

AFRICA

PROTECTION		Total
CIVILIANS		
Restoring family links		
RCMs collected		132,207
RCMs distributed		112,449
Phone calls facilitated between family members		597,953
Tracing cases closed positively (subject located or fate established)		3,647
People reunited with their families		897
<i>of whom unaccompanied minors/separated children</i>		729
PEOPLE DEPRIVED OF THEIR FREEDOM		
ICRC visits		
Places of detention visited		435
Detainees in places of detention visited		315,348
<i>of whom visited and monitored individually</i>		15,496
Visits carried out		1,368
Restoring family links		
RCMs collected		11,232
RCMs distributed		5,296
Phone calls made to families to inform them of the whereabouts of a detained relative		5,436

EXPENDITURE IN KCHF	
Protection	118,143
Assistance	480,315
Prevention	69,982
Cooperation with National Societies	42,344
General	7,358
Total	718,141
<i>Of which: Overheads</i>	43,782

IMPLEMENTATION RATE	
Expenditure/yearly budget	92%

PERSONNEL	
Mobile staff	1,159
Resident staff (daily workers not included)	5,885

ASSISTANCE		2019 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	1,695,222	2,176,561
Food production	Beneficiaries	4,053,402	4,254,432
Income support	Beneficiaries	434,525	376,211
Living conditions	Beneficiaries	1,068,100	1,161,881
Capacity-building	Beneficiaries	95,777	37,546
Water and habitat			
Water and habitat activities	Beneficiaries	4,931,197	4,860,481
Health			
Health centres supported	Structures	225	248
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries	34,910	62,055
Living conditions	Beneficiaries	66,760	117,556
Water and habitat			
Water and habitat activities	Beneficiaries	152,305	162,705
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	103	123
Physical rehabilitation			
Projects supported	Projects	41	52
Water and habitat			
Water and habitat activities	Beds (capacity)	4,967	4,608

DELEGATIONS

Abidjan (regional)
 African Union
 Algeria
 Antananarivo (regional)
 Burundi
 Central African Republic
 Chad
 Congo, Democratic Republic of the
 Dakar (regional)
 Eritrea
 Ethiopia
 Libya
 Mali

Mauritania
 Morocco
 Nairobi (regional)
 Niger
 Nigeria
 Pretoria (regional)
 Rwanda
 Somalia
 South Sudan
 Sudan
 Tunis (regional)
 Uganda
 Yaoundé (regional)

 ICRC delegation

 ICRC regional delegation

 ICRC mission



ABIDJAN (regional)

COVERING: Benin, Burkina Faso, Côte d'Ivoire, Ghana, Guinea, Liberia, Sierra Leone and Togo

In the countries covered by the delegation, established in 1992, the ICRC supports the authorities in implementing IHL, encourages armed and security forces to respect that law and visits detainees, working with the authorities to improve conditions for detainees. It works with the region's National Societies and supports their development. The delegation focuses on responding to the protection and assistance needs of people, including refugees, affected by armed conflicts and other situations of violence in the greater region.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH



ICRC regional delegation ICRC mission ICRC office ICRC regional logistics centre

KEY RESULTS/CONSTRAINTS IN 2019

- The Burkinabe Red Cross Society and the ICRC provided emergency aid for IDPs and Malian refugees in Burkina Faso; herding households – resident and refugee – received livelihood support from the ICRC.
- Violence-affected people in Burkina Faso obtained health-care services from centres and hospitals which received ICRC support. The authorities assigned additional health personnel to a centre in Djibo, with ICRC encouragement.
- Military and police officers from throughout the region – including personnel preparing to join peace-support missions – developed their understanding of IHL and other laws pertinent to their duties at ICRC briefing sessions.
- Migrants in Burkina Faso and Côte d'Ivoire reconnected with relatives through the Movement's family-links services; Ivorian authorities, with help from the ICRC, became more capable of resolving missing-persons cases.
- Community leaders and local authorities throughout the region learnt more about the ICRC and its work through bilateral dialogue and ICRC briefings and other events, which helped facilitate access and aid to people in need.
- Detainees in Côte d'Ivoire obtained treatment for vitamin-deficiency illnesses, and malnourished detainees benefited from a therapeutic feeding programme in prisons, implemented by Ivorian authorities and the ICRC.

EXPENDITURE IN KCHF

Protection	3,086
Assistance	7,216
Prevention	4,136
Cooperation with National Societies	3,469
General	393
Total	18,298
<i>Of which: Overheads</i>	<i>1,117</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	102%
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PERSONNEL

Mobile staff	42
Resident staff (daily workers not included)	245

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	239
RCMs distributed	136
Phone calls facilitated between family members	1,252
Tracing cases closed positively (subject located or fate established)	92
People reunited with their families	1
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	17
Detainees in places of detention visited	13,765
<i>of whom visited and monitored individually</i>	234
Visits carried out	38
Restoring family links	
RCMs collected	167
RCMs distributed	110
Phone calls made to families to inform them of the whereabouts of a detained relative	403

ASSISTANCE	2019 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Food consumption	Beneficiaries 18,000	74,330
Food production	Beneficiaries 40,080	61,716
Income support	Beneficiaries 300	
Living conditions	Beneficiaries	3,632
Capacity-building ¹	Beneficiaries 3,000	55
Water and habitat		
Water and habitat activities	Beneficiaries 20,974	16,480
Health		
Health centres supported	Structures 2	10
PEOPLE DEPRIVED OF THEIR FREEDOM		
Economic security		
Food consumption	Beneficiaries 700	10,867
Water and habitat		
Water and habitat activities	Beneficiaries 10,810	4,517
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures	3

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

CONTEXT

In Burkina Faso – particularly in the north and the east – armed violence became more intense and frequent; violent attacks on civilians were reported. Thousands of people fled their homes. Food, shelter and basic services became less accessible. The number of violence-related arrests rose.

Burkinabe and Malian armed forces carried out joint operations against armed groups based in Mali, in response to cross-border attacks by these groups. Burkina Faso also contributed troops to the G5 Sahel Joint Force, a military initiative against armed groups in the wider Sahel region.

Some 33,000 Malian refugees were still in UN camps or host communities in northern Burkina Faso. Thousands of Ivorian refugees, who had fled past violence, were in Ghana and Togo.

People from the countries covered by the regional delegation sought to migrate elsewhere in West Africa, or to Europe. Côte d'Ivoire was both a transit and a destination country for migrants.

Communal, political and socio-economic tensions boiled over into violence sometimes, for instance in Côte d'Ivoire and Guinea.

Elections were planned for 2020 in Burkina Faso, Côte d'Ivoire, Ghana, Guinea, and Togo.

ICRC ACTION AND RESULTS

The ICRC, in cooperation with the Burkinabe Red Cross Society, scaled up its activities for people affected by violence in Burkina Faso. It concentrated throughout the year on helping IDPs and Malian refugees in host communities meet their urgent needs, through expanded distributions of food and basic household items. Where possible, it also helped violence-affected herding households – among host communities and refugees – to preserve their livelihoods: it vaccinated their livestock, and trained and equipped community animal-health workers. Safe water and sanitation became more accessible to violence-affected people after the ICRC repaired, installed or built water pumps and latrines in their communities; the ICRC also promoted good hygiene in these communities. It also ramped up its support for health facilities to help ensure the availability of their services for people affected by violence.

The ICRC visited detainees in Benin, Burkina Faso, Côte d'Ivoire, and Guinea; in Burkina Faso, some detainees were held in places of temporary detention run by the *gendarmerie* and in high-security prisons. The ICRC paid particular attention to security detainees. Findings from these visits were discussed confidentially with the authorities, to help them improve detainees' treatment and living conditions.

Penitentiary authorities in Burkina Faso and Côte d'Ivoire endeavoured to improve detainees' living conditions and treatment, particularly their nutrition and access to health care: the ICRC assisted the authorities by donating medicines

and other supplies, and by helping to train prison health staff, among other means of technical and material support. Under a programme implemented by Ivorian authorities and the ICRC at four prisons, detainees were screened and treated for malnutrition. Malnourished detainees were given therapeutic food provided by the ICRC; their meals were prepared by staff trained and equipped by the ICRC. Ivorian penitentiary authorities – with the ICRC's help – stocked prison clinics with medicines and other supplies, and treated detainees with vitamin-deficiency and other illnesses. Authorities in Burkina Faso and Côte d'Ivoire worked with the ICRC to renovate water facilities and other infrastructure at places of detention.

Malian refugees in Burkina Faso, and Ivorian refugees in Ghana, restored or maintained contact with their families via the Movement's family-links services. Migrants in Burkina Faso and Côte d'Ivoire made phone calls to relatives or lodged tracing requests.

The ICRC strove to broaden awareness of and support for IHL and humanitarian action throughout the region. Briefings for military and security forces personnel helped to strengthen their grasp of IHL and international law enforcement standards. The ICRC engaged local leaders and other influential figures, and violence-affected communities, in dialogue; these interactions helped facilitate the Movement's work. Academics, journalists and others learnt more about IHL and the ICRC at workshops and other events. The ICRC continued to urge governments to implement IHL and related treaties, and gave them support for doing so.

The regional delegation in Abidjan continued to provide communications, logistical and technical support for ICRC operations in central, northern and western Africa. To reinforce its response to the increasing violence in northern and eastern Burkina Faso, the ICRC adapted its set-up and upgraded its mission in Ouagadougou to a delegation.

Aided by the ICRC, National Societies in the region bolstered their emergency preparedness and their capacity to promote IHL, and broadened awareness of the Movement and its activities.

CIVILIANS

The ICRC responded to the increase in needs created by the situation in northern Burkina Faso (see *Context*) by expanding its assistance activities for people affected, in cooperation with the Burkinabe Red Cross Society.

The ICRC highlighted various issues during its dialogue with the authorities and others concerned – for instance, protection of medical personnel and facilities during armed violence; these discussions helped facilitate access to violence-affected communities. It continued to document the concerns of violence-affected people throughout the region; make oral and written representations to the parties concerned; and urge these parties to prevent unlawful conduct.

Military and security personnel add to their knowledge of IHL

The ICRC also emphasized the protection of violence-affected people in its interaction with weapon bearers. Military and police officers in Burkina Faso, Côte d'Ivoire, Guinea and Liberia strengthened their grasp of IHL and international law enforcement standards, and learnt more about the Movement, at ICRC briefings and dissemination sessions. Among them were officers bound for peace-support operations in Mali and elsewhere, and police and *gendarmerie* personnel who were part of a counter-terrorism unit in Burkina Faso. During these sessions, the ICRC emphasized the importance of integrating humanitarian considerations in operational decision-making.

The ICRC assisted the forces mentioned above to integrate IHL and other pertinent international norms and standards into their training and operations: for instance, it helped the Ivorian military to develop teaching materials for troops and instruct senior officers in integrating IHL into training, and the Liberian military to finalize a new code of conduct.

Violence-affected people in Burkina Faso receive emergency aid

The ICRC concentrated on helping people affected by the intensified violence in northern Burkina Faso to meet their immediate needs. In particular, it scaled up its distribution of food aid: about 12,000 households (some 74,000 people) – IDPs and refugees from Mali in host communities – in Soum Province and northern Burkina Faso received vouchers for food rations. It also held information sessions and demonstrations for these communities, aimed at adding to their knowledge on the preparation of nutritious meals, to help them prevent malnutrition. In all, 499 IDP households (3,632 people) received household items such as tarpaulins, mosquito nets, and hygiene kits which enabled them to set up temporary shelters and maintain good hygiene.

In Soum and in Oudalan, which is in the Sahel region of Burkina Faso, herding households had their livestock vaccinated against disease as part of an ICRC campaign, helping some 10,300 households (around 61,700 people) to maintain the health and thus the productivity of their herds. Services provided by 55 animal-health workers, who were trained and equipped by the ICRC, benefited hundreds of herding households.

Some 16,500 people in Soum and the Sahel region of Burkina Faso – IDPs and members of host communities – had better access to clean water and sanitation after the ICRC repaired, installed or built water pumps and latrines, and distributed jerrycans. They learnt how to prevent the spread of water-borne diseases at hygiene-promotion sessions conducted by the Burkinabe Red Cross and the ICRC.

Projects to provide cash grants for starting income-generating activities did not push through, as the security situation limited access to the intended beneficiaries; funds allocated for these projects were used for the assistance activities mentioned above.

ICRC-supported facilities respond to increased needs in the Sahel region of Burkina Faso

In Djibo, in the Sahel region of Burkina Faso, a health centre run by the Burkinabe Red Cross continued to provide basic services such as vaccinations and antenatal care, in accordance with guidelines established by the health ministry; it did so with regular material, financial and technical support, and training for health staff, from the ICRC. The ICRC also began supporting health-care facilities in Barsalogho in June, and Matiacoali in December. Because of the increased needs in the Sahel region, the ICRC also provided support, on an ad hoc basis, to more health facilities than originally planned; during the year it supported 10 health-care centres and three hospitals in all. Patients needing higher-level care, such as surgery, were referred to a hospital in Djibo.

The ICRC urged the health district to improve services at the Djibo centre by assigning additional health personnel to it, and by establishing measures to systematically screen children for malnutrition and refer them for treatment as necessary. The district assigned 17 additional health staff to the facility in December.

Migrants use the Movement's family-links services to contact relatives

People separated from their families by violence, migration, detention or other circumstances – among them detainees and their family members in Burkina Faso, people seeking to contact relatives in Côte d'Ivoire and refugees staying in camps in Ghana – restored or maintained contact with their relatives via RCMs and telephone calls facilitated by the pertinent National Societies and the ICRC; they also lodged tracing requests. Especially in Burkina Faso, National Societies in the countries covered expanded their family-links capacities with technical support and training from the ICRC (see *Red Cross and Red Crescent Movement*).

The ICRC arranged a family visit for one of the people resettled in Ghana after being released from the US detention facility at the Guantanamo Bay Naval Station in Cuba.

In Côte d'Ivoire, the ICRC continued its dialogue with the authorities and medico-legal professionals on steps to be taken to resolve cases of people reported missing, particularly in connection with migration and past violence in the country. It made its expertise available to them, and gave them financial assistance to go abroad to attend conferences and other events on the subject of missing people.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visits detainees at places of detention in the region

The ICRC visited detainees at 17 places of detention (housing around 8,300 people in Côte d'Ivoire; 2,700 in Burkina Faso; 1,200 in Benin; and 1,600 in Guinea) to monitor their treatment and living conditions; 234 detainees were monitored individually. The detainees visited in Burkina Faso included people held in connection with the ongoing violence; they were at places of temporary detention run by the *gendarmerie* and at high-security prisons. In Benin, the detainees visited included people convicted by the International Criminal Tribunal for Rwanda – now under the authority of the Mechanism for

International Criminal Tribunals – who were serving their sentences in Benin. After these visits, which were conducted in accordance with its standard procedures, the ICRC communicated its findings and recommendations confidentially to the authorities concerned.

Detainees contacted their relatives through the ICRC's family-links services; the ICRC helped foreign inmates to notify their consular representatives of their situation.

The ICRC submitted a document to the Ivorian president summarizing its detention-related activities in Côte d'Ivoire over the past 20 years, with an emphasis on such topics as overcrowding and detainee nutrition, to serve as a source of reference.

Malnourished Ivorian detainees receive suitable treatment

The ICRC visited detainees – in some instances, with local health staff – in Burkina Faso and Côte d'Ivoire, and to a lesser extent in Benin, to monitor their health.

In Côte d'Ivoire, penitentiary authorities endeavoured, with the ICRC's support, to improve detainees' nutrition and their access to good-quality health care services. ICRC support consisted of expert guidance, training and material assistance – supplies for prison infirmaries, for instance; the ICRC also helped the authorities to develop their ability to provide for detainees themselves. The authorities referred detainees needing higher-level medical care to external facilities. The ICRC held a workshop for prison health staff that covered such subjects as treating illnesses commonly found in prisons, which helped hone their skills.

Based on a pilot project in one prison in 2018, the health ministry and the ICRC expanded a nutritional programme at four priority places of detention; under this initiative, detainees were screened and, if necessary, treated for malnutrition. Some 10,900 malnourished detainees benefited from ICRC donations of therapeutic food and medicines, and equipment for preparing and distributing meals; among them were hundreds of particularly vulnerable detainees, such as minors and people suffering from chronic illnesses. Prison personnel in charge of detainees' food strengthened their capacities through ICRC training sessions on: nutrition, the treatment of malnutrition in prisons, the management of food stocks, and other related subjects.

Owing to a sharp rise in vitamin-deficiency illnesses at some prisons, the ICRC increased its donations of the necessary medicines and food supplements, and urged authorities to establish mechanisms to deal systematically with such cases.

In Burkina Faso, the ICRC supported the authorities' efforts to improve detainees' access to good-quality health care. It gave them technical assistance and assigned ICRC health staff to help examine detainees at a high-security prison for malnutrition. With the penitentiary administration, the ICRC organized a training session for prison health staff; together with the health ministry, the ICRC held a round table on health and nutrition in detention for parties concerned.

Burkinabe and Ivorian authorities upgrade prison infrastructure

Burkinabe and Ivorian authorities – assisted by the ICRC – strengthened their ability to maintain and make improvements to facilities at places of detention. They attended local and regional workshops, and other events organized by the ICRC, on subjects related to prison infrastructure. The ICRC conducted a briefing for engineering students on implementing sanitation projects at places of detention.

In Burkina Faso and Côte d'Ivoire, some 2,000 and 2,600 detainees, respectively, benefited from ICRC-supported improvements at their places of detention. These included renovations to prison yards and sanitation facilities in Burkina Faso, and refurbishing of the biogas fuel system at a prison in Côte d'Ivoire.

ACTORS OF INFLUENCE

The ICRC engaged weapon bearers in dialogue, and helped military and security forces in the region to integrate IHL and other norms in their doctrine, training and operations (see *Civilians*). It also sponsored senior officers to attend an advanced IHL course in San Remo.

Community leaders and others learn more about the Movement's work

The ICRC, together with the pertinent National Societies, continued to cultivate relationships with influential figures in the countries covered by the regional delegation. This helped to broaden – within the region and beyond – awareness of and acceptance for IHL, and support for the Movement's neutral, impartial and independent humanitarian action.

In Burkina Faso and Côte d'Ivoire, the ICRC met with and conducted briefings and dissemination sessions for youth and community leaders, local authorities, military and security forces personnel, and others capable of facilitating its access to violence-affected communities and its activities for their benefit. The ICRC also held dissemination sessions on IHL, and on its activities, for members of civil society, academics and other influential figures in Benin, Togo and Guinea. It made a particular effort to strengthen its dialogue with religious scholars and the authorities in Benin, Côte d'Ivoire, Guinea, and Togo, in view of communal tensions in those countries. Round tables, press briefings and other events held by the ICRC – as well as media coverage of the ICRC president's visit to Burkina Faso and Côte d'Ivoire – drew public attention to humanitarian issues and the ICRC's work, particularly the humanitarian needs in the Sahel region of Burkina Faso and the ICRC's detention-related work in Côte d'Ivoire and the wider region for the last 20 years. Journalists throughout the region drew on information from the ICRC to improve their coverage of humanitarian issues. It is worth reiterating that all the activities mentioned above aimed to facilitate the Movement's access to people in need (see also *Civilians*).

Students demonstrate their grasp of IHL at moot court competitions

The ICRC urged governments in the region to implement IHL and related treaties, and gave them support for doing so. It made its expertise and other support available to national IHL committees. It organized workshops and other events on IHL implementation for the authorities – including a regional course for francophone African countries – and also sponsored them to attend IHL courses and IHL-related events in other countries.

In Burkina Faso, Côte d’Ivoire and Liberia, students demonstrated their grasp of IHL at national moot court competitions organized by the ICRC. Religious scholars, students and other academics throughout the region learnt about IHL and related matters at conferences and other events that the ICRC organized or sponsored them to attend.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the countries covered strengthened their ability to provide family-links services, respond to emergencies, promote IHL and the Movement, and pursue organizational development. The ICRC gave them material and technical support, and training.

The Burkinabe Red Cross Society was notable for its efforts to implement the Safer Access Framework, which included workshops and simulation exercises.

Financial and communication support from the ICRC enabled the Liberia National Red Cross Society to maintain its programme to assist – through counselling, home visits, and other services – some 180 vulnerable women affected by or at risk of sexual violence.

The ICRC helped cover the salaries of key personnel, and other expenses, for some National Societies.

The ICRC continued to coordinate its activities with those of other Movement components in the region, through regular meetings and by other means; this helped it maximize the impact of its activities and prevented duplication of effort. Besides bilateral discussions with National Societies, it also participated in various events with them, including a regional meeting of National Societies to coordinate activities in the Sahel region.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	239	1		
RCMs distributed	136			
Phone calls facilitated between family members	1,252			
Reunifications, transfers and repatriations				
People reunited with their families	1			
<i>including people registered by another delegation</i>	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	225	43	26	13
<i>including people for whom tracing requests were registered by another delegation</i>	11			
Tracing cases closed positively (subject located or fate established)	92			
<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)	456	91	78	48
<i>including people for whom tracing requests were registered by another delegation</i>	29			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	5	2		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	17			
Detainees in places of detention visited	13,765	329	543	
Visits carried out	38			
		Women	Girls	Boys
Detainees visited and monitored individually	234	9		6
<i>of whom newly registered</i>	127	8		4
RCMs and other means of family contact				
RCMs collected	167			
RCMs distributed	110			
Phone calls made to families to inform them of the whereabouts of a detained relative	403			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	74,330	37,823	1,714
	<i>of whom IDPs</i>	71,173	36,560	862
Food production	Beneficiaries	61,716	25,828	14,906
	<i>of whom IDPs</i>	20,764	8,928	4,497
Living conditions	Beneficiaries	3,632	1,283	1,177
	<i>of whom IDPs</i>	3,632	1,283	1,177
Capacity-building ²	Beneficiaries	55		
Water and habitat				
Water and habitat activities	Beneficiaries	16,480	4,944	6,592
Health				
Health centres supported	Structures	10		
Average catchment population		74,950		
Consultations		23,901		
	<i>of which curative</i>	20,670	4,801	12,271
	<i>of which antenatal</i>	3,231		
Immunizations	Doses	27,304		
	<i>of which polio vaccines for children aged 5 or under</i>	712		
Referrals to a second level of care	Patients	45		
	<i>of whom gynaecological/obstetric cases</i>	3		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	10,867	251	419
Water and habitat				
Water and habitat activities	Beneficiaries	4,517	181	136
Health				
Places of detention visited by health staff	Structures	8		
Health facilities supported in places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	3		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		87		
Weapon-wound admissions (surgical and non-surgical admissions)		135		
Weapon-wound surgeries performed		57		

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

AFRICAN UNION

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE IN KCHF

See under *Ethiopia*

PERSONNEL

See under *Ethiopia*

CONTEXT

The African Union (AU) maintained its support for diplomatic and military efforts to address the consequences of armed conflict and political unrest throughout Africa. It continued to mandate multinational peace-support operations and supported regional efforts to stabilize the Lake Chad and Sahel regions. The scaling down of the AU-UN Mission in Darfur, in Sudan, and of the AU Mission in Somalia, continued.

The AU continued to develop and refine policies and operational guidelines in order to integrate pertinent provisions of IHL and international human rights law into peace-support operations. It also provided strategic guidance for training police, military and civilian personnel involved in such operations.

AU human-rights bodies – the African Commission on Human and Peoples' Rights (ACHPR) and the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) – continued to develop and promote legal instruments for addressing specific issues of humanitarian concern.

Following a decision adopted by the AU Assembly in 2018, the AU sought to broaden awareness of the plight of refugees, returnees and IDPs; this was reflected in its theme for the year, "Refugees, Returnees and Internally Displaced Persons: Towards Durable Solutions to Forced Displacement in Africa".

ICRC ACTION AND RESULTS

The ICRC continued to broaden acceptance for its work among AU Member States and increase awareness of issues of humanitarian concern in Africa. It maintained its support for the AU's efforts to tackle the consequences of armed conflict and other situations of violence in the region, particularly by lending expertise and other support for the development of pertinent policies and legal frameworks.

AU officials advance their understanding of the ICRC and its work

In its interaction with AU officials and Member State representatives at various events, the ICRC strove to increase support for its neutral, impartial and independent humanitarian action throughout Africa. It was invited to participate in events led by different AU organs, which provided opportunities for it to: solidify its position as the reference organization on IHL in the region; clarify the added value of its work; and help stakeholders identify areas of common interest.

Engagement with various AU bodies – such as the AU Peace and Security Council (AU PSC) – enabled the ICRC to advance understanding of its priorities and working methods, and to

discuss possibilities for closer cooperation with the AU on humanitarian issues linked to peace and security. The ICRC also maintained contact with diplomatic representatives of AU Member States and others concerned.

The ICRC continued to exchange information with international organizations, NGOs and think-tanks working with the AU, and to take part in inter-agency meetings as an observer, in order to avoid gaps or duplication of efforts.

The AU and the ICRC discuss regional issues of humanitarian concern

During statutory meetings of AU organs – such as the ACHPR, the ACERWC and the AU PSC – and at other events, the ICRC continued to draw attention to issues of pressing humanitarian concern, in order to ensure that these were given due consideration in the AU's decisions, policies and public communication. These issues included: the necessity of making certain that people affected by armed conflict or other violence – particularly children, IDPs, migrants and refugees – were protected and their needs addressed; and the role of women in conflict prevention and peacebuilding at the community level. Some topics were brought up by the ICRC during joint activities carried out with the AU; for example, the two organizations conducted a seminar on IHL focusing on the use of explosive weapons in densely populated areas. The ICRC also raised the above-mentioned subjects during discussions with representatives of international organizations, NGOs and think-tanks.

AU officials continued to draw on ICRC expertise for drafting and implementing certain policies. The ICRC provided expert advice to the ACHPR and the ACERWC for drafting general comments on legal provisions of the African Charter on Human and People's Rights and the African Charter on the Rights and Welfare of the Child: the first pertains to the freedom of movement of IDPs and migrants – including asylum seekers and refugees – and the second, to children involved in armed conflict.

The ICRC maintained its support for AU Member States to ratify IHL-related treaties and incorporate their provisions in domestic law and policies. For example, it advocated the implementation of the African Union Convention on IDPs. It updated a report it had made, together with the AU, on a stock-taking exercise conducted in 2016 on the operationalization of this treaty; the report is set to be published in 2020. The ICRC also joined an AU steering committee, where it highlighted the issue of forced displacement in Africa and sought to secure the inclusion of humanitarian considerations in events commemorating the AU's theme for 2019.

The AU acts to ensure that peace-support operations personnel comply with IHL and other applicable norms

The ICRC continued to assist in the development of measures to promote compliance with IHL and other applicable norms among AU personnel involved in peace-support operations. Where necessary, it also drew the AU's attention to issues of humanitarian concern arising from the conduct of these personnel.

An ICRC legal adviser seconded to the AU Peace and Security Department provided technical input to the AU, to support its efforts to incorporate IHL and international human rights law more fully in the doctrine and training for peace-support operations. The AU worked to strengthen compliance with

these bodies of law, following an investigation – for which the ICRC had provided guidance – of alleged violations by peace-support operations personnel. To this end, the AU developed its frameworks regulating conduct and ensuring discipline and accountability among personnel involved in such operations.

Sponsored by the ICRC, AU officials involved in planning and managing peace-support operations participated in courses and workshops on IHL. Staff from various AU bodies enhanced their ability to train troops from the African Standby Force in IHL and/or international human rights law at a military exercise organized by the AU, to which the ICRC contributed expert guidance.

ALGERIA

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2019

- Because of the political situation in Algeria, a number of government officials changed or were absent from their posts. This delayed or halted certain discussions and activities that the ICRC had planned for the year.
- Detaining authorities drew on the ICRC's help to improve detention conditions. The ICRC visited detainees at certain places of detention, and others who were in confinement in the criminal ward of a hospital.
- Members of families separated by armed conflict, migration, detention or other circumstances reconnected through the Movement's family-links services.
- Influential actors and the ICRC discussed humanitarian issues, IHL and the Movement.
- The Algerian Red Crescent continued to receive various forms of ICRC support for expanding its capacities in administering first aid, restoring family links, and promoting IHL and the Movement.

EXPENDITURE IN KCHF

Protection	1,603
Assistance	338
Prevention	716
Cooperation with National Societies	278
General	92
Total	3,028
<i>Of which: Overheads</i>	185

IMPLEMENTATION RATE

Expenditure/yearly budget	99%
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PERSONNEL

Mobile staff	8
Resident staff (daily workers not included)	18



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

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	22
RCMs distributed	31
Phone calls facilitated between family members	9
Tracing cases closed positively (subject located or fate established)	2
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	26
Detainees in places of detention visited	17,781
<i>of whom visited and monitored individually</i>	180
Visits carried out	26
Restoring family links	
RCMs collected	1
RCMs distributed	7
Phone calls made to families to inform them of the whereabouts of a detained relative	190

CONTEXT

Protests – initially in response to the then-president’s announcement that he would be seeking a fifth term in office – took place in Algiers and other major cities in Algeria for much of 2019. Public outcry forced the former president and other government officials to resign. The protests were generally peaceful, but several arrests linked to them were reported. After a delay, presidential elections were held in December 2019; political unrest persisted, however, and protests were ongoing at the time of writing.

Algeria’s borders – except with Tunisia and, more recently, Mauritania – remained closed. Military and security forces continued to carry out operations against groups suspected of endangering the State or of being associated with unregulated trade in various commodities. These operations reportedly led to arrests and casualties.

Migrants, including refugees and asylum seekers, continued to arrive in Algeria or pass through it; there were unaccompanied minors among them and people attempting to reach Europe by crossing the Mediterranean Sea.

