150 doctors boosted their surgical capacities to treat patients wounded by violence.

Disabled people in Cambodia access adequate treatment

Mines/ERW continued to pose a threat to rural communities. Survivors among the 60,000 mine/ERW casualties recorded in total 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 benefit from its financial and technical support in managing and improving the services of the national orthopaedic component factory in Phnom Penh, which supplied the 11 physical rehabilitation service providers in the country, including the Battambang and Kompong Speu physical rehabilitation centres. While coordinating the sector at national level, the ministry introduced to the authorities concerned a standardized patient management system and explored ways to encourage the government to increase its budget for the sector.

The Battambang and Kompong Speu centres underwent renovation work and both their senior staff benefited from ICRC mentoring to develop their managerial skills. As a result, 11,425 disabled people received services at these centres, which produced 1,684 prostheses, 1,386 orthoses and 606 wheelchairs. Outreach teams carried out field trips, assessing and addressing the needs of 9,152 patients, while 119 disabled people were referred to the two centres by National Society volunteers. To facilitate their social and economic reintegration, 38 of the centres' patients were referred to NGOs working in this field.

AUTHORITIES

Contacts with representatives of the region's governments, as well as with staff of diplomatic missions and ASEAN national secretariats, aimed to raise their awareness of the ICRC and the technical support it could offer in accession to or the implementation of IHL treaties.

To encourage domestic IHL implementation, a law professor from Thammasat University began a study on the compatibility of IHL and Thai national law, while some 50 Cambodian government officials and civil society representatives shared their views on the topic during a round-table organized with the Cambodian Institute for Cooperation and Peace.

Following ICRC advice on a proposal to ASEAN for the establishment of a regional mine action centre in the country (see *Context*), the Cambodian authorities expressed their wish to further strengthen cooperation on the issue.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

To promote the establishment of IHL training programmes in their respective countries, senior officials from the armed forces of Cambodia, Thailand and Viet Nam participated in national seminars on the consideration of humanitarian standards when developing operational orders, while some others attended an ASEAN/ICRC event (see *Jakarta*) and a course in San Remo. Strengthened dialogue with Thai military operational commanders encouraged the integration of IHL into the army's decision-making processes.

During seminars and dissemination sessions, members of the Thai armed forces, including, for the first time, military taskforces in southern Thailand, discussed IHL, ICRC activities and humanitarian issues. Units preparing for missions in the south attended predeployment briefings on humanitarian standards relevant to their tasks.

As part of their training, 85 new Cambodian police officer cadets attended a dissemination session on ICRC activities. Senior Cambodian police officers learnt more about international policing standards, prison supervision and overcrowding at a workshop, while military and police commanders stationed in southern Thailand participated in a similar seminar, which also tackled the exercise of police powers and issues related to judicial guarantees.

Periodic meetings with members of armed groups from Myanmar focused on respect for IHL and humanitarian principles and the integration of related concerns into the ceasefire negotiations, notably regarding anti-personnel mines, child soldiers and access to health care for the weapon-wounded.

CIVIL SOCIETY

Senior regional correspondents based in Bangkok and media representatives in southern Thailand and Lao PDR participated in seminars on the Movement and conflict reporting. They contributed to raising public awareness of current humanitarian issues, supplementing information provided by the ICRC's Thai blog.

Community representatives, religious leaders, teachers and students, including those from 17 Islamic schools, in southern and northern Thailand and NGO staff working along the Thailand-Myanmar border increased their knowledge of IHL, the ICRC and humanitarian principles during bilateral meetings and dissemination sessions. Representatives of Cambodian NGOs and law students participated in a national round-table on domestic IHL implementation (see *Authorities*).

Students in State-run secondary schools in Thailand started learning about IHL and humanitarian principles following the integration by the Education Ministry of the Exploring Humanitarian Law programme into the national Red Cross curriculum. Education supervisors and selected teachers received materials in Thai and learnt about the programme during an introductory workshop. In addition, the Thai Red Cross Youth Bureau launched an "IHL ambassador" project for out-of-school youth, training 100 master trainers and 1,000 National Society volunteers nationwide, with ICRC support. With the Cambodian Education Ministry and the National Society, efforts to establish a similar programme in the country began through introductory workshops and the creation of a technical working group. During a regional seminar on Exploring Humanitarian Law, representatives of the Cambodian and Thai Education Ministries and National Societies shared their experiences (see *Jakarta*).

Various events in the region stimulated interest in IHL and promoted its inclusion in university curricula. A regional IHL moot court competition tested the skills of students from Cambodia, Thailand and Viet Nam (see *Beijing*), while a national competition did the same for Cambodian participants. Lecturers and students from Lao PDR, Thailand and Viet Nam participated in seminars on the ICRC and IHL. The University of Social Sciences and Humanities in Viet Nam began working on a draft IHL syllabus for the next academic year.

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies in the region and the ICRC further strengthened their partnerships aimed at assisting victims of violence and vulnerable communities, including those living in areas affected by mines/ERW (see *Civilians* and *Wounded and sick*). They boosted efforts to increase knowledge of IHL, humanitarian principles and the Movement among National Society staff and volunteers. They disseminated the same information to various audiences with the help of related literature in local languages. During a seminar (see *Civil society*), the Lao Red Cross strengthened its relations with the local media, with a view to raising the public's awareness of its mandate and activities.

Following the 2011 border clashes between Cambodia and Thailand, both National Societies developed their volunteer networks in seven provinces each along the border to be ready to respond in the event of future clashes. Over 1,000 staff and volunteers received training in the proper use of the red cross emblem, the application of the Movement's Fundamental Principles, first aid, family-links and emergency response during times of conflict. In Cambodia, 200 senior staff and volunteers enhanced their skills in managing and assisting IDPs.

Participants in the Southeast Asia National Society Leadership Meeting agreed on the importance of strengthening partnership with the ICRC at regional level.

BEIJING (regional)

COVERING: China, Democratic People's Republic of Korea, Republic of Korea, Mongolia



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 also 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.

CONTEXT

Several countries in the region held elections and/or changed leadership. In China, with the ruling Communist Party emphasizing the importance of reform, the government continued to take steps to revise the framework regulating the administration of justice, finalizing, in particular, a new criminal procedure law, due to enter into force in 2013.

Tensions between States in the region generated by conflicting territorial claims over parts of the South and East China Seas remained a source of international concern.

In the Democratic People's Republic of Korea (hereafter DPRK), the transition of power to Kim Jong-Un proceeded smoothly. Rocket launches by the DPRK in April and December antagonized a large part of the international community, leading to the extension of economic sanctions and the cancellation of US plans to provide food aid, thus compounding an already deteriorating humanitarian situation in the country. In such a context, the six-party talks on the DPRK's nuclear programme remained suspended.

Political and military tensions between the DPRK and the Republic of Korea (hereafter ROK) remained high, although by contrast, in December, the DPRK leader spoke of the need to reunify Korea.

ICRC ACTION AND RESULTS

Promoting IHL and humanitarian principles and securing support for ICRC operations in the region and beyond remained an important focus of the Beijing regional delegation. Dialogue was further strengthened with the authorities at various levels in China and the ROK, notably through high-level visits and events involving exchanges of views on current IHL issues and the need for neutral, impartial and independent humanitarian action, as well as through briefings on ICRC operations worldwide. Contact was maintained with the authorities in Mongolia, including after the elections.

The ICRC's role in the release and repatriation of 29 Chinese citizens held by an armed group in Sudan helped increase the Chinese authorities' understanding and appreciation of the organization's mandate. For the first time, the ICRC gave a lecture at the Chinese People's Public Security University, helping promote IHL, humanitarian principles and the Movement among China's police forces. It also developed cooperation with the China University of Political Science and Law, which helped train the military.

EXPENDITURE (IN KCHF)

Protection	840
Assistance	4,126
Prevention	3,041
Cooperation with National Societies	1,094
General	-

► **9,101**

of which: Overheads 555

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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PERSONNEL

Expatriates	19
National staff (daily workers not included)	38

KEY POINTS

In 2012, the ICRC:

- in a continuing exchange with the Chinese detention authorities, co-organized an international seminar on health in detention, which was followed by an invitation for the ICRC to tour 2 prisons under the Ministry of Justice
- helped 3 provincial hospitals in the Democratic People's Republic of Korea (DPRK) improve essential facilities and treatment standards through on-site training, conduct of joint surgical operations and material donations
- extending their cooperation, enabled 1 DPRK physical rehabilitation centre to double its accommodation facilities, and 1 centre in China and the National Societies of both countries to provide quality services to disabled people
- developed its interaction with the armed and security forces of China and the Republic of Korea, discussing IHL training for officers with the latter and giving its first lectures at China's key police training facility

Main figures and indicators	ASSISTANCE ¹	Total	Women	Children
WOUNDED AND SICK				
Hospitals²				
Hospitals supported	Structures	4		
	<i>of which provided data</i>	Structures	1	
Admissions	Patients	150	13	16
	<i>of whom other surgical cases</i>	Patients	150	
Operations performed		200		
Water and habitat²				
Water and habitat activities	Number of beds	300		
Physical rehabilitation³				
Centres supported	Structures	4		
Patients receiving services	Patients	982	188	46
New patients fitted with prostheses	Patients	325	49	6
Prostheses delivered	Units	774	130	30
	<i>of which for victims of mines or explosive remnants of war</i>	Units	29	
New patients fitted with orthoses	Patients	18	3	8
Orthoses delivered	Units	31	5	18
	<i>of which for victims of mines or explosive remnants of war</i>	Units	2	
Number of patients receiving physiotherapy	Patients	747	130	40
Crutches delivered	Units	457		
Wheelchairs delivered	Units	31		

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

2. DPRK 3. China, DPRK

The ICRC's relationship with the ROK armed forces developed, with the organization being requested to speak to military students and peacekeepers and at the International Symposium on Military Justice hosted by the ROK army. It also provided support in updating their IHL training.

Through their National Societies and national IHL committees, China and the ROK continued to work towards the domestic implementation of IHL treaties, with ICRC technical assistance. The ICRC supported the participation of government officials and academics in IHL seminars abroad.

The ICRC's dialogue with China's detaining authorities, the Ministries of Justice and Public Security, focused on health in detention and some prison management issues. With the Ministry of Justice, it co-organized an international seminar on prison health and disease control for prison managers and health professionals, and toured two prisons at the ministry's invitation.

The cooperation programme with the three provincial hospitals of Hamhung, Pyongsong and Sariwon in the DPRK progressed well. In addition to rehabilitating water and sanitation systems in these facilities and donating equipment, materials and consumables, the ICRC began to address the quality of surgical/medical services through joint surgical operations and on-site staff training by an experienced ICRC team. The Red Cross Society of China and the Red Cross Society of the DPRK renewed their respective long-term cooperation agreements with the ICRC to ensure the provision of physical rehabilitation services at one centre in China and one in the DPRK.

The ICRC continued to support the National Societies' efforts to build their own capacities, especially in the fields of dissemination, communication and emergency preparedness, conducting joint assessment visits to Chinese Red Cross branches in vulnerable areas of the country and to several branches of the ROK National Red Cross. It supported academic events organized by the National Societies with university partners, such as national

and regional moot court competitions, to stimulate interest in IHL and humanitarian issues among students and faculty, as well as among secondary school children through the Exploring Humanitarian Law programme implemented in different parts of China, Mongolia and the ROK.

CIVILIANS

With tensions still high between the DPRK and the ROK, no progress was made in resolving the issue of families separated since the 1950–53 Korean War. Families and the ROK Red Cross approached the ICRC regarding specific cases and issues (e.g. separated families, abductees, defectors), but there was little scope for intervention in the prevailing political environment.

Vulnerable people rely on the help of the Red Cross

Given the large numbers of vulnerable people and the potential flashpoints in the region, the National Societies of all four countries and the ICRC set out to assess humanitarian needs and explore ways to respond to them, including through improved emergency response and family-links services.

The Chinese Red Cross completed the training of all 32 of its branches in delivering family-links services during disasters (the first batch were trained in 2011) and brought together all its family-links focal points at a workshop to discuss approaches and define their roles further. It conducted joint missions with the ICRC to assess the capacities of and identify areas for cooperation with its branches, especially in Tibet, Xinjiang, Yanbian and Yunnan, as well as in Beijing, Hong Kong and Shanghai. The Tibet branch promoted its activities through a brochure translated into the local language with ICRC support.

In the DPRK, some 1,000 schoolchildren from 10 kindergartens in the flood-affected South Pyongan province received ad hoc food assistance provided by the DPRK Red Cross and the ICRC. Five orphanages in North Pyongan that had benefited from similar assistance in 2011 received a joint monitoring visit from the provincial authorities, the local Red Cross branch and the ICRC.

In the ROK, a meeting organized by the National Society brought together staff of its 14 branches and the ICRC to develop mutual understanding and identify potential areas of cooperation.

The Mongolian Red Cross Society produced a brochure in Mongolian to raise public awareness of the Movement's family-links services, while nine of its branches strengthened their emergency response capacities at a workshop jointly organized with the International Federation.

PEOPLE DEPRIVED OF THEIR FREEDOM

The Chinese detaining authorities and the ICRC built on the dialogue established in previous years. At two seminars, including one with a panel of international experts, representatives of the Ministry of Justice, some 50 prison managers, doctors and health staff from 15 provinces, and the ICRC discussed prison health and management issues and approaches to improving detention conditions. The seminars covered some new topics and helped shed light on specific challenges facing prison health and management staff, including the management of HIV/AIDS and TB in detention. The Chinese authorities provided the ICRC with the opportunity to better understand the Chinese detention system and its ongoing legal and structural reforms during a tour of two prisons given by the Ministry of Justice.

Owing to outstanding commitments, both ministries deferred their participation in regional seminars or prison tours abroad to which they had been invited by the ICRC.

In Mongolia, the correctional service authorities and the ICRC discussed detention-related issues, including health in detention.

WOUNDED AND SICK

Three DPRK hospitals improve orthopaedic surgery standards

Cooperation between the DPRK Ministry of Health, the DPRK Red Cross and the ICRC, aimed at strengthening orthopaedic surgery in the three provincial referral hospitals of Hamhung, Pyongsong and Sariwon, developed positively, with the hospital authorities granting the ICRC surgical team access to more patients and gradually adopting its recommendations.

The surgical/medical teams of the three hospitals improved treatment methods and standards by carrying out orthopaedic surgical operations jointly with their ICRC counterparts, coupled with in-house training. Inside the operating theatre, improved sterilization methods, operating techniques, intraoperative patient care and infection-control processes were steadily introduced. In addition, hospital and medical university staff increased their know-how by attending ICRC-organized training seminars on orthopaedics and related topics. Physiotherapy as a treatment concept also gained ground after an ICRC specialist began working in the physiotherapy departments and wards. To strengthen their capacities to treat patients, all three hospitals received drugs, medical consumables and equipment (and training in its use), as well as support in organizing their medical logistics processes and storage facilities.

In parallel, despite delays and some practical constraints, the first phase of the rehabilitation part of the project neared completion in all three hospitals. Patients and medical personnel stood to benefit from the repair/upgrade of the water supply system and of the ventilation and roofing of the operating theatres. Preparations began for the second phase of the project involving improvements to toilet facilities in the buildings housing the orthopaedic wards and further repair and upgrade of the operating theatres.

DPRK physical rehabilitation centre enhances the quality of its work

Physically disabled people in the DPRK continued to receive appropriate treatment at the Rakrang Physical Rehabilitation Centre.

Working under a new agreement extending their cooperation to 2015, the DPRK Red Cross and the ICRC supported the Rakrang Physical Rehabilitation Centre in enhancing the quality of its services and production. The centre updated the set-up of its physiotherapy department and improved its work-organization and management processes, including by strengthening its multi-disciplinary team approach, while staff attended regular training sessions. With ICRC material support, the centre extended its accommodation facilities to take in 30 more patients (bringing total capacity to 60), completed the installation of an outdoor wheelchair/gait training path planned since 2008, and renovated the physiotherapy and rectification room.

WOUNDED AND SICK		China	DPRK
Physical rehabilitation			
Centres supported	Structures	3	1
Patients receiving services	Patients	452	530
	<i>of whom women</i>	108	80
	<i>of whom children</i>	20	26
New patients fitted with prostheses	Patients	39	286
	<i>of whom women</i>	11	38
	<i>of whom children</i>		6
Prostheses delivered	Units	251	523
	<i>of which for women</i>	61	69
	<i>of which for children</i>	16	14
	<i>of which for victims of mines or explosive remnants of war</i>	29	
New patients fitted with orthoses	Patients		18
	<i>of whom women</i>		3
	<i>of whom children</i>		8
Orthoses delivered	Units	1	30
	<i>of which for women</i>	1	4
	<i>of which for children</i>		18
	<i>of which for victims of mines or explosive remnants of war</i>		2
Number of patients receiving physiotherapy	Patients	247	500
Crutches delivered	Units	4	453
Wheelchairs delivered	Units		31

In addition to fitting disabled people with prostheses and orthoses, the centre's surgical annex carried out amputations and stump revisions for both military personnel and civilians, with a total of 150 procedures performed using ICRC-provided consumables and with guidance from an ICRC surgical team.

Disabled people in China have access to quality physical rehabilitation services

With practical training from the ICRC, clinical personnel at the physical rehabilitation centre in Kunming gained the skills and confidence to provide physical rehabilitation services for lower-limb amputees almost independently. With the renewal of its cooperation agreement with the ICRC until 2016, the Yunnan branch of the Chinese Red Cross, which runs the centre, prepared to progressively take over responsibility for procuring locally available prosthetic components. It met regularly with an ICRC team to develop and apply protocols and management procedures in the centre.

AUTHORITIES

Current IHL and humanitarian issues, the importance of neutral, impartial and independent humanitarian action, ICRC operations of mutual interest and the importance of increased support to the organization formed the substance of ICRC discussions with political decision-makers in China and the ROK, including at high level, and with the Shanghai Cooperation Organisation.

Relations with China were boosted through two international cooperation fora (see *Red Cross and Red Crescent Movement*) and first contacts with its emergency response network and the Commerce Ministry's foreign aid department. The Ministry of Foreign Affairs included an ICRC briefing in an advanced course for some 50 senior officials and academics to familiarize them with IHL and humanitarian issues. The ICRC's role in the release and repatriation of 29 Chinese citizens held by an armed group in Sudan helped deepen the Chinese authorities' understanding and acceptance of the organization's mandate.

The Chinese national IHL committee continued to promote IHL implementation, focusing on protection of the emblems and the repression of war crimes. It agreed to co-organize with the ICRC the first regional meeting of IHL committees, planned for 2013. Various meetings provided opportunities to brief Chinese authorities, think-tanks, academics and private companies on the ICRC's position on the draft arms trade treaty.

With ICRC input, the ROK Red Cross presented its action plan to protect the use of the emblem at the annual meeting of the national IHL committee.

Government officials, academics and National Society staff from China, Mongolia (attending for the first time) and the ROK took part in a regional IHL teaching seminar (see *Kuala Lumpur*).

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Military operational decision-makers in the region and the ICRC maintained contact on IHL-related matters, while relations at working level continued to develop.

Members of the Chinese, Mongolian and ROK armed forces learnt about IHL, civil-military relations and the role and mandate of the Movement in various briefings by the National Societies/ICRC, including at the International Symposium on Military Justice

hosted by the ROK army and attended by some 150 military legal officers from around the world. Two Chinese and three ROK officers received IHL training abroad with ICRC support (see *International law and cooperation* and *Kuala Lumpur*).

Military academic institutions in the ROK discussed with the ICRC the possibility of teaching IHL to officers.

In China, engagement with decision-makers on substantive IHL integration programmes remained limited. Nevertheless, relations with the China University of Political Science and Law developed. Some 25 national defence students deepened their understanding of principles on the use of force in operations. Similarly, relations with the Ministry of Public Security led to the first-ever ICRC lectures at the Chinese People's Public Security University, where 25 postgraduate students and their teachers discussed the exercise of police powers and contemporary challenges in policing.

In Mongolia, 30 armed forces instructors received training in teaching IHL to their troops.

Chinese police and ROK personnel bound for peacekeeping missions attended ICRC predeployment briefings, while officers from 14 nations discussed integrating IHL into operational planning at a peacekeeping exercise in Mongolia.

CIVIL SOCIETY

General and specialist audiences had access to a variety of material on IHL and humanitarian issues and Movement activities worldwide, including the Health Care in Danger project, in their own languages via the ICRC's Chinese- and Korean-language web-pages, through online and social media platforms and through print and broadcast media. Journalists made use of ICRC material and contacts with resource persons to cover humanitarian concerns and action.

Think-tanks and experts in the region, including Chinese legal scholars linked with the armed forces or military academies, contributed to the debate on humanitarian issues at ICRC events. Participants in a symposium organized by the China Institutes of Contemporary International Relations heard the ICRC's reading of trends in contemporary armed conflicts and the humanitarian situation in Afghanistan.

Students in secondary schools in China, Mongolia and the ROK learnt about IHL and humanitarian principles through the Exploring Humanitarian Law programme. Local education authorities and school administrators received implementation support from their respective National Societies through competitions, teacher training and experience-sharing school visits. The Chinese Red Cross expanded programme implementation through its branches in Shanghai and Tianjin and launched the programme in Macau, while similar programmes adapted for youth clubs and volunteers were launched in Hong Kong and Jiangsu. Eight participants from China, Mongolia and the ROK shared their implementation experiences with their peers at a regional seminar (see *Jakarta*).

To help them foster IHL learning in universities, lecturers attended workshops in China and at the ROK Red Cross's IHL Institute. The Mongolia State University of Education worked on developing an IHL teachers' course. Teams from China and the ROK tested their skills at national and regional moot court competitions

organized by universities and the National Societies, such as the 10th Asia-Pacific Red Cross IHL Moot in Hong Kong. New university contacts were established after the mainland China Red Cross IHL Moot was held outside Beijing for the first time. Students from 23 Chinese universities discussed the principles and challenges of humanitarian action at a debating competition held by the Shanghai branch of the Chinese Red Cross.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region and the ICRC met regularly at national and branch level to enhance mutual understanding of working methods, visions and cooperation (see *Civilians*). During high-level meetings, the Chinese Red Cross and the ICRC discussed areas for strategic partnership, including strengthening the National Society's legal base and increasing its support to ICRC operations.

With a view to boosting national emergency response capacities, the Chinese Red Cross and the Peking University School of Public Health organized China's 4th Health Emergencies in Large Populations course for 30 health professionals, while the DPRK Red Cross sent two staff members to the same course in Geneva, Switzerland.

The Chinese Red Cross invited 25 African and 20 Asia-Pacific National Societies to two cooperation meetings, where participants exchanged best practices and challenges encountered and explored possible areas of joint action. The various Movement components met regularly to coordinate activities.

JAKARTA (regional)

COVERING: Indonesia, Timor-Leste, Association of Southeast Asian Nations



ICRC / AR, 2012

⊕ ICRC regional delegation + ICRC office

EXPENDITURE (IN KCHF)

Protection	1,446
Assistance	229
Prevention	2,063
Cooperation with National Societies	691
General	-

► **4,429**

of which: Overheads 270

IMPLEMENTATION RATE

Expenditure/yearly budget	102%
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PERSONNEL

Expatriates	10
National staff (daily workers not included)	50

KEY POINTS

In 2012, the ICRC:

- ▶ on the authorities' request, froze detention-related activities in Indonesia, while pursuing discussions with the authorities on a new agreement redefining the basis and scope of ICRC action in the country
- ▶ with the Indonesian Red Cross Society, provided input to the Indonesian parliament, as it resumed, after a five-year lull, the process of drafting a law protecting the Movement's emblems
- ▶ with partner organizations, enabled 247 families to hold ceremonies and construct memorial monuments under a comprehensive support project for families of missing persons in Timor-Leste
- ▶ helped the Timor-Leste Red Cross build its communication activities, including giving its first IHL briefing for the police and launching a radio programme to help families separated at the border with Indonesia to restore contact
- ▶ highlighted the common ground between IHL and Islam during public events marking the launch of the Bahasa Indonesia translation of the ICRC book on the topic

The ICRC established a presence in Indonesia in 1979 and in Timor-Leste following its independence in 2002. In each country, the ICRC supports the National Society in boosting its 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 in their training. It maintains dialogue with regional bodies and conducts activities with universities to further the study of IHL and humanitarian principles. In Timor-Leste, it provides support to families of missing persons.

CONTEXT

Indonesia continued to be a major player in regional affairs, including within the Jakarta-based Association of Southeast Asian Nations (ASEAN), and hosted several important multilateral conferences, such as the Bali Process Technical Experts Workshop on Combating Trafficking in Persons and the Bali Democracy Forum. Internally, social and economic inequalities, ethnic or religious tensions and political issues led to violence in parts of the country, such as Papua, to which access remained restricted for most international humanitarian organizations, including the ICRC. Natural disasters of varying scales struck the country.

Timor-Leste elected a new president and parliament. Given the prevailing stability, the UN peacekeeping mission and the International Stabilisation Force began their exit from the country.

Indonesia and Timor-Leste maintained regular relations, enabling discussions on respect for military cemeteries and the repatriation of human remains. However, thousands of families were still seeking information about relatives unaccounted for from past situations and violence, and a centralized approach to the cases of missing persons and forensic work in Timor-Leste remained lacking.

ASEAN continued to promote cooperation on regional concerns, including disaster management, peacekeeping and mine action.

ICRC ACTION AND RESULTS

In Indonesia, the ICRC focused on discussing with the Ministry of Foreign Affairs a new agreement redefining the basis and scope of ICRC action in the country and formalizing the organization's presence there. Pending the conclusion of such an agreement, ICRC visits to prisons remained suspended. The negotiations also curtailed progress on work with the government on a wide range of humanitarian issues.

The delegation thus pursued various means to build understanding of the ICRC and its work through dialogue and activities with the Indonesian authorities and relevant stakeholders. It kept up technical discussions with detaining authorities and supported their participation in a regional workshop on detention issues. With the Indonesian Red Cross Society, it gave advice to parliament on the drafting of an emblem law, which resumed after a five-year lull. The ICRC provided guidance to the armed forces on incorporating IHL into their operational decision-making. It fostered knowledge of IHL and humanitarian issues by facilitating

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
			UAMs/SCs*	
RCMs collected		19		
RCMs distributed		19		
Phone calls facilitated between family members		49		
Names published in the media		150		
Tracing requests, including cases of missing persons				
			Women	Minors
People for whom a tracing request was newly registered		446	137	203
People located (tracing cases closed positively)		13		
Tracing cases still being handled at the end of the reporting period (people)		2,537	340	602
Documents				
			Women	Minors
People to whom travel documents were issued		1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Restoring family links				
People to whom a detention attestation was issued		120		

* Unaccompanied minors/separated children

the participation of government officials, armed and police force personnel, academics and civil society representatives in ICRC training courses and thematic briefings.

ICRC presentations during predeployment training for peace-keeping forces helped them enhance their understanding of IHL and Movement activities in their mission areas. For the first time, the ICRC was invited to brief Indonesian UN Police advisers.

Despite the absence of an agreement formalizing cooperation, ASEAN and the ICRC maintained dialogue and pursued joint initiatives, for example co-organizing a regional seminar on peacekeeping issues. The ICRC worked with the Cambodian government and provided advice on the proposed establishment of a regional mine action centre, which ASEAN leaders approved at their annual summit.

The ICRC kept the issue of people who remained unaccounted for following past events in East Timor on the agendas of the Indonesian and Timor-Leste authorities. In Timor-Leste, it promoted the adoption of a law establishing a mechanism to assist the families of missing persons and, with the help of partner organizations, undertook a pilot project providing comprehensive support to more than 200 such families. It contributed to the building of memorial monuments and the organization of traditional funerals to help some families find closure. With the Timor-Leste Red Cross, it collected and checked information on missing persons and completed the revision of data for priority cases, particularly those who were minors at the time of disappearance, for submission to the authorities concerned. The National Society/ICRC launched a radio programme to help families separated between Timor-Leste and West Timor, Indonesia, to re-establish contact.

The ICRC assisted the Indonesian and Timor-Leste National Societies in strengthening their capacities in emergency preparedness, restoring family links and the promotion of IHL and humanitarian principles. The Indonesian Red Cross assessed the family-links services of its branches in the most vulnerable and sensitive areas of the country and responded to humanitarian needs in Papua and areas affected by natural and other disasters. In view of possible violence during the election process, the Timor-Leste Red Cross crafted contingency plans to ensure the availability of first-aid care.

The ICRC worked with both National Societies in the implementation of the Exploring Humanitarian Law programme in their

respective countries, with the programme just beginning to be taught in Islamic schools in Indonesia and pilot-testing ongoing in secondary schools in Timor-Leste. Regionally, Education Ministry and National Society representatives from 13 countries and the ICRC shared their experiences of implementing the Exploring Humanitarian Law programme at a youth education seminar in Jakarta.

CIVILIANS

In Timor-Leste, thousands of families continued to suffer the anguish of not knowing the fate of relatives who became unaccounted for in relation to the situation in East Timor from 1975 to 1999. The joint Indonesian/Timor-Leste ministerial commission addressing the issue of missing persons resumed discussions on the repatriation of the remains of deceased members of the armed forces, after the Timor-Leste election period temporarily stalled work on the Timorese side, but without achieving tangible results. For its part, the Timor-Leste parliament moved no closer to adopting a draft law establishing a mechanism to assist the families of missing persons, despite sustained advocacy work by the ICRC and other organizations.

Timor-Leste Red Cross/ICRC teams pursued the checking and verification of information on missing persons, including through visits to some 150 families mostly from the Bobonaro district, prior to submission of any further cases to the authorities. The teams completed the revision of data on priority cases, including those who were minors at the time of disappearance, for future follow-up. Families submitted 446 new tracing requests.

As part of a pilot project launched in 2011, 203 families in the Bobonaro district attended group activities and commemoration meetings, facilitated by ICRC-trained counsellors from local NGOs, to help them cope with the loss of relatives whose remains had not been found or buried. In addition, 247 families (1,482 people) in five villages built memorial monuments and organized traditional funerals, while 165 families participated in a special ceremony on the International Day of the Disappeared. The families benefited from ICRC-facilitated contacts with local and international organizations providing legal aid or economic support and with forensic agencies helping them try to recover and identify their relatives' remains.

To help them improve their practice, the Timor-Leste police forensic services received ICRC support during the exhumation and DNA testing of human remains in the Viqueque area,

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	1,482	28%	42%
WOUNDED AND SICK²				
Hospitals				
Patients whose hospital treatment has been paid for by the ICRC	Patients	90		

1. Timor-Leste 2. Indonesia

and participated in an ICRC presentation to local organizations on the topic. They also maintained cooperation with the ICRC on forensic matters related to migration and shared knowledge on identification processes during disasters.

Dispersed families keep in touch

Separated family members in Indonesia and Timor-Leste used National Society/ICRC family-links services to maintain contact. As a result, after years without contact, a Sri Lankan national living in Germany found a relative in Indonesia through a tracing request; migrants stranded on their way to Australia contacted their families via phone services provided by the Timor-Leste Red Cross; and one family in Indonesia regularly exchanged news with a relative detained in the US internment facility at Guantanamo Bay Naval Station in Cuba.

The Timor-Leste Red Cross and the ICRC launched a radio programme to help families split between Timor-Leste and West Timor, Indonesia, to re-establish contact, as a remedy to the prevailing difficulty in directly conveying RCMs across the border. The radio programme provided a platform for 150 families to broadcast messages seeking information on/sending information to their relatives, though no documented results of the programme existed so far.

In addition, on the basis of a list of beneficiaries of several rounds of food distribution done in the past, 1,681 people relocated to Atauro Island, Timor Leste between 1981 and 1984 as a consequence of past conflict received attestations to support their claim for government compensation.

To reinforce family-links capacities, the Indonesian Red Cross kept contact with its family-links chapter coordinators, trained volunteers at its Bali, East Kalimantan and West Papua chapters, and arranged relevant internships at its headquarters and at the ICRC delegation office. It also assessed family-links needs and capacities at the Central Kalimantan and the new West Sulawesi chapters.

In Papua, 318 individuals in remote areas benefited from eye examinations, 120 received eyeglasses and 90 received ICRC-sponsored surgery in cataract operations organized by the National Society, Dian Harapan Hospital and the ICRC. The National Society's Papua branch inaugurated a new warehouse with ICRC financial support.

PEOPLE DEPRIVED OF THEIR FREEDOM

People deprived of their freedom in Indonesia had received no standard ICRC visits since March 2009, pending the negotiation of a new agreement formalizing the ICRC's presence in the country (see *Authorities*). Moreover, in May, the government of Indonesia informed the ICRC that detention-related activities (i.e. training seminars and technical support in the fields of health, water and habitat) were to be frozen until the adoption of the agreement.

Nonetheless, as part of their ongoing dialogue, the Indonesian Directorate General of Correctional Services and the ICRC discussed the organization's working methods when conducting prison visits and its proposed structural cooperation in places of detention, aimed, *inter alia*, at tackling the adverse effects of overcrowding. Drawing on ICRC technical support, the authorities took measures to resolve recurring scabies outbreaks in a prison in East Java. The director-general for correctional services exchanged ideas with Asian counterparts at a regional seminar held in Manila (see *Philippines*).

Seven Indonesian nationals detained in the Philippines received family visits in their place of detention in Manila, organized by the ICRC in coordination with the Indonesian Foreign Ministry.

In Timor-Leste, 120 former detainees/internees or their families received detention attestations from the ICRC, facilitating their registration as war veterans and the determination of their eligibility for pensions and compensation.

AUTHORITIES

Discussions between the Indonesian Ministry of Foreign Affairs and the ICRC on a new agreement formalizing the ICRC's presence and scope of activities in the country made no headway, and the lack of progress froze ICRC engagement with the detaining authorities.

Meanwhile, the Indonesian authorities continued to work on the domestic implementation of IHL, with parliament receiving National Society/ICRC input on the drafting of an emblem law. Some 90 participants from government, the armed forces and civil society discussed IHL implementation at an ICRC-organized round-table, while other authorities, including public attorneys and diplomats, learnt more about IHL and humanitarian principles at courses and training sessions. Junior officials tested their knowledge against ASEAN counterparts in an IHL moot court exercise.

To help promote IHL implementation in Timor-Leste, government officials received a new IHL booklet in Portuguese, produced with Swiss government support.

Although a formal cooperation agreement between ASEAN and the ICRC was still pending, both organizations exchanged views on regionwide humanitarian issues and pursued joint initiatives on common concerns. ASEAN leaders approved the establishment of a regional mine action centre on the basis of a concept paper drafted by the Cambodian government, which benefited from ICRC advice on the topic. At a regional seminar, the ASEAN Defence Ministers Meeting Plus Experts' Working Group on Peacekeeping Operations and the ICRC helped 44 attendees from 16 countries strengthen their peacekeeping competences and moved towards formulating a regional framework enhancing predeployment preparations.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

The Indonesian armed forces, through their IHL working group and with assistance from their Law Development Agency, promoted and worked to include IHL in training curricula. Some 15 senior officers from all three services discussed the inclusion of humanitarian norms in operational decision-making. Additional training enabled over 600 military instructors and legal officers to teach IHL at key training institutions and to advise on IHL compliance during military operations, respectively. During ICRC-backed courses, field exercises and briefings, some 1,640 personnel, including 50 from special forces, learnt about their obligations under IHL.

Over 1,600 personnel departing on peacekeeping missions, including 150 Indonesian UN Formed Police Unit members, attended ICRC presentations during predeployment training. For the first time, the programme for 20 Indonesian UN Police advisers included an ICRC briefing on the appropriate use of force in law enforcement and on Movement activities in their mission areas.

Sixty police company commanders of Indonesia's Mobile Brigade enhanced their understanding of international human rights law and internationally recognized policing standards at two national workshops. Some 800 police personnel, including officers assigned to sensitive areas, 20 instructors and 181 senior officers, received ICRC briefings.

In Timor-Leste, 206 high-ranking police officers and members of civil security units increased their knowledge of IHL, humanitarian principles, the Movement and its emblems during presentations conducted for the first time by the National Society.

CIVIL SOCIETY

Opinion-makers in Indonesia and Timor-Leste, including media professionals and members of think-tanks, and the ICRC met regularly to exchange views on humanitarian issues. Indonesians across the archipelago enjoyed access to information on ICRC activities and concerns via web-based and social media in Bahasa Indonesia. Thirty senior editors from national media learnt about the protection of journalists under IHL through an ICRC presentation.

Leading law, political science and international relations faculties promoted the study of IHL. In Indonesia, 25 lecturers attended a two-day evaluation course on IHL teaching. Some 490 teachers and students in Central Java and Sumatra discussed contemporary IHL challenges at a seminar. Students tested their knowledge in a national IHL debate and in national and regional moot court competitions, including in Hong Kong, China (see *Beijing*).

Over 700 students and 20 NGO and civil society representatives gained insight into the relationship between IHL and Islam at various events accompanying the launch of the Bahasa Indonesia translation of an ICRC book on the topic. Two prominent Islamic organizations in Indonesia, Muhammadiyah and Dompot Dhuafa, and the ICRC engaged in dialogue on humanitarian principles.

Students at 11 Islamic schools in Indonesia learnt about IHL under the guidance of 20 trained teachers following the launch of the pilot phase of the Exploring Humanitarian Law programme. Indonesian Red Cross representatives laid the groundwork for the future introduction of the programme in selected Youth Red Cross units in public schools under the Ministry of Education.

In Timor-Leste, while students at 13 secondary schools (down from 15 in 2011 because of personnel changes) pilot-tested the programme, their teachers and the working group overseeing the programme gathered for follow-up training and to review implementation. Regionally, 43 participants representing the Education Ministries, academic institutions and National Societies of 13 countries shared their experiences of the Exploring Humanitarian Law programme at a youth education seminar in Jakarta.

RED CROSS AND RED CRESCENT MOVEMENT

The Indonesian and Timor-Leste Red Cross Societies strengthened their capacities in the areas of emergency response (including the Safer Access approach), family-links (see *Civilians*) and IHL promotion and pursued organizational development initiatives with technical and material support from the ICRC and other Movement partners.

The Indonesian Red Cross reinforced its first-aid capacity by conducting a refresher course for 19 first-aid trainers, including from the Papua chapter. It assisted the victims of natural and other disasters, including an earthquake in Aceh and a plane crash near Jakarta. It provided input to parliament on the draft emblem law (see *Authorities*) and raised awareness of the Movement's work among various audiences. Thanks to fundraising activities, it supported the work of the ICRC in Somalia, and pledged to help the Myanmar Red Cross Society assist people affected by intercommunal violence.

The Timor-Leste Red Cross, with support from the International Federation and the ICRC, drew up a contingency plan to ensure the availability of first-aid care in case of election-related violence. It promoted its activities through a new electronic newsletter and helped monitor the pilot-testing of the Exploring Humanitarian Law programme (see *Civil society*).

KUALA LUMPUR (regional)

COVERING: Brunei Darussalam, Japan, Malaysia, Singapore



ICRC regional delegation ICRC mission

EXPENDITURE (IN KCHF)

Protection	1,376
Assistance	-
Prevention	2,067
Cooperation with National Societies	611
General	-

► **4,054**

of which: Overheads 247

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Expatriates	11
National staff (daily workers not included)	24

KEY POINTS

In 2012, the ICRC:

- visited 6,085 migrants held in 12 immigration centres and 2,402 people, including security detainees, in 5 prisons in Malaysia
- built a community kitchen to improve conditions at a shelter for female victims of human trafficking
- with the Malaysian Red Crescent Society, facilitated the exchange of RCMs and the transmission of “safe and well” messages between people deprived of their freedom and their families in other countries
- in various regional high-level policy fora, including at multilateral, governmental, academic, civil society and Movement events, raised concerns about humanitarian issues affecting irregular migrants in the region
- with the Malaysian Armed Forces, hosted the annual Senior Workshop on International Rules Governing Military Operations, broadening operational dialogue with them and other armed forces in the region
- strengthened relations with the government of Japan and the Japanese Red Cross Society, including during the government’s hosting of the ICRC’s annual meeting of key donors

Having worked in Malaysia since 1972, the ICRC established a regional delegation in Kuala Lumpur in 2001 and a presence in Japan in 2009. It works with governments, regional bodies and National Societies to promote IHL and humanitarian issues and to gain support for its activities. In Malaysia, the ICRC visits detainees and works with authorities to address issues identified during those visits. It also 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 cooperation within the Movement.

CONTEXT

The large numbers of migrant workers and irregular migrants and the issue of human trafficking continued to preoccupy the authorities and the public in Malaysia and Singapore. Irregular migrants and victims of human trafficking remained vulnerable and had limited access to basic services. In 2012, Singapore launched a national action plan to combat human trafficking, while Malaysia formed an inquiry commission tasked with addressing the issue of irregular migrants in Sabah.

The Malaysian government revoked Emergency Ordinance 1969, thereby lifting a 40-year-long state of emergency, and replaced the Internal Security Act 1960 with a new Security Offences Act, which no longer allowed for administrative detention.

Territorial disputes tested Japan’s relations with China and the Republic of Korea. Japan continued its reconstruction efforts in response to the devastation caused by the 2011 earthquake and tsunami, even as it felt the effects of the global financial crisis on its industries.

Countries in the region contributed significant numbers of military forces and police to peacekeeping operations abroad.

ICRC ACTION AND RESULTS

The Kuala Lumpur regional delegation worked with national authorities and other stakeholders in the countries covered, as well as regional bodies, to highlight and address humanitarian needs and enhance awareness of the relevance of IHL, humanitarian issues and the role of the ICRC.

In Malaysia, the ICRC expanded its detention-related work in prisons and immigration detention centres, thanks to sustained dialogue and cooperation with the relevant authorities. It visited migrants in immigration detention centres and detainees in prisons, including some held under the Internal Security Act 1960, and shared its findings and recommendations confidentially with the relevant authorities. Family-links services were provided to detainees and migrants in some places of detention, in partnership with the Malaysian Red Crescent Society.

In parallel, the ICRC discussed the protection needs of victims of human trafficking with the Malaysian authorities, based on the findings of a 2011 visit to a shelter for men, and built a community kitchen to improve living conditions in a shelter for women.

Main figures and indicators	PROTECTION		Total
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages (RCMs)			
RCMs collected		UAMs/SCs*	
RCMs distributed	39		
	94		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹			
ICRC visits			
		Women	Minors
Detainees visited	8,487		
Detainees visited and monitored individually	293	5	142
Detainees newly registered	292	5	142
Number of visits carried out	24		
Number of places of detention visited	17		
Restoring family links			
RCMs collected	143		
RCMs distributed	28		
Phone calls made to families to inform them of the whereabouts of a detained relative	165		

* Unaccompanied minors/separated children I. Malaysia

The ICRC learnt more about the humanitarian needs of the large number of migrants in Sabah, and at year-end received authorization from the authorities to open an ICRC office at the National Society branch there.

The delegation sustained its dialogue with individual governments and regional actors to foster a better understanding of IHL, various humanitarian issues and the ICRC and to encourage cooperation in addressing issues related to migration and human trafficking and other regional humanitarian concerns. The ICRC shared its experience on these topics at events such as the 26th Asia-Pacific Roundtable, where it spoke on migration.

The ICRC president's visit to Japan helped strengthen dialogue with the authorities and the Japanese Red Cross Society and enhance the profile of the organization and its mission in the country. The government of Japan hosted the ICRC's Donor Support Group¹ meeting in Tokyo, in which 18 donor countries participated.

The ICRC continued to provide technical support and training to help the authorities implement IHL and related treaties, with Malaysia acceding to the Optional Protocol to the Convention on the Rights of the Child. It maintained its cooperation with the region's armed forces, including during national and multinational training exercises and events and at predeployment briefings for peacekeepers, to increase their knowledge of IHL and the organization's role and mandate. The Malaysian Armed Forces and the ICRC jointly hosted the 2012 Senior Workshop on International Rules Governing Military Operations, held in Kuala Lumpur in October, helping strengthen relations between the two institutions.

Contacts nurtured with the media, academic circles and civil society helped promote IHL and raise awareness of humanitarian issues among future decision-makers. The National Societies and the ICRC continued to work with education authorities in Brunei Darussalam, Japan, Malaysia and Singapore in implementing the Exploring Humanitarian Law programme for schoolchildren in their respective education systems.

All four National Societies received ICRC support to strengthen their capacities to restore family links and/or promote IHL. Movement components working in the region coordinated their activities.

The delegation's regional resource centre continued to provide expert support to the efforts of ICRC delegations in East and South-East Asia and the Pacific to enhance prevention activities. Logistic support was also provided to the Typhoon Bopha response in the Philippines.

CIVILIANS

In Malaysia, people made use of the Movement family-links network to re-establish and maintain contact with relatives detained/interned abroad. These included families of migrants detained at two immigration depots and of three people held in the US internment facility at Guantanamo Bay Naval Station in Cuba, who stayed in touch with their relatives by means of RCMs, oral news exchanged via the ICRC and/or direct news relayed by an ICRC delegate who had visited the internees in Guantanamo Bay. No travel document was requested to allow refugees and asylum seekers to resettle in countries that had accepted them.

Following ICRC visits in 2011 to shelters hosting victims of human trafficking, the Council for Anti-Trafficking in Persons and Anti-Smuggling of Migrants and the ICRC initiated dialogue on living conditions and protection-related issues for male victims, while an ICRC proposal to conduct a similar assessment of the needs of female victims was still under review by the Ministry of Women, Family and Community Development. The women staying in one shelter benefited from the construction of a community kitchen, which improved living conditions and enabled them to participate in cookery classes.

An assessment visit by a National Society/ICRC team in Sabah helped shed light on the difficulties faced by migrants and vulnerable communities in the Semporna area. These mainly resulted from the lack of identity papers and access to basic services. The National Society and the ICRC prepared to increase activities responding to the needs of those communities. At year-end, the ICRC received the state and national authorities' approval to open an office at the National Society branch in Sabah to support these activities.

In parallel, with ICRC support, the Malaysian Red Crescent expanded its family-links services for migrants and detainees (see *People deprived of their freedom*). With 11 other Asia-Pacific

1. The ICRC's Donor Support Group – made up of governments contributing more than CHF 10 million in cash annually – comprised 18 members in 2012 (based on 2011 contributions).

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)				
Water and habitat activities	Beneficiaries	70	100%	

1. Malaysia

National Societies, it discussed ways to strengthen such services for migrants and during disasters and to integrate them into existing disaster response mechanisms during a workshop co-organized by the International Federation and the ICRC.

Regionally, the ICRC participated in two workshops led by the International Federation to develop a regional Movement strategy on migration. It kept abreast of migration trends and developments and contributed to discussions on the topic at related events, including the World Social Forum on Migration, the Bali Process Technical Experts Workshop on Combating Trafficking in Persons (see *Jakarta*) and as a panel speaker at the 26th Asia-Pacific Roundtable on migration organized by Malaysia's Institute of Strategic and International Studies.

PEOPLE DEPRIVED OF THEIR FREEDOM

Malaysian detention authorities and the ICRC maintained dialogue and cooperation aimed at ensuring that detainees' treatment and living conditions were in line with internationally recognized standards. Migrants in 12 immigration detention centres (holding 6,085 people) and detainees in five prisons (holding 2,402 people), including some detained under the Internal Security Act 1960, benefited from ICRC visits conducted according to the organization's standard procedures. The authorities received confidential feedback and recommendations following the visits.

Meetings between the authorities and the ICRC focused on health care services in immigration detention centres. As a first step, first-aid training facilitated by the Malaysian Red Crescent helped health staff at two immigration centres to respond better to medical emergencies on site. The authorities also cooperated with the ICRC in assessing the mental health needs of juveniles at three facilities at the end of 2012, as the basis for a future course of action. Participation in a biannual meeting of senior Malaysian Prison Department staff helped consolidate the partnership and provided an opportunity to discuss recommendations made subsequent to ICRC visits.

Following dialogue begun in 2011 on the special needs of vulnerable minors detained in immigration centres, the authorities, drawing on ICRC recommendations, improved its identification procedures for minors and made the decision to house them separately from adults. Cases of unaccompanied minors registered by the ICRC in the peninsula and Sabah were followed up with the assistance of the National Societies of neighbouring countries (see *Bangkok*).

Through a Malaysian Red Crescent/ICRC family-links project, detained migrants in two centres sent 116 RCMs to family members in 13 countries and received 18 RCMs in reply. Additionally, 27 RCMs were collected from detainees to send to their families, while ten replies were distributed; delegates relayed orally a total of 165 "safe and well" messages from detainees/internees to their relatives and vice versa.

No new activities were carried out in Japan in 2012 in relation to the immigration detention centre monitoring committees.

A representative of the Malaysian Prison Department shared experiences with peers at a regional seminar on correctional management organized by the ICRC (see *Philippines*).

AUTHORITIES

The governments of the region pursued efforts to implement IHL, with National Society/ICRC technical support and, in Malaysia, with the national IHL committee. Malaysia became party to the Optional Protocol to the Convention on the Rights of the Child and prepared legislation to facilitate its accession to the Rome Statute. Brunei Darussalam considered accession to the above-mentioned protocol and the finalization of legislation related to the Chemical Weapons Convention.

Government representatives deepened their understanding of IHL and humanitarian issues through regular dialogue with the ICRC and attendance at local and regional ICRC-supported events, including the South-East and East Asian Teaching Session on IHL (SEATS) (see *Civil society*). In Brunei Darussalam and Singapore, the relevant authorities received briefings on the ICRC's position on a draft arms trade treaty, and on the Rome Statute, the Hague Convention on Cultural Property and the Convention on Certain Conventional Weapons.

The ICRC discussed the organization's activities and priorities worldwide during the Donor Support Group meeting hosted by Japan. Japanese government officials and parliamentarians exchanged ideas with the ICRC on key thematic and operational issues, notably during a visit by the organization's president. The authorities' support to ICRC recruitment efforts in Japan helped boost the number and quality of applicants.

In view of Brunei Darussalam's chairmanship of the Association of Southeast Asian Nations (ASEAN) in 2013 and following a meeting with the country's minister of foreign affairs, the ASEAN National Secretariat and the ICRC discussed cooperation on issues of mutual concern, such as mines, peacekeeping, migration and human trafficking.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Members of the region's armed forces attending command and staff colleges and warfare training centres and participating in national and multinational military events and exercises learnt more about their obligations under IHL and about the ICRC's mandate and activities at training sessions and briefings. Such events included: Cobra Gold, the largest military exercise in Asia; the Tokyo Defense Forum; and the 2012 Senior Workshop on International Rules Governing Military Operations, hosted by the Malaysian Armed Forces and the ICRC in Kuala Lumpur in October (see *International law and cooperation*), for which regional attendees received ICRC sponsorship. The Royal Brunei Armed Forces incorporated ICRC input into their Command and Staff Course operations module and planning exercise.

At a fourth annual seminar co-organized with the National Institute for Defense Studies, military and Defense Ministry officials in Japan shared views on the issue of direct participation

in hostilities under IHL, complemented by the formal launch of the Japanese version of related material. At a seminar, Japanese Self-Defense Forces personnel learnt about the ICRC's experience with POWs.

Malaysian and Singaporean peacekeeping troops attended ICRC predeployment briefings. Army instructors at the Malaysian Peacekeeping Centre underwent advanced training in IHL to help them brief their troops in the future. Military, police and Defence Ministry officials discussed peacekeeping issues and challenges at an ASEAN/ICRC regional workshop (see *Jakarta*).

At ICRC seminars, senior officers from Sarawak state and training staff of the Royal Malaysian Police enhanced their knowledge of internationally recognized standards relevant to policing. Dialogue with the police inspector general paved the way for cooperation on police training programmes, including for senior commanders and at the national training centre.

CIVIL SOCIETY

The Japanese, Malaysian and Singaporean public enjoyed access to multimedia resources on IHL and humanitarian issues in local languages and to events and exhibitions organized by their National Societies. Using ICRC materials, the media covered relevant subjects, raising awareness of the Health Care in Danger project and the organization's activities in the region and elsewhere. At workshops, journalists from the region learnt about the protection afforded them by IHL when reporting on armed conflicts.

Think-tanks, NGO networks and, in Malaysia, Islamic organizations and the ICRC pursued dialogue on topics of common interest and explored cooperation on future projects. Interaction with such groups resulted in active ICRC participation in events such as the 2012 Asia-Pacific Roundtable (see *Civilians*) and the International Institute for Security Studies' Shangri-La Dialogue for Asia-Pacific defence and security officials, held in Singapore. The Japan Institute of International Affairs worked with the ICRC to establish a study group aimed at deepening understanding of current challenges to the protection of civilians and at formulating recommendations in this regard.

Thirty academics and officials from 10 countries in the region enhanced their IHL expertise at the annual SEATS, co-organized with the National University of Malaysia, which saw growing participation from government and National Society representatives.

Demonstrating a sustained interest, lecturers in the region continued to teach IHL, while teams from leading universities took part in national and regional IHL moot court competitions (see *Beijing*). Students from Indonesia, Malaysia and Singapore tested their IHL knowledge at a debating competition at Malaysia's Universiti Teknologi MARA.

Schoolchildren learnt about humanitarian principles through the Exploring Humanitarian Law programme (see *Red Cross and Red Crescent Movement*).

RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies, with ICRC support and in coordination with other Movement partners, continued to provide family-links services (see *Civilians*) and promote IHL, the Movement and its activities in their respective countries.

The Malaysian Red Crescent IHL committee, including its manager, and the ICRC cooperated on a number of IHL-related issues. The Japanese Red Cross implemented a range of promotional activities, including co-producing a television feature on "150 years of humanitarian action".

All four National Societies worked with their education authorities to promote knowledge of humanitarian principles among schoolchildren and find ways to best integrate the Exploring Humanitarian Law programme into their education systems. They exchanged experiences with their peers at a regional seminar on the topic (see *Jakarta*). The Singapore Red Cross Society trained some 40 teachers and volunteers to support the expansion of its programme implementation. The Brunei Darussalam Red Crescent Society organized a seminar with the Ministry of Education to acquaint teachers with the programme.

Some 170 participants from 25 countries learnt more about volunteer safety and security during conflicts and disasters at an online seminar jointly organized by the International Federation and the ICRC. Movement partners coordinated their activities in the region.

NEW DELHI (regional)

COVERING: Bhutan, India, Maldives



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), as well as people detained in Bhutan. With the Indian Red Cross Society, it seeks to assist civilians affected by violence. It also supports the development of the region's Red Cross and Red Crescent Societies.

CONTEXT

In Kashmir, India, the government declared seven districts free of militancy.

In February, the democratically elected president of the Maldives stepped down, which was followed by a wave of unrest and demonstrations that led to some arrests and injuries.

ICRC ACTION AND RESULTS

In 2012, the New Delhi delegation worked towards gaining acceptance of and support for ICRC operations by developing its relations with the authorities, armed and police forces and civil society circles, particularly in India. Although some limitations in the aforementioned impeded the full implementation of its objectives, the ICRC continued to focus on activities for people deprived of their freedom and, with the local authorities and the Indian Red Cross Society, on meeting the needs of communities in tension-prone areas.

Visits to detainees held in connection with the prevailing situation in Jammu and Kashmir, India, remained a priority for the ICRC. Detainees' treatment and living conditions, including their access to medical care and respect for their judicial guarantees, formed the basis of a confidential dialogue with the detaining authorities. ICRC-supported family visits for inmates in Bhutan and India continued. Inmates in one prison received visits from a psychiatrist to improve their mental well-being. Vulnerable families of detainees were given 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 health (mental and physical) needs. In the Maldives, the ICRC started a new round of visits to detainees following the unrest in February. In Bhutan, despite the denial of the ICRC's request for broader access to people deprived of their freedom, a follow-up visit was conducted to detainees held under the National Security Act.

The Indian Red Cross and the ICRC continued to work together to address the urgent needs of people affected by tensions. The National Society boosted its emergency response capacities, particularly in terms of first aid, with ICRC material, technical and financial support.

In Chhattisgarh, closer relations with the local health authorities enabled the ICRC to expand its support to health services, including immunization and maternal and child care, and to help make

EXPENDITURE (IN KCHF)

Protection	2,688
Assistance	5,103
Prevention	2,296
Cooperation with National Societies	1,322
General	-

▶ 11,409
of which: Overheads 696

IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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PERSONNEL

Expatriates	25
National staff (daily workers not included)	184

KEY POINTS

In 2012, the ICRC:

- ▶ in India, visited 441 detainees held in relation to the prevailing situation in Jammu and Kashmir, enabling detainees in 1 prison to receive mental health care from a local professional
- ▶ with the local health authorities and the Indian Red Cross Society, ensured that 30,000 people in Chhattisgarh had access to basic health care, by supporting mobile health units and rehabilitating 2 primary health care centres
- ▶ stepped up efforts to ensure that people injured during incidents in Chhattisgarh and Jammu and Kashmir received adequate and potentially life-saving care by training over 2,500 people in first aid
- ▶ enabled the Bone and Joint Hospital in Srinagar, Kashmir to manage and run its physical rehabilitation services independently following the completion of its support to the centre
- ▶ in the Maldives, visited 106 people detained in connection with the unrest, monitoring their treatment and living conditions
- ▶ helped the Maldivian Red Crescent assist those injured during the unrest through support to its emergency response teams

Main figures and indicators	PROTECTION		Total
CIVILIANS (residents, IDPs, returnees, etc.)			
Tracing requests, including cases of missing persons			
		Women	Minors
People located (tracing cases closed positively)	1		
Tracing cases still being handled at the end of the reporting period (people)	7		1
Documents			
People to whom travel documents were issued	290		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses) ¹			
ICRC visits			
		Women	Minors
Detainees visited	615		
Detainees visited and monitored individually	589	6	8
Detainees newly registered	273	3	7
Number of visits carried out	31		
Number of places of detention visited	23		
Restoring family links			
RCMs collected	76		
RCMs distributed	2		
Phone calls made to families to inform them of the whereabouts of a detained relative	10		
Detainees visited by their relatives with ICRC/National Society support	144		
People to whom a detention attestation was issued	1		

1. Bhutan, India, Maldives

improvements to the patient referral system. As a result, more people accessed preventive and curative health care at primary health centres in Chintalnar and Kutru and at a mobile clinic supported by the ICRC. Health-education sessions helped people, including schoolchildren, protect themselves against disease, as did the upgrading of water infrastructure. A National Society mobile health unit and health camps in Maharashtra and health camps in Jammu and Kashmir and Odisha provided similar services to affected communities. In Nagaland, the ICRC completed the rehabilitation of the Tzurangkong primary health centre run by the health authorities for vulnerable, isolated civilians. First-aid training of health officers, National Society volunteers, weapon bearers and community members also reinforced the first level of care for people in Chhattisgarh, Jammu and Kashmir, and Maharashtra. Some vulnerable families benefited from material support and training to start income-generating initiatives, easing their circumstances.

While the ICRC completed its exit strategy in one physical rehabilitation centre in Srinagar, Kashmir, it continued to provide four other centres, including a newly opened centre in Chhattisgarh, with material, financial and technical support to ensure the continuous running and sustainability of their services.

To further foster interest in IHL in the region, the ICRC helped organize the fourth South Asian Regional Conference on IHL, held in Bhutan, and sponsored the participation of government officials in IHL teaching sessions. In India, it also developed dialogue at the government level to promote domestic IHL implementation and to encourage the integration of IHL and international human rights law into the doctrine, training and operations of the armed and police forces respectively. Dissemination sessions and briefings helped boost understanding and acceptance of the organization in violence-affected areas among the authorities, civil society circles, armed forces, military training institutions and an increased number of state police officers and paramilitary troops.

Workshops and competitions for the media and university lecturers and students also served to increase knowledge of IHL and ICRC activities.

CIVILIANS

In India, continued unrest in some regions restricted people's access to basic services and sometimes led to loss of lives, property, assets and livelihood. During limited dialogue with the authorities and weapon bearers, the ICRC reminded them of the importance of respecting medical personnel, vehicles and facilities during tense situations.

Such incidents, along with migration, caused people to lose contact with family members. With a view to identifying and meeting the needs of such families, the ICRC pursued efforts to strengthen the family-links services of the region's National Societies. For example, three Indian Red Cross state branches boosted their capacities to provide tracing and RCM services and psychological and social support to those affected by emergencies and separation, and to handle human remains properly. During events, some organized by the Indian Red Cross with the local authorities, medical personnel, Indian Red Cross and Maldivian Red Crescent volunteers and representatives of the International Federation enhanced their knowledge of such services. The Indian National Disaster Management Authority benefited from ICRC advice as it strengthened its capacity to handle human remains.

Nearly 300 refugees in India, lacking the necessary identification papers, resettled in third countries with travel documents issued by the ICRC in coordination with UNHCR.

Violence-affected communities access health care and improved water facilities

In Chhattisgarh, closer relations with state and district health authorities led to improved immunization, maternal and child care and malaria-prevention activities, as well as a reinforced patient

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)²				
Food commodities	Beneficiaries	1,272	34%	40%
Essential household items	Beneficiaries	2,191	36%	40%
Productive inputs	Beneficiaries	1,735	38%	31%
Cash	Beneficiaries	1,278	35%	30%
Work, services and training	Beneficiaries	337	33%	34%
Water and habitat activities	Beneficiaries	8,778	35%	30%
Health				
Health centres supported	Structures	4		
Average catchment population		37,519		
Consultations	Patients	36,457		
	<i>of which curative</i>		4,691	14,867
	<i>of which ante/post-natal</i>		496	
Immunizations	Doses	46		
Referrals to a second level of care	Patients	119		
Health education	Sessions	701		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
Economic security, water and habitat (in some cases provided within a protection programme)²				
Productive inputs	Beneficiaries	8		
Work, services and training	Beneficiaries	10		
WOUNDED AND SICK¹				
Physical rehabilitation				
Centres supported	Structures	5		
Patients receiving services	Patients	1,240	240	283
New patients fitted with prostheses	Patients	144	21	11
Prostheses delivered	Units	206	23	17
	<i>of which for victims of mines or explosive remnants of war</i>	12		
New patients fitted with orthoses	Patients	178	40	88
Orthoses delivered	Units	269	60	143
	<i>of which for victims of mines or explosive remnants of war</i>	3		
Number of patients receiving physiotherapy	Patients	758	181	189
Crutches delivered	Units	225		
Wheelchairs delivered	Units	124		

1. India

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

referral system (see *Wounded and sick*). Some 30,000 vulnerable people thus benefited from curative and preventive care at ICRC-managed health facilities. They included 22,500 people who received such services at rehabilitated primary health centres in Kutru, Bijapur, and Chintalnar, Sukma, which opened in July and operated 24 hours a day seven days a week, and around 7,500 patients who accessed a mobile health unit providing weekly services. On-site health-education sessions helped people living in remote areas protect themselves against disease and reduce their risk of future illness.

With the installation/rehabilitation of hand pumps, 8,308 people in 44 remote rural settlements in Bastar and Bijapur accessed safer drinking water. They included 4,500 people in Bijapur who benefited from 40 hygiene-promotion sessions; some 750 of these, previously affected by a cholera-like outbreak of acute watery diarrhea, received water filters to help reduce their risk of reinfection. In coordination with the state Public Health Engineering and Tribal Development Division, 25 teachers from four schools and 185 volunteers in Bijapur participated in hygiene-promotion training, enabling them to disseminate knowledge of good hygiene practices among 380 school pupils. Ongoing installation/rehabilitation works on the schools' water and sanitation facilities made it easier for students to apply what they learnt.

No outbreak of disease required the distribution of emergency water and hygiene materials.

In Gadchiroli, Maharashtra, some 6,000 people from 36 villages with limited access to state health services benefited from an ICRC-supported National Society mobile health unit, which provided preventive and curative care and conducted health-education sessions. Two newly recruited nurses boosted the health unit's capacity to meet patient needs. In addition, 3,060 people in the region received consultations and free medicines and vaccinations during six health camps organized by the National Society.

Two health camps each in Jammu and Kashmir and Odisha enabled 3,021 people to receive similar services.

Communities in Mokokchung, Nagaland, accessed better basic health care at the Ministry of Health and Social Welfare-run Tzurangkong primary health centre following the rehabilitation of medical staff quarters and water, sanitation and medical waste management facilities by the National Society/ICRC. A health camp conducted with the National Society provided free medicines to 1,084 people. Plans to carry out public health assessments and health programmes in Nagaland did not go ahead owing to problems obtaining working visas.

Families of detainees and other people affected by unrest are better able to cope

In Jammu and Kashmir, 365 families of 200 detainees and 165 released detainees (2,191 people) benefited from essential household items such as groceries, blankets, clothing, school bags, kitchen sets and hygiene kits to help meet their basic needs. To ease their social reintegration, 52 released detainees attended medical consultations, while 26 accessed physical and mental health care through ICRC home visits and, when necessary, had their medical expenses covered by the organization. To boost their incomes, 66 families of detainees (429 people), including one headed by a former detainee, received materials, and in some cases training, to set up businesses such as clothing shops and food stalls.

National Society/ICRC teams took additional steps to help violence-affected populations cope with their situation by conducting livelihood and emergency needs assessments and, where necessary, providing material support. A total of 245 households (1,278 people) affected by the violence in Assam in 2011 resumed livelihood activities using cash grants. Following a needs assessment in 13 communities in Maharashtra, 223 families (1,338 people) benefited from seed and tools to help them improve their sources of food and livelihood.

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. As a priority, the ICRC continued to visit them according to its standard procedures, reporting confidentially to the authorities on its findings regarding detainees' treatment and living conditions, including their access to medical care and respect for their judicial guarantees, making recommendations when necessary. Particular attention was paid to inmates deemed vulnerable, such as foreigners, minors and the mentally ill. Discussions continued with the authorities concerned regarding the possibility of gaining access to all detainees held in relation to the prevailing situation in Jammu and Kashmir.

In the Maldives, people arrested in connection with the protests in February (see *Context*) received similar visits from ICRC delegates. Efforts to gain access to a broader range of detainees

in Bhutan were denied by the government, although a follow-up visit was conducted to 68 detainees held under the National Security Act.

In Bhutan, 20 detainees continued to receive visits from family members, including those abroad (e.g. those living in refugee camps in Nepal). Over 120 inmates in India also maintained contact with their relatives through the family visit programme, while foreigners who so wished had their embassies notified of their detention.

A total of 106 detainees in India were followed up by ICRC doctors and 65 inmates in Srinagar Central Jail benefited from regular fortnightly visits from two local psychiatrists, improving their mental well-being. Prison and health authorities and the ICRC continued to discuss ways to boost detainee health care. Proposed seminars for prison medical staff were delayed owing to administrative issues; the donation of medical materials did not go ahead as planned, as the prison administration had the financial capacity to address such needs. Juvenile detainees in Jammu benefited from books, clothing and mosquito nets.

WOUNDED AND SICK

During the protests in the Maldives, injured people received assistance from two ICRC-supported Maldivian Red Crescent emergency response teams, which provided first aid and evacuated patients to hospitals in their ambulances. Through the local media, the Maldivian Red Crescent reminded the authorities and the public to respect medical personnel, vehicles and facilities and to allow the transfer of the wounded to hospital.

In addition to promoting respect for the wounded and sick and health care services in operational areas in India, the ICRC donated emergency medical supplies to one hospital in Kashmir so that it was better prepared to treat patients.

In Chhattisgarh and Kashmir, to ensure timely and effective medical assistance for wounded and sick patients, 2,581 people, including Ministry of Health medical officers, National Society volunteers and members of border security, central reserve police, paramilitary forces and communities, attended first-aid training

PEOPLE DEPRIVED OF THEIR FREEDOM	BHUTAN	INDIA	MALDIVES
ICRC visits			
Detainees visited	68	441	106
Detainees visited and monitored individually	68	415	106
		<i>of whom women</i>	3
		<i>of whom minors</i>	8
Detainees newly registered	1	166	106
		<i>of whom women</i>	3
		<i>of whom minors</i>	7
Number of visits carried out	2	19	10
Number of places of detention visited	2	14	7
Restoring family links			
RCMs collected	76		
RCMs distributed	1		1
Phone calls made to families to inform them of the whereabouts of a detained relative		10	
Detainees visited by their relatives with ICRC/National Society support	20	124	
People to whom a detention attestation was issued	1		

or refresher courses organized by the National Society/ICRC. Over 110 National Society first-aid trainers in those states, as well as in Assam, Maharashtra, Nagaland and Odisha, participated in train-the-trainer courses. In Gadchiroli, Maharashtra, some 250 people from villages served by the local mobile health unit boosted their first-aid skills during a community session held by the National Society, which also aimed to improve weapon bearers' access to the health unit (see *Civilians*).

In cooperation with the state health authorities, improved referral services were provided to 119 patients from Chintalnar and Kutru to Bijapur or Jagdalpur hospitals with the help of two fully equipped ICRC-run ambulances.

Information campaigns, referral networks and a seminar helped increase public awareness of the physical rehabilitation services available at the four ICRC-supported centres in Jammu and Kashmir and Nagaland and at the newly opened centre in Raipur, Chhattisgarh. More patients (totalling 1,240) thus benefited from such services with vulnerable patients having their transport, food and accommodation costs covered by the National Society/ICRC. Technicians used ICRC-supplied raw materials and equipment to produce mobility devices, while training aimed to ensure the quality and sustainability of services. Networking activities with local organizations in the physical rehabilitation sector began with the same objective of sustainability. By year-end, the Bone and Joint Hospital in Srinagar was already independently managing its services. Over 80 patients living far from the supported centres had the costs of their treatment elsewhere paid for by the ICRC.

AUTHORITIES

Dialogue and collaboration with the Indian authorities provided opportunities to discuss relevant humanitarian issues. Authorities at state and central level and future diplomats benefited from dissemination sessions aimed at increasing their understanding of IHL and the ICRC and its activities.

The region's governments continued to work towards domestic IHL implementation. Government officials participated in the fourth South Asian Regional Conference on IHL held in Bhutan, at which 40 delegates from 10 countries shared experiences related to IHL development and implementation, the Health Care in Danger Project and progress with respect to weapon treaties. Some officials also participated in regional IHL teaching sessions (see *Iran, Islamic Republic of* and *Sri Lanka*).

The New Delhi-based Asian-African Legal Consultative Organization continued to work with the ICRC in promoting IHL implementation in South Asia, including by granting it observer status during its 51st Annual Session in Nigeria.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Limited contact with the Indian armed forces prevented systematic dialogue with them on the integration of IHL into their doctrine, training and operations. Nevertheless, over 2,600 officers from the army and air force, including, for the first time, officers and senior and field commanders from Jammu and Kashmir, as well as students at training academies, boosted their knowledge of IHL and the ICRC's mandate through presentations. To help strengthen their capacities to share their knowledge of IHL with their colleagues, 70 instructors from the Indian Military Academy participated in a train-the-trainers course, while one officer attended an international workshop on IHL and military operations

(see *International law and cooperation*). The National Law School in Bangalore worked with the ICRC to develop a syllabus for the IHL training programme for army officers.

Senior police officials in Chhattisgarh and Jammu and Kashmir attended regular operational briefings leading to better understanding and acceptance of and dialogue on cooperation with the ICRC in those states. More broadly, over 550 members of the paramilitary and state police force benefited from ICRC-run sessions on basic human rights and the organization's activities and mandate, sometimes coupled with first-aid training. The ICRC continued to maintain contact with the Bureau of Police Research and Development to offer its support to the police reform process, but to no avail.

Over 700 troops departing on peacekeeping missions learnt about neutral, impartial and independent humanitarian action during predeployment briefings.

CIVIL SOCIETY

With unrest persisting in parts of India, increasing awareness of the ICRC's mandate and activities remained essential. Key members of civil society in Chhattisgarh, Kashmir, New Delhi and the north-east benefited from dissemination sessions and roundtables, fostering acceptance of the ICRC in India, particularly in operational areas.

Various activities encouraged the media in India and the Maldives to produce more accurate features on humanitarian issues. The Indian Women's Feature Service, in partnership with the ICRC, conducted a workshop for journalists and photographers and released a compilation of articles on women affected by violence throughout the country. Journalists produced articles for a Press Institute of India/ICRC competition focusing on responsible humanitarian reporting during unrest. During the Indian Red Cross Day celebrations (see *Red Cross and Red Crescent Movement*), the local media in Odisha and south Kashmir reported on the Movement's activities in local papers. In the Maldives, the media practised ethical reporting during times of conflict and natural disaster in a workshop held by the National Society and the Maldives Broadcasting Commission.

University lecturers and students broadened their knowledge of IHL during dissemination sessions and with donated reference materials. Lecturers improved their IHL teaching skills at workshops and training sessions, while students applied what they learnt during national and international competitions such as moot courts and essay writing. The Indira Gandhi National Open University launched an IHL diploma course.

RED CROSS AND RED CRESCENT MOVEMENT

The Indian Red Cross worked with the ICRC to meet the needs of vulnerable communities (see *Civilians* and *Wounded and sick*). It drew on ICRC financial, technical and material support to build its operational, administrative and institutional capacities. The National Society's north-east regional warehouse, completed with ICRC support, boosted its emergency response. In addition to first-aid training, including in the Safer Access approach, in violence-prone states (see *Wounded and sick*), junior/youth Red Cross volunteers attending orientation programmes in Assam, Chhattisgarh, Nagaland and Odisha better understood the Movement, the Fundamental Principles, and their role in providing humanitarian assistance to vulnerable communities.

In May, National Society branches in Chhattisgarh, Jammu and Kashmir, New Delhi and Odisha celebrated Indian Red Cross Day, highlighting the participation of youth and volunteers in addressing humanitarian issues. Members of the national and state governments, committee members, students and media attended the events, further expanding their knowledge of the Movement's activities in India. More broadly, newsletters helped the dissemination efforts of the branches throughout the country.

The National Society organized four regional workshops across India where various state Red Cross leaders met to share common concerns and to contribute to strategic planning and priority setting.

The Maldivian Red Crescent, formally recognized in 2011, provided assistance to civilians and persons detained after the unrest in the country (see *Wounded and sick* and *People deprived of their freedom*). It enhanced its first-aid capacities through ICRC training and equipment.

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



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 among armed and security forces. It also promotes IHL and humanitarian issues among academic circles, the media and civil society. The ICRC visits people detained in connection with past unrest in Fiji and Solomon Islands and works to ensure that victims of armed violence in Papua New Guinea receive emergency aid and medical care. It also helps build National Societies' emergency response capacities.

CONTEXT

Natural disasters, fragile national economies and intercommunal violence remained the main threats to stability and prosperity in the Pacific Islands region. Natural and man-made disasters, including two consecutive floods in Fiji and two Category 4 cyclones hitting the region in December, left many dead, wounded or displaced. The Melanesian Spearhead Group formed a regional Humanitarian and Emergency Response Force to provide support to member countries during natural disasters.

Papua New Guinea (hereafter PNG) saw a politically tumultuous period stemming from the June elections and unresolved political disputes from 2011. Tribal/intercommunal fighting affected the lives of thousands of rural and, occasionally, urban dwellers. In the Highlands, violence remained rampant, with the increase in cash revenues from gas extraction and mining projects exacerbating criminality and the proliferation of small arms.

The Fijian government launched a constitution-building process; in response, the Australian and New Zealand governments announced a gradual restoration of diplomatic ties.

The Solomon Islands' Truth and Reconciliation Commission submitted to the president its confidential report on the 1998–2003 violence early in the year, although the future of the Commission remained uncertain. The Australian-led Regional Assistance Mission to Solomon Islands began withdrawing its troops.

The Australian and New Zealand governments maintained their strong involvement in humanitarian affairs at the international level. Australia committed to progressively increasing its aid budget, while New Zealand remained active on peacekeeping and weapons issues.

Australia, Fiji, PNG and Tonga continued to provide troops for peacekeeping operations and/or international coalitions. New Zealand ended its deployment of forces in Afghanistan in March.

ICRC ACTION AND RESULTS ¹

The Suva regional delegation continued to prioritize cooperation with the region's National Societies and the International Federation to enhance the Movement's capacities and impact of its activities in the Pacific. In addition, it focused on building/strengthening

EXPENDITURE (IN KCHF)

Protection	1,082
Assistance	939
Prevention	2,284
Cooperation with National Societies	1,166
General	-
Total	5,470
<i>of which: Overheads 334</i>	

IMPLEMENTATION RATE

Expenditure/yearly budget	121%
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PERSONNEL

Expatriates	9
National staff (daily workers not included)	19

KEY POINTS

In 2012, the ICRC:

- ▶ through an expanded presence, gained better insight into intercommunal fighting in Papua New Guinea (PNG), improving its response to needs and its dialogue with those involved, including on the protection of health care
- ▶ strengthened relations with detention authorities in PNG, resulting, for the first time, in visits to people held in police stations and, with the National Society, in the launch of family visits for detainees in Bougainville
- ▶ boosted National Society first-aid and health care capacities in PNG through the training of 245 volunteers and the provision of supplies to 4 National Society branches
- ▶ assisted the Australian and New Zealand governments in promoting IHL in the region, including topics such as a future arms trade treaty, the regulation of private security companies, and the Health Care in Danger project

1. Owing to operational and management constraints, assistance figures reported in the narrative part of this report could not be reflected in consolidated figures and in summary tables.

Main figures and indicators	PROTECTION		Total
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages (RCMs)			
		UAMs/SCs*	
RCMs collected	58		
RCMs distributed	58		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)			
ICRC visits¹			
		Women	Minors
Detainees visited	1,514		
Detainees visited and monitored individually	31		
Detainees newly registered	1		
Number of visits carried out	28		
Number of places of detention visited	20		
Restoring family links			
RCMs collected	58		
RCMs distributed	56		
Detainees visited by their relatives with ICRC/National Society support	21		

* Unaccompanied minors/separated children

¹ Cook Islands, Fiji, Kiribati, Papua New Guinea, Solomon Islands, Vanuatu

relations with States experiencing humanitarian needs arising from past conflict or sporadic outbreaks of violence and with States influential in the humanitarian debate and contributing to Movement operations. Together or in coordination with the Australian Red Cross, the New Zealand Red Cross and the International Federation, the ICRC provided technical and financial support to the Pacific Island National Societies to help them boost their capacities in the areas of emergency preparedness, first aid, family links and the promotion of humanitarian principles.

In PNG, the ICRC opened new offices in Arawa (Bougainville) and Mt. Hagen (Highlands) to enhance its understanding of the realities in areas affected by tribal/intercommunal violence, develop its relationship with the relevant parties and increase its efficiency in addressing humanitarian needs together with the Papua New Guinea Red Cross Society. After a study initiated in 2011 confirmed the usefulness of the ICRC's neutrality in assisting people affected by tribal fighting in the Highlands, the organization focused its action in these areas and developed the dialogue initiated with local leaders and communities in past years, especially on the protection of health facilities and personnel.

With the PNG Red Cross, the ICRC provided relief to people affected by incidents of violence in the Highlands and worked with the local authorities to improve health services, including by supporting four primary health care centres. To ensure the availability of immediate care for people wounded during violence, including during sporadic outbreaks in Bougainville and in anticipation of the elections, the ICRC provided first-aid training to National Society volunteers and medical supplies to Red Cross branches and to hospitals in critical areas. Regular visits took place to detainees in correctional institutions and, for the first time, police stations, enhancing ICRC cooperation with the detaining authorities in improving detention conditions. With the National Society, the ICRC organized family visits for detainees in Bougainville. It further consolidated contacts with the PNG police force, providing its personnel with briefings and training materials to encourage compliance with internationally recognized policing standards.

ICRC delegates also visited detainees in the Cook Islands, Fiji, Kiribati, Solomon Islands and Vanuatu to assess their living conditions and provided confidential feedback to the authorities concerned.

The ICRC advised the region's governments on ratifying and implementing IHL treaties. Regular bilateral and multilateral

contacts, including high-level visits by ICRC officials to Australia and New Zealand, enabled the organization to raise humanitarian concerns, including the impact of weapon proliferation, the protection of civilians, and issues covered by the Health Care in Danger project. The ICRC and the Australian and Swiss governments co-hosted a regional round-table on the Montreux document on private military and security companies.

The ICRC moved its Australian mission from Sydney to Canberra to be closer to the seat of government.

CIVILIANS

Violence-affected people are assisted in PNG

Intercommunal and tribal fighting in the Highlands continued to lead to deaths, injuries, destruction of homes and livelihoods, and displacement. A study begun in 2011 and field trips made in 2012 helped the ICRC gain greater insight into the complex causes and effects of the armed violence and the resulting humanitarian needs. In addition to confirming the authorities' non-intervention in conflicts between clans, the study and visits revealed, notably, that fighting groups respected the concept of neutrality, including the ICRC's. This finding encouraged the organization to focus its action in remote rural areas and allowed it to develop its dialogue on some topics, including the protection of medical services, with group leaders and to access affected communities. Even so, ongoing fighting, logistical constraints and governmental non-interference in the clashes necessitated adjustments to ICRC activities in some areas, such as implementing assistance activities for violence-affected people only with the agreement of all those involved in related fighting incidents; this, for example, resulted in the postponement of a relief distribution in Hela Province while a peace and compensation process was still ongoing among tribal leaders.

Within this framework, 3,175 people (635 households) affected by fighting received essential household items and agricultural instruments from the National Society/ICRC. During meetings and distributions, beneficiaries and members of the fighting groups shared views on humanitarian principles such as respect for schools and health facilities and, supported by materials in the local language, learnt about the ICRC's neutral, impartial and independent humanitarian action, helping enhance the organization's acceptance and access. Although delayed owing to logistical difficulties, once the assistance was delivered after an agreement had been reached between the parties, people expressed satisfaction with the assistance as it helped them restore their livelihoods.

People wounded in fighting and possible election-related violence in vulnerable areas of the Highlands had access to immediate care following the training of some 195 volunteers in first aid and the provision of first-aid kits to four National Society branches and medical material to five hospitals. Since end-2011, with a view to enhancing health care services and improving access to water in remote communities of the Highlands, health authorities joined the National Society/ICRC in assessing needs and determining priorities. As a result, four health centres, cut off from government support, received ICRC support as of mid-2012, alongside the collection of allegations of violence against patients, health staff and facilities, their follow-up with those allegedly responsible, and a wide promotion of the respect due to health care.

In Bougainville, National Society volunteers also enhanced their first-aid skills through ICRC training, bolstering the availability of immediate treatment for people injured in sporadic violence. The Tabago hospital in southern Bougainville received ICRC support to rehabilitate its sterilization system. A medical association helping women give birth in a safer environment in remote areas of the island received delivery kits from the ICRC.

Dispersed families restore contact

During ICRC-initiated discussions, the Bougainville authorities and military officials expressed their support for and provided input to a process to address the issue of persons still unaccounted for from past armed violence. Meanwhile, to help them cope with the effects of the past crisis, the community expressed their feelings and their hopes for the future of Bougainville through painting workshops organized with the University of PNG.

Fifty Filipino fishermen stranded on Manus Island, PNG for six months kept in touch with their families and coordinated with their embassy through ICRC services, until their repatriation. The crew members of three sea vessels seized and held on Buka Island (Bougainville) by alleged former fighters were found to have no family-links or other assistance needs during a visit by a National Society/ICRC team. The situation of West Papuan refugees was monitored through regular contact with UNHCR.

Six former inmates of the US internment facility at Guantanamo Bay Naval Station in Cuba received regular ICRC visits and financial support to keep in touch with their families and for health care during their temporary resettlement in Palau.

In Solomon Islands, families seeking to recover the remains of relatives lost in past ethnic tensions could move no further in their quest as the government suspended the exhumation of human remains while it decided the future of the Truth and Reconciliation Commission.

Regional emergency preparedness is boosted

Given 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, to boost emergency preparedness, first aid in situations of violence, restoring family links in disaster situations and the promotion of humanitarian principles. To this end, in addition to the PNG Red Cross, the National Societies of Cook Islands, Fiji, Samoa, Solomon Islands, Tonga and Vanuatu received ICRC technical/financial support to enhance their capacities in the above fields. The Australian and New Zealand Red Cross Societies discussed with the ICRC ways to improve the training programmes they offered to their Pacific counterparts, for example by adapting Australia's family-links modules and New Zealand's first-aid training to complement each other or fit wider disaster response training.

PEOPLE DEPRIVED OF THEIR FREEDOM

People deprived of their freedom in the Cook Islands, Fiji, Kiribati, PNG, Solomon Islands and Vanuatu received visits from delegates, conducted in accordance with standard ICRC procedures. Detention authorities received confidential feedback to help them improve detainees' treatment and living conditions.

The Australian Red Cross and the ICRC maintained meaningful dialogue on improving the situation of detained migrants in the region, reinforced by a joint assessment visit to the Australian-run processing centre in Nauru.

Two top-level representatives of the correctional services of Fiji and PNG exchanged ideas with their peers at the first ICRC Asia-Pacific detention seminar (see *Philippines*).

Detainees in PNG benefit from ICRC visits

In PNG, while a draft memorandum of understanding aimed at formalizing ICRC access to all correctional centres in the country was under review by the authorities, over 1,200 people held in five correctional institutions and, for the first time, in four police stations benefited from regular visits. The authorities received 10 confidential working papers containing the ICRC's findings and recommendations and adopted some of these recommendations, such as the improvement of ventilation in the female section of the Barawagi facility in the Highlands. Authorities at the Bekut Correctional Institution in Bougainville created a visitors' area and, with the National Society/ICRC, began a family visit programme in the facility. The programme enabled eight detainees to receive visits from relatives, while other detainees wrote RCMs to their families, some for the first time since their confinement. Some 30 prison health officers and representatives discussed detainee health and other concerns during ICRC sessions held at the Correctional Services Training College.

PEOPLE DEPRIVED OF THEIR FREEDOM	COOK ISLANDS	FIJI	KIRIBATI	PAPUA NEW GUINEA	SOLOMON ISLANDS	VANUATU
ICRC visits						
Detainees visited	33	2	84	1,244	29	122
Detainees visited and monitored individually		2			29	
Detainees newly registered		1				
Number of visits carried out	1	4	2	15	3	3
Number of places of detention visited	1	3	2	9	2	3
Restoring family links						
RCMs collected				58		
RCMs distributed				55	1	
Detainees visited by their relatives with ICRC/National Society support				8	13	

As the prevailing political situation in PNG hindered the cultivation of substantive relations with other government services with an impact on detention facilities (*inter alia*, the Finance and Health Ministries, judicial offices), the planned national workshop with detention stakeholders was cancelled.

Young people detained in Baisu Correctional Institution in the Highlands received recreational items, while other detainees improved their living conditions with ICRC-donated hygiene and cleaning materials.

Detainees in Fiji used sports equipment donated by the ICRC. The Solomon Islands Red Cross improved the selection process in its family visit programmes at Rove and Tereva prisons to respond to the needs of detainees with family members living in outlying islands.

AUTHORITIES

Bilateral and multilateral relations with the region's governments offered opportunities to promote IHL implementation and humanitarian issues. Nauru passed implementing legislation on the Geneva Conventions and ratified Additional Protocol III, while the Australian and Samoan authorities drafted legislation on cluster munitions.

The Australian government sustained its commitment to IHL and humanitarian concerns, agreeing to host a Health Care in Danger project round-table in 2013 and assisting Pacific States in drafting IHL-related policy and legislation. Over 600 Australian officials deepened their understanding of IHL, Movement action and civil-military engagement at various presentations, including during Australian Civilian Corps training. The New Zealand Foreign Ministry remained active in matters related to weapon conventions.

In PNG, the authorities considered creating a national IHL committee. They welcomed ICRC activities in the country, even though the political situation stalled progress on a headquarters agreement. An official overseeing private security companies requested ICRC guidance on training and policy assessment.

In spite of sporadic contact between the Pacific Islands Forum (PIF) and the ICRC, the PIF encouraged its members to ratify the Rome Statute and adopt the International Federation's disaster response law guidelines, and sought ICRC input on weapon conventions in preparation for a regional strategy addressing unexploded ordnance. Pacific government representatives discussed a future arms trade treaty at a workshop organized by the PIF, the Australian government and Oxfam.

The Pacific Island Law Officers' Network invited the ICRC to identify priority IHL-related legislation, including that consolidating the status of National Societies, at a workshop for senior legal officials from 15 Pacific States.

Seven Pacific States discussed the Montreux document on private military and security companies at a regional round-table co-hosted by the Australian and Swiss governments and the ICRC.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Key Australian police and military personnel and the ICRC conferred on IHL-related and operational issues, including the conduct of predeployment briefings, sustainable police and military development programmes, and training support, including

from the Australian Red Cross. Military training exercises such as a joint Australian-US field exercise included ICRC sessions.

Officers from the region and abroad improved their knowledge of IHL at various briefings, including at the Australian Command and Staff College and at a New Zealand Defence Force course. Senior officers from Australia, Fiji and New Zealand attended the Senior Workshop on International Rules Governing Military Operations (see *International law and cooperation*).

Fijian peacekeeping forces attending ICRC predeployment briefings learnt about IHL and Movement activities in their mission areas.

Regular ICRC contact with the Royal Papua New Guinea Constabulary (RPNGC), including through the support of the Australian Federal Police and at different events and presentations, enhanced its understanding of the ICRC's mandate and facilitated access to detention facilities (see *People deprived of their freedom*). The RPNGC promoted internationally recognized policing standards among its members, including through the distribution and public launch of an adapted ICRC booklet for new recruits.

At meetings, members of armed groups in PNG learnt about neutral humanitarian action, the importance of respecting health facilities and schools and the protection needs of women and children (see *Civilians*).

CIVIL SOCIETY

Links forged with Australian media, think-tanks, NGOs, universities and the National Society, as well as jointly organized specialist and public discussions, helped foster awareness of humanitarian issues and action in the Asia-Pacific region and globally. Topics included the Health Care in Danger project, a future arms trade treaty, the regulation of private security companies and the "Strengthening IHL" process.

Australian media used ICRC resources for their stories, and received Australian Red Cross/ICRC guidance during training on reporting in conflict environments. The International Tracing Service presented the organization's work at the Sydney Jewish Museum and handed over artefacts from World War II to the museum's care.

Journalism and communication students and faculty harnessed their talents in the promotion of IHL, such as in a university event in Australia highlighting the importance of images in raising awareness and in the annual Australian Red Cross/ICRC IHL competition. Law students from Australia and New Zealand competed for a place in the Asia-Pacific moot court competition in Hong Kong (see *Beijing*).

To boost public awareness of IHL in PNG, the population received related materials in the local language (see *Civilians*). The University of PNG offered an IHL course for the first time, and expressed interest in participating in future IHL competitions.

RED CROSS AND RED CRESCENT MOVEMENT

The Pacific Island National Societies, together with the Australian, French, Japanese and New Zealand Red Cross Societies, further strengthened common approaches to priority humanitarian concerns and responses at leadership forums and coordination meetings organized by the International Federation and the ICRC. They received support to strengthen their organizations, especially

on obtaining government recognition, and to follow up on pledges made at the 31st International Conference. Within the framework of the Pacific Governance Enhancement Working Group, the National Societies assessed and sustained their peer-to-peer training approach, boosting governance and leadership roles and responsibilities, and concluded their review of the Kiribati and Samoa Red Cross Societies.

Events and training promoted the issues raised by the Health Care in Danger project and bolstered the Pacific Island National Societies' knowledge and capacities in the areas of emergency response, first aid, the Safer Access approach and restoring family links (see *Civilians*).

National Society communication officers and representatives acquired various tools at a workshop in Suva aimed at developing a Pacific National Society communication network. The Vanuatu Red Cross Society launched a radio campaign promoting youth involvement in IHL, while the Cook Islands Red Cross Society introduced an adapted Exploring Humanitarian Law programme to schools.

The IHL handbook for Samoan parliamentarians reached completion. A workshop in Brisbane helped seven other National Societies proceed with the production of their versions of the handbook.

Australian Red Cross staff interested in working in operations abroad received ICRC briefings, while the New Zealand Red Cross considered developing staff profiles to respond to evolving needs in international operations.

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

2012



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 2012, the average exchange rate was CHF 0.9341 to USD 1, and CHF 1.2051 to EUR 1.

VOLUME II

ANNUAL REPORT

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ICRC

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EUROPE AND THE AMERICAS



EXPENDITURE (IN KCHF)

Protection
39,830

Assistance
46,912

Prevention
34,089

Cooperation with National Societies
12,084

General
9

132,924 of which: Overheads **8,106**

Implementation rate
94%

EUROPE DELEGATIONS

Armenia
 Azerbaijan
 Georgia
 Kyrgyzstan

EUROPE REGIONAL DELEGATIONS

Europe
 Moscow
 Tashkent
 Western Balkans
 Ankara
 Brussels
 International Tracing Service
 London
 Paris

THE AMERICAS DELEGATIONS

Colombia
 Haiti

THE AMERICAS REGIONAL DELEGATIONS

Brasilia
 Caracas
 Lima
 Mexico City
 Washington
 New York

 ICRC delegation
  ICRC regional delegation
  ICRC mission

EUROPE AND THE AMERICAS

In 2012, the ICRC's priorities were to assist and improve the protection of people affected by armed conflicts or other situations of violence and of vulnerable migrants in Mexico and Central America, to prompt an effective State response to their needs, to help clarify the fate of people unaccounted for from past and current conflicts and support their families, and to contribute to the better protection of people deprived of their freedom.

National Societies were frequently the ICRC's main operational partners, notably in Colombia, Mexico, the Russian Federation and Tajikistan. They benefited from ICRC capacity-building support, particularly regarding emergency preparedness, the Safer Access approach, 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 that have expanded their operations outside their respective countries, such as those from Canada, the United Kingdom of Great Britain and Northern Ireland (hereafter United Kingdom) and other countries in Western Europe, the ICRC stepped up 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 applicable to the use of force. In line with its mandate, the ICRC continued to promote the integration of IHL into military doctrine, operating procedures and manuals and, for both the police and armed forces, developed training in international human rights norms and humanitarian principles.

Discussions with military units deployed outside their respective territories, such as those of France, the United Kingdom and the United States of America (hereafter United States), highlighted the protection of civilians. 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 the conduct of hostilities, civil-military relations and respect for IHL.

To facilitate safe access to victims, the ICRC familiarized troops with its role and mandate during predeployment briefings and training exercises. It raised awareness among weapon bearers, civilian authorities and key civil society actors of the need to protect medical personnel and structures during armed conflicts and other situations of violence, in line with the objectives of the Health Care in Danger project.

The ICRC helped relevant national mechanisms, policy-makers and forensic experts strengthen their capacities to address the issue of missing persons. It shared its technical expertise in various areas, including data collection and management, and exhumation and identification of human remains. It also worked with NGOs and family associations to extend psychological and social support to the families of the missing.

Regionwide, the ICRC visited detainees according to its standard procedures, particularly those held for reasons of State security, and enabled them to communicate with their relatives. It provided the authorities with confidential feedback, recommending

measures for improving the treatment and living conditions of detainees as necessary.

The ICRC offered its expertise to governments regarding ratification of/accession to IHL treaties and their domestic implementation. Likewise, activities geared towards academic circles, mass media and the general public 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 legislation and other national practice to update its database on customary IHL.

Through its delegations in Brussels (Belgium), Moscow (Russian Federation), New York (United States), Paris (France) and Washington (United States), the ICRC shared its views on crucial humanitarian concerns with intergovernmental organizations such as the Commonwealth of Independent States, the European Union, the Organization of American States and UN bodies.

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.

With the reorganization of what were formerly three operational sub-regions, the region covered in this section now comprises two sub-regions: the Americas, and Europe and Central Asia.

THE AMERICAS

Applying a multidisciplinary approach, the ICRC helped conflict/violence-affected people strengthen their resilience in the face of their situation. Combining emergency and early-recovery responses, it implemented various activities, such as livelihood assistance, health and hygiene promotion and psychological support. The beneficiaries included people affected by the armed conflict in Colombia and its spillover into the border regions of neighbouring countries, by clashes between government forces and the Shining Path movement in Peru, and by armed violence throughout the region.

In Colombia, the ICRC worked with the Colombian Red Cross to provide emergency relief and encouraged the authorities to improve their response to IDP concerns, while supporting sustainable solutions to restore the livelihoods of IDPs and affected residents. It worked to raise awareness of and mobilize State action on weapon contamination. As a neutral intermediary, it facilitated access to and delivery of health care services, the release of people held by armed groups, and safe passage for negotiators in the peace process between the government of Colombia and the Revolutionary Armed Forces of Colombia – People's Army.

Regionwide, the ICRC provided financial and technical support or direct assistance to make first aid and health care, including physical rehabilitation services, rapidly available to people who had been injured or abused, including sexually, during armed clashes or violence. It involved the National Societies, authorities and, as in Chile and Peru, police and military medical personnel in improving service delivery. At the same time, it reminded weapon bearers of the need to respect medical and humanitarian services and raised the issue of access to health care in its dialogue with policy-makers and key civil society actors. In several countries, such as Paraguay and Venezuela, community members trained to

become first-responders, paving the way for the establishment of local first-aid networks. In some cases, as in Bolivia, such training included first aid for violence-related psychological trauma.

Other activities helped people deal with the longer-term effects of violence. In Ecuador, Panama and Peru, for instance, remote communities improved their water and sanitation situation and learnt proper hygiene practices, reducing health risks and alleviating the impact of violence on their access to basic services.