Algeria continued to be active in multilateral forums, particularly the African Union Peace and Security Council and the UN Human Rights Council.

ICRC ACTION AND RESULTS

The political situation in Algeria affected the functioning of some parts of the government (see *Context*). The resignation or absence of some of its contacts delayed or halted certain discussions and activities that the ICRC had planned for the year. Despite this situation, the ICRC continued to seek dialogue with the relevant authorities.

The ICRC strove to broaden its access to detainees, especially those held for security reasons. Where it had access, the ICRC visited detention facilities and monitored detainees’ treatment and living conditions; it also checked on the well-being of detainees in confinement in the criminal ward of a hospital. It communicated its findings and recommendations confidentially to the authorities concerned. Technical support, and events organized specifically for their benefit, helped detaining authorities and others to expand their managerial capacities and develop their ability to provide good-quality health care for detainees. A project involving Algerian prison authorities and the ICRC – a training programme in prison management in north-western Africa – was approved by the foreign affairs and justice ministries, and then halted by human-resource and other constraints; the project may resume in 2020, if circumstances permit.

Many families in Algeria were dispersed by armed conflict or other situations of violence abroad, detention, migration or natural disasters. The Movement’s family-links services helped some of these people stay in touch with their relatives. Through material support and training in data protection and other areas, the ICRC helped the Algerian Red Crescent to improve its family-links services. The ICRC remained ready to

refer vulnerable people for assistance; support the authorities in meeting the needs of missing people’s families; and to act as a neutral intermediary in the repatriation of Algerian nationals or their remains.

The ICRC sought or maintained contact with various actors facilitating humanitarian action or wielding influence in this area; they included government ministers, academics, religious organizations and journalists. Through dialogue and various events, the ICRC explained its working methods to these actors and its positions on various humanitarian issues. The ICRC used every available opportunity to encourage the authorities to ratify IHL and IHL-related treaties. It continued to work with the armed forces to advance, among military personnel, understanding of and respect for IHL and/or other applicable norms.

With the ICRC’s help, the Algerian Red Crescent expanded its capacities in administering first aid, restoring family links and promoting IHL and the Movement – and in doing so in line with the Safer Access Framework. Dialogue with the National Society on certain subjects, such as humanitarian needs arising from migration, remained restricted in scope. The ICRC continued to discuss various matters with the National Society, to ensure the Movement’s principled action.

CIVILIANS

People use the Movement’s family-links services to stay in touch with their relatives

Members of families dispersed by armed conflict and other violence abroad, migration, detention, or other circumstances reconnected with relatives through RCMs, brief oral messages and other family-links services offered by the Algerian Red Crescent with the ICRC’s technical support. One family continued to send parcels and make video calls to a relative held at the US detention facility at the Guantanamo Bay Naval Station in Cuba. People lodged requests to trace missing relatives; some of these requests were submitted to European National Societies assisting the families of people thought to have been lost at sea (see *Context*). The ICRC resolved two cases with the Algerian National Society’s help.

The Algerian Red Crescent and the ICRC met regularly to discuss such matters as the National Society’s needs and difficulties in providing family-links services. National Society volunteers were given the necessary material support and training, including in standards for data protection. With the ICRC’s help, the National Society’s family-links coordinator attended a meeting in Madrid, Spain, in order to exchange best practices and improve coordination with personnel from other National Societies.

The ICRC maintained contact with the IOM and the UNHCR and coordinated its efforts with them; it stood ready to refer vulnerable people to these agencies or to the appropriate services for assistance.

The Algerian forensic authorities and the ICRC met once to discuss the proper handling of human remains. Plans to facilitate forensic professionals’ attendance at forums were not realized (see *ICRC action and results*).

The ICRC remained ready to support the authorities in meeting the needs of the families of people missing in connection with past situations of violence. It sought to serve as a neutral intermediary in the repatriation of Algerian nationals or their remains, and discussed the matter with the authorities.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees at one prison and a few places of temporary detention receive visits from the ICRC

Dialogue with detaining authorities continued. The ICRC sought to secure and/or broaden access to detainees, especially people held for security reasons. In accordance with its standard procedures, it visited 26 detention facilities, including places of temporary detention, to monitor detainees' treatment and living conditions; 180 detainees with specific needs, including foreign nationals, were monitored individually. Findings and recommendations were communicated confidentially to the detaining authorities, to help them improve detainees' living conditions and treatment. The authorities were urged to ensure that judicial guarantees were respected.

The ICRC and detaining authorities, in prisons and at the national level, continued to discuss such issues as overcrowding and its consequences, and family contact for all detainees, including foreigners. Detaining authorities took into account some of the recommendations made by the ICRC for ensuring that detention conditions met internationally recognized standards.

The Algerian prison authorities and the ICRC worked to develop a training programme in prison management for prison officials throughout north-western Africa. This joint project was officially approved by the foreign affairs and justice ministries in November 2019. However, human-resource and other constraints brought the project to a halt; it may resume in 2020, if circumstances permit.

Detainees held far from their homes, or whose families were not in Algeria, used the Movement's family-links services to exchange news with relatives (see also *Civilians*). The ICRC helped foreigners to notify their consular representatives and/or the UNHCR of their detention.

Authorities are urged to ensure detainees' access to good-quality health care

In detention facilities (including places of temporary detention) to which it had access, the ICRC took note of detainees needing medical follow-up and brought their cases to the attention of the pertinent authorities; it also checked on sick detainees in confinement in the criminal ward of a hospital. The ICRC urged the relevant authorities to ensure the availability of good-quality health services for detainees, including by recruiting prison doctors and improving the medical filing system in place.

Officials from the health and justice ministries, prison authorities and medical personnel learnt about handling various issues related to health-care provision in prisons at meetings and other events organized by the ICRC or with its support, including some abroad (see, for example, *Kuwait*). Doctors, psychologists and prison directors attended a seminar on

caring for aging detainees, the mentally ill, and people serving long prison sentences; at this seminar, they were also briefed on the ICRC and its work in places of detention.

Certain discussions and activities with health and detention authorities did not take place as planned (see *ICRC action and results*).

ACTORS OF INFLUENCE

Changes in personnel halted or disrupted discussions and activities with certain authorities, Islamic leaders, and other ICRC contacts (see *Context* and *ICRC action and results*). However, the ICRC continued to seek or maintain contact with various actors facilitating humanitarian action or wielding influence in this area.

Influential actors learn about IHL and the ICRC

The ICRC strove to advance understanding of its working methods – including in places of detention (see also *People deprived of their freedom*) – and to make its positions on various humanitarian issues more widely known.

Government officials, military officers, and members of the private sector and civil society attended the screening of an ICRC-produced film on the organization's activities during the Algerian war of independence. They learnt about IHL and the ICRC at meetings and other events held in Algeria and elsewhere (see, for example, *Lebanon* and *Tunis*). The ICRC organized workshops to help journalists provide accurate coverage of humanitarian issues. Presentations and workshops helped students – some of whom were prospective civil servants – to expand their knowledge of IHL. University students tested their knowledge of IHL at a national moot court competition; the winning team went to the regional competition, in Cairo, Egypt, with the ICRC's help (see *Egypt*). Some of the events mentioned above were organized with the Algerian Red Crescent, the national IHL committee, and others.

ICRC training sessions helped National Society staff and volunteers to develop their capacities in public communication. The legal adviser to the Algerian Red Crescent attended various events of pertinence to her work and strengthened her grasp of IHL and international human rights law, and the National Society's role in promoting these norms; this was made possible by ICRC support, which included training.

Islamic leaders and the ICRC were in the process of organizing a workshop on the points of correspondence between IHL and Islamic law, but this had to be suspended because of the situation described above and human-resource issues. The ICRC took every available opportunity to encourage the authorities to ratify IHL and IHL-related treaties.

The ICRC sought to engage military personnel in dialogue, with a view to broadening their understanding of pertinent norms, particularly IHL and international human rights law, and strengthening their compliance with these norms. It extended its technical support to the defence ministry for drafting an IHL training manual. With the ICRC's help, two military officers attended a workshop abroad on international rules for military operations (see *International law and policy*).

RED CROSS AND RED CRESCENT MOVEMENT

The Algerian Red Crescent received financial, material and technical support from the ICRC, to strengthen its organizational structure and expand its capacities – especially in providing first aid and restoring family links (see also *Civilians*) – in line with the Safer Access Framework.

ICRC support enabled National Society staff and volunteers to attend, in Algeria and elsewhere, training sessions, meetings and other events on, for instance, IHL and promoting IHL (see also *Actors of influence*). Dialogue with the National Society on certain subjects, such as humanitarian needs arising from migration, remained restricted in scope. The National Society and the ICRC continued to discuss various matters, to ensure the Movement's principled action.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	22	1		
RCMs distributed	31			
Phone calls facilitated between family members	9			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	29	3	6	4
Tracing cases closed positively (subject located or fate established)	2			
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases still being handled at the end of the reporting period (people)	73	11	11	5
<i>including people for whom tracing requests were registered by another delegation</i>	5			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	26			
Detainees in places of detention visited	17,781	268	54	
Visits carried out	26			
		Women	Girls	Boys
Detainees visited and monitored individually	180	15	1	4
<i>of whom newly registered</i>	142	9	1	4
RCMs and other means of family contact				
RCMs collected	1			
RCMs distributed	7			
Phone calls made to families to inform them of the whereabouts of a detained relative	190			

MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM		Total	Women	Children
Health				
Places of detention visited by health staff	Structures	6		

ANTANANARIVO (regional)

COVERING: Comoros, Madagascar, Mauritius, Seychelles

Having worked in Madagascar intermittently during the 1990s, the ICRC has been permanently present in the country since 2002. In 2011, it opened its regional delegation in Antananarivo. The ICRC visits detainees in Madagascar, working closely with the authorities to help improve conditions in prisons. It raises awareness of IHL and international human rights law among the authorities and armed and security forces. It supports the activities of the region's National Societies, while helping them strengthen their capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH



ICRC regional delegation

KEY RESULTS/CONSTRAINTS IN 2019

- The regional delegation closed in November; the ICRC remained in contact with the authorities and others of influence until then, discussing such matters as mitigating the possible consequences of the ICRC's disengagement.
- Malagasy prison authorities began serving more nutritious standard meals, which were developed with the ICRC's help; in July, the ICRC and a local NGO concluded their nutritional programme for malnourished detainees.
- Detainees in Malagasy prisons were less at risk of disease because of vector-control campaigns conducted by the authorities with the ICRC's help; detainees also received hygiene items provided by the ICRC.
- Representatives from the national IHL committees of the Comoros, Madagascar and Mauritius attended a regional ICRC seminar, where they discussed the implementation of IHL-related treaties with their peers.

EXPENDITURE IN KCHF

Protection	627
Assistance	1,304
Prevention	178
Cooperation with National Societies	188
General	55
Total	2,353
<i>Of which: Overheads</i>	<i>144</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Mobile staff	4
Resident staff (daily workers not included)	32

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	1
RCMs distributed	7
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	16
Detainees in places of detention visited	15,940
<i>of whom visited and monitored individually</i>	34
Visits carried out	28
Restoring family links	
RCMs collected	9
RCMs distributed	1
Phone calls made to families to inform them of the whereabouts of a detained relative	107

ASSISTANCE	2019 Targets (up to)	Achieved
PEOPLE DEPRIVED OF THEIR FREEDOM		
Economic security		
Food consumption	Beneficiaries	2,563
Water and habitat		
Water and habitat activities	Beneficiaries	10,650
		24,898

CONTEXT

Political tensions persisted in Madagascar. Economic and other difficulties in the country hindered the provision of basic services in prisons and elsewhere.

The Comoros remained vulnerable to social and political unrest. Mauritius and the Seychelles were politically stable.

Presidential elections took place in the Comoros, and municipal and legislative elections in Madagascar.

The region was affected by natural disasters of varying scale; cyclones caused damage in Mauritius.

ICRC ACTION AND RESULTS

In 2019, the ICRC focused on strengthening the Malagasy authorities' ability to improve detainees' treatment and living conditions by themselves, and broadening awareness of and support for the Movement and IHL throughout the region. The ICRC also engaged the authorities in dialogue on mitigating the possible consequences of its disengagement from the region. Whenever possible, it worked with the National Societies of the countries covered. The situation in the region having stabilized in recent years, the ICRC gradually phased out its activities in the countries covered by the delegation; it closed the delegation on 26 November, and planned to monitor developments in the region through its other delegations in Africa.

In Madagascar, the ICRC visited detainees in accordance with its standard procedures, to monitor their treatment and living conditions; it paid particular attention to detainees with specific needs. Findings and recommendations were communicated confidentially to the authorities; they were also given technical and material support to bring detainees' living conditions and treatment in line with internationally recognized standards. Detainees maintained contact with their relatives through family-links services such as RCMs and phone calls. At the request of foreign detainees, the ICRC notified their respective embassies.

The authorities began providing more nutritious standard meals for detainees to prevent cases of malnutrition; these meals were developed during pilot projects implemented by the authorities with the ICRC in 2018. The authorities' endeavours were backed by ICRC training and expertise, and by reference materials on nutrition in detention, which were also distributed to prison staff. Together with the Aumônerie Catholique des Prisons (ACP), its implementing partner, the ICRC distributed meals to malnourished detainees in Malagasy prisons; this programme ended in July. At ICRC briefings, prison staff and students at the national prison administration school learnt about nutrition and hygiene in detention, and other matters related to prison management.

The ICRC urged the justice and health ministries in Madagascar to work together to improve health care in prisons. ICRC training sessions expanded capacities among prison health staff. Vector-control programmes in prisons, conducted by the

authorities with the ICRC's help, lessened risks to detainees' health, as did the hygiene kits distributed by the ICRC to detainees.

The ICRC kept up its efforts to pursue dialogue with parties of influence throughout the region – authorities, members of civil society, academics and others – in order to broaden awareness of and support for IHL, international human rights law, and the Movement's neutral, impartial and independent humanitarian action. The ICRC maintained contact with national IHL committees in the region, and gave them expert assistance to advance the implementation of IHL and IHL-related treaties. Aided by the ICRC, universities in Madagascar developed their ability to teach IHL; one Malagasy university launched an IHL course. The ICRC broadened awareness of its activities and humanitarian issues by publishing information on social media, keeping journalists abreast of its activities, and hosting various public events.

National Societies in the region bolstered their capacities – in emergency preparedness and response, and in public communication – and assisted their national authorities in providing emergency relief. The ICRC and other Movement components provided support for all these efforts. The ICRC coordinated with Movement partners to maximize the impact of activities and prevent duplication of effort.

PEOPLE DEPRIVED OF THEIR FREEDOM

Having decided to close its regional delegation, the ICRC endeavoured to broaden awareness of its activities and mobilize NGOs and others to support activities for detainees in the countries covered (see also *Actors of influence*).

The ICRC visits detainees in Madagascar

The ICRC visited, in accordance with its standard procedures, 16 prisons under the authority of the Malagasy justice ministry; these facilities collectively held around 16,000 detainees. ICRC delegates monitored the treatment and living conditions of detainees, paying close attention to particularly vulnerable detainees; afterwards, they discussed their findings and recommendations confidentially with the authorities, to help them bring detainees' living conditions and treatment in line with internationally recognized standards.

Detainees maintained contact with their relatives through family-links services such as RCMs or phone calls. At the request of foreign detainees, the ICRC notified their embassies.

Students of prison administration learn how to manage detainees' living conditions

The ICRC helped Malagasy authorities develop their ability to implement projects to improve the treatment and living conditions of detainees. It submitted reports which set out its final recommendations in this regard to the pertinent authorities, for use as sources of reference.

The ICRC met with senior government officials and others concerned, and held several workshops for them, to discuss the remaining obstacles to improving detainees' living conditions.

It gave the penitentiary administration, which had a budget larger than in previous years, advice on allocating its resources efficiently as the administration took steps to diversify detainees' diet and restock prison health facilities (see below).

Overcrowding in prisons, caused partly by judicial delays, exacerbated detainees' poor living conditions. The technical committee on ensuring respect for judicial guarantees, which was set up by the justice ministry and the ICRC in 2011, met during the year; the ICRC provided expert advice during these meetings, notably on national implementation of the measures recommended by the committee.

During ICRC briefings, students at the national prison administration school – among them students preparing to become prison inspectors – familiarized themselves with various aspects of prison management, including ensuring proper nutrition for detainees and adequate access to water and sanitation facilities.

Reference materials on the treatment and living conditions of detainees were given to prison staff and regional penitentiary directors, and posters with messages to raise awareness of such matters were produced for prisons throughout the country.

Detainees in Malagasy prisons are given more nutritious standard meals

The ICRC helped the justice and health ministries coordinate their efforts to make health care more readily available to detainees in Madagascar; it held workshops for regional penitentiary authorities, and urged them to take further steps, independently, to improve prison health services. The ICRC gave the penitentiary administration technical support for buying medicines and other supplies for prison health facilities. After concluding its detention-related activities in Madagascar, the ICRC turned over its own remaining stock of medical supplies to a university hospital.

Health staff at Malagasy prisons became more capable of treating sick detainees and managing diseases such as TB and HIV/AIDS in prisons during ICRC-organized training sessions. The ICRC sought to ensure that ailing detainees obtained appropriate treatment; to that end, it facilitated dialogue between local health providers and prisons, and urged the pertinent parties to facilitate referrals of detainees to external health facilities when needed.

Under a programme implemented by the ICRC and the ACP, hundreds of detainees in Malagasy prisons were given additional meals to meet their nutritional needs; this programme ended in July. The authorities took steps to improve detainees' nutrition and thus help prevent cases of malnutrition: they began to provide more nutritious standard meals – developed by the authorities with the ICRC's help, including during pilot projects carried out with the ICRC in 2018 – to detainees in ten prisons, and doubled the budget allocated for detainees' food. The ICRC reinforced the authorities' efforts by hosting workshops for prison staff on managing their food supply and preparing meals, and by producing and distributing reference materials such as an informational video on nutrition in

prisons. Activities to address malnourishment in prisons and improve detainees' nutrition, described above, benefited some 2,500 detainees in all.

Detainees have better living conditions

In Madagascar, the ICRC facilitated periodic meetings of the technical committee tasked with overseeing hygiene and infrastructure in prisons.

The authorities, with the ICRC's help, prepared a guide to maintaining prison facilities; the ICRC also held workshops and training sessions on prison maintenance for prison staff.

Vector-control programmes carried out by the authorities with the ICRC's technical and material support, such as logistical assistance and cleaning materials, helped diminish the risk of disease for detainees in Malagasy prisons, to the benefit of over 16,300 detainees. At ICRC workshops, prison staff learnt how to maintain sanitary conditions in prisons and prevent the spread of illness; the ICRC also gave them reference materials on hygiene and sanitation.

More than 8,500 detainees benefited from ICRC-backed renovations to sanitation facilities, kitchens and other infrastructure in prisons; detainees received hygiene kits containing soap and other items, and recreational and educational materials from the ICRC.

ACTORS OF INFLUENCE

The ICRC continued to pursue dialogue with parties of influence throughout the region: authorities, armed forces, police and *gendarmerie*, members of civil society, academics and others. In all its contact with these parties, including at events in connection with the formal closure of its regional delegation in November, the ICRC strove to increase their awareness of and support for IHL, human rights law and the Movement's neutral, impartial and independent humanitarian action; it also discussed with them the mitigation of the possible consequences of the ICRC's disengagement from the region.

Members of national IHL committees discuss implementation of IHL at a regional seminar

The ICRC remained in close contact with national IHL committees and authorities in the region. It urged them to advance the incorporation of IHL and IHL-related treaties in domestic legislation. At a regional seminar (see *Pretoria*), members of the national IHL committees of the Comoros, Madagascar and Mauritius discussed various issues pertaining to the implementation of IHL.

A Malagasy university launches an IHL course

Universities in Madagascar developed their ability to teach IHL. In January, the dean of a law faculty was sponsored by the ICRC to attend a conference on IHL abroad; the university to which that law faculty was affiliated launched an IHL course before the end of the year. Another Malagasy university was given a collection of reference materials on IHL. Students and faculty members expanded their knowledge of IHL at ICRC workshops.

A photo exhibit on the state of detention facilities in Madagascar, and other public events organized by the ICRC, drew attention to humanitarian issues in the region and to the ICRC's work. The ICRC held events for journalists and provided them with updates on its activities, published information on social media, and produced and distributed videos on the state of nutrition in prisons (see *People deprived of their freedom*), for instance, with a view to increasing awareness of various humanitarian issues among authorities, members of civil society and the general public throughout the region.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region further strengthened their operational capacities – particularly their emergency preparedness and response – and promoted the Fundamental Principles,

the Movement and its activities, through various events and communication channels; they did so with the ICRC's technical and material support, and in coordination with Movement partners such as the Indian Ocean Regional Intervention Platform (PIROI). National Societies supported their respective national authorities in providing relief and boosting emergency preparedness, for example, after cyclones in Mauritius and in readiness for a cyclone that threatened the Comoros.

Movement components in the region met regularly – for instance, at regional meetings organized by the PIROI – to discuss and coordinate their activities, with a view to maximizing impact and preventing duplication of effort. The ICRC sponsored National Society personnel to attend pertinent events abroad.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		1			
RCMs distributed		7			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		16			
Detainees in places of detention visited		15,940	898	637	
Visits carried out		28			
			Women	Girls	Boys
Detainees visited and monitored individually		34	1	1	3
	<i>of whom newly registered</i>	34	1	1	3
RCMs and other means of family contact					
RCMs collected		9			
RCMs distributed		1			
Phone calls made to families to inform them of the whereabouts of a detained relative		107			

MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	2,563	32	14
Water and habitat				
Water and habitat activities	Beneficiaries	24,898	2,252	1,251
Health				
Places of detention visited by health staff	Structures	13		
Health facilities supported in places of detention visited by health staff	Structures	5		

BURUNDI

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2019

- Members of families separated owing to various circumstances reconnected through the Movement's family-links services. Some unaccompanied and separated minors were reunited with their families, in Burundi and elsewhere.
- Survivors/victims of sexual violence obtained psychosocial support at six primary-health-care and two counselling centres. When needed, they were referred to higher-level care or to social services for temporary shelter, for example.
- Breadwinners of vulnerable households earned money through cash-for-work projects or started or revived small businesses with cash from the ICRC. Others bought their basic necessities with money from the ICRC.
- Administrative constraints delayed water projects in rural areas. In urban areas, on the other hand, people had better access to safe drinking water, thanks to the joint efforts made by the local water authorities and the ICRC.
- Detainees supplemented their diet with produce from prison farms, which helped to lower malnutrition rates in prisons. Judicial authorities continued to expedite the processing of cases involving pre-trial detention, with the ICRC's help.
- Authorities, weapon bearers and others learnt about the Movement through various means. The Burundi Red Cross received ICRC support for strengthening its emergency-response capacities.

EXPENDITURE IN KCHF

Protection	3,025
Assistance	6,142
Prevention	1,330
Cooperation with National Societies	534
General	172
Total	11,204
<i>Of which: Overheads</i>	<i>684</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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PERSONNEL

Mobile staff	22
Resident staff (daily workers not included)	104



ICRC delegation

PROTECTION

	Total
CIVILIANS	
Restoring family links	
RCMs collected	11,750
RCMs distributed	15,066
Phone calls facilitated between family members	187
Tracing cases closed positively (subject located or fate established)	123
People reunited with their families	10
<i>of whom unaccompanied minors/separated children</i>	<i>6</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits	
Places of detention visited	26
Detainees in places of detention visited	12,450
<i>of whom visited and monitored individually</i>	<i>633</i>
Visits carried out	78
Restoring family links	
RCMs collected	253
RCMs distributed	125
Phone calls made to families to inform them of the whereabouts of a detained relative	92

ASSISTANCE

	2019 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Food consumption	Beneficiaries	12,000
Income support	Beneficiaries	33,732
Living conditions	Beneficiaries	347

Water and habitat

Water and habitat activities	Beneficiaries	110,000	41,120
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Health

Health centres supported	Structures	7	8
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PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security		
Living conditions	Beneficiaries	12,667

Water and habitat

Water and habitat activities	Beneficiaries	11,000	11,340
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CONTEXT

The situation in Burundi was relatively calm despite persisting political tensions and socio-economic frustrations.

The European Union and its Member States continued to withhold direct financial aid to Burundi because of reports of human rights violations. The Burundian government, heavily reliant on this aid, continued to raise taxes on fuel and other necessities and increase the price of electricity. These tax and price hikes, and reported delays in the disbursement of funds, added to the economic struggles of the population. People displaced by past violence, returnees and residents of host communities were even more hard-pressed to meet their needs. Some people left the country in pursuit of better economic opportunities.

Hundreds of thousands of Burundians remained in neighbouring countries, particularly the United Republic of Tanzania (hereafter Tanzania); some returnees were stranded in border areas. Plans were made for the voluntary repatriation of Burundian refugees from Tanzania, and agreed upon by the Burundian and Tanzanian governments. The situation in the Democratic Republic of the Congo (hereafter DRC) kept Congolese refugees in Burundi or brought them there.

Despite the authorities' efforts, overcrowding in detention facilities remained an issue – mainly because of delays in processing cases. The State sometimes lacked the resources to meet detainees' needs.

Presidential, national and local elections were scheduled for May to September 2020.

ICRC ACTION AND RESULTS

Members of families separated by civil unrest in Burundi, armed conflict or other situations of violence in neighbouring countries, detention, or other circumstances restored and/or maintained contact through the Movement's family-links services. People who had lodged tracing requests were informed of their missing relatives' fate and whereabouts, and, where possible, were reconnected with them. Some unaccompanied and separated minors were reunited with their families, in Burundi and elsewhere. Forensic authorities and the police, aided by the ICRC, strengthened their ability to manage human remains linked to past conflicts.

The ICRC continued to support five primary-health-care centres; beginning in May, it extended its support to one more centre. Survivors/victims of violence received good-quality psychosocial support at these centres and at two ICRC-backed counselling centres. When necessary, they were given suitable treatment or referred to higher-level care; some of them were referred to social services for temporary shelter and other assistance. Hospitals were given medical supplies for emergencies. Some people with physical disabilities were fitted with mobility devices or had theirs repaired, free of charge, at a physical rehabilitation centre.

Some breadwinners – many of them women – took part in ICRC cash-for-work projects that also benefited their communities. Others started or revived small businesses with cash from the ICRC; they were given mobile phones to make wire transfers possible. Some vulnerable households bought seed and tools, and other supplies, with cash or vouchers from the ICRC. The ICRC stood ready to give material assistance in the event of an emergency, but no such need arose during the reporting period.

Local water authorities and the ICRC renovated water-supply systems in urban areas and surrounding neighbourhoods, to make potable water more widely available and help mitigate public-health risks. Similar projects planned for rural areas ran into administrative delays. The Burundi Red Cross received financial, material and technical support from the ICRC for its water projects, and for responding to two cholera outbreaks. The ICRC carried out repairs at some primary-health-care centres and schools; it also gave vulnerable households roofing sheets for their homes.

The ICRC visited places of detention to monitor detainees' treatment and living conditions. The cases of some people in pre-trial detention were referred to local and national judicial authorities, to help expedite their sentencing or release. Detainees had access to health services at prison clinics or public health-care centres receiving material and technical support from the ICRC; those in need of higher-level care were taken to hospitals or other health facilities. Malnourished detainees were given supplementary rations – produce grown on prison farms or in vegetable gardens – and therapeutic food, which helped them regain their health. Such support helped lower malnutrition rates from 10% in 2018 to 7% in 2019. Distributions of soap and cleaning materials, and renovations at some detention facilities, helped improve detainees' living conditions.

The ICRC pursued and maintained dialogue with authorities, weapon bearers and members of civil society, to broaden understanding of and foster acceptance for: the ICRC and the Movement; neutral, impartial and independent humanitarian action; and IHL, international human rights law and other pertinent norms. It did so to facilitate aid delivery to vulnerable people and contribute to their protection. It urged government ministers and parliamentarians to ratify IHL and IHL-related treaties, and adopt related legislative measures. It organized events for students – prospective decision makers – to generate their interest in IHL.

The Burundi Red Cross remained the ICRC's main partner in certain projects. Support from the ICRC helped it to strengthen its capacity to respond to emergencies.

CIVILIANS

People reconnect with their relatives

The ICRC continued to monitor the situation in Burundi. It pursued dialogue with the authorities, and military and security forces personnel, on issues of humanitarian concern, to facilitate aid delivery to vulnerable people and contribute to their protection (see also *Actors of influence*); key points of the Health Care in Danger initiative were shared with these actors.

Members of families separated by civil unrest in Burundi, conflict or other violence in neighbouring countries, detention, or other circumstances restored and/or maintained contact through the Movement's family-links services. A total of 123 tracing cases were resolved: families were informed of the fate and whereabouts of their missing relatives and, where possible, put in touch with them. The ICRC made some 92 phone calls to inform families of the whereabouts of a detained relative.

The Burundi Red Cross and the ICRC registered 17 unaccompanied and separated minors. Ten people, including six minors, were reunited with their families in the DRC; children and other vulnerable people were also reunited with their families in Burundi (see, for example, *Nairobi*). Some 300 unaccompanied minors received material support (e.g. hygiene items, school supplies, clothes), to help ease their living conditions. Migrants, refugees, ex-detainees and other vulnerable people received travel and other documents – some were delivered across borders – to help them resettle abroad, apply for State benefits, and pursue their studies.

The National Society and the ICRC drafted a contingency plan for providing family-links services, in expectation of a mass influx of returnees from Tanzania (see *Context*).