ICRC-supported projects run by National Societies in El Salvador, Guatemala, Honduras and Mexico contributed to violence prevention, particularly in urban areas. They included activities teaching young people to cope with the consequences of violence, providing alternatives to violent behaviour and orienting them about basic humanitarian principles. A similar initiative was launched in Medellín, Colombia, while in the *favelas* of Rio de Janeiro, Brazil, the ICRC prepared to hand over its pilot project to local partners.

In parallel, the ICRC carried out awareness-raising and practical activities to prevent the excessive use of force in law enforcement by armed and security forces, including those of Caribbean and Central American regional bodies. It supported the promotion of the Jamaica Constabulary Force's manual on the use of force as a model for the region.

In partnership with the National Societies, the ICRC enhanced its response to the humanitarian needs of vulnerable migrants bound for the United States through Central America. With ICRC financial and material support, the National Societies expanded health and family-links services for migrants and conducted assessments of the available services to formulate a coherent and effective regional response.

By providing training in ante/post-mortem data management to State forensic specialists, a regional seminar held in Argentina boosted efforts to determine the fate or whereabouts of people unaccounted for across the region.

The ICRC visited detainees/internees in 13 countries and facilitated vocational training or income-generating projects for them in several contexts. Following the signing of an agreement with the authorities in El Salvador, the ICRC conducted initial assessments of the general conditions in several prisons. It backed penitentiary reform efforts, including initiatives to improve health care in detention facilities, as in Haiti, and training in human rights norms for prison staff in Peru. Dialogue with high-level government circles in the United States centered on the situation of people held in custody at the internment facility at Guantanamo Bay Naval Station in Cuba, and on the United States' residual responsibility following the handover of inmates held under its authority to the Afghan national authorities.

EUROPE AND CENTRAL ASIA

In its field operations, the ICRC prioritized assistance to people affected by past or low-intensity armed conflicts and ongoing violence. As the situation evolved, it adapted its approach from emergency response to early recovery and implemented measures to help ensure the long-term sustainability of its initiatives.

Following armed clashes between government forces and armed groups in Gorno-Badakshan Autonomous Province, Tajikistan, the ICRC provided medical supplies through the National Society

to help treat injured people. After joint assessments, it was able to assist families who had lost their homes in meeting their basic needs.

In Armenia and Azerbaijan, the ICRC helped civilians affected by the unresolved Nagorny Karabakh conflict reinforce their economic security through livelihood projects while building/rehabilitating water supply infrastructure together with local communities. In Georgia and the Russian Federation, it offered micro-economic initiatives to improve the self-sufficiency of households that had not yet fully recovered from the effects of past conflicts. After reviewing its operations in the northern Caucasus in consultation with the Russian authorities, it adjusted its approach, including by putting some activities on hold and reducing economic-security activities.

Enabling local health workers and facilities to strengthen their capacities to handle weapon-related injuries remained a priority, notably in Kyrgyzstan and in Tajikistan's Rasht Valley. Local medical staff received training that, coupled with the rehabilitation of primary health care structures and the provision of medical equipment, enhanced their ability to handle situations of violence and other emergencies. The ICRC helped address the impact of weapon contamination in the Caucasus, Central Asia and the Western Balkans by supporting governmental or National Society mine-awareness and victim-assistance programmes.

As a neutral intermediary, the ICRC helped people overcome movement restrictions by facilitating emergency medical evacuations and family contact across administrative boundaries, as in Georgia/South Ossetia. In some cases, families received the remains of their relatives, some of whom had been previously unaccounted for.

As part of its efforts to clarify the fate of the missing, the ICRC facilitated meetings of two coordination mechanisms involving Georgia, the Russian Federation and representatives of the *de facto* authorities of Abkhazia and South Ossetia, and of a working group in Kosovo¹ and Serbia. 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. Responsibility for following up cases of missing persons was handed over to the Red Cross of Serbia, while government institutions in Bosnia and Herzegovina and Kosovo prepared to take over similar functions.

People detained/interned in ten contexts, including detained migrants, people facing charges of "terrorism" and people held on remand or convicted by international tribunals and serving their sentences in Western Europe, received visits according to standard ICRC procedures. Dialogue with the authorities centred on the organization's standard working procedures during such visits in Uzbekistan and the authorization of similar visits in Tajikistan and Turkmenistan. The ICRC worked with national authorities in Kyrgyzstan to screen for and treat TB in prisons and promoted the TB control programme in Azerbaijan as a model for the region. In Georgia, an ICRC-supported primary health care programme was extended from two pilot facilities to five more places of detention.

At the request of the Turkish authorities, the ICRC closed its temporary mission in Ankara. It also withdrew from the management of the International Tracing Service (ITS), which completed its transition to a documentation, information and research centre relating to people persecuted under the National Socialist regime.

1. UN Security Council Resolution 1244

PROTECTION MAIN FIGURES AND INDICATORS ¹

PROTECTION														
	CIVILIANS												Detainees visited	Detainees visited and monitored individually
	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		
Armenia	21	5											11	11
Azerbaijan	26	31	57								1	44	72	72
Georgia	476	353				18		201	3	29			7,891	164
Kyrgyzstan	2	1									7	119	8,000	157
Europe (regional)	2	29											667	54
Moscow (regional)	24	13	3								13	52		
Tashkent (regional)	44	51											454	454
Western Balkans (regional)		1	1		11,104			1		942			39	39
Paris	1	1											3	3
Colombia	118	110						36	13	231			3,623	1,995
Haiti													6,326	
Brasilia (regional)	1	1	3										677	62
Caracas (regional)												6	10	10
Lima (regional)		10	15			2	2			2			587	420
Mexico City (regional)	3	3	6,271			143	143	2		1			13,379	38
Washington (regional)			696										171	168
Total	718	609	7,046		11,104	163	145	2	238	16	1,226	221	41,910	3,647

* Unaccompanied minors/separated children

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

PEOPLE DEPRIVED OF THEIR FREEDOM

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	
		4			12	6	9	12	10	2	1	2	Armenia
1	3	49			37	16	37	35	30			4	Azerbaijan
15		95	11		130	30	133	91		20	1	2	Georgia
7	3	31	3	2	100	43	6	1	3	57			Kyrgyzstan
		21			29	27							Europe (regional)
							6	14		360		3	Moscow (regional)
106	22	208	23	21	14	12	203	134	31	133			Tashkent (regional)
		6			12	11						307	Western Balkans (regional)
					3	3			3				Paris
94	6	116	12	6	161	67	97	36		1,414			Colombia
					47	12							Haiti
6	1	29	3	1	30	12	2			31			Brasilia (regional)
					4	2							Caracas (regional)
71	3	118	23	3	73	34	10			237			Lima (regional)
1		11			31	21	3			33		1	Mexico City (regional)
					6	1	2,412	1,136	166			5	Washington (regional)
301	38	688	75	33	689	297	2,918	1,459	243	2,287	2	324	Total

ASSISTANCE MAIN FIGURES AND INDICATORS¹

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			1,076	2,885		28	1,028							
Azerbaijan	815	1,022	7,031	2,908		5	4,474						111	
Georgia	1,109	656	419	2,893		600	10,202						10	
Kyrgyzstan		1,000					57,162						2,207	3,131
Moscow (regional)	682	8,564	2,426	654			2,667					292	187	
Tashkent (regional)	17		7	760			1,836	7	23,023			32	33	
Colombia	22,397	32,869	7,358	18,027	15,990	36,277	14,835	40	62,741	4,934	885			7,439
Haiti							240,000						36,589	4,589
Brasilia (regional)		450		42		1,658							847	
Lima (regional)							3,617							44
Mexico City (regional)							1,231	5		14,214		22	44	
Total	25,020	44,561	18,317	28,169	15,990	38,568	337,052	52	85,764	19,148	885	346	40,028	15,203
of whom women	30%	19%	43%	33%	29%	30%	34%			4,459				
of whom children	47%	25%	31%	40%	51%	45%	33%			1,890	610			
of whom IDPs	21,403	31,873	1,559	21,272	15,990	27,267	8,434							

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

ASSISTANCE

WOUNDED AND SICK														
Hospitals				First aid			Physical rehabilitation						Number of patients receiving physiotherapy	
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		
														Azerbaijan
														Georgia
5				16										Kyrgyzstan
6	6	6,385	191											Moscow (regional)
16														Tashkent (regional)
							4	30,415	294	2,096	625	3,691	5,666	Colombia
														Haiti
														Brasilia (regional)
														Lima (regional)
							4	5,661	106	303	157	443	247	Mexico City (regional)
27	6	6,385	191	16			8	36,076	400	2,399	782	4,134	5,913	Total
		2,484	15					13,228	54	382	140	729		of whom women
		1,106						4,868	30	1,539	48	2,462		of whom children
of which for victims of mine or explosive remnants of war											115	18		of whom IDPs

ARMENIA



EXPENDITURE (IN KCHF)	
Protection	371
Assistance	930
Prevention	405
Cooperation with National Societies	241
General	-

► **1,947**
of which: Overheads 119

IMPLEMENTATION RATE	
Expenditure/yearly budget	95%

PERSONNEL	
Expatriates	4
National staff (daily workers not included)	29

KEY POINTS

In 2012, the ICRC:

- monitored the situation of civilians living near the international border with Azerbaijan, raising their concerns with the authorities and helping them meet their economic needs through water and livelihood-assistance projects
- assisted the authorities in managing ante-mortem data and, with the Armenian Red Cross Society, in preparing a DNA-sample collection to help clarify the fate of people missing in relation to the Nagorno Karabakh conflict
- helped more families of missing persons access psychological, social, legal and economic support by extending its comprehensive support programme for them, in cooperation with local partners and the National Society
- helped reduce the impact of weapon contamination by working with the National Society to assess the needs of affected people, while supporting the authorities in shaping a national mine-action strategy
- acted as a neutral intermediary in the repatriation of 1 civilian internee from Armenia to Azerbaijan
- participated in a regional military training exercise for the first time, in support of the armed forces' process of integrating IHL into their doctrine, training and operating procedures

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 strengthen the capacities of the Armenian Red Cross Society.

CONTEXT

A tripartite meeting between the presidents of Armenia and Azerbaijan, mediated by the president of the Russian Federation, and several meetings with the Minsk Group of the Organization for Security and Co-operation in Europe concluded with no progress made in finding a peaceful solution to the Nagorno Karabakh conflict, despite an official consensus on the need to strengthen confidence-building measures.

Tensions remained high along the Line of Contact and the international border between Armenia and Azerbaijan. Incidents of cross-border fire and the presence of mines/explosive remnants of war (ERW) continued to pose a danger to civilians living in the area, in addition to causing both military and civilian casualties and exacerbating political tensions between the two countries.

The parliamentary elections in May were generally peaceful, with President Serzh Sargsyan's Republican Party winning the majority of seats in the new assembly ahead of the 2013 presidential elections.

Spurred by improvements in agricultural production and increased exports and remittances, Armenia's economy performed well in comparison with previous years. Emigration remained high, however, despite measures taken by the government to sustain the country's economic growth.

ICRC ACTION AND RESULTS

The ICRC continued working to alleviate the humanitarian consequences in Armenia of the unresolved Nagorno Karabakh conflict. Regular field visits enabled it to monitor the situation of civilians living on both sides of the international border between Armenia and Azerbaijan, when necessary raising concerns with the relevant authorities and reminding them of their obligations under IHL.

In front-line communities where insecurity prevented people from accessing water and livelihood opportunities, the ICRC rehabilitated irrigation and drinking water infrastructure and distributed agricultural inputs or cash to help the people meet their basic economic needs. With local legal practitioners, it conducted workshops for leaders of border villages to raise awareness of potential legal issues arising from the location of their homes and to inform them about Armenian laws and regulations applicable to their situation.

Resolving the fate of people who went missing during the conflict remained a priority. The ICRC assisted the authorities in setting

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		21		
RCMs distributed		5		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		3		
Tracing cases still being handled at the end of the reporting period (people)		436	30	17
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited and monitored individually ¹		11		
Detainees newly registered		4		
Number of visits carried out		12		
Number of places of detention visited		6		
Restoring family links				
RCMs collected		9		
RCMs distributed		12		
Phone calls made to families to inform them of the whereabouts of a detained relative		10		
Detainees visited by their relatives with ICRC/National Society support		2		
Detainees released and transferred/repatriated by/via the ICRC		1		
People to whom a detention attestation was issued		2		

* Unaccompanied minors/separated children

1. Including one POW held in Nagorny Karabakh before being transferred to Armenia

up a centralized system for the management of ante-mortem data collected from the families of missing persons, providing technical support throughout the process. It also worked with them and the Armenian Red Cross Society in preparing for the planned collection of DNA samples from relatives of the missing, with a view to preserving as much information as possible to facilitate future efforts to identify human remains and, upon matching with the ante-mortem data, provide answers to the families.

While continuing to encourage the authorities to meet the needs of families of the missing, including through the adoption of a law protecting their rights, the ICRC extended its comprehensive support programme aimed at addressing their multi-faceted needs. With the assistance of local service providers and National Society staff, more families were then able to access psychological, social and legal support to help them cope better with their situation. Based on the results of a 2010 household needs survey, vulnerable families also received economic assistance in the form of grants or interest-free loans to start income-generating activities, vocational training or home rehabilitation.

National Society/ICRC teams also surveyed victims of mines/ERW and their families in order to gain an insight into their needs and plan assistance accordingly. Through these efforts, the ICRC aimed to reduce the impact of weapon contamination in the country, while supporting the authorities in shaping a national strategy to address the problem.

Partnering the National Society also meant supporting it in strengthening its core capacities, particularly in the areas of first-aid training, emergency preparedness and response, restoring family links, and the dissemination of IHL and Movement principles.

In parallel, ICRC delegates visited people deprived of their freedom, including those held in connection with the conflict, to monitor their treatment and living conditions, and provided confidential feedback to the authorities. In its capacity as a neutral intermediary and upon the request of all parties concerned, it facilitated the repatriation of a civilian internee from Armenia to Azerbaijan.

In its dialogue with the authorities, the ICRC raised humanitarian issues stemming from the conflict and encouraged Armenia's accession to and implementation of IHL treaties. Operational dialogue with the armed forces on the integration of IHL principles into military doctrine, training and operations saw notable progress with the ICRC's participation for the first time in a regional military exercise led by the Collective Security Treaty Organization (CSTO). Contacts with the media helped enhance their reporting on ICRC activities, thus raising public awareness of the plight of conflict-affected people.

CIVILIANS

Civilians living along the international border between Armenia and Azerbaijan faced continued insecurity caused by cross-border fire and the presence of mines/ERW. Through field trips to border regions and contacts with local communities, civil and military authorities and National Society branches, the ICRC kept abreast of the humanitarian situation in these areas and monitored respect for IHL, raising civilians' concerns with the relevant authorities. When necessary, written representations reminded the authorities of their obligations under IHL, in particular the protection of civilians. Meanwhile, during workshops conducted in cooperation with local partners, the leaders of 11 border villages learnt about the ICRC's activities in the region and met lawyers to discuss legal issues their communities faced as a result of living in close proximity to conflict areas, in the light of Armenian laws and regulations applicable to their situation.

Conflict-affected communities meet their needs

To add to the prevailing security risks, other issues such as problematic access to land, lack of job opportunities and dilapidated infrastructure continued to impede the livelihoods of front-line communities, most notably in the Tavush region. On the basis of a needs assessment conducted in 2011, ICRC teams launched tailored livelihood-support activities for the most vulnerable people in some of the most-affected villages. Following the rehabilitation of water and irrigation networks, some 1,000 residents in four villages enjoyed safer access to water for drinking and agricultural purposes, thus reducing their exposure to risks while going about their daily activities. In addition,

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	1,076	30%	40%
Cash	Beneficiaries	2,885	30%	41%
	<i>of whom IDPs</i>	2		
Work, services and training	Beneficiaries	28	50%	29%
Water and habitat activities	Beneficiaries	1,028	40%	20%

713 local farming households (2,674 individuals) received cash for improving their farming, and 330 households in two communities (1,076 individuals) received agricultural inputs to help boost their food production and income.

Some 500 people were estimated to be living in mine/ERW-contaminated areas in Armenia. In order to assess their situation and ensure they received the appropriate assistance to support their social and economic reintegration into society, the Armenian Red Cross, with ICRC support, and in cooperation with the Armenian Center for Humanitarian Demining and Expertise (CHDE), started collecting information on their needs using standard mine-action forms. Some 60 mine/ERW victims in the five most-affected regions (Ararat, Gegharkunik, Syunik, Tavush and Vayots Dzor) and in Yerevan city had their social and economic needs assessed by 12 ICRC-trained National Society volunteers; a specially trained database administrator centralized the findings in the internationally recognized Information Management System for Mine Action. To ensure the sustainability of these endeavours, the CHDE received ICRC funding in support of its efforts to draft a national strategy to address weapon contamination in the country. This enabled its director to go on an educational trip to Bosnia and Herzegovina's demining centre and learn from the extensive experience of his counterparts in the field of demining.

To help build local response capacities in the event of an emergency, around 60 Red Cross volunteers and other residents learnt first aid during six training courses held by the National Society in communities near the international border.

Families of the missing receive comprehensive support

At the end of December, 4,627 people remained unaccounted for as a result of the Nagorny Karabakh conflict, with 436 people registered as missing in Armenia.

Many families struggled to live with the torment of not knowing the fate of their missing relatives, often lacking opportunities to improve their economic conditions and suffering from feelings of isolation and hopelessness, in part owing to the lack of official recognition of their status. To address their various psychological, social and legal needs, the ICRC launched a comprehensive support programme for them in 2011, and in 2012 extended its scope to cover nine regions, bringing the total number of beneficiaries to 198 families (310 individuals). With the help of ICRC-trained local partners and National Society staff, families shared their pain and voiced their concerns during group meetings and information sessions, and those requiring additional support benefited from individual follow-up or referral to the appropriate social services. While mothers and wives of the missing were often the most affected, local partners also explored with young people their specific vulnerabilities as a result of having grown up with missing family members, and possible ways to address them. In addition to mobilizing community support around the families, the programme contributed to raising public awareness of the

issues they faced through local events, commemoration activities and the direct involvement of municipal authorities, for instance during focus group meetings. Given its widespread presence in all affected regions, the National Society received training support to further increase its capacity to cater to the needs of these families, thereby also ensuring the sustainability of the programme.

ICRC teams surveyed families of missing persons in Armavir, Gegharkunik, Shirak and Syunik regions to gain an insight into their needs and determine the most suitable type of economic support for them. Based on the results of the assessment, 23 families (111 individuals) received grants to start income-generating micro-enterprises; of these, 7 families (28 individuals) also benefited from vocational training attended by their main breadwinners with ICRC support. With the cooperation of local partner institutions, 3 families (10 individuals) received interest-free loans to run small businesses, while 23 families (78 individuals) enjoyed better living conditions following the rehabilitation of their homes.

Efforts to clarify the fate of missing persons continue

Electronic files containing some 4,000 ante-mortem data questionnaires completed by families of the missing and collected by National Society/ICRC teams between 2008 and 2011, together with their translations, photographs and other relevant documents, continued to be prepared for handover to the authorities. Of these files, 336 related to people missing in Armenia and over 3,600 to people missing in Azerbaijan, including Nagorny Karabakh. The Armenian State Commission on Prisoners of War, Hostages and Missing Persons (CEPOD) continued to receive support in setting up a centralized system for the management of these files, which it progressively received for input into the ante/post-mortem database managed by an ICRC-trained database administrator. At the same time, efforts to locate families who had not been interviewed during the data collection period continued. To this end, National Society data collectors attended refresher training and, following the location of 11 families, gathered detailed information on their missing relatives.

With the aim of preserving key information to facilitate the future identification of exhumed human remains and the provision of answers to families, the Armenian CEPOD, the National Society and the ICRC prepared draft agreements and forensic operating procedures for the planned collection and storage of DNA samples from relatives of the missing. Though originally scheduled to begin implementation in 2012, the project's pilot phase was postponed as the scale and complexity of the endeavour required an extended preparatory phase and additional forensic resources.

Meanwhile, acting as a neutral intermediary, the ICRC transmitted requests for information concerning missing persons between the Armenian and Azerbaijani CEPODs. Despite ICRC efforts to encourage direct communication, a meeting between the two coordinating mechanisms was not possible owing to the prevailing tensions.

Families restore or maintain contact

With communication lines still not fully restored between Armenia and Azerbaijan, including Nagorny Karabakh, family members separated by the conflict used the ICRC's family-links services, such as RCMs and phone calls, to keep in touch with relatives, including those held in detention facilities (see *People deprived of their freedom*).

Non-conflict-related cases of separated family members continued to be processed by the National Society's tracing service, which resolved two cases during the year.

PEOPLE DEPRIVED OF THEIR FREEDOM

Sporadic captures occurred along the Line of Contact and the international border with Azerbaijan. In total, 11 detainees – including 2 POWs and 1 civilian internee held in relation to the Nagorny Karabakh conflict – in six places of detention received visits, conducted in accordance with the ICRC's standard procedures. During these visits, delegates monitored the detainees' treatment and living conditions to ensure their compliance with IHL and/or internationally recognized standards, and shared their findings and any recommendations confidentially with the authorities concerned. At the request of all parties concerned, the civilian internee was repatriated from Armenia to Azerbaijan, with the ICRC acting as a neutral intermediary. Upon his wish, one POW resettled in a third country.

Detainees, including foreigners, women and minors, maintained contact with their families via RCMs and, in some cases, phone calls. Two detainees received family visits with ICRC financial support. Vulnerable detainees received small-scale assistance, including clothing and books for the POWs and civilian internee, to help make their time in detention more bearable.

AUTHORITIES

Dialogue with the authorities sought to encourage Armenia's accession to key IHL treaties, including weapon-related instruments. To contribute to increasing their interest in and knowledge of IHL implementation, State officials received sponsorship to participate in a regional IHL seminar in Astana, Kazakhstan (see *Tashkent*), at which weapons conventions formed part of the discussion. The ICRC also reaffirmed its readiness to share expertise in support of their efforts to implement the provisions of the Hague Convention on Cultural Property.

A draft law protecting the rights of families of missing persons, finalized by an interministerial working group in 2011, remained pending with the Ministry of Foreign Affairs. The ICRC offered to provide further support to ensure its full compatibility with Armenian legislation.

Humanitarian issues arising from the Nagorny Karabakh conflict remained central to all discussions, in particular the need to: protect civilians, people deprived of their freedom, and medical personnel and infrastructure; meet the needs of families of the missing; and ensure ICRC access to conflict-affected populations.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Operational dialogue with the Ministry of Defence focused on the need to respect IHL and protect civilians in insecure areas along the Line of Contact and the international border, and aimed to deepen understanding of the ICRC's mandate so as to secure its access to conflict-affected populations.

In a step towards IHL integration into military doctrine, training and operations, some 30 officers learnt about IHL and its application during two five-day courses jointly conducted by the ministry and the ICRC. To the same end, a high-ranking officer participated in an international IHL workshop in Malaysia (see *International law and cooperation*), while military contingents deployed along the international border enhanced their understanding of ICRC operations in the area at five information sessions.

In September, Armenia hosted a CSTO-led military exercise, in which the ICRC participated for the first time, simulating its humanitarian activities in armed conflict. Observed by diplomatic and CSTO member State representatives, the exercise helped illustrate the ICRC's mandate and its relevance in the region. During discussions with the Defence Ministry research group in charge of drafting recommendations for a CSTO policy on civil-military cooperation, the ICRC underlined the need for CSTO troops to ensure the protection of the civilian population and to allow humanitarian access to affected people in the conduct of their operations.

CIVIL SOCIETY

Contacts with the media aimed to enhance coverage and public awareness of humanitarian issues, including the need to safeguard health care services in armed conflict. Using ICRC press releases, national and regional media reported on the National

PEOPLE DEPRIVED OF THEIR FREEDOM	ARMENIA	IN ARMENIA IN RELATION TO THE NAGORNY KARABAKH CONFLICT
ICRC visits		
Detainees visited and monitored individually	8	3*
Detainees newly registered	2	2
Number of visits carried out	5	7
Number of places of detention visited	5	1
Restoring family links		
RCMs collected		9
RCMs distributed		12
Phone calls made to families to inform them of the whereabouts of a detained relative	1	9
Detainees visited by their relatives with ICRC/National Society support		2
Detainees released and transferred/repatriated by/via the ICRC		1
People to whom a detention attestation was issued		2

* Including one POW held in Nagorny Karabakh before being transferred to Armenia

Society's/ICRC's multidisciplinary action for families of missing persons, front-line communities and people deprived of their freedom. A workshop organized in partnership with a local media-support NGO helped journalists deepen their understanding of the ICRC's work and the protection afforded them under IHL. Following this, national media published an article highlighting ICRC activities for families of the missing in rural areas.

Academics discussed contemporary challenges to IHL at an international conference co-organized by the Russian-Armenian University and the ICRC; an online survey among the potential participants in the event revealed rising interest in the forum. Meanwhile, national IHL experts who had taken part in previous ICRC events continued to support IHL development in the region. A lecturer from Yerevan State University participated as a facilitator in a regional IHL workshop held in Almaty, Kazakhstan (see *Tashkent*), while two other experts served as jury members at the ICRC-supported International IHL Olympiad in Belarus. A team of graduate law students took part in the latter with ICRC sponsorship.

RED CROSS AND RED CRESCENT MOVEMENT

The Armenian Red Cross and the ICRC strengthened their operational partnership in addressing the needs of conflict-affected people, including families of missing persons and communities in areas contaminated by mines/ERW (see *Civilians*).

The National Society also received support to reinforce its capacity to conduct its core activities, including restoring family links and emergency preparedness (see *Civilians*), as well as public communication on the Movement. A mobile photo exhibition chronicling its activities from 1990 to 2012, and various public events on World Red Cross and Red Crescent Day (8 May), helped raise awareness of the Movement's work.

Following a Movement-supported revision process in 2011, the Armenian Red Cross officially registered amendments to its statutes at the Ministry of Justice, thus strengthening its legal base. It also signed a cooperation agreement with the Ministry of Emergency Situations to outline mutual support and formalize its role in natural disasters. In line with a tripartite agreement concluded at the 31st International Conference, the National Society, the International Federation and the ICRC strengthened the coordination of their humanitarian activities to maximize their impact and avoid duplication.

AZERBAIJAN



EXPENDITURE (IN KCHF)	
Protection	1,797
Assistance	4,470
Prevention	668
Cooperation with National Societies	278
General	-

► **7,213**
of which: Overheads 440

IMPLEMENTATION RATE	
Expenditure/yearly budget	98%

PERSONNEL	
Expatriates	11
National staff (daily workers not included)	54

KEY POINTS

In 2012, the ICRC:

- monitored the situation of civilians living near the Line of Contact and the international border with Armenia, raising IHL concerns with the authorities whenever necessary
- assisted the authorities in managing ante-mortem data and preparing a DNA-sample collection to help clarify the fate of people missing in relation to the Nagorny Karabakh conflict
- in partnership with local NGOs and service providers, enabled families of the missing to access comprehensive support for their multifaceted needs
- with the Red Crescent Society of Azerbaijan and the British Red Cross, helped improve the living conditions of people in villages near the Line of Contact, including through water and livelihood-assistance projects
- acted as a neutral intermediary in the repatriation of 1 civilian internee from Armenia to Azerbaijan, while promoting Azerbaijan's prison TB-management programme as a model in the region
- raised awareness of IHL/internationally recognized law enforcement standards among the armed forces, the police and interior troops, integrating key messages covered by the Health Care in Danger project

The ICRC has been working in Azerbaijan since 1992 in relation to the Nagorny 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 strengthen the capacities of the Red Crescent Society of Azerbaijan.

CONTEXT

A tripartite meeting between the presidents of Armenia and Azerbaijan, mediated by the president of the Russian Federation, and several meetings with the Minsk Group of the Organization for Security and Co-operation in Europe, concluded with no progress made in finding a peaceful solution to the Nagorny Karabakh conflict, despite an official consensus on the need to strengthen confidence-building measures.

Tensions remained high along the Line of Contact and the international border between Armenia and Azerbaijan. Incidents of cross-border fire and the presence of mines/explosive remnants of war (ERW) continued to pose a danger to civilians living in the area, in addition to causing both military and civilian casualties and exacerbating political tensions between the two countries.

On the internal scene, protests held by the political opposition took place, mainly in Baku. The Azerbaijani government continued to face pressure from the international community and NGOs to ensure better respect for human rights principles. In July, Nagorny Karabakh's general elections resulted in a victory for the incumbent *de facto* president.

Economically, Azerbaijan benefited from oil and gas revenues, while Nagorny Karabakh remained heavily 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. Regular field visits enabled it to monitor the situation of civilians living near the Line of Contact and on both sides of the international border between Armenia and Azerbaijan, when necessary raising concerns with the relevant authorities and reminding them of their obligations under IHL.

Resolving the fate of people who went missing during the conflict remained a priority. The ICRC continued to assist the authorities in setting up a centralized system for the management of ante-mortem data collected from the families of missing persons, providing technical support throughout the process. It also worked with them on preparing for the planned collection of DNA samples from relatives of the missing, with a view to preserving as much information as possible to facilitate future efforts to identify human remains and, upon matching with the ante-mortem data, provide answers to the families.

Main figures and indicators	PROTECTION		Total
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages (RCMs)		UAMs/SCs*	
RCMs collected	26		
RCMs distributed	31		
Phone calls facilitated between family members	57		
Tracing requests, including cases of missing persons		Women	Minors
People for whom a tracing request was newly registered	23	6	
People located (tracing cases closed positively)	1		
Tracing cases still being handled at the end of the reporting period (people)	4,191	344	93
Documents			
People to whom travel documents were issued	44		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)			
ICRC visits		Women	Minors
Detainees visited and monitored individually ¹	72	1	3
Detainees newly registered	49		
Number of visits carried out	37		
Number of places of detention visited	16		
Restoring family links			
RCMs collected	37		
RCMs distributed	35		
Phone calls made to families to inform them of the whereabouts of a detained relative	30		
People to whom a detention attestation was issued	4		

* Unaccompanied minors/separated children

1. Including one POW held in Nagorny Karabakh before being transferred to Armenia

While encouraging the authorities to meet the needs of families of the missing, including through the adoption of a law protecting their rights, the ICRC partnered with local NGOs and service providers and, through training and other support, enabled them to address the multifaceted needs of families of missing persons in Baku and along the Line of Contact and the international border.

In partnership with the Red Crescent Society of Azerbaijan and the British Red Cross, the ICRC continued to implement activities to help strengthen the coping mechanisms and reinforce the self-protective measures of people living in villages along the Line of Contact. These included improving their access to water for drinking and irrigation, providing them with livelihood opportunities and repairing their homes to afford them better protection against cross-border fire.

In Nagorny Karabakh, the ICRC provided families of missing persons and mine/ERW victims with psychological support, livelihood assistance and home rehabilitation. It also distributed food and hygiene items to vulnerable urban residents, such as the elderly and the disabled, to help them meet their basic needs.

In parallel, ICRC delegates visited people deprived of their freedom, including those held in connection with the conflict, to monitor their treatment and living conditions, and provided confidential feedback to the authorities. In its capacity as a neutral intermediary and upon the request of all parties concerned, it facilitated the repatriation of a civilian internee from Armenia to Azerbaijan. It continued to support and promote Azerbaijan's model of prison TB management within the region.

Humanitarian issues stemming from the conflict remained central to the ICRC's dialogue with the authorities, including the *de facto* authorities in Nagorny Karabakh. Work towards the integration of IHL into military training and operations moved forward with IHL presentations and workshops for senior Defence Ministry officers and members of the military academy. Contacts with the media helped improve their coverage of ICRC activities, thus raising public awareness of the plight of conflict-affected people, while continued

support to academic institutions helped foster wider interest in IHL. The ICRC maintained its support to the Azerbaijani Red Crescent to help strengthen its capacities in the areas of emergency preparedness, restoring family links, IHL dissemination, assistance to conflict-affected people, including mine/ERW victims, and fundraising.

CIVILIANS

Civilians living along of the Line of Contact and the international border between Armenia and Azerbaijan, including IDPs in temporary settlements, faced continued insecurity caused by cross-border fire and the presence of mines/ERW. Through field trips to border regions and contacts with local communities, civil and military authorities and National Society branches, the ICRC kept abreast of the humanitarian situation in these areas and monitored respect for IHL, raising civilians' concerns with the relevant authorities, including the *de facto* authorities in Nagorny Karabakh. When necessary, written representations reminded the authorities of their obligations under IHL, in particular the protection of civilians, including IDPs.

Conflict-affected communities meet their needs

Aside from threatening their physical safety and limiting their day-to-day movements, the prevailing insecurity hampered access to land, water and means of livelihood for people living near the Line of Contact. Through a tripartite operational partnership, the Azerbaijani Red Crescent, the British Red Cross and the ICRC supported the coping mechanisms of these communities by helping them improve their living conditions and empowering them to provide for their own needs in a sustainable way.

Some 500 vulnerable households (2,300 individuals) in 10 villages and 1 IDP settlement received grants for small businesses or agricultural/livestock activities, and cash to cover their immediate needs. This model of economic support was adopted after initial plans to provide micro-credit schemes proved less viable.

In seven other villages, over 1,550 households (some 6,990 individuals) benefited from community projects developed with their own input. These included the rehabilitation of public infrastructure

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	815	64%	16%
	<i>of whom IDPs</i>	65		
Essential household items ¹	Beneficiaries	1,022	60%	12%
	<i>of whom IDPs</i>	65		
Productive inputs ¹	Beneficiaries	7,031	49%	23%
	<i>of whom IDPs</i>	844		
Cash	Beneficiaries	2,908	51%	23%
	<i>of whom IDPs</i>	2,001		
Work, services and training	Beneficiaries	5		
Water and habitat activities	Beneficiaries	4,474	40%	20%
	<i>of whom IDPs</i>	2,400		
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	111		

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

and of boreholes for irrigation, the construction of sanitation facilities, and the provision of tents for holding local ceremonies. Three unemployed youths attended vocational training to help them find jobs or start their own businesses.

In Goranboy district, residents lived in constant fear of stray bullets from cross-border fire; community meetings enabled them to identify self-protective measures against the risks they faced. With ICRC material and labour support, eight families (32 individuals) improved the safety of their homes by constructing protective walls.

Over 2,000 residents and 2,400 IDPs enjoyed better and safer access to water for drinking and irrigation thanks to 11 new water supply structures constructed with the cooperation of national agencies and local water boards. In addition, four water-pumping stations were rehabilitated to complement work carried out in 2011. Training in the management/maintenance of these structures and an awareness campaign on their proper use helped ensure the sustainability of these efforts.

National Society/ICRC teams continued to work with the Azerbaijan National Agency for Mine Action (ANAMA) in collecting data on mine/ERW-related incidents and the needs of families who had lost breadwinners as a result of such incidents; similar assessments were carried out and completed by the ICRC in Nagorny Karabakh. Efforts to encourage the authorities – including the *de facto* authorities – and relevant organizations to meet the needs of mine/ERW-affected and other vulnerable families continued. In the meantime, the Azerbaijani Red Crescent/ICRC themselves provided economic assistance to 13 vulnerable families (around 60 people) in the form of productive inputs for livestock activities. In Nagorny Karabakh, some 50 mine/ERW victims and their families (256 people) in Hadrut/Khojavand and Martakert/Aghdara received grants to kick-start their own income-generating activities, while three families (16 people) saw improved living conditions following repairs to their homes. Some 330 particularly vulnerable people – including the elderly and the disabled – and their families (815 people in total) benefited from three distributions of food parcels and hygiene kits during the year.

To develop their competencies in assessing and addressing the needs of conflict-affected people, five National Society staff attended workshops on implementing economic assistance activities, in partnership with the ICRC, and on mine victim assistance, in cooperation with ANAMA.

Families of the missing receive comprehensive support

At the end of December, 4,627 people remained unaccounted for as a result of the Nagorny Karabakh conflict, with 4,191 people registered as missing in Azerbaijan, including in Nagorny Karabakh.

Many families struggled to live with the torment of not knowing the fate of their missing relatives, often suffering from feelings of isolation and hopelessness, in part owing to the lack of official recognition of their status and specific needs. The ICRC continued its comprehensive support programme aimed at facilitating their access to NGOs and service providers able to address their psychological, social and legal needs. Following an assessment of the situation of some 400 families in Baku and in areas along the Line of Contact and the international border, some families received psychological support during counselling/peer group sessions and follow-up home visits conducted by specially trained social workers and mental health practitioners. Around 250 families benefited from referrals to free medical services provided by the Red Crescent Society of the Islamic Republic of Iran. Fourteen people received training in counselling techniques so they could help vulnerable relatives cope during difficult times. In addition to mobilizing community support, including through commemoration events organized by the families themselves, the programme also saw the direct involvement of the authorities, which took referrals of families seeking social and legal assistance. The ICRC continued to impress upon the authorities the need to adopt a law protecting these families' rights, including their entitlement to medical and socio-economic benefits.

In Nagorny Karabakh, family gatherings/support groups facilitated by ICRC-trained local partners helped families cope better with their psychological distress. They also learnt about their social and legal benefits through leaflets produced following a panel discussion with the *de facto* authorities on the problems they faced. Due to the difficult economic conditions and high unemployment rate, micro-credits were not distributed as planned. Nevertheless, small business grants gave some 60 vulnerable families (319 people) the means to supplement their income and improve their standard of living. Eight households headed by the elderly (17 people in total) enjoyed better living conditions thanks to a joint home rehabilitation programme with the *de facto* Construction Ministry, while seven other families benefited from ad hoc assistance.

Efforts to clarify the fate of missing persons continue

Electronic files containing some 4,000 ante-mortem data questionnaires completed by families of missing persons and

collected by National Society/ICRC teams between 2008 and 2011, together with their translations, photographs and other relevant documents, continued to be prepared for handover to the authorities. Of these files, 336 related to people missing in Armenia and over 3,600 to people missing in Azerbaijan, including Nagorny Karabakh. The Azerbaijani State Commission on Prisoners of War, Hostages and Missing Persons (CEPOD) – and, in Nagorny Karabakh, the *de facto* CEPOD – progressively received these files for input into the centralized ante/post-mortem database, with ICRC technical support. At the same time, efforts to locate families who were not interviewed during the data collection period continued.

With the aim of preserving key information to facilitate the future identification of exhumed human remains and the provision of answers to families, the Azerbaijani CEPOD, the Ministry of Health and the ICRC prepared draft agreements and forensic operating procedures for the planned collection and storage of DNA samples from relatives of the missing. Discussions on the same were also ongoing with the *de facto* authorities in Nagorny Karabakh. Though originally scheduled to begin implementation in 2012, the project's pilot phase was postponed, as the scale and complexity of the endeavour required an extended preparatory phase and additional forensic resources.

Meanwhile, acting as a neutral intermediary, the ICRC transmitted requests for information concerning missing persons between the Armenian and Azerbaijani CEPODs. Despite ICRC efforts to encourage direct communication, a meeting between the two coordinating mechanisms was not possible owing to the prevailing tensions.

Families restore or maintain contact

With communication lines still not fully restored between Armenia and Azerbaijan, including Nagorny Karabakh, family members separated by the conflict used the ICRC's family-links services, such as RCMs and phone calls, to keep in touch with relatives, including those held in detention facilities (see *People deprived of their freedom*). Members of one family separated by the Line of Contact met one another at an ICRC-facilitated family gathering in Georgia.

The National Society continued to process non-conflict-related cases of separated family members. To improve its services, its tracing coordinator attended training in restoring family links in disasters.

PEOPLE DEPRIVED OF THEIR FREEDOM

Sporadic captures occurred along the Line of Contact and the international border with Armenia. In total, 72 detainees – including 4 POWs and 5 civilian internees held in relation to the Nagorny Karabakh conflict – received visits, conducted in accordance with the ICRC's standard procedures. During these visits, delegates monitored the detainees' treatment and living conditions to ensure their compliance with IHL and/or internationally recognized standards, and shared their findings and any recommendations confidentially with the relevant authorities. At the request of all parties concerned, one civilian internee was repatriated from Armenia to Azerbaijan, with the ICRC acting as a neutral intermediary.

Detainees maintained contact with their families via RCMs, family parcels, short oral messages and, in the case of foreigners, phone calls. Vulnerable detainees, including POWs, civilian internees, security detainees, women, minors and foreigners, received clothing, hygiene items and educational/recreational materials to help improve their living conditions. In exceptional cases, disabled detainees benefited from prosthetic/orthotic support.

In Nagorny Karabakh, some 220 detainees in pre-trial detention facilities and ordinary prisons benefited from a distribution of hygiene items.

Azerbaijan's TB programme is held up as an example

The ICRC continued promoting Azerbaijan's prison TB-management programme as a model in the region by organizing study tours for foreign government officials, such as the ones conducted for high-level Turkmen officials (see *Tashkent*) and penitentiary service delegations from Kyrgyzstan and the Philippines. An ICRC crew shot a documentary film on the fight against TB in detention, to be used as a training tool for other countries hoping to emulate the success of Azerbaijan's programme. A review of the programme, initially planned for 2012, was postponed to 2013.

AUTHORITIES

The Azerbaijani authorities continued working on the adoption of national implementation measures to protect cultural property in armed conflict, notably by amending the criminal code to bring it in line with obligations deriving from the Hague Convention on Cultural Property. The Azerbaijani parliament continued to work on legislation protecting the rights of families of missing persons (see *Civilians*).

PEOPLE DEPRIVED OF THEIR FREEDOM	AZERBAIJAN	IN AZERBAIJAN, IN RELATION TO THE NAGORNY KARABAKH CONFLICT	NAGORNY KARABAKH
ICRC visits			
Detainees visited and monitored individually	63	8	1 ¹
	<i>of whom women</i>	1	
	<i>of whom minors</i>	3	
Detainees newly registered	48		1
Number of visits carried out ²	23	9	5
Number of places of detention visited ²	12	1	3
Restoring family links			
RCMs collected	28	7	2
RCMs distributed	19	15	1
Phone calls made to families to inform them of the whereabouts of a detained relative	22	8	
People to whom a detention attestation was issued	2	2	

1. POW later transferred to Armenia

2. Including visits not related to the Nagorny Karabakh conflict

Government officials enhanced their knowledge of IHL implementation at a regional seminar in Astana, Kazakhstan (see *Tashkent*). Experts from the Foreign Affairs Ministry contributed to part of a series of ICRC-organized consultations on the “Strengthening IHL” process (see *International law and cooperation*). Over 75 future judges learnt about IHL and its domestic implementation during ICRC presentations at a training event organized by the Judicial-Legal Council.

Humanitarian issues arising from the Nagorny Karabakh conflict remained central to all discussions, in particular the need to: protect civilians, detainees and medical personnel and infrastructure; meet the needs of families of the missing; and ensure ICRC access to conflict-affected populations. On the sidelines of the World Economic Forum in Davos, Switzerland, the president of Azerbaijan and the ICRC president discussed humanitarian issues of mutual concern, including the ICRC’s neutral intermediary role and work concerning people deprived of their freedom and missing persons. In May, the authorities of 13 front-line districts convened in an ICRC-organized round-table for the first time, where they raised concerns relating to their proximity to conflict zones and learnt about ICRC activities in the country.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Dialogue with all weapon bearers focused on the need to protect civilians in insecure areas along the Line of Contact and the international border, and aimed to deepen understanding of the ICRC’s mandate so as to secure its access to conflict-affected people.

With ICRC support, the Azerbaijani armed forces pursued the integration of IHL into military doctrine, training, operations and sanctions. At the Defence Ministry’s military academy, lecturers, students, future attachés and representatives of State bodies learnt about IHL and its application in armed conflict during ICRC presentations. High-ranking officers did the same during three interactive five-day workshops conducted by an ICRC expert, with one presentation dedicated to discussing issues encompassed by the Health Care in Danger project. A senior officer deepened his knowledge of IHL at a course in San Remo.

Cooperation with the Interior Ministry continued, with workshops taking place for police officers and interior troops on internationally recognized standards applicable to their functions, and presentations on IHL and the Movement given for officers/cadets at the school for interior troops.

In Nagorny Karabakh, some 700 military personnel positioned along the Line of Contact learnt IHL basics through ICRC dissemination sessions and related publications. The *de facto* military’s medical service received manuals on war surgery and first aid. Over 250 police officers learnt about internationally recognized law enforcement standards during ICRC presentations.

CIVIL SOCIETY

Workshops for journalists helped enhance media coverage of ICRC activities and thereby raise public awareness of humanitarian issues related to the Nagorny Karabakh conflict. Using press releases and other updates, the media regularly reported on ICRC action for people deprived of their freedom and families of missing persons, including commemoration events on the International Day of the Disappeared.

The development of interest/expertise in IHL among academic circles continued. Secondary school students gained access to over 3,000 copies of related publications donated to National Society branches. In Baku State University, the schools of law and journalism also received IHL materials; students at the latter participated in an ICRC presentation on the protection of journalists in armed conflict, while lecturers delivered a new course, “IHL and Journalism”, developed with ICRC-provided reference material. Two University of Nagorny Karabakh law students who demonstrated an interest in the subject received sponsorship to attend an international IHL conference (see *Armenia*).

RED CROSS AND RED CRESCENT MOVEMENT

The Azerbaijani Red Crescent, the British Red Cross and the ICRC continued their coordinated multidisciplinary response to the needs of people affected by conflict, including IDPs (see *Civilians*).

The National Society also received material, financial, technical and training support to reinforce its capacities in restoring family links, emergency preparedness, first-aid training, fundraising and public communication on the Movement. It worked on a contingency plan to define its capacities and build up its role, both within the Movement and among other agencies, in disaster management and response. Two staff members went on an ICRC-financed study visit to the Turkish Red Crescent Society, while six others participated in a fundraising and resource mobilization workshop, in a bid to strengthen the Azerbaijani Red Crescent’s financial security and thus ensure the sustainability of its humanitarian activities.

GEORGIA



EXPENDITURE (IN KCHF)

Protection	2,242
Assistance	5,669
Prevention	1,657
Cooperation with National Societies	761
General	-

► **10,329**
of which: Overheads 630

IMPLEMENTATION RATE

Expenditure/yearly budget	102%
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PERSONNEL

Expatriates	16
National staff (daily workers not included)	113

KEY POINTS

In 2012, the ICRC:

- ▶ as a neutral intermediary, facilitated crossings of the administrative boundary lines, including urgent medical evacuations for 59 patients and 18 reunifications of families separated by armed conflict
- ▶ in the framework of the existing coordination mechanisms for clarifying the fate of missing persons, supported the authorities in the exhumation of 11 sets of human remains, of which 5 were identified and returned to the families
- ▶ with the National Society, assisted over 5,600 particularly vulnerable people (more than 1,800 households) in sustaining themselves and/or regaining self-sufficiency
- ▶ placed greater focus on monitoring the treatment and living conditions of detainees in Georgian prisons, submitting a confidential report to the authorities and supporting their efforts to reform the penitentiary health system
- ▶ discontinued its visits to detainees in Abkhazia owing to lack of agreement on its standard procedures, while maintaining coordination with the *de facto* authorities regarding the whereabouts of persons believed to be detained

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.

CONTEXT

The demarcation and reinforcement of the Abkhaz and South Ossetian administrative boundary lines continued, affecting the freedom of movement of residents nearby. Meanwhile, civilians continued to suffer the lingering effects of past conflicts, exacerbated by socio-economic uncertainty. Arrests for attempting to cross the boundaries were still reported, and family links and livelihoods were also affected.

Bidzina Ivanishvili won the parliamentary elections in Georgia in October. Abkhazia also elected a new *de facto* parliament, and after the judicial annulment of earlier polls and a rerun, a new *de facto* president of South Ossetia was sworn in.

In September, protests took place in Georgia following the leaking of video footage allegedly showing ill-treatment of detainees in a Tbilisi prison.

Internationally mediated peace negotiations (the "Geneva Talks") dealing with the 1992–93 and 2008 hostilities continued among representatives of Georgia, the Russian Federation, Abkhazia and South Ossetia. The Incident Prevention and Response Mechanism helped address humanitarian issues by keeping communication channels open between the parties.

ICRC ACTION AND RESULTS

Acting as a neutral intermediary, the ICRC facilitated urgent medical evacuations across the administrative boundaries and helped reunite family members separated by conflict. It discussed the concerns of civilians living near the boundary lines, particularly with regard to restrictions on movement, with the authorities and *de facto* authorities.

The ICRC also acted as a neutral intermediary in, and chaired meetings of, the two coordination mechanisms working on the issue of missing persons from past conflicts. In the framework of these mechanisms, 11 sets of human remains were exhumed, five of which were identified and returned to the relatives. The families of those identified received psychological support under the "accompaniment" project, which also extended legal and economic assistance to families whose relatives were still missing. The collection of ante-mortem data from such families started in Georgia and continued in Abkhazia.

To help address the economic needs of vulnerable people, including IDPs and returnees, households that had lost their breadwinners,

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
			UAMs/SCs*	
RCMs collected		476		
RCMs distributed		353		
Reunifications, transfers and repatriations				
People reunited with their families		18		
People transferred/repatriated		201		
Human remains transferred/repatriated		3		
Tracing requests, including cases of missing persons¹				
			Women	Minors
People for whom a tracing request was newly registered		61	17	6
People located (tracing cases closed positively)		29		
Tracing cases still being handled at the end of the reporting period (people)		81	13	12
Documents				
Official documents relayed between family members across borders/front lines		35		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits				
			Women	Minors
Detainees visited		7,891		
Detainees visited and monitored individually		164	15	
Detainees newly registered		95	11	
Number of visits carried out		130		
Number of places of detention visited		30		
Restoring family links				
RCMs collected		133		
RCMs distributed		91		
Detainees visited by their relatives with ICRC/National Society support		20		
Detainees released and transferred/repatriated by/via the ICRC		1		
People to whom a detention attestation was issued		2		

* Unaccompanied minors/separated children

1. not including people missing as a consequence of the 1992-1993 Georgian-Abkhaz conflict and 1991-1992 Georgian-Ossetian conflict

and victims of mines or explosive remnants of war (ERW), the ICRC distributed food and other essential items. At the same time, it supported them in rebuilding or improving their sources of livelihood through micro-economic initiatives and agricultural/material support. A review of its micro-economic initiatives in Georgia, including South Ossetia, helped the ICRC adapt its approach to better address specific needs expressed by the beneficiaries themselves and to ensure the sustainability of such projects.

In support of the *de facto* local authorities, the ICRC assisted South Ossetians affected by a severe hailstorm. It helped renovate collective centres where large numbers of IDP families were staying, improving their living conditions and safety. In cooperation with the authorities, it upgraded/constructed water supply systems on both sides of the South Ossetian administrative boundary and provided training to improve the technical capacity of the Georgian water board.

The National Society's collection of data on the needs of mine/ERW victims and their families continued, with the aim of gaining a comprehensive picture of those needs and formulating an effective response. The ICRC referred patients in need of assistive devices, including people injured by mines/ERW, to partner institutions in Georgia or the Russian Federation and paid for their treatment. Through dialogue with the authorities, the ICRC monitored the situation in health care facilities across Georgia, offering technical and, in some cases, material support.

The ICRC continued to help detainees maintain contact with their families by delivering RCMs or parcels and facilitating family visits. For the first time, long family visits were allowed in South Ossetia. Delegates monitored the treatment and living conditions of security detainees and provided the authorities with confidential feedback and recommendations. After failing to reach an

agreement with the *de facto* authorities on its standard procedures for visits, the ICRC stopped visiting detainees in Abkhazia but maintained coordination with the *de facto* authorities in order to provide families with information on the whereabouts of their relatives who were believed to be in custody. It increased its support to the implementation of the primary health care programme, which was extended to five more places of detention in addition to the two pilot facilities.

Pursuing longstanding efforts to promote IHL and other applicable norms in the country, the ICRC facilitated the first meeting of Georgia's national IHL committee and advised the armed forces on the review of their training manuals and doctrine. It supported university lecturers in developing a Georgian-language IHL teaching manual, facilitated student participation in IHL competitions and conducted an IHL summer school for South Ossetian school-children. Contacts with the media facilitated broad and accurate coverage of humanitarian issues and ICRC action.

The ICRC kept up its organizational, technical and financial support to the Red Cross Society of Georgia, in coordination with other Movement partners, and helped the "Red Cross in Abkhazia" complete its second large-scale project.

CIVILIANS

Civilians access health care and reunite with their families across boundary lines

The concerns of people living near the boundary lines, especially regarding movement restrictions, were shared with the authorities and relevant stakeholders. As a neutral intermediary and with the authorities' permission, the ICRC helped people cross administrative boundaries, including 59 for medical treatment. In addition, five people were fitted with prostheses at an ICRC-assisted physical rehabilitation centre in Vladikavkaz, Russian Federation (see *Moscow*), and received follow-up care upon their return.

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	1,109	40%	17%
	<i>of whom IDPs</i>	9		
Essential household items	Beneficiaries	656	35%	19%
	<i>of whom IDPs</i>	5		
Productive inputs	Beneficiaries	419	45%	12%
Cash	Beneficiaries	2,893	44%	22%
	<i>of whom IDPs</i>	1,569		
Work, services and training	Beneficiaries	600	50%	10%
Water and habitat activities	Beneficiaries	10,202	41%	19%
	<i>of whom IDPs</i>	824		
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		
Productive inputs	Beneficiaries	4		

Sustained dialogue with the *de facto* health authorities in South Ossetia allowed the ICRC to monitor the situation in health facilities, offering technical support and expertise, as well as medicines and other supplies as needed. At the *de facto* authorities' request, the ICRC built one medical point in rural South Ossetia and helped send one doctor to Moscow, Russian Federation, for further training.

In coordination with the authorities, 18 people reunited with their families and three families received their relatives' remains from across the boundary lines. A Ukrainian citizen in Abkhazia returned to his country of origin using official documents relayed through the ICRC, while four Georgian sailors who had been stranded for almost a year in a ship off the coast of Abkhazia finally returned home. Individuals who needed official documents from the other side of the boundary or medicines that were otherwise unavailable obtained these with ICRC assistance.

Families of missing persons and authorities benefit from ICRC expertise

In the framework of the bipartite coordination mechanism working on the issue of missing persons from the 1992–93 conflict and after, Abkhaz and Georgian representatives met under ICRC auspices. Following the first exhumation in Abkhazia, local and ICRC forensic specialists conducted anthropological analyses of two sets of human remains and collected samples for DNA testing. In cooperation with Georgian experts, DNA samples were also collected from families of missing persons in Georgia to facilitate identification.

Similarly, Georgian, Russian and South Ossetian participants in the tripartite coordination mechanism dealing with the 2008 and earlier conflicts discussed further efforts to resolve cases of missing persons. Out of nine sets of exhumed remains, five were identified and returned to the families for proper burial, including two across administrative boundaries. Efforts to identify the other exhumed remains continued. Family members who needed psychological support received assistance from staff of an ICRC partner NGO who had been trained to provide counselling under the “accompaniment” project (see below).

Following training, 16 Georgian Red Cross volunteers started collecting ante-mortem data from families of missing persons in Georgia, while ICRC-trained staff deployed by the *de facto* authorities continued to do so in Abkhazia. All authorities concerned had discussions with the ICRC on the use of and requirements for DNA analysis.

Families of the missing continued to receive psychological/social support and legal assistance from partner NGOs under the “accompaniment” project. More than 200 families joined the project during the year, bringing the total beneficiaries to around 600 families. Aiming to further adapt the project to the specific needs expressed by the families, the ICRC renewed its agreements with the partner NGOs and provided them with further training and coaching. Throughout Georgia, including Abkhazia and South Ossetia, over 600 families of missing persons attended events to mark the International Day of the Disappeared co-organized by the ICRC with the authorities and local NGOs.

Vulnerable households meet their basic needs and regain self-sufficiency

On both sides of the administrative boundaries, vulnerable people received relief items for sustenance and re-established or enhanced their sources of livelihood with agricultural/material support, grants and basic business training from the National Society/ICRC. Following a review of its micro-economic initiatives, the ICRC adapted its approach to better address needs expressed by the beneficiaries themselves and to improve the projects' sustainability. As a result, initial objectives were modified and some target figures revised downwards.

More than 160 vulnerable people (83 households) in Abkhazia's remote Kodori Gorge met their basic needs with ICRC-provided food and hygiene kits. In South Ossetia, over 900 elderly and destitute people (339 households) survived through monthly food distributions until they managed to secure access to staple commodities, and more than 120 vulnerable persons (67 households) received essential household items. Other needy individuals in South Ossetia were given clothing and bedding, while 14 elderly and/or disabled persons received help during regular home visits. In a very remote area of South Ossetia, 28 schoolchildren received bicycles, enabling them to go to school in Georgia without having to walk for an hour and a half.

Following a severe hailstorm in South Ossetia, 150 households (367 people) who had lost their entire harvests coped with their immediate needs using essential household items from the ICRC. During winter, essential food supplies reached around 200 families (600 persons) in remote mountainous areas through ICRC food trucking.

More than 560 households (over 2,200 people) in central and western Georgia and Abkhazia, including IDPs, families whose

breadwinners were missing and economically vulnerable mine/ERW victims, started income-generating projects such as live-stock rearing, beekeeping or craft ventures. Vulnerable families in South Ossetia did likewise, with 58 households (187 persons) getting cash grants and 28 households (76 persons) receiving tools/materials, while 95 farming households (347 people) increased their crop production with the help of tractors.

Communities and IDPs enjoy better water supply, sanitation and housing

More than 6,300 people in eight Georgian villages near the South Ossetian administrative boundary benefited from the improvement of their water supply network, carried out by the Georgian water board with ICRC-supplied pipes and pumps. In two other villages, the construction of boreholes fitted with pumps increased the drinking water supply for around 2,400 people. Staff of the water board improved their technical skills at an ICRC training course on computer-assisted water network design.

On the other side of the boundary line, approximately 1,400 people in two South Ossetian villages gained access to sufficient and safe water through infrastructure built by the ICRC in cooperation with the *de facto* local authorities. In another nine villages, with about 1,300 residents in all, community members constructed/improved water supply systems with materials and technical advice provided by the ICRC.

Four collective centres in central and western Georgia became warmer and drier for some 600 IDPs living there, following the replacement of old, leaking roofs with new, sturdier ones. Over 200 IDPs enjoyed better hygiene conditions after sanitation facilities in another temporary accommodation centre were repaired. In South Ossetia, 12 IDPs benefited from the renovation of their temporary dwellings, and the living conditions of 15 elderly, destitute people vastly improved after the ICRC rehabilitated their houses. Almost 500 vulnerable people (150 households) used funds from the ICRC-supported shelter-improvement project of the Georgian Red Cross to repair their homes.

Mine/ERW-injured people receive treatment and assistance

With ICRC support, data collection by the National Society continued in Georgia, including Abkhazia, to assess the socio-economic needs of mine/ERW victims and ensure an appropriate response. A Georgian Red Cross staff member was trained to input information into the mine-action database.

The collected data helped identify individuals in need of prostheses/orthoses, who were then referred to the Georgian Foundation for Prosthetic Orthopaedic Rehabilitation. Aside from receiving assistive devices, 85 mine/ERW victims had their transportation, food and housing costs during treatment covered by the ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM

The treatment and living conditions of security detainees across Georgia, including people held in connection with armed conflicts or protests, for crossing the administrative boundary lines, or on charges of spying, “terrorism” or the formation of armed groups, were monitored by the ICRC. Among them, 164 were followed up individually, while others were interviewed by the ICRC at their own or their families’ request. The authorities received confidential feedback and recommendations.

Visits to people held in Abkhazia resumed but later stopped because agreement could not be reached with the *de facto* authorities on the ICRC’s standard procedures for such visits. The *de facto* authorities agreed to continue providing the ICRC with information on the whereabouts of individuals believed to be detained, upon their families’ request.

Detainees in South Ossetia received new bedding and hygiene kits, while clothes and additional hygiene items were provided to those without family support. Rehabilitation of the heating system in Tskhinvali/Tskhinval prison ensured detainees had adequate living conditions during winter.

Detainees throughout Georgia used RCMs to stay in touch with relatives, including those who lived across administrative boundaries or outside Georgia. Some received parcels and/or visits from their families. Long family visits took place for the first time; two detainees spent 24 hours with family members.

At their own request, two former internees from the US internment facility at Guantanamo Bay naval station in Cuba who had been resettled in Georgia were repatriated with their families to their countries of origin. Another former Guantanamo internee remaining in Tbilisi maintained contact with his family with the ICRC’s help; his health was also monitored.

PEOPLE DEPRIVED OF THEIR FREEDOM	GEORGIA	ABKHAZIA	SOUTH OSSETIA
ICRC visits			
Detainees visited	7,392	389	110
Detainees visited and monitored individually	141	3	20
	<i>of whom women</i>	12	2
Detainees newly registered	81	1	13
	<i>of whom women</i>	10	1
Number of visits carried out	86	21	23
Number of places of detention visited	16	10	4
Restoring family links			
RCMs collected	93	14	26
RCMs distributed	64	4	23
Detainees visited by their relatives with ICRC/National Society support	16		4
Detainees released and transferred/repatriated by the ICRC		1	
People to whom a detention attestation was issued	2		

Georgian authorities improve primary health care in detention facilities

To ensure adequate health care for all detainees, the Georgian authorities made the primary health care pilot programme permanent in two places of detention and extended it to five others. Health staff in all seven facilities benefited from training in mental health, pharmacology and international classification of diseases, while the ICRC continued to monitor the programme's implementation and provide technical expertise and medical equipment. After video footage allegedly showing ill-treatment of detainees in a Georgian prison was leaked, the ICRC scaled up its support to the penitentiary health system to ensure that medical staff could practise in accordance with internationally accepted standards of medical ethics.

AUTHORITIES

Discussions with the authorities and *de facto* authorities focused on their responsibilities under IHL and other relevant norms and on ICRC operations, particularly on its role as a neutral intermediary. The Abkhaz *de facto* Ministry of Foreign Affairs engaged in dialogue with the ICRC on the issue of missing persons, including the need for relevant legislation, and on finding durable solutions to the difficulties faced by IDPs. Its legal department received a library of reference books on IHL. Following the presidential elections in South Ossetia, contacts with the new *de facto* authorities expanded and improved, thereby increasing understanding and acceptance of ICRC activities.

Georgia's national IHL committee held its first working meeting and, with ICRC support, initiated peer-to-peer cooperation with its counterpart in the United Kingdom of Great Britain and Northern Ireland. However, dialogue had yet to resume after major changes following the elections, which led to a pause in the committee's work.

Meetings with international actors provided opportunities to explain the ICRC's role and activities and to mobilize support for its neutral, impartial and independent humanitarian action.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

In line with the working plan agreed upon with the Georgian armed forces, Defence Ministry personnel and senior military officers, including members of the working group responsible for redrafting military manuals, underwent IHL training. The review of military doctrine and the redrafting of operational texts continued, with the ICRC providing technical advice. Members of the Georgian Special Forces, police and military police learnt about ICRC activities and basic humanitarian principles through dissemination sessions in the Shida Kartli region, and Georgian troops deploying abroad attended a briefing on IHL and other applicable norms.

At an ICRC workshop in Abkhazia, senior officers of the *de facto* Defence Ministry, customs personnel, militia members and border guards enhanced their understanding of IHL concepts relevant to military decision-making.

In South Ossetia, IHL dissemination to military and security officers did not take place owing to the elections and internal reforms but was set to resume in 2013.

CIVIL SOCIETY

Journalists across Georgia used ICRC-provided resources to report accurately on humanitarian issues and ICRC activities, particularly those benefiting detainees and families of missing persons. They also got up-to-date information on ICRC operations during five round-tables.

The public in South Ossetia learnt about IHL and the ICRC through a series of radio programmes, which reached an audience of some 5,000 people. Schoolchildren from Tskhinvali/Tskhinval and rural areas were introduced to IHL basics and the ICRC's history and work through the first IHL summer school, while South Ossetian youth and NGO/media representatives learnt about ICRC activities through information sessions and a photo exhibition.

To harmonize IHL teaching, university lecturers started work on an instructors' manual in Georgian and agreed to share academic resources. They also received relevant training and updated information, including Georgian translations of scholarly articles on current IHL developments, contributing to the effectiveness of IHL teaching and research. Students from Georgian and Abkhaz universities participated in national and international IHL competitions, while the training centre of Georgia's Ministry of Justice co-organized a national moot court competition.

RED CROSS AND RED CRESCENT MOVEMENT

In line with the Movement coordination agreement signed in 2011, Movement partners continued to meet regularly with the Georgian Red Cross, with the goal of strengthening its capacity to deliver humanitarian services. To that end, the National Society reinforced links between its headquarters and branches through its biannual strategic and operational discussions.

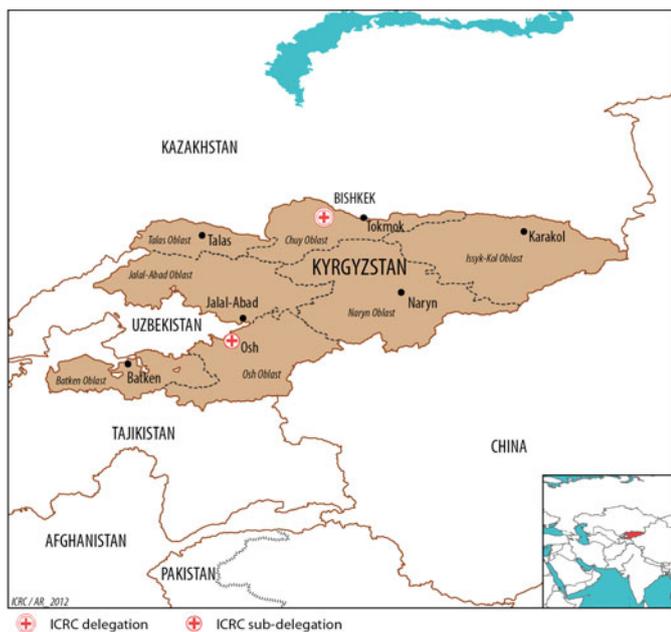
To achieve formal first-aid certification, the National Society kept in touch with the European Reference Centre for First Aid Education and integrated new guidelines into its training curriculum. It trained more than 4,000 community leaders in seven regions and further promoted its first-aid programme by offering training sessions to various institutions.

In addition to activities carried out with the ICRC (see *Civilians*), the National Society regularly assisted nearly 2,000 elderly people through its social welfare programme and provided information on social benefits and related concerns to other vulnerable individuals.

The Georgian Red Cross elected a new leadership and started reviewing its policies, including its communication strategy and security regulations. With the ICRC, it carried out a joint assessment of its family-links services, with resulting recommendations to form the basis for future improvements.

With ICRC support, the "Red Cross in Abkhazia" distributed winter clothing to over 400 beneficiaries.

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, 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 aims to strengthen the capacities of the Red Crescent Society of Kyrgyzstan.

CONTEXT

The consequences of the interethnic clashes of 2010 continued to ease, although latent inter/intra-ethnic tensions persisted. Rampant economic difficulties, declining social protection, delays in upgrading public infrastructure and services, and unresolved land, water and border demarcation issues continued to cause hardship for the population. Political and economic interests divided parts of the country, with nationalist sentiments rising in the south and potentially fuelling existing tensions.

In the first half of the year, the administration of Prime Minister Omurbek Babanov pursued its 100-day programme aimed at effecting structural changes within the government. At the end of August, Babanov was forced to resign following a vote of no confidence from parliament, and was replaced shortly after by Zhantoro Satybaldiyev.

On the international front, Kyrgyzstan pursued strategic discussions with China (through the Shanghai Cooperation Organization), the Russian Federation (notably through the Collective Security Treaty Organization (CSTO) and the Customs Union) and the United States of America, while strengthening bilateral ties with Turkey and Gulf Cooperation Council member States.

Tackling macro- and socio-economic problems, strengthening the rule of law and ensuring the peaceful coexistence of ethnic communities remained the country's main challenges.

ICRC ACTION AND RESULTS

With the situation in Kyrgyzstan having generally normalized, the ICRC adjusted its response in the country, shifting its focus to emergency preparedness while continuing to address residual humanitarian needs from the 2010 events (see *Context*) and engaging in prevention activities.

Given the lingering tensions and social discontent, the ICRC pursued activities to strengthen national emergency response capacities. Notably, it provided primary health care centres in the south with medical supplies/equipment, infrastructure rehabilitation and staff training in order to ensure access to appropriate care for people wounded in any future outbreaks of violence. It worked with the Red Crescent Society of Kyrgyzstan to boost its first-aid services, develop its knowledge and application of the Safer Access approach, and raise awareness of the goals of the Health Care in Danger project among weapon bearers and the general public. Its support also enabled the National Society to provide relief items to homeless and vulnerable people struggling through an exceptionally cold winter.

EXPENDITURE (IN KCHF)

Protection	1,360
Assistance	5,352
Prevention	749
Cooperation with National Societies	619
General	-

► **8,079**

of which: Overheads 493

IMPLEMENTATION RATE

Expenditure/yearly budget	75%
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PERSONNEL

Expatriates	21
National staff (daily workers not included)	87

KEY POINTS

In 2012, the ICRC:

- strengthened national emergency response capacities through technical, material and training support, including infrastructure rehabilitation, to medical, health care and forensics facilities
- visited detainees held in facilities run by the Ministry of Interior and the State Service for Execution of Punishments, while pursuing efforts to access all detainees within its remit
- helped improve the general living conditions of over 2,500 detainees through structural repairs and rehabilitation work in detention facilities
- provided extensive support to the TB-control programme in prisons, while lending expertise to an interministerial working group in developing guidelines for improving detainee health in places of temporary detention
- improved access to clean water for over 40,000 people in Jalal-Abad and Osh provinces, while working to provide water for thousands more people in rural and urban communities
- helped 1,000 homeless and vulnerable people cope with the harsh winter by providing blankets, mattresses and hot meals through the Red Crescent Society of Kyrgyzstan

Main figures and indicators	PROTECTION		Total
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages (RCMs)		UAMs/SCs*	
RCMs collected	2		
RCMs distributed	1		
Tracing requests, including cases of missing persons		Women	Minors
People for whom a tracing request was newly registered	16	7	2
People located (tracing cases closed positively)	7		
Tracing cases still being handled at the end of the reporting period (people)	43	8	7
Documents			
People to whom travel documents were issued	119		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)			
ICRC visits		Women	Minors
Detainees visited	8,000		
Detainees visited and monitored individually	157	7	3
Detainees newly registered	31	3	2
Number of visits carried out	100		
Number of places of detention visited	43		
Restoring family links			
RCMs collected	6		
RCMs distributed	1		
Phone calls made to families to inform them of the whereabouts of a detained relative	3		
Detainees visited by their relatives with ICRC/National Society support	57		

* Unaccompanied minors/separated children

The ICRC continued to visit detainees, including those held in relation to the 2010 events, in places of detention run by the Ministry of Interior and the State Service for Execution of Punishments (GSIN), while pursuing dialogue with the authorities on access to all detainees within its remit. It responded to detainees' basic hygiene and accommodation needs with in-kind assistance, and helped improve their living and sanitation conditions through structural repairs and rehabilitation work in several detention facilities. It continued to provide extensive support to the GSIN for its programme to control multi-drug resistant (MDR) TB in prisons and signed a memorandum of understanding with the GSIN and the Ministry of Health aimed at strengthening prison TB control, including through the establishment of a centralized TB hospital in one detention facility. It also supported an inter-ministerial working group tasked with producing guidelines for improving the health situation of detainees in five pilot places of temporary detention under the Ministry of Interior.

As part of its efforts to address deficiencies in public services, the ICRC, in cooperation with local authorities and communities, implemented projects to improve access to clean water for both urban residents and rural communities in remote southern areas.

Helping 19 families learn the fate of relatives still missing in relation to the June 2010 events remained a priority. While declining the ICRC's proposed hands-on forensic support in the identification of human remains, the authorities expressed interest in implementing best practices in the collection and management of ante/post-mortem data relating to missing persons and unidentified bodies. The ICRC then conducted a seminar for representatives of various State institutions, which allowed for exchanges on current procedures and standard methods of managing human remains.

To help foster an environment conducive to humanitarian action, the ICRC pursued dialogue with central and local authorities, the Ministry of Defence and the Ministry of Interior, encouraging them to take account of relevant IHL and internationally recognized standards in their work.

With International Federation and ICRC support, the Kyrgyzstan Red Crescent continued to promote awareness of its role as a national emergency response provider. Following a serious internal crisis, the National Society received the support of both Movement partners in revising its statutes and organizing an extraordinary general assembly.

CIVILIANS

The ICRC continued to monitor the situation in violence-prone areas, standing ready to make representations to the alleged perpetrators in the event of any abuses or to provide assistance to affected populations.

Authorities take steps to ascertain the fate of missing persons

At the end of 2012, 19 families were still without news of relatives missing since the 2010 violence. During the year, they received support for their multifaceted needs through ICRC-facilitated access to medical/mental health care, referral to the relevant State institutions for their legal and social needs, or the clarification of official information with the authorities concerned.

State authorities maintained their commitment to ascertaining the fate of missing persons through DNA analysis, with financial and technical support from other countries. While declining the ICRC's offer to facilitate the identification of human remains through hands-on forensic support, they expressed interest in the implementation of best practices in the collection and management of ante/post-mortem data relating to missing persons and unidentified bodies. To this end, representatives of the police and prosecutorial authorities, national security personnel and forensic practitioners participated in a one-day seminar in Bishkek, which allowed for exchanges on current procedures and standard methods of managing human remains. They recognized the need for improved interinstitutional coordination and for appropriate information management tools, and subsequently welcomed further assistance in this regard.

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)					
Essential household items ¹	Beneficiaries	1,000	22%	10%	
Water and habitat activities	Beneficiaries	57,162	30%	50%	
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	2,207			
Water and habitat activities	Beneficiaries	3,131			
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures	5			
Patients whose hospital treatment has been paid for by the ICRC ¹	Patients	18			
First aid					
First-aid posts supported	Structures	16			
Water and habitat					
Water and habitat activities	Number of beds	15			

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

Forensic experts and investigators in Bishkek, Jalal-Abad and Osh performed their work more efficiently thanks to ICRC-provided material and equipment, including the installation of two cold chambers in morgues.

Communities have improved access to water

Limited access to safe and sufficient water for drinking and irrigation, primarily owing to inadequate or poorly maintained water infrastructure, remained a widespread problem.

Although work to improve the water supply in rural and urban areas progressed more slowly than planned, some 8,000 people gained readier access to clean water with the completion of two village water supply projects in Osh province. More people stood to benefit from the finalization in 2013 of the Nariman and Jylkeldi rural water projects, which were undertaken with active community participation and help from village administrations. In Jalal-Abad province, water flowing from the urban water project in Bazar-Korgon village (catchment population: 28,500 people) and the rural water project in Kyzyl-Tuu village (catchment population: 4,400 people) began serving the needs of residents, although some technical issues remained to be resolved.

To help them maintain existing infrastructure, rural water boards in Osh and Jalal-Abad received donations of hydraulic materials, for the benefit of 6,000 and 6,300 residents respectively.

In addition, 20 staff and volunteers of the National Society's Batken, Jalal-Abad and Osh branches attended training in water distribution, water treatment, basic sanitation and camp management to help ensure that communities had access to water in the event of an emergency.

Emergency preparedness strengthened

To help boost national emergency response capacities, the Ministry of Emergency Situations received a donation of some 3,100 essential household kits, to be distributed according to need.

During the winter season, some 1,000 homeless and vulnerable people in Bishkek were better able to cope with an extraordinary cold wave thanks to mattresses, blankets and hot meals provided by the National Society with ICRC support.

PEOPLE DEPRIVED OF THEIR FREEDOM

People held in places of detention under the authority of the Ministry of Interior and the GSIN received visits, conducted in accordance with standard ICRC procedures. Delegates monitored detainees' treatment and living conditions, paying particular attention to potentially vulnerable inmates, such as those held on security-related charges, those serving life sentences, women, minors and foreigners. They discussed their findings and recommendations confidentially with the relevant authorities, who signalled their readiness to resume discussions on an agreement on visits to all detainees.

During 100 ICRC visits to 43 places of detention, 157 detainees were followed up individually, and some re-established contact with their families through RCMs. Some 60 detainees received visits from their kin with ICRC financial assistance.

Detainees enjoy better living conditions

Around 2,200 detainees received mattresses, blankets, hygiene items and water boilers to fulfil their basic hygiene and accommodation needs.

Longer-term support to the detaining authorities in improving detention conditions continued. A total of 2,571 detainees in six places of detention saw improved living conditions following the rehabilitation or construction of roofs, sewage systems, sanitation facilities, heating and ventilation systems, living quarters and exercise yards. The beneficiaries included some 60 women and children in Penal Institution 14 and 150 detainees sentenced to life in three penal institutions in Bishkek, and approximately 350 detainees in Osh.

Twenty GSIN officials in charge of prison maintenance discussed best practices at an ICRC seminar, the third specialized event for this target audience in Kyrgyzstan.

The authorities accepted the ICRC's offer to facilitate the creation and support the work of an interministerial working group with the objective of improving health conditions for detainees held in temporary detention facilities run by the Interior Ministry. Representatives of six State institutions, including the Health, Interior and Finance Ministries, reviewed the existing normative framework and developed practical guidelines for improving detainees' access to basic health services in five pilot detention facilities, including recommendations on possible sources of financing.

TB-affected detainees receive appropriate treatment

The GSIN and the Ministry of Health continued to receive ICRC support in addressing the major health threat posed by MDR TB. The introduction of rapid TB diagnostic tools in the country enhanced early detection of MDR TB patients, both within and outside prisons. Direct ICRC purchase of additional MDR treatments sought to overcome shortcomings in treatments provided through a TB grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

In September, the GSIN, the Ministry of Health and the ICRC signed a memorandum of understanding to formalize their jointly developed two-year Prison TB Control Plan of Action for 2012–13, aimed at increasing GSIN ownership of prison TB management and mobilizing additional resources from the government and donors. Penal Institution 31 underwent infrastructure work in preparation for the creation of a centralized treatment facility for all forms of TB, with a capacity for up to 340 detainees. A new shower and laundry facility was also in construction.

Meanwhile, Penal Institution 27 continued to receive daily hands-on support in the management of MDR TB. An ICRC-supported maintenance team oversaw the basic functioning of infrastructure and services to help ensure that conditions inside the prison were conducive to the well-being of some 200 detainees and to the work of medical staff.

In line with the introduction of an integrated model of care to address concomitant diseases that negatively affected adherence to MDR TB treatment, a new ICRC-hired specialist provided the appropriate support to MDR TB patients suffering from severe mental health disorders.

Working groups in charge of developing national TB infection-control guidelines, updating MDR TB clinical guidelines, strengthening the TB surveillance system and optimizing the TB laboratory network in the country continued to receive ICRC technical support, as did the national TB reference laboratory in Bishkek and the interprovincial reference laboratory in Osh, both providers of diagnostic services to the prison sector.

At end-2012, some 70 detainees with MDR TB were undergoing treatment. Although 33 patients had completed treatment, the number of defaulters (25 patients) remained high. Over 200 MDR TB patients improved their nutritional status thanks to the distribution of high-protein biscuits.

WOUNDED AND SICK

People in the southern regions of Kyrgyzstan had access to curative care or medical/surgical treatment at 13 primary health care facilities and 5 hospitals supplied by the ICRC with basic equipment, medical materials and consumables. Seventeen people affected by the 2010 events received medical treatment financed by the ICRC.

To improve patient care at hospital level, 160 medical personnel from all over Kyrgyzstan participated in four emergency room trauma courses organized in Bishkek and Osh; five doctors received training to enable them to continue organizing these courses in the coming years under the responsibility of the Ministry of Health and with ICRC technical and financial support. Emergency service providers in Osh attended first-aid training (see *Armed forces and other bearers of weapons*).

Local health care services (catchment population: 50,200 people), received a boost following the completed rehabilitation of the Pamirskaya and Sary-Tash health centres (100 and 30 consultations per day respectively) in Osh province, the Family Medical Centre (300 consultations per day) in Osh city, and the Osh TB laboratory (catchment population: 3,500). Renovations were under way at the Kenesh health centre. In addition, the donation of emergency room equipment and a fully equipped ambulance to Sary-Tash health centre helped ensure the delivery of emergency medical assistance to a much wider area in the event of renewed violence, reaching up to 8,000 people in Sary-Tash and nearby villages in the remote Alai region.

To further improve emergency response capacities, cold chambers with a total capacity of 15 bodies were donated to and installed in morgues in Jalal-Abad and Kara-Su. Complementary repair work was carried out at the morgue in Osh, which had received a refrigerated container in 2010.

AUTHORITIES

Dialogue with the ICRC's network of contacts continued, covering detention-related matters (see *People deprived of their freedom*), missing persons (see *Civilians*), other humanitarian issues and the Movement's activities.

To deepen their knowledge of IHL and its national implementation, authorities, including members of Kyrgyzstan's reactivated national IHL committee, participated in a peer-to-peer visit to a sister committee in Belarus, in the fourth regional seminar on IHL in Astana, Kazakhstan (see *Tashkent*), and in a one-day IHL course in Bishkek focusing on the repression of war crimes in the national penal code.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Potential cooperation in the integration of internationally recognized standards in law enforcement and the establishment of best practices by security forces remained central to the dialogue between the Interior Ministry and the ICRC. Ahead of the Osh municipal elections in March, some 100 civil police auxiliaries attended training sessions jointly delivered by the National Society and the ICRC, where they learnt first aid and were reminded of the need to respect and facilitate access of medical services in case of any outbreaks of violence.

Dialogue with the Ministry of Defence explored CSTO-ICRC cooperation, predeployment briefings for future UN peacekeeping troops, and the measures required to ensure that IHL norms are considered in military decision-making processes. For the third year in a row, the Defence Ministry declined the ICRC's invitation to participate in an international IHL workshop for senior officers.

CIVIL SOCIETY

Students learnt basic IHL concepts during dissemination sessions delivered jointly with the National Society at selected universities, while one university lecturer participated in a regional IHL seminar in Almaty, Kazakhstan (see *Tashkent*). To further the integration of IHL into academic curricula, Osh State University and Naryn State University set up the first two IHL resource centres in the country. Following suit, the Kyrgyz State Law Academy and the Interior Ministry's Police Academy prepared to establish their own resource centres; two other State universities were offered similar support to create their own centres. Selected universities received updated IHL literature for their libraries.

Through briefings and press materials, the media kept abreast of and reported on ICRC activities and humanitarian issues, including those covered by the Health Care in Danger project. A four-year campaign to promote the goals of the project involved wide circulation of information materials adapted to local realities, and the support of local celebrities. A public photo exhibition organized in cooperation with the Ministry of Foreign Affairs marked the 20th anniversary of Kyrgyzstan's accession to the 1949 Geneva Conventions.

RED CROSS AND RED CRESCENT MOVEMENT

Following a serious internal leadership crisis, the Kyrgyzstan Red Crescent drew on the support of the International Federation and the ICRC in restoring the full legitimacy and functions of its statutory bodies. It revised its statutes and, during an extraordinary general assembly, elected a new chairperson, board, general director and senior management team. Owing to these events, dialogue with the authorities on the consideration of a draft law regulating the National Society's statutes did not go ahead as planned, and a nationwide perception study of the National Society was cancelled.

Building on its joint response with the ICRC during the 2010 events, the National Society further developed its emergency response capacities, including in first-aid training and the application of the Safer Access approach, with ICRC financial, technical and training support. Benefiting from the exchange of expertise with National Societies working internationally, it strengthened its family-links services – provided mainly to labour migrant communities – and increased awareness of the availability of these services during natural disasters and situations of violence through information sessions for local government authorities, migrant communities, community leaders in all provinces and representatives of ethnic minorities.

National Society/ICRC dissemination sessions enabled newly hired National Society staff and volunteers, together with 50 community leaders in the north and south of Kyrgyzstan, to learn about humanitarian principles and the Movement. Activities on World Red Cross and Red Crescent Day (8 May) also helped raise awareness of the Movement among the general public.

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 people formerly held at the US internment facility at Guantanamo Bay Naval Station, Cuba. The ICRC works closely with the National Societies on their international activities and IHL promotion and, through them, enables vulnerable migrants to restore or maintain contact with their families.

CONTEXT

The economic crisis within the eurozone, global and regional security concerns, and issues relating to migration were at the forefront of European discussions.

Although 2012 saw fewer migrants crossing the Mediterranean than in the previous year, migrants continued to arrive regularly in the south of Europe, particularly through the borders of Greece and the coasts of Italy, Malta and Spain. Coupled with economic and security concerns, the situation gave rise to tensions between resident and migrant populations and compelled many countries to impose stricter immigration rules. Many migrants were detained upon arrival, while others perished or went missing at sea.

Some European countries had accepted people released from the US internment facility at Guantanamo Bay Naval Station in Cuba for resettlement. Europe was also home to the permanent International Criminal Court (ICC) and the ad hoc International Criminal Tribunal for the former Yugoslavia (ICTY). People convicted by these courts served their sentences in third countries, while those on remand remained detained in The Hague, Netherlands. The UN Mechanism for International Criminal Tribunals (MICT), tasked with carrying out the residual functions of the ICTY and the International Criminal Tribunal for Rwanda, began taking up some of the latter's functions in July 2012. Discussions were under way regarding preparations for the handover of ICTY cases to the MICT in 2013.

Several European countries remained involved in armed conflicts, mainly as parties to multilateral organizations such as the European Union and NATO.

ICRC ACTION AND RESULTS

To contribute to putting the problems and vulnerabilities of migrants high on the European agenda, the ICRC participated actively in joint coordination meetings with its partners within the Movement. It worked closely with the network of European and North African National Societies in countries along the main migration routes to formulate a coordinated regional approach to migration-related issues, specifically in terms of restoring family links, and increased cooperation in this field with the Hellenic, Italian and Malta Red Cross Societies. In addition, it carried out three missions to Greece, where interviews with detained migrants enabled it to better understand their situation and specific needs.

EXPENDITURE (IN KCHF)

Protection	1,198
Assistance	-
Prevention	447
Cooperation with National Societies	429
General	-

► 2,073

of which: Overheads 127

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Expatriates	7
National staff (daily workers not included)	6

KEY POINTS

In 2012, the ICRC:

- organized a conference uniting 30 National Societies in discussions surrounding the restoration of family links, especially in relation to migration
- conducted 3 missions to visit migrants detained in Greece, gaining an insight into their humanitarian needs and sharing its findings and recommendations confidentially with the authorities
- strengthened its bilateral partnerships with key European National Societies, signing and implementing partnership framework agreements with the Norwegian and German Red Cross Societies
- welcomed several European States' ratification of or accession to IHL treaties, including the Mine Ban Convention, the Convention on Cluster Munitions and the Convention on Enforced Disappearance
- with the International Criminal Tribunal for the former Yugoslavia, organized a round-table enabling a number of European States to discuss best practices in enforcing international sentences
- visited people convicted by the international criminal tribunals and serving their sentences in 7 European countries and remand detainees in The Hague, Netherlands, sharing its findings confidentially with the detaining authorities

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	Minors
RCMs collected		2		
RCMs distributed		29		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		667		
Detainees visited and monitored individually		54		
Detainees newly registered		21		
Number of visits carried out		29		
Number of places of detention visited		27		

* Unaccompanied minors/separated children

These findings formed the basis of confidential discussions with the authorities aimed at encouraging them to take measures to address the humanitarian needs of migrants in detention.

Bilateral partnerships with the National Societies of the six countries covered aimed to strengthen operational, thematic and institutional cooperation, including in addressing humanitarian issues linked to migration, developing and implementing Movement policies, strengthening IHL and promoting the Health Care in Danger project. The ICRC signed partnership framework agreements with the German and Norwegian Red Cross Societies and worked towards the development of its partnerships with the four other National Societies. It also worked through and with the National Societies to advocate for IHL-related issues with their national authorities, while continuing to encourage the latter to advance treaty participation and adopt the necessary national implementation measures.

The ICRC continued its visits to people detained in Europe under the authority of international criminal tribunals and to those held on security-related charges. During these visits, conducted according to its standard procedures, the ICRC monitored the detainees' treatment and living conditions and shared its findings and recommendations confidentially with the authorities. It pursued its dialogue with the ICC, the ICTY and States enforcing sentences handed down by the international tribunals to ensure that detainees under their jurisdiction benefited from treatment and detention conditions that complied with internationally recognized standards.

The ICRC continued to follow up former detainees who had been resettled in Europe following their release from US custody at the Guantanamo Bay internment facility, working with the authorities and the National Societies concerned to ensure that they adapted well to their new circumstances, kept in touch with their families and received assistance geared to their specific needs.

CIVILIANS

Irregular migrants arriving in Europe faced many difficulties, including lack of access to basic services. Various public reports cited overcrowding and poor living conditions in reception and detention centres, particularly in Greece, the island of Lampedusa in Italy, and Malta, where many migrants were promptly detained upon their arrival, in accordance with standard policy. Among the most vulnerable were unaccompanied minors, minors in detention, and migrants who had become separated from their families or had gone missing during their precarious journey, leaving their families without information on their fate.

Migrants' needs assessed by the Movement

European National Societies worked closely with other Movement partners to address the growing humanitarian concerns linked to migration. To identify key issues and formulate a coordinated Movement approach across the Mediterranean region, the Italian Red Cross, the International Federation and the ICRC called a high-level meeting in March, which saw the attendance of the Egyptian, Libyan, Maltese and Tunisian National Societies and the Centre for the Cooperation in the Mediterranean (CCM), which also represented the Spanish Red Cross. Organized as a follow-up to a similar meeting in 2011, it enabled the participants to share their experiences and lessons learnt in dealing with irregular migration flows and generated discussions on how the Movement's response could be strengthened. Following this meeting, the CCM invited the ICRC to give a presentation on restoring family links for migrants at the Youth Seminar on the Humanitarian Consequences of Forced Migration in May. The event drew attention to the issue of missing migrants and the potential role of Mediterranean National Societies in locating and reuniting them with their families. Sub-regional meetings, such as those organized by the Austrian and German Red Cross Societies and by the Scandinavian National Societies, also facilitated exchange of expertise on the issue. Moreover, a record number of 30 National Societies participated in the annual conference on restoring family links held in Bad Arolsen, Germany, in November, where they discussed ways to improve tracing activities for missing migrants in Europe.

To further enhance Movement coordination in addressing humanitarian issues related to migration, the Swedish Red Cross and the ICRC developed a Migration Road Map action plan, which included the promotion of peer-to-peer support among European National Societies, and jointly conducted a thematic workshop enabling National Societies to explore ways to address the specific problems faced by migrants in detention.

Following talks with the Greek authorities and the Hellenic Red Cross in 2011, the ICRC carried out three missions to Greece in February, May and October to collect first-hand information about the situation of migrants in the country, including those in detention (see *People deprived of their freedom*), and to pursue dialogue on cooperation with the Hellenic Red Cross, specifically on restoring family links.

Coordinated advocacy with European authorities helped clarify the strictly humanitarian objectives of the Movement's family tracing activities for unaccompanied minors (see *Brussels*).

People released from US custody adapt well to their new lives and restore family links

Eleven former Guantanamo Bay detainees resettled in seven European countries discussed their situation and needs with ICRC representatives, who kept regular contact with them, assisted them in restoring contact with their families, monitored the process of their integration with the help of the National Societies involved, and made recommendations to the authorities, who provided them with the appropriate assistance.

With ICRC assistance, a former detainee resettled in Hungary was able to travel to Libya, get married and return to Hungary with his wife. Two former detainees received Portuguese passports; their fiancées were able to join them with the authorities' approval and support from the ICRC.

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, ICRC delegates monitored the detainees' treatment and living conditions to ensure that these complied with internationally recognized standards, and shared their findings and recommendations confidentially with the authorities.

In Greece, 602 migrants held in five detention facilities shared their experiences and voiced their concerns during group interviews, enabling the ICRC to develop a more comprehensive analysis of their situation and to glean information on the conditions in Greek asylum and detention centres. This information was then shared confidentially with the authorities, who were generally receptive to ICRC recommendations regarding the humanitarian needs of migrants in detention.

Constructive dialogue maintained with Europe-based international criminal tribunals and enforcement States

Regular dialogue with the ICC and the ICTY centred on humanitarian issues linked to detention, IHL and institutional matters, including those relating to the establishment of the MICT.

The ICTY and European enforcement States increasingly took responsibility for responding to ICRC recommendations, for example by actively following up on detainees' concerns and pursuing regular dialogue with one another on the legal frameworks applicable to detainees following their transfer to third countries to serve their sentences. In November, representatives of 14 European enforcement States and the European Committee for the Prevention of Torture convened in a round-table jointly organized by the ICTY and the ICRC in The Hague – the follow-up to

the first round-table in 2011 – where they shared best practices in enforcing sentences handed down by international tribunals, the related challenges they faced, and possible solutions to them.

In line with its developing policy framework, the ICC sought ICRC input on the revision of its Regulations of the Registry and its draft policy on videoconferencing inside the ICC, and advice relating to the future enforcement of sentences.

AUTHORITIES

Individual European States and their national IHL committees continued to show strong support for IHL in regional and international fora, working with the ICRC on initiatives aimed at IHL promotion, development, interpretation and implementation. They regularly exchanged views and expertise with the ICRC, resulting in the advancement of treaty participation (e.g. ratification by Austria of the Convention on Enforced Disappearance; ratification by Hungary, Sweden and Switzerland of the Convention on Cluster Munitions; ratification by Finland and Poland of the Mine Ban Convention; Poland's accession to the Second Protocol to the Hague Convention on Cultural Property; and ratification by Austria and Hungary of the Optional Protocol to the Convention against Torture) and the adoption of national implementation measures. For example, the Netherlands finished destroying its cluster munitions stockpile, and Sweden worked on adapting its national legislation to enable it to ratify Additional Protocol III.

National Societies were instrumental in advancing discussions related to IHL and/or neutral, impartial and independent humanitarian action. Some 20 European National Societies mobilized their national authorities to support the adoption of a future arms trade treaty in line with the position taken by the ICRC (see *New York*), in keeping with the pledges that most of them made at the 31st International Conference.

European countries remained committed to the integration of IHL into military exercises. Upon request, the ICRC participated in predeployment sessions at the NATO training centres in Norway and Poland, where it briefed military officers on ICRC activities in Afghanistan (see *Brussels*).

With migration high on the agenda, European national authorities discussed related issues with the ICRC, often with National Society representatives, and kept abreast of Movement concerns and action in this regard (see *Civilians*).

ICRC participation in meetings such as the 11th Assembly of States Parties to the Statute of the International Criminal Court helped reinforce its constructive dialogue with international criminal tribunals and enforcement States (see *People deprived of their freedom*).

PEOPLE DEPRIVED OF THEIR FREEDOM	AUSTRIA	DENMARK	ESTONIA	FINLAND	GERMANY	GREECE	ICC/ICTY	ITALY	NORWAY	SWEDEN
ICRC visits										
Detainees visited	2	11	2	1	1	602	21	24	2	1
Detainees visited and monitored individually	2		2	1	1		21	24	2	1
Detainees newly registered								21		
Number of visits carried out	1	7	1	1	1	7	2	6	2	1
Number of places of detention visited	1	7	1	1	1	5	2	6	2	1

RED CROSS AND RED CRESCENT MOVEMENT

European National Societies and the ICRC continued to strengthen cooperation in fields of common interest at both institutional and operational level. After signing partnership framework agreements in February and March, the German Red Cross and the Norwegian Red Cross, respectively, and the ICRC met regularly to translate their established partnership objectives into concrete goals and plans of action, including the development of joint projects.

Building upon each other's fields of expertise, the region's National Societies and the ICRC worked to address humanitarian issues linked to migration (see *Civilians*), develop and implement Movement policies, strengthen IHL and promote the Health Care in Danger project.

The Nordic National Societies (comprising the Danish, Finnish, Icelandic, Norwegian and Swedish Red Cross Societies) together with the ICRC crafted a plan of action to translate into practice a memorandum of understanding signed in late 2011 on the promotion of IHL and neutral, impartial and independent humanitarian action.

The Health Care in Danger project received strong support among a number of National Societies. For instance, the Norwegian Red Cross/ICRC partnership agreement included an annex dedicated to cooperation in promoting the goals of the project. In December, the Norwegian government, together with the Norwegian Red Cross and the ICRC, organized an international workshop that brought together experts, health/medical practitioners and National Society representatives to discuss practical measures towards improving and safeguarding the delivery of health care in armed conflict and other emergencies.

Additionally, the Spanish Red Cross/ICRC defined thematic partnerships in violence prevention and issues concerning the Latin American region, while the Netherlands Red Cross/ICRC pursued a structured institutional partnership aimed at reinforcing mutual positions on humanitarian issues and strengthening related advocacy with the authorities. The Danish Red Cross/ICRC continued to support National Society capacity-building and organizational development in three pilot contexts affected by armed conflict (Guinea, the occupied Palestinian territory and South Sudan), currently in its second year of implementation at field level. They conducted one of three mid-term evaluations in December to discuss lessons learnt and the way forward. Both the Danish and the Swedish Red Cross Societies expressed interest in contributing to a practical guide on responding to conflict situations for National Societies in the field. The British, Norwegian and Swedish Red Cross Societies and the ICRC reviewed their respective joint operational projects and shared their experiences in implementing them, with a view to making practical improvements (see *London*).