The authorities strengthen their ability to manage human remains

Forensic authorities and the police received material and technical support, and training, for managing human remains, for example, during and after exhumations linked to past conflicts. At training sessions – together with health specialists, first responders, and National Society volunteers – they were reminded of the importance of collecting, storing and managing data properly. The ICRC organized a round table on standard procedures for managing human remains; it was attended by all those involved.

Survivors/victims of violence receive medical care and psychosocial support

People obtained the preventive, curative and ante/post-natal care they needed at six ICRC-supported primary-health-care centres: four in Bujumbura, one in Ruyigi, and – starting in May – one in Rumonge. Some 1,600 survivors/victims of violence, including sexual abuse, received psychosocial support at these centres and at two ICRC-supported counselling centres. When necessary, they were referred for advanced care; some of them were referred to social services or NGOs for temporary shelter and other assistance. In Kirundo, the ICRC helped to renovate a primary-health-care centre (see below) and recruit a doctor and a psychologist; the centre was scheduled to start receiving additional ICRC support in 2020.

Health-care providers and National Society volunteers were briefed on sexual violence and mental-health care, to help prevent stigmatization of survivors/victims and broaden awareness of the services available to them. They were also briefed on their rights and duties, and on key points of the Health Care in Danger initiative.

The ICRC continued to provide two hospitals in Bujumbura with wound-dressing kits and technical support for maintaining their sterilization equipment, to ensure their preparedness for a mass influx of patients.

A total of 37 disabled people, including a few detainees, received limb-fitting and other services, such as repairing assistive devices, at the Saint Kizito Institute, in Bujumbura; the ICRC covered their treatment costs.

People receive material and income support to help them earn money and meet their needs

In Bubanza, Bujumbura Rural, Cibitoke and Kirundo, 2,350 breadwinners – many of them women – earned money for their households (around 14,100 people) by participating in ICRC cash-for-work projects that also benefited their communities. The ICRC wire-transferred money to some 1,000 breadwinners (supporting around 6,000 people), to help them start or revive small businesses; it also gave them mobile phones, to make the wire transfers possible. Some 2,300 other households (roughly 13,600 people) received vouchers or cash to buy seed and tools or for meeting their immediate needs.

National Society volunteers developed their ability to implement and follow up projects, such as income-support programmes, with ICRC material and technical support and training.

The ICRC stood ready to give material assistance in the event of an emergency, but no such need arose during the reporting period.

People benefit from repairs to water-supply systems and other infrastructure

Local water authorities and the ICRC installed or renovated water-supply systems in urban areas and surrounding neighbourhoods, to make potable water more readily available to some 36,500 people and help mitigate public-health risks. Similar projects planned for rural areas ran into administrative delays; work started late in the year and was ongoing at the end of the reporting period.

The National Society was given financial, material and technical support for its water projects. In Makamba, it constructed a water-supply system (benefiting some 2,500 people); it also organized training sessions for local repair/maintenance teams. Aided by the ICRC, the National Society responded to two cholera outbreaks: in January, by distributing clean water every day for two weeks to 2,000 people in Rumonge; and in August, by installing a water-treatment system in Cibitoke.

In Karuzi, 24 vulnerable households (120 people) received roofing sheets from the ICRC, to repair their homes. Infrastructural upgrades were in progress at two schools in Makamba.

The ICRC carried out repairs at five of the primary-health-care and counselling centres it supported; these included improvements to waste-management systems, and the construction of triage areas, offices for psychologists and other spaces designed to promote patient confidentiality. It also helped repair the building of an NGO to which it referred survivors/victims of violence for assistance.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees receive visits from the ICRC

The ICRC sought to gain or maintain access to all detainees within its purview. It visited 26 places of detention to which it had access – including prisons, places of temporary detention and two re-education centres for minors – in accordance with its standard procedures, and checked on detainees' living conditions and treatment, including respect for judicial guarantees and the principle of *non-refoulement*. It paid particular attention to vulnerable groups, including security detainees, women, minors, and detainees who were sick; 633 detainees were monitored individually. After these visits, the ICRC communicated its findings and recommendations confidentially to the authorities concerned. The cases of 51 minors detained with adults were brought to the attention of the relevant authorities and the Terre des Hommes foundation.

Overcrowding remained an issue in places of detention, despite presidential pardons leading to some people being released. The ICRC referred the cases of some people in pre-trial detention to local and national judicial authorities, to help expedite their sentencing or release. At workshops organized by the ICRC or with its support, officials from the justice ministry, magistrates and prison directors discussed how to coordinate their efforts to follow up legal cases. At other events, prison authorities received technical advice from the ICRC on, for instance, managing resources.

Detainees reconnected with their relatives, in Burundi and elsewhere, using the Movement's family-links services (see also *Civilians*). Following their release, 60 former detainees were able to return home with ICRC financial assistance. At the request of 28 foreigners, the ICRC notified their consular representatives or the UNHCR of their detention.

Sick and malnourished detainees receive suitable care

Detainees obtained health services at prison clinics or public health-care centres that received medical supplies and/or technical support from the ICRC. ICRC-trained health personnel treated detainees with chronic diseases and disorders such as diabetes and epilepsy. Detainees requiring a higher level of care were taken to hospitals or other health facilities; the ICRC covered their treatment costs (see also *Civilians*).

Some 6,600 malnourished detainees were given ready-to-eat therapeutic food and/or supplementary rations (see below) to help them regain their health. The ICRC continued to monitor the prevalence of malnutrition among detainees, and to train some health-service providers and social workers to look after malnourished detainees. While malnutrition remained an issue, prevalence rates in prisons were observed to have gone down from 10% in 2018 to 7% in 2019.

Detainees supplement their diet with produce from prison farms and vegetable gardens

The ICRC gave some 830 detainees at 11 prisons seed, tools and technical support for farming or for cultivating vegetable gardens; it helped plant two of these vegetable gardens during the reporting period. Fresh produce from these prison farms

and vegetable gardens supplemented the diet of moderately malnourished detainees. Detaining authorities assumed responsibility for some of the farms and vegetable gardens at the end of the year.

The ICRC provided three prisons (collectively holding nearly 4,500 people) with cooking utensils and other items.

Detainees benefit from donations of hygiene items and repairs to prisons facilities

Roughly 12,700 detainees – including those held in places of temporary detention and the two re-education centres for minors – learnt about good hygiene practices through hygiene-promotion sessions conducted by ICRC-trained prison personnel, including health staff. They were also given hygiene items and cleaning materials (e.g. soap, detergent, buckets and brushes) for keeping themselves and their surroundings clean. These people also included some 170 vulnerable detainees held in police stations who were given educational or recreational materials.

Detaining authorities identified infrastructural issues in prisons, and when necessary, worked with the ICRC to renovate facilities; this benefited some 11,300 detainees. The ICRC helped improve drainage systems, sanitation facilities and farms/vegetable gardens (see above) at seven of the prisons (collectively holding roughly 9,600 detainees) mentioned above.

The ICRC remained ready to help detaining authorities in the event of disease outbreaks or other emergencies.

ACTORS OF INFLUENCE

Weapon bearers strengthen their grasp of the norms applicable to their duties

Some 5,600 military personnel attended dissemination sessions conducted by military instructors with ICRC support, where they reinforced their understanding of the differences between IHL and international human rights law. These sessions enabled them to determine the legal framework applicable to a given situation, which was particularly important because military personnel continued to work with police forces to maintain public order. Nearly 2,000 police and security forces personnel received training in international human rights law; these sessions laid emphasis on provisions governing arrests and the use of force during law enforcement operations. Similar training sessions were organized for military and police instructors. At these sessions, participants were also urged to take measures against unlawful conduct and ensure access to health care. Senior military officers added to their knowledge of IHL, through an advanced IHL course in San Remo, Italy, and other means.

Burundi continued to contribute troops to the African Union Mission in Somalia and the UN Multidimensional Integrated Stabilization Mission in the Central African Republic. Troops bound for these peace-support operations were briefed on IHL and other norms applicable to their duties before their deployment.

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

Dissemination sessions, conducted in partnership with the Burundi Red Cross and reinforced by public-communication initiatives, helped local officials, diplomats, and members of civil society – youth groups and religious leaders, for instance – to develop a fuller understanding of the Movement and of the ICRC’s mandate and activities. Community members learnt about the services available to them through these means; whenever possible, they were included in the planning and implementation of cash-for-work and water projects and other initiatives for their benefit (see *Civilians*).

Media coverage of its work continued to increase the ICRC’s visibility and broaden awareness of its activities in Burundi. Journalists were briefed, given informational materials and invited to workshops, to help them report on the ICRC’s activities accurately.

National Society staff and volunteers attended training sessions, in Burundi and elsewhere, to expand their capacities in public communication. The ICRC provided financial and other support for the National Society’s radio programme.

The authorities are urged to ratify IHL and IHL-related treaties

During its discussions with government ministers and parliamentarians, the ICRC emphasized the importance of ratifying IHL and IHL-related treaties, especially the Arms Trade Treaty, and adopting related legislative measures. A bill on the emblems protected by IHL – drafted by the National Society with expert guidance from the ICRC and submitted to the authorities concerned in 2017 – awaited approval. A workshop was organized to help authorities better understand the protective function of the red cross emblem and its proper use.

To stimulate interest in IHL among Burundi’s future decision-makers, the ICRC organized dissemination sessions for university students and teachers. At a meeting organized by the ICRC, a Burundian legal adviser, and university professors teaching IHL, evaluated IHL programmes at Burundian universities; a strategy was being drafted to strengthen these programmes. The ICRC sponsored 14 students to participate in a moot court competition in Kigali, Rwanda (see *Rwanda*); financial constraints prevented the organization of more competitions of that kind.

RED CROSS AND RED CRESCENT MOVEMENT

The Burundi Red Cross remained the ICRC’s main partner in implementing certain projects, such as aiding survivors/victims of violence, conducting income-support programmes, and responding to emergencies such as disease outbreaks (see *Civilians*).

The ICRC provided the National Society with various forms of support to bolster its operational and organizational capacities: for instance, first-aid kits, stretchers and other supplies; and, at nine branches, faster internet connection.

National Society volunteers were trained in the Safer Access Framework, to enable them to work in safety, especially in violence-prone areas. At training sessions and workshops, National Society staff and volunteers developed their capacities in public communication (see also *Actors of influence*) and refreshed their knowledge of the Fundamental Principles and their understanding of the proper use of the red cross emblem. Sponsored by the ICRC, National Society representatives attended meetings and conferences in Burundi and elsewhere.

Movement components in Burundi worked together to draft a contingency plan for the general elections in 2020.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		11,750	37		
RCMs distributed		15,066	55		
Phone calls facilitated between family members		187			
Reunifications, transfers and repatriations					
People reunited with their families		10			
	<i>including people registered by another delegation</i>	5			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		139	25	39	15
	<i>including people for whom tracing requests were registered by another delegation</i>	29			
Tracing cases closed positively (subject located or fate established)		123			
	<i>including people for whom tracing requests were registered by another delegation</i>	30			
Tracing cases still being handled at the end of the reporting period (people)		119	26	27	21
	<i>including people for whom tracing requests were registered by another delegation</i>	25			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		17	5		
UAMs/SC reunited with their families by the ICRC/National Society		6	3		
	<i>including UAMs/SC registered by another delegation</i>	5			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		32	12		
Documents					
People to whom official documents were delivered across borders/front lines		34			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		26			
Detainees in places of detention visited		12,450	693	214	
Visits carried out		78			
			Women	Girls	Boys
Detainees visited and monitored individually		633	11	1	52
	<i>of whom newly registered</i>	177	6	1	51
RCMs and other means of family contact					
RCMs collected		253			
RCMs distributed		125			
Phone calls made to families to inform them of the whereabouts of a detained relative		92			
People to whom a detention attestation was issued		10			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	Beneficiaries	33,732	24,482	
Living conditions	Beneficiaries	347	2	294
Water and habitat				
Water and habitat activities	Beneficiaries	41,120	9,408	22,301
Health				
Health centres supported	Structures	8		
Average catchment population		203,091		
Consultations		166,467		
	<i>of which curative</i>	143,604	32,136	88,891
	<i>of which antenatal</i>	22,863		
Immunizations	Doses	303,826		
	<i>of which polio vaccines for children aged 5 or under</i>	28,359		
Referrals to a second level of care	Patients	962		
	<i>of whom gynaecological/obstetric cases</i>	199		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	12,667	1,127	261
Capacity-building	Beneficiaries	5,302	342	1
Water and habitat				
Water and habitat activities	Beneficiaries	11,340	340	113
Health				
Places of detention visited by health staff	Structures	18		
Health facilities supported in places of detention visited by health staff	Structures	18		

CENTRAL AFRICAN REPUBLIC

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2019

- People displaced by clashes in Bambari and elsewhere, or returning to their homes after having fled armed violence, received food, water and shelter materials from the ICRC, which helped them cover their immediate needs.
- Violence-affected households resumed farming and herding with the ICRC's livelihood support; people in both rural and urban areas had broader and more reliable access to water following ICRC-supported infrastructural upgrades.
- Critically ill and injured patients received advanced treatment at two ICRC-supported hospitals; ICRC-trained counsellors tended to victims/survivors of sexual and other violence at ICRC-supported health facilities and IDP camps.
- The volatility of security conditions affected the ICRC's activities in some areas; in Bangui, the ICRC ended its support for a National Society-run health post and formally concluded assistance for a hospital.
- The ICRC reminded authorities and weapon bearers, including units involved in security operations, of their obligations under IHL – particularly to protect civilians – and urged them to safeguard medical personnel and facilities.
- Malnourished detainees at two prisons received specialized treatment under an ICRC nutritional programme; detainees benefited from ICRC-backed improvements to prison infrastructure, and distributions of hygiene items.

EXPENDITURE IN KCHF

Protection	7,972
Assistance	25,586
Prevention	2,835
Cooperation with National Societies	2,774
General	600
Total	39,765
<i>Of which: Overheads</i>	<i>2,427</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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PERSONNEL

Mobile staff	76
Resident staff (daily workers not included)	457



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

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	191
RCMs distributed	320
Phone calls facilitated between family members	111
Tracing cases closed positively (subject located or fate established)	141
People reunited with their families	33
<i>of whom unaccompanied minors/separated children</i>	26
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	22
Detainees in places of detention visited	1,659
<i>of whom visited and monitored individually</i>	225
Visits carried out	69
Restoring family links	
RCMs collected	154
RCMs distributed	69
Phone calls made to families to inform them of the whereabouts of a detained relative	232

ASSISTANCE	2019 Targets (up to)	Achieved	
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	39,500	74,620
Food production	Beneficiaries	97,000	88,688
Income support	Beneficiaries	2,000	1,015
Living conditions	Beneficiaries	50,000	72,525
Capacity-building	Beneficiaries	60	66
Water and habitat			
Water and habitat activities	Beneficiaries	316,500	358,770
Health			
Health centres supported	Structures	5	4
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries	300	825
Living conditions	Beneficiaries		3,051
Water and habitat			
Water and habitat activities	Beneficiaries	950	1,227
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	9	5
Physical rehabilitation			
Projects supported	Projects	1	1
Water and habitat			
Water and habitat activities	Beds (capacity)	632	531

CONTEXT

The government signed a peace agreement with 14 armed groups in February. Security conditions stabilized in some parts of the Central African Republic (hereafter CAR), but remained volatile in certain areas: there were particularly violent clashes between troops of the UN Multidimensional Integrated Stabilization Mission in the CAR (MINUSCA) and an armed group in Bambari, and between armed groups in Birao. Armed elements maintained their presence throughout the CAR. Carjacking and other crimes were widespread.

More people were returning to places where the security situation had improved to some extent; but hundreds of thousands of people were still displaced, within the CAR and in other countries. Food, water, and health care and other essential services were largely inaccessible to people affected by conflict and other situations of violence. People also struggled to resume farming, herding and other livelihood activities.

Because of the security situation, humanitarian actors faced difficulties in reaching some violence-affected communities. There were reports of abuses against civilians, such as sexual violence, and attacks against medical personnel and humanitarian workers.

ICRC ACTION AND RESULTS

The ICRC strengthened its support for people affected by armed conflict and other violence in the CAR, particularly IDPs and returnees. Whenever possible, it carried out its activities with the Central African Red Cross Society. In certain areas, volatile security conditions affected the implementation of activities.

Dialogue with parties to the conflict continued. The ICRC maintained its efforts to prevent violations of IHL and promoted respect for IHL and international standards for law enforcement. It strove to build support for the Movement's activities among CAR soldiers, members of armed groups, and personnel attached to international forces. It reminded these groups of their obligation to protect civilians and medical personnel and facilities. It also documented allegations of unlawful conduct reported to it and, when appropriate, relayed them to the parties concerned; it urged these parties to take measures to prevent or end such misconduct.

The ICRC worked to ensure the continuity of care in violence-affected areas, for instance, by supporting primary-health-care centres. It trained people in first aid and equipped them. It provided support for a National Society-run health post that stabilized patients in need of emergency care; however, it halted this support in March because of persistent security concerns. Where necessary, it referred patients to ICRC-supported hospitals and other health facilities for higher-level treatment. Critically wounded people were treated at a hospital in Bangui, and people in violence-affected areas obtained medical care at a hospital in Kaga Bandoro; both facilities provided their services with the ICRC's support and, as planned, the ICRC wound down its support for the hospital in Bangui in March. Malnourished children obtained treatment at the hospital in Kaga Bandoro. Victims/survivors of violence, including sexual violence,

received suitable care at facilities supported by the ICRC and/or from ICRC-trained staff. ICRC information sessions broadened awareness of the importance of prompt, suitable care for victims/survivors of sexual violence. Physically disabled people obtained assistive devices and physiotherapy, and participated in sports, at an ICRC-supported rehabilitation centre.

The ICRC stepped up its distributions of emergency aid – household essentials, shelter materials, food and water – for IDPs and returnees. Returnees and residents in violence-affected areas endeavoured to produce more food with the ICRC's support: plant cuttings, seed, tools and training for farming and seed propagation; and livestock-vaccination campaigns and veterinary services for herding households. Money earned from cash-for-work projects helped some households to cover some of their expenses. Local authorities and the ICRC repaired and built infrastructure in both rural and urban areas affected by violence, which gave people a more reliable and readily available supply of water.

National Society and ICRC family-links services helped members of dispersed families restore or maintain contact. Unaccompanied minors – including those formerly associated with armed groups – were reunited with their families. The ICRC endeavoured to help the authorities develop their ability to manage and identify human remains, and resolve missing-persons cases.

Information sessions and other events organized by the ICRC enabled students, community members, local leaders and others to familiarize themselves with humanitarian issues in the CAR, the Movement and basic principles of IHL. Members of the media, and other influential figures, were kept up to date on the ICRC's activities.

The ICRC visited detainees in accordance with its standard procedures and monitored their treatment and living conditions. It conveyed its findings and recommendations confidentially to the detaining authorities. It aided the authorities' efforts to improve detainees' living conditions, including the availability of good-quality health care, and maintained a treatment programme for malnourished detainees.

The ICRC gave the National Society support for strengthening its capacity to restore family links, implement livelihood-support activities and respond to emergencies, and to coordinate its activities more closely with those of Movement partners.

CIVILIANS

Weapon bearers strengthen their grasp of IHL and other applicable norms

The ICRC reminded the authorities and weapon bearers of their obligations under IHL and other applicable norms, particularly to protect civilians, and medical personnel and facilities. It documented allegations of abuse and, when appropriate, discussed them confidentially with the parties concerned. It urged them to take measures to prevent or end such misconduct, and to ensure the safety of IDPs in camps or on their way home.

In line with the terms of the peace agreement, the authorities set up mixed units – made up of military troops, security forces personnel and members of armed groups – to carry out security operations; members of these units learnt about IHL and other pertinent norms at ICRC dissemination and train-the-trainer sessions. The ICRC also briefed other armed forces personnel and other members of armed groups on these subjects. At ICRC dissemination sessions, police officers and *gendarmes* familiarized themselves with international standards for law enforcement.

Communities learnt how to protect themselves against risks to their safety at ICRC information sessions.

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

To help ensure the availability of health care in violence-affected areas, the ICRC backed – with medical supplies, infrastructural upgrades, training, and the support of ICRC health staff – four health-care centres and other health facilities, which collectively provided some 55,600 consultations. Owing to the relative improvement in the security situation in the area, it wound down its support for one health centre, in Dissikou, in March. Patients who needed higher-level care were referred to appropriate facilities (see also *Wounded and sick*).

Young children were vaccinated at ICRC-supported health facilities and screened for malnutrition; those found to be malnourished received appropriate treatment, including at a therapeutic feeding unit run by the ICRC (see also *Wounded and sick*). Children in treatment for malnutrition, and their families (4,136 households/20,680 people in all), were given food rations to help their households cover their needs.

Victims/survivors of sexual violence obtain suitable care from ICRC-trained counsellors

Victims/survivors of violence, including victims/survivors of sexual violence, received psychosocial support from ICRC-trained staff at three ICRC-supported health centres, and at an ICRC-supported hospital in Kaga Bandoro; such support was also made available to children at two IDP sites.

Community members learnt more about the consequences of armed violence at ICRC dissemination sessions; the sessions drew their attention to the plight of victims/survivors of sexual violence, advocated against the stigmatization of such victims/survivors and encouraged their timely referral for suitable care.

Over 800 children at IDP camps benefited from group therapy sessions to help them cope with their distress; their parents attended workshops, which encouraged their involvement in the therapy being provided for their children.

IDPs meet their basic needs with emergency aid from the ICRC

Following armed violence in Bambari and Birao (see *Context*), the ICRC stepped up its distribution of emergency aid to IDPs and returnees. It used an ICRC plane to reach places inaccessible by land.

A total of 1,780 households (8,900 people) received food staples. About 14,500 households (72,500 people) used household items donated by the ICRC – mosquito nets, soap, blankets and cooking utensils – to set up temporary shelters, prepare meals, and maintain good hygiene.

Conflict-affected households seek to resume their livelihoods

Where security conditions permitted, violence-affected residents and returnees worked to produce more food with the ICRC's support. In all, 11,410 farming households (57,050 people) received seed and tools, and training, for propagating disease-resistant cassava cuttings and multiplying high-yield seed. Some 6,300 herding households (some 31,600 people) benefited from a livestock-vaccination campaign organized by the authorities and the ICRC to help them keep their animals healthy; the ICRC also trained and equipped around 60 community-based animal-health workers, and stocked veterinary pharmacies. ICRC training helped staff from the Central African Red Cross Society to develop their ability to implement livelihood-support activities.

Around 9,000 households (45,040 people) were given food rations to help them avoid having to consume their store of seed for planting.

Sixty-eight heads of households (supporting 1,015 people) earned extra income by taking part in a cash-for-work programme to cultivate cassava cuttings.

People living in violence-affected areas have broader access to water

IDPs, returnees and residents in violence-affected areas benefited from ICRC activities to make water more readily available. Some 160,400 people in urban areas had a more reliable water supply after the authorities and the ICRC repaired or constructed supply systems. The ICRC installed or built pumps and wells, or repaired water infrastructure, in rural areas for around 139,600 people; community members also benefited from training on how to maintain and repair these facilities. The ICRC trucked in water, and helped to repair or construct water and sanitation facilities, for roughly 36,300 IDPs at camps in Bambari, Kaga Bandoro and elsewhere. All these people learnt how to protect themselves against disease through the National Society's hygiene-promotion activities.

Around 4,500 households (some 22,400 people) returning to their places of origin – including victims of floods in Bambari – rebuilt their homes with materials and tools from the ICRC.

Minors formerly associated with armed groups are reunited with their relatives

Members of families separated by conflict or other violence, or detention, reconnected through RCMs and phone calls facilitated by the National Society, National Societies in neighbouring countries, and the ICRC. A total of 26 unaccompanied minors – some formerly associated with armed groups – were reunited with their families; 141 tracing cases were resolved.

After the peace agreement was signed, the authorities established transit camps for people who were returning to their homes. The National Society and the ICRC set up a mobile kiosk where people could place phone calls to inform their relatives of their transfer to/from IDP sites.

National Society staff and volunteers received training and other support for providing family-links services (see *Red Cross and Red Crescent Movement*).

Authorities learn about legal frameworks for managing and identifying human remains

The ICRC continued to engage the justice ministry and other pertinent authorities in dialogue aimed at helping them strengthen mechanisms for managing and identifying human remains, and become more capable of ascertaining the fate of missing people. Justice ministry officials and others were better placed to improve legal frameworks for managing and identifying human remains after attending an ICRC-supported workshop.

The National Society, with material support from the ICRC, helped the authorities to manage human remains after violent clashes.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees contact their relatives

The ICRC continued to visit – in accordance with its standard procedures – places of detention managed by the authorities, armed groups or MINUSCA; these places held 1,659 people in all. Close attention was given to particularly vulnerable detainees, such as women and children, and people held in connection with conflict. The ICRC communicated its findings – and, when necessary, its recommendations for improving detainees' living conditions and treatment – confidentially to the authorities.

Detainees kept in touch with relatives through RCMs and oral messages relayed by ICRC delegates.

Malnourished detainees receive treatment

Penitentiary authorities and prison health staff – with technical and material support from the ICRC – took steps to improve detainees' access to good-quality health care. Detainees were included in national programmes that entitled them to free treatment for medical conditions and diseases such as HIV/AIDS and TB. The ICRC continued to urge the authorities to refer to external facilities detainees who needed specialized treatment. The ICRC provided training for prison health staff and donated medical supplies and equipment regularly.

At the central prison in Bangui and at a prison in Bouar, the ICRC kept up its nutritional programme and supported the authorities' efforts to treat and prevent malnourishment. Some 830 detainees benefited from the programme; they received supplementary meals prepared with the ICRC's technical and material support. Prison staff in charge of detainees' food strengthened their capacities through ICRC training in nutrition, meal preparation, and food stock management.

A hygiene committee in the Bangui central prison met regularly, with the ICRC's support. Detainees at the prison learnt how to make liquid soap, which was then distributed within the facility. ICRC-supported upgrades to water-supply systems, sanitation facilities and prison kitchens benefited 1,227 detainees. Detainees also received hygiene items and bedding from the ICRC.

WOUNDED AND SICK

Patients and caregivers at ICRC-supported health facilities learnt about the Health Care in Danger initiative through information sessions conducted by the Central African Red Cross Society and the ICRC.

Wounded people receive first aid before being referred for further care

Members of violence-affected communities and of armed groups – over 3,600 people in all – learnt more about first aid through ICRC sessions; some of them also received first-aid equipment.

The ICRC installed fortified fencing around a National Society-run health post in Bangui that stabilized patients and referred them to hospitals. However, owing to persistent security concerns, the ICRC ended its activities at the health post in March.

Following violent incidents in Birao (see *Context*), and displacement in the Zemio region, the ICRC provided two hospitals with medical supplies to ensure the continuity of care despite the sharp rise in the number of patients. The ICRC helped evacuate emergency cases to hospitals for higher-level care – sometimes, by ICRC aircraft.

Seriously wounded people receive higher-level care at the hospital in Bangui

The Bangui community hospital treated people who were seriously wounded or ill; some wounded people received surgical treatment at the hospital. The ICRC provided the hospital with medical supplies; it also renovated its operating theatre and emergency bay, and helped the hospital maintain its facilities (272 beds). The ICRC wound down its activities at the hospital in March, as planned.

Malnourished children receive treatment in Kaga Bandoro

Services at the district hospital in Kaga Bandoro – particularly at the maternity and paediatric departments – were provided with the ICRC's support. The ICRC donated medical supplies, renovated the hospital's facilities (100 beds), and provided technical and financial assistance; all this, and support from an ICRC mobile health team, helped to ensure that good-quality health services were available, free of charge, to violence-affected people, among them women and children.

The ICRC's support also helped the hospital to operate its laboratory and conduct blood transfusions. A therapeutic feeding unit run by the ICRC continued to treat severely malnourished children.

Disabled people obtain assistive devices and physiotherapy

Physically disabled people availed themselves of rehabilitative care at an ICRC-supported centre in Bangui; they also benefited from the centre's collaboration with an association for disabled people that provided room and board for patients who had no relatives to stay with during their treatment. The centre delivered physical rehabilitation services for 240 people;¹ it provided 200 physiotherapy sessions, 129 prostheses, and 74 orthoses.

The centre developed its capacity to produce assistive devices, with ICRC support: materials and components, training for staff and technical advice, and renovations to the facility (159 beds). The ICRC provided similar, but less substantial, help to the association. Prospective technicians and physiotherapists pursued studies abroad with the ICRC's help.

The centre strove to advance the social inclusion of disabled people; the ICRC aided its efforts by helping them to build a wheelchair basketball court and by donating sports wheelchairs.

The ICRC and the authorities continued work towards beginning the construction of a new physical rehabilitation centre.

ACTORS OF INFLUENCE

Judges learn about IHL implementation

The ICRC continued to discuss a wide range of subjects with the authorities, weapon bearers, local leaders and community members, among them: the humanitarian consequences of armed conflict and other violence; the plight of victims/survivors of sexual violence; the specific concerns of IDPs; and the necessity of safeguarding civilians, and medical personnel and facilities. The ICRC continued to support the efforts of the authorities and weapon bearers to integrate IHL and other applicable norms and standards into their doctrine, training and operations (see *Civilians*). A senior military officer attended an IHL course in San Remo, with ICRC support.

The ICRC continued to discuss, with the pertinent authorities, the implementation of IHL and IHL-related treaties; it made its expertise available to authorities, including the government office in charge of setting up a national IHL committee. Judges learnt about IHL implementation at an ICRC training session.