MOSCOW (regional)

COVERING: Belarus, Republic of Moldova, Russian Federation, Ukraine



EXPENDITURE (IN KCHF)	
Protection	4,664
Assistance	4,528
Prevention	4,322
Cooperation with National Societies	1,107
General	-

► **14,620**
of which: Overheads 891

IMPLEMENTATION RATE	
Expenditure/yearly budget	98%

PERSONNEL	
Expatriates	22
National staff (daily workers not included)	237

KEY POINTS

In 2012, the ICRC:

- assisted over 5,700 violence-affected people in the northern Caucasus in regaining economic self-reliance or access to a safe water supply, while providing psychological or social support to others affected by violence
- addressed weapon contamination regionwide by supporting the Russian Red Cross Society's needs assessment in Chechnya and providing explosive ordnance-disposal training and material support to the Ukrainian authorities
- strengthened its dialogue with the Russian authorities, highlighting humanitarian concerns, including access to victims of violence, and gaining their support for its action in key contexts such as the Syrian Arab Republic
- reviewed its operations in the Russian Federation in consultation with the republican and federal authorities, adapting its approach in some areas of activity and re-examining others in light of the situation in the northern Caucasus
- within the framework of a three-year cooperation agreement, participated in military exercises conducted by the Collective Security Treaty Organization, providing input and guidance on IHL norms
- continued to disseminate information on its neutral, impartial and independent humanitarian action to key audiences, expanding its network in Russian civil society and reaffirming its position as a global humanitarian actor

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 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.

CONTEXT

Vladimir Putin's re-election as president and Dmitry Medvedev's appointment as prime minister of the Russian Federation (hereafter Russia) were followed by protests in Moscow and other cities, leading to stricter legislation on public demonstrations. With its economy growing steadily, Russia continued to exercise influence in the region, including through the Collective Security Treaty Organization (CSTO) and the Commonwealth of Independent States (CIS). Internationally mediated peace negotiations (the "Geneva Talks") dealing with past conflicts in the region continued among representatives of Georgia, Russia, Abkhazia and South Ossetia.

Over a thousand people were reportedly killed or wounded in the northern Caucasus owing to attacks by armed groups and security operations, occasionally with military forces allegedly operating alongside law enforcement agents. Allegations of arrests and disappearances also persisted.

Amidst the long-running dispute between Russia and Ukraine over gas prices, the Ukrainian authorities drew strong criticism from Western States over their handling of the case of former prime minister Yulia Tymoshenko.

The Republic of Moldova (hereafter Moldova) elected a president after a three-year political deadlock and resumed peace talks with the leadership of the breakaway Transnistria region, mediated by the Organization for Security and Co-operation in Europe.

ICRC ACTION AND RESULTS

In October, the ICRC initiated a review of its operations in Russia in consultation with the republican and federal authorities. Subsequently, it modified its approach, taking into account both the prevailing situation and the sustainability of existing projects. Thus, some activities, particularly those for people affected by ongoing violence, were put on hold pending re-evaluation and some target figures for economic-security activities were revised downwards.

Notwithstanding these changes, ICRC action in the northern Caucasus continued to focus on aiding the most vulnerable people affected by past conflicts and ongoing insecurity, including: households, mostly headed by women, whose breadwinners had gone missing or been detained; victims of mines or explosive remnants of war (ERW); IDPs; and people living in areas that

Main figures and indicators	PROTECTION		Total
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages (RCMs)		UAMs/SCs*	
RCMs collected	24		
RCMs distributed	13	1	
Phone calls facilitated between family members	3		
Tracing requests, including cases of missing persons		Women	Minors
People for whom a tracing request was newly registered	94	11	2
People located (tracing cases closed positively)	13		
Tracing cases still being handled at the end of the reporting period (people)	2,431	97	88
Documents			
People to whom travel documents were issued	52		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹			
Restoring family links			
RCMs collected	6		
RCMs distributed	14		
Detainees visited by their relatives with ICRC/National Society support	360		
People to whom a detention attestation was issued	3		

* Unaccompanied minors/separated children

1. Russian Federation (northern Caucasus)

had not yet fully recovered from the effects of past conflicts. While responding to urgent needs, it concentrated on enabling the beneficiaries to strengthen their resilience in coping with their situation. In parallel, it reminded the authorities of their obligations under applicable legal norms.

Following a review of its micro-economic initiatives in the northern Caucasus, the ICRC worked to take better account of specific needs expressed by the beneficiaries, so as to ensure the sustainability of its projects. Beneficiaries of such projects met their basic needs and maintained or regained economic self-sufficiency after starting or expanding income-generating activities with ICRC assistance. The ICRC also helped violence-affected people cope with their situation by improving access to water, rehabilitating dwellings and offering psychological and social support where needed. In addition, it extended ad hoc assistance to victims of natural disasters, in support of the local authorities and in cooperation with the Russian Red Cross Society.

By supporting the work of a local NGO and the Russian Red Cross in the area of tracing and family-links services, the ICRC contributed to clarifying the fate of missing persons from past conflicts. With the National Society, it helped vulnerable migrants and detainees maintain contact with relatives by delivering RCMs and food/hygiene parcels or facilitating family visits. The Russian Red Cross, the International Federation and the ICRC took steps to define a regional approach to humanitarian issues linked to migration.

To address health care needs arising from violence in the northern Caucasus, the ICRC helped strengthen emergency response capacities by training medical personnel in trauma care and providing hospitals with surgical materials. It dealt with the effects of weapon contamination across the region by supporting a Russian Red Cross initiative in Chechnya and providing relevant training and material support to the Ukrainian authorities.

The ICRC pursued its high-level dialogue with the Russian authorities, including during its president's visit to Moscow, gaining support for IHL implementation and for its humanitarian action in the northern Caucasus and other contexts. It strengthened cooperation with the CSTO, notably through a cooperation plan on IHL integration into military training for 2011–14. Senior Russian military officials had yet to engage in substantial discussions with

the ICRC on the integration of IHL into the doctrine, training and operations of the Russian armed forces, but training activities in military educational institutions continued.

Media coverage and public events helped raise awareness of humanitarian issues and ICRC operations throughout the region. Broadening its network in Russian civil society, the ICRC initiated cooperation with key research institutions and continued to promote IHL teaching and research in leading universities.

Given the importance of developing a coherent Movement response to humanitarian needs, the ICRC coordinated with other Movement components active in the region. It supported the region's National Societies in reinforcing their first-aid, emergency response and communication capacities and in strengthening their legal bases.

CIVILIANS

The situation of violence-affected communities in the northern Caucasus continued to be monitored by the ICRC. Vulnerable people, including families (mostly headed by women) whose breadwinners had gone missing or been detained, migrants, the elderly and victims of mines/ERW were referred to State-guaranteed entitlements or compensation, or received ICRC assistance (see below). Contacts with the authorities provided opportunities to highlight humanitarian concerns and the need to protect civilians during security operations.

As a result of the review of its operations in Russia (see *ICRC action and results*), the ICRC put some of its activities on hold and scaled down a few of its objectives, such as those relating to economic assistance to families affected by ongoing violence and to rehabilitation work on individual dwellings.

Vulnerable people rebuild their livelihoods and regain self-sufficiency

Through ICRC micro-economic initiatives, 608 of the most vulnerable households (3,080 people) in the northern Caucasus started or expanded income-generating activities, enabling them to maintain or regain economic self-sufficiency. The beneficiaries included: 166 displaced families; 110 families affected by ongoing violence; 96 families of missing persons; 82 families of detainees; 50 families of mine/ERW victims; and 104 families living in two poorly

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	682	23%	31%	
Essential household items	Beneficiaries	8,564	29%	46%	
Productive inputs	Beneficiaries	2,426	33%	41%	
	<i>of whom IDPs</i>	Beneficiaries	715		
Cash	Beneficiaries	654	37%	42%	
	<i>of whom IDPs</i>	Beneficiaries	144		
Water and habitat activities	Beneficiaries	2,667	40%	20%	
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	292			
Essential household items	Beneficiaries	187			
WOUNDED AND SICK¹					
Hospitals					
Hospitals supported	Structures	6			
	<i>of which provided data</i>	Structures	6		
Admissions	Patients	6,385	2,484	1,106	
	<i>of whom weapon-wounded</i>	Patients	191	15	
	<i>(including by mines or explosive remnants of war)</i>	Patients	96		
	<i>of whom other surgical cases</i>	Patients	4,297		
	<i>of whom medical cases</i>	Patients	1,102		
	<i>of whom gynaecological/obstetric cases</i>	Patients	795		
Operations performed		2,763			

1. Russian Federation (northern Caucasus)

resourced villages in southern Chechnya. With the productive inputs (for 478 households) or cash grants (130 households) they received, these households boosted their existing income from farming or set up businesses such as livestock raising, beekeeping, sewing and agricultural/food production. Out of the 608 beneficiary households, a total of 557 were evaluated six months after receiving assistance; it was found that 89% had increased their income by 30% and 81% of the projects remained sustainable.

In response to the recommendations of a review conducted jointly with the British Red Cross, the ICRC adapted its approach so as to better meet needs expressed by the beneficiaries themselves, ensuring the long-term sustainability of its micro-economic initiatives. For example, in a community-based project in southern Chechnya, the residents organized themselves as a cooperative and rented land to cultivate crops, while the ICRC provided a tractor and farming implements, as well as cash for fuel and for the tractor operators' salaries.

Around 2,300 families (over 8,500 individuals) mainly affected by floods or accidental fires in Daghestan, Ingushetia and Krasnodar Krai received essential household items, including some 140 families (more than 600 people) who also received food from the ICRC to help them cope until further assistance from local authorities and NGOs arrived. Similarly, an orphanage in Kabardino-Balkaria with over 200 children in its care received essential household items and medical supplies at its request (see *Wounded and sick*).

Civilians regain access to a safe water supply

For the first time since their water supply network was destroyed during the armed conflict in Chechnya in 1994, over 2,600 people in Dachu-Borzoy village, Daghestan, had access to safe water, thanks to a water supply system built by the community with ICRC support. Likewise, residents of Betti-Mohk village, Chechnya, constructed a new water supply system in cooperation with the ICRC. A similar project was initiated with the local authorities in a North Ossetian village hosting IDPs from South Ossetia, while a further

1,300 people were expected to benefit from another water supply project in the village of Gilany, Chechnya. In addition, rehabilitation work and the provision of construction materials helped three families affected by ongoing insecurity repair their dwellings and cope with the effects of violence.

Violence-affected people receive psychological and material help

People who had experienced violence received psychological and social assistance through local branches of the Russian Red Cross. These activities were expanded during the year to cover most of the northern Caucasus. Around 100 people participated in group sessions and phone consultations at the National Society relief centre in Ingushetia, and some 130 violence-affected families had consultations with ICRC psychologists. Over 500 children from displaced or vulnerable families benefited from psychological support and recreational activities at Russian Red Cross centres in Chechnya, Ingushetia and North Ossetia.

Over 1,200 lonely or particularly vulnerable elderly people, as well as some 160 families of missing persons in Chechnya and Ingushetia, received empathy and practical care through the ICRC-supported Russian Red Cross home-visiting nurses programme. The National Society committed to implement the recommendations of a review of the programme conducted by specialists from the Red Cross Society of Belarus and the Swiss Red Cross; initial meetings explored how the Swiss Red Cross could further support this process.

Missing persons' families and migrants get assistance

Families in Russia continued to approach the ICRC for help in clarifying the fate or whereabouts of missing relatives. Some received assistance through the Russian Red Cross (see above).

Through written representations, the ICRC reminded the authorities at federal and republican level of the need to provide information on missing persons. Efforts to strengthen cooperation with

the federal commission dealing with POWs and soldiers missing in action continued. Russian representatives continued to work with their Georgian and South Ossetian counterparts to clarify the fate or whereabouts of persons missing from the 2008 conflict, within the framework of the tripartite coordination mechanism dealing with the issue (see *Georgia*).

With ICRC financial back-up, a local NGO, Peace Mission of General Lebed, worked on a DNA-sample collection project in Chechnya to aid in the identification of exhumed remains and initiated psychological-support activities for families of the missing.

In reception centres and detention facilities for asylum seekers throughout the region, vulnerable migrants restored and maintained contact with their families, with the National Societies' assistance and ICRC financial support. The Russian Red Cross, the International Federation and the ICRC formed a Movement working group to define a comprehensive approach to the humanitarian consequences of migration.

In coordination with the authorities, refugees were issued with travel documents so they could resettle in third countries.

People searching for family members who went missing during the Second World War learnt about the International Tracing Service (ITS) via ICRC participation in conferences, media features, publications and a promotional film. Relevant State institutions received information on research opportunities at the ITS (see *International Tracing Service*).

After initial delays, the Russian Red Cross drafted an action plan to improve the services of its Tracing and Information Centre, based on the recommendations of an audit conducted by the Australian Red Cross.

Effects of weapon contamination are addressed

Collection of data on the needs of mine/ERW victims began in Chechnya through 15 volunteers from the National Society's Chechnya branch who had undergone ICRC training. Some families of mine/ERW victims met their economic needs through ICRC micro-economic initiatives (see above). In parallel, teachers from local schools received training in mine-risk education, co-organized by the Ministry of Education and the ICRC.

In Ukraine, 30 demining specialists from the Ministry of Emergencies shared technical knowledge and experiences with other experts at an ICRC-supported seminar, while ICRC-donated equipment enhanced their capacities. Press officers from the ministry attended a seminar on best practices in mine-risk education.

PEOPLE DEPRIVED OF THEIR FREEDOM

As part of the review of its operations in Russia (see *ICRC action and results*), the ICRC reassessed some of its activities for detainees. It remained ready to renew discussions on visits to people detained in connection with the situation in the northern Caucasus.

People held far from their homes in penal colonies across Russia kept in touch with their families through RCMs. During the year, 360 detainees received ICRC-facilitated family visits; 288 received food parcels and 183 hygiene parcels from relatives who could not visit them. The most vulnerable families of detainees benefited from micro-economic initiatives (see *Civilians*).

WOUNDED AND SICK

In light of the ongoing violence in the northern Caucasus, the authorities took steps to improve the quality of emergency medical care and the training of health professionals. Advanced training in surgery, trauma care, occupational therapy and anaesthesia, through courses co-organized by the Rostov-on-Don nursing training centre and the ICRC, enabled eight ambulance medical workers and 12 nurses to boost their skills in treating weapon-wounded or violence-affected patients. More than 50 specialists from civilian and military hospitals in the northern Caucasus attended the ICRC-supported emergency room trauma course, along with other specialists from Central Asia. A total of 152 doctors had received such training since the course started in 2009.

With Russian Red Cross support, nearly 200 victims of violence in Daghestan underwent operations using surgical materials provided by the ICRC to three hospitals, while another three hospitals in Chechnya were given one-off stocks of medicines and medical materials. An orphanage in Kabardino-Balkaria also received medical supplies upon request (see *Civilians*).

The partnership between the Vladikavkaz Orthopaedic Centre and the ICRC was extended for another year; five disabled patients from Georgia, including South Ossetia, received treatment at the centre. The Russian translation of a technical reference manual on physical rehabilitation was published and distributed to 10 centres providing such services in Russia.

AUTHORITIES

Humanitarian issues and IHL promotion/implementation remained the focus of discussions with the Russian authorities, including the Ministries of Foreign Affairs, Justice and Emergencies. Federal and republican authorities were also consulted in relation to the review and adaptation of the ICRC's activities in the northern Caucasus (see *ICRC action and results*).

The Russian minister of foreign affairs and the ICRC president discussed the ICRC's humanitarian response in the Syrian Arab Republic (hereafter Syria), among other topics. Sustained efforts to establish a dialogue with the Ministry of Justice led to the ICRC's participation in the International Legal Forum in St Petersburg, at which the country's legal experts deliberated on various IHL-related topics.

The region's national IHL committees kept up their work to advance IHL implementation. Belarus's IHL committee prepared a report on its 2011 activities and an action plan for 2012, while that of Moldova drafted legislation to amend the country's criminal code in accordance with the Rome Statute. After nearly two years of inactivity, the IHL committee of Ukraine resumed its work.

Following the signing of a three-year agreement with the ICRC on the integration of IHL into military training, CSTO officials participated in ICRC-organized events, reinforcing cooperation on IHL-related issues and contributing to regional support for the ICRC's neutral, impartial and independent humanitarian action. For the first time, the organization conducted military exercises with full ICRC participation.

Further advancing the integration and implementation of IHL in the region, the CIS Interparliamentary Assembly approved

the ICRC's recommendations on the protection of cultural property in armed conflict. Member States were asked to evaluate and report on the actions they had taken regarding the Assembly's recommendations on IHL implementation.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Russian military authorities reported that they were implementing measures to integrate IHL into the armed forces' doctrine, training and education. Dialogue between top-level decision-makers and the ICRC on this topic, however, still needed to develop.

IHL dissemination advanced through the ICRC's cooperation with officials in charge of military education and international military cooperation, notably through its participation in IHL conferences organized by the Russian Land Forces' Training and Research Centre. More than 40 Russian military academics gained advanced knowledge of legal frameworks applicable in armed conflicts and security operations, enhancing their capacities to deliver IHL instruction.

Law enforcement agents participating in "special operations" in the northern Caucasus received briefings on ICRC action in that region. Owing to new legislation on non-commercial organizations and disclosure of national security information, the ICRC had to limit its dissemination activities for the security forces.

Participants in Belarusian Defence Ministry round-tables examined ways to integrate IHL into military decision-making and training. Military authorities supported efforts leading to ICRC participation in a CSTO military exercise to be hosted by Belarus in 2013.

Complementing their ongoing dialogue and cooperation with the ICRC on IHL themes, for the first time senior officers of the CSTO joint staff attended the Senior Workshop on International Rules Governing Military Operations (see *International law and cooperation*). Top-level authorities engaged in discussions on contemporary challenges in IHL application, while those doing research on civil-military cooperation received ICRC technical support.

CIVIL SOCIETY

Sustained communication efforts and the provision of up-to-date information contributed to increased awareness of humanitarian issues and ICRC action. The Russian media reported on humanitarian concerns and ICRC activities within the country and in other contexts such as Côte d'Ivoire, Israel and the occupied territories, Libya and Syria. Regular interaction with the media also helped bring issues covered by the Health Care in Danger project to the fore. Public events, including activities commemorating the International Day of the Missing, provided opportunities to draw attention to humanitarian needs, particularly those of violence-affected people in the northern Caucasus.

Sustained dialogue on IHL promotion and implementation paved the way for further cooperation with influential Russian research institutions, such as the Civil Defence Academy of the Ministry of Emergencies and the Russian Association of International Law. Complementing the dialogue with the authorities on the ICRC's operational concerns, the Diplomatic Academy of the Ministry of Foreign Affairs co-organized a round-table on current challenges in the conflict in Afghanistan.

The region's leading universities and academics continued to work with the ICRC to stimulate interest in IHL research and teaching, and students from across the region took part in national and international IHL competitions.

RED CROSS AND RED CRESCENT MOVEMENT

To enhance coordination among Movement components, particularly in emergency response, the Belarusian, Russian and Ukrainian National Societies signed Movement coordination agreements with the International Federation and the ICRC. Representatives of these National Societies worked out a common approach on first aid and shared good practices and challenges in this area with their counterparts from the southern Caucasus and Central Asia.

Complementing these regional efforts, first-aid instructors from Russian Red Cross branches in the northern Caucasus improved their skills with guidance from the Belarusian Red Cross/ICRC, enabling them in turn to train around 1,000 people in first aid. People in Ingushetia and North Ossetia learnt about the National Society's activities during ICRC-supported dissemination sessions.

The National Societies strengthened their legal bases with ICRC guidance. The Russian Red Cross drafted a law on the National Society and the emblem, while the Red Cross Society of Moldova adopted new statutes. The Belarusian Red Cross communicated its mandate more effectively through dissemination sessions, which received ICRC support under their strategic partnership agreement, as did a new project aiming to train students to participate in IHL competitions.

During a meeting of 15 Russian-speaking National Societies in Minsk, Belarus, Movement components in the region discussed topics of common interest, such as migration, humanitarian diplomacy, and emergency preparedness and response.

TASHKENT (regional)

COVERING: Kazakhstan, Tajikistan, Turkmenistan, Uzbekistan



EXPENDITURE (IN KCHF)

Protection	2,770
Assistance	1,031
Prevention	2,675
Cooperation with National Societies	1,325
General	-
Total	7,802
<i>of which: Overheads</i>	476

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Expatriates	16
National staff (daily workers not included)	78

KEY POINTS

In 2012, the ICRC:

- ▶ partnered with the Red Crescent Society of Tajikistan in responding to the emergency needs resulting from security operations in Tajikistan's Gorno-Badakhshan Autonomous Province in July
- ▶ reinforced emergency response capacities in Tajikistan's Rasht Valley by providing medical equipment and drugs to health centres and hospitals and by training medical staff in weapon-wound surgery
- ▶ worked with the Turkmen authorities in implementing penitentiary reform, including by conducting 2 study tours of Turkmen prisons and enabling officials to observe Azerbaijan's model programme of TB control in prisons
- ▶ commissioned a compatibility study between Tajik legislation and international norms relating to the rights of missing persons and their families, the first draft of which was completed by Tajikistan's National Legislative Centre
- ▶ co-organized with the Kazakh Ministry of Foreign Affairs the fourth regional seminar on IHL implementation, at which State representatives discussed the humanitarian consequences of the use of weapons prohibited by IHL
- ▶ supported the region's National Societies in reinforcing their legal bases and in their activities relating to emergency preparedness, restoring family links, IHL dissemination and, in Tajikistan, assistance to mine-affected people

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. In Uzbekistan, it endeavours to protect and assist people detained for security reasons. 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.

CONTEXT

The countries of Central Asia shifted their sights towards Asia, with China and South Asian States playing substantial roles in multilateral relations, economic development, trade and transportation in the region. Kazakhstan, Tajikistan and Turkmenistan pursued deeper integration with Russian-led frameworks such as the Collective Security Treaty Organization (CSTO), the Customs Union and the Commonwealth of Independent States (CIS), which was chaired by Turkmenistan in 2012, while Uzbekistan withdrew from the CSTO.

Security concerns were a common denominator among State authorities in the midst of reform. Perceived risks included the potential spillover of the conflict in Afghanistan into their territories, the threat of religious radicalization, and tensions, notably between Tajikistan and Uzbekistan, over border demarcation, interethnic issues and competition for natural resources.

In Tajikistan, the residual effects of the violent incidents of 2010 continued to be felt. In July, a security operation in Gorno-Badakhshan Autonomous Province (GBAO) led to violent clashes between government forces and armed groups, with reports of numerous casualties on both sides and among the resident population, the arrest of suspected militants, and noticeable destruction in the town of Khorog. During and immediately after the events, communication lines and economic supplies to Khorog were cut off, and international organizations were unable to access the area until mid-October. The general situation normalized towards year-end.

In Kazakhstan, dozens of people were sentenced for their alleged connection with the December 2011 unrest in Zhanaozen, including a few police officers charged with excessive use of force.

High levels of unemployment and poverty turned large portions of the population in countries of the region, notably Tajikistan, into labour migrants, with Kazakhstan being a major country of destination. Living conditions were often difficult for the migrants and for their families left behind.

ICRC ACTION AND RESULTS

In 2012, the Tashkent delegation worked to: develop activities for people deprived of their freedom; address the humanitarian consequences of violence, particularly in Tajikistan; and contribute to improving emergency preparedness in the region.

Main figures and indicators	PROTECTION		Total
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages (RCMs)			
		UAMs/SCs*	
RCMs collected	44		
RCMs distributed	51		
Tracing requests, including cases of missing persons			
		Women	Minors
People for whom a tracing request was newly registered	1		1
Tracing cases still being handled at the end of the reporting period (people)	2	1	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)			
ICRC visits¹			
		Women	Minors
Detainees visited and monitored individually	454	106	22
Detainees newly registered	208	23	21
Number of visits carried out	14		
Number of places of detention visited	12		
Restoring family links²			
RCMs collected	203		
RCMs distributed	134		
Phone calls made to families to inform them of the whereabouts of a detained relative	31		
Detainees visited by their relatives with ICRC/National Society support	133		

* Unaccompanied minors/separated children 1. Uzbekistan 2. Tajikistan, Uzbekistan

In Uzbekistan, delegates visited people detained under the authority of the Ministry of Interior, monitoring detainees' treatment, health and living conditions, and paying special attention to the needs of vulnerable inmates and to detainees' general need for family contact. Since October, visits were suspended as dialogue at central level focused on the ICRC's standard working procedures during detention visits. In Tajikistan and Turkmenistan, dialogue on authorization for the ICRC to conduct similar visits to people deprived of their freedom continued with the authorities. Cooperation with the Turkmen authorities in effecting penitentiary reform included a visit to Azerbaijan by Turkmen officials to observe best practices in prison TB management, and study tours by ICRC delegates of two penal institutions within Turkmenistan.

In partnership with the Red Crescent Society of Tajikistan, the ICRC extended its humanitarian action throughout the country, initiating an economic assistance programme for victims of mines/explosive remnants of war (ERW) and their families to enable them to start income-generating activities. In response to the emergency needs generated by the security operations in GBAO, the ICRC provided medical supplies to the National Society, which delivered them to medical facilities in the affected areas. Following a number of joint National Society/ICRC assessment visits to GBAO, which began in October, families who had lost their homes in the events received cash assistance to cover their basic needs.

The ICRC continued to help strengthen regional capacities in responding to and preparing for potential emergencies. Coordinating with the Tajik authorities, it enabled health and medical facilities in the Rasht Valley to reinforce their services through structural renovations and donations of supplies and equipment, and helped medical personnel and other service providers in violence-prone or weapon-contaminated areas build their competencies through training. With ICRC support, the region's National Societies continued to strengthen their emergency response capacities by attending training sessions, including on restoring family links in emergencies, by equipping and training their rapid response teams and by replenishing stocks of non-food items and first-aid materials in selected branches.

Dialogue with governments in the region aimed to encourage the implementation of IHL treaties and the adoption of legislation

to strengthen the National Societies. In Tajikistan, the National Legislative Centre completed a study on the compatibility between national legislation and international norms relating to the rights of missing persons and their families.

Briefings, seminars and workshops supported the efforts of the region's Defence Ministries to integrate IHL into military doctrine, training and operations. In Kazakhstan, Tajikistan and Uzbekistan, dialogue with the authorities on internationally recognized standards governing law enforcement continued.

Whenever possible in cooperation with the relevant National Society, the ICRC organized lectures, competitions and workshops for the media and academic circles in order to stimulate their interest in IHL and foster appreciation of and involvement in humanitarian action.

CIVILIANS Needs of people affected by violence in Tajikistan are addressed

Dialogue with the relevant authorities and weapon bearers aimed to ensure the protection of civilians during situations of violence, in accordance with applicable law, and to foster acceptance of the Movement's work (see *Armed forces and other bearers of weapons*).

Given the lack of access of international organizations during the security operations in Khorog, GBAO, only local Tajikistan Red Crescent teams were able to provide the first humanitarian response to those affected by the events, administering first aid (see *Wounded and sick*) and helping over 160 people re-establish contact with their families.

After regaining access to Khorog in mid-October, the ICRC, together with the National Society, conducted a series of field trips to assess the situation and needs in the area. Eighteen families who had lost their homes in the events received a one-off cash donation enabling them to cover their basic needs before winter set in. Three wounded people in need of further medical treatment in Dushanbe had their transport and medical expenses covered.

While the security situation had generally stabilized in the Rasht Valley, some people continued to suffer the effects of the violent events of 2010. Three families whose breadwinners had been

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	17	36%	
Productive inputs	Beneficiaries	7	28%	42%
Cash	Beneficiaries	760	32%	40%
Water and habitat activities	Beneficiaries	1,836		
Health²				
Health centres supported	Structures	7		
Average catchment population		23,023		
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 ³	Beneficiaries	32		
Essential household items	Beneficiaries	33		
WOUNDED AND SICK²				
Hospitals				
Hospitals supported	Structures	16		
Patients whose hospital treatment has been paid for by the ICRC	Patients	3		
Water and habitat				
Water and habitat activities	Number of beds	8		

1. Tajikistan, Uzbekistan

2. Tajikistan

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

killed or detained faced destitution; they received assistance from the ICRC in the form of food rations to sustain them for two months. In Shule village, the rehabilitation of the water conveyance system constructed in 2011, and the installation of a water distribution system to complement it, meant access to a safe and sufficient water supply for more than 1,700 residents. With ICRC support, over 250 people were able to visit their detained relatives (see *People deprived of their freedom*).

Seeking better ways to respond to the needs of victims of mines/ERW and their families in Dushanbe, Khatlon, Rasht and Soghd provinces, the ICRC initiated an assistance programme aimed at boosting their economic self-sufficiency through grants for small income-generating activities. In cooperation with the Tajik Mine Action Centre, National Society/ICRC teams gauged the needs of 103 families, including 16 sappers of the Ministry of Defence and 4 veterans of the Soviet-Afghan War, who were then offered the opportunity to apply for such grants. By end-2012, 50 households in six districts had received grants to embark on livelihood activities; 3 vulnerable families whose circumstances did not permit such activities were offered alternative support, such as medical assistance or cash to repair their homes (total beneficiaries: 370 individuals). One household received a sewing machine, which it used to earn a living.

To help minimize the risks they faced, people living in mine/ERW-contaminated areas learnt safe behaviour during 60 mine-risk education sessions jointly conducted by the National Society and the ICRC. The refurbishment of eight playgrounds in Soghd gave children safe places to play without being exposed to the danger of mines/ERW.

Needs of families of missing persons to be addressed through legislation

Thousands of families in Tajikistan still lived with the anguish of not knowing the fate of relatives unaccounted for from the country's 1992–97 non-international armed conflict, the 1979–89 Soviet-Afghan armed conflict and the Second World War.

The Tajik authorities recognized that the needs of such families were complex and that national legislation relating to missing persons needed to be examined. In February, the National Legislative Centre signed an agreement with the ICRC to conduct a compatibility study comparing Tajikistan's existing domestic legislation with international norms related to the rights of missing persons and their families, using as its reference a model law formulated with ICRC input and adopted by the CIS Interparliamentary Assembly in 2008. It subsequently completed the first draft of the study and submitted it to the ICRC for comment.

CIVILIANS		TAJIKISTAN	UZBEKISTAN
Economic security, water and habitat			
Food commodities	Beneficiaries	17	
Productive inputs	Beneficiaries	7	
Cash	Beneficiaries	694	66
Water and habitat activities	Beneficiaries	1,836	

CIVILIANS		TAJIKISTAN	UZBEKISTAN
Red Cross messages (RCMs)			
RCMs collected		9	35
RCMs distributed		15	36
Tracing requests, including cases of missing persons			
People for whom a tracing request was newly registered			1
	<i>of whom minors at the time of disappearance</i>		1
Tracing cases still being handled at the end of the reporting period (people)			2
	<i>of whom women</i>		1

Meanwhile, preparations were under way for the ICRC's planned assessment of families of the missing, aimed at gaining an insight into their specific needs and submitting the findings to the relevant authorities.

PEOPLE DEPRIVED OF THEIR FREEDOM

In Uzbekistan, 454 people held in 12 places of detention under the authority of the Ministry of Interior, including penitentiary and pre-trial facilities, received visits from ICRC delegates. During 14 such visits, delegates looked at detainees' health and living conditions, paying particular attention to vulnerable inmates such as those held on security-related charges, women, minors and foreigners. Occasionally, they shared their findings and recommendations, including those relating to penitentiary health concerns, confidentially with the authorities at individual prison level. Since October, visits were suspended, as dialogue at central level focused mainly on the ICRC's standard working procedures during visits to detainees.

Detainees restored/maintained contact with their families through RCMs. Families learnt of the whereabouts of their detained relatives via 31 phone calls made by the ICRC. A total of 102 detainees, including 7 females and 8 minors, received family visits from over 200 relatives, who often received food and essential household items to give to their detained relatives, in addition to having their transportation costs covered. Three detainees in need of medical care received the appropriate assistance. Seminars for health staff and other assistance activities could not take place as planned.

Dialogue on ICRC visits to detainees in Tajikistan and Turkmenistan continues

Dialogue on an agreement authorizing ICRC visits to people deprived of their freedom according to the organization's standard procedures continued in Tajikistan and Turkmenistan.

As part of the Turkmen government's ongoing efforts to reform the penitentiary system in cooperation with the ICRC, Turkmen authorities went on a study visit to Azerbaijan to observe best practices in prison TB management (see *Azerbaijan*) and organized two prison tours for ICRC delegates – one round a penal institution for minors in April, and another in a strict-regime colony in December – following a first prison tour in 2011. An ICRC visit to the construction site of a new women's colony provided an opportunity for discussions with the authorities on certain penitentiary issues.

In Tajikistan, a pilot programme enabled families to visit 31 detained relatives by covering their transport expenses and providing them with food parcels to give to the detainees. Foreign detainees held in the country were able to maintain contact with their relatives abroad through RCMs collected and distributed by the Tajikistan Red Crescent. Families in Tajikistan exchanged news with their relatives detained in Afghanistan via video calls facilitated by the ICRC (see *Afghanistan*)

WOUNDED AND SICK

Casualty care chain is strengthened in Tajikistan

In coordination with the relevant authorities, health and medical facilities in the Rasht Valley received support to boost their capacities to provide timely first aid or medical/surgical care to the wounded or sick in emergencies. Five health centres benefited from minor renovations and donations of basic equipment and drugs, and two health centres received a dressing kit each. Five district hospitals (Jirghatol, Nurobod, Rasht, Tavildara and Tojikobod) received specialized medical equipment; additionally, the Gharm hospital morgue in the Rasht district was equipped with an eight-body cold chamber and autopsy tools. The Ministry of Interior's hospital also received medical items.

People wounded during the events in GBAO received first aid from Tajikistan Red Crescent volunteers present on the ground. Those being treated at the provincial hospital in Khorog and at the National Hospital and the Ministry of Defence hospital in Dushanbe benefited from medicine and dressing materials provided by the ICRC through the National Society. In order to replenish stocks used during the events and improve emergency preparedness, sets of dressing materials and bedding were also delivered to other hospitals, first-aid points and medical services in the area.

To help build the competencies of local service providers working in areas prone to emergencies or contaminated by mines/ERW, the ICRC conducted a three-day seminar for some 40 surgeons and representatives of various State ministries, at which they exchanged experiences and best practices in weapon-wound surgery. This seminar, as well as training sessions for police and military officers (see *Armed forces and other bearers of weapons and Red Cross and Red Crescent Movement*), provided opportunities to promote the goals of the Health Care in Danger project.

PEOPLE DEPRIVED OF THEIR FREEDOM	TAJIKISTAN	UZBEKISTAN
ICRC visits		
Detainees visited and monitored individually		454
		<i>of whom women</i> 106
		<i>of whom minors</i> 22
Detainees newly registered		208
		<i>of whom women</i> 23
		<i>of whom minors</i> 21
Number of visits carried out		14
Number of places of detention visited		12
Restoring family links		
RCMs collected	46	157
RCMs distributed	6	128
Phone calls made to families to inform them of the whereabouts of a detained relative		31
Detainees visited by their relatives with ICRC/National Society support	31	102

AUTHORITIES

Central Asian authorities received ICRC advice on ratification of/ accession to IHL treaties and the integration of IHL into national legislation.

State legal experts and representatives of national IHL committees from CIS countries and Georgia convened at the fourth regional seminar on IHL implementation in Astana, Kazakhstan, where they discussed the humanitarian consequences of the use of weapons prohibited by IHL and exchanged knowledge and best practices in implementing weapon conventions.

In Turkmenistan, members of the Inter-Agency Commission on Human Rights and IHL received ICRC guidance on carrying out its plan of action, which included the adoption of a law on the National Society (see *Red Cross and Red Crescent Movement*) and the ratification of the Hague Convention on Cultural Property. They undertook a study visit to Minsk, Belarus, and learnt best practices in implementing treaties relating to the protection of cultural property and the repression of war crimes from their Belarusian counterparts.

In Tajikistan, the National Legislative Centre completed the first draft of a compatibility study between national legislation and international norms relating to missing persons (see *Civilians*).

Future and current State representatives and civil servants in Tajikistan and Turkmenistan learnt about IHL and the Movement during guest lectures jointly conducted by the respective National Society and the ICRC.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

The region's Defence Ministries continued to work on the integration of IHL into military doctrine, training and operations. Military and security officers, including Kazakh troops departing on UN peacekeeping and peace-enforcement operations, attended seminars, guest lectures and workshops to enhance their understanding of IHL and its application in armed conflict. To further their appreciation of IHL, military officers from each of the countries covered participated in an IHL course in San Remo. In October, officers representing CSTO member States underwent IHL training and learnt about the ICRC's neutral, impartial and independent humanitarian action in armed conflict during a CSTO peacekeeping exercise in Kazakhstan, which marked the ICRC's second participation in such an event (see *Armenia*).

In Tajikistan and Uzbekistan, cooperation with the Interior Ministries continued with dialogue, training and seminars on internationally recognized standards governing law enforcement, including those relating to arrest, detention and the use of force and firearms. As a supplement to the training, Tajikistan's Interior Ministry received 2,500 pocket cards containing reminders on policing and human rights standards applicable to their duties. Furthermore, over 500 police and military officers in Tajikistan participated in first-aid training, during which they also learnt about the Movement (see *Red Cross and Red Crescent Movement*).

CIVIL SOCIETY

Opinion-makers and the general public kept abreast of humanitarian issues through media reports based on ICRC press material. In Tajikistan and Uzbekistan, joint National Society/ICRC lectures and journalistic competitions helped stimulate media interest in IHL and foster a discourse on worldwide humanitarian action. A joint Red Crescent Society of Uzbekistan/ICRC photo contest drew attention to the goals of the Health Care in Danger project.

IHL promotion among academic circles progressed with activities aimed at cultivating dialogue on humanitarian issues. University students from the region took part in an IHL essay competition on contemporary humanitarian challenges and in a conference in Uzbekistan, where they tackled, among other topics, IHL violations and the protection of women and children in armed conflict. At a workshop in Almaty, Kazakhstan, lecturers and specialists from several countries contributed their expertise to the development of IHL and practical humanitarian action in the region. Partner universities in Tajikistan received IHL publications, allowing academics to further their studies and research, and selected students attended a special course on IHL. In Turkmenistan, the Institute of International Relations and the ICRC formalized cooperation in IHL teaching and research for the next two years.

RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies continued to strengthen their legal bases with the help of the International Federation and the ICRC, which supported the Red Crescent Societies of Kazakhstan and Turkmenistan in updating their statutes during their respective general assemblies. In December, Turkmenistan's parliament adopted a law consolidating the legal status of the Turkmenistan Red Crescent.

The Kazakhstan, Tajikistan and Uzbekistan Red Crescent Societies stepped up efforts to strengthen their emergency preparedness and response capacities, including through staff training, replenishment of emergency stocks in selected branches, expansion of contacts among local authorities, and fundraising.

Owing to its well-established presence in GBAO, the Tajikistan Red Crescent played a key role in the humanitarian response immediately following the events in Khorog (see *Civilians and Wounded and sick*).

The National Societies worked with the ICRC in assisting vulnerable people, including migrants, detainees and mine/ERW-affected communities (see above), and their staff attended a regional training seminar in the Russian Federation (see *Moscow*) on first aid and restoring family links during emergencies, in order to improve these services. They also received support in enhancing their communication strategies to position themselves better as auxiliaries to the authorities. Joint activities – such as dissemination sessions with the Uzbekistan Red Crescent at the IHL centre in the Ferghana Valley, lectures at military institutes with the Turkmenistan Red Crescent, and first-aid training for police and military officers with the Tajikistan Red Crescent – contributed to promoting IHL and the Movement's Fundamental Principles.

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

EXPENDITURE (IN KCHF)	
Protection	2,326
Assistance	-
Prevention	765
Cooperation with National Societies	812
General	-

▶ 3,903
 of which: Overheads 238

IMPLEMENTATION RATE	
Expenditure/yearly budget	89%

PERSONNEL	
Expatriates	5
National staff (daily workers not included)	50

KEY POINTS

In 2012, the ICRC:

- ▶ in Bosnia and Herzegovina, closed the cases of 904 missing persons, including 40 found alive, while supporting the Missing Persons Institute and resubmitting to the Bosnian authorities requests for information on over 9,000 cases
- ▶ completed the handover of responsibility for the management of case summaries to the Red Cross of Serbia
- ▶ assisted 59 family members of missing persons in travelling from Serbia to attend identification sessions in Croatia, enabling them to identify 58 sets of remains and to arrange for handover and burial ceremonies
- ▶ per a newly signed agreement, provided the Kosovar authorities with ICRC ante/post-mortem data-management software containing the public list of missing persons
- ▶ helped the region's National Societies and the Red Cross units in Kosovo strengthen their capacities to address the missing persons issue, offer family-links services and tackle weapon contamination
- ▶ visited detainees in Bosnia and Herzegovina, the Former Yugoslav Republic of Macedonia and Serbia, monitoring their treatment and living conditions and providing the authorities with confidential feedback

* 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. It seeks to 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.

CONTEXT

In their bid to join the European Union (EU), the countries of the Western Balkans continued to tackle problems inherited from past conflicts, particularly in relation to the cases of thousands of missing persons and their families' ensuing concerns, as well as the consequences of weapon contamination. Compounding these problems, political instability, ethnic tensions and economic difficulties persisted in most countries.

Serbia secured EU candidate status and formed a new government following general elections in May. Bosnia and Herzegovina also formed a government in February after a 15-month delay. However, persistent political and economic difficulties reportedly hampered its efforts to join the EU and NATO.

Kosovo took initial steps towards EU integration, as EU-facilitated dialogue between it and Serbia entered a new phase at prime-minister level. The International Civilian Office closed its office in Kosovo, giving the authorities more independence and responsibility over the conduct of their affairs.

Despite a decrease in interethnic violence that began early in the year in the Former Yugoslav Republic (FYR) of Macedonia, the situation remained volatile. Meanwhile, Albania worked to resolve a longstanding political crisis and moved closer to starting EU integration. Croatia was waiting for all EU members to ratify its accession treaty.

ICRC ACTION AND RESULTS

In partnership with the region's National Societies and the authorities concerned, the ICRC continued to support efforts to ascertain the fate of persons missing in relation to past conflicts and to ensure that their families received legal, psychological and social assistance. Alongside these, it helped government institutions and National Societies strengthen their capacities to carry out this work independently.

Despite increased support from the international community in encouraging national authorities to address the issue, progress remained slow because of the limited information available. Nevertheless, the efforts of the National Societies, the ICRC, the national authorities, and the international community led to some tangible results. Over 900 cases of missing persons were resolved in Bosnia and Herzegovina; 37 sets of human remains were identified in Kosovo; and 20 sets of remains were recovered from gravesites in Kosovo.

To promote further action, the ICRC resubmitted requests for information on missing persons to the authorities concerned,

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs distributed		1	UAMs/SCs*	
Phone calls facilitated between family members		1		
Names published on the ICRC family-links website		11,104		
Reunifications, transfers and repatriations				
People transferred/repatriated		1		
Tracing requests, including cases of missing persons¹				
People for whom a tracing request was newly registered		4	Women	Minors
People located (tracing cases closed positively)		942		
Tracing cases still being handled at the end of the reporting period (people)		10,170	1,310	531
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits				
Detainees visited		39	Women	Minors
Detainees visited and monitored individually		39		
Detainees newly registered		6		
Number of visits carried out		12		
Number of places of detention visited		11		
Restoring family links				
People to whom a detention attestation was issued		307		

* 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 Red Cross of Serbia

shared reports on the locations of potential gravesites and published the third edition of a book listing the names of missing persons in Croatia.

In Kosovo, the ICRC chaired two sessions of the Working Group on Missing Persons and organized one briefing session for the families. Issues related to exhumation and identification processes were tackled at two sessions of the Sub-Working Group on Forensic Issues.

In helping authorities assume the lead role in resolving the missing persons issue, the ICRC continued to transfer responsibilities to key partners. Notably, the transfer of case summaries and responsibility for their management to the Red Cross of Serbia was completed, while a similar initiative in Bosnia and Herzegovina progressed. It also worked to centralize information, including by helping the Missing Persons Institute (MPI) in Bosnia and Herzegovina establish a register of missing persons and by providing the Kosovar authorities with ante/post-mortem data-management software.

The ICRC fostered regional cooperation on the missing persons issue by organizing or supporting dedicated events, including a symposium where forensic experts from Bosnia and Herzegovina, Croatia, Kosovo and Serbia discussed ways to manage the large number of unidentified human remains in the region. These events increased the authorities' understanding of IHL and encouraged them to incorporate it into domestic legislation. In particular, discussions with Bosnian and Kosovar authorities contributed to their progress in enacting laws on missing persons.

With most countries working to integrate the Exploring Humanitarian Law programme into school curricula, the ICRC helped education authorities strengthen their capacities to implement and expand the programme, while helping National Societies pursue funding options to sustain it.

The ICRC provided the National Societies and Red Cross units in Kosovo with financial, material and capacity-building assistance in disseminating IHL, restoring family links and addressing the issues of missing persons and weapon contamination. It co-organized a

meeting on collectively improving the region's family-links services and helped the Red Cross Society of Bosnia and Herzegovina establish a central archive of data on missing persons for whom cases had been opened with the Movement. National Societies and family associations also received assistance enabling them to provide psychological and social support to relatives of missing persons and to conduct awareness campaigns highlighting their concerns.

Delegates visited, according to standard ICRC procedures, people held on security charges and particularly vulnerable detainees. They confidentially shared their findings and recommendations on improving detainees' living conditions with the authorities concerned. Some migrants and former detainees of the US internment facility at Guantanamo Bay Naval Station in Cuba used ICRC family-links services. In particular, the ICRC helped a boy from Bosnia and Herzegovina travel to see his father who had resettled in France after his release from internment.

CIVILIANS

The process of clarifying the fate and whereabouts of persons still missing from the Balkan conflicts advanced, albeit slowly. Some 12,400 of around 34,900 people whose relatives had approached the ICRC for assistance in locating them remained unaccounted for. To intensify efforts to ascertain the fate of missing persons, the region's national authorities were urged to fulfil their responsibilities with regard to resolving the issue, including by sharing information in their possession, assisting the institutions involved in the process and enacting supporting legislation. In parallel, the EU and other key international actors were urged to reassert to the region's authorities the importance of the aforementioned obligations.

Regional events, including one co-chaired by the International Commission on Missing Persons (ICMP) and the ICRC, facilitated dialogue and coordination among the authorities. Forensic experts from Bosnia and Herzegovina, Croatia, Kosovo and Serbia exchanged ideas at an ICRC-organized symposium.

The authorities concerned received updated information on missing persons on the basis of ongoing contacts with families and the consultation of archives. People across the world could access

the list of those still being sought in the Western Balkans on the ICRC family-links website (familylinks.icrc.org).

Bosnia and Herzegovina conflict 1992–95

By year-end, the families of 8,388 individuals for whom cases were opened with the ICRC remained without information on missing relatives. In all, 864 cases were solved, the majority using information from the MPI regarding recovered and identified remains. Following extensive ICRC efforts, a further 40 people were located alive.

The authorities were reminded of their obligations to the families of the missing and encouraged to transfer data in their possession to the MPI, including through the resubmission in March of requests for information on over 9,000 missing persons. The efforts of the MPI to establish a working group to manage the large number of unidentified human remains in the country stalled because of financial and bureaucratic constraints. Nevertheless, it continued to work on establishing a central register of missing persons, focusing on verifying its data. In this endeavour, the MPI benefited from ICRC support and increased assistance from the EU delegation in Sarajevo and Swiss, UK and US representatives.

The handover of data and responsibility for case management and the follow-up of missing persons and their families to the MPI and the Bosnian Red Cross gained momentum. Some 2,000 families were visited by the National Societies involved and the ICRC in Bosnia and Herzegovina and abroad. During these visits, families were informed of the impending changes and exchanged updates on their missing relatives.

To improve assistance to families of missing persons, the MPI and the National Society worked to strengthen cooperation, including through an ICRC-hosted workshop, at which they explored tangible measures to do so. Training opportunities helped National Society staff and volunteers to acquire skills to undertake tracing activities independently.

In line with ICRC recommendations and following discussions among the country's forensic experts, the Bosnia and Herzegovina Association of Court Medicine was established.

Kosovo conflict 1999

The ICRC-chaired Working Group on Missing Persons met twice and held one briefing session for the families of missing persons. Forensic experts in Belgrade and Pristina enhanced coordination through two meetings of the Sub-Working Group on Forensic Issues, which tackled exhumation and identification processes. Field assessments and excavations in Kosovo and Serbia that were supported by the Working Group led to the recovery of 20 sets of human remains, although none were found in alleged gravesites in Raska, Serbia, and Zilivode, Kosovo.

While 1,762 individuals were still unaccounted for by year-end, 37 sets of remains were identified. Moreover, the EU Rule of Law Mission Department of Forensic Medicine (EULEX DFM) completed a review of the unidentified human remains stored in its morgue in Pristina. Since the review was instigated in 2008, it has resulted in the identification of 45 sets of remains and the recording of the exact number, sex and age range of those remaining unidentified to facilitate future identification efforts.

To promote further action, 28 analytical reports on the locations of potential gravesites were submitted to EULEX DFM, while four

ante-mortem data questionnaires were given to the authorities in Belgrade. The authorities in Pristina, via the newly established communication channel with the deputy prime minister/justice minister, received renewed requests for information on 117 individuals who went missing during 15 specific conflict-related events.

Per a newly signed agreement with the Government Commission on Missing Persons, the Kosovar authorities received the ICRC's ante/post-mortem data-management software containing the public list of missing persons to support the government in establishing a central register of data on missing persons. At year-end, some 760 cases had been entered into the database, with the ICRC training data-entry staff in October and monitoring progress on an ad hoc basis.

The Serbian Commission on Missing Persons improved its capacity to manage data on missing persons after receiving a server from the ICRC.

Croatia conflicts 1991–95

In coordination with the authorities and the Croatian Red Cross, the third edition of the *Book of Missing Persons on the Territory of the Republic of Croatia*, containing 2,322 names, was launched at a high-level event that drew significant public attention. The Croatian authorities also committed to allocating more resources to completing the exhumation of known gravesites in the country. Eight ante-mortem data questionnaires collected by the National Society were submitted to the pertinent authorities in Belgrade and Zagreb.

The Red Cross of Serbia assumed full responsibility for managing and following up more than 1,430 case summaries of missing persons from all three conflicts and was thus better prepared to help families seeking assistance in locating their relatives.

Families of missing persons receive support

Across the region, families travelled with ICRC financial assistance to identify the remains of their relatives, allowing them to subsequently arrange burial ceremonies. For example, 59 relatives of missing persons travelled from Serbia to the Forensic Institute in Zagreb to attend such sessions organized by the Croatian authorities. They confirmed the identities of 58 sets of remains, consequently finding closure after learning the fate of their relatives.

During the identification process and in the events leading up to burial ceremonies, families received psychological and social support and, in some cases, first aid provided by family associations and National Societies trained and supported by the ICRC.

To raise greater awareness of the challenges faced by relatives of missing persons, family associations produced promotional materials and organized community events on the matter, with ICRC financial and material assistance.

In Bosnia and Herzegovina, the MPI Advisory Board (consisting of six representatives of all family associations) drew on ICRC expertise and targeted support to better communicate families' concerns to the authorities and MPI managing bodies, as well as to monitor and provide constructive input to the associations' work. With a view to enhancing cooperation with other family associations in the region, some of the country's associations exchanged views with counterparts from Kosovo during an ICRC-organized meeting. The Bosnian National Society also strengthened its

capacity to provide psychological and social support and assist families during burials thanks in part to new equipment and tools purchased with ICRC assistance.

In Kosovo, family associations implemented a public relations approach following ICRC-financed training. Four psychosocial support projects organized by family associations and National Society branches brought together over 150 family members from different areas with the aim of overcoming difficulties they faced during the return and reburial of their relatives' remains.

In Serbia, 50 families learnt coping mechanisms after sessions with psychologists and some faith-based activities organized by family associations and the National Society, with ICRC funding.

PEOPLE DEPRIVED OF THEIR FREEDOM

People detained in the Western Balkans on security-related charges and other particularly vulnerable detainees continued to receive visits carried out according to standard ICRC procedures. Following visits to detainees in Bosnia and Herzegovina, the FYR Macedonia and Serbia, the authorities concerned received confidential feedback and, where appropriate, recommendations on improving detainees' conditions. Notably, the Macedonian and Serbian authorities agreed to notify the ICRC of new detainees under their jurisdiction.

At their request, people who had been detained during the three aforementioned conflicts received National Society/ICRC-issued attestations of detention, which they could use to regularize their status.

Two migrants held in Bosnia and Herzegovina restored contact with their families living abroad through ICRC family-links services. Similarly, two former detainees of the Guantanamo Bay internment facility who had resettled in another country were visited by their relatives, including a boy from Bosnia and Herzegovina who travelled to France to meet his father after 10 years of separation (see *Paris*). A former detainee in Albania and his family were repatriated to Egypt, under ICRC auspices.

AUTHORITIES

The region's authorities continued to draw on ICRC expertise and support to help them accede to IHL treaties and implement them. In particular, Bosnia and Herzegovina and Kosovo progressed in incorporating IHL into domestic law, with Bosnia and Herzegovina working to implement its national law on missing persons after ratifying the Convention on Enforced Disappearance, and Kosovo adopting a by-law on the working rules of the Government Commission on Missing Persons.

At a workshop co-organized with the Bosnian authorities, high-level south-east European officials discussed the prospective ratification and implementation of treaties regulating the use

of weapons under IHL. Representatives of five IHL committees shared their views on their work at a meeting co-hosted by the Serbian national IHL committee and the ICRC. Dedicated events furthered the "Strengthening IHL" process by enabling Bosnian authorities to exchange views on reinforcing the legal protection of detainees during armed conflict (see *International law and cooperation*) and Kosovar judges and lawyers prosecuting war crimes to learn more about applicable legal frameworks.

The Serbian Red Cross helped execute computer-simulated IHL exercises for the Serbian armed forces, while Bosnian military and police officers to be deployed on peace-support missions attended seminars organized by a military training facility, with a view to enhancing their understanding of IHL, including civil-military relations.

CIVIL SOCIETY

The media reported on humanitarian issues related to missing persons, including events commemorating the International Day of the Disappeared and the 20th anniversary of ICRC activities in Bosnia and Herzegovina.

The countries' education authorities continued working to integrate the Exploring Humanitarian Law programme into school curricula, while monitoring the quality of training and teaching. With ICRC support, the Bosnian, Croatian and Serbian National Societies pursued efforts to apply jointly for EU funding for the programme. Authorities and other stakeholders increased their capacities to implement and monitor the programme independently at various dedicated events, including workshops for school directors and trainers in Bosnia and Herzegovina, Kosovo and FYR Macedonia, refresher courses for trainers in Serbia, and discussions with education authorities in the Republika Srpska on the benefits of the programme and how best to position it. Trainers from across the region developed an instructors' manual.

Major universities continued to offer IHL instruction and to encourage domestic IHL implementation. Students participated in regional IHL events, including moot court competitions and academic courses. An IHL centre in Serbia looked to strengthen its role in promoting IHL, including through an ICRC-led evaluation of its progress in this field.

RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies and Red Cross units in Kosovo worked to strengthen their capacities in disseminating IHL, restoring family links and addressing the issues of missing persons (see *Civilians*) and of weapon contamination, with the help of ICRC financial, material and capacity-building support. These included the organization of a regional meeting for several European National Societies on collectively improving the region's family-links services, particularly during natural disasters, within the framework of the Movement's Restoring Family Links Strategy.

PEOPLE DEPRIVED OF THEIR FREEDOM	BOSNIA AND HERZEGOVINA	KOSOVO	FYR MACEDONIA	SERBIA
ICRC visits				
Detainees visited	6		18	15
Detainees visited and monitored individually	6		18	15
Detainees newly registered	1		3	2
Number of visits carried out	4		4	4
Number of places of detention visited	4		4	3
Restoring family links				
People to whom a detention attestation was issued	253	54		

The Bosnian National Society was assisted in establishing a central archive of missing persons registered with the Movement, while the National Societies of Bulgaria, Romania and Serbia implemented a joint project to raise border authorities' awareness of family-links services for migrants.

The region's National Societies progressively expanded their roles in addressing weapon contamination. To foster regional cooperation on the matter, the Croatian Red Cross and the Croatian Mine Action Centre organized a related meeting. The Red Cross Society of Bosnia and Herzegovina contributed to the development of the country's approach to reducing the risks posed by small arms and light weapons, as well as to the review of various victim-assistance and risk-awareness programmes. To raise public awareness of the risks of weapon contamination and ways to mitigate these risks, the Albanian and Bosnian National Societies and the Red Cross units in Kosovo conducted several awareness sessions, especially targeting the youth.

With a view to helping gain acceptance and ensure the safety of Movement activities, a Red Cross unit in Kosovo and the Macedonian National Society conducted campaigns on the protection due to the red cross and red crescent emblems.

While both Red Cross units in Kosovo drew on coordinated Movement support for organizational development, no formal dialogue could be initiated between the two. The Bosnian National Society received comments on its proposed amendments to the Red Cross Law. On the basis of a field survey, the Serbian National Society drafted a communication strategy.

Coordination with Movement partners facilitated activities and helped maximize their impact.

ANKARA



ICRC mission

EXPENDITURE (IN KCHF)

Protection	30
Assistance	-
Prevention	276
Cooperation with National Societies	70
General	-

► 375

of which: Overheads 23

IMPLEMENTATION RATE

Expenditure/yearly budget	48%
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PERSONNEL

Expatriates	0
National staff (daily workers not included)	1

KEY POINTS

In 2012, the ICRC:

- closed its temporary mission in Ankara on 30 March at the request of the Turkish authorities
- helped families in Turkey stay in touch with relatives detained/interned in Iraq and elsewhere abroad
- participated in IHL training for military officers at NATO's Ankara-based Partnership for Peace Training Center
- engaged in a dialogue with the Turkish Red Crescent Society with a view to handing over responsibility to it for providing family-links services
- pursued dialogue with the Turkish authorities and the Turkish Red Crescent on the humanitarian situation in the Syrian Arab Republic

In direct relation to the armed conflict in neighbouring Iraq, the ICRC opened a temporary mission in Ankara in 2003. Until its closure in 2012, ICRC activities related to the situation in Iraq focused mainly on protection and ICRC activities in Turkey included supporting the authorities in the promotion of IHL and assisting the armed forces in integrating IHL into their training programmes.

CONTEXT

Turkey closely monitored developments in countries affected by unrest or armed conflict, such as Egypt, Libya, Myanmar, Somalia and the Syrian Arab Republic (hereafter Syria). The situation in Syria was of particular concern to the Turkish authorities owing to its proximity and the influx of Syrian refugees into Turkey.

Turkey hosted various meetings and conferences in relation to the situation in Somalia and in Syria.

ICRC ACTION AND RESULTS

The ICRC had maintained a temporary presence in Turkey to support its operations in neighbouring conflict-affected Iraq, in accordance with a memorandum of understanding concluded with the Turkish authorities in 2003. In February 2012, the Turkish authorities asked the ICRC to close its office in Ankara by the end of March, as they considered that the evolution of the situation in Iraq had rendered the memorandum obsolete.

The ICRC kept up its dialogue with the Turkish authorities through the temporary mission in Ankara until its closure. Thereafter, the ICRC maintained its dialogue with the authorities through Turkey's permanent mission in Geneva, Switzerland, in order to discuss humanitarian issues of mutual interest.

PEOPLE DEPRIVED OF THEIR FREEDOM

In conformity with the agreement on the ICRC's presence in Turkey, during the first quarter, families in the country were able to avail themselves of the ICRC family-links service to renew or maintain contact with relatives detained/interned in Iraq or elsewhere, notably in Afghanistan and Uzbekistan. Families in Turkey received one RCM from a Turkish detainee in Iraq and two RCMs from Turkish nationals detained in Uzbekistan. Through three video calls facilitated by the ICRC's Ankara office, families also maintained contact with relatives held in the US detention facility at Parwan in Afghanistan (see *Afghanistan*).

AUTHORITIES

The ICRC maintained a regular dialogue with the Turkish permanent mission in Geneva, after the closure of the ICRC office in Ankara.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

NATO's Partnership for Peace Training Center in Ankara and the ICRC pursued their cooperation, notwithstanding the closure of the Ankara office.

During the year, both partners prepared and carried out a series of courses for NATO rapid deployment corps on the provisions of IHL applicable to armed conflict, which culminated in a week-long military field exercise.

CIVIL SOCIETY

In cooperation with the Anadolu University of Eskişehir, the translation into Turkish of an IHL teaching manual for university lecturers was finalized.

RED CROSS AND RED CRESCENT MOVEMENT

The Turkish Red Crescent Society played an active role in providing humanitarian assistance to victims of armed conflicts and other situations of violence in various contexts, including Myanmar and Somalia. It also assisted Syrians who had sought refuge in camps along the Turkish-Syrian border.

The ICRC engaged in a dialogue with the Turkish Red Crescent with a view to handing over responsibility to it for providing family-links services.

BRUSSELS

COVERING: Institutions of the European Union, 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, 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 and key armed forces based in Western Europe. Its aim is 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.

CONTEXT

The European Union (EU) remained involved in crisis management and conflict resolution worldwide through political mediation or other forms of intervention. It closely followed developments in active conflicts and situations of unrest in the Horn of Africa, the Middle East and the Sahel region. Within the framework of the Common Security and Defence Policy (CSDP), 15 EU field missions were under way at the end of 2012. Despite facing economic and financial difficulties, the EU continued to be a major global provider of humanitarian aid.

EU member States and institutions continued to implement the provisions laid down in the Lisbon Treaty, aimed at developing a European foreign policy, notably through the European External Action Service (EEAS) chaired by the high representative for foreign affairs, and the Political and Security Committee, in charge of all decisions regarding the Common Foreign and Security Policy and the CSDP. The rotating biannual EU presidency was held by Denmark and Cyprus in 2012.

NATO's International Security Assistance Force (ISAF) pursued a troop-reduction process aimed at ending its combat role in Afghanistan by the end of 2014. At the Chicago Summit, NATO renewed its commitment to the transatlantic bond and its strategic engagements. In Kosovo¹, the NATO-led international peacekeeping force pursued its peace-support operation, in cooperation with the UN, the EU Rule of Law Mission in Kosovo and other actors. NATO also maintained its counter-piracy operations off the Somali coast.

Council of Europe bodies and the Organization for Security and Co-operation in Europe (OSCE) continued to address, among other things, issues relating to the conflicts in the Caucasus and to the arrival of migrants, asylum seekers and refugees in the Mediterranean region.

ICRC ACTION AND RESULTS

The Brussels delegation continued to foster relations with EU institutions and NATO and contributed to the ICRC's dialogue with the Council of Europe and the OSCE to ensure that IHL and humanitarian issues were given due consideration in their decisions, policies and programmes. It highlighted specific humanitarian concerns with a view to contributing to European

EXPENDITURE (IN KCHF)	
Protection	53
Assistance	-
Prevention	2,151
Cooperation with National Societies	175
General	-

► **2,380**
of which: Overheads 145

IMPLEMENTATION RATE	
Expenditure/yearly budget	93%

PERSONNEL	
Expatriates	2
National staff (daily workers not included)	12

KEY POINTS

In 2012, the ICRC:

- pursued dialogue on humanitarian issues and IHL with institutions of the European Union (EU), including through high-level meetings and briefings
- signed an updated memorandum of understanding with NATO command structures, contributing to enhanced dialogue on humanitarian concerns, cooperation on IHL integration into military training, and operational coordination
- coordinated with the Brussels-based Red Cross/EU Office to strengthen Movement-wide humanitarian diplomacy with European institutions, including on issues relating to migration
- through dedicated events, fostered awareness of humanitarian concerns and support for IHL and ICRC activities among European civil servants, academics, NGOs, the media and the general public
- strengthened its dialogue with the Belgian authorities on IHL-related issues and ICRC operations in major humanitarian crises

1. UN Security Council Resolution 1244

efforts to protect and assist people affected by armed conflict and other situations of violence worldwide.

During high-level meetings, the president of the ICRC exchanged views on pressing humanitarian issues with the president of the European Commission, the high representative of the Union for Foreign Affairs and Security Policy, and the European commissioner for international cooperation, humanitarian aid and crisis response. He also briefed the Political and Security Committee of the EU Council on current major humanitarian challenges in various operational contexts.

Dialogue with EU bodies centred on humanitarian issues and the ICRC's response in a number of crises, including in Mali and the Syrian Arab Republic (hereafter Syria), with implementation of the EU guidelines on promoting compliance with IHL remaining an important vector of cooperation. The ICRC also developed dialogue on institutional and operational concerns with the EEAS, notably with its civil and military units. Thematic issues such as migration, missing persons and the proposed arms trade treaty were discussed with the relevant bodies.

Interaction with NATO's headquarters, Allied Command Operations (ACO) and Allied Command Transformation (ACT) developed, in particular through the signing of an updated memorandum of understanding with the ACO and the ACT, which provided for a structured dialogue and coordination centring on humanitarian issues and IHL. Meetings allowed NATO entities and the ICRC to identify key lessons learnt in relation to NATO's involvement in Afghanistan and Libya. ICRC participation in NATO conferences, and presentations during NATO training activities, including pre-deployment exercises, enhanced dialogue and mutual understanding at field and central level, while discussions in various fora enabled the ICRC to clarify its position with regard to NATO's Comprehensive Approach. Contacts developed with the Africa Command (AFRICOM) and the US Europe Command (EUCOM) resulted in a privileged dialogue enabling the ICRC to put forward IHL concerns.

Press releases, operational updates, dedicated events and exchanges with think-tanks, NGOs and other humanitarian organizations helped raise awareness of IHL and the ICRC's neutral, impartial and independent humanitarian action.

While following up on the pledges made by EU member States at the 31st International Conference, the ICRC maintained strong coordination and cooperation with the Red Cross/EU Office in Brussels to ensure the coherence of Movement-wide humanitarian diplomacy, and kept up a regular dialogue with the Belgian authorities on mutual humanitarian and IHL-related concerns.

PEOPLE DEPRIVED OF THEIR FREEDOM

One detainee convicted by the International Criminal Tribunal for the former Yugoslavia and serving his sentence in Belgium continued to receive annual visits from the ICRC, conducted in accordance with its standard procedures. The ICRC monitored his treatment and living conditions to ensure they complied with internationally recognized standards, and shared its findings and recommendations confidentially with the authorities concerned.

One person resettled in Belgium following his release from the US internment facility at Guantanamo Bay Naval Station in Cuba kept in contact with the delegation.

AUTHORITIES

Dialogue with the Council of the EU, the EEAS, the EU presidency and the European Commission aimed to encourage the integration of IHL and humanitarian perspectives into EU activities and decisions.

Humanitarian issues of common concern were the subject of high-level meetings between the ICRC president and the president of the European Commission, the high representative of the Union for Foreign Affairs and Security Policy, and the European commissioner for international cooperation, humanitarian aid and crisis response. These and other meetings, including with the EU Council's Working Group on Humanitarian Aid and Food Aid, directly supported ICRC field operations and working relations with the Directorate-General for Humanitarian Aid and Civil Protection (ECHO), which dealt with financial support to the organization.

In his addresses before the EU Council's Political and Security Committee, the ICRC president took up current humanitarian challenges and operational contexts on the Council's agenda. Other ICRC briefings and addresses covered: the organization's mandate and activities in contexts such as Mali and Syria; thematic issues, notably in relation to migration and missing persons; the implementation of the EU guidelines on promoting compliance with IHL; the "Strengthening IHL" process (see *International law and cooperation*); and the negotiations on a future arms trade treaty.

Dialogue with NATO headquarters (see *Armed forces and other bearers of weapons*) and participation in its Parliamentary Assembly and in the seventh annual staff talks, chaired by the NATO assistant-secretary-general for political affairs and security policy and the ICRC director of operations, enabled exchanges on IHL-related matters and ICRC input to reports. The main bodies of the Council of Europe and the OSCE also sought ICRC expertise and advice on IHL and humanitarian issues.

While following up with all EU member States regarding the pledges they made at the 31st International Conference, the ICRC strengthened its dialogue with the Belgian authorities on IHL promotion, implementation and development and on ICRC operations in major humanitarian crises.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Fostering respect for IHL and understanding of the ICRC's mandate remained central to the organization's interaction with NATO and other armed forces in Western Europe.

The revised memorandum of understanding between the two NATO Strategic Commands – the ACO in Mons, Belgium, and the ACT in Norfolk, United States of America – and the ICRC reflected their dialogue, characterized by an emphasis on humanitarian aspects and enhanced coordination in integrating lessons learnt into training and exercises. High-level meetings with the headquarters of both commands contributed to reinforcing dialogue at the strategic level.

Sustained dialogue with NATO headquarters in Brussels, the Supreme Headquarters Allied Powers Europe (SHAPE) in Mons and the three subordinate Allied Joint Force Commands in Italy, the Netherlands and Portugal addressed in particular ISAF's involvement in Afghanistan and its planned withdrawal in 2014.

Joint events with these bodies and the Joint Analysis and Lessons Learned Centre helped identify key lessons from NATO operations in Afghanistan and Libya. Contextual briefings on humanitarian issues were provided at SHAPE's Comprehensive Crisis and Operations Management Centre and NATO's Special Operations Headquarters, while various fora provided opportunities for the ICRC to reaffirm the need to uphold its neutral, impartial and independent stance as regards the Alliance's Comprehensive Approach involving military, political and civilian means in crisis management.

High-level meetings and contacts established with AFRICOM and EUCOM facilitated ICRC access to the chain of command and special operations forces, thus contributing to the development of a privileged operational dialogue on IHL and humanitarian issues.

NATO officers attended briefings on IHL and ICRC activities while following courses at the NATO School and NATO Defense College, in military academic fora of member States, or during military exercises, including the annual strategic-level NATO Crisis Management Exercise and the Steadfast Pinnacle Exercise for NATO commanders. Specific briefings at NATO's Joint Warfare Centre in Norway and Joint Force Training Centre in Poland enabled military officers to learn about ICRC activities in Afghanistan prior to their deployment.

Two high-ranking Belgian military officers participated in an international IHL workshop held in Malaysia (see *International law and cooperation*).

CIVIL SOCIETY

Events organized by Brussels-based think-tanks, NGOs and humanitarian organizations provided opportunities to relay information to participants about the ICRC's activities and views on humanitarian issues.

Researchers, university lecturers and experts from governments and international organizations convened at the 13th Bruges Colloquium on IHL, co-organized with the College of Europe, to discuss IHL application in view of identified challenges in contemporary armed conflicts. Postgraduate students at College of Europe campuses in Belgium and Poland familiarized themselves with IHL during ICRC-run courses. Following a first colloquium in 2010, the EU Institute for Security Studies and the ICRC co-organized a second one in Brussels, this time focusing on humanitarian challenges relating to urban violence.

Belgian and other European civil servants, NATO staff and NGO representatives deepened their IHL knowledge at a second training course co-organized by the Network on Humanitarian Action, the Belgian Red Cross and the ICRC. Meetings with major NGOs and their consortia on operational issues and mutual concerns helped strengthen humanitarian coordination in the field and with the European Commission.

Systematic circulation of press material and operational updates contributed to better understanding of the ICRC's work among its contacts in EU institutions, as well as among European media services and, by extension, the general public. An ECHO/ICRC-produced cinema spot promoting issues covered by the Health Care in Danger project reached over 1.3 million people during its three-month broadcast in a first country (Germany).

RED CROSS AND RED CRESCENT MOVEMENT

Coordination between the Red Cross/EU Office, representing National Societies in EU member States and the International Federation, and the ICRC helped ensure coherence in Movement-wide humanitarian diplomacy with European institutions and monitor progress on pledges made at the 31st International Conference. Regular meetings of the Platform for European Red Cross Cooperation on Refugees, Asylum Seekers and Migrants (PERCO) and of the European Legal Support Group tapped into ICRC expertise on matters within its remit. Notably, PERCO meetings enabled the ICRC to put forward its concerns relating to missing migrants, unaccompanied minors, and migrants in detention, and to underscore the importance of safeguarding the Movement's Fundamental Principles.

The Belgian Red Cross and the ICRC maintained dialogue on IHL and humanitarian issues of mutual concern.

INTERNATIONAL TRACING SERVICE

The International Tracing Service (ITS) in Bad Arolsen, Germany, serves the victims of Nazi persecution and their families by documenting their fate through the archives it manages. The ITS preserves these historical records and makes them available for research. The ITS is governed under the 1955 Bonn Agreements and their 2006 Protocol by the 11-member International Commission for the International Tracing Service (Belgium, France, Germany, Greece, Israel, Italy, Luxembourg, the Netherlands, Poland, the United Kingdom of Great Britain and Northern Ireland, and the United States of America). The ICRC manages the ITS on behalf of the International Commission.

CONTEXT

The International Tracing Service (ITS) in Bad Arolsen, Germany, remained an invaluable resource for civilians persecuted by the National Socialist Regime and for their families, with incoming enquiries – 13,365 requests – peaking during the year. The requests came primarily from Eastern Europe, where the ITS continued its concerted effort to make its services better known. ITS staff conducted missions to Australia, the Baltic States, Belarus, Kazakhstan and the United Kingdom of Great Britain and Northern Ireland (hereafter UK) to talk with representatives of archives, victims' organizations and research institutes.

The ITS compiled a full inventory of its entire archival collections, including files containing correspondence of the institution's ICRC directors, which were to be made accessible after a period of 25 years according to the rules adopted by the International Commission (IC), the body comprising 11 States responsible for overseeing the work of the institution. Given the uniqueness of the ITS collections, the chairman of the IC submitted an application for their inclusion in UNESCO's Memory of the World Register.

The change of management and the ICRC's withdrawal took place at year-end. A farewell ceremony on 29 November marked the end of the ICRC's longest ever mission, lasting almost 57 years. The IC members unanimously appointed a new director to succeed the present one, an ICRC delegate, effective from the beginning of 2013. Regular meetings between the German Federal Archives, representatives of the German federal government and the ITS provided a solid basis for a smooth transition to the new management and for the ITS's gradual transformation from a tracing service into a centre for documentation, information and research. Two new agreements on the future tasks and management of the ITS were set to come into force on 1 January 2013.

Researchers, research institutions, and memorial and educational bodies continued to show a keen interest in ITS documentation. The ITS published its first academic yearbook, held an exhibition on death marches from concentration camps and provided educational material to schools. It cooperated with various historical institutions and schools and started additional research projects, one in particular on the fate of displaced people. The ITS also continued the digitization of its archival holdings, focusing mainly on 3 million correspondence files, the most elaborate sub-project of the digitization process.

EXPENDITURE (IN KCHF)	
Protection	356
Assistance	-
Prevention	281
Cooperation with National Societies	-
General	-

► **637**
of which: Overheads 39

IMPLEMENTATION RATE	
Expenditure/yearly budget	86%

PERSONNEL	
Expatriates	2
National staff (daily workers not included)	0

KEY POINTS

In 2012, the International Tracing Service (ITS):

- completed its transition into a centre for documentation, information and research, following the ICRC's handover of management and withdrawal
- processed over 13,000 enquiries from 76 countries requesting information from the ITS collections
- expanded the resources available to researchers, scholars and lecturers through teacher training, the development of new biographical materials, and further cooperation with schools
- introduced new search aids, while continuing with the process of digitizing correspondence files in order to improve document preservation and people's access to them
- disseminated knowledge of its services through missions to Australia, the Baltic States, Belarus, Kazakhstan and the United Kingdom of Great Britain and Northern Ireland

ITS ACTION AND RESULTS

CIVILIANS

Victims of Nazi persecution and their relatives obtain information

The interest of victims of Nazi persecution and their families in obtaining information from the ITS archives remained undiminished. The ITS received 10,678 requests of a humanitarian nature that were submitted by survivors or by relatives of people persecuted under the National Socialist Regime, including enquiries on the fate of those imprisoned, subjected to forced labour, or displaced.

The process of returning the personal belongings of former concentration camp prisoners to their families continued. Thanks to the online publication of a list, a total of 47 items were handed over during the year. The ITS archives still held some 2,800 personal items whose owners were known.

Researchers, scholars and students benefit from expanded ITS activities

The newly emerging ITS research department expanded its activities. It strengthened its cooperation with research institutes and memorial sites, as well as with educational institutions. A total of 1,710 researchers sent requests to use ITS services, and 671 scholars conducted in-house research. The requests covered a wide range of academic projects and commemoration work. The ITS research project on the death marches from concentration camps was completed with the publication of a first-ever ITS yearbook and an exhibition.

The ITS developed two sets of teaching materials on the biographies of young victims and survivors of National Socialist persecution, one through a joint project with students from the University of Kassel (Germany). Another cooperation agreement was concluded with the Wilhelm-Filchner School in Wolfhagen (Germany) involving an annual history workshop for senior classes and various other projects. Teachers and social workers deepened their knowledge of the history of Nazi persecution and the stories of survivors at several training events and workshops held in Bad Arolsen.

Efforts to enhance document preservation and access continue

With the help of archival description, the ITS further improved access to its holdings. In March, it published an online search aid about its collection of documents relating to the Lebensborn association operated by the Nazi regime. This was complemented by additional search aids made available in November dedicated to the Child Search Branch, the Gestapo and the eighth follow-up trial of war criminals at Nuremberg. The case files of around 700 foreign members of the German armed forces were also recorded.

In order to accelerate document preservation, the ITS revised its methods of digitizing the 3 million correspondence files held in the ITS archives – the most elaborate sub-project of the digitization process. By year-end, 622,000 ITS correspondence files of survivors and relatives of victims of Nazi persecution had been scanned. Almost the entire collection of historical documents, which contained about 30 million documents on National Socialist persecution, forced labour and emigration, had already been scanned and handed over to institutions in seven countries. Meanwhile, the ITS stepped up its efforts to conserve more original documents from the Dachau and Buchenwald concentration camps using chemical means.

Public learns more about ITS services

The ITS continued to promote its services and increase knowledge of its archival holdings. Missions to the Baltic States, Belarus and Kazakhstan, alongside public promotion efforts, led to increased demand for ITS services in Eastern Europe, especially in the Russian Federation. On national archives day in Germany in March, the ITS opened its doors to the public. It gave lectures on its activities for members of the Council of Europe in Strasbourg, France, at the Wiener Library in London, UK, and at the Jewish Museum in Sydney, Australia, where the personal belongings of former concentration camp prisoners were exhibited (see *Suva*).

In cooperation with a local association, Historicum 20, preparations were made to convert the former barracks that served as ITS headquarters from 1949 to 1952 into a museum explaining the history of the institution and the involvement of the ICRC. Together with local institutions, the ITS took part in a series of events commemorating the 70th anniversary of the deportation of Jews from North Hesse, Germany, in 1942.

LONDON

COVERING: Ireland, United Kingdom of Great Britain and Northern Ireland



EXPENDITURE (IN KCHF)

Protection	191
Assistance	-
Prevention	1,284
Cooperation with National Societies	427
General	-

► **1,902**

of which: Overheads 116

IMPLEMENTATION RATE

Expenditure/yearly budget	114%
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PERSONNEL

Expatriates	2
National staff (daily workers not included)	-

KEY POINTS

In 2012, the ICRC:

- generated recommendations for safeguarding health care in armed conflict and other emergencies at a symposium co-organized by the British Medical Association and the World Medical Association with the British Red Cross
- developed its analysis of the prevailing situation in Northern Ireland, increasing dialogue with relevant stakeholders and working through local organizations to limit the humanitarian impact of paramilitary punishment practices
- through an exchange of letters with the UK Defence Ministry's Permanent Joint Headquarters, formalized the ongoing dialogue on UK military operations abroad, including detention policy and conduct of hostilities

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 also 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.

CONTEXT

The United Kingdom of Great Britain and Northern Ireland (hereafter UK) continued to exert influence on the world stage, as demonstrated by its participation in or support for multilateral military operations, its vocal and repeated concern regarding the situation in the Syrian Arab Republic (hereafter Syria), its international aid programme, and the hosting by the Foreign and Commonwealth Office of a major conference on Somalia. The UK remained committed to the planned withdrawal of its armed forces from Afghanistan by 2014.

Some statements made by the coalition government, as well as public opinion, raised questions about the UK's future in the European Union.

On the domestic front, tensions arising from nationalist and separatist sentiments persisted. In Northern Ireland, incidents of sectarian violence included a marked increase in paramilitary punishment practices earlier in the year, the killing of a Maghaberry prison officer by dissident republican groups, and violent protests by loyalist factions. Meanwhile, Scotland began gearing up for a referendum on independence in 2014.

Various UK-based diaspora groups, often from countries affected by armed conflict or other situations of violence, maintained their own organizations and media outlets and retained links with their places of origin.

The effects of the global economic crisis continued to affect both Ireland and the UK.

ICRC ACTION AND RESULTS

Promoting IHL, spreading awareness of the consequences of and needs arising from armed conflict and other situations of violence, and enlisting support for neutral, impartial and independent humanitarian action continued to be priorities for the ICRC in London. To ensure that its message reached relevant policy-makers and other humanitarian actors, it proactively pursued engagement with traditional, online and social media, enabling it to communicate more effectively on its humanitarian response in armed conflicts, such as the situation in Syria, and its activities worldwide. It liaised with diaspora communities of influence in contexts where the ICRC operated, with a view to increasing awareness of the ICRC's neutral, impartial and independent approach and facilitating acceptance of its teams in the field.

The ICRC also endeavoured to shape the humanitarian debate in the UK by interacting with influential members of civil society, for instance through the Health Care in Danger symposium in London, which brought together health experts and professionals from around the world to discuss threats to health care in armed conflict and other emergencies. The event, co-organized with the British Medical Association, the World Medical Association and the British Red Cross, helped mobilize a global community of concern around the issue and generated practical recommendations for ensuring the safer and more effective delivery of health care in conflict situations, based on the expertise of its participants, which included 15 National Societies.

Dialogue with the British authorities and/or armed forces centred on issues relating to the UK's military engagements, particularly in Afghanistan, as well as the prevailing situation in Northern Ireland. To acquire a more thorough understanding of the latter and the accompanying humanitarian needs, the ICRC expanded its network of key contacts across political and community divides, including local authorities and community leaders. It funded civil society organizations working to prevent/mitigate the humanitarian consequences of interface violence in tension-prone areas, and helped raise awareness of the Movement's activities by co-organizing a photo exhibition in Belfast with the British Red Cross. Dialogue with the Irish authorities touched on topics of common concern, including IHL promotion and ICRC activities worldwide, including in Northern Ireland.

The partnership between the British Red Cross and the ICRC continued, with close dialogue and operational cooperation aiming to maximize the humanitarian impact of both institutions. The Irish Red Cross Society received support in its efforts to boost its public profile and strengthen its IHL dissemination programme.

PEOPLE DEPRIVED OF THEIR FREEDOM

To ensure that people captured and held by British armed forces in Afghanistan were treated in accordance with internationally recognized standards of detention, the ICRC kept up its dialogue with the British authorities, in particular the Permanent Joint Headquarters of the Ministry of Defence, on issues regarding UK military detention policy and practices, and the imminent handover of security responsibilities to the Afghan authorities (see *Armed forces and other bearers of weapons*).

Through various contacts with key stakeholders (see *Authorities and Armed forces and other bearers of weapons*), the ICRC gained an insight into the detention conditions of people held in relation to dissident movements in Northern Ireland, including in Maghaberry maximum security prison, where protests opposing dissident republican inmates and prison guards went on for much of the year. In an exchange of letters with the devolved Ministry of Justice, the ICRC formalized its role in providing insights and recommendations regarding Northern Ireland's prison system.

A detailed study of UK counter-terrorism legislation and practices, undertaken towards the end of 2011 and completed in January 2012, helped shed light on the legal framework applicable to people affected by Terrorism Prevention and Investigation Measures and immigration policies.

Former internees of the US internment facility at Guantanamo Bay Naval Station in Cuba who had established residency in

Ireland and the UK following their release sometimes had difficulty adapting to life in their host countries. They maintained contact with ICRC delegates to share concerns related to their resettlement.

AUTHORITIES

The UK government continued to support the ICRC's work, both nationally and worldwide, including through high-level discussions with the ICRC president during his London visit in November. Dialogue with key policy-makers in parliament and the Ministry of Defence centred on issues of mutual concern, including humanitarian policy, detention, operational contexts such as Afghanistan, the Falkland Islands, Pakistan, Somalia and Syria, and the terms of the ICRC's presence in the UK. British authorities, the British Red Cross and the ICRC maintained a close dialogue following the kidnapping and killing of a British Red Cross worker in Pakistan (see *Red Cross and Red Crescent Movement*).

Humanitarian concerns surrounding the violence in Northern Ireland featured in discussions with the authorities in Belfast, Dublin and London. An enhanced network of contacts in Northern Ireland enabled the ICRC to deepen its understanding of the situation and to raise awareness of and support for its mandate and activities.

Dialogue with the Irish authorities focused on: IHL promotion, with the ICRC standing ready to support the national IHL committee in this regard (see *Armed forces and other bearers of weapons*); Ireland's presidency of the European Union for the first six months of 2013; and ICRC humanitarian operations, including those in Northern Ireland. A study on the compatibility of Irish legislation with IHL, commissioned by the Irish Red Cross/ICRC and undertaken by external law professors, was presented to the ICRC for official submission to the Irish authorities.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

The Permanent Joint Headquarters and the ICRC formalized their working relationship with an exchange of letters in June, which reinforced their mutual commitment to an ongoing dialogue, thus ensuring a timely response to concerns raised by the ICRC with regard to detention policies/practices and conduct of hostilities by British armed forces in Afghanistan. It also outlined cooperation on staff training and established the ICRC as a confidential sounding board for evolving UK military policy.

During training exercises, members of the British armed forces learnt more about IHL and familiarized themselves with the ICRC's action in armed conflict. ICRC participation in these exercises aimed to instil IHL principles in the minds of officers-in-training, and thus help ensure respect for IHL in their future operations in the field.

In Northern Ireland, contacts with the police and paramilitary and dissident groups allowed the ICRC to hear their concerns, raise awareness of relevant international standards governing law enforcement, including paramilitary punishment practices, and broach humanitarian issues linked to the continuing violence.

A high-level meeting with Ireland's Department of Defence provided an opportunity to follow up on the country's pending accession to the Hague Convention on Cultural Property.

CIVIL SOCIETY

With IHL promotion at the heart of its work in the UK, the ICRC continued to foster dialogue on related issues, for instance by organizing a round-table with leading IHL academics to examine contemporary challenges to IHL, based on a report presented at the 31st International Conference. In April, more than 150 global health experts and humanitarian actors gathered in London to discuss issues covered by the Health Care in Danger project. Organized in partnership with the British Medical Association, the World Medical Association and the British Red Cross, the symposium built a community of concern around the urgent problem of deadly disruptions to health care caused by armed violence, and generated practical recommendations towards improving and safeguarding health care delivery in armed conflicts and other emergencies. An outdoor photo exhibition during the London Olympics further raised public awareness of the issue. Enhanced public communication – in both Ireland and the UK, via traditional, online and social media – on this and other relevant issues, such as ICRC activities in Afghanistan and Syria, helped the ICRC’s message reach key policy-makers and those able to influence humanitarian action in various contexts.

Contacts with diaspora communities provided insight into contexts where the ICRC was operational and helped enlist support for the ICRC’s neutral, impartial and independent humanitarian action. A study of the UK’s humanitarian policy environment enabled the ICRC to identify key stakeholders and issues on the agenda, with a view to streamlining its contribution to the humanitarian debate.

As part of a pilot project in Northern Ireland, four civil society organizations received financial support for their work aimed at mitigating the humanitarian consequences of paramilitary punishment practices and preventing interface violence, mainly by promoting dialogue among communities in tension-prone areas.

RED CROSS AND RED CRESCENT MOVEMENT

The strategic partnership between the British Red Cross and the ICRC notably covered operational cooperation and National Society capacity building in conflict-affected countries, opportunities for cooperation within the UK, and the promotion of IHL and the Movement. Joint events included the Health Care in Danger symposium, for which the British Red Cross arranged the participation of 15 other National Societies, and the “Humanity in War” photo exhibition in Belfast, which was attended by representatives from all political parties in Northern Ireland and marked the ICRC’s first public engagement there. Close dialogue between the two organizations enabled them to formulate a coordinated response – through the first-ever participation of a National Society in an ICRC crisis management team – to the kidnapping and killing of a British Red Cross delegate working for the ICRC in Pakistan.

Regular discussions with the British and Irish Red Cross Societies aimed to facilitate a better understanding of the prevailing situation in Northern Ireland and explore possible areas of cooperation in that context. The Irish Red Cross and the ICRC continued to develop their working relationship, with the former receiving support for its communication activities and growing IHL dissemination programme.

At ICRC headquarters, the British, Norwegian and Swedish Red Cross Societies and the ICRC reviewed their respective joint operational projects and shared their experiences in implementing them, with a view to making practical improvements (see *Europe*).

PARIS



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.

CONTEXT

France continued to be a major player in international affairs, undertaking high-profile diplomatic initiatives in contexts of interest to the ICRC, such as the Central African Republic (hereafter CAR), Mali and the Syrian Arab Republic (hereafter Syria). Although the French armed forces began withdrawing combat troops from Afghanistan, they remained engaged in other contexts such as the Sahel region, where they conducted operations against Islamist armed groups that had claimed responsibility for the abduction or killing of a number of French nationals. They also participated in European Union and UN peacekeeping and military operations, including an international anti-piracy naval mission off the coast of Somalia.

French security forces remained on high alert in view of the perceived threat of acts of violence by Islamist extremists in France or against French interests abroad.

Given its large Arabic-speaking community and close ties with many African countries, France offered opportunities to intercede on behalf of victims of conflict in parts of Africa and the Middle East.

Presidential elections in May saw the arrival in office of socialist leader François Hollande, while parliamentary elections in June consolidated the left's hold on power. Efforts to deal with the effects of the eurozone crisis and the related stagnation of the French economy and rising unemployment continued.

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 integration into national 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 foreign opposition movements.

Regular contacts with the French authorities included meetings with the president, the Defence and Foreign Affairs Ministries and the Commission nationale consultative des droits de l'homme (CNCDDH). These provided opportunities to share each other's perspectives on humanitarian topics of common concern, such as the Health Care in Danger project, the "Strengthening IHL" process, direct participation in hostilities, and a future arms trade treaty.

ICRC delegates lent expertise to the relevant authorities in acceding to/ratifying or implementing IHL treaties. For example, the National Assembly drew on ICRC input as it considered the revision of a law to allow French extraterritorial jurisdiction over war crimes.

EXPENDITURE (IN KCHF)

Protection	70
Assistance	-
Prevention	1,084
Cooperation with National Societies	125
General	-

► **1,279**

of which: Overheads 78

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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PERSONNEL

Expatriates	1
National staff (daily workers not included)	4

KEY POINTS

In 2012, the ICRC:

- pursued humanitarian diplomacy with the French authorities, including the president, to gain their support for humanitarian issues of common concern
- through seminars or training courses organized with military academies or the Defence Ministry, helped 140 senior officers and 34 military legal advisers deepen/refine their IHL knowledge
- raised public awareness of and support for IHL, the Movement and humanitarian issues, including through 4 web-based debates and through photojournalism and film/television competitions
- initiated preparations for the "150 years of ICRC humanitarian action", including supporting the production of 2 historical documentaries on humanitarian action

Main figures and indicators	PROTECTION		Total
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages (RCMs)			
RCMs collected		UAMs/SCs*	
RCMs distributed	1		
	1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)			
ICRC visits			
		Women	Minors
Detainees visited	3		
Detainees visited and monitored individually	3		
Number of visits carried out	3		
Number of places of detention visited	3		
Restoring family links			
Phone calls made to families to inform them of the whereabouts of a detained relative	3		

* Unaccompanied minors/separated children

Dialogue with military operational commands focused on humanitarian issues of mutual interest, including in contexts where French armed forces operated. The ICRC assisted the Defence Ministry and military academies in promoting IHL among the armed forces and integrating it into military doctrine, training and operations. Such efforts resulted in a workshop on the use of weapons in air warfare organized by the Air Force School, seminars on IHL attended by high-ranking officers, and training courses for Defence Ministry legal advisers prior to their operational deployment.

Contacts with key members of civil society, including the media, NGOs and academics, aimed to raise their awareness of and support for IHL, the Movement and humanitarian issues. These exchanges contributed to relevant media articles on Movement activities. Through photo exhibitions and film/television competitions, the delegation raised awareness among the wider public of humanitarian topics, including issues related to the Health Care in Danger project and the use of certain weapons and their consequences. It initiated preparations for the “150 years of ICRC humanitarian action”, including supporting the production of two historical documentaries on humanitarian activities. The delegation’s blog and online networking platforms helped stimulate interest in IHL and humanitarian issues. Students and lecturers alike enhanced their IHL knowledge through seminars/presentations.

ICRC delegates visited detainees convicted by the International Criminal Tribunal for the former Yugoslavia (ICTY) and serving their sentences in France. Following such visits, they shared feedback and any recommendations with the detaining authorities. They facilitated contact between former internees transferred to France from the US internment facility at Guantanamo Bay Naval Station in Cuba and their families, enabling one of them to meet his son again after a separation of almost ten years.

The delegation maintained a close working relationship with the French Red Cross, including its governance, exchanging perspectives on contexts in which both the National Society and the ICRC were operational. This facilitated coordination of activities and cooperation in several fields, including IHL promotion, first-aid training by the French Red Cross for the benefit of National Society/ICRC operations in Africa, training in the Safer Access approach, and family-links services, in particular for Somali detainees in France.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees convicted by the ICTY and serving their sentences in France received visits from the ICRC, conducted according to its standard procedures, to monitor their treatment and living conditions. Such visits included private interviews. Subsequently,

delegates shared their findings and, as necessary, recommendations confidentially with the detaining authorities.

Former internees transferred to France from the Guantanamo Bay internment facility maintained contact with ICRC delegates, as did family members of people still in US custody there. With ICRC support, a former internee resettled in Bordeaux met his son from Bosnia and Herzegovina after almost ten years of separation (see *Western Balkans*).

AUTHORITIES

Multiple meetings with the authorities, including the French president, aimed to garner support for the ICRC’s work and share views on topics of concern. In particular, during a conference in December, officials from the Defence and Foreign Affairs Ministries and NGO leaders discussed issues related to the Health Care in Danger project. The ministries regularly provided and sought input on IHL-related matters, including the “Strengthening IHL” process (see *International law and cooperation*), direct participation in hostilities, and the ICRC project on occupation and other forms of administration of foreign territory. The authorities and delegates discussed an ICRC report taking stock of France’s bilateral dialogue with States on restoring the rule of law. The report reiterated residual responsibilities, notably training, following the withdrawal of troops deployed abroad.

Parliamentarians and officials of the Defence, Foreign Affairs and Justice Ministries received support in efforts to accede to, ratify or implement IHL treaties, particularly Additional Protocol III and the Rome Statute. With ICRC professional guidance, the National Assembly considered the revision of a law to allow extraterritorial French jurisdiction over war crimes. The Foreign Affairs Ministry and the ICRC discussed the organization’s rule of confidentiality.

The CNCDH continued to involve ICRC representatives as observers in its meetings, receiving IHL expertise and materials and seeking the organization’s views on topics of concern, such as a future arms trade treaty.

Representatives of international organizations and the ICRC maintained dialogue on issues of mutual interest. Notably, discussions with UNESCO focused on the safety of journalists and impunity. In view of its influence in the French-speaking world, discussions with the Organisation internationale de la Francophonie, particularly on IHL, continued.

Contacts with representatives of Burundian, CAR and Syrian opposition movements in France helped them boost their understanding of humanitarian principles and Movement operations in the field.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Dialogue with the Defence Ministry and military operational commands enabled the regular exchange of perspectives on humanitarian topics of common concern (see *Authorities*), including in contexts where French armed forces operated. The participation of the doctor-in-chief of the French Defence Health Service in an ICRC web-based debate nurtured discussions on issues related to the Health Care in Danger project (see *Civil society*).

Meetings with the Defence Ministry also focused on IHL dissemination and its integration into military doctrine, training and operations. At a workshop organized by the Air Force School in Salon-de-Provence, some 200 officers learnt about the use of weapons in air warfare and the ICRC's views on the subject.

At four seminars organized with military academies, including the Groupement interarmées des actions civilo-militaires, a training institution for senior officers and the staff college, 140 high-level officers deepened their knowledge of IHL and the ICRC's work. Two training courses helped 34 Defence Ministry legal advisers refine their IHL skills prior to their operational deployment.

No French officer participated in the 2012 Senior Workshop on International Rules Governing Military Operations (see *International law and cooperation*).

CIVIL SOCIETY

To raise awareness of and support for IHL, humanitarian issues and the Movement, the media, NGOs and academics regularly received information on topics of concern.