Students demonstrate their grasp of IHL at a moot court competition

Students familiarized themselves with IHL at a conference and at other events organized by the ICRC; they demonstrated their knowledge at an IHL moot court competition organized by the ICRC.

Field trips arranged by the ICRC and updates on ICRC activities helped journalists report more accurately on humanitarian issues in the CAR. The general public learnt more about the ICRC and its work from articles and other materials published by the ICRC through traditional and digital media.

RED CROSS AND RED CRESCENT MOVEMENT

The Central African Red Cross Society expanded its operational and managerial capacities with material, financial and technical support from the ICRC. Its staff members and volunteers developed their ability to restore family links, implement economic-security projects (see *Civilians*), and disseminate messages about IHL and humanitarian issues.

The National Society strengthened its capacity to respond to emergencies: outbreaks of violence or natural disasters like the floods in Bambari. The ICRC gave it support, which included training for emergency-response teams; donations of first-aid kits; and help in updating contingency plans. A steering committee set up by the National Society, to oversee projects in line with the Safer Access Framework, met regularly; ICRC expertise guided implementation of the framework.

Monthly coordination meetings and regular discussions helped ensure more effective coordination and closer cooperation among Movement components.

1. Based on aggregated monthly data, which include repeat beneficiaries.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	191	43		
RCMs distributed	320	65		
Phone calls facilitated between family members	111			
Reunifications, transfers and repatriations				
People reunited with their families	33			
<i>including people registered by another delegation</i>	23			
Human remains transferred or repatriated	136			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	109	4	40	45
<i>including people for whom tracing requests were registered by another delegation</i>	43			
Tracing cases closed positively (subject located or fate established)	141			
<i>including people for whom tracing requests were registered by another delegation</i>	32			
Tracing cases still being handled at the end of the reporting period (people)	482	55	121	132
<i>including people for whom tracing requests were registered by another delegation</i>	126			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	58	24		9
UAMs/SC reunited with their families by the ICRC/National Society	26	6		7
<i>including UAMs/SC registered by another delegation</i>	16			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	46	15		3
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	22			
Detainees in places of detention visited	1,659	62	63	
Visits carried out	69			
		Women	Girls	Boys
Detainees visited and monitored individually	225	4		29
<i>of whom newly registered</i>	125	4		20
RCMs and other means of family contact				
RCMs collected	154			
RCMs distributed	69			
Phone calls made to families to inform them of the whereabouts of a detained relative	232			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	74,620	28,749	27,456
	<i>of whom IDPs</i>	14,787	5,094	6,387
Food production	Beneficiaries	88,688	32,866	18,553
	<i>of whom IDPs</i>	5,741	1,708	1,050
Income support	Beneficiaries	1,015	347	94
	<i>of whom IDPs</i>	235	94	94
Living conditions	Beneficiaries	72,525	31,073	21,851
	<i>of whom IDPs</i>	30,650	14,013	10,308
Capacity-building	Beneficiaries	66	4	
Water and habitat				
Water and habitat activities	Beneficiaries	358,770	143,508	71,754
	<i>of whom IDPs</i>	36,337	14,535	7,267
Health				
Health centres supported	Structures	4		
Average catchment population		77,375		
Consultations		55,644		
	<i>of which curative</i>	49,675	11,066	31,423
	<i>of which antenatal</i>	5,969		
Immunizations	Doses	141,674		
	<i>of which polio vaccines for children aged 5 or under</i>	3,595		
Referrals to a second level of care	Patients	640		
	<i>of whom gynaecological/obstetric cases</i>	49		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	825		
Living conditions	Beneficiaries	3,051	128	80
Water and habitat				
Water and habitat activities	Beneficiaries	1,227	86	61
Health				
Places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	5		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	2		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	36	8	
	Non-weapon-wound admissions	322		
	Operations performed	332		
Gynaecological/obstetric admissions		2,639	2,586	53
Consultations		49,130		
First aid				
First-aid training				
	Sessions	82		
	Participants (aggregated monthly data)	3,624		
Water and habitat				
Water and habitat activities	Beds (capacity)	531		
Physical rehabilitation				
Projects supported		1		
	<i>of which physical rehabilitation projects supported regularly</i>	1		
People benefiting from ICRC-supported projects	Aggregated monthly data	240		
	<i>of whom victims of mines or explosive remnants of war</i>	57		
Referrals to social integration projects		20		
Prostheses delivered	Units	129		
Orthoses delivered	Units	74		
Physiotherapy sessions		200		
Walking aids delivered	Units	172		
Wheelchairs or postural support devices delivered	Units	31		

CHAD

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2019

- In connection with the conflict in the Lake Chad region, the ICRC documented alleged violations of IHL and other pertinent norms, and confidentially brought them to the attention of the authorities and weapon bearers concerned.
- More people than planned benefited from agricultural and water-related support for communities hosting IDPs in the Lac region, but operational developments and security constraints hindered livestock vaccination campaigns.
- Refugees from the Central African Republic (hereafter CAR), Nigeria and Sudan reconnected with their relatives via the Movement's family-links services, such as phone calls, and photo tracing services and other new means.
- Aided by the ICRC, the authorities strove to uphold detainees' judicial guarantees and give them adequate food and health care; however, a lack of resources prevented the authorities from carrying out some longer-term initiatives.
- Military and security forces, including members of multinational forces present in Chad, learnt about IHL and other applicable norms at ICRC briefings.

EXPENDITURE IN KCHF

Protection	2,877
Assistance	6,441
Prevention	1,323
Cooperation with National Societies	1,043
General	158
Total	11,842
<i>Of which: Overheads</i>	<i>723</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	86%
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PERSONNEL

Mobile staff	19
Resident staff (daily workers not included)	111



PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	249
RCMs distributed	231
Phone calls facilitated between family members	48,761
Tracing cases closed positively (subject located or fate established)	134
People reunited with their families	16
<i>of whom unaccompanied minors/separated children</i>	16
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	9
Detainees in places of detention visited	4,347
<i>of whom visited and monitored individually</i>	708
Visits carried out	39
Restoring family links	
RCMs collected	448
RCMs distributed	268
Phone calls made to families to inform them of the whereabouts of a detained relative	1,387

ASSISTANCE	2019 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Food production	Beneficiaries 232,700	159,886
Income support	Beneficiaries 3,600	810
Living conditions	Beneficiaries	5,742
Capacity-building ¹	Beneficiaries 6,100	127
Water and habitat		
Water and habitat activities	Beneficiaries 28,000	38,985
PEOPLE DEPRIVED OF THEIR FREEDOM		
Economic security		
Food consumption	Beneficiaries 3,620	2,248
Living conditions ¹	Beneficiaries 3,620	
Water and habitat		
Water and habitat activities	Beneficiaries 4,220	4,220

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

CONTEXT

Together with Cameroon, Niger and Nigeria, Chad continued its military operations against factions of the armed groups known as “the Islamic State’s West Africa Province” and Jama’atu Ahlis Sunna Lidda’awati wal-Jihad. The security situation remained precarious, particularly in the Lac region, where attacks by armed groups intensified. Abuses were reported, and many people were displaced or unable to return home; IDPs, returnees and Nigerian refugees contended with the scarcity of resources and livelihood opportunities. Arrests in connection with the conflict continued.

There were violent encounters between Chadian forces and armed groups in the Tibesti region near Libya; in eastern and southern Chad, communal tensions turned violent. The government declared a temporary state of emergency in certain areas.

The situation in neighbouring countries caused a vast number of people to seek refuge in Chad; in December, thousands of people fled from Darfur, Sudan to Abeché region in the east. Southern Chad also continued to host refugees who had fled the CAR in previous years.

Chad hosted the headquarters of the Multinational Joint Task Force (MNJTF), which was fighting armed groups in the Lake Chad region, and of Operation Barkhane, a French initiative against armed groups in the Sahel region. Chad contributed troops to the MNJTF and peacekeeping operations in Mali.

Elections were postponed to 2020.

ICRC ACTION AND RESULTS

In 2019, the ICRC maintained its activities for people affected by the conflict in the Lake Chad region (see also *Niger, Nigeria and Yaoundé*) and violence in countries neighbouring Chad; towards the end of the year, however, security-related movement restrictions hampered some of these activities. It documented allegations of violations of IHL and other norms – related to the conduct of hostilities, unlawful arrests and detention, and sexual violence – and made confidential representations to the authorities and weapon bearers concerned, with a view to preventing or putting an end to them. The ICRC also conducted information sessions on these matters for various audiences, including: armed forces and security forces personnel; local officials; traditional and religious leaders; and community members.

In Lac province, the Red Cross of Chad and the ICRC sought to help displaced people and members of their host communities to restore or strengthen their livelihoods, but some projects were hindered or had to be adapted because of operational developments. For instance, more people than planned were given seed and tools for farming; however, efforts to vaccinate livestock were impeded by adverse post-immunization reactions in some animals. Emergency relief distributions

were not a priority, as needs were not as acute as expected or were covered by other actors; however, some distributions, for newly displaced people, did take place.

Water was more readily available after the ICRC upgraded or built water points. The National Society and the ICRC conducted hygiene-promotion sessions and distributed hygiene kits, with a view to mitigating the risk of disease. Despite administrative and access constraints, the ICRC reached more people than planned, because additional projects were undertaken in response to renewed displacement.

Refugees from the CAR, Nigeria and Sudan reconnected with their relatives through the Movement’s family-links services. The ICRC continued to search for people reported missing and helped reunite unaccompanied children with their families.

The ICRC visited detainees to check on their treatment and living conditions, paying particular attention to security detainees and other extremely vulnerable people. It continued to seek access to all detainees within its purview. Discussions between the ICRC and the authorities focused on safeguarding detainees’ judicial guarantees and ensuring that they received adequate health care and sufficient food – especially at the Amsiné prison, which was particularly overcrowded. The ICRC advocated the implementation of long-term measures wherever possible, but many initiatives, such as medical consultations for new inmates, were hindered by a lack of resources. Aided by the ICRC, the authorities strove to improve health care and nutrition at four places of detention: the ICRC providing expert advice, medicines, and food for treating malnutrition, and financed referrals for advanced medical care.

Movement support enabled the National Society to expand its operational capacities and advance its organizational development. Movement partners met regularly to coordinate activities and prevent duplication of effort.

CIVILIANS

Authorities and weapon bearers are reminded of their obligations under IHL and other pertinent norms

The ICRC monitored the situation – particularly in border areas – of IDPs, returnees, refugees and members of host communities affected by the conflict in the Lake Chad region and other violence in Chad. Its efforts were impeded by security constraints, especially towards the end of the year, when staff movements had to be restricted. It documented allegations of violations of IHL and other pertinent norms, particularly in connection with the conduct of hostilities, the use of force in law enforcement operations (and detention), and sexual violence. Based on these allegations, it made confidential representations to the authorities and weapon bearers concerned, with a view to preventing or putting an end to them. The ICRC also reminded these parties of the necessity of facilitating access to basic services and sources of livelihood. It conducted workshops for these parties, and for influential community/religious leaders, on IHL and other norms (see *Actors of influence*).

Conflict-affected people pursue agriculture and other livelihood activities

The ICRC, together with the authorities and the Red Cross of Chad and other organizations, continued to assist people affected by the Lake Chad conflict. Livelihood support – to strengthen people’s resilience to the conflict’s effects – remained the priority, but security constraints and operational developments affected the ICRC’s ability to implement some projects. Emergency relief distributions were not a priority because needs were not as acute as expected or were covered by other actors; however, the ICRC gave 957 displaced households (5,742 people) kits containing various essentials.

The ICRC provided seed, tools and training for 6,738 households (39,834 people) to cultivate crops; 300 of these households (1,800 people) took part in a cash-for-work project to repair fences around market gardens. A livestock vaccination campaign, carried out by the ICRC in cooperation with local partners, benefited another 20,007 households (120,052 people). Because of the adverse post-immunization reactions among some animals, the campaign did not reach as many people as planned. The ICRC and its partners discussed the possibility of using a different vaccine – of shorter duration, but less likely to cause adverse reactions – in 2020.

In terms of capacity building, the ICRC trained and provided supplies for 90 community animal-health workers; donated motorcycles to three veterinary posts, enabling them to reach remote communities; built two vaccination parks (indirectly benefiting 3,000 people); and finished revising a manual for veterinarians. Plans to build two more vaccination parks were postponed to 2020 for administrative reasons, and the formal approval of the manual was also scheduled for 2020.

In light of prevailing needs, the ICRC adapted its plans to enable people to earn money via community-based projects; it decided instead to focus on increasing support for food production (see above) through a cash-for-work project and by distributing more agricultural supplies and equipment than planned. Nevertheless, 810 people benefited from support for earning an income; among them were 95 female heads of household, who started small businesses with ICRC cash grants and training.

National Society volunteers helped carry out these assistance activities, and the family-links activities mentioned below, with training and other support from the ICRC (see *Red Cross and Red Crescent Movement*).

Communities have broader access to water

Administrative and access constraints hindered some projects – construction of a new office for the National Society, for instance; even so, the ICRC’s water-and-habitat projects benefited more people than planned, because a number of activities were undertaken in response to renewed displacement. In all, 38,985 people had broader access to water, and/or were less at risk of illness and disease, as a result of various projects: for example, the ICRC repaired or built wells, boreholes and other water points; helped set up committees to manage them; trained technicians to maintain and repair them; and worked with the National Society to promote hygiene and distribute soap and other supplies.

Members of dispersed families reconnect

Members of families dispersed by violence, detention, migration and other circumstances were able to reconnect through family-links services provided by the National Society and the ICRC at refugee camps and other places to which people had fled. They included a growing number of people from Nigeria and, by the end of the year, Sudan. More modern methods for restoring family links, such as tracing via photos, were used wherever possible. The ICRC and the National Society facilitated 48,761 phone calls; ascertained the fate and/or whereabouts of 134 people and relayed the information to their families; and reunited 16 separated/accompanied minors with their families in Chad or elsewhere. The ICRC made follow-up visits to check on the children’s welfare.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited people in nine prisons and places of temporary detention (collectively holding 4,347 detainees) to check on their living conditions and treatment. During these visits, conducted in accordance with the ICRC’s standard procedures, close attention was given to those who were particularly vulnerable: people arrested in connection with the conflict in the Lake Chad region; people held in remand; and people with specific needs, such as women, minors, foreigners, the ailing, and the malnourished. The ICRC continued to seek access to all detainees within its purview.

Findings and recommendations from these visits were communicated confidentially to the relevant authorities. In the discussions that followed, the ICRC emphasized the necessity of respecting detainees’ judicial guarantees. The ICRC and authorities also discussed the recently adopted penal code – the section on “terrorism” was still being revised (see also *Actors of influence*) – and the release of detainees who had served their sentence.

The ICRC followed up allegations of arrest to ascertain the fate of people reported missing and helped set up or maintain registries at certain places of detention. Some detainees contacted their relatives via the ICRC’s family-links services; because of the sharp rise in the number of detainees, not all needs could be met, and new arrivals were prioritized. The ICRC reminded the authorities that they should inform detainees’ families, and other pertinent parties, when people were arrested, transferred or released. At the request of foreign inmates, the ICRC notified their consulates, embassies, or the UNHCR of their detention.

Detainees have better access to health care

Prisons were overcrowded and their infrastructure dilapidated; detainees’ living conditions suffered as a result. The ICRC continued to help the authorities improve health care and nutrition in prisons, prioritizing four places of detention.

The ICRC advocated the implementation of long-term measures wherever possible. Some detainees were able to get tested and obtain medicines through national programmes for HIV/AIDS, TB and other illnesses or diseases, although the health and penitentiary authorities did not have a formal agreement in place yet. Lack of resources hampered implementation of some initiatives: for instance, to provide medical consultations for new inmates and allocate sufficient rations to certain prisons.

The ICRC continued to support the authorities' efforts to improve health care and nutrition at the four priority places of detention. ICRC health staff monitored detainees' health and nutrition and gave medical consultations. The ICRC also donated basic medicines to prison dispensaries and facilitated the referral of sick detainees for further treatment. The ICRC provided material assistance for treating some 2,248 malnourished inmates. It also provided additional nutritional supplements in response to outbreaks of beri-beri and other illnesses or diseases. Prison staff were given expert advice and training in nutrition, food-supply management and other areas.

The Amsiné prison, which was particularly overcrowded, received special attention. The ICRC helped to care for 91 detainees who were chronically ill; at its urging, detainees continued to be included in national programmes for malaria, TB and other illnesses or diseases.

Inmates' living conditions improve

A total of 4,220 people benefited from projects to renovate or construct water and sanitation facilities (boreholes, latrines, etc.) and prison infirmaries; 3,620 of them also benefited from other initiatives to improve their living conditions, such as distributions of soap and other items and the installation of fuel-efficient ovens in some prisons.

ACTORS OF INFLUENCE

Dialogue with authorities, and with the military and security forces in Chad – including members of multinational forces – and key members of civil society remained a priority, particularly because of Chad's position in the region and the number of international actors in the country. These discussions were aimed at fostering respect for IHL and other applicable norms, and at helping to facilitate the Movement's activities in Lac and other violence-affected areas of Chad.

Military and security forces personnel strengthen their grasp of IHL and other applicable norms

Despite various constraints linked to personnel, the ICRC was able to meet with commanders from the Chadian military, the MNJTF, the G5 Sahel Joint Force, and other forces, and discuss issues related to IHL and human rights law. It organized dissemination sessions for their troops and for members of the *gendarmerie* and the National and Nomadic Guard of Chad; at the request of a European Union-led mission to train security forces, it briefed recruits for a new rapid-response unit. In April, officers from the MNJTF's member countries attended a training session on IHL, which was organized by the ICRC in N'Djamena.

Military and security forces present in Chad were urged to more fully integrate IHL and other norms into their decision-making, but minimal progress was made.

Local leaders learn more about the Movement and its work

To broaden acceptance for the Movement and its work, and secure access to people in need, the ICRC held information sessions for nearly 26,000 people: local officials, traditional and religious leaders, and people who benefited from its assistance activities (see *Civilians*). The sessions covered such topics as the ICRC's mandate and activities, and humanitarian principles, including the necessity of protecting those seeking or providing health care.

These information sessions were supplemented by public-communication initiatives, including events for the general public and journalists, distribution of flyers and other materials, and engagement on social media networks. The Red Cross of Chad was involved in some of these activities. The ICRC provided it with training and other support for its own efforts, which included a communication campaign on the proper use of the red cross and red crescent emblems and the respect due to them under IHL and domestic legislation.

Lawmakers discuss the African Union Convention on IDPs at a regional round table

The ICRC urged the authorities to ratify, accede to or implement certain important treaties and gave them expert advice in this regard. It helped to draft laws on "terrorism" and on implementing the African Union Convention on IDPs – to ensure that IHL-related considerations were taken into account – and followed up legislation related to weapons.

In July, it organized a regional round table on the implementation of the African Union Convention on IDPs, which was attended by people from Cameroon, Chad, Niger and Nigeria: officials, representatives of IDP and host communities, and members of the diplomatic and humanitarian communities. At a side event, an ICRC report on displacement in times of armed conflict – which drew on its field experience to examine how IHL could make a difference on the ground – was launched; the goal was to draw attention to the key role that IHL plays in addressing displacement and to influence law and policy-making among key parties.

The ICRC sought to stimulate discussion of IHL among members of academic and religious circles capable of influencing decision makers, or who were prospective decision makers themselves. To that end, it conducted information sessions for law students and workshops on the common ground between IHL and Islamic law. Plans for a moot-court competition were postponed for operational reasons.

RED CROSS AND RED CRESCENT MOVEMENT

The Red Cross of Chad remained an important partner in assisting people affected by violence and disasters (see *Civilians*). Financial, material and technical support from the ICRC and other Movement partners enabled it to bolster its operational capacities – in disaster management, first aid, restoring family links, hygiene promotion and public communication – and its organizational development.

ICRC support took various forms: training in the areas mentioned above and in the Safer Access Framework; simulation exercises to bolster emergency-preparedness; insurance coverage and

identification bibs for personnel; training, computers and software, and expert advice for financial management; guidance for restructuring four branches; and sponsorship of key representatives to attend Movement meetings held abroad.

Though no formal coordination mechanisms were in place, the National Society, the ICRC and other Movement components still met regularly in order to plan for or discuss the joint response to such emergencies as fires, floods, and outbreaks of violence.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	249	37		
RCMs distributed	231	24		
Phone calls facilitated between family members	48,761			
Reunifications, transfers and repatriations				
People reunited with their families	16			
<i>including people registered by another delegation</i>	4			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	101	12	29	24
<i>including people for whom tracing requests were registered by another delegation</i>	49			
Tracing cases closed positively (subject located or fate established)	134			
<i>including people for whom tracing requests were registered by another delegation</i>	63			
Tracing cases still being handled at the end of the reporting period (people)	547	77	131	132
<i>including people for whom tracing requests were registered by another delegation</i>	254			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	27	6		
UAMs/SC reunited with their families by the ICRC/National Society	16	5		1
<i>including UAMs/SC registered by another delegation</i>	4			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	93	31		2
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	9			
Detainees in places of detention visited	4,347	77	248	
Visits carried out	39			
		Women	Girls	Boys
Detainees visited and monitored individually	708	11	3	83
<i>of whom newly registered</i>	417	7	3	70
RCMs and other means of family contact				
RCMs collected	448			
RCMs distributed	268			
Phone calls made to families to inform them of the whereabouts of a detained relative	1,387			
People to whom a detention attestation was issued	3			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	Beneficiaries	159,886	43,397	28,539
	<i>of whom IDPs</i>	26,112	9,279	4,787
Income support	Beneficiaries	810	570	
	<i>of whom IDPs</i>	350	326	
Living conditions	Beneficiaries	5,742	2,825	1,264
	<i>of whom IDPs</i>	5,742	2,825	1,264
Capacity-building ²	Beneficiaries	127	2	
	<i>of whom IDPs</i>	18		
Water and habitat				
Water and habitat activities	Beneficiaries	38,985	9,746	19,493
	<i>of whom IDPs</i>	19,493	4,873	9,747
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	2,248	20	5
Living conditions ²	Beneficiaries			
Water and habitat				
Water and habitat activities	Beneficiaries	4,220	127	338
Health				
Places of detention visited by health staff	Structures	4		
Health facilities supported in places of detention visited by health staff	Structures	4		

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

CONGO, DEMOCRATIC REPUBLIC OF THE

COVERING: Congo-Brazzaville and the Democratic Republic of the Congo

Having worked in the country since 1960, the ICRC opened a permanent delegation in Zaire, now the Democratic Republic of the Congo, in 1978. In 2019, the delegation also began covering ICRC operations in Congo-Brazzaville. The ICRC meets the emergency needs of violence-affected people, helps them obtain adequate health care and psychosocial support, and assists them in becoming self-sufficient. It visits detainees, helps restore contact between separated relatives, reunites children with their families and supports the development of the pertinent National Societies. It also promotes knowledge of and respect for IHL and international human rights law among the authorities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2019

- Despite poor security conditions and the Ebola outbreak, the ICRC continued to engage with weapon bearers and communities in the DRC, to foster respect for IHL and other norms and gain access to people in need.
- In volatile areas, people newly displaced by surges in violence were given food and other aid by the National Society and the ICRC; these distributions reached more people than planned.
- In comparatively stable areas, where the focus was on helping people to strengthen their resilience against the effects of violence, communities pursued agriculture and were able to access water with the help of the ICRC.
- Violence-affected people accessed health services at ICRC-supported clinics, hospitals, and physical rehabilitation and counselling centres. In Ebola-affected areas, the ICRC helped facilities to set up disease-prevention measures.
- The ICRC continued to visit people held in connection with the violence; detaining authorities were given support for treating malnutrition and protecting detainees against disease outbreaks.
- IDPs, refugees from Sudan, and returnees from Angola contacted their families via the Movement's services. Where appropriate, children, including those formerly associated with weapon bearers, were reunited with their families.

EXPENDITURE IN KCHF¹

Protection	16,828
Assistance	57,819
Prevention	5,423
Cooperation with National Societies	3,451
General	696
Total	84,217
<i>Of which: Overheads</i>	<i>5,111</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	104%
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PERSONNEL¹

Mobile staff	122
Resident staff (daily workers not included)	832

1. Does not include figures for Congo-Brazzaville. ICRC operations in Congo-Brazzaville were budgeted under Yaoundé (regional).



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

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	41,424
RCMs distributed	31,385
Phone calls facilitated between family members	16,568
Tracing cases closed positively (subject located or fate established)	365
People reunited with their families	536
<i>of whom unaccompanied minors/separated children</i>	490
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	41
Detainees in places of detention visited	28,028
<i>of whom visited and monitored individually</i>	1,638
Visits carried out	236
Restoring family links	
RCMs collected	3,669
RCMs distributed	1,854
Phone calls made to families to inform them of the whereabouts of a detained relative	579

ASSISTANCE	2019 Targets (up to)	Achieved	
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	108,000	227,909
Food production	Beneficiaries	136,800	152,259
Income support	Beneficiaries	280	912
Living conditions	Beneficiaries	169,200	110,260
Water and habitat			
Water and habitat activities	Beneficiaries	600,000	564,831
Health			
Health centres supported	Structures	27	30
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries	12,500	19,716
Living conditions	Beneficiaries	20,000	27,609
Water and habitat			
Water and habitat activities	Beneficiaries	15,000	24,754
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	24	45
Physical rehabilitation			
Projects supported	Projects	5	8
Water and habitat			
Water and habitat activities	Beds (capacity)	200	200

CONTEXT

The armed forces of the Democratic Republic of the Congo (hereafter DRC), backed by the UN Stabilization Mission in the DRC (MONUSCO), continued to battle various armed groups – especially in North Kivu and South Kivu, where military operations intensified in the last quarter of 2019. The fragmentation and proliferation of armed groups, and fighting among them, also continued; a few groups reportedly began to demobilize, but many remained active. The situation was exacerbated by ethnic tensions, particularly in Tanganyika and in Ituri, where there was a resurgence of violence in mid-year. Civilians bore the brunt of it: many were displaced, wounded, killed, and/or their livelihoods and property destroyed. Violence-related arrests continued to be made.

Health services in the DRC, already weak, were further strained by disease outbreaks; the Ebola outbreak in conflict-affected North Kivu was still ongoing at year's end, though it was showing signs of abating. Logistical and security constraints – including attacks on humanitarian workers – and movement restrictions due to the Ebola outbreak affected the delivery of aid.

Crises in neighbouring countries (Burundi, the Central African Republic and South Sudan) drove people to the DRC or prevented them from returning home. In Congo-Brazzaville, relative calm returned to the Pool region; some people returned to their villages, though many others were still displaced.

In the DRC, a new president took office, and a new government was in place by August. In both the DRC and Congo-Brazzaville, economic and political tensions persisted.

ICRC ACTION AND RESULTS

The ICRC monitored the protection-related concerns of people affected by armed conflict and other situations of violence throughout the DRC, and worked with the Red Cross Society of the Democratic Republic of the Congo to assist them. In areas where conditions were particularly volatile, it focused on meeting urgent needs; as part of its broader humanitarian response, it worked closely with the Movement to respond to the Ebola outbreak. In places that were comparatively stable, the ICRC focused on livelihood support and improving access to services to help people strengthen their resilience to the effects of violence. Concerns related to Ebola, security, and road conditions delayed water projects and some other initiatives, but the ICRC was still able to implement most of its plans, thanks in part to its efforts to cultivate respect for humanitarian principles and broaden acceptance for the Movement among authorities, weapon bearers and communities.

Discussions with all pertinent authorities and weapon bearers – about documented violations of IHL and other norms – continued; these discussions were supplemented by dissemination sessions for weapon bearers. The ICRC also strengthened its engagement with communities, through radio spots and production of stage plays to raise awareness of the protection due to health workers.

People affected by conflict or other violence met their immediate needs with emergency aid from the National Society and the ICRC. Victims/survivors of sexual violence, physically disabled people and demobilized children received cash, training and material support to start earning an income; the aim was to help advance their social inclusion.

Households in relatively stable areas cultivated crops using supplies and equipment from the ICRC. The ICRC also repaired and/or constructed water infrastructure, which helped broaden access to clean water and helped protect people against the spread of disease; in some cases, projects were also designed with a view to reducing the risks to people's safety.

People obtained good-quality health services at primary-health-care centres and hospitals receiving various forms of ICRC support; in Ebola-affected areas, this included assistance for establishing or strengthening disease-prevention measures. Wounded people were attended to by ICRC-trained first-aiders, and some were treated by an ICRC surgical team at a hospital in Goma, North Kivu or by an ICRC-supported team of local surgeons in Bukavu, South Kivu. In March, the team in Goma began to support another hospital, in Beni, North Kivu. Physically disabled people were fitted with prostheses or orthoses, and obtained other physical rehabilitation services, at ICRC-supported centres. Victims of conflict-related trauma, including sexual violence, received psychosocial support from ICRC-trained personnel.

The ICRC visited detainees to check on their treatment and living conditions; security detainees and other vulnerable groups received particular attention. It communicated its findings and recommendations confidentially to the detaining authorities. Insufficient funds, and delays in releasing them, made it difficult for the authorities to meet detainees' needs. The ICRC helped them by supplying food for detainees (including therapeutic food for malnourished detainees), distributing hygiene items, and renovating infrastructure. It also assisted detaining authorities in establishing measures to control or prevent the spread of Ebola and other diseases.

IDPs, refugees from Sudan, returnees from Angola, and detainees reconnected through the Movement's family-links services. Where appropriate, vulnerable people, including children formerly associated with weapon bearers, were reunited with their families in the DRC or elsewhere.

In mid-2019, the ICRC's mission in Congo-Brazzaville began reporting to the delegation in Kinshasa.

CIVILIANS

The ICRC monitored the protection-related concerns of people affected by armed conflict and other violence throughout the country, and worked with the Red Cross of the Democratic Republic of the Congo to assist them. In areas where conditions were particularly volatile, it focused on urgent needs, for instance, by distributing aid and providing family-links services; as part of its broader humanitarian response, it worked closely with the Movement to respond to the Ebola outbreak. In places that were comparatively stable, the ICRC

focused on livelihood support and improving access to basic services, with a view to helping people strengthen their resilience to the effects of violence. Movement restrictions and security concerns delayed water projects and other initiatives, but the ICRC was still able to implement most of its plans thanks in part to its efforts to engage with weapon bearers and communities.

Weapon bearers are reminded of their obligations under IHL and other norms

The ICRC documented reports of unlawful conduct – such as sexual violence, child recruitment and attacks against medical facilities – and made representations to the authorities and weapon bearers concerned; it reminded them of their obligations under IHL, international human rights law and other applicable norms, particularly the obligation to protect civilians and ensure access to basic services. Though there were some positive developments – one group included a prohibition against recruiting minors in their code of conduct – progress remained uneven overall.

Bilateral dialogue with weapon bearers was supplemented by workshops on IHL and other norms, and by other activities (see *Actors of influence*) aimed at building acceptance for humanitarian action. The ICRC also strengthened its engagement with communities. For instance, it produced radio spots and community-theatre events to raise awareness of the protection due to health workers; organized recreational activities for children at risk of recruitment by weapon bearers; and conducted workshops in communities – on sexual violence, for example – to learn about the threats to their safety, and to help them develop methods to mitigate these. Lessons from these workshops were taken into account while designing livelihood-support programmes and water projects.

People are able to meet their urgent needs and pursue livelihoods

IDPs, returnees and other people in violence-affected areas met their urgent needs with the help of the National Society and the ICRC: 227,909 people (37,615 households) received food and 110,260 people (17,991 households), tarpaulins and other essentials. Where possible, aid was given as cash or vouchers for these items, so that beneficiaries could determine the best way to meet their needs.

The ICRC sought to help advance the social inclusion of particularly vulnerable groups. Roughly 1,900 minors benefited from support for improving their living conditions, including: financial and material assistance for host families and three transitional centres housing unaccompanied and demobilized children; clothes and other essentials for minors who had been reunited with their families; and financial support for education for some of them. Furthermore, 912 people – disabled people and victims/survivors of sexual violence, both referred from ICRC-supported facilities (see below) – started earning an income with cash, training and material assistance from the ICRC.

In areas where agriculture was possible, the ICRC gave people – directly or through agricultural associations – seed, plant cuttings, fish fingerlings, tools, and/or training; 25,466 households (152,259 people) were able to pursue livelihoods as a result.

The ICRC supports the Movement's response to the Ebola outbreak

The ICRC continued to play a role in the Movement's response to the Ebola outbreak. It coordinated security management and logistics and supported community-engagement and public-communication efforts (see *Actors of influence*) aimed at cultivating support for the Movement's response. It also helped International Federation and National Society teams to transport the supplies and equipment needed to give Ebola victims a safe and dignified burial.

In Ebola-affected areas, four health facilities already supported by the ICRC were given additional assistance for establishing or strengthening measures for controlling or preventing infections (see also *People deprived of their freedom*). The ICRC also helped hospitals to cope with the additional strain due to the outbreak: it set up tents for patients and helped to treat 106 wounded people at a hospital in Béni, and another 100 patients at a hospital in Goma.

Communities gain better access to water and health care

The ICRC broadened access to clean water for violence-affected people, which also helped to protect them against disease. It worked with local water boards to upgrade chlorination systems and other urban infrastructure for 500,000 people and carried out projects in rural areas for 64,000 people. In western Goma, preparations were under way for a multi-year project entailing cooperation with the authorities, development organizations and the private sector.

People in violence-affected areas obtained services at 20 primary-health-care centres (including 2 transitional centres providing paediatric care) that regularly received ICRC support: equipment, medicines, and training for staff. The ICRC also upgraded the infrastructure of two of these centres, and a counselling centre. Another ten primary-health-care centres were given funds and supplies on an ad hoc basis, which helped them cope with mass influxes of patients, supply shortages, and other emergencies.

Roughly 93,000 vaccinations and 169,000 consultations (25,000 of which were antenatal) took place at these centres; 7,000 patients were referred for further care, with the ICRC covering their expenses. Moreover, 405 survivors/victims of sexual violence were treated, 357 of them within 72 hours of the incident.

About 3,800 people – including survivors/victims of sexual violence, and weapon-wounded or disabled people at ICRC-supported facilities – received psychosocial support from health workers at ICRC-supported counselling centres and other facilities or from ICRC-trained community volunteers. The ICRC conducted information sessions on the services available for survivors/victims of sexual or other violence and the importance of seeking prompt assistance, such as psychosocial support and/or post-exposure prophylactic treatment.

Members of separated families reconnect

People separated from their families by violence, detention or other circumstances restored or maintained contact with their relatives through the Movement's family-links services. The ICRC's family-links programme in the DRC remained one of its largest, while in Congo-Brazzaville, the need for these

services was minimal. In all, the ICRC collected 41,424 RCMs and distributed 31,385; this service remained essential in a context where several people lived in remote areas lacking phone network coverage. Furthermore, 536 people were reunited with their families in the DRC or elsewhere; most of them were children, including some formerly associated with weapon bearers.

The National Society and the ICRC adapted these services as needed: it set up phone kiosks in response to internal displacement and the arrival of more returnees from Angola or refugees from Sudan, and, as part of a pilot project that aimed to increase the efficiency of family-links services, sent a few hundred RCMs electronically. In Ebola-affected areas, National Society volunteers providing family-links services were trained in disease-prevention measures; thanks to the ICRC's advocacy efforts, they were scheduled to receive vaccinations in early 2020.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees in 38 facilities in the DRC (housing around 26,500 people, some of whom were in places of temporary detention and facilities run by MONUSCO) and 3 facilities in Congo-Brazzaville (roughly 1,400 people) in order to check on their treatment and living conditions. Particular attention was paid to vulnerable people: security detainees, foreigners, women and minors.

After visits, findings and recommendations were communicated confidentially to the authorities concerned. The ICRC urged detaining authorities to respect judicial guarantees and the principle of *non-refoulement*. In the DRC, judicial authorities acted on individual cases brought up by the ICRC; this contributed to the release of certain inmates, including some whose pre-trial detention had exceeded the legal limit. Some prisoners were also amnestied early in the year, but overall, overcrowding remained a concern.

The ICRC helped detainees to contact their families and foreigners to notify their consular representatives and/or the UNHCR of their detention.

Detainees are able to meet their needs and have access to health services

In the DRC, insufficient funds, and delays in the release of allocated funds, hindered detaining authorities' efforts to improve prison conditions; the ICRC continued to give the authorities various forms of assistance to help fill gaps.

Some 19,700 detainees received therapeutic food for severe malnourishment or supplementary rations for moderate malnourishment, and roughly 27,600 detainees received hygiene kits and other items for improving their living conditions. Inmates in eight prisons obtained health services at clinics receiving drugs and other medical supplies from the ICRC. Prison health staff were given financial incentives and technical support. When necessary, detainees were taken to hospitals or other health facilities; the ICRC covered the treatment costs of 58 people.

Roughly 24,000 detainees benefited from the ICRC's water and habitat initiatives. For instance, the ICRC renovated water, sanitation, and kitchen facilities at several prisons, and gave training and equipment to teams responsible for maintaining infrastructure.

The ICRC also gave additional support during emergencies: in response to the Ebola outbreak, it helped establish measures to control or prevent the spread of disease at six prisons. Detainees at some prisons also received supplementary rations, to help them regain their strength and boost their immune systems.

WOUNDED AND SICK

Wounded people receive suitable medical treatment

Over 1,700 people – community members, weapon bearers, and National Society volunteers – learnt first aid at events organized by the National Society and/or the ICRC; this enabled them to treat people wounded during clashes.

People in violence-affected areas sought medical treatment at 17 hospitals that regularly received comprehensive ICRC support. Of note, the ICRC continued to support a team of local surgeons at a hospital in Bukavu, and maintained its own surgical team at a hospital in Goma; in March, the team in Goma began to support another hospital, in Beni. Another 28 hospitals were given drugs and other medical supplies to help them cope with sudden influxes of patients.

The ICRC helped upgrade facilities of four hospitals (200 beds) – for instance, renovations were made at the laundry in one hospital – which contributed to ensuring a sanitary environment.

Disabled people receive good-quality physical rehabilitation services

Some 2,000 people² obtained good-quality services (fitting of prostheses and orthoses, physiotherapy, etc.), free of charge, at four ICRC-supported physical rehabilitation centres in Bukavu, Goma and Kinshasa. The ICRC gave these centres comprehensive support, which included technical advice on quality-control measures; it also facilitated the participation of personnel from the centres in training courses.

The ICRC referred some people for financial and psychosocial support (see *Civilians*); provided the national Paralympic committee with support to organize sporting events for 183 people, and gave scholarships to 24 children. These activities helped advance the social inclusion of disabled people.

To help improve the sustainability of the DRC's physical rehabilitation sector, the national committee for physical rehabilitation was given support for organizing meetings to convene stakeholders. Two professional associations – for physiotherapists and for ortho-prosthetists – also received financial support for their activities, which included national congresses and workshops to promote their professions.

2. Based on aggregated monthly data, which include repeat beneficiaries.

Construction of the country's first reference centre for physiotherapy and orthopaedic services continued; this project was part of the Programme for Humanitarian Impact Investment, an ICRC initiative carried out with the private sector.

ACTORS OF INFLUENCE

In all its interaction with the authorities, weapon bearers and members of civil society, the ICRC sought to foster respect for humanitarian principles, and acceptance for itself and for the Movement, partly in order to maintain and/or increase its access to people in need.

Civil society learns more about the Movement and its work

Regular contact, supplemented by radio spots and other public-communication initiatives, helped the ICRC reach over 75,000 people in the DRC – local authorities, traditional and religious leaders, and representatives of youth groups and civil society – and explain the Movement and its work to them. In Ebola-affected North Kivu, ICRC delegates met with community and religious leaders to secure their support for the response to the Ebola outbreak; communities learnt more about the virus, and the Movement's efforts to check its spread, at information sessions. The ICRC also sought people's feedback on its humanitarian response through such means as community help desks and social media.

In the DRC and Congo-Brazzaville, journalists were briefed, and/or given press releases and other informational materials, to help them report more accurately on humanitarian issues.

Weapon bearers strengthen their grasp of norms applicable to their duties

In the DRC, roughly 4,300 weapon bearers attended training sessions in humanitarian principles and on IHL, human rights law, and other applicable norms; key topics included sexual violence, recruitment of minors, and the protection due to people seeking or providing health care. Particular efforts were made to engage military officers and legal advisers – in conflict-affected areas and at their headquarters – and urge them to integrate IHL and other applicable norms in their doctrine, training and operations. The ICRC also helped one armed group to draft a code of conduct and share it with its members.

In Congo-Brazzaville, the ICRC engaged in dialogue with the authorities on international standards for law enforcement, and held a workshop for 120 members of the police and *gendarmérie*.

The authorities are urged to ratify IHL and IHL-related treaties

In the DRC and Congo-Brazzaville, the ICRC met with the authorities concerned, to help advance the domestic implementation of IHL treaties and other key legislation, such as the African Union Convention on IDPs and laws on the emblems protected under IHL; to this end, it organized workshops and offered its technical expertise.

Conferences, moot court competitions and other events for academics in the DRC and Congo-Brazzaville helped to stimulate discourse on IHL.

RED CROSS AND RED CRESCENT MOVEMENT

The Red Cross Society of the Democratic Republic of the Congo remained a key partner in helping violence-affected people and promoting IHL and the Movement's work. The ICRC and other Movement components gave it support for improving its organizational and operational capacities; the ICRC also helped the National Society to incorporate the Safer Access Framework more fully in its activities, especially in violence-prone areas.

The ICRC covered various expenses for selected DRC National Society branches, including salaries of key staff, incentives for volunteers, and the cost of equipment. Some volunteers were given insurance coverage; others received psychosocial support. Sponsored by the ICRC, National Society officials attended the statutory meetings of the Movement. Movement partners met regularly to maximize impact and prevent duplication of effort, including in their response to the Ebola outbreak.

In Congo-Brazzaville, the ICRC sought to renew cooperation with the National Society, which was undergoing a transitional period; it offered support to help it organize its general assembly and to renovate one branch.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		41,424	2,384		
RCMs distributed		31,385	859		
Phone calls facilitated between family members		16,568			
Reunifications, transfers and repatriations					
People reunited with their families		536			
	<i>including people registered by another delegation</i>	46			
People transferred or repatriated		473			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		995	170	337	219
	<i>including people for whom tracing requests were registered by another delegation</i>	437			
Tracing cases closed positively (subject located or fate established)		365			
	<i>including people for whom tracing requests were registered by another delegation</i>	95			
Tracing cases still being handled at the end of the reporting period (people)		1,270	219	404	267
	<i>including people for whom tracing requests were registered by another delegation</i>	583			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		1,383	620		76
UAMs/SC reunited with their families by the ICRC/National Society		490	198		55
	<i>including UAMs/SC registered by another delegation</i>	43			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1,905	829		70
Documents					
People to whom official documents were delivered across borders/front lines		8			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		41			
Detainees in places of detention visited		28,028	720	731	
Visits carried out		236			
			Women	Girls	Boys
Detainees visited and monitored individually		1,638	20	11	74
	<i>of whom newly registered</i>	809	13	1	75
RCMs and other means of family contact					
RCMs collected		3,669			
RCMs distributed		1,854			
Phone calls made to families to inform them of the whereabouts of a detained relative		579			
People to whom a detention attestation was issued		42			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	227,909	74,549	75,671
	<i>of whom IDPs</i>	19,137	7,139	7,182
Food production	Beneficiaries	152,259	51,390	57,467
	<i>of whom IDPs</i>	7,960	2,478	2,388
Income support	Beneficiaries	912	598	32
Living conditions	Beneficiaries	110,260	36,698	42,073
	<i>of whom IDPs</i>	13,163	5,436	2,648
Water and habitat				
Water and habitat activities	Beneficiaries	564,831	158,119	254,120
Health				
Health centres supported	Structures	30		
Average catchment population		229,900		
Consultations		169,164		
	<i>of which curative</i>	143,942	2,285	5,943
	<i>of which antenatal</i>	25,222		
Immunizations	Doses	93,316		
	<i>of which polio vaccines for children aged 5 or under</i>	35,095		
Referrals to a second level of care	Patients	7,044		
	<i>of whom gynaecological/obstetric cases</i>	1,323		

PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	19,716	288	1,304
Living conditions	Beneficiaries	27,609	317	745
Water and habitat				
Water and habitat activities	Beneficiaries	24,754	1,485	990
Health				
Places of detention visited by health staff	Structures	9		
Health facilities supported in places of detention visited by health staff	Structures	8		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	45		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	17		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	1,368	164	101
	Non-weapon-wound admissions	4,202		
	Operations performed	8,826		
Medical (non-surgical) admissions		5,458		
Gynaecological/obstetric admissions		6,016	1,879	
Consultations		532,994		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		549		
Weapon-wound admissions (surgical and non-surgical admissions)		565	20	12
Weapon-wound surgeries performed		471		
Patients whose hospital treatment was paid for by the ICRC		8,366		
First aid				
First-aid training				
	Sessions	85		
	Participants (aggregated monthly data)	1,752		
Water and habitat				
Water and habitat activities	Beds (capacity)	200		
Physical rehabilitation				
Projects supported		8		
	<i>of which physical rehabilitation projects supported regularly</i>	4		
People benefiting from ICRC-supported projects	Aggregated monthly data	2,028	506	221
	<i>of whom victims of mines or explosive remnants of war</i>	61		
Referrals to social integration projects		263		
Prostheses delivered	Units	492		
Orthoses delivered	Units	533		
Physiotherapy sessions		833		
Walking aids delivered	Units	1,559		
Wheelchairs or postural support devices delivered	Units	98		

DAKAR (regional)

COVERING: Cabo Verde, Gambia, Guinea-Bissau, Senegal

The ICRC opened a regional delegation in Dakar in 1989, although it had already worked in the region for several years. It focuses on promoting IHL among the armed forces and other weapon bearers and on encouraging implementation of that law throughout the region. It supports the activities of the National Societies; assists people affected by armed conflict and other situations of violence in Casamance, Senegal; and visits detainees of ICRC concern, providing them with material aid where necessary.

YEARLY RESULT	
Level of achievement of ICRC yearly objectives/plans of action	HIGH

KEY RESULTS/CONSTRAINTS IN 2019

- People in weapon-contaminated areas of Senegal learnt safe practices around mines and explosive remnants of war at ICRC information sessions.
- ICRC-trained personnel from the Senegalese Red Cross Society provided psychosocial and psychiatric support, and livelihood assistance, for families of missing migrants in eastern and southern Senegal.
- IDP, resident and returnee households in Casamance, Senegal, supplemented their income or diversified their livelihoods with ICRC assistance, such as cash-for-work projects.
- The ICRC and the Senegalese penitentiary authorities organized a workshop for prison managers in Casamance on reducing overcrowding in prisons
- Physically disabled people were treated at an ICRC-supported rehabilitation centre in Guinea-Bissau; the ICRC referred some of these people to institutions offering livelihood support.
- Military forces in Guinea-Bissau and Senegal learnt about IHL and other norms from ICRC staff or ICRC-trained instructors.

EXPENDITURE IN KCHF	
Protection	2,887
Assistance	2,999
Prevention	2,055
Cooperation with National Societies	867
General	392
Total	9,200
<i>Of which: Overheads</i>	<i>561</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	92%

PERSONNEL	
Mobile staff	29
Resident staff (daily workers not included)	137



ICRC regional delegation ICRC sub-delegation ICRC mission

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	30
RCMs distributed	26
Phone calls facilitated between family members	100
Tracing cases closed positively (subject located or fate established)	7
People reunited with their families	2
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	16
Detainees in places of detention visited	6,507
<i>of whom visited and monitored individually</i>	75
Visits carried out	30
Restoring family links	
RCMs collected	47
RCMs distributed	30
Phone calls made to families to inform them of the whereabouts of a detained relative	33

ASSISTANCE	2019 Targets (up to)	Achieved
CIVILIANS		
Economic security¹		
Food consumption	Beneficiaries 450	
Food production	Beneficiaries 2,700	114
Income support	Beneficiaries 1,350	9,201
Living conditions	Beneficiaries 450	2,675
Capacity-building	Beneficiaries 2,250	52
Water and habitat		
Water and habitat activities	Beneficiaries 3,280	5,684
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported	Projects 1	3

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

CONTEXT

Peace talks between the Senegalese government and factions of the Mouvement des forces démocratiques de Casamance (MFDC) continued. The situation in Casamance remained relatively calm; however, people continued to report the unlawful imposition of movement restrictions and other misconduct by weapon bearers. Security concerns, including mines in areas bordering Guinea-Bissau, hindered access to essential services and facilities.

The Economic Community of West African States and the UN extended the mandates of their peacekeeping and peace-building missions in Gambia and Guinea-Bissau to 2020. The Truth, Reconciliation and Reparations Commission (TRRC) in Gambia – part of the transitional-justice process in the country – held public hearings.

Protests occasionally took place in Gambia, and in Guinea-Bissau and Senegal, about the political situation and the elections, respectively.

Migrants bound for Europe or elsewhere, including asylum seekers and refugees, lost contact with their families on their way through or from the countries covered.

ICRC ACTION AND RESULTS

The regional delegation in Dakar focused on addressing the needs of people affected by the conflict in Casamance. The ICRC met with all parties concerned, and sought to remind them of their obligation under IHL and other norms to protect civilians and facilitate access to sources of livelihood. It documented allegations of unlawful conduct and, where possible, relayed them to the pertinent parties to prevent the recurrence of such misconduct.

The ICRC, sometimes together with the Senegalese Red Cross Society, implemented assistance activities to help conflict-affected people in Casamance, including those whom few other organizations could reach. Some of these activities sought to protect women from violence-related risks by minimizing their need to leave their villages. ICRC information sessions provided instruction in safe practices around mines and explosive remnants of war (ERW) for people in weapon-contaminated areas. Radio programmes informed conflict-affected people about the humanitarian services available to them.

ICRC assistance – cash-for-work projects, donations of seed and agricultural equipment, and cash grants or vouchers – enabled IDP, resident and returnee households to supplement their income or diversify their livelihoods. The ICRC provided some communities with financial support for setting up a fund to cover emergency expenses.

Farmers and herders, including women, learnt about the importance of maintaining their livestock's health from information sessions and radio spots conducted or produced by the ICRC. Animal-health workers attended refresher training; some of them were given motorcycles to reach herders in

remote areas. The ICRC trained farmers to work within the context of climate change, for instance, by ensuring responsible use of water.

The ICRC upgraded or built wells and dykes in Casamance to help ensure the availability of sufficient supplies of water for personal consumption and agriculture. It also provided household essentials for vulnerable people in Senegal and Gambia.

ICRC-trained personnel from the Senegalese Red Cross carried out initiatives to provide psychosocial and psychiatric support, and livelihood assistance, for missing migrants' families in eastern and southern Senegal; these initiatives included peer-support groups, referrals for psychiatric care, and training in farming and raising livestock.

National Societies in the region received ICRC support for restoring family links, including during festivals and other large gatherings. Sponsored by the ICRC, forensic professionals from Gambia and Senegal attended a conference on forensic science. The ICRC collected ante-mortem data of missing Senegalese migrants, and DNA samples from their relatives, to help identify the remains of people who died in a shipwreck in 2015. It arranged a family visit for one person formerly held at the US detention facility at the Guantanamo Bay Naval Station in Cuba, and resettled in Cabo Verde.

The ICRC visited detainees in Senegal, Gambia and Guinea-Bissau in accordance with its standard procedures. Findings from these visits were discussed with the authorities, to help them ensure that detainees' treatment and living conditions met internationally recognized standards. Prison officials from the three countries were given financial support to attend regional workshops on prison management. In Senegal, the ICRC and the penitentiary authorities organized a workshop on reducing overcrowding in prisons for prison managers in Casamance.

In Guinea-Bissau, people received physical rehabilitation services at the ICRC-supported Centro de Reabilitação Motora (CRM). Among them were Senegalese victims of mines/ERW, referred to the CRM as per an agreement between the Senegalese mine-action authorities and the ICRC. The ICRC promoted the social inclusion of disabled people, for instance, by referring them to institutions offering livelihood support.

The ICRC arranged information sessions and field trips for journalists, which led to coverage of the Movement and its activities. Military personnel in Guinea-Bissau and Senegal learnt about IHL and other norms from ICRC staff or ICRC-trained instructors.

Authorities and international organizations in the region familiarized themselves with the ICRC and its work at events attended or organized by the ICRC – such as an IHL course for humanitarian professionals in Africa. The ICRC provided expert guidance, whenever possible, to governments in the region working to implement IHL and IHL-related treaties.

CIVILIANS

The ICRC documented allegations of violations of IHL in Casamance; whenever possible, it relayed these allegations to the parties concerned, with a view to ending or preventing such unlawful conduct. It re-established contact with certain factions of the MFDC, and maintained dialogue with the authorities and other MFDC factions. It sought to remind all parties of their obligation to protect civilians and facilitate access to farmland and other sources of livelihood. Senior military officers in Casamance were reminded of these obligations during discussions about IHL and other norms. The ICRC sought discussions with all weapon bearers regarding humanitarian access to civilians.

Communities in Casamance learnt about the humanitarian services available to them, and made their concerns known, through call-in programmes broadcast by local radio stations in cooperation with the Senegalese Red Cross and the ICRC.

Discussions with people from numerous villages – linked to an assessment of safety issues – enabled the ICRC to identify particularly vulnerable communities in Casamance: for example, in areas where weapon bearers had imposed restrictions on movement. It focused on assisting people in these areas through activities that reduced the risks to their safety (see below). The ICRC explained its approach to community leaders in all the villages where it had assessed safety issues.

More than 5,000 people were instructed on safe practices around mines/ERW, during information sessions by the ICRC. Leaflets or factsheets on this subject were distributed among MFDC factions. With the ICRC covering their transportation costs, some 200 people from areas affected by mines/ERW attended an event organized by the Senegalese mine-action authorities to mark International Mine Awareness Day.

Conflict-affected people in Casamance strengthen their livelihoods

The ICRC's assistance activities enabled conflict-affected people in Casamance – including areas accessible to few other organizations – to meet some of their needs. A number of these activities helped mitigate violence-related risks for women and other vulnerable people, by making it less necessary for them to work in unsafe areas.

Some 100 breadwinners, including female breadwinners, from farming and herding households learnt about the importance of maintaining their livestock's health, from information sessions and radio spots conducted or produced by the ICRC. They were encouraged to share what they had learned with people from other communities. Twelve animal-health workers attended refresher training; some of them were also given motorcycles that enabled them to serve herders in remote areas.

Around 1,000 IDP, returnee and resident households (9,200 people) supplemented or increased their income with the ICRC's assistance. Some breadwinners took part in cash-for-work projects, for instance, installing water pumps in market gardens. Others received seed and agricultural equipment; they also benefited from radio programmes on agricultural subjects. The ICRC

provided some communities with financial support for setting up a fund from which they could take out loans to cover emergency expenses. Households in two communities diversified their livelihoods: they managed livestock or cultivated market gardens, and bought vehicles for transporting crops to the market, with cash and/or vouchers from the ICRC.

Roughly 50 people strengthened their skills during ICRC training sessions on farming and other topics. Some of the households mentioned above also benefited from these sessions, as part of the ICRC's livelihood support. The ICRC trained farmers to work within the context of climate change, for example, by ensuring the responsible use of water in case of rainfall deficits; these training sessions were conducted in coordination with agricultural agencies of the local and the national government. Ten livelihood associations were formed with the ICRC's help: for instance, it trained community leaders to manage these organizations.

Cooking utensils, tarpaulins and other essentials from the ICRC helped ease living conditions for 875 conflict-affected people (102 households) in Senegal; in Gambia, the Gambia Red Cross Society assisted 1,800 victims of natural disasters (200 households) with ICRC-donated household essentials.

Communities in Casamance have better access to water

Some 5,700 conflict-affected people in Casamance benefited from numerous ICRC water projects. Drinking water became more readily available to roughly 1,000 people after the ICRC constructed wells in several villages; the ICRC trained local committees to maintain the wells. The ICRC also built dykes and repaired solar-powered water pumps; these served around 2,800 people in farming communities and 380 market gardeners, including female breadwinners. Community members worked with the ICRC to install latrines in their villages, and attended hygiene-promotion sessions conducted by ICRC-trained Senegalese Red Cross volunteers, benefiting nearly 1,800 people. Around 140 IDPs built shelters with materials from the ICRC.

Families of missing Senegalese migrants receive psychosocial and livelihood support

The ICRC sought to raise awareness of the needs of missing people's families among the authorities in the countries covered. In Gambia, the ICRC and the TRRC discussed how these needs might be met.

In eastern and southern Senegal, missing migrants' families obtained psychosocial and livelihood support through initiatives conducted by ICRC-trained personnel from the National Society. Various means were used to help them cope with their distress: peer-support groups for 185 people; psychosocial care for 133 children; home visits to 19 people with reduced mobility; and organization of commemorative events. People needing further assistance were referred to a psychiatric facility. Roughly 50 people were trained in crop cultivation and livestock farming, which improved their livelihood prospects. Some 180 people, including community leaders, attended ICRC workshops where they learnt about the legal implications of a relative's disappearance.

Because its discussions with parties to the conflict in Casamance remained limited in scope, the ICRC could not ask them about the fate of people missing in connection with the conflict or discuss the needs of these people's families.

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

Members of families dispersed by armed conflict, detention, migration or other circumstances reconnected through the Movement's family-links services. Under the ICRC's auspices, two people from Chad and Libya were reunited with their families in Senegal. The ICRC arranged a family visit for one person formerly held at the Guantanamo Bay detention facility and resettled in Cabo Verde.

The National Societies in the countries covered developed their family-links capacities with the ICRC's financial, logistical and/or technical support. Aided by the ICRC, National Society personnel attended regional workshops where they exchanged experiences and coordinated the provision of such services. They worked with the ICRC to inform communities and authorities about these services, and on ways to prevent loss of family contact during migration – for instance, through radio spots in Senegal, and leaflets and posters in Gambia. The ICRC trained National Society volunteers in Gambia, Guinea-Bissau and Senegal to provide family-links services and psychosocial support for members of dispersed families. These efforts contributed to some 200 children being reunited with their families, during festivals and other large gatherings in Guinea-Bissau and Senegal.

The ICRC provided the authorities in Senegal with expert advice and other support for identifying human remains. It sponsored one Senegalese and one Gambian forensic professional to attend the annual conference of the African Society of Forensic Medicine (see *Nairobi*).

In September, the ICRC held a workshop in Senegal on lessons learnt from a project to identify the remains of people who had died in a shipwreck in the Mediterranean sea in 2015. As part of this project – in which the ICRC's regional delegations in Dakar and Paris worked closely with the delegations in Mali and Mauritania – the ICRC collected the ante-mortem data of missing Senegalese migrants, and DNA samples from their relatives, and sent these to a forensic laboratory in Italy for identification (see *Paris*).