The national press published relevant articles on the Movement's activities, sometimes based on ICRC interviews and/or audio-visual productions. At the international photojournalism festival "Visa pour l'Image" in September, a journalist won the photographic award "Visa d'Or humanitaire du CICR", created to promote the Health Care in Danger project, for his work in Syria. At the Monte-Carlo Television Festival, a team of French journalists won the ICRC-sponsored prize for its documentary on the use of certain weapons and their consequences in Iraq in 2003.

In French cities, including Lille and Paris, people visited the photographic exhibition "Humanity in War" after it was officially handed over to the National Society. The delegation initiated preparations for the "150 years of ICRC humanitarian action", notably the production of a photo-book and a video series on humanitarian action. It supported the creation of two historical documentaries on similar themes.

As part of efforts to raise the ICRC's visibility online, civil society members followed and discussed humanitarian issues on the French-language blog. The increasing number of fans of the blog's Facebook page and followers of the official ICRC French-language Twitter account, reaching 9,625 and 2,779 respectively by year-end, demonstrated public interest in the organization's work. During four web-based debates on humanitarian issues (broadcast live and posted on Youtube/the blog), the authorities, armed forces, National Society, NGOs, researchers and journalists discussed common humanitarian concerns.

To boost IHL promotion in academic circles, the delegation continued to develop an interactive online IHL course. Through seminars/presentations, including at the national school of administration

and political studies institutes, students and lecturers deepened their IHL knowledge. At their request, 10 students undertaking IHL research at master's or doctorate level received input.

RED CROSS AND RED CRESCENT MOVEMENT

Through regular dialogue, the French Red Cross/ICRC shared their perspectives on contexts in which both were operational, including the CAR, Mali and Niger. The 24 members of the National Society's governance and International Federation and ICRC staff enhanced their understanding of each other's ways of working during a meeting in Geneva, Switzerland.

Such exchanges facilitated coordination of activities, notably in terms of IHL promotion, restoring family links, and first-aid training. The National Society/ICRC concluded an agreement outlining their respective responsibilities in promoting IHL to the French public. They implemented a joint project making French Red Cross first-aid expertise available to National Society/ICRC operations in Africa. The National Society's family-links department helped meet the needs of Somali detainees in France, in particular the authentication of ICRC detention attestations by the asylum authorities. National Society teams in Guadeloupe and Mayotte trained their members in the Safer Access approach.

COLOMBIA



ICRC / AR, 2012
 + ICRC delegation + ICRC sub-delegation + ICRC office

EXPENDITURE (IN KCHF)

Protection	9,632
Assistance	18,311
Prevention	4,191
Cooperation with National Societies	1,772
General	-
	▶ 33,906
	<i>of which: Overheads 2,069</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	102%
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PERSONNEL

Expatriates	66
National staff (daily workers not included)	294

KEY POINTS

In 2012, the ICRC:

- ▶ assisted IDPs and conflict-affected residents by providing them with emergency relief, helping them enhance their economic security and rehabilitating/constructing essential community infrastructure
- ▶ helped provide access to health services both for weapon-wounded patients and for the general population in remote areas, while advocating better protection for medical services in armed conflict or violence
- ▶ acted as a neutral intermediary during the peace talks between the government and the Revolutionary Armed Forces of Colombia-People's Army, providing IHL advice and securing safe passage for negotiators
- ▶ as a neutral intermediary, facilitated the safe handover and return to their families of 36 people held by armed groups and of the remains of 13 people, including 12 previously unaccounted for as a result of the conflict
- ▶ with the National Society and other partners, continued a violence-prevention project in Medellín, targeting youth and other particularly vulnerable victims of violence, as well as weapon bearers
- ▶ supported the authorities in reforming the detention system, providing input on the draft penitentiary code and recommendations on improving prison infrastructure and health services

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 also 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 also runs a comprehensive mine-action programme. It works closely with the Colombian Red Cross and other Movement components active in Colombia.

CONTEXT

In August, the Colombian government and the Revolutionary Armed Forces of Colombia-People's Army (FARC-EP) signed an agreement that led to the initiation of peace talks in Cuba in October. Alongside the negotiations, the government pursued major reforms, including by starting to implement recently enacted laws granting reparations to conflict victims and instituting measures to assist missing persons' families.

Confrontations still occurred, however, between the security forces and various armed groups, as well as between armed groups, over the exploitation of land and natural resources and the production and trafficking of illicit drugs. Civilians remained at risk of abuses, including summary execution, enforced disappearance, forced displacement, abduction, sexual violence and death threats, prompting many to flee their homes. Access to basic services was often limited in the affected areas, and the presence of mines and explosive remnants of war (ERW) restricted movement. In cities, such as in certain neighbourhoods of Medellín or Buenaventura, organized violence or drug-related crime similarly affected the residents, particularly young people.

ICRC ACTION AND RESULTS

In 2012, the ICRC pursued a multidisciplinary approach to the needs of conflict- and violence-affected people in Colombia. It concentrated its operations in 24 priority zones, both in remote rural areas and in urban settings. It maintained dialogue with all parties to the conflict, emphasizing the protection of civilians and making confidential representations regarding reported violations of IHL and other applicable rules.

Acceptance by all parties allowed the ICRC to facilitate the release of 36 people held by armed groups and the handover to the relatives of 13 sets of human remains. In its capacity as a neutral intermediary, it provided IHL advice in the context of the peace talks between the Colombian government and the FARC-EP (see *Context*) and secured safe passage for the negotiators.

While encouraging the authorities to improve their response to IDPs' concerns, the ICRC, operating in partnership with the Colombian Red Cross, assisted displaced people and residents of conflict-affected areas in meeting their basic needs. Agricultural projects boosted the beneficiaries' self-sufficiency. The rehabilitation/construction of water, health and education facilities, counselling, vocational training and risk-reduction measures to address the effects of weapon contamination further

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		118	41	
RCMs distributed		110	7	
Reunifications, transfers and repatriations				
People reunited with their families		2		
	<i>including people registered by another delegation</i>	2		
People transferred/repatriated		36		
Human remains transferred/repatriated		13		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		477	136	100
People located (tracing cases closed positively)		233		
	<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		386	91	86
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs reunited with their families by the ICRC/National Society		2	1	
	<i>including UAMs/SCs registered by another delegation</i>	2		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		3,623		
Detainees visited and monitored individually		1,995	94	6
Detainees newly registered		116	12	6
Number of visits carried out		161		
Number of places of detention visited		67		
Restoring family links				
RCMs collected		97		
RCMs distributed		36		
Detainees visited by their relatives with ICRC/National Society support		1,414		

* Unaccompanied minors/separated children

strengthened these communities' resilience in coping with the effects of the conflict.

The ICRC worked with the authorities to improve the protection of health services during armed conflict or violence. It obtained security guarantees for mobile health units, accompanying local health staff or sending its own personnel when necessary. Local capacities improved with the continued training of medical personnel, including those of the military and armed groups, and of community-based first-responders in caring for the weapon-wounded. Other patients, including victims of sexual violence, had consultations in ICRC-supported facilities, received financial assistance to cover their treatment costs or were referred to hospital. Those in need of physical rehabilitation, including mine/ERW victims, accessed these services at ICRC-supported centres.

The ICRC addressed the humanitarian consequences of weapon contamination through prevention activities and intensified its dialogue with all parties to the conflict, encouraging the authorities to implement a comprehensive response, including by ratifying weapons-related IHL treaties.

In dialogue with local authorities and school administrators, the ICRC developed a response to the consequences of violence in cities, particularly in Medellín. Livelihood opportunities and seminars on sexual and reproductive health facilitated the social integration of urban youth and lessened their exposure to risks associated with violence-prone environments.

Work to shed light on the fate of missing persons and ensure support for their families continued, in cooperation with State entities, family associations and the UN High Commissioner for Human Rights. Recommendations submitted to judicial and

forensic authorities aimed to ensure the efficient implementation of relevant laws and contribute to developing standards for the identification of human remains. Families of the missing received psychological and social support from the ICRC or through NGOs.

The ICRC provided confidential feedback to the authorities regarding the treatment and living conditions of detainees. It supported the penitentiary reform process, offering advice on improving health services and prison infrastructure.

Briefings for government personnel, troops, police officers and members of armed groups contributed to the dissemination of IHL and other applicable norms and their translation into practice. Contacts with the media and other civil society stakeholders led to increased public awareness of the humanitarian needs of victims of conflict and violence and of the ICRC's role and activities.

Constant cooperation in addressing conflict victims' needs enhanced the Colombian Red Cross's and the ICRC's respective capacities. Further training, especially in volunteer management, project planning, emergency preparedness and response, and security, enabled the National Society to implement a coherent and effective response while sustaining coordination with Movement partners and other humanitarian actors.

CIVILIANS

Civilians in conflict-affected areas continued to report abuses to the ICRC, which made confidential representations to the authorities and weapon bearers urging them to end such practices. The humanitarian consequences of the fumigation or manual eradication of illicit crops were also discussed with the authorities concerned.

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	22,397	29%	50%
	<i>of whom IDPs</i>	21,328		
Essential household items	Beneficiaries	32,869	30%	50%
	<i>of whom IDPs</i>	31,803		
Productive inputs	Beneficiaries	7,358	41%	35%
Cash	Beneficiaries	18,027	31%	48%
	<i>of whom IDPs</i>	17,555		
Vouchers	Beneficiaries	15,990	29%	51%
	<i>of whom IDPs</i>	15,990		
Work, services and training	Beneficiaries	36,277	31%	45%
	<i>of whom IDPs</i>	27,267		
Water and habitat activities	Beneficiaries	14,835	31%	35%
	<i>of whom IDPs</i>	5,210		
Health				
Health centres supported	Structures	40		
Average catchment population		62,741		
Consultations	Patients	4,934		
	<i>of which curative</i>		1,266	1,890
	<i>of which ante/post-natal</i>		53	
Immunizations	Doses	885		
	<i>of which for children aged five or under</i>	610		
Referrals to a second level of care	Patients	23		
Health education	Sessions	18		
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	7,439		
WOUNDED AND SICK				
Hospitals				
Patients whose hospital treatment has been paid for by the ICRC	Patients	892		
Physical rehabilitation				
Centres supported	Structures	4		
Patients receiving services	Patients	30,415	13,205	4,582
New patients fitted with prostheses	Patients	294	45	16
Prostheses delivered	Units	625	130	30
	<i>of which for victims of mines or explosive remnants of war</i>	97		
New patients fitted with orthoses	Patients	2,096	369	1,268
Orthoses delivered	Units	3,691	714	2,079
	<i>of which for victims of mines or explosive remnants of war</i>	8		
Number of patients receiving physiotherapy	Patients	5,666	2,502	635
Crutches delivered	Units	53		
Wheelchairs delivered	Units	52		

Conflict-affected people benefit from emergency aid and essential services

In total, 1,108 victims of child recruitment, sexual violence and/or death threats (516 households) received emergency assistance or help in moving to safer places. Among them, 119 families of civilians who had been killed in connection with the conflict, including mine/ERW victims, received help in transporting their relatives' remains and covering funeral expenses. Through RCMs, 24 minors previously associated with armed groups and four who were separated from their families re-established contact with their relatives.

To minimize the impact of fighting and mine/ERW contamination and to deal with the influx of IDPs, communities reinforced their existing coping mechanisms with the ICRC's help. At the same time, the authorities were reminded to step up their response to the victims' needs.

Communities affected by hostilities improve their economic security

In communities sharing scarce resources with IDPs or facing movement restrictions, 1,069 people (366 households) received three-month food rations and 1,066 (278 households) were given

essential household items to meet immediate needs. To increase their economic security and reduce the risk of displacement, 1,593 households (6,958 residents) in rural areas affected by conflict or mine/ERW contamination started agricultural projects.

As the new State agency dealing with IDPs was not yet operational, the Colombian Red Cross/ICRC extended the provision of direct assistance to IDPs in four cities – originally slated to end in June – until the end of December. IDPs in rural areas inaccessible by State services received emergency assistance, in kind or in the form of vouchers or cash, for up to three months. In total, 21,328 people (6,640 households) received food and 31,803 (8,753 households) received essential household items. Over 20,800 vouchers for food and nearly 53,500 for non-food items were distributed to 15,990 individuals (4,831 households) and cash to 16,514 individuals (4,997 households).

Government entities were encouraged to further improve their response, including through the mass registration of conflict-affected people to entitle them to State assistance. With direct or indirect assistance from the ICRC, 35,877 people (8,007 households), including 27,267 IDPs (6,085 households), went through this

registration process. Among them, approximately 2,000 IDPs and conflict-affected residents benefited from community-based projects, which provided psychological support, vocational training and information on government services. To better address victims' specific needs, the ICRC inventoried the available psychological/social services and identified good practices in the protection of children during armed conflict.

Over 5,200 IDPs in community shelters and almost 7,000 in rural and urban areas had better access to water, sanitation and improved living conditions. In addition, over 200 people benefited from the construction of facilities for agricultural production. For more than 2,400 children, renovated or rebuilt school infrastructure meant higher attendance rates, better hygiene and less exposure to weapon contamination, recruitment by armed groups and other effects of the conflict. Thanks to the rehabilitation of four health facilities, around 60 people per day had access to medical consultations and other health services.

People in remote areas access health services

Access to health services improved for more than 600,000 people through ICRC support to 40 health facilities. Some 85,000 of them accessed primary health care after the ICRC, as a neutral intermediary, obtained safe passage for 11 mobile health units operated by the Health Ministry or by ICRC staff where the security of national health workers could not be guaranteed. The services provided included maternal and child care, immunization and referral to hospital.

A total of 402 patients, including 117 victims of sexual violence (23 of whom were in Medellín – see below), received financial assistance for their treatment and 717 were referred to State services. In parallel, the ICRC urged the authorities to enhance the provision of health services and to disseminate information on how to access these.

An ICRC-supported national working group on violence against medical services convened eight round-tables and started implementing measures to address the problem. Some 3,400 health professionals from 279 facilities were briefed on their rights, duties and safe behaviour. Discussions on topics related to the Health Care in Danger project also took place with key decision-makers, contributing to the proper marking of 174 medical facilities. The Ministry of Health adopted a new regulation protecting medical services, while 94 prosecutors attended a briefing on the rights and duties of medical personnel.

Residents of weapon-contaminated areas learn to protect themselves

Nearly 4,300 residents of mine/ERW-contaminated areas learnt about safe behaviour and victims' rights through ICRC activities, and over 200 weapon-contamination victims and their relatives received information on accessing State benefits, aside from economic assistance (see above). A further 3,700 people benefited from the National Society's prevention projects, such as risk-education workshops and first-aid training, with Norwegian Red Cross/ICRC support. Risk-reduction measures, such as agricultural projects in safer areas and fence construction around football grounds, helped prevent injuries and deaths.

By end-2012, around 2,000 victims of weapon contamination had been registered in the mine-action database. While encouraging health authorities, security forces and civil society bodies to

address the issue, the ICRC also reminded weapon bearers of the effects of mines/ERW on communities.

Violence-affected urban youth improve their health and livelihoods

In eight violence-affected urban neighbourhoods in Medellín, the ICRC assessed community needs, broadened its dialogue with weapon bearers and initiated cooperation on violence prevention with local education authorities and school administrators.

To facilitate their social integration, 100 families (400 people) of young people at risk received training and cash grants through a micro-credit project. Out of 39 people who were referred to employment opportunities in the public and private sectors, 17 obtained jobs.

In addition to the assistance provided to victims of sexual violence (see above), workshops on sexual and reproductive health, organized with a local NGO, helped over 1,000 young people take better care of themselves. Following an assessment of their needs, almost 14,000 beneficiaries in Buenaventura, Nechí and Tierralta received psychological support to help them deal with the consequences of violence in their daily lives. Community members trained in first aid, and municipal institutions worked to strengthen their capacities to conduct emergency medical evacuations.

Families of missing persons better able to engage with authorities

With ICRC backing, State entities and family associations continued their efforts to clarify the fate of persons missing in relation to the conflict and to ensure that affected families received due support and, if their missing relatives had died, had the remains returned to them. Acting as a neutral intermediary, the ICRC facilitated the recovery and handover of 13 sets of human remains. Weapon bearers were also reminded to provide information on the fate of missing persons.

A working group co-facilitated by the UN High Commissioner for Human Rights and the ICRC gave the authorities recommendations on the implementation of the law on missing persons, DNA data management, the handling of human remains and the provision of psychological/social support. Along with such support, 44 relatives of missing persons had an opportunity to present their needs and recommendations to the authorities. In the framework of the working group's activities, 60 prosecutors and forensic experts gained more familiarity with internationally recognized standards and received practical recommendations on expediting the identification of human remains.

PEOPLE DEPRIVED OF THEIR FREEDOM

People detained for conflict-related reasons received regular visits according to standard ICRC procedures. Their treatment and living conditions were monitored and confidential feedback provided to the authorities, particularly on urgent medical cases. Detainees re-established contact with their families through RCMs and ICRC-funded family visits. Through dialogue with the authorities, the ICRC continued advocating a policy of detaining people closer to their homes.

In the framework of the ongoing prison reform, the authorities integrated ICRC input into the draft penitentiary code and welcomed its recommendations on improving penitentiary medical services. A working group established by the Ministry of Health

and the WHO started developing guidelines on TB management in prisons, with ICRC expertise. On the basis of an in-depth assessment of conditions in four prisons housing a total of about 7,000 inmates, further recommendations were given on improving infrastructure and access to water, sanitation and open air. The findings of a seminar on this topic were instrumental in the design and planning of six new detention facilities, showing progress towards the establishment of national standards.

Following visits to rehabilitation centres in Medellín, the authorities started to implement recommendations to improve the conditions of detention and provide enhanced education and social reintegration services to detained minors.

Acting as a neutral intermediary and with Brazil's logistical support on one occasion, the ICRC facilitated the release and hand-over to their families of 36 people held by armed groups. The families and an organization supporting the families of security force personnel held by armed groups benefited from psychological and financial support, respectively.

WOUNDED AND SICK

More than 700 weapon-wounded people from remote areas were referred to government health services for specialized care, and 490 received ICRC financial assistance to cover their transportation, lodging and treatment costs. With National Society support in some cases, the ICRC evacuated 14 wounded people for medical treatment. Facilities attending to such patients received weapon-wound treatment kits, enabling them to respond to emergencies.

A total of 345 civilian doctors and nurses working in conflict zones were trained in weapon-wound care during sessions co-organized with a university in Bogotá, while 38 doctors in Medellín attended a similar seminar. Two universities integrated war-surgery courses into their curricula, and three other universities stood to follow suit. Some 180 military medical personnel participated in two war-surgery seminars; members of armed groups were likewise trained to treat weapon-related injuries using limited resources. In cooperation with the Colombian Red Cross, over 1,000 civilians and 330 nursing assistants were trained in first aid.

Over 30,000 patients, including mine/ERW victims, received multidisciplinary services, sometimes including food and lodging, at ICRC-supported physical rehabilitation centres. In Cali and Cúcuta, the quality of these services improved with on-the-job training for local technicians. Likewise, some 100 physiotherapy and prosthetic/orthotic technicians from the private and public sectors upgraded their skills through ICRC-supported training. Technical advice provided to the health authorities on the implementation of a resolution on best practices in physical rehabilitation helped providers of these services, prosthesis manufacturers and educational institutions integrate such practices into their work.

AUTHORITIES

Acting as a neutral intermediary, the ICRC provided IHL advice in the context of the peace talks between the Colombian government and the FARC-EP, and facilitated safe passage for the negotiators of both sides.

Colombia ratified the Convention on Enforced Disappearance and, with legislative approval, moved closer towards ratification of the Convention on Cluster Munitions. While the ratification of Protocol V to the Convention on Certain Conventional Weapons

remained pending, the government prepared to start the process of ratifying Additional Protocol III. The promulgation of a law recognizing the legal status of victims of enforced or involuntary disappearance advanced efforts to address the families' needs. The Congress made progress in drafting a law on sexual violence in non-international armed conflict, with special emphasis on criminal sanctions. The government also took steps to implement the law on land restitution for conflict victims.

Interior Ministry officials and civil servants of national bodies concerned with IHL and human rights honed their skills through ICRC-organized IHL training sessions. At the request of the Vice-presidency, the ICRC provided technical advice to the National Human Rights and IHL System, whose task it was to coordinate and propose State policies on these matters.

Colombia supported resolutions on IHL-related concerns, missing persons and IDPs at the General Assembly of the Organization of American States (see *Washington*). Representatives of the international community learnt more about ICRC operations in the country through several field visits to project implementation sites.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Members of the armed and security forces pursued the integration of IHL into their doctrine, training and operations. Following a directive issued by the Defence Ministry, some 1,500 military and police personnel participated in IHL training workshops and briefing sessions; 11 of these, on the protection of medical services, were co-organized by the Presidential Programme on Human Rights and IHL. The Presidential Programme and the ICRC also engaged in discussions in preparation for after-action review exercises, in which 51 police officers deployed in violence-affected neighbourhoods took part. A further 8,000 armed forces and law enforcement personnel, as well as members of armed groups, received briefings on IHL and Movement action.

In Medellín, 46 police officers boosted their capacities to provide training in international human rights and law enforcement standards, while 149 participated in workshops on the use of force and firearms in situations of violence.

CIVIL SOCIETY

The media continued to play a key role in enhancing public understanding of the ICRC's concerns and its neutral, impartial and independent humanitarian action. Through five workshops and first-hand access to conflict zones with ICRC accompaniment, journalists reported on IHL-related themes and humanitarian issues more accurately.

Following the multimedia launch of an ICRC report on its activities in the country in 2011, the Colombian press published more than 100 articles on humanitarian topics, including the protection of medical services, and gave greater visibility to the plight of conflict victims. State officials, diplomats and representatives of civil society organizations and the media attended events surrounding the launch. Staff of local NGOs and of six National Societies in Latin America and Africa attended a regional workshop on National Society/ICRC projects targeting violence-affected youth in various contexts.

By providing relevant advice and materials to the Mining and Energy Committee on Security and Human Rights, the ICRC shared with private companies its observations regarding the potential impact of their activities on remote communities.

RED CROSS AND RED CRESCENT MOVEMENT

The Colombian Red Cross and the ICRC further cemented their cooperation in dealing with the needs of violence- and conflict-affected people, mutually reinforcing their respective capacities and working towards a more efficient and coordinated response. The National Society played a key role in the distribution of emergency relief to IDPs, in improving access to water, sanitation and health services in conflict-affected communities and in risk-prevention activities in weapon-contaminated areas (see *Civilians*).

Nearly 500 volunteers from 15 National Society branches improved their skills in project and volunteer management, emergency planning and response, security management and safer access. Along with representatives of other National Societies in the region, 25 Colombian Red Cross staff underwent training in family-links services and the management of dead bodies in disasters and armed conflict.

Through monthly meetings, Movement partners present in Colombia coordinated their activities and exchanged crucial information, especially regarding security incidents and field activities.



ICRC / AR, 2012
 + ICRC delegation * Dominican Republic is covered by the ICRC delegation in Haiti

EXPENDITURE (IN KCHF)

Protection	1,149
Assistance	2,911
Prevention	532
Cooperation with National Societies	759
General	-

► **5,352**

of which: Overheads 321

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Expatriates	8
National staff (daily workers not included)	72

KEY POINTS

In 2012, the ICRC:

- ▶ visited over 6,300 detainees in prisons and police stations, including in a newly opened prison, helping enhance inmates' access to hygiene/health care by supporting prison dispensaries and coaching health staff
- ▶ helped the Haitian penitentiary administration address prison overcrowding by advocating reform and respect for judicial guarantees and renovating prison infrastructure
- ▶ with the water authorities, refurbished/constructed 2 pumping stations and 13 water distribution points to help improve access to safe drinking water for 240,000 residents of Cité Soleil
- ▶ in violence-prone areas, supported the Haitian National Red Cross Society in providing some 7,640 people with first aid and 16,100 families with information on good hygiene practices, cholera prevention and hurricane preparedness
- ▶ briefed gang members from Cité Soleil and Martissant and nearly 700 Dominican/Haitian/UN police and/or military officers on humanitarian principles, the Movement, human rights norms and civilians' access to medical care

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 and in violence-prone neighbourhoods in Port-au-Prince. It also 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.

CONTEXT

Laurent Lamothe took over as prime minister in May. The minister of justice was replaced in the new cabinet by the fourth person to head the ministry in seven months. Following the Ministry of Defence's reinstatement, the government explored the possibility of re-establishing the army.

The UN Stabilization Mission in Haiti (MINUSTAH) continued to operate in the country, handling security issues alongside the Haitian National Police (HNP) in order to respond to a rise in violent crime early in the year. While violence in Port-au-Prince's shantytown neighbourhoods of Cité Soleil and Martissant decreased overall, criminality, including gang violence, remained common.

Problems related to the poor economic situation persisted, including a general lack of development and inadequate infrastructure management and maintenance, particularly in shantytown neighbourhoods, compounded by the 2010 earthquake. In places of detention, chronic overcrowding, dilapidated infrastructure and lack of resources continued to affect the delivery of essential services to detainees. Heavy rains led to a resurgence of cholera, while a drought and two tropical storms destroyed a significant portion of agricultural production.

In the Dominican Republic, President Daniel Medina of the ruling Dominican Liberation Party took office in August.

ICRC ACTION AND RESULTS

While focusing on mobilization of and structural support to Haiti's penitentiary authorities, the ICRC provided direct assistance to help improve detainees' living conditions and access to health care in the short term. Delegates conducted visits to detainees, particularly those held in six severely overcrowded places of detention and in a recently inaugurated one, to monitor their treatment and living conditions. They discussed their findings and any recommendations for improvements with the penitentiary authorities and reinforced dialogue with them on the basis of comprehensive ICRC reports on the situation in Haiti's detention facilities. Efforts to encourage the authorities to take a more active role in penitentiary reform resulted in the creation of coordination mechanisms to better structure the detention-related activities of their partners and of working groups to address specific detention-related matters. When reform efforts were put on hold, the ICRC rallied international actors to encourage the Haitian authorities to resume the process, leading to discussions with Haiti's president on ways to tackle problems in the penitentiary system.

Main figures and indicators	PROTECTION	Total		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		6,326		
Number of visits carried out		47		
Number of places of detention visited		12		

As a priority, the ICRC promoted respect for judicial guarantees to help counter prison overcrowding. It supported judicial committees dealing with prolonged pre-trial detention in identifying and forwarding such cases to the relevant authorities to speed up the process. Penitentiary legal assistants helped reconstitute some case files lost during the earthquake.

While awaiting a global plan for the rehabilitation/construction of prison infrastructure, the ICRC worked with the penitentiary administration in three main prisons to rehabilitate water supply systems, a kitchen and/or a courtyard. Such efforts, in addition to the installation of bunk beds, distributions of hygiene items, and hygiene-promotion activities, helped mitigate the effects of overcrowding and enhanced detainees' sanitary conditions.

The ICRC worked with the relevant authorities to improve detainees' access to health care and stepped in to help them deal with emergencies such as cholera outbreaks. It continued to give financial and technical backing to penitentiary health workers and to a pilot health project in Port-au-Prince Central Prison aimed at tackling TB and HIV/AIDS. It also donated medical supplies to prison dispensaries and provided financial assistance to individual detainees in need of treatment available only outside prison.

To help deepen understanding of international norms regulating the use of force during arrest, humanitarian principles and the Movement, the ICRC, in coordination with the relevant authorities, organized briefings/training sessions for the HNP and MINUSTAH police units deployed in Haiti. Such contacts also served to ensure respect for the emblem and unhindered access by humanitarian workers to vulnerable people, particularly in Cité Soleil and Martissant.

In Cité Soleil, the water authorities and the ICRC pursued cooperation in rehabilitating/constructing water infrastructure damaged by the earthquake, helping ensure a safe and affordable water supply for residents.

With ICRC support, the Haitian National Red Cross Society provided services such as first aid and hygiene education to Cité Soleil and Martissant residents. In coordination with the International Federation and other Movement partners, the ICRC continued to help the Haitian Red Cross strengthen its emergency response capacities and further integrate the Safer Access approach into its programmes. Thanks to joint Haitian Red Cross/ICRC efforts, the Senate passed a law on the use and protection of the emblem. Movement partners continued to meet regularly to coordinate activities and discuss issues of mutual concern.

CIVILIANS

In Cité Soleil and Martissant, where chronic problems related to poor infrastructure management and maintenance existed, people were still recovering from the devastating effects of the 2010 earthquake, notably in terms of water supply and sanitary conditions. They remained vulnerable to resurging cholera and tropical storms, which further impaired their access to clean water.

The water authorities and the ICRC continued to work together to ensure a safe and affordable water supply for 240,000 Cité Soleil residents. Pursuing efforts begun in 2009 but disrupted by the earthquake, they rehabilitated/constructed two pumping stations and repaired 13 water distribution points. The local water board better managed water production and distribution with ICRC technical support and advice, combined with measures such as the election of neighbourhood water committees to ensure the proper maintenance of infrastructure.

Residents of Cité Soleil and Martissant continued to benefit from Haitian Red Cross services. Around 7,640 sick or injured people received first aid, some of whom were then transferred to medical facilities. To help reduce their exposure to health risks, some 16,100 families learnt about hygiene, cholera prevention and preparedness for the annual hurricane season during hygiene-awareness sessions.

When possible, dialogue with police and MINUSTAH forces and armed gang leaders/members in Cité Soleil and Martissant aimed to enhance respect for the safety of civilians and their access to health care and to ensure safe access by Movement personnel to people in need (see *Armed forces and other bearers of weapons*).

PEOPLE DEPRIVED OF THEIR FREEDOM

Over 6,300 detainees, particularly those in the country's six most-crowded places of detention including a police station serving as a permanent place of detention (together representing about two-thirds of Haiti's prison population), received ICRC visits, according to the organization's standard procedures, to monitor their treatment and living conditions. Inmates in the newly opened Croix-des-Bouquets prison also received visits. Following such visits, the penitentiary authorities and the ICRC confidentially discussed the findings and any recommendations for improvements. In-depth dialogue with the authorities at several levels focused on the substance of comprehensive reports submitted by the ICRC as part of structural-support efforts. Topics discussed included legal assistance, outdoor access for inmates, and water and sanitation (see below).

Addressing overcrowding by promoting respect for judicial guarantees remained a priority. Judicial committees dealing with prolonged detention in Cap-Haïtien, Les Cayes and Port-au-Prince central prisons received support in identifying 330 detainees being held in lengthy pre-trial detention and forwarding their files to the relevant authorities to speed up the handling of their cases. Detainees whose case files were lost in the earthquake benefited from the efforts of penitentiary legal assistants to reconstitute some of these documents. The authorities drew on ICRC legal expertise to advance the revision of the Haitian penal code and rules of criminal procedure.

The national authorities and international stakeholders dealing with detention issues and the rule of law, for example the Cuban cooperation agency, the European Union, USAID and UN agencies, discussed Haiti's prison situation and coordinated their

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	240,000	36%	32%
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	36,589		
Water and habitat activities	Beneficiaries	4,589		

activities at regular ICRC-convened meetings. Such events led to a reinforced call for structural reform and an active role of the Haitian authorities in the process. This prompted the creation by the penitentiary authorities of coordination mechanisms to better structure the activities of their partners in tackling problems within the penitentiary system, resulting in the establishment of working groups to discuss health in detention and prolonged pre-trial detention. Subsequently, however, efforts to advance penitentiary reform were put on hold. To encourage the authorities to resume the process, representatives of the international community visited Port-au-Prince Central Prison, at the instigation of the ICRC, and discussed with the Haitian president ways of tackling issues related to prolonged detention.

Detainees' living and hygiene conditions improve

The penitentiary administration continued to rely on ICRC technical support to improve detention conditions. To help it overhaul prison infrastructure, the penitentiary authorities received a report on the water and sanitation situation in Haiti's detention facilities. Consequently, it took over the task of emptying septic tanks, while working with the ICRC to rehabilitate water supply systems at Cap Haïtien and Les Cayes prisons.

Detainees at Port-au-Prince Central Prison saw improvements in their living conditions following the refurbishment of the prison's kitchen, boosting cooking capacity, and the installation of bunk beds, increasing inmates' available sleeping surface area. In Les Cayes prison, inmates enjoyed time out of their cells following the rehabilitation of the prison courtyard. Distributions of clothes and games also helped detainees boost their well-being.

To help improve sanitary conditions, detainees, including vulnerable ones such as women, people held in police custody, and Haitians deported from the United States of America, benefited from hygiene-promotion activities and/or the distribution of hygiene items. Deported inmates also received phone cards to enable them to contact their relatives upon arrival in Haiti.

Inmates have better access to health care

The relevant authorities and the ICRC pursued efforts to enhance detainees' access to health care, with the ICRC providing ad hoc assistance in the event of emergencies.

With professional guidance, the penitentiary administration's medical department developed a plan for health care in detention, helping strengthen the prison health system. This led to the penitentiary administration's hiring of additional prison health staff, although more resources were needed to ensure the sustainability of such efforts. At prison level, to help enhance diagnosis and treatment of detainees, health workers in three prisons benefited from technical support, including on-the-job training. In Port-au-Prince Central Prison, the systematic screening of inmates for TB and HIV/AIDS continued, thanks to an ongoing pilot health project backed by the ICRC in the form of salary support for two

basilloscopy specialists and the facilitation of meetings between the penitentiary authorities and NGOs involved in the project.

Distributions of medical materials helped improve detainee health care, and those in need of special care unavailable in prison health centres benefited from individual financial assistance. Sick detainees had access to appropriate treatment following the donation of medical equipment to health centres in Croix-des-Bouquets and Grande Rivière du Nord prisons.

Detainees and staff at Jacmel prison and Petit Goâve police station weathered acute cholera outbreaks after the ICRC stepped in, disinfecting the premises and reintroducing appropriate preventive measures. Sick detainees were treated with intravenous fluids, injection material and oral rehydration salts, and other inmates and staff received prophylactic treatment. Detainees in Port-au-Prince Central Prison benefited from similar measures carried out in coordination with Médecins Sans Frontières – Belgium, following a cholera outbreak in December.

AUTHORITIES

Meetings with the national authorities and members of the international community served to heighten their understanding of the ICRC and gain support for its work and for penitentiary reform in Haiti (see *People deprived of their freedom*). A headquarters agreement formalizing the ICRC's status in the country had yet to be concluded. Nevertheless, the commissions in charge of judicial reform and re-establishment of the army accepted the ICRC's offer of legal advisory services.

While discussions on the ratification of legal instruments such as Additional Protocol III were under way, the Senate, prompted by the Haitian Red Cross/ICRC, passed a law regulating the use and protection of the emblem, yet to be approved by the House of Deputies. Key ministry officials and members of civil society, including academics, improved their IHL knowledge at a seminar organized with the Ministry of Foreign Affairs, regarded as a possible first step towards the creation of a national advisory mechanism on domestic IHL implementation.

Although the Dominican Republic's national IHL committee did not convene owing to the May elections, the committee co-organized a workshop at which its members enhanced their understanding of the need to implement IHL domestically.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

At briefings, 200 newly arriving MINUSTAH police officers from six countries enhanced their understanding of basic humanitarian principles and the Movement's neutral, impartial and independent work. Gang members in Cité Soleil and Martissant, including 40 from Cité Soleil, took part in similar briefings. Such contacts also served to remind weapon bearers, including MINUSTAH military units, of the need to respect the emblem and to allow humanitarian workers to reach and assist all vulnerable people unhindered (see *Civilians*).

So that police officers deployed on the ground, notably in Cité Soleil and Martissant, could gain a better grasp of basic legal concepts regarding police operations and detention, almost 440 HNP commissioned officers, staff and cadets underwent training in international norms regulating the use of force during arrest. They also received printed materials in Haitian Creole relating to the policing concepts of proportionality, legality, accountability and necessity. First-aid sessions facilitated by Haitian Red Cross trainers helped equip participants to deal with medical emergencies.

In the Dominican Republic, efforts to assist the relevant authorities in integrating IHL/human rights law into military doctrine, training and operations continued. Thus, instructors at the armed forces' school for human rights and IHL upgraded their teaching skills, including through the participation of one instructor in an IHL course at San Remo. Some 40 military and police officers enhanced their knowledge of such topics at training sessions.

CIVIL SOCIETY

Contacts with community/religious leaders, associations and the media in Cité Soleil and Martissant served to garner their support for Movement activities and familiarize them with humanitarian principles. This led to the national media's wide coverage, among other ICRC-related events, of the inauguration of the Healing Hands for Haiti physical rehabilitation centre, constructed and financed by the ICRC Special Fund for the Disabled.

To raise awareness of the ICRC's work in Cité Soleil, Haitian Red Cross volunteers carried out a door-to-door dissemination campaign. Consequently, over 2,900 residents and community leaders in Cité Soleil learnt about the ICRC's water programme and the role of the national water board in the project's management (see *Civilians*).

Efforts to familiarize academic circles with IHL and the Movement continued. To this end, over 90 lawyers enhanced their IHL knowledge in an introductory course organized with the school of magistracy.

RED CROSS AND RED CRESCENT MOVEMENT

The Haitian Red Cross remained the ICRC's primary partner in the implementation of assistance activities in Cité Soleil and Martissant (see *Civilians*). Along with the Dominican Red Cross, it strengthened its family-links services (notably by recruiting a family-links focal point who completed a month-long training course in Rwanda organized by the Rwandan Red Cross) and IHL dissemination capacities through the training of volunteers.

In line with its 2010–15 strategic plan, the Haitian Red Cross continued to strengthen its legal base and operational capacities, with support from the International Federation/ICRC and other Movement partners, in particular to respond to emergencies and to work safely in situations of urban violence. It pursued the integration of the Safer Access approach into its programmes, which involved briefings for some 120 volunteers taking part in promotion and psychological-support activities and a workshop on the development of an operational guide for National Society work in emergencies. For governance-related reasons, elections in local and regional committees did not take place.

Movement partners continued to coordinate their activities and discuss issues of mutual concern such as migration and the Health Care in Danger project.

BRASILIA (regional)

COVERING: Argentina, Brazil, Chile, Paraguay, Uruguay



ICRC / AR, 2012
 ⊕ ICRC regional delegation + ICRC office * ICRC regional communication support centre

EXPENDITURE (IN KCHF)

Protection	2,154
Assistance	1,869
Prevention	1,945
Cooperation with National Societies	713
General	-

► **6,681**

of which: Overheads 408

IMPLEMENTATION RATE

Expenditure/yearly budget	79%
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PERSONNEL

Expatriates	7
National staff (daily workers not included)	57

KEY POINTS

In 2012, the ICRC:

- ▶ with the Chilean Red Cross, provided access to medical services to some 250 residents of violence-affected Mapuche communities in southern Chile, and psychological and social support to children distressed by violence
- ▶ installed complete water systems in 2 of the most vulnerable rural communities in Paraguay, benefiting approximately 1,200 people, including 80 pupils in 1 school
- ▶ with the Brazilian Red Cross, the local authorities and other partners, prepared to hand over its multidisciplinary project in 6 violence-affected *favelas* in Rio de Janeiro by initiating measures to ensure its long-term sustainability
- ▶ conducted training in human rights norms for police officers in Brazil and Chile, in accordance with agreements signed with the Brazilian public security authorities and with the Chilean national police (*Carabineros*)
- ▶ supported ex-detainees in Chile and female detainees in Paraguay in establishing sources of livelihood, including by promoting handicrafts made by Paraguayan women detainees at an international trade fair in Brazil
- ▶ raised awareness of the humanitarian and environmental impacts of weapon contamination through a side event and photo exhibition at the UN Conference on Sustainable Development ("Rio+20") in Rio de Janeiro, Brazil

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 capacity to act in such situations. It also runs a project to address the effects of urban violence in Rio de Janeiro. The ICRC promotes the incorporation of IHL into national legislation and into 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.

CONTEXT

Land distribution issues, major infrastructure projects and indigenous grievances, exacerbated by organized crime and the drug trade, fuelled outbreaks of violence in the region.

In Brazil, the authorities continued the "pacification" process in the slum neighbourhoods (*favelas*) of Rio de Janeiro, in some cases with the military engaging in large-scale law enforcement operations alongside police forces.

Protests across Chile allegedly led to a considerable number of arrests, as well as injuries among both protesters and police personnel. Police operations in indigenous Mapuche communities in southern Chile raised significant humanitarian concerns.

In Paraguay, President Fernando Lugo was removed from office in June, following reported deaths and injuries during a police raid in the Curuguaty district. His impeachment led to Paraguay's suspension from two major regional integration blocs, the Southern Common Market (MERCOSUR) and Union of South American Nations (UNASUR).

ICRC ACTION AND RESULTS

Alleviating the humanitarian consequences of violence in Chile and Paraguay, as well as in six *favelas* of Rio de Janeiro, remained operational priorities for the Brasilia delegation.

In partnership with the Chilean Red Cross, the ICRC provided primary health care services and first aid to violence-affected Mapuche communities. It also organized psychological and social support activities for children traumatized by violence. In parallel, first-aid training prepared members of Chile's national police force (*Carabineros*) and National Society staff and volunteers to address humanitarian needs during violent protests or other emergencies.

Likewise, in Paraguay, the ICRC facilitated activities that aimed to strengthen local emergency response capacities. Under a Paraguayan Red Cross/ICRC project, complete water systems were installed in two of the most vulnerable communities, providing residents and local schoolchildren with a reliable source of running water for the first time.

In Rio de Janeiro, the ICRC prepared to hand over its multidisciplinary project in six *favelas* to local authorities, the Brazilian Red Cross and other partners. Efforts to facilitate safer access of State

Main figures and indicators	PROTECTION		Total
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages (RCMs)			
		UAMs/SCs*	
RCMs collected	1		
RCMs distributed	1		
Phone calls facilitated between family members	3		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹			
ICRC visits			
		Women	Minors
Detainees visited	677		
Detainees visited and monitored individually	62	6	1
Detainees newly registered	29	3	1
Number of visits carried out	30		
Number of places of detention visited	12		
Restoring family links			
RCMs collected	2		
Detainees visited by their relatives with ICRC/National Society support	31		

* Unaccompanied minors/separated children 1. Brazil, Chile, Paraguay

health workers to the *favelas*, improve local health care capacities and teach residents to deal with the impact of violence helped ensure the long-term sustainability of the initiative. People suffering the psychological effects of violence received support through specialized State services; the health authorities started to replicate these psychological-support activities in other *favelas*. In a bid to reduce and prevent violence, the education authorities worked to improve security in schools and disseminated information on emergency procedures to teachers and students. Meanwhile, teenage mothers and their children benefited from regular home visits to check on their well-being.

As a complement to these activities, the ICRC developed its institutional and operational dialogue with Rio de Janeiro’s military and police authorities, focusing on standards applicable to the use of force in the ongoing “pacification” process carried out by the security forces. To this end, it signed a cooperation agreement with the Rio de Janeiro State Secretariat of Security on the integration of human rights norms into the training of the military and civil police forces.

In Chile, following an agreement with the *Carabineros*, the ICRC conducted human rights training for police officers. Similar training took place for members of the Paraguayan national police.

The ICRC monitored the treatment and living conditions of people detained in connection with protests over land tenure and indigenous issues in Chile and Paraguay, as well as those of people held in police lock-ups in Rio de Janeiro until the closure of these facilities in April 2012. Through income-generating projects, it helped female detainees in Paraguay and ex-detainees in Chile gain livelihood skills.

In Argentina, Brazil and Chile, the ICRC pursued initiatives to strengthen local capacities to deal with the issue of missing persons. In connection with Argentina’s request for assistance in the exhumation and identification of soldiers buried in the Falkland/Malvinas Islands, it engaged in discussions with the Argentinian authorities and the families concerned.

Sustained dialogue with political authorities on humanitarian issues encouraged Uruguay to ratify Additional Protocol III and led to increased support for IHL-related initiatives in national and regional fora. The ICRC also worked with the region’s national

IHL committees to advance the implementation of IHL treaties through domestic legislation.

An ICRC side event and photo exhibition at the UN Conference on Sustainable Development (“Rio+20”) in Rio de Janeiro contributed to raising awareness among the authorities and the general public of the humanitarian and environmental impacts of weapon contamination. Regular interaction with key civil society actors, including legal and academic experts and the media, helped promote IHL-related research and highlight humanitarian concerns.

With the International Federation, the ICRC supported the restructuring and modernization process under way in some of the region’s National Societies. It also helped strengthen the family-links, Safer Access and first-aid skills of their volunteers and staff.

CIVILIANS

Access to health care, including first-aid and mental health services, for people living in violence-stricken areas (see *Context*) remained a key focus of the ICRC’s activities throughout the region.

Violence-affected communities and vulnerable migrants see humanitarian needs addressed

Police raids in indigenous Mapuche communities and social protests raised a number of humanitarian concerns in Chile. With the aim of bringing these issues to the authorities’ attention, the ICRC closely followed developments and gathered information on specific allegations of violations.

In La Araucanía, southern Chile, some 250 members of remote Mapuche communities gained access to medical services, including primary health care and, in four cases, first aid after police raids, through the Chilean Red Cross/ICRC. Mapuche children distressed by violence benefited from psychological and social support provided by a multidisciplinary team established in 2011.

Carabineros familiarized themselves with techniques to better assist people affected by violence, as well as to protect themselves in emergency situations. During sessions conducted by the National Society/ICRC in southern Chile, 74 police officers received training in first aid, and 17 in psychological first aid.

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				
Essential household items	Beneficiaries	450	27%	2%
Cash	Beneficiaries	42	23%	17%
Work, services and training	Beneficiaries	1,658	19%	53%
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	847		
Productive inputs	Beneficiaries	86		
Cash	Beneficiaries	31		

1. Brazil, Chile, Paraguay

Through a Paraguayan Red Cross/ICRC project, residents of five violence-affected neighbourhoods in Paraguay worked to strengthen their communities' emergency response capacities. For the first time, around 200 households (1,200 people), including 80 schoolchildren, had access to adequate water supplies, thanks to the installation of water systems in two of the most vulnerable communities in the Azotey and Concepción districts.

A total of 450 Haitian migrants stranded in the towns of Manaus and Tabatinga in Brazil met their immediate needs with cleaning supplies and hygiene items, distributed by the ICRC in coordination with the church, local authorities and Médecins Sans Frontières, enabling them to cope until further help could reach them. Around 200 of them got in touch with their families through ICRC-provided phone services.

Favela residents in Brazil have better access to health care, first aid and safer schools

Residents of violence-affected areas in six Rio de Janeiro *favelas* gained increased access to emergency and primary health care and social services through the multidisciplinary ICRC project implemented in cooperation with State-level health and education authorities, the Brazilian Red Cross and other local partners.

In addition to the 248 medical workers already trained and supported by the ICRC in local health centres, 45 senior health professionals working in the most violence-prone areas of the city attended a course on the Safer Access approach, which enabled them to train their own staff and ensure the sustainability of existing health care initiatives. To facilitate health workers' safe access to violence-prone areas, an online notification system launched in 10 local health centres provided real-time analysis of the security situation and documented relevant incidents to help assess the impact of violence on the population's access to health care.

In four *favelas* where access was difficult for State and municipal emergency services, residents became first-aid responders/instructors following National Society/ICRC-provided training and refresher courses. They also established their own first-aid network, thus boosting their communities' self-reliance.

Over 360 patients traumatized by violence received assistance during bilateral and group therapy sessions in four *favelas*. As part of the move to integrate mental health services into State-provided primary health care, community health workers improved their capacities through coaching in psychotherapy techniques. They also received psychological support themselves, enabling them to better handle the stress connected with their work. The Municipal Secretariat of Health and Civil Defence and the ICRC co-published technical guidelines on dealing with mental health issues related to violence and started replicating some of the ICRC's initiatives in other *favelas*.

Around 140 adolescent mothers/expectant mothers and 110 children from four *favelas* received visits from community health workers, while the ICRC worked to promote their rights and access to social services.

The State Secretariat of Education signed a cooperation agreement with the ICRC, initiating the final stage of the "Creating Humanitarian Spaces" programme in six intermediate schools, and published the third edition of a teachers' manual. These measures contributed to the reduction and prevention of violence and the improvement of security in local schools. Around 230 students and, for the first time, some 100 education professionals from 12 primary schools in violence-stricken areas discussed basic security procedures in emergencies during workshops on safer behaviour, co-organized with the Municipal Secretariat of Education. Staff of three NGOs working in areas affected by armed violence received similar training.

Local institutions improve their capacities to trace missing persons

Regionwide, people continued to seek information about relatives who had disappeared during the years of military rule. Policy-makers and other key actors were encouraged to work on measures to clarify the fate of missing persons, including through the participation of seven Brazilian government officials and a Chilean police officer in a course on the management of human remains during armed conflict and other emergencies, held in Geneva, Switzerland.

CIVILIANS		BRAZIL	CHILE	PARAGUAY
Economic security, water and habitat				
Essential household items	Beneficiaries	450		
Cash	Beneficiaries		42	
Work, services and training	Beneficiaries	200	258	1,200

To improve local expertise in the identification of human remains, representatives of State forensic institutions from Argentina, Bolivia, Panama and Uruguay attended a regional seminar in Buenos Aires, Argentina, on the management of ante/post-mortem data using ICRC-designed software. Similar training for the Brazilian authorities was postponed to 2013. For the first time, the Brazilian authorities co-organized a national course on forensic anthropology, which brought together 24 medico-legal experts from 18 institutions all over the country to expand their knowledge of professional standards in their field.

The authorities in Argentina finalized a new manual on forensic genetics. In connection with the Argentinian government's request for the ICRC's services as a neutral intermediary in facilitating the exhumation and identification of deceased soldiers buried in the Falkland/Malvinas Islands, meetings with the authorities and the bereaved families helped them clarify their understanding of the ICRC's mandate and working procedures.

After some delays due to internal issues, National Society staff and volunteers from Argentina, Chile, Paraguay and Uruguay received training in restoring family links during emergencies.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Chile, mainly from the indigenous Mapuche community, and people arrested in Paraguay in connection with land grievances or political issues received visits according to standard ICRC procedures. In Brazil, people held in police lock-ups in Rio de Janeiro were also visited until the closure of these facilities in April. In all cases, delegates provided the authorities with confidential feedback on detainees' treatment and living conditions.

In Chile, the situation of 11 Mapuche detainees on hunger strike was closely followed. Following visits by an ICRC doctor and discussions with the Ministry of Justice, seven hunger strikers in Paraguay and two detainees wounded during police operations gained access to specialized medical treatment.

Detainees acquire income-generating skills and improved family contact

Women detained in Buen Pastor prison in Asunción, Paraguay, regained self-confidence and motivation thanks to the display and

promotion of their traditional handicrafts at an international trade fair in Brasilia. These products were made by 43 female detainees as part of a National Society/ICRC-supported income-generating project started in 2008. Five women among the first batch of beneficiaries upgraded their skills to become trainers.

To facilitate their reintegration into society, newly released Mapuche detainees in Chile established sources of livelihood through micro-economic projects.

In Paraguay, 31 detainees with relatives living far away enjoyed family visits organized by the National Society, with the ICRC funding the travel costs. Such visits also enabled the detainees to receive medication and other assistance in person from their families.

Upon the ICRC's recommendation, four detainees were transferred to other Brazilian states where they could receive family support.

Detainees in Brazil, Chile and Paraguay received some essential items, improving their daily lives.

Authorities receive support in their efforts to improve detainees' welfare

Members of the State of Rio de Janeiro's Mechanism to Combat and Prevent Torture gleaned insights for their own work from an ICRC presentation on the organization's working methods, including standard procedures for visits to people deprived of their freedom, and related concerns, especially in the area of penitentiary health.

To enhance their knowledge of internationally recognized standards in prison administration, two representatives of the Chilean detention authorities participated in a regional workshop on human rights in the penitentiary context.

While dialogue with the Paraguayan authorities on detainees' access to health services continued, some ICRC activities related to health care in prisons were cancelled owing to a shortage of human resources.

Government officials in Uruguay, including representatives of Congress and of security forces, engaged in confidential dialogue with the ICRC on the humanitarian situation in Uruguayan prisons.

PEOPLE DEPRIVED OF THEIR FREEDOM	BRAZIL	CHILE	PARAGUAY
ICRC visits			
Detainees visited	614	19	44
Detainees visited and monitored individually		18	44
<i>of whom women</i>			6
<i>of whom minors</i>		1	
Detainees newly registered		13	16
<i>of whom women</i>			3
<i>of whom minors</i>		1	
Number of visits carried out	6	6	18
Number of places of detention visited	2	3	7
Restoring family links			
RCMs collected			2
Detainees visited by their relatives with ICRC/National Society support			31

AUTHORITIES

The region's governments and the ICRC discussed rules governing the use of force, humanitarian aspects of the proposed arms trade treaty (see *New York*), issues related to detention and to the plight of missing persons, and the situation of violence-stricken communities (see *Civilians* and *People deprived of their freedom*). This dialogue, as well as contacts with intergovernmental organizations such as MERCOSUR and UNASUR, strengthened the authorities' support for relevant resolutions in regional fora, such as the Organization of American States (see *Washington*) and the X Conference of Defense Ministers of the Americas, held in Uruguay. In addition, the ICRC's public communication initiatives at the "Rio+20" conference (see *Civil society*) helped raise the authorities' awareness of issues relating to weapon contamination, paving the way for future dialogue on this topic.

The national IHL committees of Argentina, Chile and Uruguay worked to advance the ratification and implementation of IHL treaties and took steps to fulfil their pledges at the 31st International Conference. Uruguay ratified Additional Protocol III, while Argentina, Brazil, Chile and Uruguay drafted legislation on, *inter alia*, enforced disappearances, the amended Rome Statute and the Movement's emblems. National capacities in this area improved through ICRC-supported training courses for members of the national IHL committees and other State bodies.

The Secretariat of Judicial Reform under Brazil's Ministry of Justice co-published a report by the International Bar Association documenting various penal reform efforts in Brazil, including the ICRC's activities in police lock-ups in Rio de Janeiro (see *People deprived of their freedom*).

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Armed and security forces work to incorporate rules on the use of force

Police and security forces engaged in discussions on law enforcement, the use of force and the need to respect medical/humanitarian services. Wherever possible and relevant, humanitarian concerns were also raised with other weapon bearers, such as gang and militia members.

Under a new agreement with the ICRC, the Rio de Janeiro State Secretariat of Public Security reviewed the integration of human rights standards into the education and training of military and civil police forces, including new personnel assigned to Pacifying Police Units in the *favelas*. Dialogue with the military police at central and battalion level significantly developed, particularly in relation to the continuous training of special units such as the Special Operations and Riot Control battalions and measures for internal control of the use of force.

Likewise, Chile's *Carabineros* worked to improve the integration of human rights norms into their standard procedures. In accordance with a new agreement with the ICRC, police officers from the newly created Department of Human Rights boosted their knowl-

edge of internationally recognized standards governing the use of force and detention, while other officers were trained in human rights norms applicable to juveniles. Through ICRC training, 25 *Carabineros* qualified as human rights instructors, to be deployed in various regions of Chile. Other officers received training in first aid and psychological support (see *Civilians*).

In Paraguay, 15 members of the national police force refreshed their knowledge of human rights norms. Following the imposition of a state of emergency in 2011, strengthened contacts with the Paraguayan armed and security forces facilitated humanitarian dialogue and access to violence-affected communities and paved the way for rebuilding cooperation after changes in these institutions' leadership.

Armed forces continue integrating IHL

The region's armed forces kept working to integrate IHL into their doctrine, training, sanctions and operations and had discussions with the ICRC on the use of force in law enforcement.

The Brazilian Army increased the amount of time devoted to IHL teaching in military academies. Following the introduction of an IHL manual in 2011, the three service branches of the Brazilian Armed Forces worked on their own respective manuals, with ICRC advice.

Chile's *Carabineros* incorporated IHL into the study programme for its officers. Senior officers from Brazil, Paraguay and Uruguay participated in the Senior Workshop on International Rules Governing Military Operations, held in Kuala Lumpur, Malaysia (see *International law and cooperation*), and a Chilean officer attended an IHL course in San Remo.

Argentinian and Brazilian peacekeeping troops deploying to Haiti attended briefings to familiarize themselves with the ICRC's work and enhance their openness to operational dialogue.

CIVIL SOCIETY

The public kept abreast of humanitarian issues through ICRC publications and media coverage of its activities in the region and worldwide. At a course in Brazil co-organized with local universities and journalists' associations, 20 students learnt about reporting on situations of violence. In Temuco, southern Chile, 11 journalists and press officers assigned to cover issues concerning the Mapuche population learnt about National Society/ICRC activities in these communities through presentations, a photo exhibition and a public event.

Over 600 people learnt about the humanitarian and environmental consequences of weapon contamination through the ICRC's side event and photo exhibition at the "Rio+20" summit, which also received extensive media coverage.

Regionwide, university lecturers used ICRC-provided materials to enrich IHL teaching. Students from Argentina and Brazil participated in the Jean-Pictet Competition on IHL.

PEOPLE DEPRIVED OF THEIR FREEDOM		BRAZIL	CHILE	PARAGUAY
Economic security, water and habitat				
Essential household items	Beneficiaries	567	7	273
Productive inputs	Beneficiaries			86
Cash	Beneficiaries			31

RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies strengthened their family-links, first-aid and communication skills with International Federation/ICRC technical and financial assistance, enabling them to help people affected by violence or emergencies (see *Civilians*).

National Societies from the Americas and Europe shared experiences and good practices at the first regional first-aid seminar in Rio de Janeiro, while those from Chile and Paraguay had additional training in first aid and the Safer Access approach.

To help address issues of integrity, the Brazilian and Paraguayan Red Cross Societies implemented restructuring processes with Movement support. The Chilean Red Cross revised its statutes and strategic plan, while the Uruguayan Red Cross continued to review its statutes.

CARACAS (regional)

COVERING: Suriname, Bolivarian Republic of Venezuela and the English-speaking countries of the Caribbean Community: Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago



ICRC regional delegation

EXPENDITURE (IN KCHF)

Protection	296
Assistance	-
Prevention	1,132
Cooperation with National Societies	370
General	-

► **1,798**

of which: Overheads 110

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Expatriates	3
National staff (daily workers not included)	9

KEY POINTS

In 2012, the ICRC:

- with the Jamaica Red Cross, initiated a joint review of micro-economic initiatives for 50 households affected by the 2010 violence in Kingston, enhancing the capacities of the National Society to carry out similar projects if needed
- trained military instructors to teach IHL and human rights norms to Venezuelan armed forces personnel assigned to border states and, for the first time, to members of the Bolivarian National Guard
- trained members of the police/constabulary forces of Guyana, Jamaica, and Trinidad and Tobago in legal standards applicable to law enforcement, promoting the Jamaican constabulary's manual as a model for the region
- through the extension of its cooperation project with the Venezuelan Red Cross, continued to support first-aid training for residents of border regions and the formulation of a contingency plan to prepare for future emergencies
- supported the National Societies in training their staff in the Safer Access approach and in updating their security and operational guidelines accordingly

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.

CONTEXT

In the Bolivarian Republic of Venezuela (hereafter Venezuela), Hugo Chavez won a fourth term as president during elections in October. His inauguration was postponed, however, following his departure for Cuba to undergo surgical treatment for cancer.

Venezuela's relations with Colombia continued to improve, with the gradual resumption of trade between the two countries and the signing of a cooperation agreement on security aimed at improving the situation along their shared border. Despite this, the spillover of the Colombian conflict into Venezuelan territory continued to affect residents of border communities.

The countries of the Caribbean Community and Common Market (CARICOM) still faced serious challenges related to high crime rates, trade in narcotics and small arms, and the global economic crisis. A state of emergency was declared and later lifted in Kingston (Jamaica), where 13 people reportedly died during the conduct of law enforcement operations. The failure of a government-mediated truce between gangs in Belize was followed by renewed violence. Likewise, protests in Guyana escalated into violence, allegedly resulting in deaths and damage to property.

The region's States continued to participate in multilateral organizations such as the Organization of American States (see *Washington*) and the Caracas-based Bolivarian Alliance for the Peoples of Our America (ALBA).

ICRC ACTION AND RESULTS

Regionwide, given the increased involvement of armed forces alongside the police or constabulary in law enforcement, the ICRC prioritized the dissemination of IHL, human rights norms and legal standards applicable to the use of force. Through training or dissemination sessions in Belize, Guyana, Jamaica, and Trinidad and Tobago, the ICRC promoted the consistent application of such rules and standards during the planning and conduct of military and police operations in response to tensions or disturbances. Sustained dialogue with senior officers and support in the revision of operational manuals and policies helped advance the integration of IHL, human rights norms and/or internationally recognized standards on the use of force into military and police doctrine, training and operations.

In parallel, the region's governments were encouraged to accede to or enact implementing legislation on relevant IHL treaties and to establish national IHL committees. Cooperation with CARICOM

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)¹				
Documents				
People to whom travel documents were issued		6		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
ICRC visits				
			Women	Minors
Detainees visited and monitored individually		10		
Number of visits carried out		4		
Number of places of detention visited		2		

1. Venezuela

bodies provided opportunities to emphasize the relevance of IHL to Caribbean States, particularly in relation to the implementation of the 1949 Geneva Conventions and their Additional Protocols, the Rome Statute and the Convention on Cluster Munitions.

In close cooperation with the National Societies, the ICRC worked on improving its response to the humanitarian consequences of violence in the region. In communities along Venezuela's border with Colombia, the National Society/ICRC trained residents in first aid and drew up a contingency plan to facilitate a timely response to incidents of violence and other emergencies. ICRC financial support enabled Jamaica Red Cross schools to resume educational and vocational assistance to violence-affected children.

The Jamaica Red Cross and the ICRC completed a joint review of micro-economic initiatives for approximately 50 households affected by the 2010 violence in Kingston. The review yielded positive results, including that the initiatives had significantly boosted beneficiaries' income and their capacities to finance their children's education. Through the lessons drawn from the project, the National Society became better equipped to deliver a coherent and appropriate humanitarian response to economic needs arising from violence, including by carrying out such activities on a wider scale if necessary. At the same time, the ICRC extended legal and operational support to the region's National Societies in strengthening their legal bases and building their capacities to implement the Safer Access approach.

Engagement with key civil society actors reinforced these efforts. Activities and dialogue with media and NGO representatives contributed to greater public interest in humanitarian issues, including those encompassed by the Health Care in Danger project, and raised awareness of the Movement's role and humanitarian action.

ICRC delegates continued to visit detainees in Venezuela in accordance with the organization's standard procedures, checking on their treatment and living conditions and providing confidential feedback to the authorities.

CIVILIANS

The protection of vulnerable communities during incidents of violence was addressed through dialogue and cooperation with the armed and police forces of Guyana, Jamaica, Trinidad and Tobago, and Venezuela regarding internationally recognized standards on the use of force in law enforcement (see *Armed forces and other bearers of weapons*).

With the training of 94 residents in first aid, three vulnerable communities in the Venezuelan border state of Zulia were better prepared to handle emergencies. This was made possible through a joint project with the local branch of the Venezuelan Red Cross, initiated in 2010 and extended in 2012. At an ICRC-supported

workshop, the National Society drafted a contingency plan to guide its humanitarian response in case of further tensions or disturbances, notably in view of the elections.

In Jamaica, a review of micro-economic initiatives implemented jointly by the National Society and the ICRC for 50 households affected by the 2010 violence in Kingston showed encouraging results: more than 90% of the beneficiaries still had sustainable businesses nearly a year after the project started, and over 60% of them reported that these businesses contributed the largest share of their household incomes. Significantly, the project also indirectly resulted in higher school attendance rates, as most of the beneficiaries used the income from their businesses to finance their children's education.

In addition, around 100 children from violence-affected Kingston communities stood to benefit from educational and vocational assistance provided via three Jamaica Red Cross-managed schools, which were able to overcome funding challenges and resume operations thanks to ICRC financial support. The National Society and the ICRC signed a memorandum of understanding to further define the details of such assistance, and started working to strengthen the violence-prevention aspects of the schools' curriculum.

PEOPLE DEPRIVED OF THEIR FREEDOM

In Venezuela, detainees of concern to the ICRC held in two places of detention under the jurisdiction of the Ministry of Defence and the Ministry of the Interior continued to receive visits, carried out according to standard ICRC procedures. Delegates monitored the treatment and living conditions of the detainees, standing ready to provide material assistance if necessary, and shared their observations and recommendations with the authorities during confidential dialogue.

AUTHORITIES

Drawing on ICRC expertise and resources, Venezuela and the CARICOM member States pursued their work towards the ratification and implementation of IHL treaties. Regular contacts between the ICRC and CARICOM bodies focused on Additional Protocol III, the Rome Statute and the Convention on Cluster Munitions.

The sharing of model legislation on the Geneva Conventions and the Rome Statute encouraged the adoption and implementation of IHL norms by CARICOM member States. Jamaica further refined a draft law implementing the Geneva Conventions and their Additional Protocols, while Suriname continued working on integrating penalties for war crimes into its criminal code.

Discussions on the creation of a national IHL committee were under way with the newly created Human Rights and IHL Unit of Venezuela's Ministry of Foreign Affairs. Guyana, Jamaica and Suriname were similarly encouraged to set up such committees.

Government representatives from Belize, Guyana, Suriname, Trinidad and Tobago, and Venezuela participated in a regional consultation seminar, organized by the Costa Rican government and the ICRC, on the “Strengthening IHL” process (see *International law and cooperation*). National authorities, with ICRC advice, implemented pledges they had made at the 31st International Conference, particularly on issues encompassed by the Health Care in Danger project.

Owing to logistical constraints, plans to co-organize events with ALBA on the Rome Statute and the proposed arms trade treaty were cancelled.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Armed and security forces regionwide took further steps to integrate IHL and human rights norms into their doctrine, training and operations.

The Venezuelan Ministry of Defence engaged in regular dialogue with the ICRC, facilitating increased cooperation with all branches of the country’s armed forces and sending a representative to the IHL course in San Remo. Some 135 instructors from various branches of the Venezuelan armed forces posted in volatile border states (see *Civilians*) enhanced their capacities to teach IHL through training courses conducted either autonomously by the Defence Ministry with limited ICRC support or directly by the ICRC. A further 100 instructors from the National Guard, the branch of the armed forces responsible for maintaining public order, refreshed their knowledge of human rights norms and internationally recognized standards on the use of force, with experts from the Ecuadorian, French and Peruvian police forces conducting practical instruction.

In light of their increasing involvement in law enforcement, the armed forces of Belize, Guyana, Jamaica, and Trinidad and Tobago reassessed the integration of IHL into their military doctrine. Officers from the Trinidad and Tobago Defence Forces deepened their understanding of IHL and international human rights law through dissemination activities, while their chief of staff attended the Senior Workshop on International Rules Governing Military Operations in Kuala Lumpur, Malaysia (see *International law and cooperation*).

Police improve and clarify standards on the use of force

Law enforcement officers in the region enhanced their knowledge of human rights norms and humanitarian principles, becoming better equipped to handle violent situations.

Members of the police/constabularies of Guyana, Jamaica, and Trinidad and Tobago took part in theoretical and practical exercises on human rights and legal standards applicable to the use of force, and gained a better understanding of the ICRC’s role and mandate through dissemination sessions. A visit to Belize sought to gain a foothold for similar activities in the country, including future training exercises for the country’s armed and police forces.

The publication of an ICRC article in the magazine of the Association of Caribbean Commissioners of Police (ACCP) provided a reference on legal standards applicable to law enforcement. The ACCP Secretariat promoted the Jamaica Constabulary Force’s policy on human rights and the use of force and firearms – developed and implemented in consultation with the ICRC following the 2010 outbreak of violence in Kingston – as a model manual to be adopted by CARICOM police forces.

Similar efforts in Venezuela to encourage the revision of the Bolivarian National Police’s manual on the maintenance of public order were redirected to training activities for the National Guard, which played a crucial role in support of the police forces (see above).

CIVIL SOCIETY

To promote wider and more accurate coverage of humanitarian issues and the ICRC’s mandate and activities, 30 Venezuelan journalists, mostly from the border states of Apure, Táchira and Zulia, participated in the regional delegation’s annual workshop on reporting in conflict situations. Around 30 communication officers from the Venezuelan armed forces benefited from similar training. In Jamaica, 16 media professionals discussed the ICRC’s humanitarian response to armed conflict and other situations of violence, particularly the lessons learnt from the 2010 violence in Kingston, during a forum co-organized with the National Society. A first-aid course for reporters from an international news agency covering political demonstrations in Venezuela helped them carry out their work safely and also served as an opportunity to raise issues related to the Health Care in Danger project.

The general public in Venezuela gained deeper insight into the ICRC’s distinctive humanitarian role through the “Humanity in War” photo exhibition, which opened in the border region of Maracaibo on World Red Cross and Red Crescent Day (8 May).

Efforts to raise awareness of the ICRC’s mandate, activities and operational procedures included stepping up dialogue with NGOs which were credibly monitoring situations of violence and disturbances in the region.

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies remained the ICRC’s key partners in the implementation of projects for violence-affected communities, particularly in Jamaica and Venezuela (see *Civilians*). They continued to receive ICRC legal guidance on matters related to their statutes and to the Movement’s emblems and Fundamental Principles. At a national convention, the Venezuelan Red Cross shared views with the Colombian Red Cross on cooperation within the Movement.

The Red Cross Societies of Belize, Guyana, Suriname, and Trinidad and Tobago continued to develop security and operational guidelines in keeping with the Safer Access approach. With a view to limiting risks and maximizing opportunities in times of natural disaster, armed conflict or violence, the Jamaican and Venezuelan Red Cross Societies discussed issues covered by the Health Care in Danger project with the ICRC.

LIMA (regional)

COVERING: Plurinational State of Bolivia, Ecuador, Peru



ICRC regional delegation + ICRC office/presence

EXPENDITURE (IN KCHF)

Protection	2,561
Assistance	316
Prevention	1,954
Cooperation with National Societies	694
General	-
	5,525
	of which: Overheads 337

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Expatriates	9
National staff (daily workers not included)	35

KEY POINTS

In 2012, the ICRC:

- ▶ increased its presence in violence-affected areas, such as Ecuador's northern border regions and Peru's Apurímac-Ene y Mantaro Valley, strengthening its own and the National Societies' emergency response capacities
- ▶ contributed to the process leading to Peru's ratification of the Convention on Enforced Disappearance, as a further step in addressing the issue of missing persons, and the Convention on Cluster Munitions
- ▶ supported the Peruvian detention authorities in implementing reforms, including the training of prison staff in human rights and judicial guarantees and the orientation of lawyers on the 2004 code of criminal procedure
- ▶ at the authorities' request, facilitated negotiations between penitentiary staff and inmates during a hostage-taking incident at the Challapalca maximum security prison in Peru, securing the safe release of 14 prison guards
- ▶ sustained its dialogue with the region's armed and police forces on internationally recognized standards on the use of force, signing an agreement with the Bolivian police regarding the integration of such standards into their training

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 internal strife and reinforces the capacities of the region's National Societies to do the same. It helps security forces integrate human rights norms applicable to the use of force into their doctrine, training and operations, and the armed forces do the same for IHL. It also promotes the incorporation of IHL into national legislation.

CONTEXT

In Peru and the Plurinational State of Bolivia (hereafter Bolivia) and, to a lesser extent, in Ecuador, socio-economic, political, environmental and indigenous grievances frequently sparked protests that turned violent. Confrontations between protesters and law enforcement agents often resulted in injuries, arrests and, allegedly, even deaths.

Clashes between security forces and the militarized Communist Party of Peru (PCP-M) in the Apurímac-Ene y Mantaro Valley (VRAEM), the Upper Huallaga Valley and some areas of Cuzco reportedly led to casualties, abductions and displacement. Other effects of the fighting included weapon contamination and movement restrictions. Communities in Ecuador's Esmeraldas and Sucumbíos regions, near the northern border with Colombia, continued to be affected by the spillover of the non-international armed conflict in Colombia, although cooperation had increased between the two bordering States.

The three countries maintained multilateral relations with other Latin American States through regional bodies such as the Organization of American States (OAS) (see *Washington*) and the Union of South American Nations and, for Bolivia and Peru, the Bolivarian Alliance for the Peoples of Our America.

ICRC ACTION AND RESULTS

The Lima regional delegation increased its presence in areas heavily affected by violence, opening a new office in Ecuador's Esmeraldas region, where the spillover effects of the Colombian conflict had adverse consequences for the population. It continued to monitor the situation of people living in or close to areas affected by fighting, including the border region of Sucumbíos in Ecuador and the VRAEM in Peru, addressing confidential representations to the authorities about their concerns.

While providing emergency assistance to those injured or displaced during armed clashes, the ICRC also helped affected communities cope with the longer-term effects of violence. Access to safe water supplies, information on proper hygiene and sanitation practices, and first-aid training contributed to improving people's ability to cope with their current situation and to respond to future emergencies.

Given frequent social unrest, the ICRC worked with armed and police forces to prevent the excessive use of force during law enforcement operations. Continuous dialogue and cooperation

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)¹				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs distributed		10		
Phone calls facilitated between family members		15		
Reunifications, transfers and repatriations				
People reunited with their families		2		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		4		3
People located (tracing cases closed positively)		2		
Tracing cases still being handled at the end of the reporting period (people)		2		1
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		2	1	
UAMs/SCs reunited with their families by the ICRC/National Society		2	1	
Documents				
Official documents relayed between family members across borders/front lines		4		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		587		
Detainees visited and monitored individually		420	71	3
Detainees newly registered		118	23	3
Number of visits carried out		73		
Number of places of detention visited		34		
Restoring family links				
RCMs collected		10		
Detainees visited by their relatives with ICRC/National Society support		237		

* Unaccompanied minors/separated children I. Ecuador, Peru

on the integration of IHL into military and police doctrine, training and operations paved the way for awareness-raising and practical activities for the armed and security forces. In all dialogue with weapon bearers, both at command and field level, the ICRC emphasized their obligation to respect civilians, medical services and the Movement's emblems and to facilitate humanitarian action.

With ICRC support, the National Societies deployed emergency response teams that came to the aid of people wounded during violent incidents. ICRC-produced radio spots broadcast during such disturbances reminded the general public of the need to respect medical services and allow them access to the victims.

Across the region, the ICRC helped address the issue of missing persons, including through discussions with the national authorities in all three countries, as well as with their representatives to the OAS. In parallel, it contributed to strengthening State forensic capacities, provided training and financial support to family associations and helped relatives of missing persons travel to exhumation sites and access psychological support.

Delegates visited, in accordance with standard ICRC procedures, people detained in connection with armed conflict or violence to monitor their treatment and living conditions, providing confidential feedback to the authorities when necessary. In Peru, the ICRC backed the authorities' efforts to improve the penitentiary system through the training of prison staff and lawyers in human rights norms and criminal procedure, respectively.

The ICRC continued working with the region's national IHL committees to promote the ratification and implementation of IHL instruments, resulting in Peru's ratification of two key IHL-related treaties. Civilian and military authorities at the national

level remained open to ICRC input, particularly on questions related to the regulation of the use of force in law enforcement and the needs of the families of missing persons. Some progress was made in all three countries with regard to the drafting of laws to implement the Rome Statute and to regulate the use of force in situations of violence.

Communication to the general public on IHL-related themes, as well as cooperation with academic institutions on IHL teaching and research, likewise advanced steadily. The ICRC supported the National Societies in reinforcing their emergency response capacities and, for the Peruvian Red Cross, in resolving structural or financial issues, and continued to coordinate with Movement partners and other humanitarian actors present in the region.

CIVILIANS

A strengthened ICRC presence in areas of Peru affected by armed clashes allowed the organization to monitor the situation and initiate substantive dialogue with the authorities and weapon bearers regarding the protection of civilians. In light of sporadic violence linked to social unrest in Bolivia and Peru, the ICRC engaged in dialogue with the authorities on the use of force in law enforcement (see *Armed forces and other bearers of weapons*) and, with the respective National Societies, deployed emergency response teams.

In the Esmeraldas and Sucumbíos regions, near Ecuador's border with Colombia, direct contact with the affected communities improved the humanitarian response to needs resulting from the spillover effects of the Colombian conflict. Representations were made to both Colombian and Ecuadorian authorities, as well as to armed groups, regarding the concerns affecting residents of these areas.

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				
Water and habitat activities ²	Beneficiaries	3,617	31%	38%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)¹				
Water and habitat activities ³	Beneficiaries	44		

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

2. Ecuador, Peru 3. Peru

Similarly, the ICRC responded to specific problems faced by the civilian population in Peru's VRAEM due to fighting between government troops and the PCP-M. The armed forces agreed to high-level discussions on these issues in the future. Discussions with the authorities drew their attention to the plight of 29 people, including 11 children, who had left PCP-M camps.

Based on direct reports from people affected by violent protests in Peru, the ICRC also made confidential representations to the authorities regarding allegations of inappropriate use of force and urged them to take corrective measures. A person injured during protests in Cajamarca, Peru, was given financial assistance, and a written representation was made to the relevant authorities on his behalf.

Conflict/violence-affected communities receive emergency assistance and longer-term support

In Peru, 29 people who had been held by the PCP-M (see above) received food, clothing and transportation after they had left the camps. Some 170 people displaced by clashes between security forces and the PCP-M in La Convención province, Cusco, met their basic needs after being provided with essential household items and cooking gas by the ICRC. Local NGOs also provided

assistance, including mental health services. By end-2012, almost all these IDPs had returned home.

Vulnerable residents of rural areas coped better with their situation thanks to ICRC-funded projects carried out with the local authorities. In the village of José Olaya in Ayacucho, around 450 people had improved access to clean water through the construction of a water tank in cooperation with community members. In the remote Canaire region of the VRAEM, over 900 primary-school students improved their hygiene and sanitation practices after 54 teachers had undergone training. Nearly 20 schools were equipped with first-aid kits, enabling them to deal better with emergencies, while some 560 pupils and teachers benefited from the construction of sewage systems in three of these schools. In total, more than 3,000 people in conflict/violence-affected areas of Peru benefited from the improvement of water and sanitation facilities.

To ensure the sustainability of such interventions, the Peruvian Ministries of Health and Education and the ICRC strengthened their partnership in implementing the "Healthy Schools" project. The education authorities issued a directive integrating hygiene awareness into school curricula. Communities took an active role

CIVILIANS	ECUADOR	PERU
Red Cross messages (RCMs)		
RCMs distributed		10
Phone calls facilitated between family members		15
Reunifications, transfers and repatriations		
People reunited with their families	2	
Tracing requests, including cases of missing persons		
People for whom a tracing request was newly registered	4	
	<i>of whom minors at the time of disappearance</i>	3
People located (tracing cases closed positively)	2	
Tracing cases still being handled at the end of the reporting period (people)		2
	<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	2	
	<i>of whom girls</i>	1
UAMs/SCs reunited with their families by the ICRC/National Society	2	
	<i>of whom girls</i>	1
Documents		
Official documents relayed between family members across borders/front lines		4

* Unaccompanied minors/separated children

CIVILIANS	ECUADOR	PERU
Economic security, water and habitat¹		
Water and habitat activities	Beneficiaries	540
		3,077

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

in planning and implementing these projects and elected representatives to work with the authorities in ensuring better provision of services.

To help secure their farming livelihoods, vulnerable residents of Ecuador's border region of Sucumbíos received cacao plants under an ICRC agricultural project. Communities along the Putumayo River continued to access clean water through an ICRC-funded rainwater collection system. With ICRC support, three Colombian families who had been separated by conflict reunited in Ecuador.

Families of missing persons have access to psychological and social support

Almost 1,000 relatives of missing persons in Peru benefited from ICRC assistance, including financial support to travel to exhumation sites, while three associations supporting such families received financial aid. Meanwhile, Peruvian State bodies and NGOs pursued efforts to clarify the fate of some 15,000 people missing from the past conflict. They continued to assist the families of the missing, and with ICRC technical advice and funding, worked to optimize their coordination and practices. Following meetings and a workshop, they reached an agreement on the need for a centralized coordination mechanism and came up with a draft policy to address the families' needs.

The training of instructors in Ayacucho and Huancavelica helped ensure the continuous provision of psychological and social support to families of the missing. These courses were co-organized with the Ministry of Health, which also commenced a review of its policy on reparations to victims, with ICRC input. Peru's Legal Medicine Institute co-organized two courses on the management of human remains, in which staff members of various State institutions took part. Its forensic experts strengthened their capacities through ICRC-led workshops and performance audits.

For the first time, a National Society/ICRC-organized course on human remains management took place in Bolivia, where the issue of missing persons from the time of military rule remained pertinent. Representatives of State institutions involved in emergency response participated in the training.

Complementing its response to the needs of people affected by the spillover of the Colombian conflict, the ICRC assessed forensic capacities in Ecuador, especially on its northern border with Colombia.

PEOPLE DEPRIVED OF THEIR FREEDOM

In all three countries, people continued to be arrested on "terrorism" charges or for alleged links to armed groups. These detainees were visited according to standard ICRC procedures. Delegates checked on their treatment and living conditions and provided confidential feedback to the authorities. In Peru, 135 people detained far from their homes received ICRC-funded family visits, as did around 100 young people detained in the Qalauma centre for juvenile offenders in Bolivia.

Repairs to ventilation systems in three temporary detention facilities in Peru's Upper Huallaga Valley and VRAEM resulted in better living conditions for 44 inmates. Over 2,000 inmates, including women, in two prisons in La Paz, Bolivia, saw their daily routines and professional prospects improve through occupational therapy projects, including first aid, vocational training and income-generating ventures, such as bakeries.

At the authorities' request, the ICRC facilitated dialogue between detention authorities and inmates during a hostage-taking incident in the Challapalca maximum security facility in Peru. After a few days of negotiations, the 14 prison guards who were held hostage were safely released. An ICRC visit to the prison and a written representation to the authorities ensured consistent follow-up of the situation. The detainees also received blankets and towels to mitigate the effects of cold temperatures in this remote, high-altitude area.

Prison reforms backed by technical support and advocacy

The region's detention authorities, along with their counterparts from other Latin American countries, shared experiences and identified best practices during a workshop on human rights in the penitentiary context held in Lima, Peru. The Bolivian authorities displayed a renewed interest in the creation of a digitized detainees' registry, a project that had been delayed several times in the past.

Through ICRC-supported training sessions organized by the authorities, 650 prison staff from 15 facilities in Peru improved their understanding of international human rights norms related to detention and internationally recognized standards on the use of force. Such courses were formally integrated into the curriculum of the National Centre of Criminology and Penitentiary Studies. The training of 30 penitentiary staff as human rights instructors, on the other hand, was postponed in order to prioritize the training of new prison employees.

PEOPLE DEPRIVED OF THEIR FREEDOM	BOLIVIA	ECUADOR	PERU
ICRC visits			
Detainees visited	553	24	10
Detainees visited and monitored individually	389	21	10
	<i>of whom women</i>		2
	<i>of whom minors</i>		2
Detainees newly registered	104	4	10
	<i>of whom women</i>		2
	<i>of whom minors</i>		1
Number of visits carried out	56	6	11
Number of places of detention visited	23	3	8
Restoring family links			
RCMs collected	10		
Detainees visited by their relatives with ICRC/National Society support	135	102	

In a bid to accelerate the judicial process for detainees in Peru's overcrowded prisons, lawyers received a handbook on the 2004 code of criminal procedure, prepared in coordination with the Ministry of Justice and Human Rights. In addition, 24 court-appointed defence lawyers from the Pucallpa and Loreto districts were familiarized with the procedure.

TB- and HIV/AIDS-control programmes continued to be implemented in Peruvian prisons with ICRC support.

WOUNDED AND SICK

Timely medical aid to patients injured by violence remained a priority in the ICRC's humanitarian response across the region. People wounded during violent incidents, including in Yapacaní, Bolivia, received first aid from National Society/ICRC teams. Military medical officers deployed in Peru's VRAEM honed their war-surgery skills during two ICRC seminars. Volunteers from the Bolivian and Ecuadorian Red Cross Societies attended training courses in first aid and the Safer Access approach, while the Ecuadorian and Peruvian Red Cross Societies received first-aid equipment.

In Bolivia's Pando department, a project involving training residents in addressing violence-related mental health issues was handed over to the authorities. This paved the way for the integration of health promoters into the formal health care system, as affirmed by the participation of 18 ICRC-trained health promoters in a workshop organized by the local health service.

The Bolivian Ministry of Health and the ICRC renewed their agreement on the provision of physical rehabilitation services. The manufacture of 50 prostheses started, using materials from the ICRC Special Fund for the Disabled.

AUTHORITIES

The national authorities of the region, as well as the OAS permanent missions, and the ICRC continued to discuss the need to regulate the use of force during situations of violence, to ensure respect for the Movement's emblems and to prevent people from becoming unaccounted for.

Peru ratified the Convention on Cluster Munitions and the Convention on Enforced Disappearance. With ICRC technical expertise, its national IHL committee worked on draft laws to sanction the recruitment of child soldiers and to implement the Rome Statute, while that of Ecuador followed up on the incorporation of sanctions against IHL and human rights violations into Ecuadorian national legislation. The Bolivian Senate worked on draft laws on the use of force in situations of violence.

During training courses in Peru and Ecuador, organized by the respective IHL committees, authorities and members of civil society discussed laws governing the conduct of hostilities and the correct application of IHL. Similarly, diplomatic, government and civil society representatives gained better awareness of weapon contamination and related humanitarian concerns at a workshop co-organized by the Peruvian Ministry of Foreign Affairs and the ICRC. Ecuador's national IHL committee enhanced its dissemination capacities through seminars organized for its members.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

The region's armed and police forces engaged in dialogue with the ICRC on legal frameworks regulating the use of force and on challenges in their application. Their personnel at all levels enhanced their knowledge of IHL, human rights and other relevant norms through training courses, including some co-organized with the Bolivian Ministry of Defence and one for police officers in Peru conducted by the ICRC with the support of the French *Gendarmerie*.

In parallel, contacts at field level, particularly with security forces deployed in violence-prone areas, provided opportunities to remind them of internationally recognized standards applicable to their tasks. This was the case during discussions with law enforcement officers in Cajamarca, Peru, which was the scene of violent protests. Likewise, 60 police officers stationed in the border areas of Ecuador enhanced their knowledge of human rights norms at an ICRC workshop.

Armed forces work to apply IHL and human rights standards

Following ICRC-organized meetings, including at the regional level, Bolivian military officials initiated a weapon-control project, and the new commander-in-chief of the armed forces met with the ICRC regarding the prospective review of their manual on non-international armed conflicts.

With newly created departments of IHL and human rights in all branches of its armed forces, Ecuador worked on integrating internationally recognized standards on the use of force into its national plan for internal defence and implemented dissemination activities to promote respect for and protection of the red cross emblem.

Police integrate rules on the use of force

In all three countries, the police forces made progress in bringing their doctrine, training and operations in line with international norms relevant to law enforcement. The Bolivian police, the Ministry of Government and the ICRC entered into a three-year cooperation agreement on this subject. However, protests and instability hindered planned dissemination activities for police officers.

In line with a 2011 agreement between the Interior Ministry and the ICRC, the upper echelons of the Peruvian police engaged in dialogue on the use of force, including in riots and sieges. The National Institute of Advanced Police Studies cooperated with the ICRC in organizing human rights training for senior officers.

CIVIL SOCIETY

Regionwide, the public kept abreast of ICRC activities through various resources, including the ICRC website, audiovisual productions and media reports. These highlighted the impact of, and National Society/ICRC response to, violent situations in the region, including in the VRAEM in Peru and along Ecuador's northern border, as well as the issue of missing persons and the situation of people deprived of their freedom. These themes were also featured in the Bolivian and Peruvian Red Cross Societies' celebrations of World Red Cross and Red Crescent Day (8 May).

During disturbances, such as those in Cajamarca, Peru, and the Isiboro-Securé Indigenous Territory and National Park, Bolivia, ICRC-produced radio spots called for respect for medical services. Briefings and interviews with ICRC representatives sensitized journalists to the concerns covered by the Health Care in Danger project and other humanitarian issues, such as weapon contamination.

Leading universities enhanced IHL teaching following ICRC presentations and the receipt of reference literature. Student teams from Ecuador and Peru participated in the Jean-Pictet Competition on IHL. Former participants in the competition presented undergraduate theses on IHL-related topics to their universities, with ICRC guidance.

RED CROSS AND RED CRESCENT MOVEMENT

In light of frequent protests and civil disturbances, the region's National Societies concentrated on strengthening their emergency response skills (see *Civilians* and *Wounded and sick*). The Ecuadorian Red Cross, with ICRC technical and material support, conducted training in family-links services in most of its branches. With some improvement in its finances and management, the Peruvian Red Cross planned further reforms, including a review of its statutes.

MEXICO CITY (regional)

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



ICRC regional delegation ICRC mission ICRC office/presence

EXPENDITURE (IN KCHF)

Protection	4,369
Assistance	1,239
Prevention	2,260
Cooperation with National Societies	856
General	-
	8,724
	of which: Overheads 532

IMPLEMENTATION RATE

Expenditure/yearly budget	86%
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PERSONNEL

Expatriates	18
National staff (daily workers not included)	60

KEY POINTS

In 2012, the ICRC:

- ▶ in cooperation with the region's National Societies, stepped up efforts to address humanitarian concerns related to migration, including by supporting assistance facilities and conducting assessments of migrants' needs
- ▶ helped address the issue of missing persons in the region, including by supporting the Mexican authorities in adopting a national protocol for the identification of human remains
- ▶ supported the National Societies and local authorities in El Salvador, Guatemala, Honduras and Mexico in running projects to prevent and deal with urban violence and strengthen communities' capacities to cope with its effects
- ▶ reinforced the training of health workers and first-responders in order to enhance their capacities to treat injuries or psychological trauma resulting from violence
- ▶ under a new agreement with the Ministry of Justice in El Salvador, started assessing the general conditions in detention facilities and responding to inmates' urgent humanitarian needs
- ▶ maintained dialogue with the region's armed forces on IHL and norms relating to the use of force, resuming contact and cooperation on these topics with the Cuban military

The Mexico delegation opened in 1998, becoming a regional delegation in 2002. It strengthens the capacities of the region's National Societies; works with them to meet the needs of violence-affected people, including those in Panama affected by the conflict in Colombia, and 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.

CONTEXT

Violence linked to organized crime persisted regionwide, substantially affecting the security and daily life of the population and leading to the continued deployment of the armed forces alongside police units in efforts to restore law and order.

A truce facilitated by the Catholic Church and the Ministry of Security between the two main *maras* (gangs) in El Salvador reportedly led to a decrease in violence. In Honduras, violence remained a concern, particularly in relation to land disputes in the Bajo Aguán region, while in Mexico, confrontations between cartels and armed and security forces continued. In Panama, the population in the Darién border region was still affected by the spillover of the armed conflict in Colombia. Cuba hosted the peace talks between the Colombian government and the Revolutionary Armed Forces of Colombia – People's Army (see *Colombia*) and acted as the main guarantor in the process.

Migrants headed for the United States of America (hereafter US) risked abuses, abduction, physical injury and even death along their route. The region remained affected by the issue of people unaccounted for as a result of past armed conflicts, current violence and migration.

ICRC ACTION AND RESULTS

In light of the high levels of violence in the region, the ICRC continued to focus on addressing the most urgent humanitarian needs, working with the National Society whenever possible. It supported the provision of primary health care and facilitated access of State medical services to people affected by violent protests in the Bajo Aguán region of Honduras. In Panama's Darién region, it extended basic assistance to vulnerable indigenous communities and to people displaced from Colombia, while supporting the health authorities' efforts to combat epidemics. Contributing to the provision of timely medical aid to patients wounded by firearms or explosives, the ICRC trained medical personnel, supported the preparation of a manual on the treatment of such injuries in Mexico and assessed emergency-care systems in El Salvador and Honduras.

As a complement, the ICRC supported multidisciplinary projects aiming to strengthen communities' capacities to deal with and recover from the effects of violence, as well as to prevent further violence by providing alternative opportunities for recreation and livelihood to youth living in high-risk areas. These projects, implemented in El Salvador, Guatemala, Honduras and

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	6,271		
Reunifications, transfers and repatriations			
People reunited with their families	143		
Tracing requests, including cases of missing persons		Women	Minors
People for whom a tracing request was newly registered	4	1	1
People located (tracing cases closed positively)	1		
Tracing cases still being handled at the end of the reporting period (people)	5	1	2
UAMs/SCs*, including unaccompanied demobilized child soldiers		Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society	147	16	
UAMs/SCs reunited with their families by the ICRC/National Society	143	16	
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	2		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹			
ICRC visits		Women	Minors
Detainees visited	13,379		
Detainees visited and monitored individually	38	1	
Detainees newly registered	11		
Number of visits carried out	31		
Number of places of detention visited	21		
Restoring family links			
RCMs collected	3		
Detainees visited by their relatives with ICRC/National Society support	33		
People to whom a detention attestation was issued	1		

* Unaccompanied minors/separated children

1. El Salvador, Honduras, Mexico, Panama

Mexico with Movement partners or local institutions, combined diverse elements such as first-aid training, psychological support, vocational guidance and orientation, and familiarization with basic humanitarian principles.

To gain a better understanding of humanitarian concerns arising from migration and formulate an effective response, the ICRC conducted assessments in coordination with the National Societies. It provided financial and material support to facilities assisting migrants and, after carrying out initial visits to migrant retention centres in Mexico, submitted recommendations to the authorities, paying particular attention to the needs of vulnerable groups such as unaccompanied minors. By supporting physical rehabilitation facilities and training prosthetic/orthotic technicians, it helped injured or disabled migrants obtain access to assistive devices and appropriate treatment.

Authorities, NGOs and family associations in El Salvador, Guatemala, Honduras, Mexico and Panama received technical advice and support in addressing the issue of persons unaccounted for as a result of past conflicts, violence or migration. The ICRC promoted the establishment of standards for the management and identification of human remains, including by supporting the adoption of a national protocol on identification procedures in Mexico, and encouraged the creation of mechanisms to facilitate the search for information and to address the needs of missing persons' families.

Following the signature of an agreement with the authorities, the National Society/ICRC initiated an assessment of the general conditions in prisons in El Salvador. In Mexico and Panama, the ICRC visited detainees according to its standard procedures to monitor their treatment and living conditions. It also helped detainees there and in Honduras remain in contact with relatives

through RCMs or family visits. In the aftermath of a fire at the Comayagua prison in Honduras, it supported the authorities in identifying the remains of over 360 people who died and helped provide psychological support to the bereaved families.

Dialogue with the region's authorities and armed/security forces, as well as with regional organizations such as the Central American Integration System (SICA) and the Conference of Central American Armed Forces (CFAC), focused on the use of force, the protection of civilians and the integration of IHL into military and police doctrine, training and operations. Likewise, the ICRC maintained contact with Central America-based bodies of the Organization of American States (OAS), gaining the support of the region's States for IHL-related draft resolutions. Cooperation with the national IHL committees culminated in the ratification of key treaties by Costa Rica, Guatemala and Panama.

The ICRC continued coordinating with other Movement partners in the region and supporting the National Societies' capacity-building efforts, particularly in the areas of communication, restoring family links and emergency preparedness and response.

CIVILIANS

Migrants' health and family-links needs addressed

US-bound migrants who had suffered abuses or been injured en route were assisted by the National Societies or transported home by ICRC-supported ambulance services. More than 23,000 received medical and humanitarian assistance at Mexican Red Cross health facilities, while over 1,600 repatriated migrants benefited from similar services at a Guatemalan Red Cross-supported reception centre. In total, 2,845 of them got in touch with their families using ICRC-funded telephone services. A further 3,382 did so at a Honduran Red

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				
Water and habitat activities	Beneficiaries	1,231		
Health²				
Health centres supported	Structures	5		
Consultations	Patients	14,214		
	<i>of which curative</i>		3,140	
Referrals to a second level of care	Patients	342		
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	22		
Essential household items	Beneficiaries	44		
WOUNDED AND SICK				
Physical rehabilitation³				
Centres supported	Structures	4		
Patients receiving services	Patients	5,661	23	286
New patients fitted with prostheses	Patients	106	9	14
Prostheses delivered	Units	157	10	18
	<i>of which for victims of mines or explosive remnants of war</i>	18		
New patients fitted with orthoses	Patients	303	13	271
Orthoses delivered	Units	443	15	383
	<i>of which for victims of mines or explosive remnants of war</i>	10		
Number of patients receiving physiotherapy	Patients	247		
Crutches delivered	Units	4		
Wheelchairs delivered	Units	1		

1. Panama

2. Guatemala, Honduras, Mexico, Panama. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect all activities carried out during the reporting period

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

Cross facility, where they also received drinking water. Following their deportation from Mexico, 143 unaccompanied migrant children in a transit shelter in Guatemala reunited with their families. Basic repairs to sanitary facilities helped improve conditions in three transit shelters for migrants in southern Mexico.

With a view to submitting recommendations to the border authorities in the US, the ICRC initiated an assessment of migrants' needs during their arrest, detention and repatriation. Family-links needs were also assessed with the National Societies; the results, which were to be used to formulate a regional strategy for responding to such needs, were discussed at a regional meeting. National Society staff in El Salvador and Mexico received family-links training, while the American Red Cross helped restore contact between migrants in the US and their families in Central America (see *Washington*).