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited 12 prisons in Senegal – including one for women and another for minors – and two prisons each in Gambia and Guinea-Bissau, in accordance with its standard procedures. People held on charges of “terrorism”, or in connection with the conflict in Casamance, and other security detainees were monitored individually. Findings and recommendations from these visits were discussed with the authorities, to help them ensure that detainees' treatment and living conditions, including respect for judicial guarantees, met internationally recognized standards. Financial assistance from the ICRC enabled prison officials from the three countries to attend regional workshops on prison management, where they exchanged best practices with their peers (see *Tunis*, for example).

In Senegal, detaining authorities and the ICRC discussed measures to reduce overcrowding in prisons, for instance, the possibility of alternatives to detention; the ICRC organized workshops on reducing overcrowding for prison managers in Casamance. At the National School of Prison Administration in Senegal, some 280 officers-in-training were briefed on the ICRC's mandate and activities for people deprived of their freedom.

Detainees in Casamance and Dakar used the ICRC's family-links services to inform their relatives – or, in the case of foreigners, their consular representatives – of their situation.

WOUNDED AND SICK

Roughly 3,900 people² obtained rehabilitative services at the CRM, Guinea-Bissau's only physical rehabilitation centre, which received raw materials and components for assistive devices, and equipment, from the ICRC. The ICRC covered treatment costs for nearly 430 people.

ICRC-trained personnel from the CRM treated 112 children with clubfoot. The ICRC covered treatment and transportation costs for 15 of these children; it did the same for 65 Senegalese victims of mines/ERW, who were referred to the centre to be fitted with prostheses or for repairs to their assistive devices, as per an agreement between the Senegalese mine-action authorities and the ICRC.

To help ensure the quality of the CRM's services, the ICRC organized courses for prosthetic/orthotic technicians and physiotherapy assistants. It also created a patient-information database for the centre, and helped update protocols for maintaining rehabilitation equipment. The CRM built a conference room for staff training, with the ICRC's help. At the National School of Public Health, 16 student nurses attended an ICRC workshop on identifying children with clubfoot and referring them for treatment. The ICRC aided the CRM's efforts to become self-sufficient: it encouraged CRM managers to set up a fundraising network and, to that end, arranged meetings between the CRM and other institutions in the physical rehabilitation sector.

People living in remote areas were referred to the CRM through outreach activities by CRM and ICRC staff. The general public learnt about the CRM and its activities through posters and leaflets, and through events organized by the CRM and the ICRC – to mark World Physical Therapy Day, for example.

Disabled people were referred to institutions providing livelihood support: for example, 20 people obtained vocational training through ICRC referrals. The ICRC sought to advance the social inclusion of disabled people; it donated sports wheelchairs to a local organization and organized wheelchair-basketball tournaments.

2. Based on aggregated monthly data, which include repeat beneficiaries.

ACTORS OF INFLUENCE

In addition to engaging with weapon bearers and conflict-affected people in Casamance (see *Civilians*), the ICRC engaged with members of the media, as they could play a vital role in broadening awareness of the Movement and its activities. For instance, it organized information sessions and field trips for journalists covering the ICRC's response to the issue of missing persons. It helped National Societies in the region to promote their activities through radio programmes and other means.

Senegalese and Bissau-Guinean troops learn about IHL

Military officers and *gendarmes* in Senegal bound for peace-keeping missions abroad learnt more about the basic principles of IHL and other norms, and their application, during ICRC briefings. In Guinea-Bissau, after discussing the matter with military authorities, the ICRC organized an IHL training workshop for military instructors; roughly 1,000 Bissau-Guinean soldiers learnt about IHL.

Senegalese military officers sought the ICRC's technical input on the draft of their IHL training manual. Senior military officers from Guinea-Bissau and Senegal attended an advanced IHL course abroad, with the ICRC's financial support.

Government officials and academics strengthen their grasp of IHL

At events it attended or organized, the ICRC often made brief presentations on IHL, and on its activities in Casamance and elsewhere in West Africa, to the authorities and to representatives of international organizations in the region. Francophone humanitarian professionals from ten African countries attended an ICRC course on these subjects in Senegal in November.

About 250 university students in Senegal learnt about IHL at ICRC information sessions; law students from four universities tested their knowledge of IHL at a moot court competition organized by Senegalese academics and the ICRC. Sponsored by the ICRC, a university professor from Cabo Verde and religious scholars from Senegal, attended IHL-related events in other countries (see *Abidjan*, for example). A Gambian university continued to teach IHL with ICRC support.

Authorities in the region take steps to implement key treaties

Through discussions with the ICRC, and by participating in regional events organized by the ICRC (see *Nigeria*, for example), authorities in the region learnt more about the importance of implementing IHL and IHL-related treaties. Authorities in the four countries covered worked to incorporate provisions of IHL and IHL-related treaties – such as the Arms Trade Treaty – in their domestic legislation; whenever possible, the ICRC gave them technical input in drafting laws. In Gambia, government officials involved in the transitional-justice process drew on the ICRC's expertise in the subject of missing people. Senegalese parliamentarians discussed their role in domestic IHL implementation with the ICRC; the ICRC organized a workshop on judicial guarantees for magistrates in Senegal.

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies in the four countries covered built their operational capacities – in family-links services and public communication, for instance – with ICRC support (see above). The National Societies in Gambia, Guinea-Bissau and Senegal received material, logistical and/or technical support from the ICRC to draft and implement contingency plans for emergencies such as natural disasters or protests; staff and volunteers from these National Societies were given first-aid kits and refresher training in applying the Safer Access Framework. The ICRC provided volunteers at the Gambia Red Cross Society with body bags and guidance in managing human remains, which the volunteers did in support of the TRRC's work.

All four National Societies underwent structural reorganization, and the National Societies in Cabo Verde and Gambia underwent a financial audit for their activities in 2018; the ICRC gave them advice to review their managerial or financial practices. The Red Cross of Cape Verde, aided by the ICRC, worked on a revision of its statutes.

Movement components in the region met regularly to discuss issues of concern – such as the risks to migrants in transit – and to coordinate their work, including cross-border activities.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		30	2		
RCMs distributed		26	2		
Phone calls facilitated between family members		100			
Reunifications, transfers and repatriations					
People reunited with their families		2			
	<i>including people registered by another delegation</i>	2			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		342	13	7	35
Tracing cases closed positively (subject located or fate established)		7			
Tracing cases still being handled at the end of the reporting period (people)		875	29	8	86
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		16			
Detainees in places of detention visited		6,507	190	108	
Visits carried out		30			
			Women	Girls	Boys
Detainees visited and monitored individually		75	2	1	
	<i>of whom newly registered</i>	19		1	
RCMs and other means of family contact					
RCMs collected		47			
RCMs distributed		30			
Phone calls made to families to inform them of the whereabouts of a detained relative		33			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security³				
Food production	Beneficiaries	114	29	
Income support	Beneficiaries	9,201	3,264	2,974
Living conditions	Beneficiaries	2,675	973	956
Capacity-building	Beneficiaries	52		
Water and habitat				
Water and habitat activities	Beneficiaries	5,684	2,842	1,709
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported		3		
	<i>of which physical rehabilitation projects supported regularly</i>	1		
People benefiting from ICRC-supported projects	Aggregated monthly data	3,865	1,226	1,227
	<i>of whom victims of mines or explosive remnants of war</i>	79		
Referrals to social integration projects		112		
Prostheses delivered	Units	76		
Orthoses delivered	Units	173		
Physiotherapy sessions		38,307		
Walking aids delivered	Units	241		
Wheelchairs or postural support devices delivered	Units	118		

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

ERITREA

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



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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2019

- Humanitarian activities in Eritrea remained limited by government restrictions. The ICRC strove to secure the authorities’ acceptance for its work and broaden the scope of its activities, with little progress.
- The ICRC concluded its activities to help people build their resilience to conflict. It donated its remaining stocks of hygiene items, water pumps and other materials to the authorities, which enabled it to reach more people than planned.
- Members of families separated by past conflict reconnected with the ICRC’s help. The ICRC ended the support given to Ethiopians in Eritrea to renew their residence permits, as the Ethiopian embassy took over providing this service.
- The “Red Cross Society of Eritrea” remained inactive during the year. The ICRC stood ready to assist it in resuming its operations and strengthening its capacities.

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	193
RCMs distributed	564
Tracing cases closed positively (subject located or fate established)	197

ASSISTANCE	2019 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Food production	Beneficiaries	61,777
Income support	Beneficiaries	128,842
Water and habitat		
Water and habitat activities	Beneficiaries	184,432

EXPENDITURE IN KCHF

Protection	637
Assistance	1,709
Prevention	18
Cooperation with National Societies	-
General	50
Total	2,413
<i>Of which: Overheads</i>	147

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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PERSONNEL

Mobile staff	2
Resident staff (daily workers not included)	27

CONTEXT

The governments of Ethiopia and Eritrea discussed possible next steps towards rapprochement, having signed a joint declaration in July 2018 to normalize relations strained by the 1998–2000 armed conflict. Eritrea and Djibouti continued to seek to resolve their border dispute that had led to hostilities in June 2008.

People continued to feel the effects of past conflict, particularly in border areas. Owing to the scarcity of resources and livelihood-support services, they struggled to grow their own food or pursue income-generating activities. Clean water was not readily available in rural areas because of damaged or poorly maintained infrastructure, erratic rainfall and shortages of fuel for pumping systems; as a result, people were at risk of contracting water-borne diseases such as cholera.

Many families remained separated because of the conflict with Ethiopia; some were still waiting to learn the fate of relatives who went missing. Others had lost touch with their families because of migration or other circumstances. Some Ethiopians who had chosen to stay in Eritrea, or who lacked the means to return home, did not have the money to renew their residence permits; this limited their employment opportunities and cut off their access to government benefits.

The space for humanitarian actors to operate remained limited: government restrictions continued to hamper the movement and activities of humanitarian workers in the country.

The “Red Cross Society of Eritrea” has been inactive since September 2017, when the government instructed it to suspend its activities while an internal audit was conducted; that audit was still in progress at year’s end.

ICRC ACTION AND RESULTS

The ICRC continued to cultivate dialogue with the national authorities – on its neutral, impartial and independent approach to humanitarian work – with a view to securing acceptance for its activities, and those of the Movement, and broadening its access to people in need. More specifically, it strove to expand its activities aimed at: restoring family links; supporting the authorities in clarifying the fate or whereabouts of people missing in connection with conflict, including by bolstering local capacities in forensics; visiting detainees; strengthening acceptance for IHL among the authorities and helping them to incorporate it in domestic legislation; and enabling the military and police to strengthen their grasp of international norms and standards pertinent to their duties. However, little progress was made to these ends.

Aided by the ICRC, people endeavoured to build their resilience to the effects of past conflict. Vaccination campaigns carried out by the agriculture ministry with comprehensive ICRC support helped herders to protect their livestock against disease. The ICRC completed certain livelihood-support projects that had been delayed by administrative or logistical obstacles in 2018: the construction of livestock ponds; and installation of solar-powered grain mills, in partnership with the National Union

of Eritrean Women (NUEW). Solar-powered water projects implemented by the ICRC and the Water Resources Department (WRD) made clean water more readily available in rural areas; the ICRC also trained WRD personnel in installing, operating and maintaining water-supply systems.

The foreign affairs ministry, prompted by the ICRC’s local implementing partners, granted travel permits to a few ICRC staff members; this enabled more ICRC staff to visit certain remote areas, where they evaluated previously implemented water and livelihood projects, and surveyed beneficiaries’ feedback on these projects. However, as humanitarian activities in the country remained largely restricted and importing supplies was fraught with difficulties, the ICRC concluded its assistance activities, as planned, by the end of the year. It donated its remaining stocks of agricultural supplies to help communities grow their own food and gave hygiene items, water pumps and containers, and other supplies and equipment to the WRD and the NUEW for implementing their own projects; as a result of this, the ICRC was able to help more people than planned.

Financial assistance from the ICRC enabled Ethiopians staying in Eritrea to renew their residence permits, in order to improve their employment prospects and enable them to apply for government benefits. The ICRC stopped providing such support by the end of July, as the reopened Ethiopian embassy took over providing this assistance to Ethiopians in Eritrea.

In areas to which it had access, the ICRC helped people separated by past conflict, migration or other circumstances to restore or maintain contact with their families. It also worked to ensure that they had access to the documents – such as academic transcripts or attestations of detention – necessary for meeting legal requirements, or for pursuing employment opportunities or further studies.

The “Red Cross Society of Eritrea” remained inactive during the year, but the ICRC stood ready to help it resume its operations and strengthen its capacities.

CIVILIANS

The foreign affairs ministry, prompted by the ICRC’s local implementing partners, granted travel permits to a few ICRC staff members; this enabled more ICRC staff to visit certain remote areas, where they evaluated previously implemented water and livelihood projects, and surveyed beneficiaries’ feedback on these projects. However, as humanitarian activities in the country remained largely limited (see *Context*) and owing to difficulties in importing needed supplies, the ICRC concluded its assistance activities, as planned, by the end of the year.

People build their resilience to the effects of past conflict

Economically vulnerable people, aided by the ICRC, strove to boost their income. Vaccination programmes carried out by the agriculture ministry enabled some 24,100 herding households (120,600 people) to protect their livestock against parasites and common diseases, helping maintain the productivity and market value of the animals; the ICRC provided

the ministry with drugs and logistical support, and covered staff salaries, to help them carry out these programmes. Two livestock ponds built by community members under an ICRC cash-for-work project benefited a village of around 500 households (7,150 people); this project had been delayed by administrative constraints in 2018. The ICRC also provided some 1,100 Ethiopians (210 households) staying in Eritrea with financial assistance to renew their residence permits, to improve their employment prospects or enable them to apply for government benefits; this activity was concluded by the end of July, and the reopened Ethiopian embassy took over providing this assistance to Ethiopians in Eritrea.

As it was ending its assistance activities, the ICRC donated its remaining stocks of vegetable seed, tools and irrigation pumps to some 9,400 households (46,800 people), to enable them to grow their own food. In partnership with the NUEW, it also completed a project, delayed by logistical constraints in 2018, to install solar-powered grain mills in several communities and train people in their use. This enabled some 1,480 households (15,000 people), many of them headed by women, to have broader access to equipment for processing their crops, reduced their dependence on diesel-powered mills – as fuel was scarce in Eritrea – and provided a welcome alternative to milling crops by hand.

Clean water is more readily available to people in rural areas

Some 184,400 people benefited from solar-powered water systems upgraded, repaired or constructed by the WRD and the ICRC, which helped increase the availability of clean water in a number of villages and reduced the risk of water-borne diseases. The ICRC helped more people than planned by donating leftover supplies of hygiene items, water containers, solar-powered water pumps and/or construction materials to the WRD and the NUEW for implementing their own projects.

Through ICRC training, 40 technicians from the WRD strengthened their capacities to install, operate and maintain solar-powered water systems. The ICRC also trained members of local water committees to maintain water facilities and make basic repairs to ensure the continued functioning of existing systems.

Members of dispersed families reconnect

Members of families separated by conflict, migration or other circumstances restored or maintained contact through family-links services provided by the ICRC in areas to which it had access. The fate or whereabouts of 197 people were ascertained; some of them made use of RCMs to reconnect with their families. Some of those separated from their families by the conflict with Ethiopia also used RCMs to stay in touch with them; but fewer people needed to do so than in the past, as it was relatively easier for them to maintain contact with their families after communication lines between Eritrea and Ethiopia were restored in 2018. The ICRC informed people of its various family-links services through leaflets or when they visited the delegation in Asmara for other services, to encourage them to obtain the help they need.

The ICRC delivered academic transcripts or other official documents to four people, who needed them to pursue employment opportunities or further studies. It also issued attestations of detention to four ex-detainees to help them meet certain legal requirements.

The families of the 19 Eritrean ex-POWs staying in Djibouti received news of their relatives in coordination with the ICRC regional delegation in Nairobi, Kenya, which also provided support for the ex-POWs' resettlement by the IOM (see *Nairobi*).

The ICRC strove to meet with the authorities to remind them of the importance of clarifying the fate or whereabouts of people still missing in connection with the conflict between Eritrea and Ethiopia, and of 13 Djiboutian soldiers reported missing by their government following the hostilities in 2008. It also continued to offer to help build local forensic capacities in managing human remains properly, in order to increase the likelihood of their identification at a later date. However, the ICRC was unable to make any progress in discussing these topics with the authorities.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC continued to seek access to places of detention in Eritrea to check on the situation of detainees, particularly those of Ethiopian origin and security detainees. It also offered to help the authorities develop activities to benefit all detainees. Discussions with the authorities on these subjects had not yet yielded concrete results at year's end.

ACTORS OF INFLUENCE

Dialogue with the authorities aims to broaden acceptance for ICRC activities

The ICRC strove to build on the permission granted to it by the foreign affairs ministry allowing a few more ICRC staff members to visit certain remote areas (see *Civilians*), with a view to securing access to people in need and expanding its activities aimed at addressing humanitarian issues linked to the conflict with Ethiopia, particularly in certain areas: restoring family links; ascertaining the fate or whereabouts of missing people; and visiting detainees. To this end, it met with government officials at the national level, and members of the diplomatic community, to explain its neutral, impartial and independent approach to humanitarian work, gain their acceptance for its activities, and those of the Movement, and urge them to mobilize support for these activities among other key decision makers.

Law students strengthen their grasp of IHL

The ICRC conducted a dissemination session on IHL for students at the Asmara Law School, as part of efforts to develop interest and local expertise in IHL, and cultivate support for it.

The ICRC met with legal professionals from the foreign affairs ministry to follow up the translation of the 1949 Geneva Conventions that had been submitted to them, and to mobilize support for the incorporation of IHL in domestic law and for accession to the 1977 Additional Protocols. However, little progress was made to these ends as the authorities had other priorities. The ICRC also sought to conduct workshops or training sessions on IHL for military personnel, and on international law enforcement standards for the police, but was unable to meet with the pertinent authorities to discuss plans to set up these events.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC held meetings with the “Red Cross Society of Eritrea” to stay abreast of its situation and relayed information on this to the International Federation and other Movement partners. Visits by other Movement components, with a view to supporting the “Eritrean Red Cross” and strengthening the Movement’s response in the country, could not take place, as space for humanitarian action remained limited and the “Eritrean Red Cross” was still under suspension. The ICRC remained ready to help the “Eritrean Red Cross” resume its operations and strengthen its capacities.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact				
		UAMs/SC		
RCMs collected	193			
RCMs distributed	564			
Tracing requests, including cases of missing persons				
		Women	Girls	Boys
People for whom a tracing request was newly registered	73	18	11	9
<i>including people for whom tracing requests were registered by another delegation</i>	54			
Tracing cases closed positively (subject located or fate established)	197			
<i>including people for whom tracing requests were registered by another delegation</i>	160			
Tracing cases still being handled at the end of the reporting period (people)	500	42	58	15
<i>including people for whom tracing requests were registered by another delegation</i>	379			
Documents				
People to whom official documents were delivered across borders/front lines	4			
PEOPLE DEPRIVED OF THEIR FREEDOM				
RCMs and other means of family contact				
People to whom a detention attestation was issued	4			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	Beneficiaries	61,777	33,977	15,445
Income support	Beneficiaries	128,842	70,601	32,060
Water and habitat				
Water and habitat activities	Beneficiaries	184,432	101,438	36,886

ETHIOPIA

Continuously present in Ethiopia since 1977, the ICRC prioritizes protecting and assisting people detained, displaced or otherwise affected by the 1998–2000 international armed conflict between Eritrea and Ethiopia or by other situations of violence in the country. It helps preserve the livelihoods of violence-affected communities, which also often grapple with natural disaster, and supports physical rehabilitation services. It visits detainees, restores family links, and works to ensure compliance with IHL with regard to any person protected by the Third and Fourth Geneva Conventions. It supports the Ethiopian Red Cross Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2019

- For the first time since 2007, the ICRC was able to provide relief and livelihood assistance, and carry out projects to make clean water and health services more accessible, to violence-affected people in the Somali Regional State.
- People affected by clashes met their basic needs with aid from the ICRC and the Ethiopian Red Cross Society. As few emergencies required assistance from it, the ICRC focused on helping people become more self-sufficient.
- Returnees, violence-affected residents and people affected by past conflict grew their own food or pursued livelihoods with support from the ICRC and the National Society; assistance was extended to more areas than planned.
- IDPs and communities hosting them had better access to water and health care after the ICRC repaired or built water infrastructure and provided support for health facilities. Urban water projects were still in progress at year's end.
- ICRC assistance enabled people to travel to physical rehabilitation centres for treatment, disabled detainees to regain some mobility and the health ministry to work towards building the sustainability of the physical rehabilitation sector.
- Members of families dispersed by violence or past conflict, refugees and returning migrants contacted their relatives through family-links services provided by the National Society with material and technical support from the ICRC.

EXPENDITURE IN KCHF

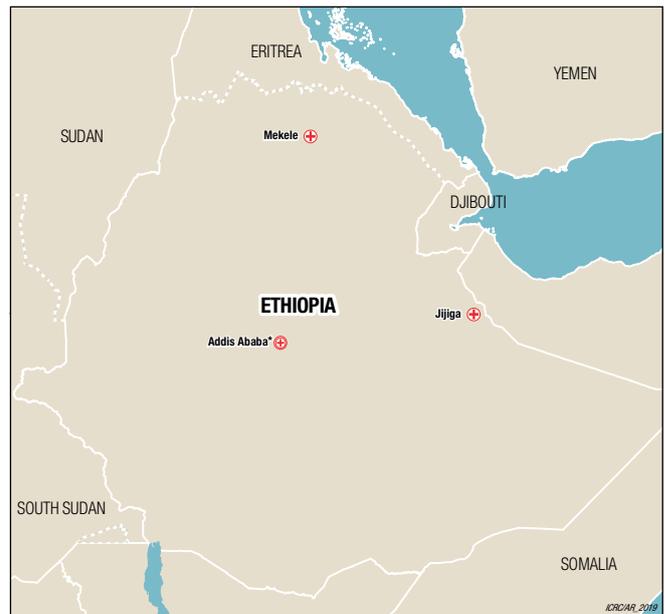
Protection	4,552
Assistance	15,560
Prevention	2,819
Cooperation with National Societies	1,152
General	128
Total	24,210
<i>Of which: Overheads</i>	<i>1,473</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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PERSONNEL

Mobile staff	42
Resident staff (daily workers not included)	164



⊕ ICRC delegation ⊕ ICRC sub-delegation
*The ICRC delegation to the African Union is also in Addis Ababa

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

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	961
RCMs distributed	734
Phone calls facilitated between family members	70,929
Tracing cases closed positively (subject located or fate established)	384
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	48
Detainees in places of detention visited	37,816
<i>of whom visited and monitored individually</i>	154
Visits carried out	78
Restoring family links	
RCMs collected	36
RCMs distributed	32
Phone calls made to families to inform them of the whereabouts of a detained relative	182

ASSISTANCE	2019 Targets (up to)	Achieved	
CIVILIANS			
Economic security			
Food production	Beneficiaries	163,740	278,940
Income support	Beneficiaries	600	1,080
Living conditions	Beneficiaries	171,000	146,432
Capacity-building	Beneficiaries	35	246
Water and habitat			
Water and habitat activities	Beneficiaries	279,000	113,208
Health			
Health centres supported	Structures	17	20
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	Beneficiaries		31,189
Water and habitat			
Water and habitat activities	Beneficiaries	41,008	31,674
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures		13
Physical rehabilitation			
Projects supported	Projects	10	9

CONTEXT

Increased ethnic tensions resulted in episodes of violence, notably in Amhara in January 2019, and to a lesser extent throughout the year near the border between Oromia and Benishangul-Gumuz in western Ethiopia and along the border between Oromia and the Somali Regional State (SRS) in eastern Ethiopia. Violent encounters occurred between security forces and the Oromo Liberation Army, particularly in western Oromia.

Tens of thousands of people were displaced by the fighting. In IDP camps and host communities, resources were overstretched, water and health care not readily available and sanitation in a dire state. Although the government induced many IDPs to return home, more than a million people reportedly remained displaced because of violence. During clashes, private property and medical facilities were often looted or destroyed, and ambulances obstructed. This made it difficult for returnees or residents to pursue livelihoods or obtain basic services.

The governments of Ethiopia and Eritrea discussed possible next steps towards rapprochement, having signed a joint declaration in July 2018 to normalize relations strained by the 1998–2000 armed conflict. Some people remained separated from their families because of the conflict or still had no news of relatives who went missing. People previously repatriated from Eritrea often lacked resources to launch income-generating activities.

According to UNHCR estimates, more than 700,000 refugees from neighbouring countries were staying in Ethiopia, many of them in camps in border areas.

Ethiopia contributed troops to African Union and UN peace-keeping missions.

In October 2018, the newly appointed regional authorities invited the ICRC to resume carrying out activities in the SRS and enabled it to open a sub-delegation in Jijiga, the region's capital. The ICRC's activities in the region had been suspended by the authorities in 2007.

ICRC ACTION AND RESULTS

The ICRC extended activities it had been implementing elsewhere to the SRS, building on those already started in 2018. It provided relief and livelihood assistance, implemented water projects, conducted tracing activities, trained regional police in international norms applicable to their duties, visited prisons, renovated a physical rehabilitation centre together with the local authorities, and supported health facilities and Ethiopian Red Cross Society branches in the region. Elsewhere, it stepped up its response to needs arising from outbreaks of ethnic violence. It launched a budget extension appeal¹ in May to fund these activities.

The ICRC endeavoured to foster acceptance for its activities among authorities, weapon bearers and community members to secure safe access to people in need, particularly IDPs enduring protracted displacement. It continued to document people's protection-related concerns and raise them with the pertinent parties.

IDPs and residents hosting them met their basic needs with ICRC assistance. The ICRC also built water-supply systems and sanitation facilities in areas receiving influxes of IDPs, and supported primary-health-care centres and hospitals, to help those affected by violence access essential services.

As fewer emergencies than expected required relief assistance from it, the ICRC focused on helping violence-affected people build their self-sufficiency, extending livelihood support to more areas than planned. Returnees, residents and IDPs enduring protracted displacement planted crops or raised livestock with assistance from the ICRC or ICRC-supported service providers. They also benefited from water-supply systems repaired or constructed by the ICRC in rural areas; water projects in urban areas were still in progress at year's end. Those affected by the past conflict with Eritrea started small businesses with training and cash or in-kind support from the ICRC.

Members of families dispersed by violence, past conflict or migration contacted each other through the Movement's family-links services. The National Society, aided by the ICRC, helped refugees to contact their families back home, and returning migrants to reconnect with relatives in Ethiopia. The ICRC urged the authorities to clarify the fate of people still missing in relation to the conflict with Eritrea.

Disabled people regained some mobility through services provided at ICRC-supported physical rehabilitation centres. People from remote areas traveled to the rehabilitation centres with ICRC assistance; detainees received rehabilitative assistance during ICRC prison visits. Aided by the ICRC, authorities and service providers developed their capacities to build the sustainability of the physical rehabilitation sector. Together with various Ethiopian organizations, the ICRC promoted the social inclusion of disabled people through wheelchair basketball.

The ICRC visited detainees, in accordance with its standard procedures, and monitored their well-being, paying particular attention to people held in connection with incidents of violence. The authorities were given material, technical and infrastructural support by the ICRC for improving detainees' living conditions, particularly to help the authorities design prisons and ensure the availability of adequate health care to detainees.

The ICRC helped military and security forces personnel – including those bound for peacekeeping missions – integrate IHL and other pertinent norms into their operations and training.

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/68FC6A0D4E18351AC12584010016B8AD/\\$File/2019_BEAREM_266_Ethiopia_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/68FC6A0D4E18351AC12584010016B8AD/$File/2019_BEAREM_266_Ethiopia_Final.pdf).

The National Society developed its operational and organizational capacities with ICRC support. Movement components working in the country continued to coordinate their activities.

CIVILIANS

The ICRC extended its activities to the SRS, providing relief and livelihood assistance, implementing water projects, supporting health facilities, following up unresolved tracing cases and training regional police forces in international norms applicable to their duties.

The ICRC explained its neutral, impartial and independent humanitarian approach, and its activities, to authorities, weapon bearers and communities to gain their acceptance and secure access to people in need.

Weapon bearers learn more about pertinent international norms

The ICRC monitored the situation of violence-affected people and raised their protection-related concerns with the pertinent parties, urging them to stop or prevent unlawful conduct. It reminded these parties of their obligations under applicable law to protect women, children, IDPs and others not taking part in hostilities; facilitate their access to essential services and humanitarian assistance, particularly for IDPs unable to go back home; ensure that IDPs could return home voluntarily and in safety; safeguard health workers and facilities; and prevent the obstruction of ambulances.

Security forces personnel learnt more about international human rights law and international standards governing the use of force at ICRC training sessions; the necessity of preventing sexual violence and protecting people seeking or providing health care was also emphasized at these sessions. Police officers and government officials learnt about the needs of victims/survivors of sexual violence through a training session that the ICRC conducted with Médecins Sans Frontières. The ICRC also took note of the services available to victims/survivors of sexual violence, to develop projects to address gaps in these services.

The ICRC worked to help vulnerable people meet their needs. It conducted workshops in a community in Amhara to identify risks to their safety and develop a project to mitigate these risks. Some children orphaned by violence had better access to education through ICRC support (see below).

Violence-affected people meet their needs and build their self-sufficiency

Some 11,500 displaced households (66,700 people) were given tarpaulins, soap and other essential items by the ICRC and the Ethiopian Red Cross Society to improve their living conditions. In addition, around 13,300 households (79,700 people) were given cash for covering basic expenses, such as food and rent. The ICRC discussed with the authorities the possibility of assisting more IDPs enduring protracted displacement, however, access to these IDPs remained restricted. As fewer emergencies than expected required relief assistance from the ICRC during the year, it focused on helping people build their self-sufficiency.