Families assisted in their search for information on missing relatives

An ICRC-organized meeting between families of missing migrants and civil society representatives from El Salvador, Guatemala, Honduras and Mexico identified priority measures to facilitate the search for missing migrants. In other meetings, consular officials from these countries shared their concerns in relation to the issue, and experts gave recommendations for harmonizing regional standards in forensics and psychological/social support to families of the missing. Forensic specialists and authorities from El Salvador, Honduras and Mexico attended training on the use of the ICRC ante/post-mortem data management software, which was put at their disposal at their request.

The Mexican authorities adopted a national protocol on identification procedures for human remains and passed a law creat-

ing a national registry of missing persons. State-level authorities in Tlaxcala created a department in charge of identifying remains and attending to the families' needs.

Guatemalan families seeking answers regarding the fate of relatives who went missing during the past conflict received assistance from State institutions and NGOs, but many encountered administrative and legal problems. With ICRC funding and/or technical and material assistance, NGOs and family associations facilitated the families' search for information, including on more than 250 missing children. The national reparations programme started collecting information about possible gravesites, and 13 NGOs were trained to use the ICRC ante/post-mortem data management software. With ICRC support, NGOs helped 41 families reunite and enabled over 200 families to hold proper burials for their relatives.

In Panama, where people were still searching for family members who went missing during the period of military rule in 1968–89, the authorities signed an agreement with an Argentinian NGO regarding the identification of bodies being kept by the National Medico-Legal Institute. Future initiatives to honour and preserve the memory of the missing were also discussed.

Violence-affected communities receive support in coping with their situation

Regionwide, communities and schools received support in building their capacities to deal with and recover from the consequences of violence. Violence-prevention projects combining various components such as the Safer Access approach, first aid, primary health care, psychological support and/or vocational training were implemented with National Societies, other Movement partners and local authorities.

Through two such projects in Guatemala, some 60 teachers in the violence-stricken neighbourhood of El Limón benefited from psychological support and around 30 government social workers enhanced their skills in providing psychological assistance. Residents of Santa Isabel II, a housing project on the outskirts of Guatemala City, acquired livelihood skills, received psychological and social support and gained better access to health care, while children and youth were educated on preventing and dealing with violence in their communities.

In Honduras, around 7,500 students and 80 teachers learnt to cope better with the consequences of violence. In the capital city of Tegucigalpa, nearly 2,000 community members benefited from psychological support, enhanced livelihood skills, improved sanitation and access to health care, while young people started recreational activities as alternatives to violent behaviour. Three mobile health brigades attended to primary health care needs in isolated agricultural communities in the Bajo Aguán region, which was affected by protests linked to land grievances and socio-economic issues. The brigades also facilitated the safe access of Ministry of Health staff, enabling them to conduct immunization, family planning and maternal health campaigns in these areas.

Lessons learnt from the Honduran initiatives were applied in El Salvador, where over 500 youngsters learnt ways to cope with the effects of violence. In the Mexican state of Guerrero and in Ciudad Juárez and the surrounding rural areas, over 38,000 secondary-school students were introduced to basic humanitarian principles, while 1,600 teachers started training in psychological first aid.

Members of vulnerable indigenous communities in the Darién region of Panama, which continued to be affected by the Colombian conflict, received basic assistance. Discussions with the local authorities and support to the Health Ministry's fumigation and awareness-raising campaigns helped prevent the spread of infectious diseases, as did the distribution of over 1,200 mosquito nets. More than 1,000 people had better access to clean water and improved sanitation and living conditions following hygiene-promotion sessions, installation of rainwater collection systems and house repairs. Over 500 people in remote areas accessed dental care, while nine indigenous families who had newly arrived from Colombia received help in coping with their forced displacement.

PEOPLE DEPRIVED OF THEIR FREEDOM

Monitoring the treatment and living conditions of people deprived of their freedom, including detained migrants, remained a priority in the region. In Mexico and Panama, people held in connection with conflict or political unrest or for alleged links with armed groups received visits according to standard ICRC procedures; confidential feedback was provided to the authorities. Detainees in Honduras, Mexico and Panama stayed in touch with relatives through RCMs or family visits.

The Justice Ministry of El Salvador signed an agreement regarding ICRC visits to places of detention, paving the way for the ICRC to re-establish a permanent presence in the country. Initial assessments were carried out with the Salvadorean Red Cross Society in order to identify and better understand detainees' humanitarian

CIVILIANS	EL SALVADOR	GUATEMALA	HONDURAS	MEXICO	PANAMA
Red Cross messages (RCMs)					
RCMs collected			1	2	
RCMs distributed				3	
Phone calls facilitated between family members		1,551	3,382	1,294	44
Reunifications, transfers and repatriations					
People reunited with their families		143			
Tracing requests, including cases of missing persons					
People for whom a tracing request was newly registered	2			2	
<i>of whom women</i>	1				
<i>of whom minors at the time of disappearance</i>				1	
People located (tracing cases closed positively)	1				
Tracing cases still being handled at the end of the reporting period (people)	1			2	2
<i>of whom women</i>	1				
<i>of whom minors at the time of disappearance</i>				1	1
UAMs/SCs*, including unaccompanied demobilized child soldiers					
UAMs/SCs newly registered by the ICRC/National Society		143		4	
<i>of whom girls</i>		16			
UAMs/SCs reunited with their families by the ICRC/National Society		143			
<i>of whom girls</i>		16			
UAM/SC cases still being handled at the end of the reporting period				2	

* Unaccompanied minors/separated children

CIVILIANS		HONDURAS	MEXICO	PANAMA
Economic security, water and habitat				
Water and habitat activities	Beneficiaries			1,231
Health¹				
Health centres supported	Structures	1	4	
Consultations	Patients	419	13,795	
	<i>of which curative</i>	419	13,795	
Referrals to a second level of care	Patients	2	340	

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

needs. Similar assessments were also done in Honduras and Mexico. A report based on the assessment in Mexico, focusing on penitentiary health services in the state of Guerrero, was submitted to the authorities. To help ensure the observance of internationally recognized standards in the treatment of detainees, prison staff in Mexico's Chiapas and Guerrero states received briefings on human rights norms applicable to arrest and detention.

Relatives of the 361 casualties of the Comayagua prison fire in Honduras were given psychological and social support. The local forensic authorities benefited from ICRC technical/material support in identifying the dead.

To address urgent needs, including those of children living inside the prison with their detained mothers, the ICRC distributed hygiene products in one detention facility in El Salvador.

The Mexican authorities received a report based on initial visits to retention centres for migrants, under an agreement with the National Institute for Migration. It included recommendations, such as measures to address the specific needs of unaccompanied minors.

WOUNDED AND SICK

Throughout the region, injured or traumatized people often lacked access to urgent medical aid and psychological support, while migrants with amputated or injured limbs were in need of physical rehabilitation. Medical services were also among the victims of violence.

To help ensure timely and appropriate care of injured patients, over 500 Guatemalan and Mexican medical personnel honed their skills in the treatment of weapon wounds. Under an agreement with the ICRC, the Mexican Academy of Surgery developed a manual on the care of patients injured by firearms or explosives and worked to integrate courses on the management of such injuries into the curricula of medical schools. Assessments in El Salvador and Honduras laid the groundwork for effective emergency response procedures.

Disabled or injured migrants received proper care from ICRC-trained technicians at three physical rehabilitation centres in Guatemala and one in Mexico. These centres produced prosthetic/orthotic devices with ICRC-supplied equipment and materials, while patients in El Salvador, Honduras and Nicaragua were referred to centres supported by the Special Fund for the Disabled.

PEOPLE DEPRIVED OF THEIR FREEDOM	EL SALVADOR	HONDURAS	MEXICO	PANAMA
ICRC visits				
Detainees visited	3,636	6,887	2,834	22
Detainees visited and monitored individually		1	15	22
			1	
			4	7
Number of visits carried out	3	10	17	1
Number of places of detention visited	3	8	9	1
Restoring family links				
RCMs collected			3	
Detainees visited by their relatives with ICRC/National Society support		1	18	14
People to whom a detention attestation was issued	1			

WOUNDED AND SICK	EL SALVADOR ¹	GUATEMALA	HONDURAS ¹	MEXICO	NICARAGUA ¹
Physical rehabilitation					
Centres supported	Structures	3		1	
Patients receiving services	Patients	1	5,568	77	13
	<i>of whom women</i>		18	4	1
	<i>of whom children</i>		286		
New patients fitted with prostheses	Patients	1	42	50	11
	<i>of whom women</i>		6	2	1
	<i>of whom children</i>		14		
Prostheses delivered	Units	1	62	76	15
	<i>of which for women</i>		5	4	1
	<i>of which for children</i>		18		
	<i>of which for victims of mines or explosive remnants of war</i>		18		
New patients fitted with orthoses	Patients		303		
	<i>of whom women</i>		13		
	<i>of whom children</i>		271		
Orthoses delivered	Units		443		
	<i>of which for women</i>		15		
	<i>of which for children</i>		383		
	<i>of which for victims of mines or explosive remnants of war</i>		10		
Number of patients receiving physiotherapy	Patients		247		
Crutches delivered	Units		2	2	
Wheelchairs delivered	Units			1	

1. ICRC-subsidized patients

In Guatemala and Mexico, more than 100 teachers, community leaders and Mexican Red Cross staff/volunteers trained in psychological first aid and 40 volunteers underwent further training in psychological and social support. They were also advised on developing self-protection mechanisms to minimize risks. Professional standards for such work, particularly with families of the missing, were introduced to key audiences, including staff of the Mexican Social Prosecutor for Victims. In the framework of existing violence-prevention projects (see *Civilians*), an assessment and discussions aimed to determine psychological-support needs and develop activities to address them.

At the ICRC's initiative, health workers from some of Mexico's most violent localities discussed the protection of medical personnel. In the Mexican states of Chiapas and Guerrero, National Society volunteers and staff deepened their understanding of their rights and duties and reviewed best practices to ensure their safety, through workshops co-organized with the Mexican Red Cross. The National Society also worked with the ICRC to design data-gathering tools to document incidents of violence against medical workers/facilities. The health authorities in Guerrero engaged in dialogue on issues related to the Health Care in Danger project, and local hospital administrators helped the ICRC organize a seminar on such topics. Two Mexican universities concluded agreements with the ICRC to conduct studies on the impact of armed violence on access to health care.

AUTHORITIES

Regionwide, dialogue continued on IHL promotion and implementation and on humanitarian concerns, particularly the issue of missing persons. National IHL committees drafted regulations to implement legislation on the Movement's emblems and worked on incorporating sanctions for war crimes and other serious IHL violations into their penal codes. Guatemala ratified the Rome Statute, and with their ratification of the Convention on Enforced Disappearance and Additional Protocol III, respectively, Costa Rica and Panama became party to all key IHL treaties.

Mexico adopted laws and regulations to address the issue of missing persons, protect victims of violence and regulate the use of force. Mexico's Supreme Court co-organized an IHL course for 2,500 members of the judiciary, while its lawyers attended an IHL workshop. Government and NGO experts attended a meeting on human rights norms applicable to the use of force. A discussion on humanitarian concerns between the ICRC president and the Mexican deputy minister of foreign affairs, as well as dialogue with the Agency for International Development Cooperation, strengthened relations with the authorities.

The signing of a headquarters agreement with Honduras paved the way for closer dialogue with key policy-makers. Costa Rica hosted a consultation among Latin American and Caribbean government experts on the "Strengthening IHL" process (see *International law and cooperation*). The Cuban authorities engaged in dialogue on humanitarian issues and co-organized a round-table on IHL and weapons-related topics.

The region's States supported IHL-related resolutions in the OAS (see *Washington*). SICA drew up a plan of action to regulate the use of force, while cooperation developed between the Regional Conference on Migration and the ICRC.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

IHL promotion continued with the armed forces of El Salvador, Guatemala, Honduras, Mexico and Nicaragua, and resumed in Cuba. Through workshops, including some co-organized with the Mexican Navy and National Defence Secretariat, over 7,000 Central American troops refreshed their knowledge of IHL and other applicable norms.

The Guatemalan, Mexican and Salvadorean armed forces worked on rules of engagement for military action in support of police activities and discussed rules regulating the use of force. Mexico's defence authorities prepared to sign an agreement on the integration of IHL/human rights norms into military doctrine, training and operations.

At the regional level, ICRC participation in CFAC activities provided opportunities to present concerns related to the use of force and the management of human remains. With ICRC sponsorship, four representatives of the region's armed forces participated in the Senior Workshop on International Rules Governing Military Operations (see *International law and cooperation*), while four attended IHL courses in San Remo.

The Mexican Public Security Ministry and the ICRC co-organized a course for 70 Central and South American police officers, enabling them to provide human rights instruction. Similarly, 30 ICRC-certified trainers from Mexico City's police force refreshed their teaching skills. Through workshops, nearly 400 police personnel from Guatemala, Honduras and Mexico gained a better understanding of humanitarian concerns related to the treatment of migrants and to the use of force and firearms in riot control.

The Mexican Federal Police worked on a plan of action to integrate human rights norms into their training. Discussions regarding similar integration processes started with the Ciudad Juárez municipal police in Mexico and with the national police institutions of Costa Rica and Honduras. Dialogue with the security forces developed in El Salvador and Panama.

CIVIL SOCIETY

Emphasizing communication at field level, the delegation built its capacity to raise awareness of the ICRC's neutral, impartial and independent humanitarian action. Workshops served as opportunities for the National Societies and the ICRC to share experiences, refine approaches and strengthen capacities in this area.

Regional humanitarian concerns, particularly the plight of migrants and missing persons, and ICRC activities were highlighted on the ICRC's website.

University lecturers maintained contact with the ICRC on IHL-related issues, and cooperation on issues related to the Health Care in Danger project started with two Mexican universities (see *Wounded and sick*).

RED CROSS AND RED CRESCENT MOVEMENT

Aside from implementing projects with ICRC/other Movement support and training (see *Civilians*), National Societies strengthened their communication (see *Civil society*) and emergency preparedness and response capacities. With the authorities and national IHL committees, they worked on IHL promotion and

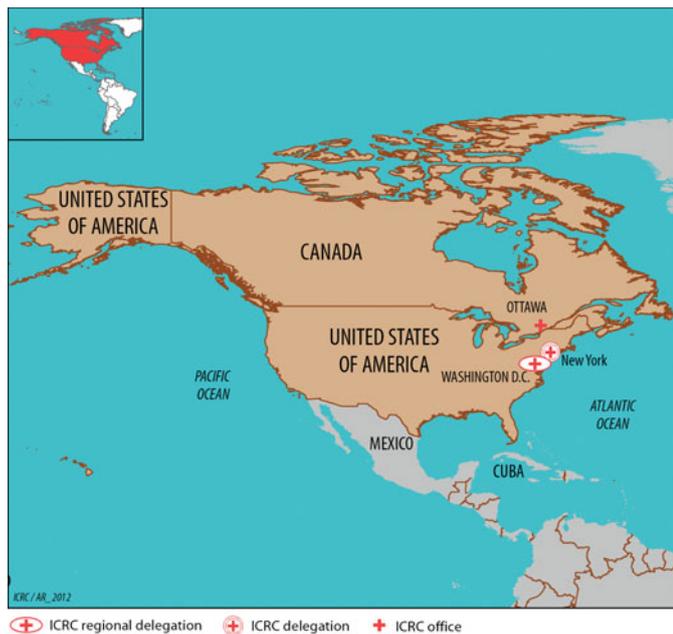
implementation, including by developing implementing regulations for laws protecting the Movement's emblems.

The Mexican Red Cross organized a high-level meeting to assess the current response to humanitarian issues related to migration. In cooperation with the Latin American Centre for Disaster Medicine and the ICRC, the Cuban Red Cross facilitated a course on Health Emergencies in Large Populations, with the participation of the National Societies of Cuba, El Salvador, Guatemala and Honduras.

The Guatemalan Red Cross revised its statutes and prepared to sign a coordination agreement with Movement partners, and the Mexican Red Cross concluded a strategic cooperation agreement with the ICRC.

WASHINGTON (regional)

COVERING: Canada, United States of America, Organization of American States (OAS)



EXPENDITURE (IN KCHF)

Protection	2,241
Assistance	287
Prevention	3,140
Cooperation with National Societies	551
General	9
	6,228
	<i>of which: Overheads 380</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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PERSONNEL

Expatriates	11
National staff (daily workers not included)	24

KEY POINTS

In 2012, the ICRC:

- ▶ expanded its dialogue with US government agencies and combatant commands, mainly on the protection of civilians, the conduct of hostilities, detention and other concerns in current theatres of US military operation worldwide
- ▶ engaged in discussions with senior US civilian and military officials on humanitarian issues related to the transformation of the US armed forces' role in Afghanistan
- ▶ conducted 6 visits to internees held in the US internment facility at Guantanamo Bay Naval Station in Cuba to monitor their treatment and living conditions and to enable them to stay in touch with their families
- ▶ helped raise public awareness of humanitarian concerns, including those encompassed by the Health Care in Danger project, by broadening its network in Canadian and US civil society and enhancing its online presence
- ▶ reinforced strategic cooperation with the American Red Cross and the Canadian Red Cross Society, including on family-links services for vulnerable migrants and on the protection of health care in armed conflict and other emergencies
- ▶ affirmed its position as a reference on IHL, providing input to government agencies, military decision-makers and the Organization of American States on key policy issues

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 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, Cuba. It works closely with the American and Canadian Red Cross Societies.

CONTEXT

Barack Obama won a second term as president of the United States of America (hereafter US) in the November elections. The new US defence posture emphasized a shift from counter-insurgency to counter-terrorism, with Special Forces and intelligence services playing key roles. The use of unmanned aerial vehicles, notably in Pakistan and Yemen, was another component of this new strategy.

In accordance with the agreement signed by President Obama and Afghan President Karzai in May, the US continued reducing its combat presence in Afghanistan. Around 68,000 troops reportedly remained in Afghanistan at year-end; the agreement envisaged a transformation of the US role into a support and advisory one in the training of the Afghan National Security Forces by the end of 2014. As part of this transition, the Afghan and US authorities agreed on the handover of the Parwan detention facility to the Afghan Ministry of Defence.

The US Department of Defense issued guidelines on the implementation of the periodic review board mechanism designed to help determine the legal status of internees in the US internment facility at the Guantanamo Bay Naval Station in Cuba.

The Canadian government reaffirmed its interest in helping to address the humanitarian consequences of crises, such as in the Middle East. Canada's involvement in Afghanistan focused exclusively on the training of Afghan security forces.

ICRC ACTION AND RESULTS

The protection of civilians in military operations remained a central theme of the ICRC's dialogue with the US authorities, especially with the Department of Defense and the National Security Council. Discussions with selected combatant commands, including on the risks posed to civilians by ongoing military operations, particularly in Afghanistan, Pakistan and Yemen, supported such efforts. Expansion of these contacts to other combatant commands allowed the ICRC to raise specific concerns in the contexts they covered. In particular, exchanges took place with the Africa Command on the humanitarian situation in conflict-affected areas there, and with the Northern Command on humanitarian issues caused by high levels of violence, particularly affecting the security of vulnerable migrants along the US-Mexico border. Humanitarian issues related to the ongoing transformation of the US armed forces' presence and role in Afghanistan were also raised.

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
Phone calls facilitated between family members ¹		696	UAMs/SCs*	
Documents				
Official documents relayed between family members across borders/front lines		2		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)²				
ICRC visits				
			Women	Minors
Detainees visited		171		
Detainees visited and monitored individually		168		
Number of visits carried out		6		
Number of places of detention visited		1		
Restoring family links				
RCMs collected		2,412		
RCMs distributed		1,136		
Phone calls made to families to inform them of the whereabouts of a detained relative		166		
People to whom a detention attestation was issued		5		

* Unaccompanied minors/separated children

1. Phone or video calls between people held in the Guantanamo Bay internment facility and their families abroad

2. Guantanamo Bay, Cuba

The ICRC remained involved in mission rehearsal exercises and predeployment briefings for US troops. Its cooperation with leading military educational institutions helped ensure that military planners and decision-makers took account of humanitarian concerns in their deliberations.

Humanitarian issues in key contexts, as well as ICRC activities and working methods, formed the substance of briefings to Canadian and US political and military authorities. ICRC President Jakob Kellenberger's visit to Washington in March, during which he had meetings with high-level officials and a brief exchange with President Obama, further reinforced this dialogue. Throughout the year, the ICRC shared its views on various humanitarian and operational concerns with US government representatives, helping maintain their understanding of and support for ICRC operations worldwide. It gave input on specific policy questions related to humanitarian issues. The Organization of American States (OAS) also considered its input in adopting resolutions on measures to protect and assist vulnerable populations and to strengthen IHL integration.

The ICRC engaged in discussions with the authorities on detention policy, stressing the need to ensure that the custody of people in the Guantanamo Bay internment facility fitted within a proper legal framework and that they were afforded adequate procedural safeguards. Aside from visiting the internees to check on their treatment and living conditions, the ICRC continued to facilitate contact between them and their families.

Complementing its efforts to promote IHL among civilian and military authorities, the Washington delegation continued to engage civil society stakeholders in substantive dialogue on a broad spectrum of IHL-related and humanitarian issues. It placed particular emphasis on the protection of medical personnel, services and infrastructure during armed conflict or violence, co-organizing events with the National Societies in line with the objectives of the Health Care in Danger project. As the ICRC widened its network of contacts in the Canadian and US legal, academic, NGO and policy communities, it took part in discussions on a range of IHL topics and forged partnerships with key think-tanks and universities, affirming its position as a reference on IHL.

To enhance public awareness of IHL principles and of the Movement's neutral, impartial and independent humanitarian

action, the ICRC maintained regular contact with media institutions in both countries and expanded its online presence, including through *Intercross*, its blog in North America, and its social media accounts.

Cooperation with the American Red Cross and the Canadian Red Cross Society focused on a variety of issues, including harmonizing and sustaining a consistent approach to IHL promotion. The appointment of a senior delegate based in Ottawa reinforced the ICRC's strategic relationship with the Canadian Red Cross, particularly in relation to the improved delivery of health services and enhanced networking with relevant stakeholders in Canada.

CIVILIANS

Minimizing harm to civilians during the conduct of hostilities remained the main objective of dialogue between the US authorities and the ICRC, both in Washington and in the field. With the planned withdrawal of all US combat troops from Afghanistan by the end of 2014, discussions focused on the humanitarian aspects of this transition (see *Afghanistan*) but also covered other contexts, such as Yemen.

Regular contact with senior officers of several US armed forces commands (see *Armed forces and other bearers of weapons*) continued to highlight respect for IHL rules, as well as humanitarian issues relevant to their respective areas of responsibility. Predeployment briefings for US troops, emphasizing IHL principles and the ICRC's mandate and specific concerns, reinforced these efforts at command level.

With the aim of ensuring safe access and timely assistance to victims of armed conflict and other situations of violence, cooperation with the US government, the National Societies and civil society representatives (see *Civil society*) on issues covered by the Health Care in Danger project was enhanced. The American Red Cross hosted a civil society meeting on topics covered by the project, with the attendance of senior US Department of Defense officials. Canadian civil society also promoted awareness of these concerns, notably through a panel discussion co-hosted by the Canadian Council of International Law and the Canadian Red Cross/ICRC. A planned expert workshop in Washington on military operational practice to ensure safe provision of health care in armed conflict and other emergencies was cancelled, however, owing to the low number of confirmed participants. Sustained contact with medical professionals' associations and educational

institutions in the US and Canada contributed to raising awareness of the concerns encompassed by the project.

Efforts to develop an appropriate response to the humanitarian needs of migrants along the Central to North American route continued (see also *Mexico City*). The American Red Cross worked on strengthening its family-links services for migrants and unaccompanied minors in US territory. Dialogue with the US Department of Homeland Security centred on humanitarian issues related to migration, particularly health care for vulnerable migrants, deportation procedures and family contact.

PEOPLE DEPRIVED OF THEIR FREEDOM

As at end-2012, 166 people remained in US custody at the Guantanamo Bay internment facility. They included internees who had been cleared for release and transfer by an inter-agency taskforce, but for whom no suitable host country had yet been found or whom the US authorities had difficulty repatriating in accordance with the requirements of the National Defense Authorization Act.

The internees received visits, carried out according to standard ICRC procedures, to monitor their treatment and living conditions. The detaining authorities were informed confidentially of the delegates' findings and recommendations.

Guantanamo internees maintained contact with their families with ICRC support: more than 2,400 RCMs were collected and 1,100 distributed, and around 700 phone or video calls took place between internees and their relatives during the year. In addition, nearly 90 internees received parcels of culturally appropriate food, spices and condiments sent by their relatives. In parallel, the ICRC continued to advocate for improved family contact, including family visits, for the internees.

The detaining authorities regularly drew on ICRC medical expertise to ensure the provision of appropriate health care to the internees. The management of hunger strikes and other topics related to medical ethics in custodial settings, in line with internationally recognized standards, were also broached during discussions with authorities and health professionals.

Dialogue with the US authorities, including at the highest level, on humanitarian issues related to detention continued throughout the year. The discussions, notably during two meetings on detention policy with senior military and government officials, concentrated on the applicable legal framework and procedural safeguards, including the principle of *non-refoulement*. Pending the full implementation of the periodic review board system for considering the cases of Guantanamo internees, the ICRC provided input to guidelines on this mechanism and on related legal matters.

In light of the handover of the detention facility in Parwan to the Afghan Ministry of Defence (see *Afghanistan*), discussions with the US Department of Defense drew particular attention to the US's residual responsibility regarding the treatment of over 3,000 detainees transferred to Afghan custody and to the technical/structural support provided by the US to the Afghan prison system.

The US Department of Defense remained ready to notify the ICRC of all detainees under its authority and to grant the ICRC access to these detainees.

AUTHORITIES

Building respect for IHL and support for its neutral, impartial and independent humanitarian action remained at the forefront of the ICRC's dialogue during some 300 meetings with political decision-makers, including representatives of the White House, the Departments of Defense, Homeland Security, Justice and State, intelligence agencies and Congress. Such contacts facilitated the sharing of views on detention (see *People deprived of their freedom*), the conduct of hostilities, extraterritorial use of force, weapons-related issues, and concerns addressed by the Health Care in Danger project (see *Civilians*).

US President Obama and senior officials conferred with ICRC President Kellenberger and other high-level ICRC representatives on humanitarian and operational concerns in various contexts, including in Africa, Central and South America and the Middle East. US Congressional staff gained first-hand insight into the humanitarian situation in western Africa through a field visit to Burkina Faso, Mali and Senegal. Government officials, including legislators, requested ICRC input on humanitarian and policy issues. Canadian policy-makers, including from the Department of Foreign Affairs and International Trade and the Canadian International Development Agency, were briefed on ICRC activities in current crisis zones, such as the Syrian Arab Republic.

OAS States strengthen IHL implementation

The OAS approved resolutions on missing persons and IDPs, integrating ICRC input. Its member States committed to expand IHL/human rights dissemination among their armed and security forces, discussed the outcomes of the 31st International Conference, reported on developments in IHL implementation and reflected on future challenges. The Inter-American Juridical Committee adopted a guide on the use of force in situations below the threshold of applicability of IHL, while the Inter-American Court of Human Rights held its annual IHL study day.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

US military policy-makers deepened their understanding of humanitarian situations in current theatres of operation through meetings and discussions, including between senior Department of Defense officials and the ICRC president. Broadened contact with selected combatant commands, including for the first time with the Northern Command and the Special Operations Command South, provided opportunities for dialogue on humanitarian issues and the legal framework applicable to their operations worldwide.

The integration of IHL into US military training further advanced with ICRC participation in mission rehearsal exercises and briefings for senior command staff and military legal officers preparing for deployment to Afghanistan. Military police units deploying to the detention facility in Parwan (see *People deprived of their freedom*) refamiliarized themselves with applicable IHL/human rights norms and the ICRC's mandate. Predeployment briefings for troops assigned to the Horn of Africa complemented a high-level meeting with the Africa Command, helping ensure that humanitarian considerations were taken into account in operational planning by US forces in that region.

Through presentations on humanitarian issues and on its role and working methods, the ICRC kept up its working relationships with key US military educational institutions. The Army and Marine Corps Command and Staff Colleges received ICRC input for their

staff exercises. Dialogue with private military security companies continued, and comments were provided on US regulations for this industry.

Cooperation with Canada's armed forces on IHL integration progressed steadily. Senior officers from the new Joint Operations Command engaged in discussions on IHL-related concerns and the ICRC's humanitarian work. Canadian military legal officers, command staff and personnel improved their IHL knowledge through ICRC presentations and participation in field training exercises.

To support the ICRC's work with NATO and the UN (see *Brussels* and *New York*), the Washington delegation maintained contact with US-based NATO bodies and the UN peacekeeping office.

CIVIL SOCIETY

IHL-related issues and the Movement's humanitarian work formed the substance of the ICRC's interaction with key civil society actors in the US and Canada. Through meetings, round-tables and presentations, the ICRC provided up-to-date information on humanitarian concerns, particularly in Latin America, the Middle East and South Asia.

Partnerships with leading academic institutions and think-tanks confirmed the ICRC's position as a reference on IHL and helped disseminate information about its activities. To promote IHL teaching and research, the Inter-American Institute of Human Rights co-organized a regional meeting of IHL professors. Educators and students, including from the US Army JAG Legal Center and School and Emory and Georgetown Universities, participated in current debates on, *inter alia*, the use of force and new technologies in armed conflict. Policy scholars co-organized research projects and consultations on topics such as the principles of neutral, impartial and independent action (with the United States Institute of Peace) and displacement (with the Brookings-LSE Project on Internal Displacement).

With the aim of improving the delivery of humanitarian aid to conflict/violence-affected people, the US health care sector gave prominence to the issues encompassed by the Health Care in Danger project (see *Civilians*) through the Safeguarding Health in Conflict Coalition, in which the ICRC maintained an observer role. US-based NGOs contributed to revising and updating the ICRC document *Professional standards for protection work carried out by humanitarian and human rights actors in armed conflict and other situations of violence* (see *Operations*).

Briefings for journalists on IHL principles and humanitarian situations in key contexts helped promote accurate reporting on, and public awareness of, humanitarian issues. Media outlets, including the military press, covered IHL/ICRC-related themes and events.

The general public had access to up-to-date information on humanitarian issues and ICRC activities, thanks to the ICRC's enhanced online presence, including through social media. New multimedia content on the *Intercross* blog, which drew more than 8,000 visitors in 2012, included a short film, "I Know Where I'm Going", which told the story of an ICRC staff member in Yemen, available online at <http://intercrossblog.icrc.org/blog/i-know-where-im-going>.

RED CROSS AND RED CRESCENT MOVEMENT

The American and Canadian Red Cross Societies organized events promoting IHL and highlighting humanitarian concerns, including those covered by the Health Care in Danger project (see *Civilians*), with ICRC technical support and participation. The presence of a senior delegate in Ottawa boosted cooperation with the Canadian Red Cross, particularly on issues related to health care. The National Societies' efforts to adapt the Exploring Humanitarian Law programme to their respective contexts also received ICRC support.

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.

CONTEXT

The UN and the diplomatic community continued to deal with topics of global concern, including the protection of civilians in armed conflict, the Responsibility to Protect Initiative, children in armed conflict, and women, peace and security. Efforts to tackle weapon-proliferation received renewed impetus, with States engaging in negotiations on a proposed arms trade treaty in July and participating in the Second Review Conference on the implementation of the Programme of Action to Prevent, Combat and Eradicate the Illicit Trade in Small Arms and Light Weapons in All its Aspects in August–September.

At the Security Council, key deliberations on specific geographic contexts included Afghanistan, Israel and the occupied territories, the Sahel region, the Syrian Arab Republic (hereafter Syria) and Yemen. A General Assembly vote elevated Palestine's status at the UN from observer entity to non-member observer State. In July, the Security Council extended the UN Supervision Mission in Syria for a final period of 30 days (resolution 2059) and appointed Lakhdar Brahimi as the new UN/League of Arab States joint special envoy for Syria in August. It authorized the deployment of an African-led International Support Mission in Mali (resolution 2085) in December.

The UN Organization Stabilization Mission in the Democratic Republic of the Congo (hereafter DRC) remained the main reference regarding peacekeeping forces with protection mandates. The UN Department of Peacekeeping Operations (DPKO) implemented new predeployment and in-mission training tools aimed at clarifying the roles and responsibilities of peacekeeping personnel with regard to the protection of civilians.

Strengthening coordination and leadership and establishing partnerships dominated the UN humanitarian coordination agenda. The UN humanitarian system actively sought to incorporate new actors, particularly Islamic NGOs, into existing coordination mechanisms.

ICRC ACTION AND RESULTS

The ICRC's New York delegation maintained regular contact with UN bodies, member States, observers and civil society organizations in order to promote and strengthen IHL and raise awareness of humanitarian concerns and ICRC operations in contexts on the UN's agenda. In so doing, it contributed to international efforts to protect and assist people affected by armed conflict and other situations of violence.

Regular attendance at open sessions of the Security Council and the General Assembly, monthly meetings with the serving president of the Security Council and bilateral/multilateral meetings

EXPENDITURE (IN KCHF)	
Protection	-
Assistance	-
Prevention	2,172
Cooperation with National Societies	-
General	-

► **2,172**
of which: Overheads 133

IMPLEMENTATION RATE	
Expenditure/yearly budget	99%

PERSONNEL	
Expatriates	4
National staff (daily workers not included)	11

KEY POINTS

In 2012, the ICRC:

- catalysed discussions among States on respect for medical personnel and facilities in armed conflict, leading to the introduction of related language in the UN General Assembly resolution on strengthening humanitarian coordination
- through briefings/consultations, obtained references to the Health Care in Danger project at the UN Security Council's open debate on the protection of civilians in armed conflict and in the secretary-general's report on the same
- president discussed humanitarian issues and operational contexts with high-level UN officials and member State representatives on the sidelines of the General Debate of the 67th Session of the General Assembly
- mobilized UN member States to push for language in line with IHL during the negotiations on the proposed arms trade treaty
- provided expertise to the UN Department of Peacekeeping Operations to encourage the integration of IHL into its new training materials for peacekeeping troops and personnel
- delivered statements before the General Assembly on 8 occasions, including on the coordination of humanitarian action and other IHL-related themes and issues

with UN officials and member States enabled the ICRC to keep abreast of humanitarian, political and legal developments relevant to its work. It delivered formal statements or briefings to place IHL at the forefront of discussions on emerging humanitarian issues, both global and context-specific, and broached IHL concerns with the relevant decision-makers in order to influence the content of selected resolutions and other deliberations of a humanitarian nature, such as the negotiating conference on the proposed arms trade treaty. The ICRC president's attendance at the opening of the 67th General Assembly provided opportunities for in-depth exchanges on relevant humanitarian issues with high-level UN officials and member State representatives.

To facilitate the effective coordination of humanitarian action, the ICRC participated in key discussions and followed developments at the Inter-Agency Standing Committee (IASC) and the Humanitarian Liaison Working Group (HLWG). It provided input to the UN secretary-general's report on strengthening humanitarian coordination and, through dialogue, enlisted the support of States in improving respect for medical personnel and facilities in armed conflict, which resulted in the incorporation of related language into the General Assembly's resolution on humanitarian coordination. It also sought further engagement with stakeholders seeking to expand their role in the humanitarian arena.

As part of the ICRC's efforts to promote understanding and development of IHL, it encouraged UN officials and diplomats to consult it on matters within its remit, such as the protection of women and children in armed conflict and issues encompassed by the Health Care in Danger project. It reinforced operational cooperation with the DPKO to raise awareness of the relevance of IHL to peacekeeping at both policy and operational level.

In order to bolster its own knowledge and analysis of humanitarian developments, the ICRC pursued active engagement with New York-based NGOs and think-tanks. Its contacts with UN-accredited media and academic circles in turn contributed to more accurate media coverage and increased awareness of and interest in the ICRC and its humanitarian concerns and activities. It continued to coordinate closely with other organizations and their UN-affiliated consortia, as well as with its partners within the Movement, to clarify one another's roles and positions on various issues affecting international humanitarian action.

AUTHORITIES

The ICRC's permanent observer status at the UN allowed it to follow key debates and deliver statements, whether to the General Assembly or to the Security Council, in order to position IHL at the forefront of emerging humanitarian issues, and enhance its own analysis of developments relating to its field operations, including in Afghanistan, the DRC, Mali, Somalia and Syria. Members of the 67th Session of the General Assembly heard the ICRC's views on humanitarian coordination, women and children in armed conflict, IDPs, the rule of law, universal jurisdiction, the Additional Protocols to the 1949 Geneva Conventions, and peacekeeping. On the sidelines of the General Debate, humanitarian issues and ICRC operations in contexts on the UN's agenda formed the basis of bilateral discussions between senior UN officials/high-level member State representatives and the ICRC president. The latter's address at a ministerial-level event co-hosted by the European Union and Jordan covered the same topics.

In parallel, meetings with UN bodies, including monthly bilateral meetings with the rotating Security Council president and ad hoc meetings on thematic and operational contexts, facilitated the integration of humanitarian concerns and IHL into relevant resolutions, reports and debates. Under China's presidency, the Security Council invited the ICRC to give a briefing during its open debate on the protection of civilians in armed conflict. The debate was shaped in part by the UN secretary-general's report on the same topic, for which the ICRC had also provided input. As a result, IHL figured prominently in the discussions, as did key messages of the Health Care in Danger project, which was also the focus of the ICRC's statement during the Humanitarian Affairs Segment of the Economic and Security Council's 2012 session.

Through dialogue with States and UN offices, the ICRC enlisted support for its neutral, impartial and independent approach to humanitarian action and positioned IHL as a critical factor in humanitarian deliberations, notably in the run-up to and during the conference on the proposed arms trade treaty. It also participated as an observer in the elaboration of the UN Mine Action Strategy 2013–2018.

Increased dialogue with regional organizations active in humanitarian affairs, particularly the African Union, the Economic Community of West African States and the Organisation of Islamic Cooperation, helped boost awareness of IHL and the Movement and its activities.

Humanitarian coordination strengthened

Participation in discussions on humanitarian coordination within the main UN bodies resulted in the reflection of ICRC concerns and positions in policy documents and selected resolutions, including those regarding the role of the Movement and its independence. The UN secretary-general's report on strengthening humanitarian coordination, for example, incorporated ICRC observations provided to OCHA.

The negotiations on the General Assembly's resolutions on humanitarian coordination provided the ICRC with the opportunity to catalyse discussions on key messages of the Health Care in Danger project among UN member States, whose support enabled the introduction of related language into the omnibus resolution on strengthening humanitarian coordination. The ICRC's statement before the General Assembly in December encouraged States to pursue further dialogue on the issue.

Meetings of the HLWG and the IASC facilitated the effective coordination of humanitarian activities and allowed the ICRC to monitor humanitarian developments and policy (for instance concerning accountability, early recovery or partnerships), emphasize the importance of principled humanitarian action, and promulgate its priorities and concerns. Dialogue with the "Global South" group of developing nations increased as part of the ICRC's thrust to engage with all stakeholders seeking a more active role in the humanitarian arena.

The UN draws on ICRC expertise

The DPKO sought the ICRC's expertise on IHL and the protection of civilians in its development of new training materials for peacekeeping personnel. Structured discussions at both headquarters and field level, and the third annual joint DPKO/ICRC workshop, reinforced operational interaction, including in contexts such as the DRC (see *Context*), and clarified the procedures thereof.

As part of operational dialogue with the UN Peacebuilding Commission, Brazil, chairing the Commission, and the ICRC exchanged views on the situation in Guinea-Bissau.

Diplomats consulted the ICRC on matters concerning: the protection of civilians; children and women in armed conflict; missing persons; the rule of law; issues covered by the Health Care in Danger project; and specific operational contexts. They deepened their understanding of the ICRC's work and its distinct mandate during briefings by its president and other representatives from its headquarters and field delegations, and received IHL updates relating to the drafting of a future arms trade treaty and to the High-level Event on the Rule of Law.

At the 29th Annual Seminar on IHL, organized with the New York University School of Law, over 80 State representatives enhanced their knowledge of IHL, legal and humanitarian developments and ICRC operations, and subsequently requested and received further advice, briefings and publications.

CIVIL SOCIETY

UN-accredited media requested information on humanitarian and IHL-related developments; regular press releases and publications kept them updated in this regard, resulting in more accurate coverage of ICRC activities. Future lawyers, leaders and decision-makers enriched their IHL knowledge during ICRC briefings and panel discussions for university students.

Regular contacts with Movement partners, NGOs and UN-affiliated humanitarian organizations enhanced mutual understanding of each other's roles and positions on a range of humanitarian issues. Participation in workshops and seminars organized by think-tanks and NGOs enabled the ICRC to keep up to date on the latest thinking in the humanitarian sphere, convey its concerns, and boost awareness of its distinct mandate and activities. Some organizations consulted the ICRC on IHL-related matters; for example, the International Peace Institute drew on ICRC advice for its research on modern challenges facing the international humanitarian system and possible ways of addressing or adapting to them. A number of events reinforced interaction with the American Red Cross, including one it co-hosted with the ICRC on IHL and the protection of civilians.

MIDDLE EAST

DELEGATIONS

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

REGIONAL DELEGATIONS

Kuwait

EXPENDITURE (IN KCHF)

Protection

44,242

Assistance

112,653

Prevention

21,378

Cooperation with National Societies

15,867

General

248

194,387 of which: Overheads **11,808**

Implementation rate

90%



ICRC delegation



ICRC regional delegation



ICRC mission

MIDDLE EAST

In 2012, 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 spillover of consequences triggered by the escalating conflict in Syria. Given the shifting dynamics and insecurity in the region, the ICRC adapted its activities, in scale and in nature, to more effectively address people's differing needs in light of operational opportunities and limitations.

The ICRC worked to develop its relations with government officials, de facto authorities, weapon bearers, traditional and religious leaders and other influential players so as to enlist their support for IHL, international human rights law and other applicable norms that secure the rights of people at all times, including during armed conflict and other situations of violence. It highlighted the importance of ensuring that those seeking or providing medical or health care could do so safely even in unstable situations – goals also supported by the global Health Care in Danger project. In this vein, the ICRC co-organized a related regional expert workshop in Cairo, Egypt, and other similar initiatives. Following one such seminar in Yemen, the government pledged to facilitate people's safe access to health and medical care.

When necessary, the ICRC reminded the authorities concerned of their obligations under IHL. For example, discussions with the Syrian authorities, including during three visits by a serving ICRC president to the country, covered the need for all parties to respect IHL and customary law applicable to the conduct of hostilities in non-international armed conflict. The organization also urged the Israeli authorities to address the consequences of their non-compliance with the 1949 Geneva Conventions. In light of the Israeli military bombardments known as "Operation Pillar of Defense", the ICRC pressed the Israeli and Palestinian authorities and armed groups to respect civilians and to ensure the safety of medical personnel at all times.

Dialogue with authorities, community leaders and weapon bearers helped secure their support for the Movement's neutral, impartial and independent humanitarian action, enabling the ICRC to obtain guarantees of safe access across front lines to vulnerable individuals, who often lived amid danger and instability. Such dialogue helped the ICRC gain access, for example, on a case-by-case basis, to rural Damascus, Idlib and Homs in Syria and to Abyan in Yemen.

The ICRC conducted its activities with the National Societies as its main operational partners, while helping them strengthen their operational capacities, particularly in emergency preparedness. It organized or supported events on topics including first aid, the Safer Access approach and family-links services. It helped the Qatar Red Crescent Society organize the regional Health Emergencies in Large Populations (H.E.L.P) course and supported internal emergency response courses organized by the National Societies of Bahrain and Kuwait. In parallel, the ICRC worked alongside the local authorities, enhancing activity sustainability by reinforcing community ownership and local capacities to manage initiatives autonomously.

Amid the insecurity and risks of injury faced by people throughout the region, National Society and ICRC teams provided

the wounded and sick with crucial treatment and care. ICRC-supported first-aid teams, ambulance and emergency services, hospitals and field structures, including those in Lebanon, the occupied Palestinian territory, Syria and Yemen, received supplies and equipment, funding, rehabilitation, technical advice and staff training, particularly in first aid and war surgery.

Thousands of National Society personnel and community volunteers administered first aid or instructed future first-responders, in line with the Safer Access approach, after attending workshops conducted or supported by the ICRC in Egypt, Iraq, Lebanon, the occupied Palestinian territory, Syria and Yemen. For example, 10 Egyptian Red Crescent Society Emergency Action Teams were trained and equipped by the ICRC, as were National Society personnel in Iraq and Syria.

The Palestine Red Crescent Society received assistance for improving first-aid care in refugee camps and services at five hospitals it runs for Palestinians in Lebanon, and for operating emergency medical services within the occupied Palestinian territory.

In Syria, National Society clinics and mobile health units stabilized patients and performed minor operations after receiving ICRC support, with one clinic setting up four emergency rooms and an operating theatre. In Yemen, an ICRC surgical team in the south helped perform complex operations and trained hospital staff, while two hospitals in Abyan and Taiz were rehabilitated, restoring community access to hospital care. The Lebanese Red Cross received support for its ambulance and emergency medical services, allowing it to treat wounded Syrians, including at a temporary station in the Bekaa Valley, or to evacuate them to hospitals in northern Lebanon, with the ICRC taking steps to help the ambulances' safe movement. Similarly, the organization acted as a neutral intermediary and facilitated the entry of medicines and fuel into the Gaza Strip in the occupied Palestinian territory during "Operation Pillar of Defense".

To improve general conditions, the ICRC strived to offer people sufficient hygiene conditions and access to clean water, making them less vulnerable to disease. With the local authorities, it repaired water and sanitation facilities or constructed new ones. Several millions of people, most living in the Gaza Strip, rural areas of Iraq or Yemen, and Syria, benefited from these projects.

Complementing the health benefits of reliable access to clean water, the ICRC channelled assistance – training initiatives for health care workers, on-site expertise, supplies, consumables and equipment, infrastructure rehabilitation – to primary health care systems. Some 660,000 people, particularly women and children in Iraq and Yemen, enjoyed better health services because of improved hygiene conditions, drug management and vaccination activities. Having strengthened their disease management capacities, ICRC-supported centres in northern Iraq helped control cholera outbreaks in their areas.

Over 70,000 disabled people, most from Iraq and Yemen, benefited from ICRC support to improve treatment and rehabilitation options. Training opportunities, including courses abroad, and material support helped physical rehabilitation centres, device-manufacturing units and technical schools enhance the quality of their services. With a view to protecting people from weapon-related injuries, mine-clearance activities continued in Iraq during the first half of the year, while the authorities concerned finished

demining all known minefields in Jordan. The Iranian and Iraqi National Societies continued working with the ICRC and local players, conducting mass risk-awareness/mitigation sessions.

The ICRC helped affected people recover from crises and work to regain self-sufficiency by enabling them to establish or secure their livelihoods. Cash grants allowed vulnerable households, including those headed by women and disabled people, to start businesses, as in Iraq. Farming households, including 1,088 families in the Gaza Strip and 6,500 in Iraq, benefited from improved agricultural infrastructure, enhanced veterinary services or other agricultural inputs. Cash-for-work programmes augmented the incomes of thousands of households, including 3,331 in the Gaza Strip. In addition to boosting household incomes, these activities helped increase community resources, making both households and communities more resilient to future crises.

The ICRC also engaged with the authorities on specific policies affecting the ability of certain vulnerable groups of people to cover their needs: following representations to the Israeli authorities, 475 households gained better access to their land; working with local NGOs, the organization supported 3,989 Iraqi women heads of household in registering for State-provided allowances, while encouraging the authorities concerned to improve the disbursement process.

The ICRC also helped people meet emergency needs, as necessary. It assisted particularly vulnerable people, especially IDPs, refugees and individuals contending with the effects of conflict or other emergencies, by distributing food, water and household/hygiene items. Such activities were undertaken in response to armed conflicts or eruptions of violence in the Gaza Strip, Iraq, Syria and Yemen. Over 1.8 million vulnerable residents and IDPs, the majority of whom in Syria, improved their nutritional intake thanks to food rations. IDPs or drought-affected residents received water supplies: this included 20,000 people in a camp in Sa'ada, Yemen, and 80,000 recent IDPs in Syria who received trucked-in water. Moreover, the Syrian water authorities received emergency support to protect the water supply of some 12.4 million people. In the Gaza Strip, 564 households whose houses had been damaged coped better after receiving essential household items and, in most cases, tarpaulins for house repairs. When no aid was forthcoming from others, the ICRC gave similar assistance to Syrian refugees in Iraq and to Palestinian and Syrian refugees in Amman, Jordan and the Bekaa Valley, Lebanon.

ICRC delegates continued visiting detainees in Iraq, Israel, Jordan, Kuwait, Lebanon, the occupied Palestinian territory, Qatar, Syria and Yemen, and resumed visits to detainees in Bahrain. In total, 84,767 detainees were visited. All visits were conducted according to the ICRC's standard procedures, enabling the organization to monitor the detainees' treatment and conditions, focusing on respect for judicial guarantees and the principle of *non-refoulement*. Delegates confidentially shared their findings with the authorities concerned and made recommendations, particularly with regard to improving detainees' health care. High-level authorities, including those from Bahrain, Iraq, Jordan, Kuwait and Lebanon, participated in bilateral discussions, round-tables and local and regional workshops on issues such as administrative detention, judicial guarantees and health in detention. The ICRC pursued efforts to visit more detainees in the region, particularly those in Egypt and Syria; however, progress in this regard remained limited.

The construction of or repairs to prison infrastructure, including water, sanitation, kitchen and ventilation facilities, improved detention conditions.

Residents, IDPs, detainees, refugees and asylum seekers maintained contact with their families through National Society/ICRC family-links services, including RCMs, telephone calls and family reunifications. Some 5,670 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, 15,304 former detainees or their families received ICRC-issued detention attestations, which often qualified them for State allowances. Over 2,230 received ICRC travel documents, helping them reunite with their families or resettle in third countries.

Palestinians were enabled to visit or reunite with family members living in other parts of the occupied territory or in Jordan, while family-links services facilitated contact between Syrians in the occupied Golan and their relatives in Syria.

Acting as a neutral intermediary, the ICRC pursued its activities to clarify the fate of people reported missing during past conflicts in the region. It helped strengthen forensic and human remains management capacities, particularly in the Islamic Republic of Iran, Iraq, Kuwait and Lebanon. Formal ICRC-facilitated mechanisms continued to make progress towards resolving concerns related to the 1980–88 Iran-Iraq war and, to a lesser extent, the 1990–91 Gulf War. Meetings between Iranian and Iraqi representatives led to the clarification of hundreds of cases and the exhumation and repatriation of Iraqi and Iranian remains. Although several missions were conducted in Iraq and Kuwait, no remains were recovered in relation to the 1990–91 Gulf War.

Finally, the ICRC continued to work in partnership with the Cairo-based League of Arab States 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 and operations of the region's armed and police forces. It contributed its expertise during regional events, such as the 20th South Asia Teaching Session in the Islamic Republic of Iran and the 9th Annual Meeting of Arab Governmental Experts in the United Arab Emirates.

Jordan remained a key logistical hub for ICRC operations, contributing to the organization's activities mainly in Syria, Lebanon and Yemen, as well as in Afghanistan, Egypt, Iraq, Israel and the occupied territories and Libya. The regional training centre provided services to ICRC delegations working in the Middle East and beyond. In Cairo, the regional resource and communication centre helped organize regional IHL seminars and produced multimedia Arabic-language IHL material. The ICRC continued collecting relevant legislative practices in selected countries to update its study on customary IHL.

To maximize the impact of its activities in the region, the ICRC coordinated with Movement components, UN agencies and other active humanitarian players.

PROTECTION MAIN FIGURES AND INDICATORS ¹

PROTECTION														
	CIVILIANS												Detainees visited	Detainees visited and monitored individually
	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		
Egypt	41	73	17,141					1			94	1,686		
Iran, Islamic Republic of	310	95	3					5	53	51				
Iraq	119	179	4						6	205	81	108	38,282	1,010
Israel and the Occupied Territories	2,783	3,779				8			73	6	103	4	23,996	5,238
Jordan	180	209	4,739			7					18	231	10,641	1,727
Lebanon	61	56				1		1	13	30			5,183	492
Syrian Arab Republic	25	3	2						203	3	188	151	113	90
Yemen	4,297	2,115	394						6		83	54	5,379	162
Kuwait (regional)	1,083	271	143								2	5	1,173	1,173
Total	8,899	6,780	22,426			16		7	288	280	650	2,239	84,767	9,892

* Unaccompanied minors/separated children

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

PROTECTION

PEOPLE DEPRIVED OF THEIR FREEDOM

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
							41	66				671	Iran, Islamic Republic of
32	3	312	7	3	232	104	869	786	772	85		1,509	Iraq
30	416	2,578	20	390	737	106	4,092	3,004	10,843	5,601	1	8,899	Israel and the Occupied Territories
71		1,607	70		61	18	150	53	23	4		19	Jordan
17	13	318	13	12	115	16	94	47	284	2	1	54	Lebanon
8	4	90	8	4	1	1	7	1					Syrian Arab Republic
	1	115		1	45	19	36	14	119			5	Yemen
1	205	1,158	1	205	14	10						4,147	Kuwait (regional)
159	642	6,178	119	615	1,205	274	5,289	3,971	12,041	5,692	2	15,304	Total

ASSISTANCE MAIN FIGURES AND INDICATORS¹

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
Egypt				2										
Iraq	10,506	26,777	16,354	23,610		25,554	1,616,162	12	400,000	354,648			2,447	3,181
Israel and the Occupied Territories	1,405	4,838	10,309	21,742			391,350					2,362	14,966	180
Jordan		3,010											8,659	
Lebanon	5,770	24,590						7	80,667				3,063	
Syrian Arab Republic	1,529,135	419,272					14,877,157							
Yemen	255,829	225,470	36,452	105		48,821	433,285	9	178,167	145,830	54,042			5,030
Total	1,802,645	703,957	63,115	45,459		74,375	17,317,954	28	658,834	500,478	54,042	2,362	29,135	8,391
of whom women	29%	27%	23%	29%		39%	31%			78,588				
of whom children	42%	43%	46%	24%		37%	40%			214,670	53,789			
of whom IDPs	1,646,915	539,443	967	407		8,788	166,761							

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

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	Number of patients receiving physiotherapy	
														Egypt
							13	33,472	1,134	8,388	3,927	14,213	7,636	Iraq
8	8	199,171	2,482				1	2,890	62	326	106	367	587	Israel and the Occupied Territories
														Jordan
23				9	2	520								Lebanon
5														Syrian Arab Republic
17	11	4,782	2,345	11	9	695	4	37,729	530	11,328	670	19,826	22,643	Yemen
53	19	203,953	4,827	20	11	1,215	18	74,091	1,726	20,042	4,703	34,406	30,866	Total
		685	80					13,767	340	4,919	608	6,929		of whom women
		572	80					23,982	162	8,042	272	15,355		of whom children
of which for victims of mine or explosive remnants of war											1,210	323		of whom IDPs

EGYPT



ICRC delegation

EXPENDITURE (IN KCHF)

Protection	468
Assistance	-
Prevention	1,112
Cooperation with National Societies	481
General	-
	2,061
	<i>of which: Overheads 126</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	79%
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PERSONNEL

Expatriates	6
National staff (daily workers not included)	44

KEY POINTS

In 2012, the ICRC:

- ▶ with the International Federation, supported the Egyptian Red Crescent Society in creating, training and equipping 20 additional emergency action teams
- ▶ with the Egyptian Red Crescent, conducted a series of first-aid workshops for journalists to enable them to act as first-responders, as well as a course for surgeons on treating weapon-related injuries
- ▶ with the National Society, continued running a phone service to help people stranded at the Egyptian-Libyan border to re-establish or maintain family links
- ▶ in the framework of the global Health Care in Danger project, organized, together with the National Society, a regional experts' workshop on developing measures to enhance the safety of health care services
- ▶ supported the newly established committee in reviewing the level of IHL integration into the training curriculum and operations of the Egyptian Armed Forces
- ▶ continued to promote IHL in Egypt and across the region, including through its cooperation with the League of Arab States

The ICRC has been in Egypt, with some interruptions, since the beginning of the Second World War. In view of the risk of civil unrest, it works closely with the Egyptian Red Crescent Society to boost its preparedness to respond to emergency humanitarian needs arising from situations of violence. It also 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.

CONTEXT

In May 2012, the Egyptian parliament let the country's 31-year-old emergency law expire. The Muslim Brotherhood candidate, Mohammed Mursi, took over the presidency after winning the country's first democratic elections in decades. In June, former President Hosni Mubarak and former Minister of Interior Habib el-Adli were sentenced to life in prison for their parts in the killing of protesters during the January 2011 uprising.

Instances of unrest occurred throughout the year, with tensions flaring in the run-up to both the parliamentary and the presidential elections; following the elections, protests took place over the general lack of progress in the country's security situation and economic state. Sectarian tensions between Muslim and Coptic communities occasionally erupted into violent clashes. Lengthy public debates, demonstrations and a reshuffling of the drafting assembly took place before a new constitution was approved by a national referendum and signed into force by President Mursi at the end of 2012.

In Sinai, relations between the Egyptian authorities and Bedouin tribes remained strained over the government's handling of the area's economy and the alleged presence of Islamist militants on the peninsula. Almost a dozen attacks and bombings targeting the gas pipeline to Israel and Jordan took place throughout the year, disrupting the gas supply in the area. Violence escalated abruptly in August 2012 when 16 Egyptian soldiers were killed during an attack on a checkpoint in North Sinai, triggering a joint military and police operation which resulted in the deaths or detention of dozens of suspected members of armed groups.

ICRC ACTION AND RESULTS

Given the continued need for first-aid care and medical evacuation as a result of the instability in Egypt in 2012, the ICRC focused on supporting the Egyptian Red Crescent Society in meeting those needs. The two organizations worked together to strengthen the country's emergency response capacities; with the International Federation, they created, trained and equipped additional emergency action teams, which were regularly deployed during bouts of violence to provide the appropriate treatment or evacuate those in need of higher-level care. With a view to increasing medical capacities outside the Movement, the National Society and the ICRC conducted a series of first-aid courses for journalists, who were often present during the unrest. Doctors volunteering for a medical NGO also honed their surgical skills at a workshop, with a specific focus on treating weapon-related wounds.

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		41	UAMs/SCs*	
RCMs distributed		73		
Phone calls facilitated between family members		17,141		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		137	Women	Minors
People located (tracing cases closed positively)		96		
<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)		144	46	47
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		1	Girls	Demobilized children
Documents				
People to whom travel documents were issued		1,686		
Official documents relayed between family members across borders/front lines		5		

* Unaccompanied minors/separated children

To encourage long-term action to protect health care services during armed conflict and other emergencies, as part of the global Health Care in Danger project, the National Society and the ICRC organized a regional workshop that brought together experts from different countries to share best practices and make recommendations on addressing the issue.

The two organizations also continued to enable asylum seekers, refugees, migrants and the families of detainees held abroad to re-establish or maintain contact with relatives. Third-country nationals stranded at the Egyptian-Libyan border after fleeing the Libyan conflict in 2011 were the main beneficiaries of these services.

Despite the instability experienced by several countries in the region, the Cairo-based League of Arab States and the ICRC pursued their partnership in promoting IHL and its implementation through a series of seminars and events attended by officials of the region's governments and by armed forces officers. Meanwhile, the ICRC continued its dialogue with the Egyptian authorities on its offer of services to visit people deprived of their freedom, and briefed officials and prison staff on its working methods. The Egyptian Armed Forces received ICRC support, at their request, for a review of IHL integration into their training and operations, and showed interest in pursuing training initiatives, including on legal provisions and other norms pertinent to law enforcement operations. The Interior Ministry drew on similar support for the design of a training curriculum and the conduct of a course for police instructors.

With a view to increasing understanding and acceptance of IHL and neutral, impartial and independent humanitarian action within society as a whole, the ICRC focused on strengthening its relationships with representatives of academia, the media, political parties and NGOs.

The delegation's regional resource and communication centre continued to support ICRC efforts to increase knowledge of and respect for IHL throughout the Arabic-speaking world by producing written and audiovisual materials in Arabic, as well as keeping the ICRC's Cairo-based, Arabic-language website updated.

CIVILIANS

Some 1,700 nationals of third countries who in 2011 had fled the conflict in Libya remained stranded in Salloum at the Egyptian-Libyan border while awaiting possible resettlement abroad.

Despite the closure of the ICRC office in Salloum, they were able to keep in touch with relatives, making over 17,000 calls using ICRC-supported Egyptian Red Crescent phone services. Other people in Egypt, including asylum seekers, refugees, migrants and people with relatives detained abroad, restored or maintained contact with family members using the tracing and RCM network. The families of people held in the US internment facility at Guantanamo Bay Naval Station in Cuba and in the Parwan detention facility in Afghanistan had direct contact with their relatives through video calls or passed on oral greetings to their family members via ICRC delegates.

Cooperation with other actors working in favour of foreigners continued, including with the embassies concerned, UNHCR, and the Africa and Middle East Refugee Assistance (AMERA). Using ICRC-issued travel documents, 1,686 foreigners resettled in third countries or reunited with their families. Unaccompanied foreign minors, particularly those awaiting family reunification and those without papers and who had lost all support upon reaching the age of majority, received legal aid and psychological and vocational counselling through an ICRC-funded initiative of AMERA.

In light of the unrest in the country, the National Society continued receiving support to enable it to provide first aid and medical evacuation to those in need (see *Wounded and sick* and *Red Cross and Red Crescent Movement*).

The conditions and well-being of migrants allegedly held and abused by people-trafficking gangs in the Sinai Peninsula remained a cause of concern and the subject of ICRC dialogue with the Egyptian government. While the ministries involved expressed their willingness to work with the ICRC to address some of the migrants' needs and participated in discussions on how that might be done, a planned field assessment in northern Sinai did not materialize in 2012.

PEOPLE DEPRIVED OF THEIR FREEDOM

On the basis of the right of initiative conferred on it by the Movement's statutes, the ICRC reiterated its offer to visit people deprived of their freedom, during a number of bilateral meetings with the authorities.

Despite the transition process under way in government institutions, a number of officials learnt more about international standards relating to detention, with two representatives of the Ministry

of the Interior attending a regional seminar on health care in detention (see *Jordan*). Over 30 prison officers participated in a course organized by the Ministry of Interior on IHL, international human rights law and other applicable international norms, as well as on the ICRC's desired role in activities related to detainees and detention (see *Armed forced and other bearers of weapons*).

Egyptian nationals previously held at Guantanamo Bay and repatriated received individual follow-up and ad hoc support, including travel documents enabling them to resettle in third countries; in one case, a former detainee was fitted with a prosthetic limb.

WOUNDED AND SICK

In view of the unrest that occurred in Egypt throughout the year, cooperation with the National Society and other members of civil society continued to be crucial to meeting the ensuing needs for first-aid and surgical care.

With ICRC and International Federation support, the National Society increased its emergency response capacities, creating 20 more emergency action teams, 10 of which were funded by the ICRC, bringing the total to 30 countrywide. They were deployed regularly during bouts of instability, treating and evacuating more than 1,200 people. To ensure the sustainability of these teams, the National Society received equipment to rehabilitate one of its first-aid training centres.

In parallel, some 160 journalists learnt first-aid skills to help them act as first-responders during the violence, while 50 surgeons from the Arab Medical Union strengthened their capacities to handle weapon-related wounds.

In a bid to encourage the actors concerned to take action to ensure the protection of the wounded and sick and health care providers/facilities during armed conflict and other emergencies, the National Society and the ICRC organized a regional experts' workshop as part of the Health Care in Danger project. The workshop provided its 40 participants with the opportunity to exchange best practices and propose measures to address health care insecurity.

AUTHORITIES

At regional level, the Arab League and the ICRC continued to jointly promote IHL implementation, including by organizing and participating in related seminars and meetings held across the region. Representatives of Arab governments attended regional events on IHL-related topics, including the difference between IHL and international human rights law, mechanisms for ensuring IHL implementation, concerns covered by the Health Care in Danger project, and other ICRC activities (see *Kuwait* and *Lebanon*). Similarly, judges from different Arab States learnt more about the importance of protecting civilians in armed conflict during an Arab League-organized seminar in Cairo. All these events allowed the participants to share experiences and learn from their counterparts.

To increase awareness of crimes falling under the jurisdiction of the International Criminal Court and of how domestic law could be adapted accordingly, the ICRC released a publication on the matter.

Owing to the country's political transition, efforts to promote and implement IHL domestically often stalled. Nevertheless, high-ranking civil servants attended the aforementioned regional seminars, while military prosecutors enhanced their knowledge of

IHL and the ICRC during presentations held in the country. An essay competition organized by the Justice Ministry and the ICRC for judges and prosecutors also helped stimulate interest in IHL. Work with the newly reactivated national IHL committee included discussions on planning its activities, as well as advice on a draft law on the protection of cultural property during armed conflict.

Representatives of the international community in Cairo and the ICRC regularly discussed respect for IHL and the consequences of ongoing armed conflicts in the region, particularly in the Syrian Arab Republic and Yemen. Discussions took place during bilateral meetings and workshops, where ICRC delegates stressed the importance of neutral, impartial and independent humanitarian action.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

In light of the unrest that swept Egypt in 2012, several scheduled training courses were postponed. Despite this, discussions with the Egyptian Armed Forces resulted in the creation of a committee to review the inclusion of IHL in the military's procedures and training curriculum. Following the committee's request for support, the ICRC participated in joint brainstorming sessions and provided technical advice and a proposal on a trainers' workshop.

The Interior Ministry drew on ICRC assistance to update its training programmes for the police and security forces, including by enabling five instructors to attend a refresher course to enhance their capacities to teach IHL and international human rights law; the instructors subsequently applied these skills during courses they conducted for police officers working in prisons (see *People deprived of their freedom*) and for members of the Central Security Forces.

Moreover, 60 officers scheduled to participate as military observers in UN peacekeeping missions, as well as 18 Egyptian officers already attending IHL courses, enhanced their understanding of IHL, international human rights law and other applicable norms, and the ICRC's work, during different dissemination and training sessions. At regional level, high-ranking officers from several Arab countries benefited from similar training at an Arab League/ICRC-organized event in Cairo.

CIVIL SOCIETY

In recognition of the importance of traditional and social media, the ICRC worked to strengthen its relationships with media representatives. Because of regular ICRC briefings and up-to-date material posted on the organization's Arabic-language website and social media, journalists produced more accurate reports on the Movement and its humanitarian action. They also participated in first-aid workshops (see *Wounded and sick*) and received information on the protection due to them during armed conflict.

To increase awareness of and support for IHL within academia and among future decision-makers, several universities benefited from IHL presentations and received IHL materials. Moreover, two academics honed their skills at courses organized by the Arab League and the ICRC (see *Lebanon*). During meetings and roundtables, university officials displayed a willingness to further integrate IHL into their institutions' curricula.

Other influential members of civil society, including NGOs, State-sponsored religious bodies and Islamic scholars, familiarized themselves with humanitarian principles and action during ICRC events.

RED CROSS AND RED CRESCENT MOVEMENT

With Movement assistance, the National Society offered family-links services (see *Civilians*) and stressed the importance of health care during emergencies, including by providing first aid, supporting first-aid courses and co-organizing an international workshop as part of the Health Care in Danger project (see *Wounded and sick*).

The National Society remained a major channel for assistance to the Gaza Strip. With Movement support, it undertook an assessment mission to its branch in North Sinai to assess its capacities to respond to the humanitarian needs in the area and established a plan to strengthen the branch's emergency preparedness. Moreover, the branch was provided with limited supplies of relief materials that could be distributed during emergencies.

The National Society continued receiving technical assistance for its website and learning opportunities on a range of topics, including the Safer Access approach, family-links services, IHL and the Movement.

Movement components met regularly to ensure coordination of their activities.

IRAN, ISLAMIC REPUBLIC OF



ICRC mission + ICRC office

EXPENDITURE (IN KCHF)

Protection	1,119
Assistance	-
Prevention	1,971
Cooperation with National Societies	487
General	-

► **3,578**

of which: Overheads 218

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Expatriates	7
National staff (daily workers not included)	40

KEY POINTS

In 2012, the ICRC:

- chaired the meetings of the tripartite committees tasked with clarifying the fate of POWs and of people missing since the 1980–88 Iran-Iraq War, while facilitating 5 joint missions to exhume 527 sets of human remains
- helped strengthen Iranian forensic capacities through training support and the installation of ante/post-mortem data management software for the organizations involved in the identification of recovered remains
- with the Red Crescent Society of the Islamic Republic of Iran, promoted IHL by supporting the production of related material and by co-organizing dedicated events, including the 20th South Asia Teaching Session on IHL
- signed a partnership agreement with the National Society on strengthening joint action in physical rehabilitation, addressing weapon contamination, IHL promotion, family-links services and the Health Care in Danger project

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.

CONTEXT

While talks on the Islamic Republic of Iran's nuclear programme resumed in May 2012, with all parties signifying their interest in reaching an understanding, the negotiations produced no breakthrough. Alleged cyber-attacks were carried out against Iranian nuclear and oil facilities. Despite these, top International Atomic Energy Agency (IAEA) inspectors who visited the country in December were optimistic about resolving the issue.

In addition to tensions over its nuclear ambitions, the Islamic Republic of Iran's relations with the Gulf Cooperation Council (GCC) member States deteriorated further over the country's position on the violence in Bahrain and the armed conflict in the Syrian Arab Republic.

Unprecedented financial sanctions imposed by Western countries took their toll on the economy, hampering imports of goods and causing a drop in living standards. These difficulties were a factor in the pre-election discourse on increased dialogue with the United States of America.

In August, Tehran hosted the 16th Summit of the Non-Aligned Movement (NAM), bringing together leaders of 120 countries, at which the Islamic Republic of Iran took over as chair of the movement for the period 2012–15.

ICRC ACTION AND RESULTS

In 2012, the ICRC in the Islamic Republic of Iran continued to focus on: addressing the humanitarian consequences of the 1980–88 Iran-Iraq war, particularly regarding persons unaccounted for in relation to that conflict; strengthening its cooperation with the Red Crescent Society of the Islamic Republic of Iran; restoring family links; and promoting IHL and acceptance of neutral, impartial and independent humanitarian action.

During the year, the remains of hundreds of Iranian and Iraqi soldiers were recovered and, when appropriate, repatriated following excavation missions. The ICRC contributed to this process by acting as a neutral intermediary between the Islamic Republic of Iran and Iraq and by chairing tripartite committee meetings, in line with agreements signed by the two countries. It also provided organizations involved in identification efforts with training support and ante/post-mortem data management software.

Cooperation with the Iranian Mine Action Centre (IRMAC) and the National Society helped raise awareness of the risks of weapon contamination and the safe behaviour people should

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		310	UAMs/SCs*	
RCMs distributed		95		
Phone calls facilitated between family members		3		
Reunifications, transfers and repatriations				
Human remains transferred/repatriated		53		
Tracing requests, including cases of missing persons¹				
People for whom a tracing request was newly registered		175	Women	Minors
People located (tracing cases closed positively)		52		
	<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)		282	51	99
UAMs/SCs*, including unaccompanied demobilized child soldiers				
UAMs/SCs newly registered by the ICRC/National Society		5	Girls	Demobilized children
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 borders/front lines		11		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Restoring family links				
RCMs collected		41		
RCMs distributed		66		
People to whom a detention attestation was issued		671		

* Unaccompanied minors/separated children

1. not including people missing as a consequence of the 1980–88 Iran-Iraq war

adopt to minimize those risks. The ICRC supported several mine-risk awareness sessions and train-the-trainer courses in the most affected provinces bordering Afghanistan and Iraq.

National Society/ICRC-run tracing and RCM services enabled Iranian families, Afghan detainees and Afghan and Iraqi refugees to restore and/or maintain contact with relatives abroad.

The Iranian Red Crescent, the national IHL committee and the ICRC co-organized IHL-promotion events to build mutual understanding among different stakeholders, particularly from religious and academic circles. Events included round-tables organized by the national IHL committee, at which Iranian officials from various institutions reviewed the level of integration of IHL into national legislation. The 20th South Asia Teaching Session (SATS) held on Kish Island brought together officials from across the region to discuss IHL-related concerns. The National Society, the national IHL committee and the ICRC jointly helped the Centre for Comparative Studies on Islam and IHL in Qom (hereafter the Qom Centre) conduct its activities. They also encouraged and supported studies on the compatibility of Islam and IHL and the production of material related to the Health Care in Danger project. The Ministry of Education agreed to begin integrating the Exploring Humanitarian Law programme into the national curriculum and finalized an agreement to start adapting the content of several textbooks accordingly.

The National Society and the ICRC signed a broad partnership framework agreement, further strengthening cooperation in the fields of physical rehabilitation, addressing weapon contamination, promoting IHL and humanitarian values, restoring family links, and the Health Care in Danger project. They also renewed a specific agreement on physical rehabilitation.

CIVILIANS

The Iranian and Iraqi governments continued implementing the joint memoranda of understanding that they signed in 2004 and 2008, which had the ICRC acting as a neutral intermediary and

chairing the two tripartite committees created by the agreements. In July, the authorities concerned agreed to merge the two committees into one which would cover both the cases of former and presumed POWs still unaccounted for and the cases of persons missing or killed in combat, issues previously tackled by separate committees.

Following five joint excavations in the Al-Fao Peninsula and the Majnoon oil fields in Iraq, 527 sets of human remains were recovered. In parallel, 201 sets of remains were repatriated to the Islamic Republic of Iran through the efforts of both States and under the auspices of the ICRC, while 53 sets of remains exhumed in the Islamic Republic of Iran were handed over to the Iraqi authorities. Based on their experiences during the recovery process and over the course of four technical meetings chaired by the ICRC, the Iranian and Iraqi authorities agreed to begin exchanging technical information. To help them implement formal working procedures, they also received reports detailing the observations and proposals of ICRC forensic experts who were present as technical advisers during joint excavations.

Institutions involved in identifying recovered remains continued to draw on ICRC support to improve their services. Training courses on forensic anthropology and DNA analysis for the Legal Medical Organization and the Kowsar Genetic Institute, as well as the installation of the ICRC's ante/post-mortem data management software, helped these organizations streamline procedures and manage data efficiently. The Islamic Countries Organization of Forensic Medicine featured an article in its journal about the ICRC's forensic activities.

Within the framework of a joint 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, 671 former Iraqi POWs received attestations of detention enabling them to claim State allowances.

An agreement was concluded with the Janbazan Medical and Engineering Research Centre for it to conduct an assessment of

the needs of the families of soldiers missing since the Iran-Iraq war, but the assessment was put on hold pending the authorities' final approval of the initiative.

Separated family members restore and maintain contact

Families re-established and/or maintained contact with relatives detained in Afghanistan, Iraq or the US internment facility at Guantanamo Bay Naval Station in Cuba (see *Afghanistan, Iraq and Washington*) through tracing and RCM services run jointly by the Iranian Red Crescent and the ICRC. Afghan and Iraqi refugees, including children, and Afghan nationals detained in the Islamic Republic of Iran, also benefited from these services. Tracing work carried out at the families' request helped clarify the cases of 14 out of 16 individuals allegedly held by Syrian armed groups and subsequently released.

Six Iranian nationals, who were former members of the People's Mujahedin of Iran, were voluntarily repatriated from Camp Liberty in Iraq, during operations facilitated by the ICRC. Once back in the country, they were given the option of receiving periodic follow-up visits from a local returnees' organization. They could also choose to participate in an assessment of their psychological and social needs, conducted by the Organization for Defending Victims of Violence and supported by the ICRC with the goal of engaging with the authorities concerned in discussions on meeting the returnees' specific needs and facilitating their social reintegration.

To help improve the coordination of Movement family-links services for migrants in the region, the National Society and the ICRC continued preparing for an international conference, which was initially scheduled to take place in 2012 but was postponed to 2013.

Affected communities cope with the consequences of weapon contamination

In line with a partnership agreement concluded between IRMAC and the ICRC in 2011, efforts to protect civilians from the risks of weapon contamination through cooperation with and support to IRMAC and the National Society continued. Following consultations with the ICRC and the Iranian Red Crescent, IRMAC began discussions with the Ministry of Interior to design a plan of action aimed at better meeting the needs of civilian landmine victims.

Following training and technical advice received in 2011, the National Society, with the participation of IRMAC, organized a trainers' workshop in Ahwaz to ensure that five western provinces bordering Iraq and two eastern provinces, which a large number of Afghan refugees transit through, had volunteers capable of raising awareness of the risks of mines and of the requisite safe behaviour. National Society volunteers responsible for mine-risk education attended a similar course organized by the Kurdistan provincial branch. As a result of these sessions, some 90,000 Afghan returnees and over 75,000 civilians reduced their vulnerability to the effects of weapon contamination. Complementing these efforts, five animated productions broadcast on local TV channels conveyed the importance of adopting safe behaviour to a wider audience.

To help it conduct clearance activities, IRMAC received 70 medical kits from the ICRC.

On the International Day of Mine Awareness and Assistance in Mine Action, IRMAC hosted an international conference to increase understanding of the issue of weapon contamination. The conference, at which the ICRC delivered presentations on

weapon-related treaties and the challenges of implementing them and on assistance to victims, was the first of its kind in Tehran.

AUTHORITIES

Progress was made in formalizing the ICRC's legal status in the country, with Iranian officials announcing their intention to facilitate the organization's local activities and affirming their support for its regional ones. Its participation in high-level events, including the 16th NAM Summit to which the ICRC president was invited by the Iranian minister of foreign affairs, helped the ICRC strengthen relations with Iranian and other authorities.

Local and regional events promoting IHL were organized in cooperation with the national IHL committee, the National Society and other institutions, such as the NAM Centre for Human Rights and Cultural Diversity, within the Ministry of Foreign Affairs, and the Qom Centre. Notably, high-level government representatives and experts discussed IHL and its incorporation into national legislation at two round-tables and learnt more about human rights at an international conference co-organized by the national IHL committee and the NAM Centre. To highlight the compatibility of Islam and IHL, the Qom Centre organized several dedicated events, including a regional conference during which Islamic scholars and students from Afghanistan, Bangladesh, the Islamic Republic of Iran, Iraq and Pakistan exchanged views on Islam and IHL. It also contributed input during related activities on the provisions of Islamic law mandating the protection of medical facilities and the wounded and sick (see *Civil society*).

During the 20th SATS, held on Kish Island and co-organized with the National Society and the International Campus of Tehran University, representatives of the Ministry of Defence and experts from 10 other countries deepened their understanding of IHL, humanitarian issues and Movement action.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Although direct contact with the Iranian armed forces remained limited, high-level representatives of the Ministry of Defence and the ICRC discussed possible ways to enhance bilateral contacts. Moreover, dialogue was maintained with the officers responsible for the recovery of the remains of soldiers killed during the 1980–88 Iran-Iraq war (see *Civilians*).

Officers learnt more about IHL during a round-table led by the national IHL committee and at the 20th SATS (see *Authorities*).

CIVIL SOCIETY

Activities with religious and community leaders, academics, media representatives and other influential members of civil society increased public awareness of and support for IHL and the ICRC's activities, including those addressing issues covered by the Health Care in Danger project. These events included those organized with the National Society and the national IHL committee (see *Authorities*).

University students and lecturers attended IHL presentations delivered by the ICRC, while some students took part in local and regional moot court competitions (see *Bangladesh, Beijing and Pretoria*), IHL simulation sessions and other events within the country and abroad. Scholars and institutions conducted research and produced publications on IHL, highlighting its compatibility with Islam. Two books, including one on the protection of children during hostilities, were published in cooperation with Tehran University.

The Ministry of Education approved a revision of the national curriculum to incorporate the Exploring Humanitarian Law programme; following meetings of the ICRC and the working group tasked with monitoring implementation of the programme, an agreement was finalized to adapt related modules and integrate them into selected textbooks. To aid this process, National Society and ministry representatives attended a regional seminar (see *Jakarta*) and participated in an expert round-table and an international conference in Tabriz on the benefits and challenges of integrating IHL and human rights concerns into the education curriculum.

Documents on the issues encompassed by the Health Care in Danger project and related promotional material were made available in Persian; and two representatives of the Iranian Medical Council attended a workshop on developing measures to protect the delivery of health care services (see *Egypt*).

Local media regularly reported on ICRC activities in the region and worldwide, highlighting the organization's neutral and humanitarian nature.

RED CROSS AND RED CRESCENT MOVEMENT

The Iranian Red Crescent and the ICRC signed a five-year partnership framework agreement, reinforcing cooperation in the fields of physical rehabilitation, addressing weapon contamination, promoting IHL and humanitarian values, restoring family links, and the Health Care in Danger project. Similarly, the two organizations renewed a specific physical rehabilitation agreement. Results of this collaboration included the co-organization of a regional workshop on making orthopaedic shoes (see *Ethiopia*) and a training course on new patient-management software. Preparations were ongoing for an international workshop in 2013 on National Societies' responses to health care insecurity.

National Society representatives benefited from learning opportunities on topics such as the responsibilities of the different Movement components, the handling of health emergencies, and nuclear, radioactive, biological and chemical risks. With Movement partners, the National Society held an International Mobilization and Preparedness for Action (IMPACT) course for personnel involved in its local and regional health, rehabilitation, relief and rescue operations.



+ ICRC delegation
 + ICRC sub-delegation
 + ICRC office
+ ICRC-supported prosthetic/orthotic centre
 * Amman: Iraq support office

EXPENDITURE (IN KCHF)

Protection	15,652
Assistance	35,215
Prevention	7,419
Cooperation with National Societies	1,728
General	-

▶ **60,013**

of which: Overheads 3,663

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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PERSONNEL

Expatriates	98
National staff (daily workers not included)	691

KEY POINTS

In 2012, the ICRC:

- ▶ further extended its operational reach to remote or violence-prone areas in the centre of the country and the disputed territories, despite security constraints
- ▶ visited a total of 38,282 detainees in 104 places of detention during 232 visits throughout the year, providing the authorities concerned with feedback on the detainees' treatment and living conditions
- ▶ contributed to progress in clarifying the fate of people missing since the 1980–88 Iran-Iraq War and the 1990–91 Gulf War by acting as a neutral intermediary and facilitating joint missions to recover and repatriate remains
- ▶ provided some 6,500 farmers and 800 women and disabled heads of household in rural and violence-prone areas with agricultural inputs or cash grants, helping them establish or restore their livelihoods
- ▶ improved conditions for over 1.6 million people by facilitating their access to water and health/medical care, including physical rehabilitation services
- ▶ provided emergency relief, including food rations and household and hygiene items to some 5,600 vulnerable households (over 33,500 people), particularly IDPs and refugees

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, assisting primarily 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.

CONTEXT

Nearly three years after the general elections, the political situation in Iraq remained unstable, with controversial issues unresolved and key ministerial positions vacant. Tensions persisted between the Iraqi central government and the Kurdistan regional government over revenue allocation and control of the disputed territories. Other provinces also sought more autonomy. High levels of violence throughout the year reportedly led to thousands of civilian deaths, particularly in Baghdad, central Iraq and the disputed territories.

The delivery of public services remained poor and unemployment rates high, such that people often lacked access to essential services, especially in remote and disputed areas. Large numbers of vulnerable households, including those headed by women, were dependent on social welfare to meet their needs.

Tens of thousands of Syrians who had fled the conflict in their country took refuge in Iraq, the majority of them in the Kurdistan region.

ICRC ACTION AND RESULTS

Having redeployed most of its delegation within Iraq, the ICRC continued to gain increased access to conflict/violence-affected people and was better placed to respond to their needs. Despite security constraints, the delegation extended its presence throughout the country, including in central Iraq and the disputed territories, albeit with fewer beneficiaries than initially planned for the year.

Given the insecurity in the country, building relationships with the authorities, armed groups and community and religious leaders was crucial to gaining their acceptance of the ICRC and, consequently, to securing guarantees of safe access to vulnerable populations, particularly those in disputed and violence-prone areas. Regular events encouraged the authorities and weapon bearers to meet their obligations under IHL, especially in terms of protecting and assisting those not or no longer participating in the violence, and to incorporate IHL provisions into national legislation and military doctrine and operations. In this vein, the ICRC monitored and, where appropriate, followed up such issues as: IDPs under threat of eviction; people affected by arrest campaigns; violence affecting medical services; and the reported shelling of civilian infrastructure along the border with Turkey.

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		119	UAMs/SCs*	
RCMs distributed		179		
Phone calls facilitated between family members		4		
Reunifications, transfers and repatriations				
People transferred/repatriated		6		
Human remains transferred/repatriated		205		
Tracing requests, including cases of missing persons¹				
People for whom a tracing request was newly registered		120	Women	Minors
People located (tracing cases closed positively)		81	11	7
Tracing cases still being handled at the end of the reporting period (people)		2,341	21	92
Documents				
People to whom travel documents were issued		108		
Official documents relayed between family members across borders/front lines		23		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits				
Detainees visited ²		38,282	Women	Minors
Detainees visited and monitored individually		1,010	32	3
Detainees newly registered		312	7	3
Number of visits carried out		232		
Number of places of detention visited		104		
Restoring family links				
RCMs collected		869		
RCMs distributed		786		
Phone calls made to families to inform them of the whereabouts of a detained relative		772		
Detainees visited by their relatives with ICRC/National Society support		85		
People to whom a detention attestation was issued		1,509		

* Unaccompanied minors/separated children

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

The ICRC continued limited distributions of food, household items and water to help vulnerable civilians, including IDPs and refugees, cope in especially difficult circumstances. It worked alongside the authorities to improve livelihoods and strengthen local capacities to ensure sustainable results. In this respect, it targeted those most in need, such as IDPs, households headed by women, and residents of rural and conflict-affected areas where infrastructure and services were often inadequate.

Thus, hundreds of women and disabled people started businesses with cash grants, enabling them to better support their families. The ICRC also continued helping women heads of household to register for State allowances, while encouraging the authorities to improve the related procedures. Similarly, farming households in rural areas were better able to support themselves after infrastructure rehabilitation, agricultural inputs and cash-for-work programmes helped them secure their livelihoods.

Communities, mainly in rural areas, benefited from better primary health care and water and sanitation facilities. With the local authorities, the ICRC improved water supply and distribution systems, making clean water more accessible. In line with a new agreement with the Ministry of Health, the ICRC supported primary health care centres through infrastructure rehabilitation and on-site training, thereby helping the centres provide quality services.

To enhance the treatment of the wounded and sick, the ICRC and the health authorities organized first-aid workshops for the Iraqi Red Crescent Society. Doctors and medical students also honed their skills at war-surgery and emergency room management courses.

ICRC-supported physical rehabilitation centres continued to provide services to the disabled, many of whom had weapon-related injuries. To prevent more people from suffering such injuries,

the ICRC assisted the National Society in conducting awareness sessions and carried out weapon-clearance activities in several communities in Missan province.

Detainees held by the Iraqi central government and the Kurdistan regional government received visits conducted according to the ICRC's standard procedures. Delegates provided the authorities with confidential feedback on the detainees' treatment and living conditions, focusing on respect for judicial guarantees and detainee health care, while making representations to the authorities concerned regarding cases of individuals who had allegedly been arrested but remained unaccounted for. In parallel, it offered family-links services to detainees and supported projects to improve prison infrastructure.

With the ICRC acting as a neutral intermediary, the parties concerned worked to clarify the fate of people missing since the 1980–88 Iran-Iraq war (see *Iran, Islamic Republic of*) and the 1990–91 Gulf War (see *Kuwait*). Furthermore, it provided technical expertise and capacity-building for those involved in the recovery and identification processes.

The ICRC's partnership with the Iraqi Red Crescent benefited from more formalized relations and increased contacts at the branch level, which included joint operations. The National Society received support in building its emergency response capacities. Coordination with other humanitarian organizations operating in Iraq helped maximize cooperation and avoid duplication or gaps.

CIVILIANS

Contributing to the protection of civilians and helping them cope with the humanitarian consequences of armed conflict and violence remained a priority for the ICRC in Iraq, particularly in rural and conflict-affected areas where needs were most acute and infrastructure was often inadequate.

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	10,506	32%	39%
	<i>of whom IDPs</i>	7,774		
Essential household items	Beneficiaries	26,777	27%	36%
	<i>of whom IDPs</i>	18,709		
Productive inputs	Beneficiaries	16,354	24%	40%
	<i>of whom IDPs</i>	322		
Cash	Beneficiaries	23,610	30%	45%
	<i>of whom IDPs</i>	407		
Work, services and training	Beneficiaries	25,554	32%	40%
Water and habitat activities	Beneficiaries	1,616,162	30%	40%
	<i>of whom IDPs</i>	78,247		
Health				
Health centres supported	Structures	12		
Average catchment population		400,000		
Consultations	Patients	354,648		
	<i>of which curative</i>		49,651	156,044
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 ¹	Beneficiaries	2,447		
Water and habitat activities	Beneficiaries	3,181		
WOUNDED AND SICK				
Water and habitat				
Water and habitat activities	Number of beds	12		
Physical rehabilitation				
Centres supported ²	Structures	13		
Patients receiving services	Patients	33,472	3,840	9,473
New patients fitted with prostheses	Patients	1,134	206	43
Prostheses delivered	Units	3,927	454	96
	<i>of which for victims of mines or explosive remnants of war</i>	1,131		
New patients fitted with orthoses	Patients	8,388	1,132	5,434
Orthoses delivered	Units	14,213	1,527	10,361
	<i>of which for victims of mines or explosive remnants of war</i>	9		
Number of patients receiving physiotherapy	Patients	7,636	1,151	1,710
Crutches delivered	Units	850		
Wheelchairs delivered	Units	197		

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

2. This figure includes crutch-production units

The welfare and concerns of IDPs, including those displaced for economic reasons and under threat of eviction, and civilians affected by arrest campaigns in Babil and Kirkuk provinces or by shelling along the border with Turkey were monitored and followed up. With a view to identifying possible interventions, violence affecting medical services was similarly monitored, including through interviews with staff of the ICRC-supported primary health care services.

The protection concerns faced by Syrian refugees prior to their arrival in Iraq were also documented.

Families meet basic needs and improve livelihoods

Some 4,200 households (26,500 people), mostly comprising IDPs in group settlements across the country, improved their living conditions through one-off National Society/ICRC distributions of household and hygiene items. Particularly vulnerable IDPs also received food rations to complement existing coping mechanisms. An additional 1,200 Syrians who had fled their country benefited from similar assistance.

While it continued to provide relief to the aforementioned groups of people, the ICRC focused on helping households regain or maintain their self-sufficiency. However, because of insecurity and human resources constraints delaying assessments and project

implementation, fewer people benefited from economic security initiatives than planned for 2012.

Nevertheless, some 600 women and 200 disabled heads of household (around 4,260 people) started income-generating activities, which often brought in over 40% of their households' revenue, after receiving cash grants. Some 6,500 farming households (41,900 people) in rural and violence-prone areas, such as Baghdad and the disputed territories, also improved their living conditions through agricultural support/inputs, which included livestock restocking/vaccination, rehabilitation of irrigation infrastructure and donations of greenhouses, drip-irrigation systems, seed and tools. Among the farmers, 576 received cash payments for repairing irrigation canals, helping them support their families while improving community infrastructure.

In line with a revised approach combining relief and advocacy efforts, 3,989 women (with some 11,970 dependents) were supported by the ICRC and local NGOs in registering for State allowances disbursed by the Directorate of Women and Social Care; cash payments covered the women's expenses in compiling the required documents, as well as their needs for a six-month period. Unfortunately, the directorate was unable to register all ICRC-supported women owing to internal constraints. Bilateral meetings and other efforts to encourage the authorities concerned to

resume the registration process and increase the directorate's budget were under way. The development of this project was continuously monitored to enable the delegation to adapt the approach as necessary.

Water and sanitation facilities improve in rural areas

Although over 9,500 IDPs, returnees and refugees benefited from emergency interventions that included trucked-in water, most of the ICRC's water and sanitation activities focused on longer-term solutions. Notably, all projects involved the local authorities to ensure sustainability and community ownership. Training courses helped technicians learn the skills necessary for them to manage the structures autonomously in the future.

Over 1.6 million people had improved access to safe water and were thus less vulnerable to disease following the rehabilitation or construction of 31 water supply and distribution systems mainly in rural parts of the country. Among these were 500,000 people in Abu Khistawi and 24,600 IDPs in six different locations who benefited from the rehabilitation of their water supply systems.

Civilians receive better primary health care

Over 400,000 people, particularly women and children, had better access to primary health care as a result of improved services provided by 12 State-run health centres. In December, a 13th health centre began receiving support. Per a newly signed agreement with the Ministry of Health, the centres received on-site support, training and medical material, with a view to enhancing hygiene conditions, medical care, drug storage/management and immunization activities. Five of the centres also underwent rehabilitation.

Notably, having strengthened their capacities to manage cholera cases, supported primary health care centres in northern Iraq helped control outbreaks in their catchment areas.

Communities learn about safe behaviour and benefit from mine clearance

While the ICRC completed its mine-clearance programme in June, cooperation with the National Society, the local authorities and other actors continued to help strengthen their capacities to address weapon contamination.

Some 6,000 civilians in three communities in Missan had safer conditions after the removal of 958 pieces of ordnance during clearance operations carried out in coordination with the local authorities, the National Society and the Regional Mine Action

Centre. Over 34,000 people also learnt about the behaviour they should adopt to mitigate the risks of weapon contamination at Iraqi Red Crescent-led awareness sessions.

Families receive news of relatives

With the ICRC acting as a neutral intermediary, the parties concerned progressed in clarifying the fate of people missing since the 1980–88 Iran-Iraq war (see *Iran, Islamic Republic of*) and the 1990–91 Gulf War (see *Kuwait*), with joint excavation missions taking place in Iraq. Hundreds of sets of remains were recovered and repatriated, under ICRC auspices, to Iran, while Iraqi remains recovered in the Islamic Republic of Iran were similarly repatriated to Iraq. However, no remains were located during joint missions to recover missing Kuwaitis.

Discussions with the authorities concerned highlighted the importance of increasing cooperation among the different stakeholders and of building forensic and data-management capacities. To this end and on the basis of a review of the recovery and identification processes, the Medico-Legal Institute in Baghdad improved its work and began implementing the recommendations with the help of donated equipment, technical advice, and training in forensic anthropology and laboratory management. Representatives of the Ministry of Human Rights participated in courses on conducting excavations, while two Iraqis attended a course on managing human remains.

In parallel, people continued to restore or maintain contact with family members, particularly those detained, using National Society/ICRC family-links services. Through the tracing service, 81 families learnt the fate of missing relatives, while 108 individuals received travel documents facilitating their resettlement in third countries. The remains of three foreign nationals were repatriated to their countries with the support of the embassies concerned and under the auspices of the ICRC.

Efforts were under way to establish clear procedures for tracing work to clarify the fate of foreign nationals who may have gone missing in Iraq.

PEOPLE DEPRIVED OF THEIR FREEDOM

People held by the Iraqi central government and the Kurdistan regional government continued to receive visits from the ICRC, conducted according to its standard procedures. Following 232 visits to 38,282 detainees held in 104 different facilities, delegates gave the authorities concerned confidential feedback on detainees' treatment and living conditions and, when necessary,

PEOPLE DEPRIVED OF THEIR FREEDOM	IRAQ CENTRAL GOVERNMENT	IRAQ KURDISTAN REGIONAL
ICRC visits		
Detainees visited	34,573	3,709
Detainees visited and monitored individually	731	279
	<i>of whom women</i>	1
	<i>of whom minors</i>	
Detainees newly registered	159	153
	<i>of whom women</i>	7
	<i>of whom minors</i>	3
Number of visits carried out	146	86
Number of places of detention visited	63	41
Restoring family links		
RCMs collected	801	68
RCMs distributed	732	54
Phone calls made to families to inform them of the whereabouts of a detained relative	769	3
Detainees visited by their relatives with ICRC/National Society support	85	
People to whom a detention attestation was issued	762	678

made recommendations for improvements; special attention was paid to respect for judicial guarantees, regardless of the reasons for a detainee's arrest. Representations were made to the authorities concerned, encouraging them to clarify the whereabouts of individuals who had allegedly been arrested but had not been accounted for.

On the basis of ICRC assessments of respect for judicial guarantees in the different facilities, high-level officials participated in bilateral discussions and round-tables on the topic in Dohuk, Erbil and Sulaymaniyah. Members of the judiciary in Baghdad and Najaf, along with lawyers from Basra, attended workshops on their roles in ensuring the respect of these guarantees, particularly during the pre-trial phase.

Detainees used RCM services or passed on oral messages to their relatives through ICRC delegates. Foreign detainees notified their embassies or UNHCR of their whereabouts; coordination with UNHCR continued to help ensure respect for the principle of *non-refoulement*. With ICRC support, 85 detainees in the Chamchamal federal prison received family visits, while Saudi families selected for family visits to Iraq received assistance in processing their visas (see *Kuwait*).

Detainees' well-being is enhanced

Discussions on detainees' access to health services served to remind officials of the importance of joint action by the detaining and health authorities. The Ministries of Health and Justice received a report designed to initiate dialogue and improve cooperation on health in detention. Reinforcing these efforts, representatives of the Ministries of Health and Justice attended a regional seminar in Amman (see *Jordan*) and a local one in Basra.

Some 3,180 detainees had better living conditions following the rehabilitation of infrastructure in six detention facilities. This included the upgrade of a prison clinic and water, sanitation and ventilation systems and the creation of an open area to allow detainees access to fresh air. Over 3,400 detainees, including minors and women, received household, hygiene, educational and recreational items to ease their confinement.