Returnees, residents and IDPs enduring prolonged displacement worked to produce their own food with support from the ICRC and the National Society. Some 13,700 households (82,100 people) were given seed and tools for growing crops; training centres for farmers were given equipment to help them support these households. Vaccination campaigns organized with the local authorities and carried out by ICRC-trained animal-health workers helped preserve the livestock of some 32,800 households (196,800 people). More people than planned benefited, as support was extended to more areas.

A study conducted by the International Livestock Research Institute and the ICRC confirmed the feasibility of providing financial assistance for herders near the Oromia–SRS border if they were to lose livestock to drought; plans were made to pilot this project in 2020.

Some 80 local providers of livelihood support built their capacities to assist farmers and herders through ICRC training. In addition, the caregivers of 165 demobilized children or children of former weapon bearers were given cash assistance for covering the children's school fees.

The ICRC and the National Society helped some 110 breadwinners (supporting about 710 people) – including people repatriated from Eritrea, former weapon bearers, and ex-detainees – to earn an income by giving them training in business skills and cash or in-kind assistance. In addition, around 60 heads of households – supporting some 370 people, including children orphaned by violence at the Oromia–SRS border – received cash grants so they could afford to send the children to school.

Essential services become more accessible to violence-affected people

The ICRC built water-supply systems and installed latrines and showers at two camps in Amhara, to the benefit of around 23,000 IDPs; it did not have to provide any other emergency infrastructural support during the year. The ICRC also made water more readily available to some 90,100 residents affected by violence near the Oromia–SRS border by repairing wells or installing water tanks in their villages. Water projects in urban centres were still in progress at year's end. In Tigray, a region affected by past conflict, the authorities updated their database of water sources, and used the information to plan projects to improve water supply there, with technical support from the ICRC.

The ICRC and the local authorities renovated a physical rehabilitation centre in Jijiga so that disabled people in the SRS could obtain rehabilitative assistance without having to travel long distances (see also *Wounded and sick*).

Following violent incidents, the ICRC and the National Society donated supplies and equipment to 20 primary-health-care facilities to bolster their capacity to treat residents and IDPs or replenish stocks looted during fighting. Planning and coordination for training military medical staff in first aid were still ongoing at year's end.

Vulnerable people reconnect with their families

Members of families separated by violence, past conflict or migration contacted each other through family-links services provided by the National Society with ICRC support. Some 70,900 phone calls were facilitated between family members, benefiting IDPs, refugees, and returning migrants – who were also given food, water and other necessities. The ICRC and the National Society compiled photos of South Sudanese refugees into booklets to be shown to South Sudanese communities and installed solar panels for charging phones in one camp; discussions with the authorities and phone-credit providers – on distributing SIM cards to South Sudanese refugees – were still ongoing at year's end. Somali refugees had the names of their missing relatives broadcast through an ICRC-sponsored radio programme.

At the request of their embassies, the ICRC issued travel documents for 28 people, to enable them to return home or resettle elsewhere. Owing to operational constraints, official documents could not be transmitted between Eritrea and Ethiopia; the ICRC planned to resume doing so in 2020.

The ICRC and the National Society held information sessions on the Movement's family-links activities to encourage other organizations and government agencies to refer vulnerable people for such services, and refugees to obtain the help they need.

The ICRC discussed, with the regional authorities in Tigray, the plight of the families of people still missing in connection with the conflict with Eritrea and urged them to take steps to clarify the fate or whereabouts of those still missing. The families, together with the ICRC, organized an event to mark the International Day of the Disappeared, which drew the attention of local and religious leaders to the plight of these families.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited 48 places of detention – some in the SRS – run by the Federal Prison Administration (FPA), regional authorities, and police and security forces, in accordance with its standard procedures. The ICRC checked on detainees' well-being and communicated its findings and recommendations confidentially to the authorities; 154 people – including women, minors, and people held in connection with incidents of violence – were monitored individually. Vulnerable detainees, such as the elderly, and people whose families were searching for them contacted their relatives, and foreign detainees notified their embassies of their detention, through the ICRC.

The ICRC continued to seek access to all those detained in relation to incidents of violence. In July, the FPA and the ICRC signed a memorandum of understanding enabling the ICRC to visit all detention facilities under the FPA's responsibility.

Authorities work to improve detainees' living conditions with ICRC support

The ICRC trained regional authorities in prison management and sponsored FPA officials to attend conferences on this topic abroad. It also guided the FPA in drafting regulations for the treatment of detainees and enabled officials to go on an

exposure trip abroad to learn about managing detainees' data. Planned support to the FPA for training prison guards in line with a new curriculum could not be carried out, as the FPA had not yet approved their new curriculum at year's end.

ICRC infrastructural projects at places of detention benefited some 31,700 detainees. More specifically, the ICRC built supply systems to help improve access to water for around 3,200 detainees; built or installed showers, latrines and sewage systems to improve sanitation for some 5,000 detainees; and installed energy-efficient stoves, and trained staff in their use, to benefit about 10,000 detainees at five prisons. It also trained staff to maintain prison facilities and conduct hygiene-promotion sessions and advised authorities in designing prisons that met international standards.

Some 31,200 detainees benefited from educational and recreational materials, clothes, blankets and hygiene items donated by the ICRC to help improve their living conditions.

A prison clinic in Oromia treated detainees, including those referred from other prisons, with technical support and regularly donated medicines from the ICRC. Such support was extended to another prison following clashes there and to prisons facing cholera outbreaks. The ICRC also assessed needs at newly built prison clinics in Amhara, with a view to giving them suitable assistance. At several prisons, ICRC-trained staff assessed the needs of mentally ill detainees and referred them for appropriate care; detaining authorities were made aware of these needs, and how they could be addressed, through an ICRC information session.

WOUNDED AND SICK

Following mass-casualty incidents, the ICRC and the National Society provided 13 hospitals with wound-dressing kits and medicines to help them treat the injured.

Disabled people in remote areas obtain physical rehabilitation

Around 10,400 disabled people² obtained physical rehabilitation services at nine centres that received raw materials on a regular basis, and equipment and staff training, from the ICRC. The physical rehabilitation centre in Jijiga was scheduled to begin operating in 2020. In the meantime, disabled people in the SRS, and in remote areas of Oromia, were referred to nearby centres; the ICRC covered the transportation, food and/or accommodation costs for some 250 of them. During prison visits, the ICRC provided mobility devices for 139 disabled detainees.

Prosthetists, orthotists and physiotherapists built their capacities through ICRC training or on-the-job mentoring, or sessions conducted by professional associations with ICRC technical support. The centres and the ICRC organized information sessions for health workers to make them more aware of the services available to disabled people and encourage them to make referrals.

2. Based on aggregated monthly data, which include repeat beneficiaries.

The authorities and the ICRC used wheelchair basketball to promote the social inclusion of disabled people. Aided by technical and material support from the ICRC, the Ethiopian Paralympic Committee established the Ethiopian Wheelchair Basketball Association in October. The association – with support from the Paralympic Committee and the ICRC – organized a national tournament to mark the International Day of Persons with Disabilities. The ICRC also organized a training session for coaches and players.

The authorities work towards ensuring the sustainability of physical rehabilitation services

The health ministry took steps to establish national standards for physical rehabilitation, to ensure the sustainable provision of good-quality services, with ICRC technical support. The ICRC provided the ministry with advice to this end and helped it revise standard operating procedures to promote best practices in providing physical rehabilitation; these procedures were not piloted as planned, as they were still under revision at year's end. Two officials were sponsored to attend a conference abroad to help them strengthen their skills to manage the physical rehabilitation sector and provide comprehensive services to disabled people.

The ICRC monitored the quality of services at ICRC-supported centres and shared its findings with government ministries and managers at the centres, to identify areas for improvement.

ACTORS OF INFLUENCE

The ICRC strove to broaden public awareness of and acceptance for its activities, and those of the Movement, thereby facilitating safe access to people in need. Together with the National Society, it conducted public-communication campaigns – through TV and radio spots, and social media – and distributed informational materials in local languages. During an ICRC workshop, journalists strengthened their skills in humanitarian reporting, and learnt about IHL and the Movement's activities so they could better inform the public on these matters.

Weapon bearers work to integrate pertinent norms and standards into their operations and training

The ICRC conducted training sessions on IHL, particularly its provisions regarding the protection of civilians, and/or international human rights law for peacekeepers – members of a UN police peacekeeping unit and officers at the Ethiopian Peace Support Training Centre – and military instructors; informational materials on these topics were also distributed during the sessions. Plans to train military personnel in mine clearance went unrealized owing to operational constraints. The ICRC and the Ethiopian Police University College organized a round table at which heads of police training centres and the ICRC discussed how to integrate applicable international norms and standards more fully into police training.

National authorities take steps to incorporate IHL in domestic legislation

Members of parliament and the ICRC continued to work on the translation of a handbook – produced in 2016 by the ICRC and the Inter-Parliamentary Union to guide lawmakers in the domestic implementation of IHL – and to adapt it to reflect Ethiopia's parliamentary system. The ICRC also provided input during a workshop organized by the foreign affairs ministry and the UNHCR on ratifying the African Union Convention on IDPs.

Aided by the ICRC, academics worked to develop IHL expertise in Ethiopia, with a view to supporting the authorities in implementing IHL domestically. Students participated in a national moot court competition organized by the ICRC with a local university. The ICRC conducted a seminar – aimed at establishing a forum to discuss IHL-related issues – for lecturers, university deans, and the Higher Education Strategy Centre; following this seminar, Addis Ababa University began to set up the forum with technical support from the ICRC. A seminar organized by the ICRC, to reiterate the relevance of the Geneva Conventions on its 70th anniversary, enabled academics and policy-makers to discuss the domestic implementation of IHL.

RED CROSS AND RED CRESCENT MOVEMENT

The Ethiopian Red Cross Society assisted communities affected by violence, and refugees, in cooperation with the ICRC and with its material and technical support; such support was extended to National Society branches in the SRS, to build their capacities. The ICRC trained staff and volunteers in implementing economic-security programmes, providing family-links services, managing human remains in mass-casualty situations, and conducting public-communication campaigns. It strengthened the National Society's emergency response capacities by providing it with stocks of essential household items, first-aid kits, and ambulances and other vehicles.

The ICRC also gave the National Society support for developing its organizational capacities. It provided technical support for the publication of a pocket handbook describing safe practices for staff and volunteers; trained volunteers in the Safer Access Framework and first aid; covered salaries and other running costs; and donated office equipment.

Movement components working in Ethiopia continued to coordinate their activities for violence-affected people in the country.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		961			
RCMs distributed		734	15		
Phone calls facilitated between family members		70,929			
Names published on the ICRC family-links website		1			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		581	147	124	86
<i>including people for whom tracing requests were registered by another delegation</i>		95			
Tracing cases closed positively (subject located or fate established)		384			
<i>including people for whom tracing requests were registered by another delegation</i>		42			
Tracing cases still being handled at the end of the reporting period (people)		3,183	677	774	624
<i>including people for whom tracing requests were registered by another delegation</i>		202			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		16	7		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		635	94		
Documents					
People to whom travel documents were issued		28			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		48			
Detainees in places of detention visited		37,816	1,505	2,117	
Visits carried out		78			
			Women	Girls	Boys
Detainees visited and monitored individually		154	6		5
<i>of whom newly registered</i>		131	5		5
RCMs and other means of family contact					
RCMs collected		36			
RCMs distributed		32			
Phone calls made to families to inform them of the whereabouts of a detained relative		182			
People to whom a detention attestation was issued		35			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	Beneficiaries	278,940	141,731	5,697
	<i>of whom IDPs</i>	24,000	7,200	
Income support	Beneficiaries	1,080	533	332
Living conditions	Beneficiaries	146,432	96,007	6,391
	<i>of whom IDPs</i>	111,962	70,155	6,391
Capacity-building	Beneficiaries	246		165
Water and habitat				
Water and habitat activities	Beneficiaries	113,208		
	<i>of whom IDPs</i>	28,302		
Health				
Health centres supported	Structures	20		
Average catchment population		3,068,207		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	31,189	961	537
Water and habitat				
Water and habitat activities	Beneficiaries	31,674	950	326
Health				
Places of detention visited by health staff	Structures	19		
Health facilities supported in places of detention visited by health staff	Structures	14		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	13		
Services at hospitals not monitored directly by ICRC staff				
Weapon-wound admissions (surgical and non-surgical admissions)		96		
Weapon-wound surgeries performed		3		
Physical rehabilitation				
Projects supported		9		
	<i>of which physical rehabilitation projects supported regularly</i>	9		
People benefiting from ICRC-supported projects	Aggregated monthly data	10,441	2,130	2,697
	<i>of whom victims of mines or explosive remnants of war</i>	137		
Referrals to social integration projects		195		
Prostheses delivered	Units	1,590		
Orthoses delivered	Units	2,560		
Physiotherapy sessions		22,745		
Walking aids delivered	Units	5,733		
Wheelchairs or postural support devices delivered	Units	465		

LIBYA

The ICRC opened a delegation in Libya in 2011 after social unrest escalated into armed conflict. It works to respond to the needs of violence-affected people, especially in terms of emergency relief, essential services, livelihood support and family contact. It works closely with the Libyan Red Crescent and supports it in developing its capacities. It seeks to visit people detained in relation to past and ongoing violence, as well as detained migrants, providing them with aid as necessary. It also seeks to assist forensic authorities through technical advice. It promotes IHL and humanitarian principles.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2019

- Hundreds of thousands of violence-affected people, especially the newly displaced, met their urgent needs with emergency aid from the Libyan Red Crescent and the ICRC. More people than planned benefited from this support.
- The ICRC regained access to detainees and resumed its detention visits in July. The ICRC supported the National Society in enabling detainees and migrants in retention centres to reconnect with their families in Libya and abroad.
- Casualties of violence in Tripoli and elsewhere were treated at health facilities that received supplies from the ICRC, which supported, in response to emergencies, more primary-health-care centres and hospitals than planned.
- Emergency responders, such as National Society personnel, and weapon bearers were trained in first aid; weapon bearers sometimes received such training together with dissemination sessions on IHL and the ICRC's work.
- Government officials and academics learnt about IHL at ICRC-organized courses and other events in Libya and elsewhere. Commanders of armed groups were trained in IHL, including provisions governing the conduct of hostilities.
- The National Society continued to receive various forms of ICRC support for expanding its capacities in distributing relief assistance, administering first aid, restoring family links, and conducting public communication.

EXPENDITURE IN KCHF

Protection	4,467
Assistance	38,510
Prevention	5,132
Cooperation with National Societies	3,111
General	139
Total	51,359
<i>Of which: Overheads</i>	<i>3,135</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	77%
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PERSONNEL

Mobile staff	63
Resident staff (daily workers not included)	268



⊕ ICRC delegation ⊕ ICRC sub-delegation ⊕ ICRC office
*Map shows structures supporting ICRC operations in Libya

PROTECTION

CIVILIANS

	Total
Restoring family links	
RCMs collected	33
RCMs distributed	25
Phone calls facilitated between family members	435
Tracing cases closed positively (subject located or fate established)	38
People reunited with their families	2
<i>of whom unaccompanied minors/separated children</i>	<i>2</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits	
Places of detention visited	5
Detainees in places of detention visited	4,921
<i>of whom visited and monitored individually</i>	<i>251</i>
Visits carried out	12
Restoring family links	
RCMs collected	218
RCMs distributed	82
Phone calls made to families to inform them of the whereabouts of a detained relative	184

ASSISTANCE

CIVILIANS

		2019 Targets (up to)	Achieved
Economic security			
Food consumption	Beneficiaries	150,000	240,906
Food production	Beneficiaries	42,000	
Income support	Beneficiaries	37,800	73,638
Living conditions	Beneficiaries	90,000	212,754
Capacity-building	Beneficiaries	36,000	144

Water and habitat

Water and habitat activities	Beneficiaries	500,000	1,076,391
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Health

Health centres supported	Structures	28	41
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PEOPLE DEPRIVED OF THEIR FREEDOM

Water and habitat

Water and habitat activities	Beneficiaries	600	
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures	30	32
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Physical rehabilitation

Projects supported	Projects	3	4
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Water and habitat

Water and habitat activities	Beds (capacity)	800	850
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CONTEXT

Armed groups continued to battle one another in violent encounters that often took place in densely populated urban areas and involved the use of heavy weapons. In Tripoli, a new wave of fighting broke out in April between the armed supporters of opposing parties; the situation deteriorated throughout the year. Communal violence continued in the south, and intensified in the city of Murzuq in August. Criminality was widespread. The Islamic State group was reportedly active in various areas.

Attacks against civilians and public infrastructure were reported throughout Libya. This, along with persistent violence, resulted in large numbers of casualties. Over a hundred thousand people were abruptly displaced by the increased violence in Tripoli and thousands more by the clashes in Murzuq, adding to the scores of IDPs from previous years. Basic goods were not readily accessible; essential services, particularly health care, were under great strain; and returnees struggled to rebuild their livelihoods.

Negotiations – to effect a reconciliation of governments – continued, but no substantive progress was made. The political impasse exacerbated needs and complicated the authorities' efforts to address them.

Migrants from other parts of Africa and from the Middle East, including refugees and asylum seekers, continued to pass through Libya on their way to Europe. During their journey, they were susceptible to abuse, arrest and loss of contact with relatives; boats carrying migrants across the Mediterranean Sea were involved in fatal accidents.

Volatile security conditions hampered the delivery of humanitarian aid.

ICRC ACTION AND RESULTS

Following the outbreak of hostilities in Tripoli, the ICRC – together with the Libyan Red Crescent – stepped up its emergency response, especially in areas accessible to few or no other humanitarian organizations. It continued to work through four offices in Libya, and the support unit in Tunisia; key mobile delegates and some other staff members were able to go back to Libya from Tunisia and operate in the field throughout 2019, but the deteriorated security situation prevented the ICRC from further expanding its presence in the country.

Helping newly displaced people to meet their immediate needs became the focus of the ICRC's response; as a result, it reached more people than planned. The ICRC also had to deal with the uncertain security conditions and various other constraints that prevented it from implementing some of its other activities: for instance, improving food production, providing capacity-building support for local services, and rehabilitating facilities at places of detention.

Emergency relief distributed by the National Society and the ICRC helped hundreds of thousands of violence-affected people, particularly the newly displaced, to cope with increased food insecurity and dire living conditions. Cash assistance, sometimes delivered electronically, helped households in need to cover their basic expenses. Particularly vulnerable breadwinners were able to earn money after receiving income support in the form of cash grants and vocational and skills training. The ICRC repaired or upgraded vital infrastructure; and gave local authorities training and supplies to maintain and repair these facilities. Violence-affected people were served by primary-health-care centres that received medical supplies, training and financial support from the ICRC; they also benefited from renovations the ICRC made to the facilities at some of these centres.

The ICRC trained emergency responders and others, such as weapon bearers, in first aid. Wounded and sick people – especially the large number of casualties of violence – obtained suitable care at hospitals that the ICRC had provided with medical supplies and surgical equipment. Physically disabled people benefited from the rehabilitative services offered at three ICRC-supported centres.

Discussions with the pertinent authorities led to the ICRC regaining access to detainees in Libya for the first time since 2014, when it had scaled back its presence and activities in the country because of the security situation. In July, the ICRC began visiting detainees to check on their treatment and living conditions. Together with the National Society, it continued to provide family-links services for detainees and for migrants in retention centres. The Movement's family-links services also enabled others to maintain contact with their relatives separated from them, or to rejoin them where appropriate.

Particularly because it was seeking to operate in a challenging working environment – brought about by a complex political and volatile security situation – the ICRC maintained its efforts to broaden acceptance for its neutral, impartial and independent humanitarian approach, and thereby facilitate its activities in Libya. Dialogue with parties to the hostilities, on protecting civilians and civilian infrastructure, continued. Discussions with the authorities on certain protection-related issues, such as the situation of migrants in retention centres, were limited in scope. Sponsored by the ICRC, government representatives and academics attended IHL courses in Libya and elsewhere. Weapon bearers learnt more about IHL at dissemination sessions, which were sometimes combined with first-aid training; commanders of armed groups attended training sessions on IHL. The ICRC launched public-communication campaigns to explain its activities and draw attention to various issues of humanitarian concern.

CIVILIANS

The ICRC reminded parties to the hostilities in Tripoli – through bilateral meetings and written representations – of their obligations under IHL and other applicable law to protect civilians, including patients and health workers, and civilian infrastructure.

Military commanders from Misrata attended an ICRC workshop on IHL that emphasized provisions governing the conduct of hostilities and drew attention to the protection due to those seeking or providing health care.

The ICRC continued to monitor the situation of migrants in Libya, including those held in retention centres (see *People deprived of their freedom*). It sought to discuss with influential actors, such as the Libyan authorities and European Union Member States, the legal frameworks applicable to the protection of migrants, and the situation of people held in migration retention centres; however, these efforts yielded no concrete results.

Newly displaced people meet their immediate needs

The ICRC distributed relief assistance to the large numbers of people displaced by the outbreak of hostilities in Tripoli and the communal violence in Murzuq. It worked more closely with the Libyan Red Crescent to carry out these distributions, because some of them took place in areas accessible only with the National Society's help. Over 240,610 IDPs, returnees and residents (40,103 households) received food parcels sufficient for two meals a day per month. Additionally, nearly 50 households (288 people) headed by widows received vouchers for buying food at local shops. Some 212,750 people (35,459 households) were given essential household items, such as hygiene kits, cooking utensils and shelter materials, to help ease their living conditions.

Cash assistance, sometimes delivered electronically, helped 72,804 IDPs, returnees and other particularly vulnerable people (12,134 households) to cover their basic expenses. Moreover, nearly 140 female and/or disabled breadwinners (supporting 834 people overall) were given various forms of assistance to earn an income: some of them obtained cash grants or material support for establishing small businesses, while others received training in vocational or business skills.

The ICRC gave a local NGO capacity-building support – in the form of financial assistance – for providing 144 disabled female breadwinners with vocational training to expand their livelihoods. An ICRC project, aimed at developing the capacity of a local greenhouse, was under way at year's end.

Some of the ICRC's plans to support food production were put off until the next year, owing to security constraints and the shift in focus to responding to displaced people's immediate needs.

Communities have better access to water and sanitation facilities

In areas hosting IDPs, around 750,000 people had broader access to clean water, and 323,500 to more sanitary surroundings, after the ICRC repaired or upgraded infrastructure. The ICRC also gave the local authorities spare parts, equipment and training to maintain and repair key facilities. In Tripoli, 2,850 IDPs in shelters were given bottled water and hygiene items.

The ICRC refurbished infrastructure at National Society facilities, such as a warehouse in Sabha.

Because of logistical constraints, the implementation of some activities – such as the rehabilitation of the electrical system for a water-supply network, or the renovation of irrigation infrastructure at a local greenhouse (see above) – was rescheduled for 2020.

Violence-affected people obtain basic health care at ICRC-supported centres

People in violence-affected areas throughout Libya obtained free preventive and curative care at 41 ICRC-supported health facilities. The ICRC provided 23 primary-health-care centres – including 2 specialized treatment centres for diabetics – with medical supplies, training and financial support regularly; medicines and wound-dressing kits were distributed on an ad hoc basis to 14 health centres, to help treat IDPs wounded in the violence in Tripoli. Two other health centres received both regular and ad hoc support. Two mobile health units, operated by the National Society with material support from the ICRC, were deployed in Derna and Tripoli.

The ICRC repaired or upgraded the facilities at four primary-health-care centres, including a specialized treatment centre for diabetics.

Members of separated families reconnect

Members of families dispersed by violence and other circumstances, including migrants held in retention centres (see *People deprived of their freedom*), were able to contact one another through the Movement's family-links services. These people – including some whose relatives were detained at the US detention facility at the Guantanamo Bay Naval Station in Cuba, and unaccompanied minors in a National Society shelter – made 435 phone calls to their relatives. Thirty-eight tracing cases were resolved, and the families concerned were informed of the fate of their missing relatives; some cases were shared and resolved in coordination with the UNHCR.

At the UNHCR's request, the ICRC issued travel documents to 332 people wishing to leave Libya. These documents sometimes helped the ICRC to reunite families or facilitate medical transfers, at times in cooperation with other organizations. The ICRC also reunited two unaccompanied minors with their families.

Forensic professionals strengthen their capacities in managing human remains

During meetings with the pertinent authorities and weapon bearers, the ICRC helped draft a protocol on the creation of a mechanism for ensuring the dignified management of human remains during armed conflict. Local forensic doctors were sponsored to attend regional conferences on forensic medicine, and other events held outside Libya, where they exchanged best practices with their peers.

In response to the intensified fighting in Tripoli and the sharp rise in casualties, the ICRC increased its support for the management of human remains: nearly 1,500 body bags and other supplies were given to first responders, including National Society staff and volunteers, and hospitals.

PEOPLE DEPRIVED OF THEIR FREEDOM

Discussions with high-level authorities, government representatives from the foreign affairs and judicial ministries, and other pertinent parties led to the ICRC regaining access to detainees in Libya for the first time since 2014, when it had scaled back its presence and activities in the country because of the security situation. However, operational constraints delayed its activities for detainees until the second half of the year; in the meantime, dissemination sessions enabled prison officials to familiarize themselves with the ICRC's working methods.

In July, the ICRC resumed its visits to places of detention in Benghazi, Misrata and Tripoli, to check on detainees' treatment and living conditions, including their access to health care. After these visits – which were conducted in accordance with ICRC standard procedures – the ICRC communicated its findings and recommendations confidentially to the authorities and parties concerned, with a view to helping them bring detainees' living conditions in line with internationally recognized standards.

The judicial and health authorities, sponsored by the ICRC, participated in a regional conference on health care in detention (see *Kuwait*).

Plans to repair essential facilities at places of detention, and to provide prison staff with material assistance and training to design and maintain prisons, did not push through because of administrative difficulties.

Detained migrants are able to restore and maintain contact with their relatives

The ICRC continued to keep track of the situation of migrants detained in Libya, through contact with other organizations assisting them and by monitoring the media and other sources of information. Opportunities for substantive dialogue with the pertinent authorities on the protection-related issues of detained migrants were limited; the ICRC did, however, draw the attention of relevant stakeholders to internationally recognized standards applicable to the situation of these detained migrants.

Detainees, and migrants held in retention centres, were able to stay in touch with their relatives through the Movement's family-links services, which were sometimes provided by the National Society with the ICRC's support. However, the ICRC gradually wound down its provision of these services to migrants held at a retention centre in Misrata, shortly before its closure by the authorities.

WOUNDED AND SICK

Emergency responders learn how to administer first aid

The ICRC continued to help the Libyan Red Crescent strengthen its first-aid and other emergency medical services, especially as the National Society was under constant pressure to expand these services because of the increase in casualties of violence and the limited capacities of first responders. National Society staff and volunteers were trained in emergency response and first-aid instruction; these trainings sometimes also included information sessions on mental-health and psychosocial support. With ICRC logistical and financial support, the National Society was able to organize such training sessions for its members at year's end. National Society personnel also attended ICRC workshops on providing mental-health and psychosocial support to their peers.

Weapon bearers – including members of armed groups – learnt how to administer first aid at ICRC sessions, which were designed to help make life-saving care more readily available during violent clashes and other emergencies; such training was occasionally combined with dissemination sessions on IHL (see also *Actors of influence*).

Wounded people obtain suitable medical treatment

Following the intensified hostilities in Tripoli and other violence elsewhere in the country, the ICRC shifted its approach for assisting hospitals away from regular support. It dedicated more resources to the ad hoc distribution of supplies for treating weapon-wounded people to 20 hospitals that received large influxes of patients. Nevertheless, it continued to provide regular support (e.g. surgical equipment) to 12 hospitals.

Plans to conduct courses in emergency-room trauma care and weapon-wound surgery, for doctors and other health professionals, did not push through because of operational constraints.

The ICRC upgraded the electrical facilities at a hospital on the outskirts of Tripoli (250 beds) and provided material support for the renovation of a hospital in Sabha (600 beds). It also restored infrastructure at two physical rehabilitation centres (see below); a dormitory for disabled people at another centre in Benghazi was in the final stages of design at year's end. Plans to expand the storage capacity of a hospital morgue in western Libya were postponed to 2020, owing to the volatile security situation in that part of the country.

Physically disabled people receive rehabilitative care

Roughly 2,900 disabled people¹ obtained good-quality services at three physical rehabilitation centres in Benghazi, Misrata and Tripoli, which received ICRC material, technical and financial support. The ICRC also strove to promote the social inclusion of the centres' patients and other disabled people: it referred some of them to its income-support programmes (see *Civilians*) and facilitated their participation in sporting events. Together with a local NGO, it organized a wheelchair basketball tournament in Benghazi; in partnership with the

1. Based on aggregated monthly data, which include repeat beneficiaries.

Libyan Paralympic committee, it also sponsored the Libyan national team to compete in a tournament held abroad (see *Lebanon*).

As these centres were not readily accessible to people living in remote areas, the ICRC had intended to facilitate their transport, but operational and security constraints prevented it from doing so.

Students from Benghazi and Tripoli – some of whom the ICRC had been sponsoring since 2016, with a view to ensuring the sustainability of the three centres mentioned above – continued their studies abroad in physical rehabilitation.