WOUNDED AND SICK

Enhancing the quality of first-aid services, 315 volunteers and 58 instructors from the Iraqi Red Crescent gained the requisite skills to treat people in need of emergency care, during workshops organized in cooperation with the National Society and the Ministry of Health.

To boost local capacities to provide higher-level care, over 40 Iraqi doctors and 50 medical students developed their war-surgery skills during seminars organized with the Ministry of Health. Similarly, a course for 29 doctors, several of whom were selected as future trainers, contributed to increasing capacities in trauma and emergency room management in Basra and nearby areas.

Patients at the Al-Rashad Psychiatric Hospital continued to benefit from occupational therapy sponsored by the ICRC. In line with an agreement with the Ministry of Health, hospital staff underwent training to help them provide such therapy autonomously. Efforts to integrate family-links services into the hospital's services were ongoing.

Physical rehabilitation services boosted

In all, 33,472 people with disabilities, around half of whom were amputees, received care at 10 ICRC-supported physical rehabilitation centres and one ICRC-run centre, where on-site coaching and various training initiatives helped staff hone their skills and improve the quality of available services. While those centres and two crutch-production units used ICRC-provided raw materials, the Ministry of Health progressively assumed more financial and management responsibilities, thanks, in part, to on-site training.

Iraq's only prosthetics/orthotics school and one physiotherapy school received advice from the International Society of Prosthetics on gaining international recognition for their programmes.

Through joint assessments of existing services and its participation in the Iraqi Higher Committee on Physical Rehabilitation, the ICRC provided the relevant authorities with advice and expertise on improving treatment and rehabilitation options in the country.

AUTHORITIES

Regular contacts with the Iraqi central government, the Kurdistan regional government and representatives of the main political parties at central and regional levels sought to enlist their support for ICRC operations and help the organization improve its on-the-ground access.

IHL implementation and the creation of a national IHL committee remained at the core of discussions with the central government. To help the authorities stay informed of IHL developments, government experts participated in regional meetings on IHL implementation (see *Kuwait* and *Lebanon*).

The ICRC pursued efforts to encourage the parliament to ratify an agreement formalizing aspects of its presence in Iraq.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Armed and security forces at central and regional levels maintained constructive dialogue with the ICRC on their obligations under IHL and international human rights law and on the ICRC's mandate and operations in Iraq, focusing particularly on its work for people deprived of their freedom.

As part of efforts to institutionalize IHL through its inclusion in the armed forces' training, doctrine and sanctions system, 87 formation commanders participated in seminars on integrating IHL into decision-making processes, and 27 members of the Kurdistan forces trained as IHL instructors. Complementing these, 920 members of the security forces, including police officers, learnt more about IHL and other applicable norms during dissemination sessions.

CIVIL SOCIETY

Religious and tribal leaders deepened their awareness of the ICRC's mandate and activities and of the links between IHL and Islam during regular meetings and workshops. Their acceptance helped expand the organization's access especially to conflict/violence-affected areas. Similarly, several NGOs, particularly those working in support of women, reinforced their cooperation with the ICRC, contributing their expertise and facilitating contacts on the ground.

During briefing sessions, more than 2,000 current and potential beneficiaries of assistance programmes throughout the country learnt more about the ICRC and its activities.

Local media continued to report on the ICRC's operations, helping increase their audiences' awareness of the humanitarian consequences of armed conflict and violence. In support of this, Iraqi journalists attended an IHL training course in Beirut (see *Lebanon*) to enhance their knowledge of and, consequently, their ability to report on the rules governing armed conflict.

Increased contacts and activities with universities, including meetings with the deans of law faculties in Baghdad, Diyala and Najaf, allowed for more intense promotion of IHL, with a view to seeing it integrated into academic curricula. Students, lecturers and university officials participated in IHL events, including a course in Beirut (see *Lebanon*).

RED CROSS AND RED CRESCENT MOVEMENT

The Iraqi Red Crescent and the ICRC continued their operational cooperation to respond to the needs of conflict/violence-affected people (see *Civilians* and *Wounded and sick*).

With ICRC support, the National Society improved its emergency preparedness and response capacities. Training in the Safer Access approach enabled it to increase its operational reach and its personnel to go about their activities more securely. Furthermore, instructors who had received ICRC training in 2011 began coaching other staff and volunteers in assessing the population's economic security needs and in designing projects to meet those needs.

National Society staff sharpened their knowledge of IHL and the Fundamental Principles, while dissemination officers from across Iraq enhanced their capacities to raise awareness of these topics among a wider audience.

The Iraqi Red Crescent continued to receive institutional support from the ICRC and other Movement partners to review its statutes and to develop a five-year national strategic plan.

ISRAEL AND THE OCCUPIED TERRITORIES



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. 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.

CONTEXT

International efforts did not succeed in reviving the Israeli-Palestinian peace process.

Hamas, which controlled the Gaza Strip, and Fatah, the elected Palestinian Authority, remained divided, but developments at year-end reportedly gave new impetus to rapprochement between the two parties.

November saw the largest escalation of confrontations between Israel and the Gaza Strip since 2008, with the launch of “Operation Pillar of Defense” by the Israel Defense Forces (IDF). The week-long fighting left scores of dead and wounded, mainly Palestinians, before an Egyptian-brokered ceasefire decreased the tension.

At end-November, Palestine obtained recognition by the UN General Assembly as a non-member State.

Life remained difficult for the population in the occupied Palestinian territory. West Bank inhabitants continued to endure various restrictions, settler violence and settlement expansion. Inadequate basic services, partly due to the Palestinian Authority’s economic difficulties, led to widespread protests. In the Gaza Strip, an energy crisis early in the year caused prolonged outages that hindered medical and transport services.

The ongoing conflict in the Syrian Arab Republic (hereafter Syria) created some tension in the Golan Heights. Family visits between Golan residents and their relatives in Syria proper remained suspended.

Media reports focused on 1,500 Palestinian detainees under Israeli custody who staged a month-long mass hunger strike to demand visiting rights and the abolition of long-term isolation. It ended with an agreement that largely met the detainees’ demands. The family visits programme for detainees from the Gaza Strip resumed in July.

ICRC ACTION AND RESULTS

The ICRC, together with other Movement partners, worked to alleviate the humanitarian situation in the occupied territories. While keeping up dialogue with the relevant authorities to promote the protection of civilians, it pursued assistance programmes designed to address the population’s needs in terms of economic security, health and water/habitat, in particular during emergencies.

EXPENDITURE (IN KCHF)

Protection	14,678
Assistance	25,065
Prevention	3,774
Cooperation with National Societies	5,547
General	-

► **49,065**

of which: Overheads 2,995

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Expatriates	71
National staff (daily workers not included)	303

KEY POINTS

In 2012, the ICRC:

- during “Operation Pillar of Defense”, ensured timely and adequate care of the wounded through increased support, including its services as a neutral intermediary, to emergency medical services
- persisted in urging Israel to address the humanitarian consequences of occupation policies that contravened IHL and in impressing upon the Palestinian authorities and armed groups the obligation to respect all civilians
- shared its findings and recommendations with the detaining authorities regarding detainees’ treatment and living conditions based on visits to 20,649 Palestinian detainees held by Israel and 3,347 held by the Palestinian authorities
- through the family visits programme, facilitated 110,695 family visits to 5,601 detainees from the Gaza Strip, the West Bank, East Jerusalem and the Golan Heights under Israeli custody
- in partnership with the Palestine Red Crescent Society, provided emergency household materials to over 4,500 people affected by bombardments/house destruction in the Gaza Strip and the West Bank
- improved sanitation services for 378,350 Gaza Strip residents through the completion of sustainable water/sanitation infrastructure projects carried out in cooperation with water boards

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		2,783		
RCMs distributed		3,779		
Reunifications, transfers and repatriations				
People reunited with their families		14		
	<i>including people registered by another delegation</i>	6		
People transferred/repatriated		73		
Human remains transferred/repatriated		6		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		109	6	4
People located (tracing cases closed positively)		106		
	<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)		20	2	
Documents				
People to whom travel documents were issued		4		
Official documents relayed between family members across borders/front lines		985		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited ¹		23,996		
Detainees visited and monitored individually		5,238	30	416
Detainees newly registered		2,578	20	390
Number of visits carried out		737		
Number of places of detention visited		106		
Restoring family links				
RCMs collected		4,092		
RCMs distributed		3,004		
Phone calls made to families to inform them of the whereabouts of a detained relative		10,843		
Detainees visited by their relatives with ICRC/National Society support		5,601		
Detainees released and transferred/repatriated by/via the ICRC		1		
People to whom a detention attestation was issued		8,899		

* Unaccompanied minors/separated children

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

During “Operation Pillar of Defense”, the ICRC increased its support to emergency medical services (EMS) and health facilities in the Gaza Strip, acting, when necessary, as a neutral intermediary to ensure that they had the capacities to manage the entire casualty care chain. As a result, people wounded in the fighting received emergency treatment and, where necessary, evacuation from the EMS of the Palestine Red Crescent Society and Gaza’s *de facto* Health Ministry. The severely injured were treated in hospitals provided with medical supplies and fuel imported into the Gaza Strip through the ICRC’s coordination with the Israeli authorities amid the restrictions in place. In southern Israel, the ICRC provided the Magen David Adom with some support in assisting people affected by rocket attacks.

As in previous years, the ICRC worked with the Israeli and Palestinian authorities and weapon bearers to promote respect for civilians. It pursued efforts to persuade them to address the humanitarian effects of non-compliance with the 1949 Geneva Conventions, submitting oral/written representations on the impact of Israeli policies and military activity as necessary. In the West Bank/Gaza Strip, dialogue with the Palestinian authorities and armed groups emphasized the need to respect both Israeli and Palestinian civilians and their property and to ensure the safety of medical personnel.

While maintaining its readiness to provide short-term/emergency responses to needs as they arose, the ICRC undertook longer-term/sustainable projects to help people in the occupied Palestinian territory enhance their quality of life. Although it substituted for the authorities in some cases to help people meet their basic/emergency

needs, the ICRC adopted a livelihood-centred approach to boost self-sufficiency, complemented by representations to the authorities regarding people’s access to farming/fishing areas. To enhance public health/sanitation, the ICRC cooperated with water and health authorities in implementing projects aimed at alleviating the adverse water and sanitation situation of Palestinians. It furthermore provided support to EMS and key hospitals, particularly in the Gaza Strip, to boost their preparedness and capacities and to ensure uninterrupted delivery of medical services.

The ICRC pursued its partnerships with the Palestinian Red Crescent and the Magen David Adom and coordinated with other Movement partners. ICRC financial, technical, material and training support to both National Societies helped ensure their preparedness and ability to respond to a wide array of humanitarian needs, in particular during disasters/emergencies.

The ICRC continued to work with the detaining authorities to help ensure that people held by Israel and by the Palestinian authorities in the West Bank/Gaza Strip were treated in accordance with internationally recognized standards. It provided support to the Palestinian detaining authorities in improving detainees’ material conditions, including their access to health care. Its family-links services facilitated family visits and the exchange of messages/documents between detainees and their relatives.

Movement family-links services remained available for family members separated by past and present conflicts in the region. The ICRC acted as a neutral intermediary to assist Golan residents in maintaining contact with relatives in Syria proper.

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	1,405	39%	42%
Essential household items	Beneficiaries	4,838	35%	36%
Productive inputs	Beneficiaries	10,309	16%	23%
	<i>of whom IDPs</i>	280		
Cash	Beneficiaries	21,742	25%	3%
Water and habitat activities	Beneficiaries	391,350	26%	47%
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	2,362		
Essential household items	Beneficiaries	14,966		
Water and habitat activities	Beneficiaries	180		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	8		
	<i>of which provided data</i>	8		
Admissions	Patients	199,171		
	<i>of whom weapon-wounded</i>	2,482		
	<i>of whom other surgical cases</i>	45,231		
	<i>of whom medical cases</i>	64,722		
	<i>of whom gynaecological/obstetric cases</i>	86,736		
Operations performed		37,019		
Outpatient consultations	Patients	511,187		
	<i>of which surgical</i>	204,841		
	<i>of which medical</i>	224,161		
	<i>of which gynaecological/obstetric</i>	82,185		
Water and habitat				
Water and habitat activities	Number of beds	2,052		
Physical rehabilitation				
Centres supported	Structures	1		
Patients receiving services	Patients	2,890	322	1,590
New patients fitted with prostheses	Patients	62	10	4
Prostheses delivered	Units	106	15	9
New patients fitted with orthoses	Patients	326	6	309
Orthoses delivered	Units	367	15	327
Number of patients receiving physiotherapy	Patients	587	151	11
Crutches delivered	Units	163		
Wheelchairs delivered	Units	27		

The ICRC continued to promote IHL and humanitarian principles among the authorities, weapon bearers and civil society, with the aim of gaining support for Movement activities in the occupied territories and in the wider region.

CIVILIANS

Efforts to ensure respect for civilians continue

ICRC representations, based on documented allegations, aimed to persuade the Israeli authorities, the Palestinian Authority and the *de facto* Hamas 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, in particular during “Operation Pillar of Defense”.

The Israeli authorities were reminded of the humanitarian issues arising from their non-compliance with the 1949 Geneva Conventions. IDF/ICRC discussions focused on the IDF’s conduct of hostilities and on the use of force against demonstrators. Based on direct ICRC observations and first-hand testimonies, several 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 routing of the West Bank barrier/buffer zones around settlements
- ▶ ensure that the living situation in the Israeli-occupied Golan was in line with relevant international law

In the occupied Palestinian territory, dialogue with the Palestinian Authority, the *de facto* Hamas authorities and armed groups focused on alleged abuses, respect for humanitarian norms and ending attacks against all civilians.

Direct victims of the occupation obtain emergency relief and improve their health and economic security

In the Gaza Strip, following “Operation Pillar of Defense” and earlier bombardments, 4,616 people (564 households) whose houses had been destroyed/significantly damaged coped better after receiving

essential household items to cover short-term needs; most of them also received tarpaulins for emergency/provisional house repairs.

In the West Bank, 222 people (33 families) received essential household items within 48 hours of the destruction of their houses by Israeli forces. In the Jordan Valley, some 1,400 particularly vulnerable Bedouins (249 families) received one-off food rations. All distributions were carried out jointly with the Palestinian Red Crescent, whose staff/volunteers received related training in emergency relief/logistics.

The ICRC encouraged people to resume/protect their livelihoods to boost their self-sufficiency. In border areas of the Gaza Strip, 1,088 farming households (7,076 people) improved their food production following training in pest control/prevention and the receipt of seed/fertilizer and planting implements; 3,331 households (21,742 people) earned an income from developing/renovating community infrastructure.

In areas worst affected by movement restrictions/the routing of the West Bank barrier, 475 families (3,033 people) gained better access to their land following ICRC representations to the Israeli authorities and further improved their agricultural production/living conditions using ICRC inputs. In Hebron's most severely restricted areas, the shift in the ICRC's assistance approach culminated with the cessation, after 10 years, of regular distributions of food rations/hygiene kits and the expansion of sustainable alternatives. For example, 31 families (226 people) launched small businesses through cash grants; 28 heads of household earned income for their families through cash-for-work projects, while another 38 had better income-generating opportunities following vocational training.

The health/sanitation environment improved for some 378,350 Gaza Strip residents following the completion of several projects coordinated with the local authorities, including: repair of Gaza City storm-water pumping stations; drilling of monitoring/recovery wells for wastewater treatment in Rafah; the upgrade of the Beit Hanoun sewage network; construction of a storm-water collection system in Manara and cleaning of another in a city park; and a pilot solid-waste management project in Wadi Gaza. To fix water/sewage infrastructure damaged in November, the water board undertook emergency repairs, with ICRC funding for pipes/fittings.

In the West Bank, some 13,000 people accessed water after a four-year water supply project in Anapta was finished. Follow-up with the authorities continued following the assessment of all West Bank wells to ensure their sustainability.

People overcome movement restrictions

People in the occupied territories and Israel, including Lebanese nationals and African/irregular migrants, used ICRC services to: exchange news with family via RCMs; reunite with relatives; transfer documents; and travel for humanitarian reasons between the Israeli-occupied Golan and Syria proper, between Israel and Lebanon and between locations in the Palestinian territory.

Dialogue regarding the continuing Israeli ban on family visits between Golan residents and their relatives in Syria proper was limited. Nevertheless, 42 students, 2 families celebrating a wedding and 10 other humanitarian cases crossed the demarcation line through ICRC coordination with the authorities. Under ICRC auspices, 14 Lebanese civilians and the remains of 6 others were repatriated.

The ICRC continued to remind Israel of its obligations under IHL to respect the right of families to receive the remains of their relatives. No progress was made in clarifying the fate of Israelis missing in action or of Jordanians missing in Israel since the 1980s; nevertheless, at mid-year, the Israeli authorities transferred the remains of 91 Palestinians to Ramallah (West Bank). Israeli and Palestinian negotiations on this issue continued.

Unlike in the previous years, Golanese apples were not transported to Syrian markets in 2012 owing to the absence of Israeli authorization. They were instead diverted to alternative markets.

PEOPLE DEPRIVED OF THEIR FREEDOM

Palestinian detainees under Israeli custody (20,649 detainees) in prisons, interrogation centres, provisional detention centres and police stations and those held by the Palestinian authorities in the West Bank/Gaza Strip (3,347 detainees) received regular visits, conducted according to standard ICRC procedures. Detaining authorities received confidential feedback on detainees' treatment and living conditions, including access to health care, at all stages of their detention. As part of regular monitoring of detainees' access to health care and the quality of medical treatment provided to them in prison/hospital, detainees in Israeli and Palestinian prisons who participated in hunger strikes benefited from regular ICRC visits and advice to the medical/detaining authorities on their related responsibilities.

Detainees exchanged news/documents with their families using ICRC family-links services. Foreigners/migrants received help on tracing issues; some received ICRC travel documents to facilitate their resettlement abroad. Particularly vulnerable detainees, including minors and migrants, benefited from various forms of assistance such as hygiene/medical supplies, and educational/recreational materials to break the monotony of their incarceration. Over 2,300 West Bank detainees received sweets during Eid al-Fitr.

People held by Israel

Detainees with specific needs, 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.

Through the ICRC's family visits programme, and following the resumption of family visits for Gaza Strip detainees in July, around 5,600 detainees from the Gaza Strip, Golan Heights and West Bank received 110,695 visits from their relatives, including 54 sick/elderly people transported by ambulance. Some follow-up with the authorities was required to address delays in processing permits and issues concerning the treatment of visiting relatives at border terminals.

The ICRC started dialogue with the Israeli and Jordanian authorities on the resumption of family visits for detainees with relatives in Jordan.

People held in the Palestinian territory

Visits to detainees held by the Palestinian Authority and the *de facto* Gaza Strip authorities in prisons/interrogation centres focused, in particular, on their treatment, access to health/medical care and basic judicial guarantees. Detaining authorities received written reports, particularly on the treatment/living conditions of people held by the security forces. Members of the latter, together with interrogators, participated in ICRC workshops on internationally recognized standards relating to law enforcement, arrest and interrogation.

Gaza Strip detaining authorities, drawing on ICRC expertise to improve detainees' living conditions, received expert advice on standards in prison construction and other recommendations on structural rehabilitation/maintenance, following a technical assessment of all detention facilities. In Khan Yunis prison, 180 detainees enjoyed improved food hygiene after a kitchen was rehabilitated and gas stoves installed; a similar project progressed in Katiba. In the West Bank, destitute detainees received clothes and eyeglasses/dentures.

WOUNDED AND SICK

All year round, particularly during emergencies in the Gaza Strip, wounded and sick people relied on EMS and hospitals receiving ICRC support aimed at boosting their preparedness/capacities to manage the casualty care chain.

During "Operation Pillar of Defense", Palestinian Red Crescent EMS and other first-responders administered first aid and evacuated the severely wounded to Gaza Strip hospitals, which treated patients using ICRC emergency supplies provided through Gaza's *de facto* Health Ministry. Acting as a neutral intermediary, the ICRC facilitated the entry into the Gaza Strip of eight truckloads of medicines/disposables from the Ramallah Health Ministry, in addition to over 300,000 litres of fuel for Gaza's power plant, which helped ensure uninterrupted hospital services. With Gaza's *de facto* Health Ministry, which also received wheelchairs/walkers, generator filters and tarpaulins, the ICRC monitored people's access to health/medical care and reminded the relevant authorities and weapon bearers of their obligations under IHL to prevent obstructions to medical services. Crowd control problems at Al-Shifa Hospital persisted, hindering patient services, while EMS management capacities needed further improvement.

Continued ICRC support facilitated relations and medical deliveries between the Gaza and Ramallah Interior Ministries. Crossing/transport permits obtained from the Israeli authorities enabled the Palestinian Red Crescent EMS to respond to over 89,000 call-outs in East Jerusalem, the Gaza Strip and the West Bank. Gaza's *de facto* health authorities received support for EMS fleet maintenance, technical advice on improving coordination with other EMS, and training, uniforms and equipment for first-aiders.

In the Gaza Strip, nearly 200,000 patients received treatment from eight key hospitals implementing an ICRC-proposed triage/patient flow system and equipped with 366 tonnes of various materials, including 353 tonnes of medical materials and 12.5 tonnes of spare parts for power generators and medical equipment.

In all, 13 hospitals (total capacity: 2,052 beds) received spare parts and two emergency fuel deliveries that helped ensure continuous functioning of essential equipment. Patients obtained better care in a safer environment thanks to ICRC-supported projects implemented in five hospitals: renovation of emergency departments (Al-Najjar, Beit Hanoun); installation of laundry machines (Tal Sultan) and solar-powered water heating (Al-Najjar); and emergency repair of the reverse osmosis room (Al-Shifa) and generator room (European Gaza). To improve staff skills, 107 nurses, 22 doctors and 86 administrative/security staff trained in emergency response.

Gaza's Artificial Limb and Polio Centre (ALPC) provided physical rehabilitation services to 2,890 patients, including 1,082 amputees, and delivered 106 prostheses, including to 62 new patients. It upgraded prosthesis quality using ICRC manufacturing techniques and orthopaedic materials/components, and enhanced physiotherapy services in three hospitals (Al-Shifa, European Gaza, Nasser), while continuing with physiotherapy training in three others (Al Aqsa, Al-Najjar, Kamel Edwan). ALPC expertise increased with the return of two trainees from India, bringing the total number of ICRC-supported skilled staff to five.

In Israel, the Magen David Adom supported southern hospitals and blood services; its EMS received ICRC support, enabling volunteers to provide relief and counselling to Israelis affected by rocket attacks.

AUTHORITIES

Interaction with the Israeli and Palestinian authorities, including the *de facto* Gaza Strip authorities, concentrated on operational and IHL-related concerns, including alleged abuses during "Operation Pillar of Defense". Discussions focused on the humanitarian effects of Israel's policies in the Gaza Strip and the West Bank and on the conduct of military and law enforcement operations (see *Civilians*).

PEOPLE DEPRIVED OF THEIR FREEDOM	ISRAEL	PALESTINIAN TERRITORY
ICRC visits		
Detainees visited ¹	20,649	3,347
Detainees visited and monitored individually	3,710	1,528
	<i>of whom women</i>	11
	<i>of whom minors</i>	37
Detainees newly registered	1,535	1,043
	<i>of whom women</i>	3
	<i>of whom minors</i>	35
Number of visits carried out	445	292
Number of places of detention visited	39	67
Restoring family links		
RCMs collected	3,761	331
RCMs distributed	2,804	200
Phone calls made to families to inform them of the whereabouts of a detained relative	10,629	214
Detainees visited by their relatives with ICRC/National Society support	5,601	
Detainees released and transferred/repatriated by/via the ICRC	1	
People to whom a detention attestation was issued	8,169	730

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

Palestinian Legislative Council members and judges attended briefings on the ICRC's efforts to encourage implementation of and respect for IHL.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

All weapon bearers were reminded to respect their IHL obligations (see *Civilians*) and encouraged to ensure the ICRC's safe access to victims.

Despite improvements in the quality of dialogue with the IDF, continued follow-up of the ICRC's report on the IDF's conduct of hostilities during "Operation Cast Lead" had so far failed to yield concrete outcomes. Discussions with IDF field/legal officers and its training unit focused on training support and coordination, including through its civil affairs officer. During briefings, around 700 military/police/prison personnel, border guards and crossing-point administrators learnt more about IHL, norms applicable to their duties, and the Movement.

Dialogue with the Palestinian security services and the Gaza/Ramallah Interior Ministries, as well as briefings attended by around 2,000 officers/security personnel, focused on internationally recognized standards applicable to law enforcement and the treatment of detainees. An agreement was signed with Gaza's *de facto* Interior Ministry to facilitate activities aimed at enhancing the security forces' understanding of, respect for and compliance with international human rights law and other internationally recognized standards.

Dialogue with Gaza Strip armed factions remained limited.

CIVIL SOCIETY

The promotion of humanitarian principles remained essential amid reports of growing frustration among Palestinians over the stalled peace process and socio-economic hardship. Media representatives reported on the humanitarian effects of the Israeli-Palestinian conflict using ICRC information/materials; 50 Palestinian journalists attended a briefing regarding assistance to detainees in Israeli prisons.

Civil society actors learnt about IHL rules related to their work during events aimed at strengthening support for humanitarian principles/action. In Israel, public and private lawyers participated in an intensive 50-hour IHL course, and NGO representatives attended ICRC presentations. In the Palestinian territory, over 200 Islamic leaders learnt about IHL and its similarities with sharia law during round-tables/meetings.

Interaction with academics, including during co-organized IHL conferences/competitions, and lectures for over 1,000 Israeli and Palestinian university students continued to raise IHL awareness and promote support for the Movement among academic circles. Eight Palestinian law/sharia faculties taught IHL; discussions encouraging other universities to follow suit progressed.

RED CROSS AND RED CRESCENT MOVEMENT

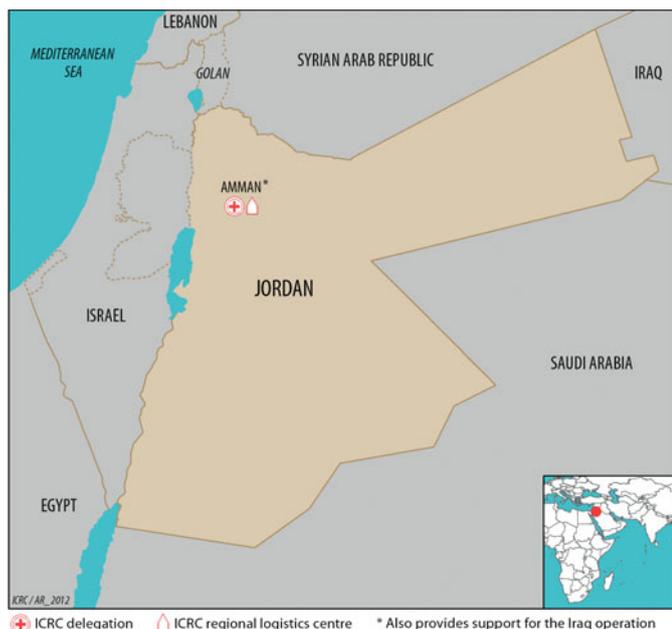
With ICRC financial, technical, material and training support, the Palestinian Red Crescent and the Magen David Adom continued to strengthen their operational capacities, while responding to needs arising from the Israeli-Palestinian conflict, including during "Operation Pillar of Defense".

The Palestinian Red Crescent boosted its dissemination and disaster management capacities through staff/volunteer training in contingency planning, while further integrating the Safer Access approach into its operations. This enabled the National Society to carry out its activities effectively, in particular during the escalation of military operations (see *Civilians* and *Wounded and sick*).

The Magen David Adom strengthened its disaster preparedness/management during a week-long simulated exercise on disaster relief organized with the Jordan National Red Crescent Society and in which the ICRC participated. It also took part in an earthquake response exercise, with support from other Movement partners, and worked on enhancing family-links services for refugees/migrants and promoting knowledge of these services, following a British Red Cross/ICRC review. Staff skills improved through ICRC financial support to first-responder training and EMS in sensitive/remote areas of Israel.

Both National Societies worked on raising awareness of humanitarian principles and support for the Health Care in Danger project among internal/external audiences. The ICRC continued to facilitate Movement coordination and the monitoring of the 2005 cooperation agreement between the two National Societies.

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, providing tracing and RCM services to enable civilians and foreign detainees to restore contact with family members, and promoting IHL throughout Jordanian society, in close cooperation with the Jordan National Red Crescent Society. The delegation also provides logistical support to ICRC relief operations in the region and beyond. It provides support to refugees who have fled the conflict in the Syrian Arab Republic.

CONTEXT

In Jordan, public demonstrations demanding further political and economic reforms and protesting high fuel prices took place year-round.

Beset by high unemployment and poverty rates, a burgeoning budget deficit and low foreign investment, Jordan looked to the International Monetary Fund and donor governments for financial aid. Jordan also called for international funding to support the high cost of hosting hundreds of thousands of people who had sought refuge in the country to escape the armed conflict in the neighbouring Syrian Arab Republic (hereafter Syria). Their presence, along with the impasse in the Israeli-Palestinian context, continued to cause some concern among Jordanians.

Despite regional tensions and pressure from other countries to take a political stand in relation to the events in Syria, Jordan managed to maintain stable relations with its neighbours. In October, the first Jordanian ambassador to Israel since 2010 was sworn in.

EXPENDITURE (IN KCHF)

Protection	2,339
Assistance	-
Prevention	1,210
Cooperation with National Societies	299
General	-

► **3,848**

of which: Overheads 235

IMPLEMENTATION RATE

Expenditure/yearly budget	87%
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PERSONNEL

Expatriates	22
National staff (daily workers not included)	102

KEY POINTS

In 2012, the ICRC:

- ▶ during a three-day regional seminar on health care in detention, facilitated the sharing of best practices among prison directors and health care experts from 11 countries in the Middle East
- ▶ with the National Society, provided hygiene parcels to some 7,500 people coming from the Syrian Arab Republic (hereafter Syria) and staying outside hosting camps and transit centres
- ▶ with the Jordan National Red Crescent Society, enabled Syrians who took refuge in the Al-Zaatari camp in Jordan to contact their relatives in Syria through over 4,700 free phone calls and the sending of some 400 RCMs
- ▶ through a three-month project agreement, helped the National Society boost its operational capacities in the fields of family links, communication and logistics
- ▶ succeeded through dialogue with the media faculty of Petra Private University in having IHL integrated into the university's journalism curriculum

ICRC ACTION AND RESULTS

The ICRC in Jordan continued to focus on visiting detainees in order to help the authorities bring their treatment and living conditions in line with internationally recognized standards. Security detainees received particular attention, while all detainees visited were offered Movement family-links services to contact their families and/or consulates. The ICRC lent its expertise to the Health and Interior Ministries, particularly the Health Ministry's unit dealing with health care in detention, in improving their coordination and enhancing health care services for detainees. At an ICRC-organized regional seminar on the topic held in Amman, representatives of both ministries exchanged best practices in prison health care with their counterparts from the region.

The delegation, in coordination with the Jordan National Red Crescent Society and other humanitarian organizations on the ground, monitored the humanitarian situation of people who had fled into Jordan to escape the armed conflict in Syria. With most of their needs being met by other organizations, the ICRC directed its efforts to filling any gaps in the assistance provided to them. Working in partnership with the National Society, it provided hygiene items to ease the displacement of those staying outside camps and transit centres. Particularly vulnerable groups, including unaccompanied/separated minors and the elderly, received help in contacting their relatives, while others were referred to

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		180	UAMs/SCs*	
RCMs distributed		209		
Phone calls facilitated between family members		4,739		
Reunifications, transfers and repatriations				
People reunited with their families		7		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		103	Women	Minors
People located (tracing cases closed positively)		18		1
Tracing cases still being handled at the end of the reporting period (people)		90		1
Documents				
People to whom travel documents were issued		231		
Official documents relayed between family members across borders/front lines		3		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits				
Detainees visited		10,641	Women	Minors
Detainees visited and monitored individually		1,727	71	
Detainees newly registered		1,607	70	
Number of visits carried out		61		
Number of places of detention visited		18		
Restoring family links				
RCMs collected		150		
RCMs distributed		53		
Phone calls made to families to inform them of the whereabouts of a detained relative		23		
Detainees visited by their relatives with ICRC/National Society support		4		
People to whom a detention attestation was issued		19		

* Unaccompanied minors/separated children

other organizations for specific assistance. Delegates interviewed people who reported abuses or arrests in Syria, with a view to making representations to the appropriate authorities. Dialogue with the Jordanian authorities aimed to ensure respect for the principle of *non-refoulement* for foreigners and foreign detainees.

Among the wider population, family members separated by past or current conflicts throughout the region also restored or maintained contact through Movement family-links services. Acting as a neutral intermediary, the ICRC facilitated family visits to Jordanians detained in Israel. Recognized refugees without valid identity papers resettled or joined relatives in third countries using ICRC-issued travel documents.

Despite frequent changes in the government, the ICRC kept up efforts to promote the integration of IHL into national legislation and into the teaching and training programmes of the Jordanian Armed Forces (JAF). Government officials and military personnel attended briefings/seminars on IHL, international standards applicable to peacekeeping, and neutral, impartial and independent humanitarian action.

Contact with a wide variety of civil society actors, including members of political parties, journalists and university lecturers and students, raised awareness of humanitarian issues and principles among a broader audience, helping generate more widespread support for the Movement.

ICRC financial and technical support helped the National Society to progress in building its capacities in emergency response and family-links services, particularly in relation to the people fleeing the Syrian armed conflict.

The delegation remained a key logistical hub for ICRC operations, contributing to the organization's humanitarian response mainly

in Syria, Lebanon and Yemen, but also in Afghanistan, Egypt, Iraq, Israel and the occupied territories, and Libya. Owing to the existing needs within the region, the Amman logistical hub expanded its emergency stocks. In addition, the regional training centre continued to serve ICRC delegations working in the Middle East, North America, Europe, the Balkans, the Caucasus and Europe.

CIVILIANS

On the basis of assessments conducted in coordination with the National Society and other humanitarian organizations and regular visits to people who had fled into Jordan from Syria, the ICRC, in partnership with the National Society, responded to unaddressed humanitarian needs in camps and transit areas. Some 7,500 people who had taken refuge outside the camps, in Amman and northern Jordan, received hygiene kits to ease their displacement. This helped alleviate the burden on host communities and prevent health problems arising among the wider population.

Movement family-links services proved invaluable as people sought information about relatives left behind in Syria. Since the ICRC office in Al-Zaatari camp started offering such services in September, Syrians re-established or maintained contact with their relatives through over 4,700 free phone calls and the sending of some 400 RCMs. Particularly vulnerable people staying in other facilities in northern Jordan, including separated/unaccompanied minors and the elderly, also benefited from these services; some of them were referred to other organizations for other types of assistance. People also approached ICRC delegates to report abuses or the arrest of relatives in Syria. These allegations were shared with the ICRC delegation in Damascus for tracing and other follow-up. To protect foreign nationals seeking refuge in the country, meetings with the Jordanian authorities concentrated on ensuring respect for the principle of *non-refoulement*.

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	3,010	5%	15%
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	8,659		

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

Other people in Jordan, nationals and foreigners alike, benefited from ICRC services enabling them to locate, or exchange news, parcels and official documents with, relatives abroad, mostly detainees held in Iraq, Israel or the occupied Palestinian territory. Those unable to travel to the ICRC office received home visits so they could avail of these services. Where necessary, the ICRC, acting as a neutral intermediary, interceded with the Jordanian authorities to facilitate visits by Jordanians to relatives detained in Israel. Two unaccompanied Somali minors received support to re-establish contact with their brother in Norway, while a widow and her five children reunited with relatives in the Gaza Strip (occupied Palestinian territory). A total of 231 refugees without valid identity papers resettled or joined their families in third countries with travel documents issued by the ICRC in coordination with UNHCR, the IOM and the relevant embassies.

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

The National Society received ICRC support to boost its capacity to provide the above-mentioned services (see *Red Cross and Red Crescent Movement*).

PEOPLE DEPRIVED OF THEIR FREEDOM

Security detainees in the custody of the General Intelligence Department (GID) and in Correction and Rehabilitation Centres (CRCs), including those who had been held by the GID or the Public Security Directorate (PSD) of the Interior Ministry prior to their transfer to the CRCs, continued to receive regular visits conducted according to standard ICRC procedures. Delegates monitored detainees' treatment and living conditions, with a particular focus on security detainees and other particularly vulnerable groups such as death-sentenced inmates, women and migrants/foreigners, including foreign administrative detainees.

The detaining authorities were informed of the ICRC's findings and recommendations in confidential oral and written reports. In addition, the PSD was apprised of issues related to ordinary detainees' time in its custody prior to their transfer to the CRCs. CRC personnel attended ICRC briefings on the organization's activities for detainees and were reminded of the relevant law and internationally recognized standards relating to their duties. Reviews of cases of people held under the Crime Prevention Act conducted by an ad hoc Interior Ministry committee, with ICRC support, since 2010 led to some administrative detainees receiving shorter sentences or being freed, helping reduce the number of people under administrative detention. In order to tackle pending structural issues, the ICRC facilitated two round-tables on administrative detention with the authorities concerned towards the end of the year.

Detainees in CRCs, mainly those under GID authority and foreign detainees, stayed in touch with their relatives through RCMs conveyed by ICRC delegates. The ICRC advocated for increased

phone calls for security detainees (who were allowed family visits) and foreign detainees not receiving family visits. With ICRC assistance, two Iraqi detainees in Jordan received visits from relatives living in Iraq. A total of 258 foreign detainees in Jordan benefited from consular protection and advice after the ICRC, according to their expressed wishes, notified their embassies of their detention. At their request, the ICRC notified UNHCR of 20 cases of foreign detainees seeking asylum in Jordan and reminded authorities to uphold the principle of *non-refoulement* for foreign detainees fearing persecution in their home countries, including Iraqis awaiting deportation and Syrians fleeing the armed conflict in their own country. Following their release, 19 former detainees, or their families, received ICRC-issued attestations of detention, in some cases qualifying them for State welfare allowances.

Detainees benefited from ad hoc material support to ease their living conditions. In total, 2,600 detainees received essential items, including over 1,000 vulnerable detainees – among them Syrians – who received hygiene articles and some 1,500 who received recreational items. Particularly vulnerable detainees, such as women held to protect them from retribution by way of so-called “honour crimes” and some administrative and foreign detainees, obtained various forms of assistance from local NGOs after being referred to them by the ICRC.

Following the appointment of a focal point in 2011, the Health Ministry created a special unit dedicated to health matters in places of detention, further enhancing coordination with the Interior Ministry's CRC Directorate. In line with ICRC recommendations, the new unit organized workshops for staff of both ministries working in the CRCs in order to facilitate discussions on issues of common interest and to foster best practices in the provision of health services. Representatives of both ministries also participated in a three-day regional seminar on improving health care in detention, held in Amman and attended by prison directors and health care experts from 11 countries in the Middle East. To lay the groundwork for future health reforms, the Health Ministry, with ICRC technical assistance, conducted an assessment and mapping of the health care capacities of CRCs nationwide.

The ICRC continued to facilitate dialogue and closer interaction on medical ethics among Health Ministry representatives, the Royal Medical Services, and health staff working in CRCs and the GID detention facility.

AUTHORITIES

Frequent changes at government level affected the ratification and implementation of IHL treaties.

Pursuant to Jordan's obligations under the Mine Ban Convention, the National Committee for Demining and Rehabilitation (NCDR), having completed the demining of all known minefields in the country, pursued a verification exercise, which uncovered additional mines. Planned training of NCDR teams in mine

clearance and risk reduction did not take place owing to the unavailability of a trainer. Funds allocated for the training were used to purchase raw materials for prostheses for the NCDR's physical rehabilitation centre in Irbid.

Government officials and members of the national IHL committee enhanced their knowledge of IHL at regional events for policy-makers. These included a meeting of Arab governmental experts co-organized with the League of Arab States (see *Kuwait*). Domestically, the national IHL committee received ICRC support for its activities, including for the production of a brochure to promote the committee's work. With additional support from the Swiss embassy, it launched a series of IHL workshops tailored to local needs. It organized a seminar for NGOs regarding IHL implementation and an IHL moot court competition involving students from three leading Jordanian universities.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

The JAF continued to work towards the systematic integration of IHL into its teaching and training programmes, occasionally drawing on ICRC expertise. Around 626 military personnel, including judges and medical staff, learnt about IHL on six ICRC courses conducted at various military training centres, while over 3,800 military officers of various nationalities attended basic presentations on IHL and the ICRC. Almost 3,000 military, police and *gendarmierie* personnel were briefed on the ICRC and its neutral, impartial and independent humanitarian action before leaving on peacekeeping missions.

Members of the armed forces of some 20 countries attending the Eagle Lion military exercise conducted by Jordan and the United States of America benefited from expertise shared by ICRC delegates on IHL-related topics, including peacekeeping. Selected JAF units involved in NATO peacekeeping operations received 4,000 IHL publications.

Because of time and staff constraints, the planned seminar for JAF personnel assigned in prisons did not take place. The JAF did not nominate a candidate for a military course abroad. However, contacts established with the joint chiefs-of-staff facilitated dialogue on the Syrian armed conflict and its repercussions in Jordan.

CIVIL SOCIETY

Through briefings, presentations and other events, a wide range of civil society actors further developed their knowledge of humanitarian principles and Movement activities. For example, leaders/members of Islamic groups attended a seminar to raise their awareness of the ICRC's mandate and humanitarian mission, while meetings with representatives of the Islamic Action Front and the Jordanian Engineers Association opened networking avenues with key groups.

National media brought ICRC activities in Jordan and further afield to a worldwide audience, using ICRC-issued press releases and operational updates, including those published on the Arabic version of its website. A journalist participated in a regional IHL workshop for the media (see *Lebanon*) and, at an informal meeting, representatives of media outlets learnt about current ICRC concerns, including those addressed by the Health Care in Danger project.

To stimulate further interest in IHL among future leaders, law students participated in IHL competitions, including a moot court (see *Authorities*), and a law lecturer from Al-Ahliyya Private University

attended a regional IHL course (see *Lebanon*). At Petra Private University, 30 journalism lecturers discussed IHL in relation to conflict reporting during an ICRC-run round-table; the university agreed to the integration of IHL into its journalism curriculum.

In support of ICRC efforts to shed light on the similarities between IHL and sharia law, lecturers from both fields attended a one-day event at the World Islamic Sciences and Education University.

RED CROSS AND RED CRESCENT MOVEMENT

The Jordanian Red Crescent continued to receive ICRC technical, material and financial support to help strengthen its capacities in emergency preparedness and response and restoring family links.

In line with a three-month agreement to help the National Society respond to the needs of people fleeing the Syrian armed conflict (see *Civilians*), the National Society focused on improving its capacities in logistics, communication and family-links services. To this end, it received a forklift and hygiene parcels for distribution to vulnerable Syrians. National Society warehouse staff improved their skills in managing relief supplies, and 20 volunteers/staff received family-links training and on-the-job support. An assessment was carried out to determine ways to reinforce the communication capacities of four Red Crescent branches in the north. Small-scale projects, as well as the production of posters and publications, helped boost the capacities of some branches, at the same time raising the National Society's visibility as a relevant humanitarian actor.

Regular meetings facilitated the coordination of activities between Movement partners. Starting in September, regular meetings with representatives of Movement partners operating in the country contributed to improved action in favour of Syrians in Jordan.

LEBANON



EXPENDITURE (IN KCHF)

Protection	3,553
Assistance	1,634
Prevention	869
Cooperation with National Societies	835
General	-
	▶ 6,890
	<i>of which: Overheads 421</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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PERSONNEL

Expatriates	16
National staff (daily workers not included)	57

KEY POINTS

In 2012, the ICRC:

- ▶ provided structural support to the Lebanese Red Cross emergency medical services (EMS) to strengthen their capacity to respond to the needs of the sick and wounded countrywide
- ▶ ensured the provision of first-aid treatment to 520 weapon-wounded Syrians, while covering the cost of treatment of 193 severely wounded patients and providing ad hoc medical materials to more than 10 hospitals
- ▶ discussed practical recommendations to improve detainees' access to health care at Roumieh central prison, during five round-tables with the prison's authorities
- ▶ handed over a medical equipment management database to the Palestine Red Crescent Society to enhance safety and efficiency in the management of hospitals serving Palestinian refugees in Lebanon
- ▶ started the collection of data on missing persons through interviews with their families
- ▶ co-organized with the League of Arab States 3 regional courses to raise awareness of IHL and its implementation among government officials, military personnel, academics and journalists from the Arabic-speaking world

The ICRC has been present in Lebanon since the 1967 Arab-Israeli war. It works to protect and assist civilians affected by armed conflict, in close cooperation with the Lebanese Red Cross. It promotes compliance with IHL among the government and armed groups present in the country. The ICRC visits detainees held by the Lebanese authorities to monitor their living conditions and treatment. Restoring and maintaining links between separated family members is also a key activity. It provides support to refugees who have fled the conflict in the Syrian Arab Republic.

CONTEXT

Lebanon kept its borders open for people fleeing the armed conflict in the Syrian Arab Republic (hereafter Syria), whose numbers had exceeded all expectations. The economic, social and security burden they posed prompted the government to launch a comprehensive response plan in December, while appealing for international financial support.

Political and sectarian divisions, exacerbated by opposing loyalties in relation to the Syrian armed conflict, hampered government work and sometimes degenerated into clashes, leading to dozens of deaths and injuries in major cities and border communities. The killing in October of a high-ranking security official triggered protests, further threatening the country's stability. Nevertheless, the extension of the mandate and financing of the UN Special Tribunal for Lebanon were secured. The UN peacekeeping mission in southern Lebanon was extended for another year.

Lebanon's service-oriented economy, sensitive to political and regional developments, remained stagnant.

The arrival of Syrian-Palestinians contributed to heightened tensions in the Palestinian refugee camps, causing a number of skirmishes and tightened security measures by the Lebanese Armed Forces (LAF). The reorganization of camp security forces eased the tensions somewhat, but the living conditions of Palestinians in Lebanon continued to be difficult.

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

ICRC ACTION AND RESULTS

The ICRC joined local and international efforts to assist Syrian refugees in Lebanon and, taking a subsidiary approach in relation to other organizations, filled gaps in material support, while focusing mainly on protection concerns and medical needs. Delegates documented allegations of abuses against refugees while still in Syria and, working with the ICRC delegation in Damascus, Syria, made representations to the alleged perpetrators with a view to bringing an end to such acts. The ICRC also worked closely with the emergency medical services (EMS) of the Lebanese Red Cross to ensure the wounded and sick received prompt first aid and safe transport to hospital. The ICRC covered the cost of treatment of critically wounded patients in the Bekaa Valley and visited hospitals there and in northern Lebanon to monitor patients'

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		61		
RCMs distributed		56		
Reunifications, transfers and repatriations				
People reunited with their families		1		
Human remains transferred/repatriated		13		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		115	4	9
People located (tracing cases closed positively)		35		
	<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)		95	3	6
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		1		
Documents				
Official documents relayed between family members across borders/front lines		4		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		5,183		
Detainees visited and monitored individually		492	17	13
Detainees newly registered		318	13	12
Number of visits carried out		115		
Number of places of detention visited		16		
Restoring family links				
RCMs collected		94		
RCMs distributed		47		
Phone calls made to families to inform them of the whereabouts of a detained relative		284		
Detainees visited by their relatives with ICRC/National Society support		2		
Detainees released and transferred/repatriated by/via the ICRC		1		
People to whom a detention attestation was issued		54		

* Unaccompanied minors/separated children

surgical and post-operative care and to provide essential medical supplies and expertise in treating conflict-related injuries.

To boost emergency preparedness and response capacities countrywide, the National Society received ICRC support, including: the training and equipping of staff; the establishment of a temporary EMS station and rehabilitation/upgrade of existing ones; the strengthening of blood collection facilities; and help in maintaining the ambulance fleet, IT systems and medical equipment. Other ambulance operators and medical practitioners also received training support.

Palestinian refugees continued to benefit from joint ICRC/Palestine Red Crescent Society efforts to improve their access to health care, particularly through the first-aid training of volunteers and weapon bearers in refugee camps and technical support to the five hospitals run by the Palestinian Red Crescent.

The ICRC continued to visit detainees in Lebanon, with a particular focus on security detainees, to monitor their treatment and living conditions in relation to relevant law and internationally recognized standards and to give the authorities confidential feedback on its findings. Follow-up with the detaining authorities aimed to ensure the ICRC's timely and unrestricted access to all security detainees, while Movement family-links services enabled detainees to maintain contact with and receive visits from relatives. Improvements to detainee health care, undertaken with the detaining authorities, achieved tangible results. Hygiene conditions for inmates in Lebanon's largest detention facility improved after the completion of a water project started in 2009.

The ICRC finished an assessment of the needs of families of missing persons. Recommendations based on the findings were being drafted, as part of the organization's wider efforts to encourage authorities to address those needs and create a national mechanism to facilitate tracing and the exhumation and identification of remains. The ICRC also initiated the systematic collection of data on missing persons, with the aim of preserving these for future identification. In parallel, it pursued discussions with the authorities on the possibility of collecting biological reference samples from families of the missing for DNA testing.

With the political climate in Lebanon and the region dictating the government's priorities, minimal progress was made in integrating IHL into national legislation and in activating the national IHL committee. Nevertheless, committee members, government officials, armed and security force personnel and civil society representatives continued to learn about IHL and the ICRC during a number of courses and presentations, including at regional IHL events for Arabic-speaking countries hosted by the Beirut-based Centre for Legal and Judicial Studies of the League of Arab States. Similar events were conducted for key sectors of civil society, with a view to obtaining their support for ICRC activities in Lebanon and abroad.

The Lebanese Red Cross and the ICRC participated in regular coordination meetings with other National Societies, the International Federation, UN agencies and governmental and non-governmental organizations working on the ground to ensure an effective response 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	5,770	25%	50%
Essential household items	Beneficiaries	24,590	22%	44%
Health				
Health centres supported	Structures	7		
Average catchment population		80,667		
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	3,063		
Cash	Beneficiaries	4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	23		
Patients whose hospital treatment has been paid for by the ICRC	Patients	193		
First aid				
First-aid posts supported	Structures	9		
	<i>of which provided data</i>	Structures	2	
Wounded patients treated	Patients	520		

CIVILIANS

People who had fled to Lebanon to escape the Syrian armed conflict – mostly Syrian nationals seeking refuge in northern Lebanon and the Bekaa Valley – approached the ICRC during monitoring visits to report IHL violations suffered while still in Syria. Such information formed the basis of representations to the relevant authorities in Syria. The Lebanese authorities were also reminded of their obligations under international law, particularly concerning the principle of *non-refoulement*.

Given that most of the needs of people arriving from Syria were being met by other organizations and that Lebanon's High Relief Commission had had to suspend most of its medical assistance to the refugees owing to a lack of funds, the ICRC, in partnership with the Lebanese Red Cross, focused on the medical evacuation and treatment of wounded Syrians (see *Wounded and sick*), while maintaining the capacity to step in with emergency relief where needed. Thus, 24,590 refugees (some 4,978 households) withstood their displacement thanks to ICRC-donated essential household items such as sleeping mats, cooking implements and hygiene kits; some 5,770 of them (1,154 families) also received food parcels. Palestinian refugees fleeing Syria received additional assistance from UN agencies after being referred to them by the ICRC. The delegation maintained an in-country rolling stock of food and essential items to meet the potential needs of 1,500 families.

Needs assessment completed for families of the missing

Through more than 300 face-to-face interviews with delegates, families of persons missing in relation to past conflicts, particularly from 1975 to 1990, contributed to an ICRC assessment of their needs. A report detailing the assessment's results and related recommendations was in preparation at year-end, aimed at encouraging the authorities to commit to a comprehensive programme recognizing and addressing those needs. To garner more support for this initiative from various stakeholders, a public version of the report was being prepared.

Simultaneously, the political authorities at all levels were reminded of the importance of creating a national mechanism, compliant with internationally recognized standards, dedicated to identifying human remains and, in general, helping ascertain the fate and whereabouts of missing persons. In anticipation of this, the ICRC started collecting data on the missing. Through individual interviews,

families provided information on over 600 missing relatives, to be preserved in a database for possible comparison with post-mortem data as part of a future identification process. Meanwhile, discussions with the authorities on the collection of biological reference samples for DNA testing continued. The LAF received refresher training in using ICRC software to manage ante/post-mortem information on missing persons and/or human remains found.

Efforts to identify remains from the 2007 armed confrontation in the Nahr El-Bared Palestinian refugee camp continued, with seven additional families submitting tracing requests.

Family members separated by armed conflict stay in touch

Families in Lebanon, including nationals of countries experiencing armed conflict, exchanged news and official documents with relatives detained/interned or living abroad through the ICRC's family-links service. Families sought help in locating 115 relatives, some allegedly arrested in Syria (including 4 women and 9 minors). Some requests, including among those made before 2012, received answers. Under ICRC auspices, 6 deceased Lebanese nationals were repatriated from Israel, and 1 man rejoined his relatives there; 15 Lebanese civilians returned from Israel with the ICRC's help (see *Israel and the occupied territories*). Syrian families in Lebanon received the remains of 13 relatives who had passed away in Lebanese hospitals. Families also made use of RCMs to exchange news with detained relatives.

PEOPLE DEPRIVED OF THEIR FREEDOM

Over 5,000 detainees in 16 places of detention in Lebanon received regular visits from delegates, conducted according to the ICRC's standard procedures, during which they monitored inmates' treatment and living conditions in relation to relevant law and internationally recognized standards. Following visits, delegates discussed their findings and recommendations confidentially with the authorities. Security detainees, including Syrians arrested by Lebanese security forces, were followed up individually, while other vulnerable inmates, such as women, minors and those held in prisons where hunger strikes and riots had occurred, received particular attention.

Discussions with the detaining and judicial authorities focused on respect for the judicial guarantees of specific detainees, such as those sentenced to death. To protect foreign detainees fearing persecution in their countries of origin, the detaining authorities were reminded

of their responsibility, including through representations on individual cases, to respect the principle of *non-refoulement*. They were also reminded to allow the ICRC timely and unrestricted access to all security detainees under a 2007 agreement with the Lebanese government. Detainees exchanged news with relatives in Lebanon or abroad through the family-links service. Delegates transmitted 284 short oral messages (*salamats*) from detainees to their families. With ICRC support, two foreign detainees received a visit from their families in Saudi Arabia and Syria. With the ICRC acting as a neutral intermediary, 61 other detainees informed their embassies of their detention. Fifty-four former detainees or their families received attestations of detention.

At Roumieh central prison, inmates' water supply increased by 50% after the completion in June of a three-year water project, helping improve general hygiene standards. The ICRC briefed the detaining authorities on the maintenance of water quality and suggested related solutions. As a result of five round-tables, key decision-makers came up with a number of recommendations, which led to measures improving health services for detainees in Roumieh and other prisons. To boost its capacity, Roumieh's medical centre received essential items such as first-aid kits, foldable stretchers, electrocardiogram and oxygen-generating machines and sterilization equipment, while its staff attended advanced first-aid training and received advice on medical-waste disposal.

A national seminar co-organized with the Internal Security Forces (ISF) brought representatives of the ISF, General Security Directorate and the Health, Justice and Social Affairs Ministries together with prison doctors and nurses to discuss challenges in providing health care to detainees. The authorities expressed their commitment to follow through on the recommendations made during the event.

WOUNDED AND SICK

Wounded Syrians receive emergency and hospital care

Wounded Syrians, regardless of the cause and extent of their injuries, received appropriate medical care after crossing the border into Lebanon. In total, 520 wounded Syrians were treated at first-aid posts provided with emergency medical materials and equipment. Medical evacuation/transfer was carried out mainly by Lebanese Red Cross EMS ambulances, which transported several hundred seriously injured Syrians to hospitals in northern Lebanon. A temporary EMS station in the Bekaa Valley, established with ICRC funding, allowed ambulances to reach the wounded more quickly. To ensure that patients could be transferred safely and without delay, the ICRC engaged in dialogue with border communities, the relevant authorities and other actors on the ground.

Patients who could not be transported to northern Lebanon owing to the seriousness of their injuries received treatment in five hospitals in the Bekaa Valley, with the ICRC covering the costs. In total, 193 critically wounded patients, among them patients for whom no sponsor for treatment could be found in northern Lebanon, benefited from this arrangement. In addition, the ICRC financed the prostheses of 11 Syrian amputees.

To monitor patients' surgical and post-operative care and address possible protection concerns, delegates regularly visited eight hospitals in northern Lebanon and five in the Bekaa Valley. These hospitals received ad hoc medical supplies to help them treat weapon-wounded Syrians and Lebanese nationals injured during clashes in Tripoli. To boost local capacities, more than 150 surgeons and nurses treating Syrian casualties, including within Syria,

improved their ability to manage violence-related trauma through war-surgery training/workshops. Given the increased demand for blood, the National Society received funding for additional staff to boost blood collection efforts.

To reinforce overall emergency preparedness and response capacities, the Lebanese Red Cross EMS received financial support to procure essential medical supplies. Over 730 ambulance volunteers enhanced their skills at 20 training events; 132 volunteers underwent training of trainers, with over 70 new trainers/instructors being certified. In one workshop, National Society EMS staff, together with staff from the four other major ambulance operators, learnt the proper management of human remains; in another, 37 military doctors improved their knowledge of emergency care for trauma patients. The National Society also drew on ICRC support to improve its medical logistics (see *Red Cross and Red Crescent Movement*).

Access to medical care for Palestinian refugees in Lebanon improves

Palestinian refugees in Lebanon continued to benefit from services provided by volunteers and by Palestinian Red Crescent hospitals. In the Beddawi, Bourj El-Barajneh and Ein El-Helweh camps, 31 volunteers and 97 weapon bearers received first-aid or refresher training. They were also briefed on the Health Care in Danger project.

Building on the completion in 2010 of a comprehensive project to improve the quality of health care available to Palestinian refugees in Lebanon, the five hospitals run by the Palestinian Red Crescent benefited from additional measures to strengthen the management of their services. Palestinian patients benefited from enhanced hospital safety and efficiency through a medical equipment management database, which the ICRC handed over to the Palestinian Red Crescent after training future users. A biomedical engineer regularly visited these hospitals to support maintenance, install specialized apparatus to protect medical equipment and data during power fluctuations, and ensure that X-ray installations met safety standards. Through regular contact with the UN Relief and Works Agency, the ICRC encouraged the referral of Palestinian refugees to secondary health care in Palestinian Red Crescent hospitals.

AUTHORITIES

Government priorities, security concerns and the influx of Syrians continued to relegate work on IHL integration to the background.

Nevertheless, national IHL committee members attended a briefing on IHL implementation and, together with representatives of the Defence, Education and Interior Ministries, participated in the first and second Arabic Regional Courses on IHL for 2012, held in Beirut and co-organized with the Arab League's Beirut-based Centre for Legal and Judicial Studies. Over 70 civil servants from some 15 Arab States took part in both courses, at which they shared their experiences with and learnt from counterparts in the region, while drawing on the ICRC's technical support and legal advice to advance IHL implementation in their respective countries. To promote wider support for this effort, 60 judges-in-training and 12 penal judges/magistrates learnt more about IHL and the ICRC and its Health Care in Danger project in two workshops co-organized with the Justice Ministry. The diplomatic community, UN agencies and other international bodies were regularly briefed on ICRC activities in Lebanon and elsewhere.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

The LAF continued to work to spread knowledge of IHL across all ranks, regularly drawing on ICRC input. Forty new IHL instructors graduated from a four-day course organized by the LAF; they also learnt about the ICRC and its efforts to assist families of missing persons. Some 1,200 soldiers and 130 non-commissioned officers at training centres, senior level officers attending command and staff colleges, and 80 Military Police personnel increased their knowledge of the basic rules of IHL and the ICRC, including its activities for detainees, during four dissemination sessions. A military judge participated in one regional training course (see *Authorities*).

The ISF welcomed ICRC input into its training. Over 50 newly graduated officers, 70 lieutenants and 1,030 new recruits, including the first Lebanese policewomen, learnt more about the ICRC and the assistance it provided to detainees in Lebanon. To enable a wider audience to learn about the ICRC's work, the ISF added a link on its home page to the ICRC's Arabic-language website.

Through networking, weapon bearers, including in Palestinian camps, were familiarized with basic IHL principles and the concerns covered by the Health Care in Danger project.

As part of their predeployment training, some 430 officers from the UN Interim Force in Lebanon attended briefings on the ICRC and its neutral, impartial and independent approach.

CIVIL SOCIETY

Civil society groups increased their knowledge of IHL and the Movement through various events. In a seminar co-organized with the Lebanese Red Cross, 23 journalists learnt about the Health Care in Danger project and basic first aid. Three others joined 20 foreign media professionals in a regional workshop in Beirut co-organized with the League of Arab States, which dealt with the protection of journalists under IHL. Local and international media regularly covered ICRC activities in Syria and elsewhere, using press releases and operational updates from the organization's website.

Students, as future leaders and policy-makers, also raised their awareness of IHL and the ICRC. Some 40 postgraduate students attended presentations on the ICRC, while a team of students participated in the Jean-Pictet Competition on IHL held in South Africa (see *Pretoria*). To maintain interest in IHL in academic and other circles, law lecturers from the Lebanese and Jinan Universities, as well as a researcher from a Hezbollah-supported think-tank, joined some 20 other academics from neighbouring countries at regional IHL courses (see *Authorities*). The Beirut Bar Association received advice on training and a set of IHL reference books.

An exhibit marking the International Day of the Disappeared, attended by Lebanese authorities, diplomats and representatives of various organizations, raised awareness of the plight of families of missing persons among the general public, while calling on them to submit information about missing relatives (see *Civilians*).

RED CROSS AND RED CRESCENT MOVEMENT

The Lebanese Red Cross, through its EMS, remained the ICRC's main operational partner in meeting the needs of wounded Syrians (see *Wounded and sick*). With ICRC support, the National Society filled key EMS positions and continued to develop its EMS, in particular through the upgrade and maintenance of medical and other equipment, including ambulances, to ensure they remained in good working condition. To further boost emergency preparedness, the National Society taught first aid, in over 100 training sessions, to more than 4,000 first-responders and first-aid trainers, while its EMS received triage/first-aid kits and a one-year supply of medical consumables. Work began on the next five-year strategy of the EMS, with a fundraising approach on track.

The Lebanese Red Cross strengthened its family-links services, with an ICRC-trained focal point handling its first tracing case and plans for training other focal points under way. More work was needed to finalize the National Society's statutes.

The Palestinian Red Crescent received support to run its hospitals (see *Wounded and sick*).

Movement partners, including other National Societies assisting refugees, met regularly to coordinate their action.

SYRIAN ARAB REPUBLIC



EXPENDITURE (IN KCHF)	
Protection	2,323
Assistance	31,342
Prevention	1,701
Cooperation with National Societies	3,251
General	-

▶ **38,619**
of which: Overheads 2,357

IMPLEMENTATION RATE	
Expenditure/yearly budget	103%

PERSONNEL	
Expatriates	25
National staff (daily workers not included)	42

KEY POINTS

In 2012, the ICRC:

- ▶ pursued dialogue with all relevant actors regarding respect for medical services, Movement emblems and the principle of distinction between civilian objects and military targets, urging them to respect their IHL obligations
- ▶ supported the casualty care chain by reinforcing the Syrian Arab Red Crescent's first-aid capacities and providing emergency/surgical supplies and consumables to National Society, Health Ministry and other medical facilities
- ▶ with the National Society, provided food parcels to some 1.53 million people, hundreds of thousands of whom also benefited from blankets, mattresses, hygiene kits and the rehabilitation/upgrade of buildings hosting IDPs
- ▶ facilitated the provision of water to over 14.88 million people through projects implemented with the Ministry of Water Resources and its local water boards
- ▶ issued nearly 40 public documents and several web-based video interviews detailing the humanitarian needs/situation in the country and reminding those involved in the conflict of the IHL rules to be observed
- ▶ did not carry out further visits to detainees after those conducted in May in Aleppo central prison

The ICRC has been present in the Syrian Arab Republic since the 1967 Arab-Israeli war. It works with the National Society to assist people affected by armed conflict and other situations of violence and to improve water supply/sanitation. The ICRC has also visited, on two separate occasions, people detained under the authority of the Interior Ministry. The ICRC acts as a neutral intermediary in issues of humanitarian concern for Syrian inhabitants of the Golan occupied by Israel and facilitates travel for certain categories of persons between the occupied Golan and the Syrian Arab Republic. It helps separated relatives maintain contact.

CONTEXT

While President Bashar al-Assad remained in office and the international community continued to be disunited over its response to the armed conflict, the scope and intensity of the fighting and its humanitarian consequences in the Syrian Arab Republic (hereafter Syria) reached unprecedented levels, with fighting reaching Damascus and surrounding areas. What had started out as localized clashes between the Syrian government and armed groups in 2011 gradually evolved into a non-international armed conflict in 2012. Fighting in and around Syria's economic capital, Aleppo, led to some cross-border incidents, prompting neighbouring Turkey to call for NATO support. Incidents were also reported along the Israeli, Jordanian and Lebanese borders.

Engaged in asymmetric warfare, the opposing parties employed escalating means and methods that challenged respect for the principles of distinction, proportionality and precaution in the conduct of hostilities, with government forces using heavy weaponry, and armed groups, generally entrenched in neighbourhoods/villages, often using guerrilla tactics.

Concerns about the humanitarian situation of civilians and those not or no longer participating in the conflict grew. Reports of rising casualties, displacement and people seeking refuge in neighbouring countries proliferated, as did allegations of mass arrests, hostage-taking, extrajudicial killings, torture, obstruction of patients' access to medical services, and abuses against medical/humanitarian workers. Insecurity made humanitarian action difficult.

The conflict crippled industries and livelihoods, rendering several thousand people completely dependent on aid. Economic sanctions and high inflation further exacerbated the near-absence of basic goods and services. North-eastern Syria continued to suffer drought.

Israel's ongoing occupation of part of the Golan Heights continued to be a major issue of contention between Syria and Israel. Owing to the deadlock, Syrian nationals living in the occupied Golan remained cut off from their families in Syria proper.

ICRC ACTION AND RESULTS

Humanitarian needs grew along with the expansion and intensification of the fighting. Amid restrictions and insecurity – too often limiting humanitarian action – the Syrian Arab Red Crescent and the ICRC worked in close partnership to respond accordingly.

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		25	UAMs/SCs*	
RCMs distributed		3		
Phone calls facilitated between family members		2		
Reunifications, transfers and repatriations				
People transferred/repatriated		203		
Human remains transferred/repatriated		3		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		469	Women	Minors
People located (tracing cases closed positively)		246	55	76
	<i>including people for whom tracing requests were registered by another delegation</i>	58		
Tracing cases still being handled at the end of the reporting period (people)		309	31	35
Documents				
People to whom travel documents were issued		151		
Official documents relayed between family members across borders/front lines		30		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits				
Detainees visited		113	Women	Minors
Detainees visited and monitored individually		90	8	4
Detainees newly registered		90	8	4
Number of visits carried out		1		
Number of places of detention visited		1		
Restoring family links				
RCMs collected		7	Women	Minors
RCMs distributed		1		

* Unaccompanied minors/separated children

Multiplying contacts with the Syrian authorities at all levels and networking with all actors on the ground, the two organizations progressively gained respect for their neutral, impartial and independent humanitarian action and expanded their scope of action and access to victims. In September, the fourth visit to Damascus by an ICRC president since the start of the current crisis provided a further opportunity for the authorities to confirm their acceptance of the roles of both organizations.

The ICRC informed the Syrian authorities and armed groups that, in its view, the type and intensity of the armed confrontations and their humanitarian consequences had reached a level where the rules of IHL and customary law applicable to non-international armed conflict needed to be respected. It urged all parties to take constant care to spare civilians and ensure their safe access to medical care, and to respect and protect medical and humanitarian workers and the red cross and red crescent emblems.

Widening their operational reach countrywide, National Society/ICRC teams assessed the humanitarian needs on the ground and organized the appropriate emergency response as far as the security situation allowed. Food, essential household items and medical supplies, pre-positioned in strategic locations to ensure timely delivery, reached those in need. Together with the central/local water authorities, National Society/ICRC teams undertook emergency and longer-term measures to ensure IDPs and residents alike had access to clean water.

Wounded/sick people received first aid and medical care from National Society teams using ICRC-donated medical supplies and equipment. Drugs and consumables for triage and treatment of weapon injuries boosted the capacity of health facilities to deliver life-saving care in a timely manner.

Following its visit to detainees in Aleppo in May, the ICRC submitted to the authorities a report compiling its findings and recommendations. On this basis, it held discussions with the Syrian authorities aimed at obtaining their consent for further ICRC visits

and other activities for detainees held in all other detention facilities – to no avail by the end of the year. The ICRC also expressed its willingness to visit detainees reportedly held by armed groups and to facilitate contact between them and their families.

Movement family-links services facilitated contact between separated family members, including people with relatives detained in Syria or abroad or living in the Israeli-occupied Golan.

Media, embassies and international organizations kept abreast of developments in the humanitarian situation in Syria through ICRC news releases and updates. Media reporting and seminars for journalists and law/sharia law lecturers contributed to greater awareness of and support for IHL, universal humanitarian norms and Movement action. Insecurity impeded most training activities.

The National Society received extensive ICRC support to bolster its emergency preparedness and response capacities. While affirming their independence, the two organizations coordinated their activities with those of other Movement partners and organizations present on the ground.

In May, the ICRC appealed for additional donor funding to sustain its increased humanitarian operations in the country.

CIVILIANS

In communities affected by the armed conflict, residents and IDPs alike found it difficult to obtain food and other essentials and to receive emergency medical treatment/health care, even as health workers, including National Society volunteers, risked their lives to deliver such care amid obstructions to their work (see *Wounded and sick*). Through confidential/bilateral representations and public communication, the ICRC repeatedly urged all parties to the conflict to respect their obligations towards people protected under IHL, including granting humanitarian/medical workers safe and unhindered access to those in need and taking all feasible precautions to avoid incidental harm to civilians.

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	1,529,135	30%	40%
	<i>of whom IDPs</i>	Beneficiaries		
		1,529,135		
Essential household items	Beneficiaries	419,272	30%	40%
	<i>of whom IDPs</i>	Beneficiaries		
		419,272		
Water and habitat activities	Beneficiaries	14,877,157	32%	40%
	<i>of whom IDPs</i>	Beneficiaries		
		88,514		

In general, contact with all authorities and armed groups in Syria and abroad facilitated National Society/ICRC access to people residing or trapped in violence-stricken areas, such as in Douma (Rural Damascus) in April following an agreed humanitarian pause in the fighting (see *Authorities*). In other cases, however, such as in Homs in June, a temporary cessation of the fighting could not be obtained, obstructing aid delivery and medical evacuations.

Abuses observed directly by delegates or reported by people in Syria and abroad, following extensive documentation, formed the basis of the ICRC's confidential dialogue with the authorities and armed groups concerned. In this regard, a report on conduct of hostilities, two reports on respect for health services and one on misuse of the red cross and red crescent emblems were submitted to the relevant authorities.

People receive some emergency assistance

People benefited from the ICRC's stronger presence in the country and the respect gained for the National Society's/ICRC's neutral, impartial and independent approach (see *Authorities*). Widening their operational reach countrywide, including in some areas controlled by armed groups, joint teams assessed people's needs as comprehensively as the security situation permitted. They expanded their capacity to deliver appropriate aid in a timely manner, notably through the positioning of contingency stocks in National Society branches.

Thanks to distributions of ICRC-supplied food parcels carried out with the National Society, some 1.53 million IDPs and vulnerable residents enhanced their daily diet. Over 400,000 of them also received essential household items such as blankets, mattresses and hygiene kits to ease their living conditions. Some 30,000 vulnerable children received school kits in addition to these items.

In total, 14.88 million people benefited from operations ensuring water supply and adequate sanitation conditions.

They included more than 88,000 IDPs in 291 hosting centres (e.g. schools, public buildings) who benefited from the rehabilitation or upgrade of housing and water/sanitation facilities carried out with the National Society. In Al-Hassakeh, Al-Raqqa, Deir Ez-Zor, Homs and Rural Damascus, some 135,000 IDPs and drought-affected people received water delivered by trucks operated or contracted by the National Society. During the first days of their displacement, over 80,000 people received drinking water in 10-litre bottles; 133,300 litres of drinking water were distributed this way.

People also benefited from emergency support to the Ministry of Water Resources and its local water boards. Some 12.42 million people in 12 governorates enjoyed access to clean water after the ICRC supplied the consumable chemicals – 250 tonnes of aluminium sulphate and 740,000 litres of sodium hypochlorite – required to operate water treatment systems for three months. Desalination

units supplied water to over 17,500 people after receiving spare parts and consumable chemicals. In Aleppo, Deir Ez-Zor and Homs, over 3.2 million people benefited from emergency repairs to water supply infrastructure. In Deir Ez-Zor, for example, some 650,000 people regained their water supply after 13 water treatment plants damaged or affected by the fighting were repaired.

At the beginning of the year, longer-term initiatives to boost sustainable water supplies in drought-affected areas were implemented with the local water boards. Some 132,000 people accessed water for household and farming/livestock use following the completion of various projects to rehabilitate boreholes/ponds and construct underground reservoirs.

The constantly deteriorating security situation prevented the launch of livelihood-support programmes.

Relatives stay in touch through family-links services, including with those living in the occupied Golan

Travel between the Israeli-occupied Golan and Syria proper continued to be restricted, preventing family visits between people living on either side of the demarcation line. Owing to the prevailing security climate, no progress was made in obtaining the agreement of the Israeli and Syrian authorities to resume such visits. Nevertheless, Golan residents maintained limited contact facilitated by the ICRC acting as a neutral intermediary. Under ICRC auspices, and in coordination with the relevant authorities, two wedding ceremonies were organized in the demilitarized zone and some 200 students and other humanitarian cases travelled both ways across the demarcation line. Syrian families separated by the demarcation line transmitted 54 official papers (30 on basis of requests made in Syria), such as power-of-attorney documents, property claims, and birth, death and marriage certificates, back and forth, enabling some to receive inheritances or State allowances. Unlike in the previous years, Golanese apples were not transported to Syrian markets in 2012 owing to the absence of Israeli authorization. They were instead diverted to alternative markets.

Through the Movement family-links network, people located and maintained contact with relatives detained/interned abroad, notably in Iraq, Lebanon and the US internment facility at Guantanamo Bay Naval Station in Cuba, by means of RCMs, telephone calls and subsidized family visits. The remains of a Syrian national killed in Iraq were repatriated in coordination with the Iraqi and Syrian authorities; 151 refugees/stateless persons without valid identification papers resettled in third countries with ICRC travel documents issued in coordination with the authorities concerned and UNHCR. People also sought help in confirming the whereabouts of arrested/detained relatives (see *People deprived of their freedom*). The prevailing situation hindered dialogue with the authorities regarding foreigners unaccounted for and presumed to have gone missing in Syria and regarding Syrian nationals missing in Israel and Lebanon.

Owing to the situation on the ground, efforts to boost the National Society's family-links capacities were minimal, and the training of a forensics specialist could not be organized. Nevertheless, in accordance with the previous year's capacity-building agreement with the Swedish Red Cross and the ICRC, National Society staff/volunteers honed their skills in tracing or reconnecting separated family members during two workshops. National Society branches in Homs, Idlib and Rural Damascus received locally assembled kits for the better management of human remains and a related ICRC manual.

PEOPLE DEPRIVED OF THEIR FREEDOM

People in Syria and abroad requested the ICRC's help in ascertaining the whereabouts of relatives allegedly arrested or detained. In response to requests for information submitted to the authorities, for the first time, in March, a few families received information through delegates about relatives arrested in 2011. Since then, however, no response was received to some 370 other requests regarding alleged arrests, despite numerous reminders sent to the Syrian authorities.

Following the ICRC's visit to detainees in Damascus central prison in September 2011, the authorities and the ICRC pursued a dialogue aimed at reaching a common understanding of the ICRC's standard procedures for such visits. This included meetings between the foreign and interior ministers and the ICRC president in April (see *Authorities*).

As a result, in May, ICRC delegates visited detainees held in Aleppo central prison in accordance with the organization's standard procedures. During the visit, detainees interacted freely with ICRC delegates; some spoke with delegates individually during private interviews. ICRC experts on prison health/sanitation were allowed unrestricted access to appraise the facilities used by inmates. At the visit's conclusion, delegates shared and discussed their findings and recommendations confidentially with the detaining authorities. They further conveyed the organization's willingness to support their efforts in improving detainees' treatment and living conditions and to provide family-links services to detainees.

At end-May, based on the experience of the Aleppo visit, the Syrian authorities and the ICRC continued discussing a general agreement that would allow ICRC visits to all other detainees in the country. However, aside from one meeting with representatives of the Foreign Affairs and Interior Ministries in October, no progress was made regarding such visits or other ICRC activities for detainees, such as family-links services.

In response to reports that some people were being held by armed groups, the ICRC expressed its willingness to visit the detainees and to facilitate contact between them and their families.

WOUNDED AND SICK

In January, the Syrian Red Crescent secretary general was killed while travelling from Damascus to Aleppo aboard a vehicle clearly marked with a red crescent. In 2012 seven National Society volunteers were killed while on duty. Incidents such as these, as well as systematically collected and cross-checked information on allegations of abuses against patients and medical staff/facilities, formed the basis of specific representations to the relevant actors on respect for medical personnel/infrastructure and people's right to safe and unimpeded access to health care. Media releases, while seeking support for the goals of the Health Care in Danger project, conveyed general reminders of these obligations

to as wide an audience as possible. After repeated calls to allow the evacuation of wounded people trapped in fighting-affected areas, the ICRC requested all those involved to halt the fighting for a few hours a day to facilitate urgently needed health services, particularly the work of National Society first-aid teams (see *Authorities*).

National Society volunteers continued to administer first aid to the wounded and, when necessary, evacuate them by ambulance to referral health facilities. To boost people's chances of obtaining medical care in areas most affected by fighting, State-managed and private hospitals and Syrian Red Crescent health facilities in particular received ICRC-donated emergency medical supplies and equipment. For example, the National Society's Aleppo branch received five weapon-wounded kits and other surgical/medical items in August, while the Health Ministry received weapon-wounded/triage kits. Such ICRC supplies helped health facilities treat thousands of wounded and sick patients, with weapon-wounded/emergency-care kits allowing for the full treatment of some 6,000 weapon-wounded patients, mainly in Damascus, Homs and Rural Damascus. To improve their teams' response capacities, the National Society/ICRC maintained contingency stocks in strategic locations countrywide. These were reinforced once import restrictions on ICRC medical goods were lifted.

Conditions on the ground prevented the organization of war-surgery seminars and the deployment of a mobile surgical team.

People who, owing to insecurity, could not seek treatment at the government facilities that remained open relied mainly on ICRC-supported/reinforced National Society emergency health facilities. In Damascus, for example, people were treated at the National Society's Zahera clinic, which received support in setting up and equipping four emergency rooms and one operating theatre. In Homs, the Syrian Red Crescent clinic enhanced its services with the completion of an emergency room furnished with ICRC-donated supplies and equipment. Patients unable to travel benefited from the new services provided by four mobile health units, fully equipped for first aid, triage, patient stabilization and minor surgery, and operated by National Society branches in the Aleppo, Hama, Homs and Tartous governorates. To expand these services, five additional units were being readied for delivery.

With ICRC support, the Syrian Red Crescent strengthened its first-aid capacities. It increased the number of first-responders and first-aid instructors, who received ICRC-donated first-aid kits, medical supplies, vehicles, and winter uniforms for 790 first-aiders. In total, 200 volunteers trained in the Safer Access approach, and an additional 70 also trained in advanced first aid. Aiming to standardize procedures, the National Society updated and circulated its first-aid manual, while similar work started on its training manual for first-aid trainers.

AUTHORITIES

Expanded contacts with the Syrian authorities and representatives of armed groups in Syria and abroad helped the National Society/ICRC implement their humanitarian activities on the ground, in coordination with the local authorities and community leaders. Meetings with governors and networking with all parties in control of the various areas visited provided National Society/ICRC teams with opportunities to explain their mandate, mission and working procedures, share concerns about humanitarian issues and seek support for their activities (see *Civilians, People deprived of their freedom* and *Wounded and sick*).

The ICRC informed the Syrian authorities and armed groups that, in its view, the type and intensity of the armed confrontations had reached a level where IHL and customary law applicable to non-international armed conflict needed to be respected, particularly Article 3 common to the 1949 Geneva Conventions.

In September, the ICRC's newly appointed president visited Syria and conducted field visits to several affected areas in Rural Damascus. His visit was also an opportunity to reiterate the ICRC's request to visit all places of detention in Syria and, among other things, to push for speedier importation procedures for humanitarian supplies. Earlier in April, the former ICRC president, on his third visit to Syria since June 2011, had secured the government's agreement to the expansion of the ICRC's presence and scope of activities in the country. Furthermore, agreement was obtained on its proposal for "humanitarian pauses" in the fighting to facilitate the delivery of emergency aid; the proposal, also supported by the relevant armed groups, was successfully tested that same month in Douma.

The authorities had welcomed ICRC-suggested workshops for various civil society sectors, but these were postponed indefinitely owing to the security situation.

The National Society/ICRC affirmed their independence, while maintaining working relations, particularly in terms of coordination, with all major humanitarian actors (see *Red Cross and Red Crescent Movement*).

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Because of the situation, all training sessions with the Syrian armed, police and security forces were postponed indefinitely.

Through confidential dialogue and public communication, the ICRC reminded the Syrian government forces and other weapon bearers of their obligations under IHL. It drew their attention to internationally recognized standards relating to law enforcement and to universal humanitarian norms (see *Authorities* and *Civil society*). National Society/ICRC teams explained the purely humanitarian nature of their activities to contacts made at field level.

In November, a first direct contact was established with a Defence Ministry focal point regarding dialogue on conduct of hostilities.

CIVIL SOCIETY

ICRC communication efforts, together with networking with key civil society sectors, enhanced awareness of and support for the Movement.

People in Syria and abroad accessed nearly 40 public documents and several web-based video interviews detailing the humanitarian needs/situation and reminding those involved in the conflict of the IHL rules to be observed. Media and international organizations monitoring the situation in Syria reported on these. In response to media requests, the ICRC gave hundreds of interviews throughout the year, including during press conferences held by the ICRC president. Government representatives often quoted the ICRC, notably regarding its legal classification of the armed conflict in Syria (see *Authorities*).

To enhance the quality of reporting on contexts where the ICRC worked, journalists participated in events geared to increasing their technical knowledge of IHL and international human rights

law. In July, for example, some 35 journalists representing international and Syrian private/governmental media agencies attended two such seminars co-organized with the Information Ministry.

Similarly, some 15 law/sharia lecturers attended a two-day seminar, the first of its kind in Syria, organized in coordination with the University of Aleppo and the Syrian Red Crescent's Aleppo branch, on IHL and the ICRC's role as its guardian.

RED CROSS AND RED CRESCENT MOVEMENT

Acting in partnership with the ICRC, the Syrian Arab Red Crescent continued to play an instrumental role in providing a humanitarian response to the needs in Syria (see *Civilians* and *Wounded and sick*), for which it received ICRC material, financial and technical support. This included vehicles and funding to hire additional personnel, cover branches' running costs and establish operations centres and new premises, such as in the branches in Zahera (Damascus), Homs and Idlib and in the head office in Damascus.

The National Society also received financial support for a communication officer position, a presentation on the Fundamental Principles and the ICRC, and radio equipment to enhance its communication and dissemination capacities. Mine-risk education activities and work on emblem legislation and on the revision of the National Society's statutes were put on hold in favour of emergency/operational priorities.

Movement components coordinated their activities through regular meetings and Movement-wide conferences. In June, they signed a letter of understanding clarifying each component's role and mandate in the Syrian context. This coordination ensured best use was made of complementary capacities and maximized the Movement's overall action. The National Society also received support to maintain its independence, neutrality and accountability, particularly in relation to organizations outside the Movement.

YEMEN



+ ICRC delegation
 + ICRC sub-delegation
 + ICRC office
+ ICRC-supported prosthetic/orthotic centre

EXPENDITURE (IN KCHF)

Protection	2,765
Assistance	19,396
Prevention	2,402
Cooperation with National Societies	2,768
General	-

▶ **27,331**
of which: Overheads 1,612

IMPLEMENTATION RATE

Expenditure/yearly budget	73%
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PERSONNEL

Expatriates	54
National staff (daily workers not included)	183

KEY POINTS

In 2012, the ICRC:

- ▶ consolidated its operations in the country, expanding them in the south, including by opening an office in Taiz, while adapting to the constantly changing conflict dynamics and a variety of restrictions placed on its activities
- ▶ focused its dialogue with the authorities on protecting civilians, including by promoting the goals of the Health Care in Danger project, notably welcoming the government's commitment to ensure the safe delivery of health care
- ▶ provided emergency relief, including food rations to 42,828 households and hygiene items and household items to 37,968 households
- ▶ facilitated the early recovery of communities by providing vulnerable households with different forms of livelihood support, including donations of seed and tools to 3,989 households
- ▶ improved public health conditions by repairing damaged or neglected water and sanitation infrastructure, while supporting the casualty care chain through assistance to health centres, National Society first-aiders and hospitals
- ▶ faced difficulties in accessing detainees held by different authorities across the country, while working, where possible, to provide officials with feedback and assistance in improving detainees' conditions

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: providing emergency relief and medical assistance to affected civilians and monitoring the treatment and living conditions of detainees held by the government and enabling them to restore contact with family members. Refugees and Yemeni nationals can also locate and restore contact with relatives, including abroad, through ICRC tracing services. The ICRC also promotes respect for humanitarian principles and IHL, primarily among weapon bearers. The Yemen Red Crescent Society is the ICRC's main partner.

CONTEXT

The election of a new president and the formation of a new cabinet from the General People's Congress and the opposition Joint Meeting Parties marked the beginning of Yemen's political transition. While the deal helped quell the escalation of insecurity and economic difficulties, many people remained opposed to it. Multiple armed conflicts and situations of violence persisted, and strikes and protests led to violence and casualties.

In the north, the Houthis continued to control Sa'ada province and parts of Al-Jawf, Amran and Hajja; tensions between them and Salafi supporters, including the Al-Islah party, persisted. In the south, the Al-Hirak separatist movement's refusal to participate in the elections and the national political dialogue resulted in some violence. Military operations, including those conducted with the support of US drones, took place amidst clashes with Ansar al-Sharia (AaS) and Al-Qaeda in the Arabian Peninsula (AQAP), which had been pushed out of major towns in Abyan and Shabwa provinces.

The instability affected hundreds of thousands of people, either directly through displacement, injury or separation from relatives, or indirectly through general insecurity and economic hardship. Heavy flooding compounded the situation, damaging homes and infrastructure. The kidnapping of an ICRC delegate and the death of a staff member while carrying out his duties, among other security incidents, underscored the dangers faced by Yemenis and, in some instances, stalled humanitarian activities.

ICRC ACTION AND RESULTS

The complex and shifting dynamics of the ongoing conflicts and situations of violence made it necessary for the ICRC to adapt its plans and operations to the differing needs of the population across the country. While security and other constraints limited the scope of some activities, the ICRC worked to expand its operations, particularly in the south, where it opened a new office in Taiz.

Amidst the insecurity, the delegation worked to strengthen its networks with parties to the conflicts and those involved in the violence – both the authorities and weapon bearers – as well as with community leaders to gain acceptance of its neutral, impartial and independent humanitarian action and to secure the release of the kidnapped ICRC delegate (see *Context*). It publicly and privately reminded all actors of their obligations under IHL, focusing on the importance of protecting people not or no longer participating in the violence, including the wounded and sick and humanitarian workers.

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
			UAMs/SCs*	
RCMs collected		4,297		
RCMs distributed		2,115		
Phone calls facilitated between family members		394		
Reunifications, transfers and repatriations				
People transferred/repatriated		6		
Tracing requests, including cases of missing persons				
			Women	Minors
People for whom a tracing request was newly registered		138	26	31
People located (tracing cases closed positively)		96		
	<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)		132	30	33
Documents				
People to whom travel documents were issued		54		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits				
			Women	Minors
Detainees visited		5,379		
Detainees visited and monitored individually		162		1
Detainees newly registered		115		1
Number of visits carried out		45		
Number of places of detention visited		19		
Restoring family links				
RCMs collected		36		
RCMs distributed		14		
Phone calls made to families to inform them of the whereabouts of a detained relative		119		
People to whom a detention attestation was issued		5		

* Unaccompanied minors/separated children

While dialogue with some authorities produced limited returns, with others, it brought tangible results: notably, the ICRC obtained occasional access to the usually off-limits Abyan province, and the armed forces chief of staff reminded all units to respect their obligations under IHL. Moreover, discussions conducted within the framework of the Health Care in Danger project, resulted in the government committing to ensuring the safety of health care services.

Emergency aid, including food rations, household items and trucked-in water, helped thousands of particularly vulnerable residents and IDPs in several provinces, including Abyan and Sa'ada, cope with their situation. Where security conditions were better, ICRC efforts focused on supporting the early recovery of communities. Thousands of households, including those composed of returning IDPs, bettered their livelihoods through agricultural inputs and enhanced veterinary services, while some received cash grants to begin income-generating activities.

To improve general health conditions, the ICRC worked with communities and the authorities to construct or rehabilitate water and sanitation facilities. To enhance the casualty care chain, the primary health care system received support consisting of training activities for health workers, medical supplies and on-site managerial advice, in addition to repairs in selected centres. Two hospitals benefited from similar efforts to restore their infrastructure.

As the number of victims of the violence grew, the Yemeni Red Crescent Society, with ICRC support, treated and evacuated the injured and organized first-aid training courses for volunteers and trainers. An ICRC surgical team was deployed to help perform complex operations and train hospital staff.

While the ICRC visited detainees held by the Ministry of Interior throughout the year and gained access to detainees held by armed groups in Sana'a and, for the first time, government soldiers held by AaS and AQAP in Abyan, it was unable to visit detainees held

by the Criminal Investigation Department (CID) and the Political Security Organization (PSO) during the second half of the year. Where visits could take place, all were conducted according to the ICRC's standard procedures, delegates shared their findings confidentially with the detaining authorities and provided assistance to improve the detainees' conditions.

The National Society and the ICRC offered family-links services enabling separated family members to restore or maintain contact. This included people with relatives detained in Afghanistan, Iraq and the US internment facility at Guantanamo Bay Naval Station in Cuba.

Coordination among Movement partners and other humanitarian actors helped meet the population's needs while avoiding duplication. Whenever possible, the ICRC operated in partnership with the National Society and provided it with material and training support.

CIVILIANS

Given the instability in the country, the ICRC worked to secure guarantees from the authorities and weapon bearers that they would respect their obligations under IHL and protect those not or no longer taking part in the fighting, including civilians, the wounded and sick, and medical and humanitarian workers. People continued to approach delegates to report violations of IHL and other applicable norms and laws. Whenever possible, the ICRC called on the alleged perpetrators to end such abuses.

Civilians are helped to cope with the consequences of violence

The conflicts continued to cause hardship for many people driven from their homes by fighting, burdened by the presence of IDPs or affected by the difficult economic situation exacerbated by violence. One-off or repeated food distributions across the country allowed 255,829 vulnerable individuals (42,828 households) to cover their basic nutritional needs or to postpone selling off their assets, while 225,470 (37,968 households) benefited from essential

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	255,829	26%	54%
	<i>of whom IDPs</i>	Beneficiaries	110,006		
Essential household items		Beneficiaries	225,470	27%	53%
	<i>of whom IDPs</i>	Beneficiaries	101,462		
Productive inputs ¹		Beneficiaries	36,452	25%	55%
	<i>of whom IDPs</i>	Beneficiaries	365		
Cash ¹		Beneficiaries	105	20%	55%
Work, services and training		Beneficiaries	48,821	33%	47%
	<i>of whom IDPs</i>	Beneficiaries	8,788		
Water and habitat activities		Beneficiaries	433,285	23%	42%
Health					
Health centres supported		Structures	9		
Average catchment population			178,167		
Consultations		Patients	145,830		
	<i>of which curative</i>	Patients		20,817	58,626
	<i>of which ante/post-natal</i>	Patients		8,120	
Immunizations		Doses	54,042		
	<i>of which for children aged five or under</i>	Doses	53,789		
Referrals to a second level of care		Patients	353		
Health education		Sessions	2		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹					
Economic security, water and habitat (in some cases provided within a protection programme)					
Water and habitat activities		Beneficiaries	5,030		
WOUNDED AND SICK					
Hospitals					
Hospitals supported		Structures	17		
	<i>of which provided data</i>	Structures	11		
Admissions		Patients	4,782	685	572
	<i>of whom weapon-wounded</i>	Patients	2,345	80	80
	<i>(including by mines or explosive remnants of war)</i>	Patients	374		
	<i>of whom other surgical cases</i>	Patients	2,437		
Operations performed			138		
First aid					
First-aid posts supported		Structures	11		
	<i>of which provided data</i>	Structures	9		
Wounded patients treated		Patients	695		
Water and habitat					
Water and habitat activities		Number of beds	355		
Physical rehabilitation					
Centres supported		Structures	4		
Patients receiving services		Patients	37,729	9,605	12,919
New patients fitted with prostheses		Patients	530	124	115
Prostheses delivered		Units	670	139	167
	<i>of which for victims of mines or explosive remnants of war</i>	Units	79		
New patients fitted with orthoses		Patients	11,328	3,781	2,299
Orthoses delivered		Units	19,826	5,387	4,667
	<i>of which for victims of mines or explosive remnants of war</i>	Units	314		
Number of patients receiving physiotherapy		Patients	22,643	5,035	10,161
Crutches delivered		Units	1,554		
Wheelchairs delivered		Units	66		

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

household and hygiene items enabling them to set up temporary homes. Of these were some 4,300 IDPs in eight camps in Sa'ada city, who each received an estimated 30 litres of trucked-in water per day, monthly food rations and ad hoc household items until the end of July. They also enjoyed better hygiene conditions following the construction of latrines and the upgrading or maintenance of water and sanitation facilities.

While access to Abyan province was often restricted because of ongoing military operations, the ICRC was able to conduct some distributions following discussions with high-level contacts in the area; thus, 32,368 households there received food aid and 31,268 households received household items. Flood victims in Amran

and Sa'ada were also given tents, household items, food and trucked-in water to help them cope with the consequences of the floods.

Promoting the early recovery of communities and helping people regain their self-sufficiency were priorities in areas where the security condition permitted it. To this end, more than 100 women-headed households in Amran and Sana'a received cash grants enabling them to start income-generating activities, as did 936 IDP or returnee households. In rural areas of Amran, 6,949 farmers and their families (48,643 people in total) had more secure livelihoods after around 158,800 animals were immunized against fatal diseases in a campaign organized with the Ministry of Agriculture. Complementing these, 37 animal health workers,

including 18 women, were trained in livestock husbandry practices, strengthening veterinary services in the area and the skills of those trained. As security improved in the Harf Sufyan district of Amran, 3,989 households (28,608 individuals), including 637 returnee families, with access to land doubled their yields and were able to cover their food requirements for four to six months because of donated seed and tools. Some 60 returnee households also participated in cash-for-work programmes enabling them to augment their income and better cover their needs. Further livelihood support activities planned for the Sa'ada province could not take place during the year because the Houthi authorities blocked attempts to assess the communities' needs.

Over 20,000 people in Mandaba camp, the old town of Sa'ada and isolated parts of Amran had safe water trucked in. Beyond that, activities focused on ensuring long-term results by improving or restoring conflict-damaged or neglected water storage and distribution facilities. More than 430,000 people in Abyan, Aden, Amran Lahj, Sa'ada and Taiz provinces gained access to safe drinking water because of projects carried out with the communities concerned and the local water boards. For example, support to the local water boards and repairs to facilities in Al-Qetat and Sa'ada improved the water supply for some 1,700 and 70,000 people, respectively. In the south, the third phase of the rehabilitation of the water storage tanks was completed in Abyan and Aden mosques serving an estimated 141,000 people. Better access of ICRC staff to areas such as Abyan, Sa'ada and Taiz provinces enabled them to initiate other activities to enhance the reliability of the water supply.

Complementing the general health benefits of the improved water and sanitation conditions, training, material and on-site management support to nine government-run health centres in Abyan, Amran, Sa'ada and Sana'a provinces enabled more than 178,000 residents and IDPs to access better primary health care. Several other centres temporarily received similar assistance when the conflict prevented local authorities from reaching the facilities. The catchment populations of the aforementioned centres also had access to enhanced preventive health care because of ICRC support to immunization campaigns, which included the donation of 500,000 doses of the measles vaccine. Those served by the Marran Health Centre in Sa'ada province enjoyed better services following the centre's rehabilitation.

Families contact relatives abroad

Refugees and asylum seekers, mainly from the Horn of Africa, continued to rely on National Society/ICRC tracing and RCM services to restore or maintain contact with their families, as did Yemeni nationals with relatives detained in places such

as Afghanistan, Iraq and the Guantanamo Bay internment facility. Families made phone calls to or received news from their relatives held in the Guantanamo Bay internment facility or the Parwan detention facility in Afghanistan via ICRC delegates who had visited them. Families also approached the ICRC for help in tracing relatives who had allegedly been arrested but whose places of detention were unknown (see *People deprived of their freedom*).

To help prevent people from being unaccounted for because of improper handling of dead bodies, some 120 members of the Republican Guard and 20 representatives of an Aden-based humanitarian organization learnt how to manage human remains appropriately at ICRC-run courses.

PEOPLE DEPRIVED OF THEIR FREEDOM

Although the ICRC sought access throughout the year to all detainees in Yemen, particularly to alleged members of armed groups such as AaS and AQAP and to those detained in connection with the ongoing conflicts, its access to some detainees deteriorated in the latter part of the year. The only detainees held in connection with the armed conflicts who received visits during that time were those under the responsibility of the Ministry of Interior. Although the ICRC visited people held by the PSO in Aden, Ibb, Sana'a and Taiz and by the CID in Aden, Sa'ada and Sana'a during the first half of the year, further visits were subsequently blocked. Discussions with the authorities concerned aimed at overcoming these hurdles were ongoing at year-end. Efforts to locate allegedly arrested persons faced difficulties in moving forward.

Conversely, individuals held by armed groups in Sana'a and, for the first time, government soldiers held by AaS and AQAP in Abyan received visits, conducted according to the ICRC's standard procedures, enabling delegates to assess detainees' treatment and living conditions in relation to internationally recognized standards and to offer them family-links services. Following the visits, the detaining authorities received confidential feedback and, where necessary, recommendations. Detainees held by the Houthis remained inaccessible to the organization, however.

Family-links services were available to those visited.

Detainees receive assistance to improve living conditions

The ICRC adopted a multidisciplinary approach to the visits and assessments undertaken in four places of temporary detention run by the Ministry of Interior in Sana'a. Delegates assessed inmates' treatment, living conditions and nutrition, as well as prison infrastructure and health care availability, with a view to adapting future activities accordingly.

PEOPLE DEPRIVED OF THEIR FREEDOM	YEMEN	ARMED GROUPS
ICRC visits		
Detainees visited	5,277	102
Detainees visited and monitored individually	90	72
	<i>of whom minors</i>	1
Detainees newly registered	43	72
	<i>of whom minors</i>	1
Number of visits carried out	43	2
Number of places of detention visited	17	2
Restoring family links		
RCMs collected	36	
RCMs distributed	14	
Phone calls made to families to inform them of the whereabouts of a detained relative	119	
People to whom a detention attestation was issued	4	1

Infrastructure projects benefited approximately 5,000 detainees. For example, in Sana'a, living conditions for 4,500 detainees in the central prison and 250 in a CID facility improved thanks to the upgrading of a borehole pump and the construction of a new kitchen, respectively. In Aden, 280 detainees in a CID facility benefited from enhanced ventilation, electricity, and water and sanitation systems, while 940 in Ibb and Sana'a enjoyed better water quality following the installation of filters. Recreational items eased conditions for 200 detainees held by the PSO in Aden, Ibb and Sana'a, while 750 detainees in Taiz received new bedding.

A constantly changing group of irregular migrants detained in Sana'a while awaiting deportation relied on emergency food rations and hygiene items provided through a National Society/ICRC initiative. In light of other operational priorities, support to the National Society's assistance programme for women in prisons was put on hold during the year; efforts were ongoing to find another actor able to support the project.

WOUNDED AND SICK

Owing to the violence in the country, ensuring populations' access to medical care remained an ICRC priority; hence, the objectives of the Health Care in Danger project figured prominently during contacts with the authorities and armed groups (see *Authorities and Armed forces and other bearers of weapons*).

National Society volunteers trained and equipped by the ICRC administered emergency treatment to the wounded, evacuated them to ICRC-supported first-aid posts or hospitals using five donated vehicles, and retrieved human remains. For example, in the south, 351 civilians received on-site first aid, 376 people in need of higher-level care were evacuated, and 40 dead bodies were retrieved. Communities expanded their network of first-responders after more than 1,600 National Society volunteers and community members underwent first-aid training, including 50 National Society staff members who participated in trainers' workshops to ensure the continuous transfer of skills to the rest of the population.

In line with the ICRC's neutral approach, 17 medical structures, comprising public and private ones, as well as units associated with weapon bearers, received supplies and equipment. Over 4,780 patients, some 2,350 of whom were weapon-wounded, were treated in these facilities. Patients in the south also benefited from the presence of an ICRC surgical team, which monitored hospitals, helped perform complex operations and offered technical, on-the-job surgical and hygiene training and management advice. Hospital staff participated in seminars on mass-casualty management organized with the Ministry of Health and WHO.

In Taiz, the rehabilitation of the 195-bed Al-Rawdah Hospital restored access to secondary health care for the conflict-affected population, while similar work in Abyan's Al-Razi Hospital, as well as the support of the surgical team, enabled the hospital to resume its activities.

In Aden, Mukalla, Sana'a and Taiz, four State-run physical rehabilitation centres which received ICRC material and training support provided appropriate services to some 37,700 patients, including conflict amputees. Eight local technicians enhanced their skills by attending courses at a specialist school in India, with ICRC support.

AUTHORITIES

In light of the country's political fragmentation, strengthening dialogue with the different authorities was also a priority for the delegation. While contacts with the authorities improved in parts of the country, particularly in the south, where talks resulted in limited access to Abyan, difficulties in other areas prevented some planned activities from taking place, as was the case in Sa'ada province (see *Civilians*).

Through bilateral meetings and public communication, all parties concerned received general reminders of their obligations under IHL, particularly of the importance of protecting civilians and the wounded and sick and ensuring their access to essential services at all times. Following such talks and a high-level conference held in Sana'a for government officials, the armed forces and other members of civil society within the framework of the Health Care in Danger project, the Yemeni government committed to ensuring the safe delivery of health care services in the country.

To help secure support for IHL, a Yemeni diplomat attended the 4th Regional Training Course for Arab Diplomats (see *Kuwait*), while some 40 diplomats and over 80 students of the High Judicial Institute participated in IHL courses held locally. Staff of the Ibb and Taiz governors' offices were briefed on the Movement and its activities, particularly those encouraging the protection of the civilian population.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Given the ongoing violence and its humanitarian consequences, reinforcing contacts with all weapon bearers was crucial to gaining access to affected communities. Discussions with the armed forces and other weapon bearers, including AaS, AQAP and the Houthis, focused on the importance of respecting IHL and of allowing everyone safe access to health care and humanitarian aid. Public statements outlining these concerns reinforced the message. Following one such statement, the Yemeni Armed Forces chief of staff reminded all combat units to abide by IHL and to facilitate the evacuation of wounded people regardless of affiliation.

Yemen's military and security forces pursued learning opportunities. Three officers attended an annual regional IHL course (see *Lebanon*). Over 3,300 weapon bearers, including from the armed forces and armed groups, attended information sessions on IHL, the Movement and, where appropriate, internationally recognized standards relating to law enforcement operations.

Following the renewal of an agreement with the Ministry of Defence, the Yemeni Armed Forces' magazine included an article on IHL, while the weekly military programme regularly discussed IHL-related issues.

CIVIL SOCIETY

Community members and leaders, including tribal representatives and politically affiliated youth groups, better understood the work and mandate of the Movement through a series of National Society/ICRC-supported sessions and written materials, thus contributing to the improvement of on-the-ground access to vulnerable individuals.

In a bid to increase support for IHL within academic circles and among the country's future decision-makers, over 700 university students from Aden and Taiz and 35 lawyers from Taiz were briefed on IHL and the Movement's Fundamental Principles and its activities in Yemen.

After seven years of ICRC support, the Ministry of Education took over full responsibility for the Exploring Humanitarian Law programme, which had been adopted by 64 schools throughout the country. It also received the final versions of the necessary teaching materials.

The media used ICRC press releases and other informational material to report on the conflicts in Yemen, raising awareness among a wider public of the humanitarian situation, IHL-related concerns linked to the violence, and the ICRC's operations in the country. At two round-tables, journalists increased their knowledge of IHL issues, including their protected status during armed conflict, while two correspondents learnt more about conflict reporting during a regional course in Beirut (see *Lebanon*).

RED CROSS AND RED CRESCENT MOVEMENT

The Yemeni Red Crescent remained the ICRC's main operational partner, particularly in providing family-links and first-aid services (see *Civilians and Wounded and sick*). To reinforce its emergency response capacity, the National Society drew on ICRC technical, material and financial support.

Seven National Society branches received first-aid supplies and equipment, including mannequins, for their training rooms. Volunteers underwent comprehensive training in needs assessment and emergency response planning and implementation. Notably, the National Society's Taiz health and training centres benefited from structural rehabilitation.

To enhance its legal base, the National Society drew on ICRC advice to revise its election manual, which was awaiting the endorsement of its governing board at year-end. Regular meetings contributed to coordination among Movement components working in Yemen.

KUWAIT (regional)

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



ICRC regional delegation

EXPENDITURE (IN KCHF)

Protection	1,345
Assistance	-
Prevention	918
Cooperation with National Societies	470
General	248

► **2,981**

of which: Overheads 182

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Expatriates	7
National staff (daily workers not included)	20

KEY POINTS

In 2012, the ICRC:

- worked with the region's National Societies to improve emergency preparedness, including by supporting the organization of workshops, such as the Health Emergencies in Large Populations (H.E.L.P) course in Qatar
- resumed visits to detainees in Bahrain, while continuing visits to detainees in Kuwait and Qatar and providing confidential feedback to the authorities concerned, particularly on improving detainees' treatment and living conditions
- encouraged governments to incorporate IHL into national legislation by sharing its expertise at regional and local events, notably welcoming the creation of a national IHL committee in Qatar
- acted as a neutral intermediary to facilitate exploratory missions in Iraq and Kuwait as part of ongoing efforts to clarify the fate of persons missing since the 1990–91 Gulf War

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 situations of violence in the greater region. Its work also 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.

CONTEXT

Member States of the Gulf Cooperation Council (GCC) continued to exert influence in the region and beyond, with Saudi Arabia and Qatar reaching out to countries experiencing armed conflict, situations of violence or political transition, including Egypt, Libya, Mali, Somalia, the Syrian Arab Republic (hereafter Syria), Tunisia and Yemen. In particular, the GCC launched joint and individual humanitarian responses to assist people affected by the conflict in Syria. Saudi Arabia continued to host the secretariats of the GCC and of the Organisation of Islamic Cooperation (OIC) and its Humanitarian Affairs Department (ICHAD).

Despite high oil and gas prices keeping the region economically stable, tensions persisted. The situation remained tense in Bahrain, where no concrete dialogue had begun between government officials and those calling for reforms; demonstrations led to arrests; and some detainees went on hunger strike. In Kuwait, the authorities called for new parliamentary elections at the end of 2012, after the dissolution of the assembly elected earlier in the year. Despite the applicability of electoral law being called into question and the opposition's withdrawal from the elections, a new cabinet took office in December.

Threats made by the Islamic Republic of Iran to close the Strait of Hormuz, along with its conduct of naval exercises along the Strait, continued to cause concern among the six GCC States.

ICRC ACTION AND RESULTS

The ICRC delegation in Kuwait continued to promote IHL and the Movement's Fundamental Principles and activities, including those related to the Health Care in Danger project. It did so through sustained contacts and dialogue with the region's governments, armed forces and National Societies and with international and local NGOs, academic circles and the media.

Together with the region's National Societies, it organized and contributed to local and regional courses to help strengthen and coordinate their operational capacities in areas such as the promotion of IHL, family-links services and emergency/disaster response. Specifically, it helped the Qatar Red Crescent Society organize a first regional workshop on emergency preparedness and the Health Emergencies in Large Populations (H.E.L.P) course. It assisted the Bahrain Red Crescent Society and the Kuwait Red Crescent Society in organizing similar internal initiatives tailored to their specific needs. Participating in the first Scientific Conference of Red Crescents hosted by the Arab Red

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		1,083		
RCMs distributed		271		
Phone calls facilitated between family members		143		
Tracing requests, including cases of missing persons¹			Women	Minors
People for whom a tracing request was newly registered		27	5	1
People located (tracing cases closed positively)		5		
	<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)		99	4	5
Documents				
People to whom travel documents were issued		5		
Official documents relayed between family members across borders/front lines		3		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)²				
ICRC visits			Women	Minors
Detainees visited		1,173		
Detainees visited and monitored individually		1,173	1	205
Detainees newly registered		1,158	1	205
Number of visits carried out		14		
Number of places of detention visited		10		
Restoring family links				
People to whom a detention attestation was issued		4,147		

* Unaccompanied minors/separated children

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

2. Bahrain, Kuwait, Qatar

Cross and Red Crescent Organization (ARCO) enabled the ICRC to promote IHL in the context of the conference's goal to raise awareness of how civic organizations could promote peace, security and development.

The ICRC continued supporting the region's governments in adopting measures to implement IHL, including by contributing its advice during regional events, such as the 9th Annual Meeting of Arab Governmental Experts and the 4th Regional Training Course for Arab Diplomats. In parallel, ICRC-led courses enabled military and police officers from Bahrain and Oman to learn more about IHL and international human rights law and the importance of integrating them into their operations and training programmes. Following the positive experience of the Bahraini representative at the Senior Workshop on International Rules Governing Military Operations (SWIRMO) (see *International law and cooperation*), the Bahraini authorities expressed their willingness to host a similar event in the GCC in the future.

In line with an agreement signed in December 2011, the ICRC resumed visits, according to its standard procedures, to people deprived of their freedom in Bahrain, particularly to those held in connection with the civil unrest. It also visited detainees of all categories in Kuwait and the remaining detainees held in connection with the failed coup attempt in Qatar. It assessed their treatment and living conditions in relation to internationally recognized standards and provided confidential feedback to the detaining authorities. The three countries each sent representatives responsible for detainee health care to a regional seminar on the issue held in Jordan.

Families in GCC countries made phone and video calls, sent parcels and exchanged oral and written messages with relatives detained in Afghanistan, Iraq, Lebanon, Yemen or the US internment facility at Guantanamo Bay Naval Station in Cuba through family-links services jointly run by the ICRC and the region's National Societies.

Efforts to clarify the fate of people missing since the 1990–91 Gulf War took place within the framework of the ICRC-chaired tripartite commission comprising Iraq, Kuwait and the coalition States (France, Saudi Arabia, the United Kingdom of Great Britain and Northern Ireland, and the United States of America). While several exploratory missions took place in Iraq and Kuwait, no human remains were recovered.

The ICRC continued to coordinate its activities with other key actors in the region, such as the Jeddah-based OIC, and other humanitarian actors, including the OCHA, in order to reach a wider group of people, maximize the impact of its activities and avoid duplication.

CIVILIANS

Families in GCC member States, including migrants and children, continued to use the family-links services run by the National Societies and the ICRC to restore or maintain contact with relatives detained abroad, particularly in Afghanistan, Iraq, Lebanon, Yemen and the US internment facility at Guantanamo Bay. Services offered included oral messages relayed by ICRC delegates, RCMs and telephone or video calls between inmates and their relatives. Families in Saudi Arabia made such calls for the first time to relatives held in the Parwan detention facility in Afghanistan, while those from across the GCC sent parcels to their relatives held in the Guantanamo Bay internment facility.

For the first time, a Kuwaiti man visited his son detained in Afghanistan; similar visits were arranged for the family members of one person who had resettled in a third country after his release from the Guantanamo Bay internment facility. The Saudi Red Crescent Society and the ICRC progressed in organizing visits for Saudi families to their relatives detained in Iraq, with the Iraqi authorities formally approving the programme and receiving the visa requests of the families concerned.

With the ICRC chairing and acting as a neutral intermediary within the tripartite commission, composed of Iraq, Kuwait and

former coalition allies (France, Saudi Arabia, the United Kingdom of Great Britain and Northern Ireland and the United States of America), the parties involved pursued discussions aimed at clarifying the fate of people unaccounted for since the 1990–91 Gulf War. Two meetings of the tripartite commission, as well as five meetings of the technical sub-committee, took place during the year, enabling the parties concerned to discuss a set of standard operating procedures ahead of several exploratory missions in southern Iraq and northern Kuwait. No human remains were located, however.

PEOPLE DEPRIVED OF THEIR FREEDOM

In line with an agreement signed with Bahrain's government in 2011, the ICRC resumed visits to detainees held in the country. It visited detainees according to its standard procedures, registering especially vulnerable detainees for individual follow up. Similarly, the ICRC continued visiting detainees in Kuwait, paying particular attention to security detainees, Stateless people and Iraqi, Syrian and other foreign nationals held in deportation centres. The five remaining detainees held in connection with a failed coup attempt in Qatar in 1996 also received an annual visit. In all cases, delegates monitored the detainees' treatment and living conditions, presented the authorities concerned with confidential feedback and, where appropriate, made recommendations for improvements. In Kuwait, expanded access to detainees of all categories enabled the ICRC to consider the circumstances of more detainees and to formulate a clearer picture of the country's detention conditions so as to improve the quality of recommendations made to the authorities.

The authorities engaged in dialogue with the ICRC on the material and health conditions of detainees. Bahrain, Kuwait and Qatar each sent a representative and a doctor in charge of detainee health to a regional conference on health in detention (see *Jordan*), while the pertinent Bahraini and Kuwaiti officials participated in discussions with the ICRC on the medical care available to their respective detainees. With ICRC assistance, the Bahraini authorities adopted a comprehensive policy, in compliance with the Malta Declaration, to ensure the proper handling of detainees on hunger strike. Kuwaiti authorities also took steps to improve the processing of cases of foreigners awaiting deportation, thus reducing overcrowding in deportation centres.

Over 4,100 Iraqi former POWs who had previously been detained in Kuwait and Saudi Arabia were issued with attestations of detention, enabling many of them to apply for State allowances. Internees held in the Guantanamo Bay internment facility also received recreational items, helping ease the monotony of their incarceration.

AUTHORITIES

Across the GCC, governments promoted IHL and its implementation. Notably, the Qatari government established a national IHL committee. States hosted or sent representatives to several regional and local events to learn more about IHL and to share their perspectives on the issue.

During the 9th Annual Meeting of Arab Governmental Experts in Abu Dhabi in the United Arab Emirates (hereafter UAE), 14 countries, including all of the GCC States, sent representatives of their national IHL committees or the ministries responsible for IHL implementation to discuss the latest developments in IHL and to review each country's progress in its implementation. Participants adopted a regional plan of action with regard to ratifying treaties and developing/adapting national legislation accordingly. In addition, the 4th Regional Training Course for Arab Diplomats, also in Abu Dhabi, and two other regional courses (see *Lebanon*) enabled officials to enhance their understanding of IHL.

At their request, some 40 diplomats and representatives of Kuwait's Ministry of Foreign Affairs participated in a seminar on IHL and international human rights law, while over 30 Bahraini and 35 Emirati judges, prosecutors and academics benefited from courses in their respective countries.

The OIC and the ICRC maintained contact on issues of mutual concern, with the latter attending the OIC's yearly ministerial meeting. At a joint workshop, the ICRC learnt more about ICHAD engagements, while ICHAD staff were briefed on the ICRC's approach to needs assessments during humanitarian crises.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Military and police officers from Bahrain and Oman benefited from training in IHL and international human rights law. Bahraini police officers, in particular, participated in training courses for the first time and were thus sensitized to the importance of respecting IHL, international human rights law and other applicable norms during their operations and of integrating these laws and norms into their training programme. The courses in both countries were organized at the request of the local authorities, following successful sessions in the past. A high-ranking Bahraini official credited previous training with helping them avoid abuses during their activities.

Plans to organize a regional training course in 2012 did not materialize because of a lack of confirmation from the region's armed forces. However, following the participation of a Bahraini officer in Senior Workshop on International Rules Governing Military

PEOPLE DEPRIVED OF THEIR FREEDOM	BAHRAIN	KUWAIT	QATAR
ICRC visits			
Detainees visited	1,155	13	5
Detainees visited and monitored individually	1,155	13	5
	<i>of whom women</i>	1	
	<i>of whom minors</i>	205	
Detainees newly registered	1,155	3	
	<i>of whom women</i>	1	
	<i>of whom minors</i>	205	
Number of visits carried out	12	1	1
Number of places of detention visited	8	1	1
Restoring family links			
People to whom a detention attestation was issued	1	4,146	

Operations (see *International law and cooperation*), the country's authorities expressed an interest in hosting a similar workshop for the region in the future.

CIVIL SOCIETY

The media remained crucial to promoting IHL and the Movement's activities, including those in support of the Health Care in Danger project, among a wide audience. In line with the 2011 agreement between Al-Jazeera and the ICRC, journalists in Qatar were better able to report on humanitarian issues following an IHL training session. Similarly, local media representatives participated in a course co-organized by the Qatari Red Crescent and the ICRC, the first of its kind in Qatar; three others – from Kuwait, Qatar and UAE – attended a regional workshop in Beirut (see *Lebanon*).

Participants in an international conference on the protection of journalists in dangerous situations, organized by the National Human Rights Committee in Qatar, heard the ICRC's views on the need to implement existing IHL provisions applicable to journalists rather than creating a new legal framework.

Efforts to advance the integration of IHL into university curricula continued through network-building in academic circles. These included pursuing discussions on this matter with the deans of universities in Bahrain, Kuwait, Oman and Qatar, as well as encouraging the participation of two academics in regional courses in Beirut (see *Lebanon*). Lecturers at the Kuwait International Law School attended a presentation on IHL and the ICRC, as did journalism students at Oman's Sultan Qaboos University. The Dubai Police Academy, which was planning to offer a graduate course in human rights law, received IHL publications.

The ARCO organized the first Scientific Conference of Red Crescents in Saudi Arabia, which brought together representatives of civic organizations, the region's National Societies and the ICRC to discuss their roles in promoting development, peace and security locally and regionally, as well as IHL-related concerns. The conference's final recommendations included IHL training for civil and military institutions.

To enhance coordination with other humanitarian and international organizations, the ICRC gave its input at several regional conferences, including those organized by the Al-Jazeera Center for Studies, Médecins Sans Frontières and the OCHA.

RED CROSS AND RED CRESCENT MOVEMENT

Continued cooperation with the region's National Societies resulted in joint activities in areas of common concern, highlighting the importance of IHL and coordinated humanitarian action conducted according to the Movement's Fundamental Principles.

Over 120 National Society volunteers, along with influential members of civil society, learnt more about IHL, the Safer Access approach, family-links services, and water and sanitation activities, in the context of disaster preparedness and IDP camp management, during the first regional workshop on the subjects, co-organized by the Qatari Red Crescent and the ICRC. Similarly, over two dozen participants learnt about responding to health emergencies and other concerns covered by the Health Care in Danger project at the H.E.L.P course, hosted by the Qatari National Society with ICRC support.

To help reinforce their capacities, individual National Societies received specialized training support. The Kuwaiti Red Crescent boosted its emergency preparedness during a first national workshop, while the Bahraini Red Crescent strengthened its capacities in this field through two workshops and received advice on its plans to develop a specific disaster management programme. Efforts were also pursued to increase National Societies' involvement in restoring family links. Specifically, the Red Crescent Society of the United Arab Emirates attended a related seminar; and the Saudi Red Crescent continued exploring the possibility of expanding its family-links services.

With ICRC support, the Bahraini Red Crescent progressed in revising its statutes and defining its priorities. The Saudi Red Crescent continued its restructuring efforts, with the ICRC facilitating the visit of a consultancy firm to its headquarters. Meetings with the leadership of the National Societies of Qatar and UAE resulted in agreements to promote IHL and the Health Care in Danger project and to integrate these topics into future training initiatives.

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	540,669	242,637	171,356	41,909	84,767
Detainees visited and monitored individually	26,609	6,133	6,938	3,646	9,892
Detainees newly registered during the reporting period	13,569	3,858	2,845	688	6,178
Detainees released	20,389	2,335	2,685	592	14,777
of whom repatriated or transferred by/via the ICRC	134	127	3	2	2
Number of visits carried out	4,910	2,018	998	689	1,205
Number of places of detention visited	1,744	755	418	297	274
Number of detainees who benefited from the ICRC's family visits programme	13,913	129	5,805	2,287	5,692
Detained women					
Women detainees visited and monitored individually	626	82	84	301	159
Women detainees newly registered during the reporting period	283	53	36	75	119
Women detainees released	370	22	153	67	128
Number of women who benefited from the ICRC's family visits programme	185		107	78	
Detained minors					
Detained minors visited and monitored individually	1,235	200	355	38	642
Detained minors newly registered during the reporting period	1,085	164	273	33	615
Detained minors released	1,252	84	92	4	1,072
Detained minors who benefited from the ICRC's family visits programme	108		100	8	
International armed conflicts (Third Geneva Convention)					
Prisoners of war (POWs) visited	257	131		126	
POWs newly registered during the reporting period	109	107		2	
POWs released	106	99		7	
of whom repatriated or transferred by/via the ICRC	32	32			
Number of visits carried out	44	23		21	
Number of places visited	14	10		4	
International armed conflicts (Fourth Geneva Convention)					
Civilian internees (CIs) and others visited	3,672			6	3,666
CIs and others newly registered during the reporting period	1,518			1	1,517
CIs and others released	11,997			1	11,996
of whom repatriated or transferred by/via the ICRC	1			1	
Number of visits carried out	426			10	416
Number of places visited	33			2	31
RESTORING FAMILY LINKS					
Red Cross messages (RCMs)					
RCMs collected	144,863	99,299	27,740	3,636	14,188
of which from detainees	30,583	5,991	16,385	2,918	5,289
of which from unaccompanied minors/separated children	3,237	3,195	1	41	
of which from civilians	111,043	90,113	11,354	677	8,899
RCMs distributed	134,695	91,984	29,893	2,067	10,751
of which to detainees	19,825	3,830	10,565	1,459	3,971
of which to unaccompanied minors/separated children	1,801	1,793		8	
of which to civilians	113,070	86,361	19,328	601	6,780
RCMs not distributed (back to sender)	8,873	7,900	421	108	444
Other means of family contact					
Telephone calls facilitated between family members (by cellular or satellite phone)	209,977	172,702	7,803	7,046	22,426
Telephone calls made to families to inform them of the whereabouts of a detained relative	16,823	2,480	2,059	243	12,041
Names published in the media	8,926	7,375	1,551		
Names published on the ICRC website	21,632	9,127	1,401	11,104	

	WORLD	AFRICA	ASIA & THE PACIFIC	EUROPE & THE AMERICAS	MIDDLE EAST
Reunifications, transfers and repatriations					
People reunited with their families	2,218	2,037	2	163	16
Civilians transferred	985	480		237	268
Human remains transferred	1,203		1,172	16	15
Civilians repatriated	98	75	2	1	20
Human remains repatriated	265				265
Tracing requests					
People for whom a tracing request was newly registered	9,620	3,626	3,914	687	1,393
of whom women	1,210	507	357	178	168
of whom minors at the time of disappearance	2,299	1,311	636	115	237
Tracing requests closed positively (person located)	6,558	2,100	2,582	1,226	650
Tracing requests closed negatively (person not located)	3,911	2,087	1,113	252	459
Tracing requests still being handled at the end of the reporting period	47,918	5,978	20,682	17,747	3,511
of which for women	4,190	773	1,334	1,895	188
of which for minors at the time of disappearance	5,484	1,811	2,518	837	318
Missing persons ¹					
Cases of missing persons newly opened	1,093		811	282	
of whom women	242		214	28	
of whom minors when reported missing	328		295	33	
Cases of missing persons closed positively	1,100		112	988	
Cases of missing persons closed negatively	184		29	155	
Cases of missing persons still being handled at the end of the reporting period	38,896	41	20,002	17,443	1,410
of whom women	3,043		1,248	1,791	4
of whom minors at the time of disappearance	3,118		2,321	759	38
Unaccompanied minors (UAMs) and separated children (SCs)					
UAMs/SCs newly registered	2,763	2,594	12	149	8
by the ICRC and/or the National Society	2,748	2,592	1	149	6
of whom girls	967	943		22	2
UAMs/SCs reunited with their families ³	1,811	1,660	6	145	
by the ICRC and/or the National Society	1,364	1,219		145	
of whom girls	488	466		22	
UAMs/SCs cases still being handled at the end of the reporting period	1,998	1,945	44	2	7
of whom girls	652	635	14		3
Unaccompanied demobilized child soldiers ²					
Demobilized child soldiers newly registered	583	572	11		
by the ICRC and/or the National Society	572	572			
of whom girls	41	41			
Demobilized child soldiers reunited with their families ³	311	307	4		
by the ICRC and/or the National Society	267	267			
of whom girls	27	27			
Cases of demobilized child soldiers still being handled at the end of the reporting period	376	364	12		
of whom girls	25	25			
DOCUMENTS ISSUED					
People to whom travel documents were issued	3,255	372	423	221	2,239
People to whom a detention attestation was issued	17,358	456	1,274	324	15,304
Other attestations issued	1,998	12	1,748	158	80
Documents transmitted/transferred	1,606	163	338	41	1,064
PERSONS SOLICITING ICRC OFFICES IN THE FIELD					
People who visited or telephoned ICRC offices	720,128	20,002	90,084	23,504	586,538

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	840,915	363,970	299,742	12,688	164,515
Food commodities	2,304,774	1,654,870	490,558	3,617	155,729
Cash	402,308	332,567	17,791	6,898	45,052
Productive inputs	2,491,928	1,867,748	545,274	16,758	62,148
Vouchers	4,800	4,800			
Work, services and training	2,443,502	2,153,480	213,134	11,301	65,587
Internally displaced people					
Essential household items	1,675,838	986,176	118,347	31,873	539,442
Food commodities	3,953,829	2,151,093	134,417	21,403	1,646,916
Cash	94,076	71,809	589	21,271	407
Productive inputs	183,944	162,968	18,450	1,559	967
Vouchers	17,190	1,200		15,990	
Work, services and training	76,875	40,815	5	27,267	8,788
Detainees					
Essential household items	255,997	113,776	73,058	40,028	29,135
Food commodities	24,673	21,965		346	2,362
Cash	6,137	5,925	177	31	4
Productive inputs	11,566	11,468	8	90	
Vouchers					
Work, services and training	948		948		
Total for all target populations					
Essential household items	2,772,750	1,463,922	491,147	84,589	733,092
Food commodities	6,283,916	3,828,568	624,975	25,366	1,805,007
Cash	502,521	410,301	18,557	28,200	45,463
Productive inputs	2,687,438	2,042,184	563,732	18,407	63,115
Vouchers	21,990	6,000		15,990	
Work, services and training	2,521,325	2,194,295	214,087	38,568	74,375
WATER AND HABITAT (Number of beneficiaries)					
Civilians (residents, returnees, etc.)					
Water and habitat activities (number of beneficiaries)	21,236,567	3,343,674	413,082	328,618	17,151,193
Internally displaced people					
Water and habitat activities (number of beneficiaries)	630,751	363,577	91,979	8,434	166,761
Detainees					
Water and habitat activities (number of beneficiaries)	162,294	87,571	51,129	15,203	8,391
Wounded and sick					
Water and habitat activities (number of beds)	48,770	44,176	2,152	23	2,419
Total for all projects all target populations					
Water and habitat activities (number of beneficiaries)	22,029,612	3,794,822	556,190	352,255	17,326,345
Water and habitat activities (number of beds)	48,770	44,176	2,152	23	2,419
COMMUNITY HEALTH (Number of beneficiaries)					
Health centres supported					
Number of health centres supported	280	133	67	52	28
Monthly average of health centres supported	160	95	46	5	14
Estimated population covered by these health centres (monthly average)	3,786,094	2,228,226	813,270	85,764	658,834
Activities					
Number of ante/post-natal consultations (total)					
5 < Age < 15	6			6	
Age ≥ 15	294,541	243,200	43,174	47	8,120

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 immunization activities (total)	1,389,551				
Age ≤ 5	1,265,503	915,433	295,809	472	53,789
5 < Age < 15	138			138	
Age ≥ 15	123,910	60,878	62,504	275	253
Of which: number of polio immunizations (total)	328,808				
Age ≤ 5	328,468	290,974	13,731	233	23,530
5 < Age < 15	76			76	
Age ≥ 15	264			264	
Number of curative consultations (total)	3,442,099				
Age ≤ 5	723,792	475,469	137,706	608	110,009
5 < Age < 15	788,235	512,688	169,604	1,282	104,661
Age ≥ 15	1,930,072	1,250,382	384,797	17,205	277,688
Of which: number of females attending curative consultations (total)	1,284,763				
Age ≤ 5	361,929	237,827	68,970	127	55,005
5 < Age < 15	410,419	262,420	85,093	221	62,685
Age ≥ 15	512,415	336,828	100,713	4,406	70,468
Number of health education sessions held (total)	23,779	15,709	8,050	18	2
Number of cases referred from first- to second-line health facilities (total)	60,461				
Age ≤ 5	8,882	8,559	259		64
5 < Age < 15	15,626	15,159	374	1	92
Age ≥ 15	35,953	34,586	805	364	198
Of which: number of gynaecological/obstetric cases referred (total)	18,736				
5 < Age < 15					
Age ≥ 15	18,736	18,273	377	3	83
HOSPITAL SUPPORT					
Hospitals supported					
Number of supported hospitals that provided statistics	84	31	28	6	19
Number of supported hospitals that did not provide statistics	208	75	78	21	34
Monthly average of supported hospitals that provided statistics	47	14	21	1	11
Monthly average of supported hospitals that did not provide statistics	33	11	13	3	6
Activities					
Number of patients whose treatment was paid for by the ICRC (new patients only)	6,142				
Women	649	141	173	307	28
Men	4,963	865	3,590	343	165
Girls 5 < Age < 15	179	48	33	98	
Boys 5 < Age < 15	196	62	50	84	
Girls ≤ 5 years	69	10	21	38	
Boys ≤ 5 years	86	16	27	43	
Inpatient surgical activities					
Number of weapon-wounded patients admitted (total)	14,280				
Women	1,671	794	782	15	80
Men	9,307	3,111	3,835	176	2,185
Girls < 15 years	285	101	172		12
Boys < 15 years	535	206	261		68
Age and sex unknown	2,482				2,482
Of which: number of patients admitted with injuries caused by mines or explosive remnants of war (total)	1,818				
Women	109	18	81		10
Men	1,553	94	1,017	96	346
Girls < 15 years	39	7	29		3
Boys < 15 years	117	38	64		15

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 non-weapon-wounded surgical cases admitted (total)	114,341				
Women	19,081	3,119	13,886	1,471	605
Men	33,417	5,276	24,400	2,401	1,340
Girls < 15 years	7,862	792	6,761	166	143
Boys < 15 years	8,750	1,209	6,933	259	349
Age and sex unknown	45,231				45,231
Number of operations performed	133,131	20,589	72,622	2,763	37,157
Inpatient medical activities					
Number of medical patients admitted (total)	227,261				
Women	39,424	5,220	33,999	205	
Men	41,232	5,658	35,356	218	
Girls 5 < Age < 15	13,876	1,949	11,784	143	
Boys 5 < Age < 15	14,881	1,694	13,005	182	
Girls ≤ 5 years	24,154	3,541	20,457	156	
Boys ≤ 5 years	28,972	4,149	24,625	198	
Age and sex unknown	64,722				64,722
Inpatient gynaecological/obstetric activities					
Number of gynaecological/obstetric patients admitted (total)	193,854				
Women	105,954	9,148	96,013	793	
Girls < 15 years	1,164	83	1,079	2	
Age unknown	86,736				86,736
Outpatient activities, including specialized clinics					
Number of surgical outpatients treated (total)	434,632				
Women	62,746	5,021	57,725		
Men	93,872	8,746	85,126		
Girls 5 < Age < 15	17,818	1,046	16,772		
Boys 5 < Age < 15	26,084	1,523	24,561		
Girls ≤ 5 years	12,776	668	12,108		
Boys ≤ 5 years	16,495	807	15,688		
Age and sex unknown	204,841				204,841
Number of medical outpatients treated (total)	773,630				
Women	182,697	22,626	160,071		
Men	171,173	28,763	142,410		
Girls 5 < Age < 15	40,878	5,577	35,301		
Boys 5 < Age < 15	44,122	5,804	38,318		
Girls ≤ 5 years	52,535	9,579	42,956		
Boys ≤ 5 years	58,064	9,515	48,549		
Age and sex unknown	224,161				224,161
Number of gynaecological/obstetric outpatients treated (total)	271,291				
Women	185,135	11,158	173,977		
Girls 5 < Age < 15	3,971	193	3,778		
Age unknown	82,185				82,185
First-aid activities					
First-aid posts supported					
Number of supported first-aid posts that provided statistics	81	59	11		11
Number of supported first-aid posts that did not provide statistics	30	5		16	9
Monthly average of supported first-aid posts that provided statistics	44	41	1		2
Monthly average of supported first-aid posts that did not provide statistics	9	6		2	1
Number of wounded treated in the first-aid posts (total)	6,191				
Women	1,333	246	1,027		60
Men	3,137	666	1,439		1,032
Girls < 15 years	803	50	708		45
Boys < 15 years	918	77	763		78

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
PHYSICAL REHABILITATION					
Number of physical rehabilitation centres supported (total)	95	32	37	8	18
Activities					
Number of patients receiving services from the centres (total)	244,280				
Women	49,365	4,648	17,722	13,228	13,767
Men	134,132	11,254	68,556	17,980	36,342
Girls < 15 years	26,214	2,825	9,260	2,592	11,537
Boys < 15 years	34,569	4,111	15,737	2,276	12,445
Number of amputees receiving services from the centres (total)	72,418				
Women	7,940	1,417	3,589	739	2,195
Men	61,519	5,544	35,916	2,560	17,499
Girls < 15 years	1,028	184	458	65	321
Boys < 15 years	1,931	314	954	68	595
Number of new patients fitted with prostheses (new to the ICRC) (total)	7,884				
Women	1,246	352	500	54	340
Men	6,091	1,309	3,242	316	1,224
Girls < 15 years	193	41	79	14	59
Boys < 15 years	354	71	164	16	103
Number of prostheses delivered (total)	20,345				
Women	2,724	826	1,150	140	608
Men	16,435	3,135	8,883	594	3,823
Girls < 15 years	450	112	210	24	104
Boys < 15 years	736	189	355	24	168
Of which: number of prostheses delivered to mine victims (total)	7,528				
Women	532	91	351	10	80
Men	6,886	644	5,016	105	1,121
Girls < 15 years	20	5	14		1
Boys < 15 years	90	21	61		8
Number of non-amputees receiving services from the centres (total)	171,862				
Women	41,418	3,230	14,125	12,491	11,572
Men	72,620	5,710	32,649	15,418	18,843
Girls < 15 years	25,199	2,641	8,815	2,527	11,216
Boys < 15 years	32,625	3,798	14,769	2,208	11,850
Number of new patients fitted with orthoses (new to the ICRC) (total)	32,738				
Women	7,285	520	1,464	382	4,919
Men	11,315	592	3,164	478	7,081
Girls < 15 years	6,232	620	1,176	811	3,625
Boys < 15 years	7,906	890	1,871	728	4,417
Number of orthoses delivered (total)	60,372				
Women	11,436	1,045	2,733	729	6,929
Men	20,625	1,218	6,342	943	12,122
Girls < 15 years	11,948	1,121	2,785	1,284	6,758
Boys < 15 years	16,363	1,836	4,752	1,178	8,597
Of which: number of orthoses delivered to mine victims (total)	717				
Women	101	14	35	4	48
Men	513	34	259	14	206
Girls < 15 years	28	7	6		15
Boys < 15 years	75	3	18		54
Number of patients receiving physiotherapy	113,454				
Women	21,652	2,655	10,158	2,502	6,337
Men	54,045	5,519	33,103	2,776	12,647
Girls < 15 years	16,607	1,560	8,611	272	6,164
Boys < 15 years	21,150	2,271	12,798	363	5,718

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
Crutches and sticks delivered (total units)	34,392				
Women	4,907	2,279	2,135	12	481
Men	24,296	6,617	15,938	45	1,696
Girls < 15 years	1,505	863	494		148
Boys < 15 years	3,684	1,199	2,243		242
Wheelchairs delivered (total)	3,414				
Women	714	169	474	9	62
Men	2,050	377	1,434	38	201
Girls < 15 years	237	57	171	4	5
Boys < 15 years	413	94	295	2	22
Components delivered to non-ICRC projects					
Artificial feet	471		471		
Artificial knees	619		619		
Alignment systems	2,602		2,602		
Orthotic knee joints (pairs)	769		769		

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 full extent of ICRC operations

FINANCE AND ADMINISTRATION

THE FINANCIAL YEAR 2012

The 2012 financial year presented a consolidated deficit of KCHF -21,563, compared with a surplus of KCHF 112,073 in 2011. The major driver for this deficit was a shortfall in contributions of KCHF 146,940. Field operations were underfunded by KCHF 59,420, which was reduced slightly by the reimbursements for two major losses (Mali and Somalia) by war risk insurance. The significant excess balance of KCHF 54,589 brought forward from 2011 contributed to completing the fiscal year with a slightly positive carry forward of KCHF 3,869. The latter amount was actually the net difference between underfunded operations, which amounted to KCHF 72,994, and earmarked overfunded operations, which amounted to KCHF 76,683. Both figures were the most significant in more than two decades and weighed heavily on the 2012 fundraising. The financial crisis faced by the ICRC's major donors and the uncertainty in the eurozone, as well as a limited number of budget extensions, accounted for the funding shortfall. The quality of non-earmarked funding, of paramount importance to the ICRC's operational capacity, remained at around 40%, although country-earmarking had been increasing recently.

EMERGENCY APPEALS

The initial budget of KCHF 969,452 increased by KCHF 62,081 as a result of budget extensions related to the outbreak or escalation of conflict in areas covered by ICRC delegations in Mali and the Syrian Arab Republic (hereafter Syria) and a budget reduction of KCHF 37,327 following the kidnapping and killing of a medical delegate and access difficulties in Pakistan.

Total field expenditure amounted to KCHF 929,449, compared with KCHF 939,224 in 2011, representing a 93% implementation rate compared with the final budget. Direct contributions to the field budget reached KCHF 873,060.

HEADQUARTERS APPEAL

The initial headquarters budget was KCHF 180,848 and resulted in a level of expenditures of KCHF 180,725, which corresponded to an implementation rate of 98%.

BALANCE SHEET

No significant changes occurred in the consolidation perimeter since the adherence to International Financial Reporting Standards (IFRS) was reinforced in 2011 to maintain transparency in ICRC financial statements. In keeping with industry best practice, the ICRC early adopted on the revised standards pertaining to the recognition of post-employment benefit plans (IFRS/IAS 19R, due to come into force in 2013). It should be noted the IFRS/IAS 19R valuation method for post-employment benefits overestimated the liability recognized in the balance sheet under "employee benefits", which expressed the prudent and normative approach of IFRS/IAS 19R rather than the actual economic liability as defined by Swiss legal requirements. In 2012, the ICRC implemented a long-term investment policy aimed at securing the ICRC's ability to face its liabilities. This resulted in a balance sheet reclassification between current and non-current assets.

Significant drivers in the balance sheet remained human resources and long-term donor commitments. The ICRC received multi-year commitments from several donors which it treated as deferred income.

STATEMENT OF INCOME AND EXPENDITURE

After consolidation of the operational results of field, headquarters, funds and foundations financial structures, there was an overall deficit of KCHF -21,563 for the year, compared with a surplus of KCHF 112,073 in 2011. The 2012 consolidated operating result reflected the combined effects of reduced direct funding of operations owing to the financial crisis and the reduced number of highly visible operations, as well as operational limitations in various contexts like Afghanistan, Pakistan and Syria. The non-operating result benefited from the relative currency stability and better financial market.

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.

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CONSOLIDATED STATEMENT OF FINANCIAL POSITION

AS AT 31 DECEMBER

(in KCHF)	Note	2012	2011
ASSETS			*
Cash and cash equivalents	7	210,088	325,140
Investments	8	170,783	180,367
Accounts receivable	9	166,672	86,842
Prepayments	10	11,149	11,035
Inventories	11	38,453	33,393
Other financial assets	12	101	253
Total Current assets		597,246	637,030
Investments	8	118,756	-
Long-term receivables	13	224,415	165,615
Property, plant and equipment	14	173,700	169,311
Intangible assets	15	20,198	14,769
Other financial assets	12	1,924	1,995
Total Non-current assets		538,993	351,690
Total ASSETS		1,136,239	988,720
LIABILITIES AND RESERVES			
Accounts payable	16	16,901	14,121
Loans and borrowings	17	1,029	1,631
Provisions	18	955	1,526
Employee benefit liabilities	19	46,245	46,218
Accrued expenses and deferred income	20	152,795	90,211
Other financial liabilities	21	2	264
Total Current liabilities		217,927	153,971
Loans and borrowings	17	20,429	21,068
Employee benefit liabilities	22	292,940	305,542
Deferred income	20	280,044	177,013
Total Non-current liabilities		593,413	503,623
Total LIABILITIES		811,340	657,594
Funds and foundations	23	36,201	35,397
Funding of operations	24	3,922	54,604
Total Restricted reserves		40,123	90,001
Reserves designated by the Assembly	25	270,376	226,725
Other unrestricted reserves	26	14,400	14,400
Total Unrestricted reserves		284,776	241,125
Total RESERVES		324,899	331,126
Total LIABILITIES and RESERVES		1,136,239	988,720

* After reclassifications described in Note 6.22.

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	2012	2011
OPERATING INCOME			
Contributions	27	1,013,359	1,160,299
Total Operating income		1,013,359	1,160,299
OPERATING EXPENDITURE			
Staff-related costs	30	-526,771	-513,879
Mission costs		-59,577	-55,111
Rentals	31	-104,248	-109,176
Sub-contracted maintenance		-36,840	-43,419
Purchase of goods and materials		-202,034	-220,243
Financial assistance		-16,089	-11,207
General expenditure		-76,269	-77,946
Depreciation		-26,633	-23,208
Total Operating expenditure	28	-1,048,461	-1,054,189
Net surplus/(deficit) of operating activities		-35,102	106,110
NON-OPERATING INCOME			
Financial income, net	32	11,251	1,644
Other income	33	21,524	19,789
Total Non-operating income		32,775	21,433
NON-OPERATING EXPENDITURE			
Foreign exchange losses, net		-2,424	-3,505
Other expenses	33	-16,812	-11,965
Total Non-operating expenditure		-19,236	-15,470
Net surplus/(deficit) of non-operating activities		13,539	5,963
SURPLUS/(DEFICIT) FOR THE YEAR		-21,563	112,073
OTHER COMPREHENSIVE INCOME			
Actuarial gains/(losses) on defined benefit plans	22	15,336	-114,387
Total Other comprehensive income/(loss) for the year		15,336	-114,387
Total COMPREHENSIVE INCOME/(LOSS) FOR THE YEAR		-6,227	-2,314
Withdrawal from reserves, net		6,227	2,314
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	2012	2011
CASH FLOWS FROM OPERATING ACTIVITIES			
Surplus/(deficit) for the year		-21,563	112,073
ADJUSTMENTS TO RECONCILE SURPLUS/(DEFICIT) TO NET CASH FLOWS			
Non-cash items:			
Depreciation and impairment of property, plant and equipment	14	21,796	19,804
Amortization and impairment of intangible assets	15	3,617	3,151
Provision and losses on inventories		1,589	434
Movement in provisions, receivables and specific risks		-1,160	-822
Movement in pension as per IAS 19R		-4,196	-9,878
Interest and income from investments	32	-2,872	-2,477
Losses/(gains) on investments, net		-12,800	833
Losses/(gains) on property, plant and equipment, net	33	-3,060	-3,690
Working capital adjustments:			
Accounts receivable		29,015	-113,157
Prepayments		-114	3,555
Inventories		-6,649	-3,716
Other financial assets		221	2,841
Accounts payable		2,780	2,760
Employee benefit liabilities		6,958	7,121
Accrued expenses and deferred income		-1,440	130,573
Other financial liabilities		-262	-6,881
Net cash from operating activities		11,860	142,524
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of property, plant and equipment	14	-26,723	-35,203
Purchase of intangible assets	15	-9,046	-4,114
Purchase of investments		-209,031	-21,639
Purchase of short-term deposits, net		60,966	-103,310
Proceeds from sale of property, plant and equipment		3,599	4,292
Proceeds from sale of investments		53,016	21,720
Interest received		1,228	762
Income from investments, net		1,644	1,186
Net cash used in investing activities		-124,347	-136,306
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayments of loans and borrowings		-652	-728
Increase of loans and borrowings	17	-	9,000
Net cash (used in)/from financing activities		-652	8,272
Net (decrease)/increase in cash and cash equivalents		-113,139	14,490
Cash and cash equivalents at 1 January		324,161	310,537
Effect of exchange rate fluctuations on cash held		-1,323	-866
Cash and cash equivalents at 31 December	7	209,699	324,161

* After reclassifications described in Note 6.22.

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		Unrestricted		Comprehensive income/(loss)	Reserves
	Funds and foundations	Funding of operations	Designated by the Assembly	Other reserves		
Note	23	24	25	26		
Balance at 1 January 2011	32,986	-21,167	307,221	14,400	-	333,440
Net surplus/(deficit) for the year					112,073	112,073
Other comprehensive income/(loss) for the year					-114,387	-114,387
Total comprehensive income/(loss) for the year					-2,314	-2,314
Balance before transfers to/from reserves	32,986	-21,167	307,221	14,400	-2,314	331,126
Allocation of results of funds and foundations	2,411				-2,411	-
Decrease of field operations with temporary deficit financing		32,428			-32,428	-
Increase in donors' restricted contributions for specific operations		43,343			-43,343	-
Use of reserves designated by the Assembly			-117,177		117,177	-
Allocation to reserves designated by the Assembly			36,681		-36,681	-
Total movement, net	2,411	75,771	-80,496	-	2,314	-
Balance at 31 December 2011	35,397	54,604	226,725	14,400	-	331,126
Net surplus/(deficit) for the year					-21,563	-21,563
Other comprehensive income/(loss) for the year					15,336	15,336
Total comprehensive income/(loss) for the year					-6,227	-6,227
Balance before transfers to/from reserves	35,397	54,604	226,725	14,400	-6,227	324,899
Allocation of results of funds and foundations	804				-804	-
Increase 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 movement, net	804	-50,682	43,651	-	6,227	-
Balance at 31 December 2012	36,201	3,922	270,376	14,400	-	324,899

The accompanying notes are an integral part of the consolidated financial statements.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS AS AT 31 DECEMBER 2012

1. ACTIVITIES

The ICRC is an impartial, neutral and independent organization whose exclusive 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. A 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, the IFRS do 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 IASB Framework for the Preparation and Presentation of Financial Statements.

The consolidated financial statements of the ICRC for the year ended 31 December 2012 were approved by the Directorate on 2 April 2013 for issue to the Assembly Council on 4 April and for final approval by the Assembly on 18 April 2013.

Basis of measurement

The consolidated financial statements have been prepared using the historical cost convention, except as concerns investments and derivative financial instruments, which 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 judgement 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. 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 2012 financial statements

The ICRC adopted the following new or revised IFRS for these consolidated financial statements. The IFRS adopted had no effect on the ICRC's 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)

Adoption of new IFRS for the 2011 financial statements

As a reminder, the ICRC adopted the following IFRS for the 2011 consolidated financial statements:

- ▶ Revised IAS 19, “Employee Benefits”
- ▶ Revised IAS 28, “Investments in Associates and Joint Ventures”
- ▶ Amendments to IAS 12, “Deferred tax: Recovery of underlying assets”
- ▶ Amendments to IFRS 1, “Severe hyperinflation and removal of fixed dates for first time adopters”

- ▶ IFRS 11, “Joint arrangements”
- ▶ IFRS 12, “Disclosure of Interests in Other Companies”
- ▶ IFRIC 20, “Stripping Cost in the Production Phase of a Surface Mine”

The impact from applying the above standards had no material effects on the reserves, financial position, income and cash-flow situation of the ICRC, except in the case of IAS 19R in 2011.

4. FUTURE CHANGES IN ACCOUNTING POLICIES

Next changes in IFRS expected for 2013–2016

The new or revised IFRS listed below have not yet been adopted by the ICRC.

To be applied in the 2013 financial year

Amendments to IAS 1 “Presentation of Items of Other Comprehensive Income” (June 2011)	The amendments to IAS 1 require that items presented in Other comprehensive income (OCI) be grouped on the basis of whether they might at some point be reclassified (“recycled”) from OCI to the income statement. The ICRC expects a limited impact on the statement of comprehensive income.
IFRS 10 “Consolidated Financial Statements” (May 2011)	IFRS 10 revises the control model determining which entities to consolidate, considering that the investor can have <i>de facto</i> control over the investee. The ICRC does not believe that IFRS 10 will lead to more investees being consolidated.
Revised IAS 27 “Separate Financial Statements” (May 2011)	Revised IAS 27 enhances the relevance and comparability of the information that is provided in the consolidated financial statements. The standard lists the information to disclose about the nature of the relationship between the group entities. The ICRC does not believe that revised IAS 27 will lead to more disclosures in these financial statements.
IFRS 13 “Fair Value Measurement” (May 2011)	IFRS 13 provides a revised definition of fair value and an extensive disclosure framework. The ICRC will assess the IFRS 13 fair value principles and compare them to current valuation processes for items measured at fair value or for which the fair value is disclosed. This said, the ICRC expects a limited impact on its financial position or performance.

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.
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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 ICRC’s financial instruments. Based on its financial assets and liabilities at 31 December 2012, 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.
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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.

5. SIGNIFICANT ACCOUNTING JUDGEMENTS, ESTIMATES AND ASSUMPTIONS

The preparation of the consolidated financial statements requires management to make judgements, 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.

Judgements

In the process of applying the ICRC's accounting policies, management has made the following judgements, apart from those involving estimations, which have the most significant effect on the amounts recognized in the financial statements.

CONTROL OVER FUNDS

The ICRC applied SIC Interpretation No. 12 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).

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 33).

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.

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 and at other times when such indicators exist. Other non-financial assets are tested for impairment when there are indicators that the carrying amounts may not be recoverable. When value-in-use calculations are undertaken, management estimates the expected future cash flows from the asset and chooses a suitable discount rate in order to calculate the present value of those cash flows.

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. The actuarial valuations involve making assumptions about discount 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, estimates relating to pension and other post-employment benefits are highly sensitive to changes in these assumptions, all of which are reviewed at each reporting date. Further details are given in Note 22.

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 relevant reserves in accordance with the policy set out in Note 6.15.B.

PROVISION FOR OPERATIONAL CLAIMS

As discussed in Note 18, legal proceedings covering a range of matters are pending or threatened in various jurisdictions against the ICRC. The organization records provisions for pending litigation when it determines that an unfavourable outcome is probable and the amount of losses can be reasonably estimated. Due to the inherent uncertain nature of litigation, the ultimate outcome or actual cost of settlement may vary materially from estimates.

ALLOWANCES FOR DOUBTFUL ACCOUNTS

The ICRC maintains allowances for doubtful accounts in respect of estimated losses resulting from the inability of donors to make 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).

INVENTORY-RELATED ALLOWANCES

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).

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 Notes 6.20 and 37). The five-year period has been applied consistently for years.

6. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

6.1 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.

6.2 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 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.

6.3 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. 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. For the bonds transferred from the held-for-trading into the held-to-maturity category in May 2012, the new original effective interest rate is calculated based on their market prices at the reclassification date.

Subsequent to initial recognition, held-to-maturity are measured at amortized cost using the effective interest rate, less any impairment losses (see Note 6.9).

6.4 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 37); 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 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.

6.5 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.

6.6 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 2012 or 2011.

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 to the income statement.

6.7 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 and vehicles 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:

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.

6.8 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, as 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.

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.

6.9 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.

6.10 Accounts payable and accrued expenses

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.

6.11 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.

6.12 Provisions

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.

6.13 Current employee benefits 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.

6.14 Pensions and other post-employment benefit plans

The ICRC operates three post-employment defined benefit plans and two defined contribution plans, all of which are administered separately. See Note 22.A for details of these plans.

The ICRC opted for the early adoption of IAS 19R, "Employees 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. 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 Swiss Chamber of Pension Actuaries has determined that the risk-sharing features included in IAS 19R are unlikely to apply to Swiss plans. The full amount of net obligation reported by the actuary has therefore been recognized in these consolidated financial statements.

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 the non-operational result

b) Defined contribution plans

Contributions to defined contribution plans are recognized as a staff-related expense in the income statement when they are due.

6.15 Reserves

Reserves are classified as either restricted or unrestricted reserves.

a) 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.

b) 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.

c) 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.

FUTURE OPERATIONS RESERVES

This position contains the reserves for operational funding. The ideal amount of these reserves is estimated at an average of four months of headquarters and field operational expenditure in cash, kind and services over the previous four years.

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

This covers the risks of exchange-rate variations and price fluctuations in securities.

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, these reserves also reflect the effect of the under- or over-coverage of the defined benefit plans.

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.

d) Other unrestricted reserves

These general reserves are the accumulation of excess funds set aside with no specific reservation or restriction.

6.16 Operating income

a) Contributions

Contributions in cash are recognized on receipt of a written confirmation of donation from the donors, except revenue relating to future years, which is recorded on the statement of financial position as deferred income. If the receivable is greater than five years, it is not recognized as deferred income but is disclosed in the financial statements as a contingent asset.

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 the 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 operational expenditure for the same amount as the incoming contributions (see Note 6.7.B).

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 by donors 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	<i>ICRC operations worldwide</i>
Region	one of the four regions	<i>ICRC operations in Africa</i>
Programme	one of the four programmes	<i>ICRC prevention activities worldwide</i>
Programme/ region	one of the four programmes in one of the four regions	<i>ICRC protection activities in Asia and the Pacific</i>
Operation	one of the worldwide delegations	<i>ICRC activities in Colombia</i>

Donors' restricted contributions that exceed specific expenditure within the accounting year are carried forward to the following year (see Note 6.15.B).

In cases where the ICRC is over-financed because of earmarked contributions for a specific operation, the donor is asked if the contribution can be allocated to another operation or carried forward to the following year. In case of over-financing, the donor may also ask for reimbursement of the donation.

6.17 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.

6.18 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.

6.19 Financial income and expenses

As the ICRC's securities are managed externally on a portfolio basis, all income from investments is disclosed net. Net financial income (see Note 32) 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.

6.20 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.

6.21 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 38. For certain operational claims reported as contingent liabilities, it is not practical to disclose detailed information on their corresponding nature and uncertainties.

6.22 Reclassifications

In 2012, portfolio restructuring led to certain accounts kept by the portfolio managers being reclassified out of “Investments”. The withholding taxes (KCHF 355 as at 31 December 2011) were transferred into “Accounts receivables” and their positions of cash at bank (KCHF 412 as at 31 December 2011) reclassified as “Current cash and cash equivalents”.

Reclassifications on the 2011 consolidated statement of financial position

(in KCHF)	Note	Balance as reported	Reclassifications			Revised balance
			Withholding taxes	Cash at bank	Other items	
Current assets						
Cash and cash equivalents	7	324,728	-	412	-	325,140
Investments	8	181,134	-355	-412	-	180,367
Accounts receivable	9	86,481	355	-	6	86,842
Total Current assets		637,024	-	-	6	637,030
Total assets		988,714	-	-	6	988,720
Current liabilities						
Accounts payable	16	14,115	-	-	6	14,121
Total Current liabilities		153,965	-	-	6	153,971

Reclassifications on the 2011 consolidated statement of cash flows

(in KCHF)	Note	Balance as reported	Reclassifications			Revised balance
			Withholding taxes	Cash at bank	Other items	
Working capital adjustments on accounts receivable		-112,796	-355	-	-6	-113,157
Working capital adjustments on accounts payable		2,754	-	-	6	2,760
Net cash from operating activities		142,879	-355		-	142,524
Purchase of investments		-22,406	355	412	-	-21,639
Net cash used in investing activities		137,073	355	412	-	136,306
Net increase in cash and cash equivalents		14,078	-	412	-	14,490
Cash and cash equivalents at 31 December 2011	7	323,749	-	412	-	324,161

These reclassifications do not change the reported 2011 income statement.

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	2012	2011
Cash at banks and on hand		200,088	285,127
Short-term deposits		10,000	40,013
Total Cash and cash equivalents		210,088	325,140
Bank overdrafts used for cash management purposes	17	-389	-979
Total Cash and cash equivalents in the statement of cash flows		209,699	324,161

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 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. The corresponding contribution is recognized as non-current deferred income for the year ended 31 December 2012 and will be recognized as an operating contribution in 2015.

At 31 December 2012, the ICRC could draw on KCHF 85,000 (2011: KCHF 85,000) of undrawn committed borrowing facilities in respect of which all prior conditions had been met.

8. INVESTMENTS

(in KCHF)	2012	2011
INVESTMENTS AT FAIR VALUE THROUGH PROFIT AND LOSS		
Quoted equity shares	75,452	57,046
Quoted debt securities	49,490	19,959
Short-term deposits with an original maturity over three months	42,063	103,029
Other funds	706	333
INVESTMENTS HELD-TO-MATURITY		
Quoted debt securities with a maturity below 12 months	3,072	-
Total Current investments	170,783	180,367
INVESTMENTS HELD-TO-MATURITY		
Quoted debt securities with a maturity over 12 months	118,756	-
Less Impairment on held-to-maturity	-	-
Total Non-current investments	118,756	-
Total Investments	289,539	180,367

As part of the overall portfolio restructuring that followed the adoption of a long-term policy in January 2012, the ICRC decided to transfer certain debt securities for a total of KCHF 12,936 from a held-for-trading mandate to a held-to-maturity mandate. Such reclassification from fair value to the held-to-maturity category is permitted by IAS 39 if the financial assets are no longer held for the purpose of being sold in the near term. The ICRC confirmed its intention to keep these bonds up to maturity and to limit the use of such reclassifications. The effective transfer of these bonds took place on 14 May 2012 and was accepted by both portfolio managers. This change in destination for a small portion of the held-to-maturity bonds had a direct and limited impact on the presentation and classification of these bonds. Their market price on reclassification date was the initial amortized cost. The outstanding bonds at 31 December 2012 are reported as financial instruments held-to-maturity.

9. ACCOUNTS RECEIVABLE

a) Nature of the accounts receivable at reporting date

(in KCHF)	2012	2011
Pledges	161,401	82,164
Re-invoiced costs - commercial	1,678	1,868
National Societies, organizations, foundations and funds	168	260
Withholding taxes	2,314	3,082
Other income receivable	1,595	529
Allowance for accounts receivable	-484	-1,061
Total Accounts receivable	166,672	86,842

There are no standard payment terms for pledges, as timing of payment is usually specified in each donor contract.

Re-invoiced costs, National Societies, organizations, foundations and funds 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)	2012	2011
USD	-297	-378
EUR	230	207
GBP	7,745	6,388
AUD	-2,607	424
Other currencies	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)	Total	Neither past due nor impaired	Past due but not impaired (in days)				
			< 30	31 - 60	61 - 90	91-120	> 120
2012	162,763	143,547	474	2,369	10	1,970	14,393
2011	83,231	82,077	504	289	28	19	314

d) Allowance for irrecoverable accounts receivable

Movements in the provision for individual impairment of receivables were as follows:

(in KCHF)	2012	2011
Provision at 1 January	1,061	701
Charge for the year	222	384
Use of provisions during the year	-799	-24
Provision at 31 December	484	1,061

10. PREPAYMENTS

(in KCHF)	2012	2011
Prepaid expenses	6,985	6,287
Social security and insurance contributions	557	1,542
Advance payments to suppliers	607	193
Advance payments to employees	3,000	3,013
Total Prepayments	11,149	11,035

11. INVENTORIES

(in KCHF)	2012	2011
Relief	13,424	10,099
Medical and physical rehabilitation	12,965	11,248
Water and habitat	4,495	3,545
Administration, identification and security	1,855	1,769
IT and telecommunications	2,681	3,005
Publications	3,432	3,374
Other	984	1,213
Allowance for inventory	-1,383	-860
Total Inventories	38,453	33,393

All inventories comprise finished goods.

The donated goods amounted to KCHF 64 of inventories at year-end (2011: KCHF 69) and represented KCHF 5,567 of contributions in kind in 2012 (2011: KCHF 1,978).

Inventory written off and charged to expenses amounted to KCHF 1,066 (2011: KCHF 237).

12. OTHER FINANCIAL ASSETS

(in KCHF)	Note	2012	2011
Forward currency contracts	39.C	101	253
Total Other current financial assets		101	253
Guarantee deposits		1,924	1,995
Total Other non-current financial assets		1,924	1,995

13. LONG-TERM RECEIVABLES

(in KCHF)	2012	2011
Nominal value of long-term receivables	233,016	166,324
Discounting	-8,601	-709
Total Long-term receivables	224,415	165,615

BREAKDOWN BY CATEGORY OF DONORS

2012 (in KCHF)	2014	2015	2016	2017	Total
Governments	128,335	43,233	40,851	-	212,419
National Societies	390	90	-	-	480
Private sources	3,674	2,949	2,698	2,195	11,516
Public sources	-	-	-	-	-
Total 2012 Long-term receivables	132,399	46,272	43,549	2,195	224,415

2011 (in KCHF)	2013	2014	2015	2016	Total
Governments	59,927	88,535	-	-	148,462
National Societies	1,007	90	89	-	1,186
Private sources	4,187	3,184	2,929	2,676	12,976
Public sources	2,991	-	-	-	2,991
Total 2011 Long-term receivables	68,112	91,809	3,018	2,676	165,615

BREAKDOWN BY EARMARKING

(in KCHF)	2012	2011
Non-earmarked contributions	213,760	153,568
Loosely earmarked contributions	10,655	12,047
Tightly earmarked contributions	-	-
Total Long-term receivables	224,415	165,615

14. PROPERTY, PLANT AND EQUIPMENT

(in KCHF)	Land and buildings	Equipment and vehicles	Total 2012
HISTORICAL ACQUISITION COSTS			
Balance at 1 January 2012	183,930	117,599	301,529
Additions	10,335	16,388	26,723
Disposals	-244	-14,383	-14,627
Balance at 31 December 2012	194,021	119,604	313,625
ACCUMULATED DEPRECIATION AND VALUE ADJUSTMENTS			
Balance at 1 January 2012	-51,953	-80,265	-132,218
Depreciation charge for the year	-6,953	-14,843	-21,796
Disposals	237	13,852	14,089
Balance at 31 December 2012	-58,669	-81,256	-139,925
Net book value as at 31 December 2012	135,352	38,348	173,700
(in KCHF)	Land and buildings	Equipment and vehicles	Total 2011
HISTORICAL ACQUISITION COSTS			
Balance at 1 January 2011	160,927	116,730	277,657
Additions	22,903	12,300	35,203
Disposals	-	-11,431	-11,431
Other	100	-	100
Balance at 31 December 2011	183,930	117,599	301,529
ACCUMULATED DEPRECIATION AND VALUE ADJUSTMENTS			
Balance at 1 January 2011	-46,726	-76,417	-123,143
Depreciation charge for the year	-5,127	-14,677	-19,804
Disposals	-	10,829	10,829
Other	-100	-	-100
Balance at 31 December 2011	-51,953	-80,265	-132,218
Net book value as at 31 December 2011	131,977	37,334	169,311

a) Work in progress

At 31 December 2012, assets included work in progress comprising KCHF 10,700 for construction and renovation of buildings (2011: KCHF 11,528) and KCHF 310 for equipment (2011: KCHF 163).

15. INTANGIBLE ASSETS

(in KCHF)	Software	Red crystal emblem	Total 2012
HISTORICAL ACQUISITION COSTS			
Balance at 1 January 2012	37,235	405	37,640
Additions	9,046	-	9,046
Disposals	-1,184	-	-1,184
Balance at 31 December 2012	45,097	405	45,502
ACCUMULATED DEPRECIATION AND VALUE ADJUSTMENTS			
Balance at 1 January 2012	-22,871	-	-22,871
Depreciation charge for the year	-3,617	-	-3,617
Disposals	1,184	-	1,184
Balance at 31 December 2012	-25,304	-	-25,304
Net book value as at 31 December 2012	19,793	405	20,198
HISTORICAL ACQUISITION COSTS			
Balance at 1 January 2011	42,246	405	42,651
Additions	4,114	-	4,114
Disposals	-9,125	-	-9,125
Balance at 31 December 2011	37,235	405	37,640
ACCUMULATED DEPRECIATION AND VALUE ADJUSTMENTS			
Balance at 1 January 2011	-28,845	-	-28,845
Depreciation charge for the year	-3,151	-	-3,151
Disposals	9,125	-	9,125
Balance at 31 December 2011	-22,871	-	-22,871
Net book value as at 31 December 2011	14,364	405	14,769

a) Computer software

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.

b) Work in progress

At 31 December 2012, intangible assets included work in progress comprising KCHF 9,212 for software in development acquired externally (2011: KCHF 7,169).

16. ACCOUNTS PAYABLE

(in KCHF)	2012	2011
Suppliers	16,341	13,538
National Societies, organizations, foundations and funds	560	583
Total Accounts payable	16,901	14,121

Terms and conditions of the above financial liabilities

- ▶ Governments, National Societies, international organizations, foundations, funds and suppliers are non-interest bearing and are normally settled on 30-day terms.

17. LOANS AND BORROWINGS

(in KCHF)	Note	2012	2011
CURRENT LOANS AND BORROWINGS			
Bank overdrafts	7	389	979
Current portion of interest-free loans		640	652
Total Current loans and borrowings		1,029	1,631
NON-CURRENT LOANS AND BORROWINGS			
Unsecured interest-free loans		21,069	21,720
Less current portion		-640	-652
Total Non-current loans and borrowings		20,429	21,068
Total Loans and borrowings		21,458	22,699

TERMS AND LOAN REPAYMENT SCHEDULE

(in KCHF)	2012	2011
Expiring within 12 months	640	652
Expiring within 2 to 5 years	2,447	2,491
Expiring over 5 years	17,982	18,577
Total Unsecured loans – granted at 0%	21,069	21,720

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 (2011: KCHF 9,800) for the training centre in Ecogia, Geneva, Switzerland (final repayment in 2049)
- ▶ KCHF 26,000 (2011: 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 2012, the fair value of these non-current loans amounts to KCHF 25,164 (2011: KCHF 25,220). Notional interest for a contributed service of KCHF 77 (2011: KCHF 65) has been recorded as expenditure and as income.

18. PROVISIONS FOR OPERATIONAL CLAIMS

(in KCHF)	2012	2011
Provision at 1 January	1,526	3,034
Allocations during the year	658	525
Use of provisions during the year	-549	-1,121
Release of provisions during the year	-680	-912
Provision at 31 December	955	1,526

The balance represents operational claims that are principally legal in nature and that management considers will probably be paid by the ICRC (see also Note 38). All provisions are expected to be settled within a year.

19. CURRENT EMPLOYEE BENEFIT LIABILITIES

(in KCHF)	2012	2011
Social security and insurance contributions	6,953	6,776
Salaries due to employees	9,802	9,442
Staff vacation accruals	29,490	30,000
Total Current employee benefit liabilities	46,245	46,218

Based on past experience, staff vacations accrued at the end of 2012 are expected to be wholly taken before 31 December 2013.

20. ACCRUED EXPENSES AND DEFERRED INCOME

(in KCHF)	2012	2011
CURRENT ACCRUED EXPENSES AND DEFERRED INCOME		
Accrued expenses	19,829	22,451
National Societies, organizations, foundations and funds	1,397	216
Deferred income related to pledges	131,480	67,467
Deferred income related to government loans	89	77
Total Current accrued expenses and deferred income	152,795	90,211
NON-CURRENT DEFERRED INCOME		
Deferred income related to pledges	268,735	165,615
Deferred income related to government loans	11,309	11,398
Total Non-current deferred income	280,044	177,013
Total Accrued expenses and deferred income	432,839	267,224

The increase in deferred income in relation to pledges is linked with the restricted cash (Note 7). The corresponding contribution of KCHF 44,091 is recognized as non-current deferred income for the year ended 31 December 2012 and will be recognized as an operating contribution in 2015.

21. OTHER FINANCIAL LIABILITIES

(in KCHF)	Note	2012	2011
Forward currency contracts	39.C	2	264
Total Other financial liabilities		2	264

22. PENSION AND OTHER POST-EMPLOYMENT BENEFIT PLANS

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 career average salary. 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.

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.

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 legislation requires otherwise.

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 2011 or 2012 financial years for any of the three defined benefits plans.

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 permanently 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.

B. Total non-current employee benefit liabilities

(in KCHF)	2012	2011
Pension benefit plan	197,511	216,143
Early retirement benefit plan	25,910	25,699
End-of-service benefit plan	51,486	47,656
Sub-total liabilities for defined benefit plans	274,907	289,498
Contribution suppletive plans	18,033	16,044
Sub-total liabilities for defined contribution plans	18,033	16,044
Total Non-current employee benefit liabilities	292,940	305,542

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

2012 (in KCHF)	Note	Pension Plan	Early Retirement	End-of- Service	Total
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
Current net 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

2011 (in KCHF)	Note	Pension Plan	Early Retirement	End-of- Service	Total
Interest cost on defined benefit obligation		26,666	643	1,621	28,930
Interest income on plan assets		-24,182	-	-	-24,182
Net interest cost on net defined benefit obligation	33	2,484	643	1,621	4,748
Current net service cost		27,465	1,944	5,813	35,222
Foreign exchange (gain)/loss		-	-	-429	-429
Sub-Total post-employment benefit-related expenses		29,949	2,587	7,005	39,541
Administration costs, excluding costs for managing plan assets		1,266	-	-	1,266
Total pension expenses recognized in the income statement		31,215	2,587	7,005	40,807

REMEASUREMENTS OF NET DEFINED BENEFIT LIABILITY RECOGNIZED IN OTHER COMPREHENSIVE INCOME

2012 (in KCHF)	Pension Plan	Early Retirement	End-of- Service	Total
Actuarial losses/(gains) on defined benefit obligation:				
– Due to changed financial assumptions	-52,158	-46	-	-52,204
– Due to changed demographic assumptions and experience adjustments	-	-	-389	-389
(Excess)/insufficient return on plan assets, excluding amounts in net interest on net defined benefit liability	67,929	-	-	67,929
Effect of change in asset ceiling, excluding amounts in net interest on net defined benefit liability	-	-	-	-
Total remeasurements recognized in other comprehensive income	15,771	-46	-389	15,336

2011 (in KCHF)	Pension Plan	Early Retirement	End-of- Service	Total
Actuarial losses/(gains) on defined benefit obligation:				
– Due to changed financial assumptions	-62,466	-639	-	-63,105
– Due to changed demographic assumptions and experience adjustments	-20,662	-1,443	-3,296	-25,401
(Excess)/insufficient return on plan assets, excluding amounts in net interest on net defined benefit liability	-25,881	-	-	-25,881
Effect of change in asset ceiling, excluding amounts in net interest on net defined benefit liability	-	-	-	-
Total remeasurements recognized in Other comprehensive income	-109,009	-2,082	-3,296	-114,387

The cumulative negative amount of actuarial gains and losses recognized in Other comprehensive income is KCHF 226,544 (2011: KCHF 241,880).

NET BENEFIT (ASSETS)/LIABILITIES RECOGNIZED IN THE STATEMENT OF FINANCIAL POSITION

2012 (in KCHF)	Pension Plan	Early Retirement	End-of-Service	Total
Present value of defined benefit obligation	-1,148,503	-25,910	-51,486	-1,225,899
Fair value of plan assets	950,992	-	-	950,992
Net asset/(liability) recognized	-197,511	-25,910	-51,486	-274,907

2011 (in KCHF)	Pension Plan	Early Retirement	End-of-Service	Total
Present value of defined benefit obligation	-1,071,772	-25,699	-47,656	-1,145,127
Fair value of plan assets	855,629	-	-	855,629
Net asset/(liability) recognized	-216,143	-25,699	-47,656	-289,498

Amounts for the pension plan for the current period and previous four periods are as follows:

(in KCHF)	2012	2011	2010	2009	2008
Obligation, end of year	-1,148,503	-1,071,772	-956,812	-890,112	-854,122
Fair value of plan assets, end of year	950,992	855,629	844,331	827,071	698,068
Surplus/(deficit) of the Pension Plan	-197,511	-216,143	-112,481	-63,041	-156,054

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 2011	956,812	23,393	42,876	1,023,081
Current net service cost	27,465	1,944	5,813	35,222
Interest expense on defined benefit obligation	26,666	643	1,621	28,930
Employee contributions	18,305	-	-	18,305
Net benefits paid	-40,689	-2,363	-5,521	-48,573
Actuarial losses/(gains) due to financial assumptions	62,466	639	-	63,105
Actuarial losses/(gains) due to demographic assumptions and experience adjustments	20,662	1,443	3,296	25,401
Foreign exchange adjustment	-	-	-429	-429
Other items	85	-	-	85
Defined benefit obligation at 31 December 2011	1,071,772	25,699	47,656	1,145,127
Current net 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 and 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

CHANGES IN THE FAIR VALUE OF PLAN ASSETS (EXCLUDING UNFUNDED PLANS)

(in KCHF)	Pension Plan
Fair value of plan assets at 1 January 2011	844,331
Employer contributions	36,562
Employee contributions	18,305
Net benefits paid	-40,689
Actual administration costs paid, excluding costs for managing plan assets	-1,181
Interest income on plan assets	24,182
Excess/(insufficient) return on plan assets	-25,881
Fair value of plan assets at 31 December 2011	855,629
Employer contributions	36,741
Employee contributions	18,380
Net benefits paid	-46,742
Actual administration costs paid, excluding costs for managing plan assets	-1,211
Interest income on plan assets	20,266
Excess/(insufficient) return on plan assets	67,929
Fair value of plan assets at 31 December 2012	950,992

FAIR VALUES OF PENSION PLAN ASSETS BY ASSET CATEGORY

(in KCHF)	2012	2011
Cash and cash equivalents	51,316	49,464
Equities:		
– Domestic (Swiss) equities	136,880	104,171
– Foreign equities	254,680	247,278
Bonds:		
– Domestic (Swiss) bonds	176,681	157,441
– Foreign bonds	142,020	137,592
Properties:		
– Domestic (Swiss) direct investments in properties	88,470	73,589
– Foreign direct investments in properties	2,811	3,323
– Domestic (Swiss) property funds	73,335	60,587
– Foreign property funds	24,799	22,184
Derivatives	-	-
Investment funds	-	-
Asset-backed securities	-	-
Structured debt	-	-
Total Pension plan assets	950,992	855,629

All plan assets, except direct investments in properties, are listed. The valuation of these direct investments in properties was changed from specific rates of return to market values in 2012. The assessment of their market values by an independent real estate appraiser in December 2012 led to a revaluation of the related plan assets by +KCHF 14,862. The next independent appraisal will be carried out in three years' time, 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. At the end of 2012, the Governing Board was working on the follow-up to the study initiated in 2011. The previous study was conducted at the end of 2006 and the investment strategy modified accordingly at that time. In the wake of the 2008 financial crisis, the Governing Board decided on recovery measures introduced in 2010. The most significant measure was a temporary reduction in future benefits in order to offset underfunding. In addition, a stop-loss insurance was contracted to limit the Pension Fund's exposure to disability and death risks.

PRINCIPAL ACTUARIAL ASSUMPTIONS USED

	Pension Plan		Early Retirement		End-of-Service	
	2012	2011	2012	2011	2012	2011
Discount rate	2.00%	2.40%	2.00%	2.40%	4.00%	4.00%
Future salary increase rate	2.25%	2.50%	2.25%	2.50%	4.00%	4.00%
Future pension increase rate	0.00%	0.00%	1.50%	1.75%	-	-
Employee rotation rate	20.50%	22.00%	-	-	-	-

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.

For the end-of-service plan, these rates are expressed as a range that reflects the various material financial environments (countries) for which the obligation has been calculated. Rates for mortality, disability, normal retirement and withdrawal vary depending on each country and the nature of ICRC operations. These variations do not have a material impact on the calculations.

As per IAS 19R, paragraph 144, the ICRC deems the discount 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	
	2012	2011	2012	2011
Baseline information as at 31 December:				
Discount rate	2.00%	2.40%	2.00%	2.40%
Defined benefit obligation	1,148,503	1,071,772	25,910	25,699
Sensitivity information as at 31 December:				
Discount rate	1.50%	2.15%	1.75%	2.15%
Defined benefit obligation	1,185,255	1,105,756	26,247	26,029

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 SALARY INCREASE RATE

(in KCHF)	Pension Plan		Early Retirement	
	2012	2011	2012	2011
Baseline information as at 31 December:				
Future salary increase rate	2.25%	2.50%	2.25%	2.50%
Defined benefit obligation	1,148,503	1,071,772	25,910	25,699
Sensitivity information as at 31 December:				
Future salary increase rate	1.75%	2.25%	2.00%	2.25%
Defined benefit obligation	1,146,206	1,069,692	25,729	25,501

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.

2013 EXPECTED AMOUNTS

(in KCHF)	Pension Plan	Early Retirement	End-of-Service
Expected employer contributions for 2013	37,568	2,845	5,015
Expected employee contributions for 2013	18,794	-	-
Expected benefits payments for 2013	-71,603	-2,845	-5,015
Expected duration for the obligation as at 31 December 2012	12.8 years	5.3 years	-

D. Disclosures for the defined contribution plans

1. Contribution suppletive plan

In 2012, contributions to the contribution suppletive plan amounted to KCHF 6,442 (2011: KCHF 7,060), and the plan paid out KCHF 4,529 (2011: KCHF 3,932) to employees finishing contracts with the ICRC.

2. Avenir foundation plan

In 2012, contributions to the Avenir Foundation plan amounted to KCHF 9,376 (2011: KCHF 9,379), and the Foundation paid out KCHF 7,926 (2011: KCHF 8,193) for training purposes, professional integration outside the ICRC and early retirement benefits.

23. FUNDS AND FOUNDATIONS

The following balances, after elimination of the intragroup balances and transactions, have been included in the consolidated financial statements from the funds and foundations:

(in KCHF)	Note	2012	2011
STATEMENT OF FINANCIAL POSITION			
Current cash and cash equivalents		1,659	816
Current Investments		36,124	34,180
Current accounts receivable		1,051	2,974
Non-current deferred income		-3,950	-4,308
Restricted reserve relating to the funds and foundations	24	-36,201	-35,397
STATEMENT OF COMPREHENSIVE INCOME			
Operational contributions	29	4,365	7,510
Operational expenditure		-5,694	-5,257
Financial income – net securities gains/(losses)		2,126	249
Foreign exchange gain/(loss), net		7	-90

24. RESTRICTED RESERVES

A. 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.

B. 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)	2012	2011
DONORS' RESTRICTED CONTRIBUTIONS		
Field operations with temporary surplus funding	76,863	72,042
Headquarters restricted contributions	53	15
Total Donors' restricted contributions	76,916	72,057
FIELD OPERATIONS WITH TEMPORARY DEFICIT FUNDING		
Total Field operations with temporary deficit funding	-72,994	-17,453
Total Funding of operations	3,922	54,604

25. RESERVES DESIGNATED BY THE ASSEMBLY

(in KCHF)	Future operations	Operational risks	Assets replacement	Financial risks	Human resources	Specific projects	Total
Balance at 1 January 2011	175,587	30,434	186,172	18,889	-104,453	592	307,221
Use/release during 2011	-	-3,220	-6,277	-164	-2,940	-67	-117,177
Impact of IAS 19R					-104,509		
Allocations 2011	27,058	767	5,602	-	3,254	-	36,681
Balance at 31 December 2011	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
Allocations 2012	19,631	5,664	12,945	5,977	1,574	97	65,420
Impact of IAS 19R					19,532		
Balance at 31 December 2012	222,276	24,194	197,700	14,700	-189,116	622	270,376

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 377,000 (in 2011: KCHF 381,000).

The financial risk 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 35.A for the method of calculation).

The human resources reserve has shown a negative balance since the early adoption of IAS 19R, “Employees Benefits”. The impact of IAS 19R on this reserve is a cumulative decrease of KCHF 203,826 as at 31 December 2012 (2011: KCHF 223,358).

26. OTHER UNRESTRICTED RESERVES

(in KCHF)	2012	2011
General reserves	14,400	14,400
Total Other unrestricted reserves	14,400	14,400

27. CONTRIBUTIONS

(in KCHF)	2012	2011
Governments	839,075	963,237
European Commission	89,565	105,732
International organizations	3,260	217
Supranational organizations	127	-
National Societies	44,380	56,754
Public sources	7,313	6,462
Private sources	29,639	27,897
Total Contributions	1,013,359	1,160,299

28. OPERATING EXPENDITURE BY CASH, KIND AND SERVICES

(in KCHF)	Cash	Kind	Services	Total 2012	Total 2011
FIELD					
Staff-related costs	399,399	-	5,004	404,403	395,261
Mission costs	54,831	-	126	54,957	50,791
Rentals	100,848	-	378	101,226	104,983
Sub-contracted maintenance	34,312	-	-	34,312	40,438
Purchase of goods and materials	192,914	5,517	-	198,431	216,836
Financial assistance	15,121	-	-	15,121	8,733
General expenditure	53,436	-	14	53,450	53,959
Depreciation	16,441	-	-	16,441	15,773
Total Field operating expenditure	867,302	5,517	5,522	878,341	886,774
HEADQUARTERS					
Staff-related costs	133,173	-	210	133,383	132,815
Mission costs	4,620	-	-	4,620	4,320
Rentals	394	-	2,628	3,022	4,193
Sub-contracted maintenance	2,528	-	-	2,528	2,980
Purchase of goods and materials	3,603	-	-	3,603	3,408
Financial assistance	968	-	-	968	2,474
General expenditure	22,711	-	108	22,819	23,987
Depreciation	10,192	-	-	10,192	7,435
Total Headquarters operating expenditure	178,189	-	2,946	181,135	181,612
Total Operating expenditure before IAS 19R	1,045,491	5,517	8,468	1,059,476	1,068,386
IAS 19R impact on pension plans				-11,015	-14,197
Total Operating expenditure				1,048,461	1,054,189

The contributed assets included in the 2012 contributions amount to KCHF 1,000 (2011: nil). They are reported:

- ▶ either as contributions in cash that are restricted to acquisition of a given fixed asset
- ▶ or as contributions in kind in the form of a donated asset.

29. 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) Headquarters overhead income

The reconciliation of headquarters overhead income results in the following breakdown over the past two years:

2012 (in KCHF)	Note	Headquarters	Field	Total
Contributions	27			1,013,359
Less funds and foundations	23			-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		926,416	138,968	1,065,384

2011 (in KCHF)	Note	Headquarters	Field	Total
Contributions	27			1,160,299
Less funds and foundations	23			-7,510
Total ICRC contributions		143,243	1,009,546	1,152,789
Internal allocation from field budget		57,202	-	57,202
Total Income related to Emergency Appeals		200,445	1,009,546	1,209,991

b) Field overhead expenditure

The reconciliation of field overhead expenditure is as follows:

2012 (in KCHF)	Note	Headquarters	Field	Total
Operational expenditure before IAS 19R	28	-181,135	-878,341	-1,059,476
IAS 19R impact on pension plans				11,015
Total Operating expenditure				-1,048,461
Internal allocation to headquarters budget				-56,390
Total Expenditure related to Emergency Appeals				-1,104,851

2011 (in KCHF)	Note	Headquarters	Field	Total
Operational expenditure before IAS 19R	28	-181,612	-886,774	-1,068,386
IAS 19R impact on pension plans				14,197
Total Operating expenditure				-1,054,189
Internal allocation to headquarters budget				-57,202
Total Expenditure related to Emergency Appeals				-1,111,391

c) 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 116,574 (2011: KCHF 119,183), which represents 11.1% (2011: 11.2%) of ICRC's operational expenditure.

30. STAFF-RELATED COSTS AND FIGURES

(in KCHF)	Note	2012	2011
Wages and salaries		416,769	404,510
Social insurance and social benefits		66,571	65,405
Staff costs as contributed services	28	5,215	7,476
Post-employment benefit costs (total of current net service cost and administration costs excluding costs for managing plan assets)	22	38,216	36,488
Total Staff-related costs		526,771	513,879

The average number of employees during 2012 (2011) was:

In the field:

- ▶ 1,551 (2011: 1,601) expatriate staff, including 110 (2011: 127) seconded by National Societies
- ▶ 10,020 (2011: 10,011) locally recruited employees under ICRC contract

At headquarters:

- ▶ 919 (2011: 931) staff, including 6 (2011: 8) seconded by National Societies

31. 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 2012, KCHF 101,241 (2011: KCHF 105,053) were recognized as rental expense with respect to operating leases in the income statement, as follows:

(in KCHF)	Note	2012	2011
Premises and equipment		40,124	38,354
Transport		61,117	66,699
Sub-total Operating leases		101,241	105,053
Rentals as contributed services	28	3,007	4,123
Total Rentals		104,248	109,176

NON-CANCELLABLE OPERATING LEASE RENTALS PAYABLE

(in KCHF)	2012	2011
- within 12 months	8,233	10,974
- within 2 to 5 years	7,643	8,426
- over 5 years	1,310	1,320
Total Non-cancellable operating lease rentals payable	17,186	20,720

b) Operating leases as lessor

In 2012, KCHF 754 (2011: KCHF 720) 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.

32. FINANCIAL INCOME, NET

(in KCHF)	2012	2011
INVESTMENTS AT FAIR VALUE THROUGH PROFIT AND LOSS		
Net fair value gain	8,352	-
Net income	1,644	1,186
INVESTMENTS HELD-TO-MATURITY		
Net gain	27	-
Interest income	371	-
OTHER FINANCIAL INCOME		
Interest income	923	1,291
Total Financial income	11,317	2,477
INVESTMENTS AT FAIR VALUE THROUGH PROFIT AND LOSS		
Net fair value loss	-	-833
INVESTMENTS HELD-TO-MATURITY		
Net loss	-	-
Interest and other expenses	-66	-
Impairment loss	-	-
Total Financial expenses	-66	-833
Financial income, net	11,251	1,644

Interest expense is classified within operating general expenditure, which is consistent with the requirements of agreements with donors.

33. NON-OPERATING INCOME AND EXPENSES

(in KCHF)	Note	2012	2011
Decrease in allowance for specific risks		571	1,806
Decrease in allowance for accounts receivable		656	-
Decrease in allowance for obsolete stock		-	-
Re-invoiced costs		9,424	4,319
Income arising from prior period		797	7,126
Gains on disposal of fixed assets		3,802	3,702
Other income		5,659	492
Adjustments of operations		615	2,344
Total Non-operating income		21,524	19,789
Increase in allowance for specific risks		-	-
Increase in allowance for accounts receivable		-67	-670
Increase in allowance for obsolete stock		-524	-214
Expenditure arising from prior period		-129	-1,621
Net interest cost on post-employment obligations	22.C	-6,900	-4,748
Losses on disposal of fixed assets		-742	-12
Other expenses		-8,450	-4,700
Total Non-operating expenses		-16,812	-11,965

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.

34. TAXES

The ICRC (but not its staff) is exempt from taxes in Switzerland and most countries in which its delegations are based.

35. FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES

The ICRC has various financial assets, such as cash and cash equivalents, investments, accounts receivable and derivative financial instruments. The main financial liabilities comprise loans, bank overdrafts, accounts payable, accrued expenses and derivative financial instruments.

The main risks arising from these financial assets and liabilities are foreign currency risk, market risk, interest-rate risk, 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 exchange 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	
	2012	2011	2012	2011
USD	0.9163	0.9395	0.9341	0.8811
EUR	1.2080	1.2156	1.2051	1.2345
GBP	1.4787	1.4553	1.4820	1.4141
AUD	0.9518	0.9554	0.9687	0.9169

Most financial assets and liabilities are denominated in Swiss francs, except the following:

(Converted in KCHF)		2012	2011
CASH AND CASH EQUIVALENTS			
Euro	KCHF	3,514	6,745
US dollar	KCHF	12,792	19,648
CURRENT AND NON-CURRENT ACCOUNTS RECEIVABLE			
Euro	KCHF	62,739	29,592
Pound	KCHF	151,716	175,730
US dollar	KCHF	2,834	589
Canadian dollar	KCHF	921	7,413
Australian dollar	KCHF	140,200	485
ACCOUNTS PAYABLE			
Euro	KCHF	3,595	1,757
US dollar	KCHF	1,191	3,149
ACCRUED EXPENSES			
West African CFA franc (XOF)	KCHF	2,674	-
US dollar	KCHF	1,307	5,994
CURRENT AND NON-CURRENT DEFERRED INCOME			
Euro	KCHF	28,628	15,009
Pound	KCHF	165,762	178,201
Australian dollar	KCHF	142,770	-
Canadian dollar	KCHF	921	7,359

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 2012, all investments are denominated in Swiss francs, with the exception of KCHF 66,111 (2011: KCHF 18,401).

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	2012	2011
Value at Risk – Potential loss on foreign currencies	25	-4,375	-15,904

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 the debt securities that are held-to-maturity, are stated at fair value.

Global exposure to these risks increased in 2012, as the ICRC has been holding more investments since introducing its long-term policy in May 2012.

To limit the 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 makers. 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. These positions are held in banks with good credit ratings, and there is no significant exposure to banks in risky countries. In 2012, 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 20.6% of overall income (2011: 20.9%) and the top five donors contributed 54.5% (2011: 60.0%).

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 table below summarizes the maturity profile of the ICRC's financial liabilities.

(in KCHF)	Note	Total	< 1 year	2 – 5 years	> 5 years
YEAR ENDED 31 DECEMBER 2012					
Accounts payable	16	16,901	16,901		
Current loans and borrowings	17	1,029	1,029		
Current employee benefit liabilities	19	46,245	46,245		
Accrued expenses and deferred income:	20				
– Accrued expenses		19,829	19,829		
– National Societies, organizations, foundations and funds		1,397	1,397		
– Deferred income related to pledges		131,480	131,480		
– Deferred income related to government loans		89	89		
Derivative financial instruments	39	61,072	61,072		
Non-current loans and borrowings	17	20,429		2,447	17,982
Non-current deferred income:	20				
– Deferred income related to pledges		268,735		268,735	
– Deferred income related to government loans		11,309		467	10,842
Total 2012		578,515	278,042	271,649	28,824
YEAR ENDED 31 DECEMBER 2011					
Accounts payable	16	14,121	14,121		
Current loans and borrowings	17	1,631	1,631		
Current employee benefit liabilities	19	46,218	46,218		
Accrued expenses and deferred income:	20				
– Accrued expenses		22,451	22,451		
– National Societies, organizations, foundations and funds		216	216		
– Deferred income related to pledges		67,467	67,467		
– Deferred income related to government loans		77	77		
Derivative financial instruments	39	147,387	147,387		
Non-current loans and borrowings	17	21,068		2,491	18,577
Non-current deferred income:	20				
– Deferred income related to pledges		165,615		165,615	
– Deferred income related to government loans		11,398		423	10,975
Total 2011		497,649	299,568	168,529	29,552

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 24 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.

36. 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 judgement 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 141 (2011: KCHF 3,812). 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 2011 and 2012. The transfer of debt securities in May 2012 for a total of KCHF 12,936 from a held-for-trading to a held-to-maturity mandate is described in Note 8.

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	167,711	167,711	167,711	-	-
Investments held-to-maturity	8	121,828	122,577	122,577	-	-
Derivative financial instruments	12	101	101	-	101	-
FINANCIAL LIABILITIES						
Derivative financial instruments	21	-2	-2	-	-2	-

2011 (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	180,367	180,367	180,367	-	-
Investments held-to-maturity	8	-	-	-	-	-
Derivative financial instruments	12	253	253	-	253	-
FINANCIAL LIABILITIES						
Derivative financial instruments	21	-264	-264	-	-264	-

37. CONTINGENT ASSETS

In 2012, pledges amounting to KCHF 1,600 (2011: KCHF 3,800) fell due after five years and were considered as contingent assets.

38. 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 13,911 (2011: KCHF 10,548).

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.

39. CAPITAL AND CONTRACTUAL COMMITMENTS

a) Capital commitments

Capital expenditures of KCHF 11,262 (2011: KCHF 8,246) have been approved but not provided for in these consolidated financial statements. The 2012 amount includes KCHF 2,059 (2011: 4,553) in commitments relating to the visitors' centre; its construction started in 2011 and is expected to be completed in the second half of 2013.

b) Contractual commitments

Open purchase orders of KCHF 13,963 (2011: KCHF 10,795) 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)	2012	2011
Purchase of foreign currencies	45,064	87,128
Sale of foreign currencies	-16,008	-60,259

40. 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 amounted to KCHF 3,492 (2011: KCHF 3,433), including employer expenses for social insurance and social benefits. They received no other salaries or benefits (e.g. fringe benefits, loans, etc).

(in KCHF)	2012	2011
Short-term employee benefits	2,784	2,770
Post-employment benefits	671	626
Other long-term benefits	37	37
Total Remuneration of related parties	3,492	3,433

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.

Lancy, 4 April 2013

Report of the independent auditor on the consolidated financial statements

As independent auditor and in accordance with your instructions, we have audited the 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 469 to 505 for the year ended 31 December 2012.

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 2012 present a true and fair view of the financial position, the results of operations and the cash flows in accordance with IFRS, comply with Swiss law, and the organisation's Statutes.

Ernst & Young Ltd



Laurent Bludzien
Licensed audit expert
(Auditor in charge)



Thomas Madoery
Licensed audit expert

FINANCIAL AND STATISTICAL TABLES

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A. INCOME AND EXPENDITURE RELATED TO THE 2012 EMERGENCY AND HEADQUARTERS APPEALS (in KCHF)

	BUDGET			EXPENDITURE BY PROGRAMME (Cash, kind and services)						
	2012 Initial budget	Amendments	2012 Final budget	Protection	Assistance	Prevention	Cooperation with National Societies	General	2012 Total Expenditure	Overheads (already included in the total expenditure)
1. EMERGENCY APPEALS (FIELD)										
Africa	401,535	37,506	439,040	63,715	269,676	45,000	29,931	-	408,321	24,654
Asia and the Pacific	234,785	-37,327	197,458	37,211	112,764	29,938	13,903	-	193,817	11,822
Europe and the Americas	141,215	-	141,215	39,830	46,912	34,089	12,084	9	132,924	8,106
Middle East	191,917	24,575	216,492	44,242	112,653	21,378	15,867	248	194,387	11,808
Stock in Kind										
TOTAL EMERGENCY APPEALS (FIELD)	969,452	24,754	994,206	184,997	542,006	130,404	71,785	257	929,449	56,390
2. HEADQUARTERS APPEAL										
HEADQUARTERS GENERAL										
Assembly, Presidency and Management Control	5,515	2,653	8,168						8,191	
Office of the Director-General	4,918	355	5,272						4,948	
Operations	47,882	68	47,951						45,904	
International Law and Cooperation within the Movement	17,155	231	17,385						16,897	
Communication and Information Management	36,440	23	36,463						35,985	
Human Resources	24,211	61	24,272						24,520	
Financial Resources and Logistics	44,727	40	44,767						44,280	
TOTAL HEADQUARTERS	180,848	3,431	184,279						180,725	
3. TOTAL FOUNDATIONS AND FUNDS									5,693	
4. OPERATING ACTIVITIES-RELATED CONTRIBUTIONS AND EXPENDITURE (according to Consolidated statement of comprehensive income and expenditure)										
Total income and expenditure				184,997	542,006	130,404	71,785	257	1,115,866	56,390
Cash for asset										
Deduction of field non-operating income										
Deduction of headquarters non-operating income										
Deduction of overheads				-11,291	-32,744	-7,958	-4,381	-16	-56,390	-56,390
Deduction of cross-charging (foundations and funds)									-	
Reconciliation with IFRS requirements (IAS 19R)									-11,015	
TOTAL ICRC OPERATING ACTIVITIES-RELATED CONTRIBUTIONS AND EXPENDITURE				173,707	509,261	122,446	67,404	241	1,048,461	-

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 and services)						FUNDING OF FIELD OPERATIONS (Balances brought forward)					
Cash contributions	Cash non-operating income	Overheads	Kind contributions	Services contributions	2012 Total Income	2011 Donors' restricted contributions brought forward	2011 Field operations with temporary deficit financing brought forward	Adjustments and transfers	2012 Donors' restricted contributions	2012 Field operations with temporary deficit financing	
											1. EMERGENCY APPEALS (FIELD)
359,790	7,242		4,379	2,210	373,621	52,993	- 5,427	220	31,560	- 18,474	Africa
192,655	335		112	1,767	194,870	17,862	- 2,726		20,815	- 4,627	Asia and the Pacific
121,989	266		90	413	122,758		- 1,738			- 11,904	Europe and the Americas
184,575	245		899	1,131	186,852	1,109	- 7,562	395	24,396	- 37,990	Middle East
- 73			86		13	79			92		Stock in Kind
858,937	8,088		5,567	5,522	878,114	72,042	- 17,453	615	76,863	- 72,994	TOTAL EMERGENCY APPEALS (FIELD)
											2. HEADQUARTERS APPEAL
134,017	1,869	56,390	-	2,705	194,981						HEADQUARTERS GENERAL
36	-		-	32	67						Assembly, Presidency and Management Control
-	-		-	-	-						Office of the Director-General
-	22		-	22	44						Operations
73	369		-	109	550				27		International Law and Cooperation within the Movement
52	-		-	22	74	15			25		Communication and Information Management
422	0		-	57	479						Human Resources
422	-		-	-	422						Financial Resources and Logistics
135,021	2,259	56,390	-	2,947	196,617	15	-	-	53	-	TOTAL HEADQUARTERS
4,708					4,708						3. TOTAL FOUNDATIONS AND FUNDS
											4. OPERATING ACTIVITIES-RELATED CONTRIBUTIONS AND EXPENDITURE
998,665	10,347	56,390	5,567	8,469	1,079,439	72,057	- 17,453	615	76,916	- 72,994	Total income and expenditure
1,000					1,000						Cash for asset
	- 8,088				- 8,088						Deduction of field non-operating income
	- 2,259				- 2,259						Deduction of headquarters non-operating income
		- 56,390			- 56,390						Deduction of overheads
- 343					- 343						Deduction of cross-charging (foundations and funds)
											Reconciliation with IFRS requirements (IAS 19R)
999,322	-	-	5,567	8,469	1,013,359	72,057	-17,453	615	76,916	-72,994	TOTAL ICRC OPERATING ACTIVITIES-RELATED CONTRIBUTIONS AND EXPENDITURE

B. INCOME AND EXPENDITURE BY DELEGATION RELATED TO THE 2012 EMERGENCY APPEALS (in KCHF)

	BUDGET			EXPENDITURE BY PROGRAMME (Cash, kind and services)						
	2012 Initial budget	Amendments	2012 Final budget	Protection	Assistance	Prevention	Cooperation with National Societies	General	2012 Total expenditure	Overheads (already included in the total expenditure)
AFRICA										
Algeria	1,914	-	1,914	1,000	-	576	134	-	1,709	104
Burundi	5,017	-	5,017	1,651	2,225	320	567	-	4,764	291
Central African Republic	15,229	-	15,229	1,936	10,110	1,456	1,140	-	14,642	894
Chad	12,604	-	12,604	2,921	5,629	1,791	1,413	-	11,754	717
Congo, Democratic Republic of the	54,847	-	54,847	14,820	38,523	4,760	1,563	-	59,666	3,530
Eritrea	4,994	-	4,994	820	1,050	223	92	-	2,185	133
Ethiopia	13,897	-	13,897	3,537	6,161	2,108	850	-	12,657	767
Guinea	7,912	-	7,912	1,384	3,238	1,389	1,271	-	7,282	444
Liberia	6,628	-	6,628	1,364	2,494	1,104	1,966	-	6,928	423
Libya	20,143	-	20,143	6,131	7,109	3,621	1,673	-	18,533	1,131
Nigeria	10,266	-	10,266	423	4,566	2,403	1,455	-	8,846	540
Rwanda	5,024	-	5,024	2,006	1,865	508	476	-	4,855	296
Somalia	70,169	-	70,169	965	53,346	925	922	-	56,158	3,425
South Sudan	24,977	-	24,977	3,628	25,260	2,588	2,054	-	33,531	1,992
Sudan	54,638	-	54,638	4,647	30,261	3,230	2,000	-	40,137	2,425
Uganda	5,142	-	5,142	1,648	1,572	1,016	930	-	5,166	315
Abidjan (regional)	16,738	-	16,738	3,258	8,473	2,239	1,684	-	15,654	955
Antananarivo (regional)	2,878	-	2,878	660	1,174	308	605	-	2,748	168
Dakar (regional)	10,457	-	10,457	1,465	6,217	2,130	1,463	-	11,275	656
Harare (regional)	8,791	-	8,791	1,264	4,388	1,622	1,236	-	8,510	519
Nairobi (regional)	8,188	-	8,188	1,634	1,789	2,579	1,646	-	7,648	467
Niamey (regional)	22,312	37,506	59,817	1,889	49,723	2,803	2,025	-	56,440	3,409
Pretoria (regional)	2,877	-	2,877	229	-	1,409	859	-	2,497	152
Tunis (regional)	10,615	-	10,615	2,999	4,504	1,997	779	-	10,279	627
Yaoundé (regional)	5,277	-	5,277	1,436	-	1,894	1,129	-	4,459	272
Total Africa	401,535	37,506	439,040	63,715	269,676	45,000	29,931	-	408,321	24,654
ASIA AND THE PACIFIC										
Afghanistan	88,866	-172	88,694	12,547	66,957	4,492	2,296	-	86,292	5,267
Bangladesh	3,004	-	3,004	514	514	1,301	320	-	2,649	162
Myanmar	4,901	-	4,901	1,449	2,068	745	1,041	-	5,302	324
Nepal	4,397	-	4,397	1,046	1,261	1,123	438	-	3,868	236
Pakistan	66,215	-37,154	29,061	2,842	17,558	4,820	2,192	-	27,413	1,666
Philippines	13,128	-	13,128	3,374	9,967	2,033	856	-	16,230	991
Sri Lanka	6,227	-	6,227	2,757	918	905	859	-	5,439	332
Bangkok (regional)	12,069	-	12,069	5,251	3,124	2,767	1,019	-	12,160	742
Beijing (regional)	10,176	-	10,176	840	4,126	3,041	1,094	-	9,101	555
Jakarta (regional)	4,352	-	4,352	1,446	229	2,063	691	-	4,429	270
Kuala Lumpur (regional)	4,256	-	4,256	1,376	-	2,067	611	-	4,054	247
New Delhi (regional)	12,658	-	12,658	2,688	5,103	2,296	1,322	-	11,409	696
Suva (regional)	4,535	-	4,535	1,082	939	2,284	1,166	-	5,470	334
Total Asia and the Pacific	234,785	-37,327	197,458	37,211	112,764	29,938	13,903	-	193,817	11,822

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 and services)					FUNDING OF FIELD OPERATIONS (Balances brought forward)					
Cash contributions	Cash non-operating income	Kind contributions	Services contributions	2012 Total income	2011 Donors' restricted contributions brought forward	2011 Field operations with temporary deficit financing brought forward	Adjustments and transfers	2012 Donors' restricted contributions	2012 Field operations with temporary deficit financing	
										AFRICA
1,708	1	-	-	1,709						Algeria
4,750	14	0	-	4,764						Burundi
12,276	10	-	-	12,286			45		- 2,310	Central African Republic
11,662	48	-	44	11,754						Chad
55,257	201	1,808	348	57,615		- 2,768			- 4,818	Congo, Democratic Republic of the
2,179	6	-	-	2,185						Eritrea
8,156	15	97	193	8,461					- 4,196	Ethiopia
7,275	3	-	5	7,282						Guinea
6,908	11	-	10	6,928						Liberia
7,773	23	- 8	239	8,027	12,155		20	1,669		Libya
8,721	6	-	119	8,846						Nigeria
4,853	2	-	-	4,855						Rwanda
34,652	3,909	38	99	38,700	32,222		154	14,917		Somalia
25,990	13	940	132	27,076					- 6,455	South Sudan
41,863	126	388	666	43,043	6,455			9,362		Sudan
5,107	2	-	58	5,166						Uganda
12,688	24	-	87	12,799	2,161		0		- 694	Abidjan (regional)
2,747	1	-	-	2,748						Antananarivo (regional)
10,744	6	525	-	11,275						Dakar (regional)
8,445	20	8	37	8,510						Harare (regional)
7,247	370	-	31	7,648						Nairobi (regional)
61,592	2,394	583	142	64,711		- 2,659		5,612		Niamey (regional)
2,477	20	-	-	2,497						Pretoria (regional)
10,272	7	0	-	10,279						Tunis (regional)
4,447	12	-	-	4,459						Yaoundé (regional)
359,790	7,242	4,379	2,210	373,621	52,993	- 5,427	220	31,560	- 18,474	Total Africa
										ASIA AND THE PACIFIC
93,098	36	-	1,141	94,275	12,832			20,815		Afghanistan
2,647	2	0	-	2,649						Bangladesh
5,299	3	0	-	5,302						Myanmar
3,852	16	-	-	3,868						Nepal
21,719	164	112	388	22,383	5,030					Pakistan
14,264	9	-	56	14,329		- 2,726			- 4,627	Philippines
5,431	7	-	-	5,439						Sri Lanka
12,154	6	-	-	12,160						Bangkok (regional)
8,979	15	-	108	9,101						Beijing (regional)
4,354	1	-	74	4,429						Jakarta (regional)
4,053	1	-	-	4,054						Kuala Lumpur (regional)
11,337	72	-	-	11,409						New Delhi (regional)
5,468	3	-	-	5,470						Suva (regional)
192,655	335	112	1,767	194,870	17,862	- 2,726	-	20,815	- 4,627	Total Asia and the Pacific

B. INCOME AND EXPENDITURE BY DELEGATION RELATED TO THE 2012 EMERGENCY APPEALS (CONT.) (in KCHF)

	BUDGET			EXPENDITURE BY PROGRAMME (Cash, kind and services)						
	2012 Initial budget	Amendments	2012 Final budget	Protection	Assistance	Prevention	Cooperation with National Societies	General	2012 Total expenditure	Overheads (already included in the total expenditure)
EUROPE AND THE AMERICAS										
Armenia	2,040	-	2,040	371	930	405	241	-	1,947	119
Azerbaijan	7,346	-	7,346	1,797	4,470	668	278	-	7,213	440
Georgia	10,123	-	10,123	2,242	5,669	1,657	761	-	10,329	630
Kyrgyzstan	10,708	-	10,708	1,360	5,352	749	619	-	8,079	493
Europe (regional)	2,190	-	2,190	1,198	-	447	429	-	2,073	127
Moscow (regional)	14,935	-	14,935	4,664	4,528	4,322	1,107	-	14,620	891
Tashkent (regional)	8,184	-	8,184	2,770	1,031	2,675	1,325	-	7,802	476
Western Balkans (regional)	4,377	-	4,377	2,326	-	765	812	-	3,903	238
Ankara	788	-	788	30	-	276	70	-	375	23
Brussels	2,550	-	2,550	53	-	2,151	175	-	2,380	145
International Tracing Service	740	-	740	356	-	281	-	-	637	39
London	1,663	-	1,663	191	-	1,284	427	-	1,902	116
Paris	1,448	-	1,448	70	-	1,084	125	-	1,279	78
Colombia	33,091	-	33,091	9,632	18,311	4,191	1,772	-	33,906	2,069
Haiti	5,443	-	5,443	1,149	2,911	532	759	-	5,352	321
Brasilia (regional)	8,442	-	8,442	2,154	1,869	1,945	713	-	6,681	408
Caracas (regional)	1,922	-	1,922	296	-	1,132	370	-	1,798	110
Lima (regional)	5,790	-	5,790	2,561	316	1,954	694	-	5,525	337
Mexico City (regional)	10,174	-	10,174	4,369	1,239	2,260	856	-	8,724	532
Washington (regional)	7,077	-	7,077	2,241	287	3,140	551	9	6,228	380
New York	2,185	-	2,185	-	-	2,172	-	-	2,172	133
Total Europe and the Americas	141,215	-	141,215	39,830	46,912	34,089	12,084	9	132,924	8,106
MIDDLE EAST										
Egypt	2,596	-	2,596	468	-	1,112	481	-	2,061	126
Iran, Islamic Republic of	3,822	-	3,822	1,119	-	1,971	487	-	3,578	218
Iraq	67,284	-	67,284	15,652	35,215	7,419	1,728	-	60,013	3,663
Israel and the Occupied Territories	52,558	-	52,558	14,678	25,065	3,774	5,547	-	49,065	2,995
Jordan	4,415	-	4,415	2,339	-	1,210	299	-	3,848	235
Lebanon	7,631	-	7,631	3,553	1,634	869	835	-	6,890	421
Syrian Arab Republic	12,980	24,575	37,555	2,323	31,342	1,701	3,251	-	38,619	2,357
Yemen	37,581	-	37,581	2,765	19,396	2,402	2,768	-	27,331	1,612
Kuwait (regional)	3,050	-	3,050	1,345	-	918	470	248	2,981	182
Total Middle East	191,917	24,575	216,492	44,242	112,653	21,378	15,867	248	194,387	11,808
Stock in Kind	-	-	-	-	-	-	-	-	-	-
TOTAL FIELD	969,452	24,754	994,206	184,997	542,006	130,404	71,785	257	929,449	56,390

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 and services)					FUNDING OF FIELD OPERATIONS (Balances brought forward)					
Cash contributions	Cash non-operating income	Kind contributions	Services contributions	2012 Total income	2011 Donors' restricted contributions brought forward	2011 Field operations with temporary deficit financing brought forward	Adjustments and transfers	2012 Donors' restricted contributions	2012 Field operations with temporary deficit financing	
										EUROPE AND THE AMERICAS
1,946	0	-	-	1,947						Armenia
7,190	2	-	21	7,213						Azerbaijan
10,324	4	-	-	10,329						Georgia
8,076	9	- 5	-	8,079						Kyrgyzstan
2,073	1	-	-	2,073						Europe (regional)
14,396	140	-	83	14,620						Moscow (regional)
7,795	5	- 2	4	7,802						Tashkent (regional)
3,900	2	-	-	3,903						Western Balkans (regional)
373	2	-	-	375						Ankara
2,379	0	-	-	2,380						Brussels
637	0	-	-	637						International Tracing Service
1,888	1	-	13	1,902						London
1,279	0	-	-	1,279						Paris
23,404	45	0	291	23,740		- 1,738		- 11,904		Colombia
5,253	2	97	-	5,352						Haiti
6,678	3	-	-	6,681						Brasilia (regional)
1,798	0	-	-	1,798						Caracas (regional)
5,498	27	-	-	5,525						Lima (regional)
8,704	20	0	-	8,724						Mexico City (regional)
6,225	3	-	-	6,228						Washington (regional)
2,171	1	-	-	2,172						New York
121,989	266	90	413	122,758	-	- 1,738	-	- 11,904		Total Europe and the Americas
										MIDDLE EAST
2,061	1	-	-	2,061						Egypt
3,510	3	-	-	3,513			65			Iran, Islamic Republic of
46,762	30	0	237	47,030		- 1,763	- 7	- 14,754		Iraq
37,833	170	3	400	38,406		- 2,874	- 1	- 13,534		Israel and the Occupied Territories
260	8	- 19	-	249			- 20	- 3,619		Jordan
2,579	10	-	229	2,818		- 2,010		- 6,083		Lebanon
55,327	3	-	108	55,437		- 915		15,903		Syrian Arab Republic
33,263	21	914	159	34,357		1,109	358	8,493		Yemen
2,980	1	-	-	2,981						Kuwait (regional)
184,575	245	899	1,131	186,852	1,109	- 7,562	395	24,396	- 37,990	Total Middle East
- 73	-	86	-	13	79			92		Stock in Kind
858,937	8,088	5,567	5,522	878,114	72,042	- 17,453	615	76,863	- 72,994	TOTAL FIELD

C. CONTRIBUTIONS IN 2012

SUMMARY OF ALL CONTRIBUTIONS (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Subtotal	Total assets	Grand total
1. Governments	127,868,178	704,155,931	2,298,132	834,322,241	985,470	359,190	835,666,901		835,666,901
2. European Commission ⁽¹⁾		90,231,817	- 667,277	89,564,540			89,564,540		89,564,540
3. International organizations					3,259,579		3,259,579		3,259,579
4. Supranational organizations		10,280		10,280	116,659		126,939		126,939
5. National Societies	5,106,575	31,559,652	410,535	37,076,762	957,497	5,340,217	43,374,476		43,374,476
6. Public sources		4,718,230		4,718,230		2,595,159	7,313,389		7,313,389
7. Private sources	1,895,085	27,369,886		29,264,971	247,888	174,697	29,687,556		29,687,556
GRAND TOTAL	134,869,838	858,045,795	2,041,390	994,957,023	5,567,093	8,469,263	1,008,993,379		1,008,993,379

1. Member of the Donor Support Group

Reconciliation between the consolidated contributions of the ICRC 2012 and the summary of the contributions to the ICRC (see above)		
Total consolidated contributions of the ICRC (see Subtotal above)		1,008,993,379
Contributions received from funds and foundations of the ICRC:		
Foundation for the ICRC		250,000
Special Fund for the Disabled		4,424,822
Maurice de Madre French Fund		33,533
Adjustment of the consolidated funds and foundations of the ICRC to the ICRC actions		-343,069
Total contributions of the consolidated accounts of the ICRC (see A. Income and expenditure related to the 2012 Emergency and Headquarters Appeals above)		1,013,358,665

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	Subtotal	Total assets	Grand total
Afghanistan						304,212	304,212		304,212
Algeria	35,000		35,000	70,000			70,000		70,000
Andorra	12,076	48,304		60,380			60,380		60,380
Argentina	138,540			138,540			138,540		138,540
Australia ⁽¹⁾	2,920,320	34,351,782		37,272,102			37,272,102		37,272,102
Austria	781,625	3,330,920		4,112,545			4,112,545		4,112,545
Azerbaijan	20,000			20,000			20,000		20,000
Barbados	969			969			969		969
Belgium ⁽¹⁾	900,750	21,879,610		22,780,360			22,780,360		22,780,360
Brunei Darussalam	102,008		44,977	146,985			146,985		146,985
Bulgaria	68,722			68,722			68,722		68,722
Cambodia	5,425			5,425			5,425		5,425
Canada ⁽¹⁾	2,763,600	43,616,280		46,379,880			46,379,880		46,379,880
Chile	37,444	140,415		177,859			177,859		177,859
China	610,000	1,840,400		2,450,400			2,450,400		2,450,400
Costa Rica	27,492			27,492			27,492		27,492
Cyprus	36,300			36,300			36,300		36,300
Czech Republic	631,160	166,471		797,631			797,631		797,631
Denmark ⁽¹⁾	3,229,500	13,097,460		16,326,960			16,326,960		16,326,960
Ecuador	75,457		73,386	148,843			148,843		148,843
Estonia	18,233	78,283		96,515			96,515		96,515
Finland ⁽¹⁾	1,205,600	8,701,316		9,906,916	985,470		10,892,387		10,892,387
France ⁽¹⁾	1,202,700	13,715,740		14,918,440			14,918,440		14,918,440
Georgia	10,851			10,851			10,851		10,851
Germany ⁽¹⁾	1,681,400	33,890,297		35,571,697			35,571,697		35,571,697
Greece	60,210	60,050		120,260			120,260		120,260
Guyana	1,174			1,174			1,174		1,174
Haiti	5,504			5,504			5,504		5,504
Holy See		9,053		9,053			9,053		9,053

1. GOVERNMENTS (CONT.) (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Subtotal	Total assets	Grand total
Hungary	60,065	90,195		150,260			150,260		150,260
Iceland	72,464	90,000		162,464			162,464		162,464
India			10,485	10,485			10,485		10,485
Iraq						54,978	54,978		54,978
Ireland ⁽¹⁾	156,130	10,573,050		10,729,180			10,729,180		10,729,180
Israel	95,810			95,810			95,810		95,810
Japan ⁽¹⁾	544,877	42,226,600		42,771,477			42,771,477		42,771,477
Kazakhstan	140,711			140,711			140,711		140,711
Korea, Republic of	262,570	369,480		632,050			632,050		632,050
Kuwait	458,150	2,290,750		2,748,900			2,748,900		2,748,900
Lao People's Democratic Republic	760			760			760		760
Libya	107,254			107,254			107,254		107,254
Liechtenstein	200,000	500,000		700,000			700,000		700,000
Lithuania	4,937			4,937			4,937		4,937
Luxembourg ⁽¹⁾	960,720	9,016,875		9,977,595			9,977,595		9,977,595
Mauritius	19,893			19,893			19,893		19,893
Mexico	377,075			377,075			377,075		377,075
Monaco	84,413	84,095		168,508			168,508		168,508
Morocco	32,538			32,538			32,538		32,538
Netherlands ⁽¹⁾	4,503,750	25,608,250		30,112,000			30,112,000		30,112,000
New Zealand	312,480	2,783,920	1,854,750	4,951,150			4,951,150		4,951,150
Nicaragua	941			941			941		941
Norway ⁽¹⁾	4,855,410	57,225,462		62,080,872			62,080,872		62,080,872
Oman	7,274			7,274			7,274		7,274
Pakistan	4,534			4,534			4,534		4,534
Panama	26,128			26,128			26,128		26,128
Peru	162,763			162,763			162,763		162,763
Philippines	162,763			162,763			162,763		162,763
Poland	228,636	432,245		660,881			660,881		660,881
Russian Federation		1,984,613		1,984,613			1,984,613		1,984,613
San Marino	40,000			40,000			40,000		40,000
Saudi Arabia	182,000			182,000			182,000		182,000
Serbia	40,000			40,000			40,000		40,000
Singapore	60,093			60,093			60,093		60,093
Slovakia	35,000			35,000			35,000		35,000
South Africa			229,999	229,999			229,999		229,999
Spain ⁽¹⁾		10,888,400		10,888,400			10,888,400		10,888,400
Sweden ⁽¹⁾	7,070,800	61,610,180		68,680,980			68,680,980		68,680,980
Switzerland ⁽¹⁾	70,058,700	40,325,642		110,384,342			110,384,342		110,384,342
Tajikistan	2,386			2,386			2,386		2,386
Thailand	90,965			90,965			90,965		90,965
Tunisia	6,619			6,619			6,619		6,619
United Arab Emirates	91,760			91,760			91,760		91,760
United Kingdom of Great Britain and Northern Ireland ⁽¹⁾	873,240	74,124,412		74,997,652			74,997,652		74,997,652
United States of America ⁽¹⁾	18,891,510	189,005,381		207,896,891			207,896,891		207,896,891
Uruguay			49,535	49,535			49,535		49,535
TOTAL FROM GOVERNMENTS	127,868,178	704,155,931	2,298,132	834,322,241	985,470	359,190	835,666,901		835,666,901

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	Subtotal	Total assets	Grand total
Directorate General Humanitarian Aid (ECHO)		84,921,757	- 667,277	84,254,480			84,254,480		84,254,480
European Commission Service FPI		5,310,060		5,310,060			5,310,060		5,310,060
Total from European Commission		90,231,817	- 667,277	89,564,540			89,564,540		89,564,540

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	Subtotal	Total assets	Grand total
WFP					3,259,579		3,259,579		3,259,579
Total from International organizations					3,259,579		3,259,579		3,259,579

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	Subtotal	Total assets	Grand total
Médecins Sans Frontières					78,248		78,248		78,248
Various supranational organizations		10,280		10,280	38,411		48,691		48,691
Total from supranational organizations		10,280		10,280	116,659		126,939		126,939

5. NATIONAL SOCIETIES (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Subtotal	Total assets	Grand total
Albania	3,023			3,023			3,023		3,023
Andorra	844			844			844		844
Armenia	380			380			380		380
Australia		289,086		289,086		426,752	715,838		715,838
Austria	40,000	792,879		832,879			832,879		832,879
Azerbaijan	2,532	12,790		15,322			15,322		15,322
Bahamas	2,905			2,905			2,905		2,905
Bangladesh	2,026			2,026			2,026		2,026
Belgium		69,216		69,216			69,216		69,216
Bolivia, Plurinational State of	822			822			822		822
Bulgaria	2,500	1,000		3,500			3,500		3,500
Cambodia	5,317			5,317			5,317		5,317
Canada	151,516	1,242,260		1,393,776	8,894	677,223	2,079,893		2,079,893
Chile	16,710		11,815	28,525			28,525		28,525
China/Hong Kong	226,350	1,262,408		1,488,758			1,488,758		1,488,758
Costa Rica	5,024			5,024			5,024		5,024
Croatia	3,000			3,000			3,000		3,000
Czech Republic	18,919	477		19,396			19,396		19,396
Denmark	116,086	163,517		279,603	891,348	696,446	1,867,397		1,867,397
Dominica	253			253			253		253
Egypt	6,000			6,000			6,000		6,000
Estonia	7,216			7,216			7,216		7,216

5. NATIONAL SOCIETIES (CONT.) (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Subtotal	Total assets	Grand total
Finland	152,039	240,200		392,239		759,185	1,151,424		1,151,424
France	362,250			362,250	8,743	4,694	375,687		375,687
Germany	840,840	193,579		1,034,419	48,512	84,802	1,167,733		1,167,733
Honduras	4,051			4,051			4,051		4,051
Hungary	5,000		5,000	10,000			10,000		10,000
Iceland	26,585	85,500		112,085		23,900	135,985		135,985
Indonesia		9,122		9,122			9,122		9,122
Iran, Islamic Republic of	108,617			108,617			108,617		108,617
Ireland	25,000			25,000			25,000		25,000
Japan	886,157	1,843,998		2,730,155		264,328	2,994,483		2,994,483
Kenya	3,545			3,545			3,545		3,545
Korea, Republic of	330,916	4,597		335,513			335,513		335,513
Latvia	3,165			3,165			3,165		3,165
Lebanon	13,662			13,662			13,662		13,662
Liechtenstein	2,000	208,215		210,215			210,215		210,215
Luxembourg	11,647			11,647			11,647		11,647
Malta	2,405			2,405			2,405		2,405
Mauritius	1,139			1,139			1,139		1,139
Mexico		114,614		114,614			114,614		114,614
Monaco	380	90,483		90,863			90,863		90,863
Montenegro	760			760			760		760
Morocco	1,082			1,082			1,082		1,082
Namibia	2,279	21,396		23,675			23,675		23,675
Nepal	1,266			1,266			1,266		1,266
Netherlands	273,189	8,070,164		8,343,353		111,582	8,454,935		8,454,935
New Zealand	47,599	118,420		166,019		859,754	1,025,773		1,025,773
Norway	428,139	8,248,975		8,677,114		147,851	8,824,965		8,824,965
Pakistan	11,645			11,645			11,645		11,645
Palau	127			127			127		127
Philippines	11,104			11,104			11,104		11,104
Qatar	7,247	60,000		67,247			67,247		67,247
Romania	24,179			24,179			24,179		24,179
Saint Lucia	632			632			632		632
Senegal	2,751			2,751			2,751		2,751
Singapore	7,207	162,650		169,857			169,857		169,857
Slovenia	28,610			28,610			28,610		28,610
South Africa		58,253		58,253			58,253		58,253
Sweden	100,000	2,802,660		2,902,660		1,163,990	4,066,650		4,066,650
Switzerland	142,291	322,408		464,699			464,699		464,699
Thailand	49,254			49,254			49,254		49,254
Timor-Leste	248			248			248		248
Tunisia		10,599		10,599			10,599		10,599
Uganda	642			642			642		642
United Kingdom of Great Britain and Northern Ireland	178,000	4,773,481		4,951,481		119,711	5,071,192		5,071,192
United States of America	393,720	286,705	393,720	1,074,145			1,074,145		1,074,145
Vanuatu	497			497			497		497
Viet Nam	3,038			3,038			3,038		3,038
Zimbabwe	249			249			249		249
Total from National Societies	5,106,575	31,559,652	410,535	37,076,762	957,497	5,340,217	43,374,476		43,374,476

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	Subtotal	Total assets	Grand total
Be'er Tuvia, Regional Council		760		760			760		760
Bellinzona, City of		5,000		5,000			5,000		5,000
Fribourg, Canton of		30,000		30,000			30,000		30,000
Geneva, Canton of		4,500,000		4,500,000		2,202,984	6,702,984		6,702,984
Geneva, City of		81,500		81,500			81,500		81,500
Taiwan Red Cross Organisation		93,970		93,970			93,970		93,970
Untersiggenthal		7,000		7,000			7,000		7,000
Versoix, City of						392,175	392,175		392,175
Total from public sources		4,718,230		4,718,230		2,595,159	7,313,389		7,313,389

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	Subtotal	Total assets	Grand total
Direct mail fundraising campaigns		3,126,686		3,126,686			3,126,686		3,126,686
Online donations		373,676		373,676			373,676		373,676
Spontaneous donations from private individuals		7,180,214		7,180,214		19,572	7,199,787		7,199,787
Donations from foundations/funds									
AVINA STIFTUNG ⁽¹⁾		500,000		500,000			500,000		500,000
Fondation d'Entreprise Sanofi Espoir		16,932		16,932			16,932		16,932
Fondation des immeubles pour les organisations internationales (FIPO)						76,920	76,920		76,920
Fondation Hans Wilsdorf ⁽¹⁾	1,500,000			1,500,000			1,500,000		1,500,000
Fondation Johann et Luzia Graessli		102,000		102,000			102,000		102,000
Fondation pour le CICR	343,069			343,069			343,069		343,069
Kantonale St. Gallische Winkelriedstiftung		25,000		25,000			25,000		25,000
Medicor Foundation		281,850		281,850			281,850		281,850
Odeon Foundation		10,000		10,000			10,000		10,000
Ousseimi Foundation		47,870		47,870			47,870		47,870
RPH-Promotor Stiftung		20,000		20,000			20,000		20,000
Stanley Thomas Johnson Foundation		200,000		200,000			200,000		200,000
The Link Foundation		33,240		33,240			33,240		33,240
The Prince of Asturias Foundation		30,250		30,250			30,250		30,250
Others and less than CHF 10,000		3,691,490		3,691,490	212,307		3,903,797		3,903,797
Total donations from foundations/funds	1,843,069	4,958,631		6,801,700	212,307	76,920	7,090,927		7,090,927
Legacies		5,043,310		5,043,310			5,043,310		5,043,310
Donations from private companies									
ABB Asea Brown Boveri Ltd ⁽¹⁾		500,000		500,000			500,000		500,000
Crédit Suisse Group ⁽¹⁾		500,000		500,000			500,000		500,000
Holcim Ltd ⁽¹⁾		500,000		500,000			500,000		500,000
Novartis International AG		156,260		156,260			156,260		156,260
F. Hoffmann La Roche Ltd ⁽¹⁾		500,000		500,000			500,000		500,000
Swiss Reinsurance Company ⁽¹⁾		650,000		650,000			650,000		650,000
Zurich Insurance Group ⁽¹⁾		500,000		500,000		31,500	531,500		531,500
Other private companies		1,471,972		1,471,972	28,977	33,312	1,534,261		1,534,261
Total donations from private companies		4,778,231		4,778,231	28,977	64,812	4,872,021		4,872,021
Donations from associations and service clubs									
Comité International Olympique		46,335		46,335			46,335		46,335
MINE-EX Rotary Schweiz-Liechtenstein		892,461		892,461			892,461		892,461
UEFA		301,930		301,930			301,930		301,930
Other associations and service clubs	52,016	55,412		107,428	1,918	13,393	122,739		122,739
Total donations from associations and service clubs	52,016	1,296,138		1,348,154	1,918	13,393	1,363,465		1,363,465
Various donors		613,000		613,000	4,685		617,685		617,685
Total from private sources	1,895,085	27,369,886	-	29,264,971	247,888	174,697	29,687,556	-	29,687,556

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) 2012 (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				426,752						426,752	1,330
Canada		8,894		677,223					8,894	677,223	2,110
Denmark		891,348	13,583	682,863					891,348	696,446	2,213
Finland			133,177	626,008						759,185	2,775
France		8,743		4,694					8,743	4,694	16
Germany		48,512	8,100	76,702					48,512	84,802	288
Iceland				23,900						23,900	66
Japan				264,328						264,328	911
Netherlands			21,704	777		89,100		89,100		111,582	400
New Zealand			11,469	848,285						859,754	2,849
Norway				44,268		103,583	4,967,896	5,071,478		147,851	457
Sweden				941,991		221,999	1,127,812	1,349,811		1,163,990	3,886
United Kingdom of Great Britain and Northern Ireland			22,169	94,116		3,427	1,468,292	1,471,719		119,711	374
Subtotal		957,497	210,202	4,711,906		418,109	7,564,000	7,982,109	957,497	5,340,217	17,675
GOVERNMENTS											
Afghanistan				304,212						304,212	
Finland		985,470							985,470		
Iraq				54,978						54,978	
Subtotal		985,470		359,190					985,470	359,190	

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) 2012 (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		3,259,579							3,259,579		
Subtotal		3,259,579							3,259,579		
SUPRANATIONAL ORGANIZATIONS											
Médecins sans Frontières		78,248							78,248		
Various supranational organizations		38,411							38,411		
Subtotal		116,659							116,659		
PUBLIC SOURCES											
Geneva, Canton of			2,202,984							2,202,984	
Versoix, City of			392,175							392,175	
Subtotal			2,595,159							2,595,159	
PRIVATE SOURCES											
Spontaneous donations from private individuals				19,572							19,572
Fondation des immeubles pour les organisations internationales (FIPO)			76,920								76,920
Other foundations/funds		212,307							212,307		
Zurich Insurance Group			31,500								31,500
Other private companies		28,977	33,312						28,977	33,312	
Other associations and service clubs		1,918		13,393					1,918	13,393	
Various donors		4,685							4,685		
Subtotal		247,888	141,732	32,965					247,888	174,697	
GRAND TOTAL		5,567,093	2,947,093	5,104,061		418,109	7,564,000	7,982,109	5,567,093	8,469,263	17,675

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)

	2012	2011	2010	2009	2008
Balance Sheet					
Current assets	597,246	637,030	556,148	648,747	577,287
Non-current assets	538,993	351,690	189,841	168,184	166,578
Total Assets	1,136,239	988,720	745,989	816,931	743,865
Liabilities	-811,340	-657,594	-412,549	-350,782	-258,051
Total Net Assets	324,899	331,126	333,440	466,149	485,814
Funds and foundations	36,201	35,397	32,986	30,516	27,742
Funding of current operations	3,922	54,604	-21,167	35,810	16,705
Unrestricted reserves designated by the Assembly	270,376	226,725	307,221	385,423	426,967
Other unrestricted reserves	14,400	14,400	14,400	14,400	14,400
Total Reserves	324,899	331,126	333,440	466,149	485,814
	2012	2011	2010	2009	2008
Statement of Income and Expenditure					
Contributions	1,013,359	1,160,299	1,060,591	1,104,161	1,146,503
Operational expenditure	-1,048,461	-1,054,189	-1,107,445	-1,065,439	-1,102,889
Operating Result	-35,102	106,110	-46,854	38,722	43,614
Net result of non-operating activities	13,539	5,963	-28,788	11,434	-15,518
Net result for the year	-21,563	112,073	-75,642	50,156	28,096
Administrative costs	116,574	119,183	105,144	102,712	97,817
Ratios					
Reserves in % of assets	28.6%	33.5%	44.7%	57.1%	65.3%
Assets-to-reserves ratio	3.50	2.99	2.24	1.75	1.53
Administrative costs in % of operational expenditure	11.1%	11.3%	9.5%	9.6%	8.9%

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 2012

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 2012. 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 148,109,622.

RECEIPT OF ASSISTANCE ITEMS BY CONTEXT IN 2012

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 2012.

DELIVERY OF ASSISTANCE ITEMS IN 2012

All assistance items delivered by the ICRC in the field between 1 January and 31 December 2012. These goods were either purchased or received in kind during 2012 or taken from stock already constituted at the end of 2011.

RECEIPT OF ASSISTANCE ITEMS BY CONTRIBUTIONS IN KIND AND PURCHASES IN 2012

(by donor and purchase, according to stock entry date)

Donors	Food (Kg)	Seed (Kg)	Blankets (Units)	Tents (Units)	Kitchen sets (Units)	Clothes (Kg)	Other economic security* (Kg)	Economic security* (CHF)	Medical (CHF)	Physical rehab- ilitation (CHF)	Water and habitat (CHF)	Grand total (CHF)
NATIONAL SOCIETIES					37		385	907,178	208		50,111	957,497
Canada								7,295			1,599	8,894
Denmark								891,348				891,348
France					37		385	8,535	208			8,743
Germany											48,512	48,512
GOVERNMENTS	1,918,250							985,470				985,470
Finland	1,918,250							985,470				985,470
VARIOUS DONORS	5,252,176							3,398,643	212,960		12,524	3,624,127
Action Contre La Faim	12,663							38,411				38,411
Motivation Charitable Trust									212,307			212,307
Médecins Sans Frontières	15,396							77,596	653			78,249
Other private companies								21,139			7,839	28,978
Spontaneous donations								1,918				1,918
WFP	5,224,117							3,259,579				3,259,579
Others											4,685	4,685
TOTAL CONTRIBUTIONS IN KIND	7,170,426				37		385	5,291,291	213,168		62,635	5,567,094
NATIONAL SOCIETIES	2,109,276		15,143		1,976		158,777	2,564,910				2,564,910
Austria	907,331						21,254	437,417				437,417
Belgium (French Community)					1,658		33,983	63,565				63,565
Canada							7,650	62,740				62,740
China/Hong Kong	265,734							601,561				601,561
Switzerland	150,150							200,018				200,018
United Kingdom of Great Britain and Northern Ireland	786,061		15,143		318		95,890	1,199,609				1,199,609
GOVERNMENTS	15,668,312	255,559	3,602		1,059	1,781	24,076	10,563,443				10,563,443
Canada	10,200,382							6,620,499				6,620,499
France	5,367,065	255,559						3,791,284				3,791,284
Germany	100,865		3,602		1,059	1,781	24,076	151,660				151,660
VARIOUS DONORS	243,789						3,888	188,572			10,280	198,852
Action Bujumbura											10,280	10,280
Dr Dokali Charity Foundation	2,250						3,888	22,452				22,452
Stanley Thomas Johnson Stiftung	241,539							166,120				166,120
TOTAL CONTRIBUTIONS IN CASH FOR KIND	18,021,377	255,559	18,745		3,035	1,781	186,741	13,316,925			10,280	13,327,205
ICRC												
ICRC purchases	29,721,315	4,566,611	402,025	2,111	151,927	146,543	93,912,032	89,515,954	18,568,531	4,556,316	16,574,522	129,215,323
TOTAL ICRC	51,190,624	4,566,611	402,025	2,111	151,927	146,543	93,912,032	89,515,954	18,568,531	4,556,316	16,574,522	129,215,323
GRAND TOTAL	76,382,427	4,822,170	420,770	2,111	154,999	148,324	94,099,158	108,124,170	18,781,699	4,556,316	16,647,437	148,109,622

* Economic security includes food, essential household items, seed, agricultural and veterinary inputs and other micro-economic inputs

RECEIPT OF ASSISTANCE ITEMS BY CONTEXT IN 2012 (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	16,067,507	97,250		66,631	47,248,137	5,098,669	1,492,254	6,969,178	63,315,644	5,195,919	1,492,254	7,035,809	77,039,626
Algeria						16				16			16
Angola					2,759				2,759				2,759
Burundi				10,280	66,880	24,004	49,129	23,265	66,880	24,004	49,129	33,545	173,558
Cameroon					22,574	23,194		988	22,574	23,194		988	46,757
Central African Republic	920,445				469,755	42,569	352	340,974	1,390,200	42,569	352	340,974	1,774,096
Chad					211,499	207,534	130,250	17,449	211,499	207,534	130,250	17,449	566,731
Comoros					2,602			2,408	2,602			2,408	5,010
Congo					3,119	8,398			3,119	8,398			11,518
Congo, Democratic Republic of the	2,384,457	653			4,902,641	1,330,847	140,770	1,808,286	7,287,098	1,331,500	140,770	1,808,286	10,567,654
Côte d'Ivoire	268,586				278,753	204,921		381,500	547,339	204,921		381,500	1,133,760
Djibouti					14,874	882		1,061	14,874	882		1,061	16,817
Equatorial Guinea						2,373				2,373			2,373
Eritrea					82,136	2,286		61,404	82,136	2,286		61,404	145,826
Ethiopia		96,597			389,112	48,979	558,918	444,445	389,112	145,576	558,918	444,445	1,538,051
Gabon					973				973				973
Guinea					216,718	44,205		154,568	216,718	44,205		154,568	415,491
Guinea-Bissau					16,134	25,620	1,480	41,867	16,134	25,620	1,480	41,867	85,101
Kenya					28,103	4,565		90,447	28,103	4,565		90,447	123,116
Lesotho					7,307			3,107	7,307			3,107	10,414
Liberia					79,797	43,441		142,679	79,797	43,441		142,679	265,917
Libya	63,565				977,375	185,163		397,460	1,040,940	185,163		397,460	1,623,564
Madagascar					103,285	15,242		3,717	103,285	15,242		3,717	122,243
Malawi					843	9		25,870	843	9		25,870	26,722
Mali	5,234,957				13,338,023	320,199	48	42,619	18,572,980	320,199	48	42,619	18,935,845
Mauritania					74,523	11,288	1,062	113,432	74,523	11,288	1,062	113,432	200,304
Niger	2,960,144				2,168,632	31,000	75,880	89,485	5,128,776	31,000	75,880	89,485	5,325,141
Nigeria					688,548	89,169		27,789	688,548	89,169		27,789	805,507
Rwanda					107,153	205		78,307	107,153	205		78,307	185,665
Sao Tome and Principe						4,137				4,137			4,137
Senegal	525,258				707,834	32,602	476	170,325	1,233,092	32,602	476	170,325	1,436,494
Somalia	1,798,307				13,155,809	1,321,567		830,666	14,954,116	1,321,567		830,666	17,106,350
South Sudan	1,509,117			48,512	829,735	415,133	104,850	921,278	2,338,852	415,133	104,850	969,790	3,828,624
Sudan	402,671				7,931,326	250,042	398,682	504,977	8,333,997	250,042	398,682	504,977	9,487,698
Tanzania, United Republic of					642				642				642
Tunisia					41			196	41			196	238
Togo					3,345	2,325		158	3,345	2,325		158	5,828
Uganda					96,983	9,423	20,367	55,107	96,983	9,423	20,367	55,107	181,880
Western Sahara					2,113	5,761	9,633	1,975	2,113	5,761	9,633	1,975	19,483
Zimbabwe				7,839	266,191	391,569	359	191,369	266,191	391,569	359	199,208	857,327
ASIA AND THE PACIFIC	1,257,241	115,710			8,985,859	7,065,233	2,513,807	3,582,893	10,243,100	7,180,943	2,513,807	3,582,893	23,520,742
Afghanistan	1,202,800				5,309,162	5,784,086	1,086,542	1,644,044	6,511,962	5,784,086	1,086,542	1,644,044	15,026,634
Bangladesh					17,097	11	68,571	20,022	17,097	11	68,571	20,022	105,701
Bhutan								45				45	45
Cambodia					144,023	125,469	335,531	88,913	144,023	125,469	335,531	88,913	693,936
China							17,128				17,128		17,128
Fiji					1,004				1,004				1,004
India					149,030	189,211	169,601	175,344	149,030	189,211	169,601	175,344	683,186
Korea, Democratic People's Republic of					6,490	431,358	202,827	756,814	6,490	431,358	202,827	756,814	1,397,488
Myanmar					121,796	5,825	227,884	109,802	121,796	5,825	227,884	109,802	465,307
Nepal					11,756	14,989	22,585	11,015	11,756	14,989	22,585	11,015	60,345
Pakistan		115,710			393,668	287,644	300,476	242,228	393,668	403,354	300,476	242,228	1,339,726

* Economic security includes food, essential household items, seed, agricultural and veterinary 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
Papua New Guinea					255,582	6,000		5,700	255,582	6,000		5,700	267,282
Philippines	54,441				2,515,770	199,147	5,373	460,782	2,570,211	199,147	5,373	460,782	3,235,513
Sri Lanka					7,997	1,275	77,289	5,160	7,997	1,275	77,289	5,160	91,721
Thailand					52,484	20,218		63,023	52,484	20,218		63,023	135,726
EUROPE AND THE AMERICAS	95,344	208		1,599	5,213,132	750,100	188,130	1,306,715	5,308,476	750,308	188,130	1,308,314	7,555,228
Armenia					36,544	13,331		27,902	36,544	13,331		27,902	77,777
Azerbaijan					117,376	37,108	2,486	26,821	117,376	37,108	2,486	26,821	183,791
Bolivia, Plurinational State of					9,623			3,671	9,623			3,671	13,294
Brazil						43				43			43
Chile					15,216	2,113			15,216	2,113			17,329
Colombia					3,870,184	79,353	151,589	499,881	3,870,184	79,353	151,589	499,881	4,601,006
Ecuador					19,560			19,148	19,560			19,148	38,708
Georgia					366,118	21,582	13,491	234,431	366,118	21,582	13,491	234,431	635,621
Guatemala					20,901	19,866	16,831	415	20,901	19,866	16,831	415	58,012
Haiti	95,344	208		1,599	73,933	31,883		16,690	169,277	32,091		18,289	219,657
Honduras					528	13,860			528	13,860			14,388
Kyrgyzstan					82,958	291,396	233	219,561	82,958	291,396	233	219,561	594,147
Mexico					6,057	24,677	3,501	6,665	6,057	24,677	3,501	6,665	40,900
Panama					2,366	42		1,138	2,366	42		1,138	3,545
Paraguay					9,678	664		434	9,678	664		434	10,775
Peru					8,423	2,639		58,700	8,423	2,639		58,700	69,762
Russian Federation					529,658	136,793		187,823	529,658	136,793		187,823	854,274
Tajikistan					27,192	74,496		3,436	27,192	74,496		3,436	105,124
United States of America					2,304				2,304				2,304
Uzbekistan					14,514	256			14,514	256			14,769
MIDDLE EAST	1,166,983			4,685	18,086,371	5,594,962	362,125	4,715,736	19,253,354	5,594,962	362,125	4,720,421	29,930,861
Egypt					56			4,379	56			4,379	4,435
Iraq					1,462,817	87,251	281,896	57,433	1,462,817	87,251	281,896	57,433	1,889,397
Israel and the occupied territories					994,159	3,123,613	59,365	629,671	994,159	3,123,613	59,365	629,671	4,806,807
Jordan					5,248	64		7,879	5,248	64		7,879	13,191
Lebanon	22,452				16,839	242,946		464	39,291	242,946		464	282,701
Syrian Arab Republic	230,769				12,684,395	1,710,625	15,599	2,840,433	12,915,164	1,710,625	15,599	2,840,433	17,481,821
Yemen	913,762			4,685	2,922,857	430,463	886	1,179,856	3,836,619	430,463	886	1,184,541	5,452,509
REGIONAL STOCKS	21,139				9,982,458	59,568			10,003,597	59,568			10,063,165
Geneva and Nairobi (contributions in kind only)	21,139								21,139				21,139
Field neutral stocks					9,982,458	59,568			9,982,458	59,568			10,042,026
GRAND TOTAL	18,608,214	213,168		72,915	89,515,956	18,568,531	4,556,316	16,574,522	108,124,170	18,781,699	4,556,316	16,647,437	148,109,622

* Economic security includes food, essential household items, seed, agricultural and veterinary inputs and other micro-economic inputs.

DELIVERY OF ASSISTANCE ITEMS IN 2012 (in CHF)

Context	Economic security*		Medical	Physical rehabilitation	Water and habitat	Total
	(CHF)	(Kg)	(CHF)	(CHF)	(CHF)	(CHF)
AFRICA	73,467,599	87,830,244	5,483,211	1,550,870	8,107,347	88,609,027
Algeria			16			16
Angola	2,759					2,759
Burkina Faso	212,944	41,616	516			213,460
Burundi	92,062	36,321	17,780	49,338	81,316	240,496
Cameroon	22,574	6,488	23,194		988	46,757
Central African Republic	1,495,707	1,382,812	26,690	352	413,992	1,936,741
Chad	279,583	45,420	210,478	130,761	18,215	639,038
Comoros	2,602				2,408	5,010
Congo	3,119	262	6,128		779	10,026
Congo, Democratic Republic of the	7,243,364	3,376,081	990,588	96,107	2,637,327	10,967,386
Côte d'Ivoire	786,772	985,439	616,303		429,598	1,832,674
Djibouti	14,874		882		1,061	16,817
Equatorial Guinea			2,373			2,373
Eritrea	100,636	15,949	2,286		109,852	212,773
Ethiopia	326,816	50,939	99,465	614,043	366,263	1,406,587
Gabon	973					973
Ghana			527			527
Guinea	186,802	48,215	30,801		155,557	373,160
Guinea-Bissau	16,371	280	29,883	2,987	43,347	92,588
Kenya	28,103	6,000	4,565		80,776	113,444
Lesotho	7,307				3,107	10,414
Liberia	452,114	119,833	33,154		140,134	625,402
Libya	1,733,280	934,878	349,233	9,474	438,979	2,530,966
Madagascar	88,923	14,290	6,326		3,622	98,872
Malawi	843		9		26,238	27,091
Mali	16,739,349	20,779,868	286,167	48	13,909	17,039,473
Mauritania	896,885	231,425	10,984	1,062	112,912	1,021,843
Niger	4,499,078	6,953,524	29,261	75,691	91,451	4,695,481
Nigeria	787,320	266,017	61,200		14,772	863,292
Rwanda	105,820	55,636	287		106,490	212,596
Sao Tome and Principe			4,137			4,137
Senegal	1,248,311	2,059,519	52,291	476	156,907	1,457,985
Somalia	26,760,842	41,293,554	1,524,628		941,159	29,226,628
South Sudan	1,981,791	939,362	397,027	102,331	984,060	3,465,209
Sudan	6,895,861	8,112,166	206,897	437,435	494,107	8,034,299
Tanzania, United Republic of	642					642
Togo	31,530	6,382	3,019		158	34,706
Tunisia	41				196	238
Uganda	107,301	27,740	19,552	21,061	51,191	199,106
Western Sahara	2,113	3	5,761	9,633	1,975	19,483
Zimbabwe	312,185	40,226	430,803	71	184,501	927,561
ASIA AND THE PACIFIC	12,292,932	8,222,114	6,361,996	3,982,210	4,231,184	26,868,322
Afghanistan	8,312,642	7,365,318	4,548,327	2,370,039	2,218,658	17,449,667
Bangladesh	17,097	1	11	68,571	20,022	105,701
Bhutan					45	45
Cambodia	134,076	21,158	121,796	378,538	88,913	723,323
China				17,128		17,128
Fiji	1,004					1,004
India	158,108	14,810	155,290	142,708	190,123	646,229
Indonesia			750			750
Korea, Democratic People's Republic of	6,490	21	426,349	205,712	756,814	1,395,365
Myanmar	131,584	1,275	24,845	180,101	109,798	446,328
Nepal	28,680	4,664	13,461	8,943	288	51,371
Pakistan	566,738	246,553	868,860	498,060	356,982	2,290,639
Paupa New Guinea	255,582	14,647	6,000		5,700	267,282
Philippines	2,597,391	550,315	174,200	35,081	415,548	3,222,221
Sri Lanka	21,732	776	1,889	77,330	5,269	106,220
Thailand	61,809	2,575	20,218		63,023	145,050

* Economic security includes food, essential household items, seed, agricultural and veterinary inputs and other micro-economic inputs.

Context	Economic security*		Medical	Physical rehabilitation	Water and habitat	Total
	(CHF)	(Kg)	(CHF)	(CHF)	(CHF)	(CHF)
EUROPE AND THE AMERICAS	5,869,709	201,811	782,111	166,866	1,308,758	8,127,444
Armenia	36,564	8,595	8,089		27,392	72,045
Azerbaijan	117,441	2,033	19,293	2,486	27,865	167,085
Bolivia, Plurinational State of	9,623				3,671	13,294
Brazil			43			43
Chile	15,216		2,113			17,329
Colombia	4,200,556	3,521	87,712	130,324	499,167	4,917,758
Ecuador	19,560				19,148	38,708
Georgia	359,142	83,089	23,208	13,491	276,917	672,759
Guatemala	20,901		19,866	16,831	415	58,012
Haiti	259,255	18,453	172,497		63,779	495,531
Honduras	528		13,860			14,388
Kyrgyzstan	137,200	38,199	177,444	233	200,643	515,520
Mexico	6,057		24,677	3,501	6,665	40,900
Panama	2,366		42		1,138	3,545
Paraguay	9,678		664		434	10,775
Peru	8,423		2,639		58,700	69,762
Russian Federation	623,190	46,228	118,526		118,104	859,820
Tajikistan	27,192	1,693	111,182		4,720	143,095
Unites States of America	2,304					2,304
Uzbekistan	14,514		256			14,769
MIDDLE EAST	24,986,513	16,515,829	5,300,616	927,114	3,634,798	34,849,041
Egypt	56			4,379		4,435
Iraq	1,793,866	200,896	130,434	729,279	135,314	2,788,893
Israel and the occupied territories	1,164,793	194,988	3,083,184	140,324	777,686	5,165,986
Jordan	64,973	37,474	4,356		7,879	77,208
Lebanon	630,427	149,696	398,508	2,137	1,184	1,032,256
Syrian Arab Republic	14,847,642	7,956,383	1,228,453	13,297	1,622,097	17,711,488
Western Sahara	2,113	3	5,761	9,633	1,975	19,483
Yemen	6,482,642	7,976,389	449,920	28,065	1,088,664	8,049,291
TOTAL	116,616,752	112,769,998	17,927,934	6,627,060	17,282,087	158,453,833

* Economic security includes food, essential household items, seed, agricultural and veterinary inputs and other micro-economic inputs.

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FOUNDATION FOR THE INTERNATIONAL COMMITTEE OF THE RED CROSS (in CHF)

BALANCE SHEET AS AT 31 DECEMBER	2012		2011	
ASSETS				
Current Assets				
Cash and cash equivalents		1,294,797		761,794
Securities		21,775,408		21,151,262
Accounts receivable and accrued interest		211,127		965,902
International Committee of the Red Cross, current account		-		583
Non-current Assets				
Long-term receivable		-		498,514
Total Assets		23,281,332		23,378,055
LIABILITIES AND RESERVES				
Current liabilities				
International Committee of the Red Cross, current account		17,614		-
Deferred income		-		749,251
Non-current liabilities				
Deferred income		-		498,513
Total Liabilities		17,614		1,247,764
Reserves				
RESTRICTED RESERVES				
Inalienable capital		886,000		886,000
Total Restricted Reserves		886,000		886,000
UNRESTRICTED RESERVES				
<i>Inalienable capital designated by the Board</i>				
– Balance brought forward	19,274,473		17,525,689	
– Allocation/(use) during the year	456,291	19,730,764	1,748,784	19,274,473
<i>Financial risk reserves</i>				
– Balance brought forward	1,626,749		1,713,723	
– Increase/decrease of unrealized gains during the year	642,792	2,269,541	-86,974	1,626,749
<i>General reserves</i>				
– Balance brought forward	343,069		350,375	
– Allocation/(use) during the year	-343,069		-350,375	
– Result for the year after transfer from/to reserves	377,413	377,413	343,069	343,069
Total Unrestricted Reserves		22,377,718		21,244,291
Total Reserves		23,263,718		22,130,291
Total Liabilities and Reserves		23,281,332		23,378,055
STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 31 DECEMBER	2012		2011	
Income				
Contributions		250,000		1,750,000
Income from securities		458,747		415,834
Realized gains on securities		236,502		18,871
Total Income		945,249		2,184,705
Expenditure				
Fundraising charges		-490		-2,981
Entertainment & Mission expenses		-6,151		-1,249
Audit fees		-11,556		-10,410
Bank charges		-63,011		-60,557
Realized losses on securities		-30,212		-17,655
Foreign exchange losses, net		-44		-
Expenses arising from other periods		-81		-
Total Expenditure		-111,545		-92,852
Result for the year before transfers from/(to) reserves		833,704		2,091,853
Use of unrestricted reserves				
General reserves		343,069		350,375
Allocation to unrestricted reserves				
Inalienable capital designated by the Board		-456,291		-1,748,784
Attribution to the International Committee of the Red Cross		-343,069		-350,375
Result for the year after transfer from/to reserves		377,413		343,069

Note 1 – Establishment

Created on 1 May 1931; statutes and objectives revised in 2002.

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 5 and 11 members appointed by the ICRC.

AUGUSTA FUND (in CHF)

BALANCE SHEET AS AT 31 DECEMBER	2012		2011	
ASSETS				
Current Assets				
Share of the overall capital of the special funds		135,490		130,299
Total Current Assets		135,490		130,299
LIABILITIES AND RESERVES				
Current liabilities				
International Committee of the Red Cross, current account		3,170		3,160
Total Current Liabilities		3,170		3,160
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	9,032		12,312	
– Use during the year	-223	8,809	-3,279	9,033
<i>Share of the overall provision for portfolio unrealized gains</i>				
– Balance brought forward	18,107		18,675	
– Increase/decrease of unrealized gains during the year	5,404	23,511	-569	18,106
Total Unrestricted Reserves		32,320		27,139
Total Reserves		132,320		127,139
Total Liabilities and Reserves		135,490		130,299
STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 31 DECEMBER	2012		2011	
Income				
Share of net revenue from the overall capital of the special funds		2,947		-
Total Income		2,947		-
Expenditure				
Share of net loss from the overall capital of the special funds		-		-119
Audit fees		-3,170		-3,160
Total Expenditure		-3,170		-3,279
Result for the year before attribution to the Florence Nightingale Medal Fund and transfers from/to reserves		-223		-3,279
Use of unrestricted reserves		-		-
Attribution to Florence Nightingale Medal fund		-		-
Result for the year after attribution to the Florence Nightingale Medal Fund and transfers from/to reserves		-223		-3,279

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.

CLARE BENEDICT FUND (in CHF)

BALANCE SHEET AS AT 31 DECEMBER	2012	2011
ASSETS		
Current Assets		
Share of the overall capital of the special funds	2,009,756	1,889,045
Total Current Assets	2,009,756	1,889,045
LIABILITIES AND RESERVES		
Current liabilities		
International Committee of the Red Cross, current account	3,170	3,160
Total Current Liabilities	3,170	3,160
Reserves		
RESTRICTED RESERVES		
<i>Capital</i>	1,632,629	1,632,629
Total Restricted Reserves	1,632,629	1,632,629
UNRESTRICTED RESERVES		
<i>General reserves</i>		
– Balance brought forward	-	11,248
– Use during the year	-	-11,248
– Result for the year after attribution to the ICRC and transfers from/to reserves	-	-
<i>Share of the overall provision for portfolio unrealized gains</i>		
– Balance brought forward	262,508	266,383
– Increase/decrease of unrealized gains during the year	86,237	-3,875
<i>Retained result at the end of the year</i>		
– Balance brought forward	-9,252	-
– Allocation during the year	34,464	-9,252
Total Unrestricted Reserves	373,957	253,256
Total Reserves	2,006,586	1,885,885
Total Liabilities and Reserves	2,009,756	1,889,045
STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 31 DECEMBER	2012	2011
Income		
Share of net revenue from the overall capital of the special funds	37,634	-
Total Income	37,634	-
Expenditure		
Share of net loss from the overall capital of the special funds	-	-6,092
Audit fees	-3,170	-3,160
Total Expenditure	-3,170	-9,252
Result for the year before attribution to the ICRC and transfers from/to reserves	34,464	-9,252
Use of unrestricted reserves		
General reserves	-	11,248
Attribution to unrestricted reserves	-	-
Attribution to the International Committee of the Red Cross	-	-11,248
Result for the year after attribution to the ICRC and transfers from/to reserves	34,464	-9,252

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.

FLORENCE NIGHTINGALE MEDAL FUND (in CHF)

BALANCE SHEET AS AT 31 DECEMBER	2012		2011	
ASSETS				
Current Assets				
Share of the overall capital of the special funds		458,858		434,990
Stock of medals		51,903		51,902
Total Current Assets		510,761		486,892
LIABILITIES AND RESERVES				
Current Liabilities				
International Committee of the Red Cross, current account		3,170		4,414
Total Current Liabilities		3,170		4,414
Unrestricted Reserves				
<i>Capital</i>		75,000		75,000
<i>General reserves</i>				
– Balance brought forward	347,031		362,237	
– Result for the year after transfers from/- to reserves	5,936	352,967	-15,206	347,031
<i>Share of the overall provision for portfolio unrealized gains</i>				
– Balance brought forward	60,448		61,317	
– Increase/decrease of unrealized gains during the year	19,176	79,624	-870	60,447
Total Unrestricted Reserves		507,591		482,478
Total Liabilities and Reserves		510,761		486,892
STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 31 DECEMBER	2012		2011	
Income				
Share of net revenue from the overall capital of the special funds		9,106		-
Total Income		9,106		-
Expenditure				
Share of net loss from the overall of the special funds		-		-1,425
Presentation of medals, printing and dispatching circulars		-		-10,621
Audit fees		-3,170		-3,160
Total Expenditure		-3,170		-15,206
Result for the year before transfers from/to reserves		5,936		-15,206
Use of restricted reserves				
		-		-
Result for the year after transfers from/to reserves		5,936		-15,206

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.

JEAN PICTET FUND (in CHF)

BALANCE SHEET AS AT 31 DECEMBER	2012	2011
ASSETS		
Current Assets		
Share of the overall capital of the special funds	631,341	600,761
Total Current Assets	631,341	600,761
LIABILITIES AND RESERVES		
Current liabilities		
International Committee of the Red Cross, current account	3,170	8,332
Total Current Liabilities	3,170	8,332
Reserves		
RESTRICTED RESERVES		
Inalienable capital	500,000	500,000
Total Restricted Reserves	500,000	500,000
UNRESTRICTED RESERVES		
<i>Unrestricted reserves designated by the Board</i>		
– Balance brought forward	10,099	10,099
– Allocation/(use) during the year	-	-
<i>General reserves</i>		
– Balance brought forward	-1,154	5,138
– Allocation/(use) during the year	-	-5,173
– Result for the year after transfers from/to reserves	9,672	-1,119
<i>Share of the overall provision for portfolio unrealized gains</i>		
– Balance brought forward	83,484	88,694
– Increase/decrease of unrealized gains during the year	26,070	-5,210
Total Unrestricted Reserves	128,171	92,429
Total Reserves	628,171	592,429
Total Liabilities and Reserves	631,341	600,761
STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 31 DECEMBER	2012	2011
Income		
Share of net revenue from the overall capital of the special funds	12,842	2,041
Total Income	12,842	2,041
Expenditure		
Audit fees	-3,170	-3,160
Total Expenditure	-3,170	-3,160
Result for the year before transfers from/(to) reserves	9,672	-1,119
Use of Unrestricted Reserves		
General reserves	-	5,173
Allocation to Unrestricted Reserves	-	-
Attribution to the Jean Pictet Competition decided by the Board	-	-5,173
Result for the year after transfer from/to reserves	9,672	-1,119

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.

MAURICE DE MADRE FRENCH FUND (in CHF)

BALANCE SHEET AS AT 31 DECEMBER	2012	2011
ASSETS		
Current Assets		
Share of the overall capital of the special funds	4,561,045	4,377,793
International Committee of the Red Cross, current account	6,015	-
Total Current Assets	4,567,060	4,377,793
LIABILITIES AND RESERVES		
Current liabilities		
International Committee of the Red Cross, current account	-	97,868
Allocations to be paid	151,839	118,996
Total Current Liabilities	151,839	216,864
Reserves		
RESTRICTED RESERVES		
<i>Donors' restricted contributions</i>		
– Balance brought forward	1,878	3,757
– Use during the year	-1,878	-3,757
– Allocation during the year	31,859	1,878
Total Restricted Reserves	31,859	1,878
UNRESTRICTED RESERVES		
<i>Capital</i>		
– Balance brought forward	3,550,698	3,609,764
– Result for the year after transfers from/to reserves	41,203	-59,066
<i>Share of the overall provision for portfolio unrealized gains</i>		
– Balance brought forward	608,353	624,486
– Increase/decrease of unrealized gains during the year	183,108	-16,133
Total Unrestricted Reserves	4,383,362	4,159,051
Total Reserves	4,415,221	4,160,929
Total Liabilities and Reserves	4,567,060	4,377,793
STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 31 DECEMBER	2012	2011
Income		
Contributions	33,533	2,404
Share of net revenue from the overall capital of the special funds	98,012	-
Total Income	131,545	2,404
Expenditure		
Share of net loss from the overall capital of the special funds	-	-6,965
Allocations		
– Allocations paid during the year	-23,384	-95,890
– Allocations to be paid	-32,843	43,889
Audit fees	-3,170	-3,160
Other expenses	-964	-1,223
Total Expenditure	-60,361	-63,349
Result for the year before transfers from/to reserves	71,184	-60,945
Use of Restricted Reserves		
Donors' restricted contributions	1,878	3,757
Allocation to Restricted Reserves		
Donors' restricted contributions	-31,859	-1,878
Result for the year after transfers from/to reserves	41,203	-59,066

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 11 May 2012; its secretariat handled 57 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.

OMAR EL MUKHTAR FUND (in CHF)

BALANCE SHEET AS AT 31 DECEMBER	2012		2011	
ASSETS				
Current Assets				
Share of the overall capital of the special funds		934,335		879,907
Total Current Assets		934,335		879,907
LIABILITIES AND RESERVES				
Current Liabilities				
International Committee of the Red Cross, current account		3,170		3,160
Total Current Liabilities		3,170		3,160
Reserves				
RESTRICTED RESERVES				
<i>Capital</i>		760,500		760,500
Total Restricted Reserves		760,500		760,500
UNRESTRICTED RESERVES				
<i>General reserves</i>				
– Balance brought forward	-		3,341	
– Use during the year	-		-3,341	
– Result for the year after attribution to the ICRC and transfers from/to reserves	-	-	-	-
<i>Share of the overall provision for portfolio unrealized gains</i>				
– Balance brought forward	122,275		124,050	
– Increase/decrease of unrealized gains during the year	39,857	162,132	-1,775	122,275
<i>Retained result at the end of the year</i>				
– Balance brought forward	-6,028		-	
– Allocation during the year	14,561	8,533	-6,028	-6,028
Total Unrestricted Reserves		170,665		116,247
Total Reserves		931,165		876,747
Total Liabilities and Reserves		934,335		879,907
STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 31 DECEMBER	2012		2011	
Income				
Share of net revenue from the overall capital of the special funds		17,731		-
Total Income		17,731		-
Expenditure				
Share of net loss from the overall capital of the special funds		-		-2,868
Audit fees		-3,170		-3,160
Total Expenditure		-3,170		-6,028
Result for the year before attribution to the ICRC and transfers from/to reserves		14,561		-6,028
Use of unrestricted reserves				
General reserves		-		3,341
Attribution to unrestricted reserves				
		-		-
Attribution to the International Committee of the Red Cross				
		-		-3,341
Result for the year after attribution to the ICRC and transfers from/to reserves		14,561		-6,028

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.

PAUL REUTER FUND (in CHF)

BALANCE SHEET AS AT 31 DECEMBER	2012	2011
ASSETS		
Current Assets		
Share of the overall capital of the special funds	600,717	576,852
Total Current Assets	600,717	576,852
LIABILITIES AND RESERVES		
Current Liabilities		
International Committee of the Red Cross, current account	23,170	13,160
Total Current Liabilities	23,170	13,160
UNRESTRICTED RESERVES DESIGNATED BY THE ASSEMBLY OF THE ICRC		
<i>Initial capital</i>	200,000	200,000
<i>General reserves</i>		
– Balance brought forward	283,531	297,592
– Result for the year after transfers from/to reserves	-10,224	273,307
<i>Share of the overall provision for portfolio unrealized gains</i>		
– Balance brought forward	80,161	82,304
– Increase/decrease of unrealized gains during the year	24,079	104,240
Total Unrestricted Reserves	577,547	563,692
Total Liabilities and Reserves	600,717	576,852
STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 31 DECEMBER	2012	2011
Income		
Share of net revenue from the overall capital of the special funds	12,946	-
Total Income	12,946	-
Expenditure		
Share of net loss from the overall capital of the special funds	-	-901
Audit fees	-3,170	-3,160
Allocation to the Jean Pictet Competition and Grands Lacs IHL Competition	-20,000	-10,000
Total Expenditure	-23,170	-14,061
Result for the year before transfers from/to reserves	-10,224	-14,061
Use of Unrestricted Reserves	-	-
Result for the year after transfers from/to reserves	-10,224	-14,061

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.

ICRC SPECIAL FUND FOR THE DISABLED (in CHF)

BALANCE SHEET AS AT 31 DECEMBER	2012	2011
ASSETS		
Current Assets		
Cash and cash equivalents	364,379	54,640
Securities	5,017,170	4,139,207
Accounts receivable	2,605,929	2,141,044
International Committee of the Red Cross, current account	-	250,587
Non-current Assets		
Long-term receivable	3,721,026	3,809,638
Total Assets	11,708,504	10,395,116
LIABILITIES AND RESERVES		
Current Liabilities		
International Committee of the Red Cross, current account	1,709,646	-
Expenses payable	2,800	2,800
Current deferred income	2,307,869	2,005,732
Non-current Liabilities		
Non-current deferred income	3,950,101	3,809,638
Total Liabilities	7,970,416	5,818,170
RESTRICTED RESERVES		
<i>Donors' restricted contributions</i>		
– Balance brought forward	1,777,047	471,127
– Use for Ethiopia Project	-300,000	-
– Use for Haiti project	-1,152,243	-463,901
– Use for Lao People's Democratic Republic (PDR) project	-	-7,226
– Use for Nicaragua project	-174,804	-
– Use for Viet Nam project	-150,000	-
– Allocation for Ethiopia Project	8,292	300,000
– Allocation for Haiti project	537,009	1,152,243
– Allocation for Lao PDR project	4,055	-
– Allocation for Nicaragua project	-	174,804
– Allocation for Viet Nam project	94,286	150,000
Total Restricted Reserves	643,641	1,777,047
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	369,291	404,176
– Increase/decrease of unrealized gains during the year	198,179	-34,885
<i>General reserves</i>		
– Balance brought forward	1,430,608	1,467,957
– Result for the year after transfers from/to reserves	96,369	-37,349
Total Unrestricted Reserves	3,094,447	2,799,899
Total Reserves	3,738,088	4,576,946
Total Liabilities and Reserves	11,708,504	10,395,116

ICRC SPECIAL FUND FOR THE DISABLED (CONT.) (in CHF)

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 31 DECEMBER										
	2012									2011
	Ethiopia project	Haiti project	India project	Lao PDR project	Nicaragua project	Tajikistan Project	Viet Nam project	General	Total	Total
Operating Activities										
Contributions Received in Cash										
<i>Governments</i>										
– Australia			175,777		300,000		484,223		960,000	910,039
– Austria									-	-
– Liechtenstein	50,000								50,000	50,000
– Monaco	24,022								24,022	25,642
– Norway	552,646	136,664			158,504	98,340	117,011		1,063,165	1,625,505
– P. Leahy War Victims Fund/USAID	939,700								939,700	939,383
– Switzerland					300,000				300,000	100,000
<i>National Societies</i>										
– Australia									-	645,126
– Austria					6,026				6,026	6,426
– Canada		280,800							280,800	266,730
– Iran, Islamic Republic of	22,836								22,836	-
– Monaco					6,009				6,009	12,439
– New Zealand				150,000					150,000	100,000
– Norway		90,000			70,897				160,897	364,448
– Switzerland	450,000								450,000	250,000
– United States of America									-	855,677
<i>Foundations Private sources</i>										
– A.Verhoeff - Kooyman					5,485				5,485	-
– CR Machinery									-	50,000
– OPEC Fund for International Development									-	234,846
– Various donors					5,882				5,882	2,606
– International Committee of the Red Cross									-	5,578
Total Contributions	2,039,204	507,464	175,777	150,000	852,803	98,340	601,234	-	4,424,822	6,444,445
Operating Expenditure										
Cash expenditure	-2,330,912	-1,122,698	-175,777	-145,945	-1,027,607	-98,340	-656,949	-	-5,558,228	-5,138,525
Total Operating Expenditure									-5,558,228	-5,138,525
Net Result of Operating Activities	-291,708	-615,234	-	4,055	-174,804	-	-55,715	-	-1,133,406	1,305,920
Non-operating Activities										
Financial Income										
Securities income								92,917	92,917	2,318
Realized gains on securities, net								30,672	30,672	81,568
Bank charges								-15,781	-15,781	-22,991
Non-refundable withholding taxes								-	-	-173
Total Financial Income, net								107,808	107,808	60,722
Foreign exchange results										
Realized exchange gains/(losses), net								12,444	12,444	-90,451
Unrealized exchange (losses), net								-5,849	-5,849	-
Total Foreign exchange results, net								6,595	6,595	-90,451

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 31 DECEMBER										
	2012									2011
	Ethiopia project	Haiti project	India project	Lao PDR project	Nicaragua project	Tajikistan Project	Viet Nam project	General	Total	Total
Non-operating expenditure										
Audit fees								-6,710	-6,710	-7,020
Fundraising charges								-11,324	-11,324	-600
Total Non-operating expenditure								-18,034	-18,034	-7,620
Net Result of Non-operating Activities								96,369	96,369	-37,349
Result for the year before transfers from/to reserves	-291,708	-615,234	-	4,055	-174,804	-	-55,715	96,369	-1,037,037	1,268,571
Use of Unrestricted Reserves										
General reserves	-	-	-	-	-	-	-	-	-	-
Use of Restricted Reserves										
Donors' restricted contributions	300,000	1,152,243	-	-	174,804	-	150,000	-	1,777,047	471,127
Allocation to Restricted Reserves										
Donors' restricted contributions	-8,292	-537,009	-	-4,055	-	-	-94,286	-	-643,641	-1,777,047
Result for the year after transfers from/to reserves	-	-	-	-	-	-	-	96,369	96,369	-37,349

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

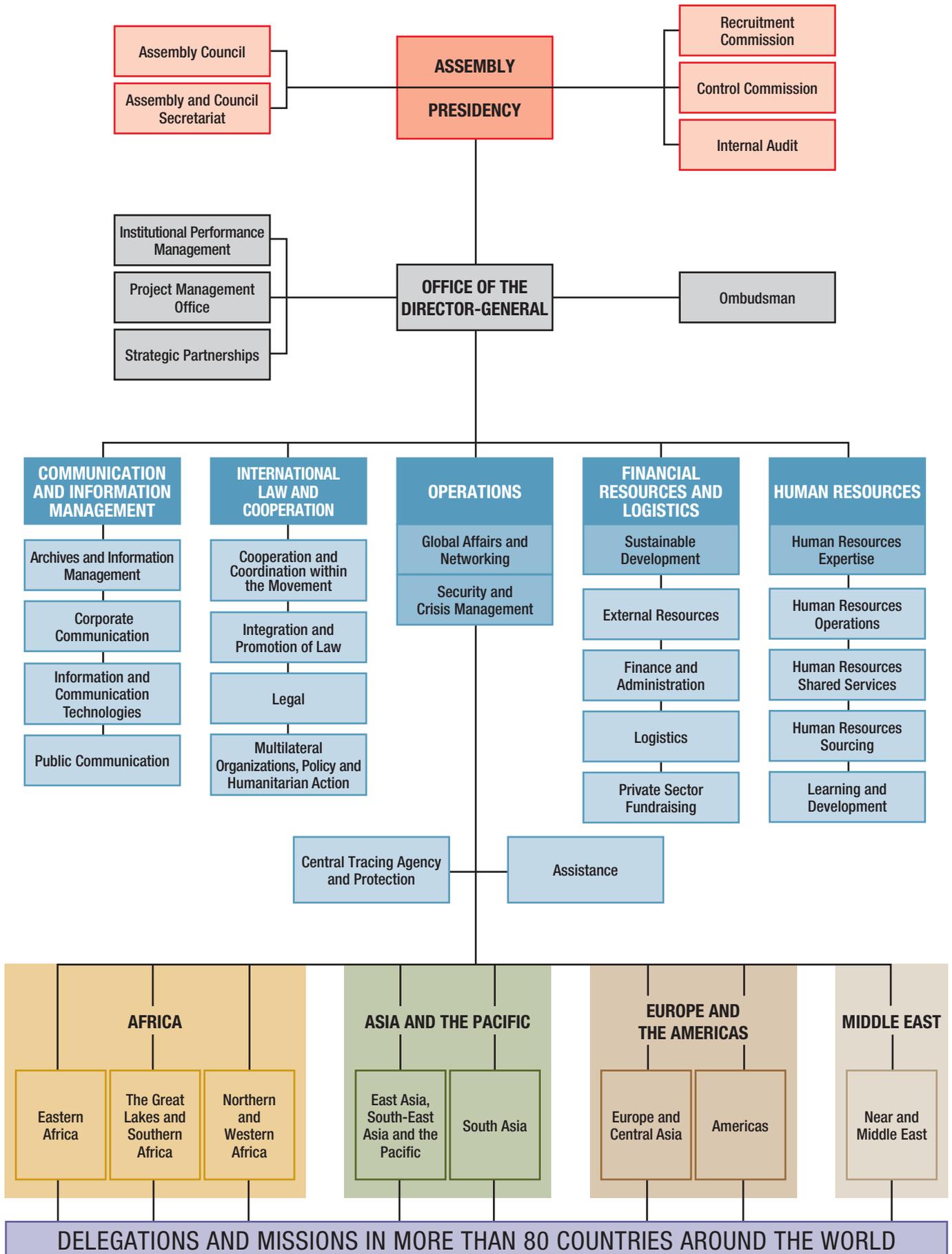
In 1983, the ICRC donated an initial 1 million Swiss francs to set up the Special Fund for the Disabled. Further support was since given to the SFD by various governments, a number of National Societies and by private and public sources.

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, overseeing all of its activities. The Assembly formulates policy, defines general objectives and institutional strategy, approves the budget and accounts, and nominates the directors and the head of Internal Audit. Composed of between 15 and 25 co-opted members of Swiss nationality, the Assembly is collegial in character. Its 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 Jakob Kellenberger, president, PhD from the University of Zurich, former Swiss secretary of state for foreign affairs, ICRC president from 2000 until the end of June 2012

Mr Peter Maurer, president, PhD from the University of Bern, former Swiss permanent representative to the United Nations in New York, United States of America, former Swiss secretary of state for foreign affairs, ICRC president since 1 July 2012

Mrs Christine Beerli, permanent vice-president, lawyer, former managing director of the Technical and Information Technology Departments of Bern University of Applied Sciences, former senator in the Swiss Council of States

Mr Olivier Vodoz, vice-president, barrister, Bachelor of Law, former deputy in the Geneva Grand Council and former president of the State Council of the Republic and Canton of Geneva

Mr Mauro Arrigoni, PhD in mathematics from the University of Zurich, author of numerous scientific papers on mathematical models in biology and founder of the scientific journal *Il Volteriano*, high school dean in Mendrisio, Switzerland

Mrs Christiane Augsburger, nurse, Bachelor of Education Sciences from Geneva University, Master of Health Care from Webster University in Geneva, diploma in the management of nursing schools from the Swiss Red Cross College of Nursing

Mr Paolo Bernasconi, barrister, Bachelor of Law, professor of fiscal law and economic criminal law at the Universities of St. Gallen, Zurich and Milan (Bocconi), former public prosecutor in Lugano, Switzerland

Mr François Bugnion, Bachelor of Arts and Doctor of Political Sciences, independent consultant in the fields of IHL and humanitarian action, former delegate and director of International Law and Cooperation at the ICRC

Mr Bernard G.R. Daniel, Bachelor of Laws, diploma from IMD (Lausanne), former Nestlé secretary-general and secretary to the Board of Directors, former ICRC delegate

Mr Melchior de Muralt, PhD in political sciences from the University of Lausanne, partner in the Pury Pictet Turretini & Cie asset management firm, president of Cadmos Fund Management and Guilé Engagement Funds, chairman of Blue Orchard Finance and the World Microfinance Forum Geneva

Mrs Paola Ghillani, businesswoman, degree in pharmaceuticals from the University of Lausanne, master's degree from IMD (Lausanne), former director-general of the Max Havelaar Foundation

Mr Jürg Kesselring, head of the Department of Neurology and Neurorehabilitation, Rehabilitation Centre, Valens, Switzerland, professor of clinical neurology and neurorehabilitation, University of Bern and Center of Neuroscience, University and ETH Zurich, president of the Swiss Multiple Sclerosis Society, chairman of the WHO Working Group on Multiple Sclerosis, former ICRC medical delegate

Mrs Claude Le Coultre, honorary professor at the University of Geneva Faculty of Medicine, former head of the Paediatric Surgery Department at the Geneva Children's Hospital, chairwoman of the ICRC Special Fund for the Disabled

Mr Thierry Lombard, economics degree from the University of Geneva, head of the communication department and management of human resources at Lombard Odier & Cie, chairman of the Family Business Network International and the Foundation for the International Committee of the Red Cross

Mr Yves Sandoz, Doctor of Law from the University of Neuchâtel, lecturer at the University of Geneva, former director of International Humanitarian Law and Principles at the ICRC

Mr Rolf Soiron, doctorate in history, PMD from Harvard Business School, former chairman of the management boards of Holcim, Lonza and Nobel Biocare, former member of the Grand Council of the Canton of Basel-City

Mr Bruno Staffelbach, Master of Economics, doctorate in business administration, and post-doctoral qualification in management and ethics, professor of business administration and human resource management at the University of Zurich, former Swiss army brigadier general and commander of an infantry brigade

Mr Daniel Thürer, Master of Laws, Doctor of Law, 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, Doctor of Law, Bachelor of Economics, Harvard Business School SMP certificate, former chairman of the von Moos Group

Honorary members: Mr Jean Abt, Mr Peter Arbenz, Mr Jean-Philippe Assal, Mr Jean-François Aubert, Mr Ernst Brugger, Mrs Suzy Bruscheiler, Mr Jean de Courten, Mr Georges-André Cuendet, Mr Max Daetwyler, Mr Josef Feldmann, Mr Jacques Forster, Mr Athos Gallino, Mrs Renée Guisan, Mr Rodolphe de Haller, Mr Pierre Keller, Mrs Liselotte Kraus-Gurny, Mr Pierre Languetin, Mr Jacques Moreillon, Mrs Gabrielle Nanchen, Mr Jakob Nüesch, Mrs Anne Petitpierre, Mrs Francesca Pometta, Mr Eric Roethlisberger, Mr Dietrich Schindler, Mr Cornelio Sommaruga, Mr Jenö Staehelin, Mr Jakob Kellenberger (from July 2012)

1. As at 31 December 2012

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 Jakob Kellenberger**, president (until the end of June 2012)
- ▶ **Mr Peter Maurer**, president (from 1 July 2012)
- ▶ **Mrs Christine Beerli**, permanent vice-president
- ▶ **Mrs 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 maintains a standing dialogue with the Directorate on all activities conducted by the ICRC and can take appropriate measures in cases of extreme emergency.

COMMISSIONS AND BODIES APPOINTED BY THE ASSEMBLY

Control Commission

The Control Commission is composed of five members of the Assembly who are not members of the Assembly Council. It assists the Assembly in overseeing 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 the audit recommendations. It meets six to eight times a year.

Recruitment Commission

The Recruitment Commission is composed of members of the Assembly. It handles matters relating to the Committee's composition and submits proposals to the Assembly for the co-optation of new members.

Remuneration Commission

Chaired by the president of the Control Commission, the Remuneration Commission is composed of three members of the Assembly. It sets the salaries and benefits of the president, the permanent vice-president, the directors and the head of Internal Audit.

Internal Audit

The 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. The Internal Audit 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 auditing 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
- ▶ **Mrs Helen Alderson**, director of financial resources and logistics
- ▶ **Mr Pierre Krähenbühl**, director of operations
- ▶ **Mrs Charlotte Lindsey-Curtet**, director of communication and information management
- ▶ **Mr Philip Spoerri**, director of international law and cooperation
- ▶ **Mrs 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 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 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 mandate 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 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 reconstitution of National Societies
- ▶ together with the International Federation, revising National Society statutes and advising them on relevant national legislation
- ▶ together with the International Federation, supporting National Societies in their efforts to apply and adhere at all times to the Fundamental Principles

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

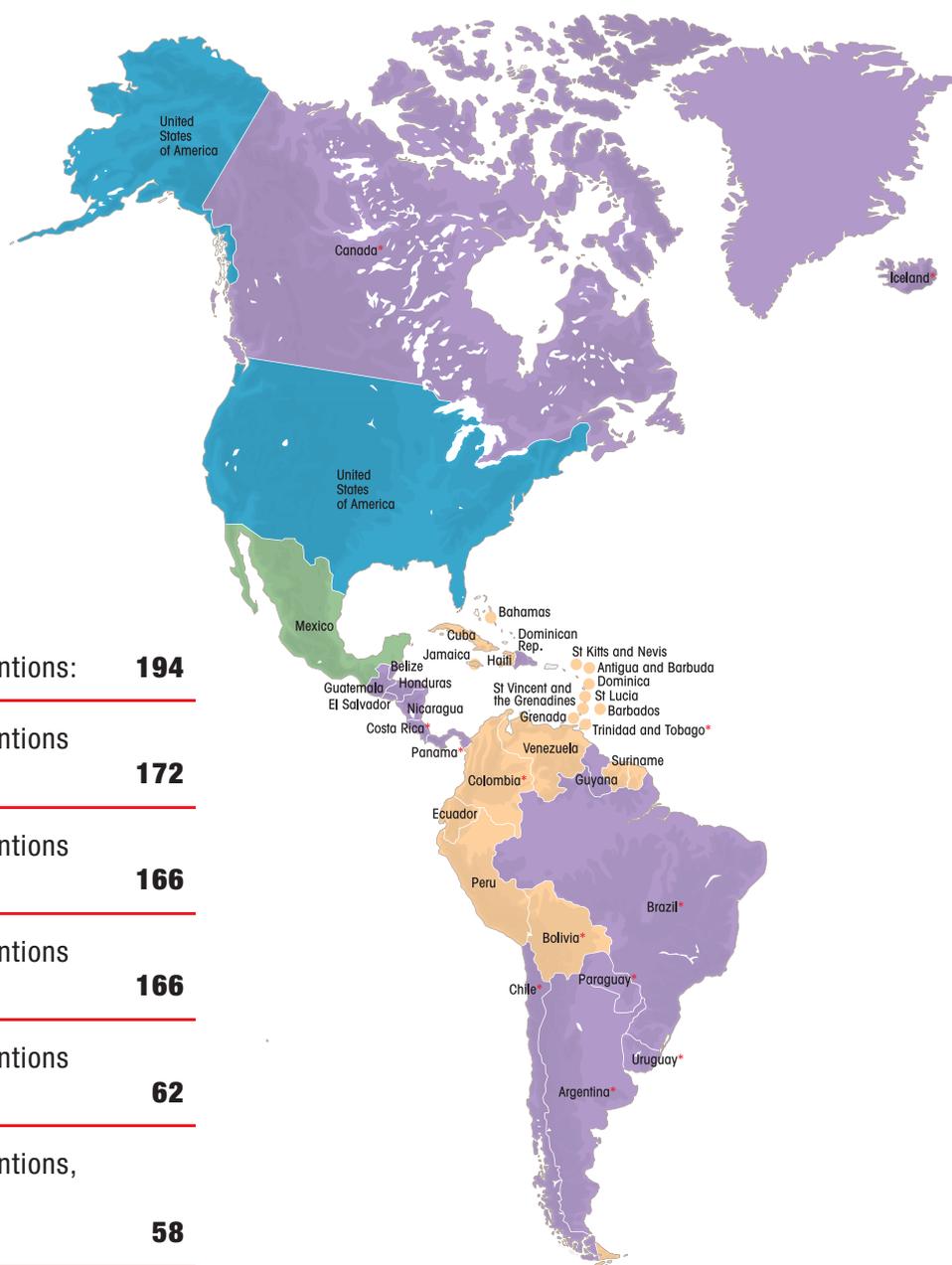
194 States are now party to the four 1949 Geneva Conventions. In 2012, the Philippines ratified Additional Protocol I, bringing the number of States party to Additional Protocol I and II to 172 and 166 respectively. In addition, Nauru, Panama and Uruguay became party to Additional Protocol III.

By 2012, 72 States were party to 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 2012. 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: **194**

States party to the 1949 Geneva Conventions and to 1977 Additional Protocol I: **172**

States party to the 1949 Geneva Conventions and to 1977 Additional Protocol II: **166**

States party to the 1949 Geneva Conventions and to both 1977 Additional Protocols: **166**

States party to the 1949 Geneva Conventions and to 2005 Additional Protocol III: **62**

States party to the 1949 Geneva Conventions, to both 1977 Additional Protocols and to 2005 Additional Protocol III: **58**

New State not yet party to the 1949 Geneva Conventions or the Additional Protocols: **1**

States having made the declaration under Article 90 of 1977 Additional Protocol I: **72**

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

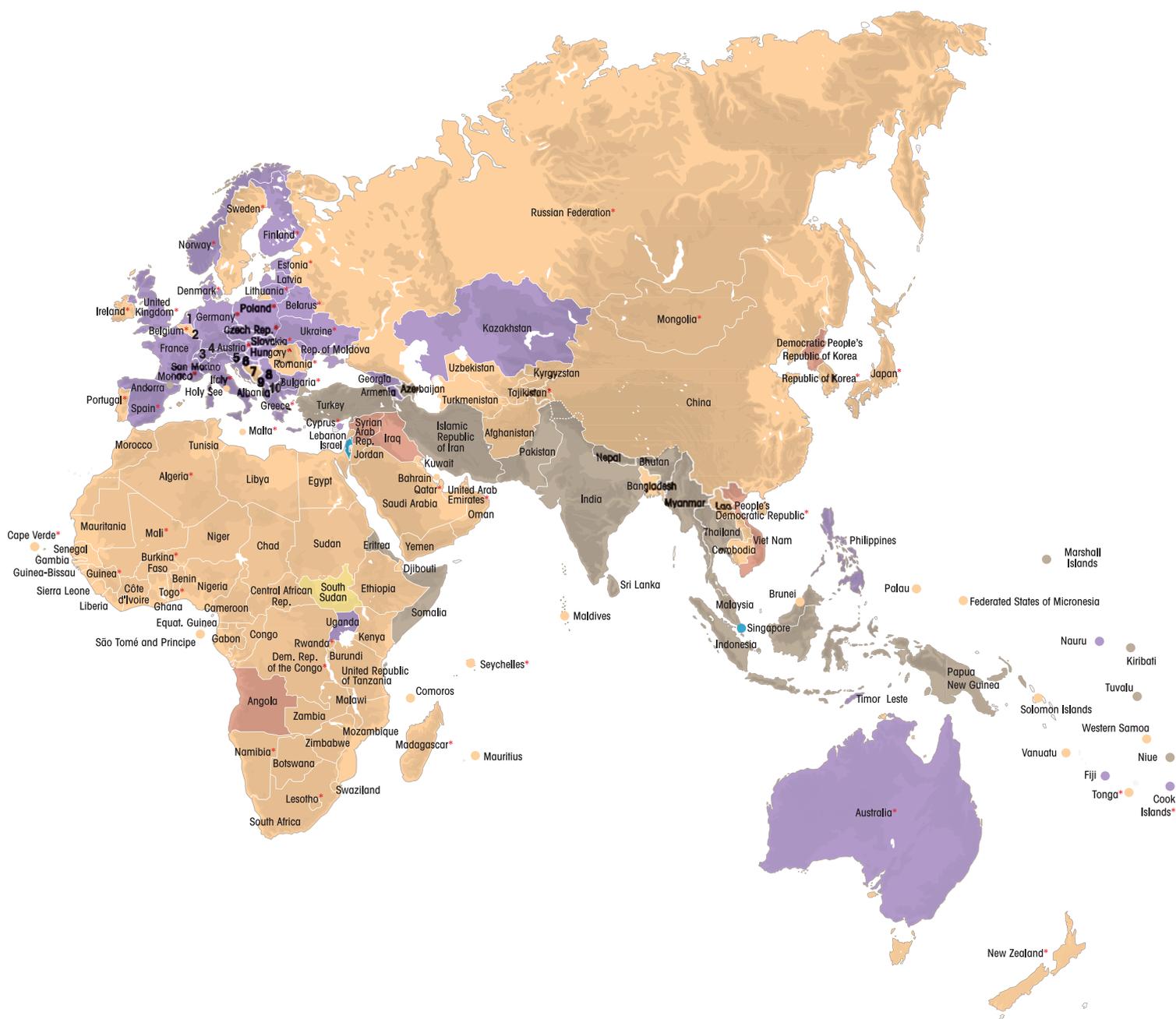
States party to the 1949 Geneva Conventions and to 1977 Additional Protocol I only

States party to the 1949 Geneva Conventions, to both 1977 Additional Protocols and to 2005 Additional Protocol III

New State not yet party to the 1949 Geneva Conventions or the Additional Protocols

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 509 may differ from the official names of States.

UPDATE SINCE 31.12.2011

194 States are party to the four Geneva Conventions of 1949.

Ratifications, accessions or successions to Additional Protocol I: 1

▶ Philippines 30.03.2012

Ratifications, accessions or successions to Additional Protocol II: 0

Ratifications, accessions or successions to Additional Protocol III: 3

▶ Nauru 04.12.2012

▶ Panama 30.04.2012

▶ Uruguay 19.10.2012

TOTALS

Number of States parties to the Geneva Conventions of 1949: 194

Number of States parties to Additional Protocol I: 172

Number of States having made the declaration under Article 90: 72

Number of States parties to Additional Protocol II: 166

Number of States parties to Additional Protocol III: 62

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 Parties members of the United Nations but not parties to the Geneva Conventions : **South Sudan**

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				
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
Cape Verde	11.05.1984	A		16.03.1995	A		16.03.1995	16.03.1995	A				
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		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				
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			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				
Libyan Arab Jamahiriya	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	X	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			
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 Grenadines	01.04.1981	A		08.04.1983	A			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													
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				
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	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		
Vietnam	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