ACTORS OF INFLUENCE

Particularly because it was seeking to operate in a challenging working environment – created by a complex political and security situation – the ICRC maintained its efforts to broaden acceptance for its neutral, impartial and independent humanitarian approach, and thereby facilitate its activities in Libya. It maintained contact with representatives of various government bodies and members of certain armed groups; in particular, it sought to engage them in dialogue on certain subjects: IHL; issues related to the protection of civilians, especially people affected by the hostilities in Tripoli; and the resumption of visits to places of detention in Libya. The ICRC also endeavoured to expand its network of contacts among people capable of influencing these government bodies and armed groups, including members of civil society.

Government representatives, including senior officials at the local and national levels, advanced their knowledge of IHL by attending conferences and other events organized by the ICRC in the region and elsewhere (see *Lebanon*, *Morocco* and *Tunis*); they did so with ICRC sponsorship. Following the reactivation of the national IHL committee, the ICRC organized a workshop in Tunis, at which members of the national IHL committee and the pertinent authorities discussed how to advance the national implementation of IHL.

Weapon bearers learn more about pertinent international norms and standards

Weapon bearers learnt more about IHL and other applicable norms, and the ICRC's work, at dissemination sessions that were sometimes combined with first-aid training. With the ICRC's help, commanders of armed groups attended training sessions on IHL, some of which were held abroad (see *Egypt* and *Tunis*).

Academics discuss IHL-related topics

The ICRC launched public-communication initiatives, including campaigns on social media platforms, to broaden awareness of the humanitarian needs in Libya and of the efforts made by the National Society and the ICRC to address them. The National Society also produced its own public-communication

materials, with the ICRC's financial support: these drew attention to the basic provisions of IHL, and of the protection due to those seeking or providing medical care. The ICRC also used its social media platforms to remind the parties to the hostilities in Tripoli of the necessity of safeguarding medical personnel and facilities. These platforms also gave people the opportunity to communicate their concerns directly to the ICRC and give feedback on its activities. Community members also learnt more about the ICRC's activities during dissemination sessions that were sometimes included in the ICRC's economic-security activities (see *Civilians*).

With the ICRC's help, six academics participated in regional IHL courses (see above), including one on teaching IHL. Sponsored by the ICRC, influential Islamic scholars attended one of these courses, and a workshop on IHL organized by the ICRC together with a university in Cairo, Egypt (see *Egypt*). The ICRC conducted a workshop for law professors from universities throughout Libya, where they engaged in discussions on the incorporation of IHL in academic curricula.

RED CROSS AND RED CRESCENT MOVEMENT

The Libyan Red Crescent remained the ICRC's main partner in the country: the two organizations continued to work closely together and adapt their response to people's rapidly growing needs, particularly among those affected by the intensified violence in western Libya. As per a partnership agreement signed in 2018, the National Society and the ICRC carried out various activities jointly (see *Civilians*).

With training and financial, material and technical support from the ICRC, the National Society strengthened its ability to conduct relief distributions and other economic-security activities and provide family-links services; boosted its emergency preparedness and response; and carried out public-communication initiatives (see *Civilians*, *Wounded and sick* and *Actors of influence*). Two National Society personnel, sponsored by the ICRC, attended regional IHL training sessions. The ICRC was unable to train National Society personnel in hygiene promotion, as responding to emergency needs was prioritized.

The ICRC trained National Society personnel in the Safer Access Framework, to help them carry out their activities in safety, especially in violence-prone areas. During training sessions in conducting public communication, National Society staff and volunteers also learnt more about the Fundamental Principles.

Working within the framework of the 2017 Movement Coordination Agreement with the National Society and the International Federation, the ICRC strove to improve coordination among Movement components in Libya. Meetings and discussions took place regularly, to promote more effective cooperation among Movement components.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	33	1		
RCMs distributed	25	1		
Phone calls facilitated between family members	435			
Reunifications, transfers and repatriations				
People reunited with their families	2			
People transferred or repatriated	5			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	132	17	14	12
<i>including people for whom tracing requests were registered by another delegation</i>	46			
Tracing cases closed positively (subject located or fate established)	38			
<i>including people for whom tracing requests were registered by another delegation</i>	7			
Tracing cases still being handled at the end of the reporting period (people)	1,854	153	114	118
<i>including people for whom tracing requests were registered by another delegation</i>	254			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	3	2		
UAMs/SC reunited with their families by the ICRC/National Society	2	2		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	14	3		
Documents				
People to whom travel documents were issued	332			
People to whom official documents were delivered across borders/front lines	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	5			
Detainees in places of detention visited	4,921	340	82	
Visits carried out	12			
		Women	Girls	Boys
Detainees visited and monitored individually	251	81	3	12
<i>of whom newly registered</i>	223	53	3	12
RCMs and other means of family contact				
RCMs collected	218			
RCMs distributed	82			
Phone calls made to families to inform them of the whereabouts of a detained relative	184			
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	240,906	75,773	90,232
	<i>of whom IDPs</i>	220,599	63,394	82,660
Income support	Beneficiaries	73,638	27,776	26,138
	<i>of whom IDPs</i>	58,273	18,333	22,816
Living conditions	Beneficiaries	212,754	67,327	78,972
	<i>of whom IDPs</i>	175,250	55,788	64,523
Capacity-building	Beneficiaries	144	43	58
Water and habitat				
Water and habitat activities	Beneficiaries	1,076,391		
	<i>of whom IDPs</i>	140,027		
Health				
Health centres supported	Structures	41		
Average catchment population		1,961,231		
Consultations		836,379		
	<i>of which curative</i>	764,496	178,281	151,980
	<i>of which antenatal</i>	71,883		
Immunizations	Doses	63,712		
	<i>of which polio vaccines for children aged 5 or under</i>	13,807		
Referrals to a second level of care	Patients	4,872		
	<i>of whom gynaecological/obstetric cases</i>	2,686		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Health				
Places of detention visited by health staff	Structures	3		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	32		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		64,971		
Weapon-wound admissions (surgical and non-surgical admissions)		12,016	198	96
Weapon-wound surgeries performed		2,607		
First aid				
First-aid training				
	Sessions	34		
	Participants (aggregated monthly data)	667		
Water and habitat				
Water and habitat activities	Beds (capacity)	850		
Physical rehabilitation				
Projects supported		4		
	<i>of which physical rehabilitation projects supported regularly</i>	3		
People benefiting from ICRC-supported projects	Aggregated monthly data	2,923	316	1,640
	<i>of whom victims of mines or explosive remnants of war</i>	40		
Referrals to social integration projects		113		
Prostheses delivered	Units	638		
Orthoses delivered	Units	2,014		
Physiotherapy sessions		637		
Walking aids delivered	Units	569		
Wheelchairs or postural support devices delivered	Units	18		

MALI

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2019

- The Mali Red Cross and the ICRC worked together to assist vulnerable people: farming and herding households received seed, tools and fodder; others were given cash or in-kind aid to meet their needs.
- People had better access to water for personal consumption and for farming or herding after the ICRC repaired or built water infrastructure; however, security-related constraints delayed or halted the implementation of some projects.
- Wounded people, survivors/victims of sexual violence, and others obtained suitable services at primary-health-care centres, hospitals and physical rehabilitation centres receiving comprehensive support from the ICRC.
- Detainees, including people held in relation to the conflict, received visits from the ICRC. Efforts by the authorities and the ICRC – to improve their food supply, living spaces and access to health care – benefited some detainees.
- Members of families separated by violence, migration and detention reconnected via the Movement's family-links services. Children, including some formerly associated with weapon bearers, were reunited with their families.
- Security incidents sometimes forced the ICRC to temporarily suspend or scale down its activities. The ICRC urged the authorities and weapon bearers to respect IHL and other pertinent norms, and to facilitate safe humanitarian access.

EXPENDITURE IN KCHF

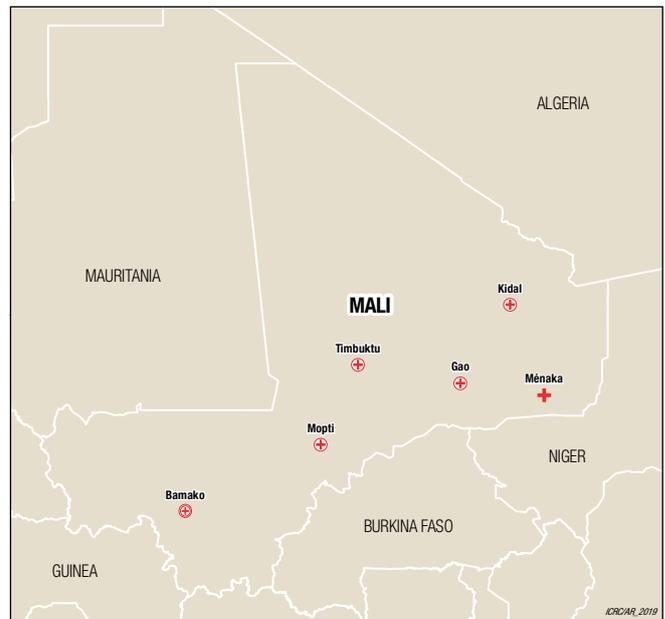
Protection	7,077
Assistance	33,281
Prevention	3,238
Cooperation with National Societies	2,068
General	455
Total	46,119
<i>Of which: Overheads</i>	<i>2,815</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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PERSONNEL

Mobile staff	85
Resident staff (daily workers not included)	434



⊕ ICRC delegation ⊕ ICRC sub-delegation + ICRC office

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	401
RCMs distributed	220
Phone calls facilitated between family members	2,722
Tracing cases closed positively (subject located or fate established)	76
People reunited with their families	14
<i>of whom unaccompanied minors/separated children</i>	14
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	21
Detainees in places of detention visited	4,120
<i>of whom visited and monitored individually</i>	856
Visits carried out	185
Restoring family links	
RCMs collected	140
RCMs distributed	30
Phone calls made to families to inform them of the whereabouts of a detained relative	411

ASSISTANCE	2019 Targets (up to)	Achieved	
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	96,000	24,660
Food production	Beneficiaries	823,560	876,762
Income support	Beneficiaries	29,550	15,336
Living conditions	Beneficiaries	33,000	31,376
Capacity-building	Beneficiaries	750	671
Water and habitat			
Water and habitat activities	Beneficiaries	169,190	107,263
Health			
Health centres supported	Structures	23	13
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries	2,890	262
Living conditions	Beneficiaries	2,890	3,680
Water and habitat			
Water and habitat activities	Beneficiaries	2,890	2,515
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	7	3
Physical rehabilitation			
Projects supported	Projects	4	7
Water and habitat			
Water and habitat activities	Beds (capacity)	216	324

CONTEXT

Fighting intensified between various armed groups and Malian and international forces, including French forces and the UN Multidimensional Integrated Stabilization Mission in Mali (MINUSMA). The G5 Sahel Force – composed of troops from Mali and neighbouring Burkina Faso, Chad, Mauritania and Niger – also fought armed groups in the region. Northern and central Mali were the main sites of fighting. Despite the efforts of the government and some armed groups, implementation of a 2015 peace accord stalled; clashes between the signatory armed groups continued. The fragmentation and proliferation of these groups complicated the situation. Arrests in connection with armed conflict continued to take place.

Communal and ethnic violence worsened, especially in central Mali; tens of thousands of people were displaced. This situation was exacerbated by recurrent drought, competition over limited resources, and, in some areas, the rise in crime owing to the political and security void.

These circumstances hindered the resumption of State services in parts of Mali, disrupting livelihoods and access to basic services, and impeding the delivery of aid. Thousands of people fled their homes in search of safety or better prospects within Mali or elsewhere. Malian refugees in neighbouring countries were unable to return home. Migrants passing through Mali on their way to Europe remained at risk of physical assault or other unlawful conduct.

ICRC ACTION AND RESULTS

The ICRC continued to address the humanitarian needs arising from protracted conflict and other violence in Mali, particularly in the northern and central regions. With the help of the Mali Red Cross, local authorities and community leaders, it reached communities accessible to few or no other humanitarian organizations. However, security incidents and, in some areas, the threat of improvised explosive devices forced the ICRC sometimes to temporarily suspend or scale down its activities and limit its movements. Where it did not have access, the ICRC relied heavily on the National Society to deliver assistance to people in need.

During discussions with local authorities and weapon bearers, the ICRC sought its safe access to people in need. It reiterated to influential parties the necessity of respecting IHL and humanitarian principles and facilitating access to health care and other basic services.

The National Society and the ICRC assisted people displaced or otherwise affected by armed conflict, communal violence, fires, floods and recurrent drought. The deteriorating situation in central Mali caused the ICRC to reallocate some of its budget – intended for cash transfers – to increase its emergency stocks of food and essential household items. However, security constraints prevented it from distributing these materials as widely as it had hoped to do. Vulnerable households continued to receive livelihood support: livestock vaccination campaigns, seed and tools for farmers, and grants for starting or maintaining small businesses. Others earned money by participating in cash-for-work projects.

People had better access to water for household consumption and agricultural use after the ICRC repaired or built wells, water pumps, micro-dams and livestock vaccination pens. Local technicians were trained and equipped to ensure that water infrastructure functioned uninterrupted. Security incidents and the threat of improvised explosive devices restricted the ICRC's movement, which delayed some water projects; others had to be cancelled altogether. Because of this, fewer people benefited from water projects than planned.

People in northern Mali obtained primary-health-care services – including curative and antenatal consultations, vaccinations and referrals for further care – at centres supported by the ICRC. Survivors/victims of sexual violence and other trauma received psychosocial support and other specialized treatment from ICRC-trained personnel. Wounded people and others needing higher-level care obtained timely treatment at three ICRC-supported hospitals, one of which began to receive comprehensive ICRC support in April 2019. Disabled people received good-quality services at ICRC-supported physical rehabilitation centres.

The ICRC visited detainees in accordance with its standard procedures. It checked on their treatment and living conditions, paying particular attention to people held in connection with the conflict. It extended its help to the relevant authorities, to help them meet detainees' needs. To this end, meetings and training sessions were organized, to expand capacities among those involved in managing the food supply, maintaining prison facilities, and dealing with common diseases and malnutrition. Detainees had improved living conditions following ICRC upgrades to key prison facilities and donations of hygiene and cleaning items. Malnourished detainees were given therapeutic food or supplementary rations.

Members of families dispersed by violence, migration, detention or other circumstances – including unaccompanied minors and children formerly associated with weapon bearers – reconnected through the Movement's family-links services. The ICRC continued to urge the authorities to clarify the fate of Malian migrants who had gone missing in the Mediterranean Sea, off the coast of Libya, in 2015.

The National Society reinforced its operational capacities with ICRC support and through joint activities with the ICRC. Movement components present in Mali met regularly to coordinate their activities and reinforce their security measures.

CIVILIANS

Parties to armed conflict and other violence are urged to respect IHL and other norms

Parties to armed conflict or other situations of violence were reminded, whenever possible, of their obligations under IHL and other applicable norms: the ICRC urged them to safeguard access to health care and education, and to prevent forced recruitment, sexual violence, and other unlawful conduct. It met with military commanders and legal advisers and with leaders of some armed groups. Documented allegations of unlawful conduct were shared confidentially with these

parties, who were urged to prevent such misconduct. The ICRC also discussed law enforcement operations regularly with the police and the *gendarmerie*. It carried out numerous dissemination and information sessions, and public-communication initiatives (see *Actors of influence*), to supplement these efforts.

The ICRC monitored the situation of migrants and reminded local authorities and weapon bearers of these people's rights. Together with the Mali Red Cross it provided family-links services (see below) for 177 migrants or referred them to the IOM or other organizations or to local service providers; the ICRC donated food, cooking utensils and household essentials to one such local service provider, benefiting 62 vulnerable migrants.

Members of separated families reconnect

Members of families separated by violence, migration, detention or other circumstances contacted each other through phone calls, RCMs and other family-links services provided by the Movement in Mali and in countries hosting Malian asylum seekers and refugees. A total of 76 tracing cases were resolved: families were informed of the fate and whereabouts of their missing relatives and, where possible, put in touch with them. Fourteen minors, including ten formerly associated with weapon bearers, were reunited with their families.

National Society volunteers, *gendarmes*, health personnel and others were trained to manage human remains properly, to increase the likelihood of their being identified and the families notified. The ICRC continued to urge the authorities to clarify the fate of Malian migrants who had gone missing in the Mediterranean Sea, off the coast of Libya, in 2015.

Communities strengthen their resilience to the effects of violence

Emergency assistance from the ICRC gave some relief to displaced people, and to others affected by conflict, surges in communal violence, fires, floods and/or recurrent drought. The deteriorating situation in central Mali caused the ICRC to increase its stocks of food and household essentials for distribution during emergencies. In the first half of the year, it shifted funds for cash transfers into buying these goods. However, because of security constraints (see *ICRC action and results*), food or money to buy food could only be given to some 24,700 IDPs, returnees and residents of host communities (4,110 households), which was about one-fourth the size of the ICRC's target; some 31,300 people (some 5,200 households) were given kits containing essential household items, or cash to buy these items. The ICRC provided this aid directly to people or, in places beyond its reach, through the National Society.

The ICRC, with the National Society's help, continued to assist vulnerable households to produce more food. It gave vulnerable herders fodder or cash to buy it, helped treat and vaccinate livestock, and gave community animal-health workers the supplies and equipment necessary; 132,000 herding households (nearly 762,000 people) benefited. It also provided seed and tools, or cash to buy them, for some 15,900 farming

households (around 95,200 people), including those cultivating market gardens. Some of these households also benefited from renovations to critical infrastructure (see below). In all, the ICRC's support enabled roughly 146,100 farming and herding households (around 876,700 people) to restore, preserve or expand their sources of income.

Nearly 2,600 households (some 15,300 people) earned money through small businesses started with ICRC grants or cash-for-work projects (rehabilitating micro-dams and ponds for agricultural use, for instance). The ICRC also trained 636 people to preserve food, operate small businesses or provide animal-health services.

Violence-affected communities gain access to water

In Gao, Kidal, Mopti and Timbuktu, roughly 69,100 people had better access to potable water after the ICRC repaired or built wells, water pumps and micro-dams. Construction of livestock vaccination pens and wells benefited 30,100 herders and market gardeners. The ICRC trained and equipped 49 technicians from local water services to ensure the uninterrupted functioning of water infrastructure.

However, security incidents and, in some areas, the threat of improvised explosive devices (see *ICRC action and results*) sometimes forced the ICRC to limit its movements and delayed the implementation of some infrastructural projects; some projects had to be ended. Because of this, fewer people benefited from water projects than planned.

The ICRC donated a small water-treatment station to a vulnerable community of some 8,000 people.

National Society volunteers and staff received training on how to maintain water infrastructure, respond to water emergencies and promote good hygiene practices. The ICRC helped upgrade a National Society office and warehouse.

People avail of health services and psychosocial support

The ICRC provided 13 primary-health-care centres – with sizeable catchment populations – in northern Mali with comprehensive support: supplies, equipment, training and supervision of personnel, and infrastructural repairs when necessary. Nearly 71,000 curative and antenatal consultations took place, most of them for children and women, and some 131,100 vaccinations were carried out. The ICRC covered transportation expenses for some 420 people referred for further care, including pregnant women.

ICRC-trained personnel provided psychosocial support and other specialized help for violence-affected people in psychological distress. About 600 people availed themselves of such assistance, including survivors/victims of sexual violence, some of whom had received post-exposure prophylactic treatment within 72 hours. Roughly 41,000 people familiarized themselves with key points of the Health Care in Danger initiative, and learnt about the health services available to them, through National Society and ICRC information sessions.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees receive visits from the ICRC

The ICRC visited 21 places of detention in accordance with its standard procedures. It checked on detainees' treatment and living conditions, including respect for judicial guarantees and the principle of *non-refoulement*; 856 detainees were monitored individually. Detainees receiving such close attention included security detainees, particularly those held in connection with the conflict; minors and women; and people serving sentences handed down by the UN Mechanism for International Criminal Tribunals (MICT) and/or its predecessors. Findings from the visits were discussed confidentially with the relevant detaining authorities. The ICRC also discussed, with the authorities concerned, the possibility of gaining access to detainees not yet visited.

Detainees stayed in touch with their relatives through RCMs and other family-links services; the ICRC made 411 phone calls to inform families of the whereabouts of a detained relative. Foreigners notified their consular representatives of their detention, with the ICRC's help; cases of detained minors were brought to the attention of UNICEF. The ICRC gave 144 detainees financial assistance to return home after their release.

Ailing and malnourished detainees receive suitable care

The ICRC regularly monitored the health of detainees in six places of detention, at which medical screening systems were established. Detainees obtained health services at five prison clinics that received medical supplies, funds and technical advice from the ICRC. People requiring higher-level care were taken to hospitals or other health facilities; the ICRC covered their treatment costs. Prison health staff and social workers were trained to manage common diseases and malnutrition (see below). The ICRC organized meetings to help the health and justice ministries coordinate their efforts and ensure detainees' access to good-quality health care.

The ICRC stood ready to provide assistance in the event of an emergency. Following violent clashes that resulted in mass arrests, it donated medicines and wound-dressing materials to the detention facilities where the injured among those arrested were taken.

Detainees benefit from material aid and repairs to prison facilities

Some 2,200 detainees at five prisons benefited from ICRC projects such as improvements to ventilation systems and the construction of an isolation area for people with TB. The ICRC conducted hygiene-promotion sessions at six places of detention – including the five prisons mentioned above – and distributed cleaning materials; some 2,500 detainees benefited. A hygiene committee was formed at one prison, after a delay caused by a scabies outbreak; the ICRC gave the authorities material and technical support to contain the outbreak. With ICRC support, a national prison authority attended a workshop on prison maintenance (see *Tunis*).

The ICRC continued to advocate measures to improve the management of food supply in prisons; it organized training sessions on the subject for 35 national prison authorities. The standard menu for prisons had still not been formally adopted; however, the authorities used it to calculate the prison food budget. Some 260 malnourished detainees were given ready-to-eat therapeutic food and/or supplementary rations. Roughly 3,700 detainees were given hygiene kits, cooking utensils and other essential items.

WOUNDED AND SICK

People have access to good-quality health services, including physical rehabilitation

First responders trained by the National Society and the ICRC treated people wounded during fighting. Around 610 weapon bearers, National Society staff, and community-based volunteers were trained in first aid.

PEOPLE DEPRIVED OF THEIR FREEDOM	Malian authorities	Malian armed groups	French forces	MICT	MINUSMA
ICRC visits					
Places of detention visited	12	1	2	1	5
Detainees in places of detention visited	3,929	56	112	7	16
<i>of whom women</i>	142				1
<i>of whom minors</i>	62	1	33		2
Visits carried out	95	3	79	1	7
Detainees visited and monitored individually	709	22	112	7	6
<i>of whom women</i>	2				
<i>of whom boys</i>	44	1	29		1
Detainees newly registered	400		107		6
<i>of whom women</i>	1				
<i>of whom boys</i>	35		25		1
RCMs and other means of family contact					
RCMs collected	79		61		
RCMs distributed	28		2		
Phone calls made to families to inform them of the whereabouts of a detained relative	369		37		5
People to whom a detention attestation was issued	2				

Wounded and sick people in violence-affected areas obtained timely and good-quality treatment at three ICRC-supported hospitals in Gao, Kidal and, starting in April 2019, Mopti. These hospitals received comprehensive support, including supplies, equipment, funds and on-site supervision from ICRC surgical teams and other ICRC staff. Medical personnel were trained to manage medical waste and to control and prevent infections; contingency plans were prepared, and wound-dressing kits and other supplies donated, to help the hospitals deal with mass influxes of patients. A total of 3,192 surgical operations, including wound surgery, were performed at these hospitals. People, including survivors/victims of violence, in need of psychological support were counselled by the ICRC or ICRC-trained volunteers.

Construction and repairs to hospital facilities – including operating rooms, laundry areas and sanitation facilities – resulted in better and more sanitary conditions for both patients and medical workers (total: 324 beds). The ICRC donated fuel or batteries for the generators at two of the ICRC-supported hospitals.

Roughly 11,500 disabled people¹ obtained physical rehabilitation services at four centres regularly supported by the ICRC with supplies, equipment, training and on-site supervision/guidance from ICRC prosthetists/orthotists. The ICRC covered food and/or travel expenses for some vulnerable patients, including many who had come from hundreds of kilometres away for treatment.

Four students sponsored by the ICRC continued their three-year training programme in Lomé, Togo. The construction of a new physical rehabilitation centre in Mopti was in progress; this ICRC project continued to be implemented in coordination with the ministry of solidarity and in partnership with the private sector (under the Programme for Humanitarian Impact Investment).

Three local associations received ICRC support for organizing events to promote the rights and the social inclusion of disabled people.

ACTORS OF INFLUENCE

Parties to conflict are reminded of their obligations under IHL and other pertinent norms

The ICRC pursued – to the extent permitted by the various logistical and security constraints – dialogue with a broad range of people and groups capable of facilitating timely delivery of humanitarian aid, and of ensuring the safety of medical and humanitarian workers. It intensified its efforts to obtain security guarantees (see also *Civilians*).

At briefings and training courses organized by the ICRC or with its support, military and security forces personnel were reminded of their obligations under IHL and/or other applicable norms; they were urged to prevent forced recruitment, sexual violence and other unlawful conduct, and to ensure safe access

to health care and other basic services. With the ICRC's help, a senior military officer attended a workshop abroad on international rules for military operations (see *International law and policy*).

The ICRC urged members of armed groups – during bilateral discussions and at information sessions – to respect IHL principles, especially the necessity of facilitating access to health care and other basic services. It also explained its mandate to them, with a view to securing acceptance for its activities and safe passage for its staff.

Some dissemination sessions for weapon bearers were coupled with first-aid training (see *Wounded and sick*).

The general public learns more about humanitarian issues

Regular interaction with members of civil society, both lay and religious, helped broaden understanding of and acceptance for the ICRC among various communities. Meetings and information sessions helped local leaders learn about humanitarian principles and the ICRC's activities in Mali. The common ground between IHL and Islamic law, and protection and proper use of the red cross emblem, were among the subjects discussed at meetings. Representatives of youth associations and others familiarized themselves with the Movement and its neutral, impartial and independent approach at information sessions conducted by the National Society and the ICRC.

Press releases, newsletters and other materials produced by the ICRC, or with its support, enabled members of the media and the general public to stay abreast of the Movement's activities in Mali. The delegation's social-media accounts enabled people to interact directly with the ICRC.

The ICRC continued to help some universities incorporate IHL in their curriculum; it sponsored two teachers to go abroad to attend an IHL round table (see *Abidjan*). The authorities drew on ICRC technical support, for example, to revise legislation, such as the new penal code and the new code of penal procedure.

RED CROSS AND RED CRESCENT MOVEMENT

The Mali Red Cross continued to strengthen its ability to help people affected by armed conflict and other violence, with financial, material, technical and other support from the ICRC. It responded to emergencies, implemented water projects, delivered first aid, and restored family links (see *Civilians*).

Training in the Safer Access Framework, and information sessions on mine risks (see *ICRC action and results*), were conducted for staff and volunteers at various National Society branches. The ICRC supported the development of the National Society's public-communication capacities, to help it foster acceptance for the Movement.

The National Society, the ICRC and other Movement components present in the country met regularly to coordinate their activities and reinforce their security measures.

1. Based on aggregated monthly data, which include repeat beneficiaries.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	401	19		
RCMs distributed	220	7		
Phone calls facilitated between family members	2,722			
Reunifications, transfers and repatriations				
People reunited with their families	14			
People transferred or repatriated	2			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	176	3	6	1
<i>including people for whom tracing requests were registered by another delegation</i>	3			
Tracing cases closed positively (subject located or fate established)	76			
<i>including people for whom tracing requests were registered by another delegation</i>	4			
Tracing cases still being handled at the end of the reporting period (people)	458	19	19	32
<i>including people for whom tracing requests were registered by another delegation</i>	50			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	33	2		29
UAMs/SC reunited with their families by the ICRC/National Society	14	2		10
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	18	2		16
Documents				
People to whom official documents were delivered across borders/front lines	5			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	21			
Detainees in places of detention visited	4,120	143	98	
Visits carried out	185			
Detainees visited and monitored individually	856	2		75
<i>of whom newly registered</i>	513	1		61
RCMs and other means of family contact				
RCMs collected	140			
RCMs distributed	30			
Phone calls made to families to inform them of the whereabouts of a detained relative	411			
People to whom a detention attestation was issued	2			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS			Total	Women	Children
Economic security					
Food consumption	Beneficiaries		24,660	8,487	9,790
	<i>of whom IDPs</i>		12,655	4,532	5,001
Food production	Beneficiaries		876,762	268,658	197,302
Income support	Beneficiaries		15,336	6,546	1,160
	<i>of whom IDPs</i>		282	125	2
Living conditions	Beneficiaries		31,376	12,797	11,007
	<i>of whom IDPs</i>		26,290	10,552	9,614
Capacity-building	Beneficiaries		671	296	15
Water and habitat					
Water and habitat activities	Beneficiaries		107,263	32,248	42,997
Health					
Health centres supported	Structures		13		
Average catchment population			124,337		
Consultations			70,971		
	<i>of which curative</i>		57,215	19,410	24,494
	<i>of which antenatal</i>		13,756		
Immunizations	Doses		131,142		
	<i>of which polio vaccines for children aged 5 or under</i>		83,160		
Referrals to a second level of care	Patients		421		
	<i>of whom gynaecological/obstetric cases</i>		189		
PEOPLE DEPRIVED OF THEIR FREEDOM					
Economic security					
Food consumption	Beneficiaries		262		
Living conditions	Beneficiaries		3,680		3
Water and habitat					
Water and habitat activities	Beneficiaries		2,515		
Health					
Places of detention visited by health staff	Structures		6		
Health facilities supported in places of detention visited by health staff	Structures		5		
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures		3		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>		3		
Services at hospitals reinforced with or monitored by ICRC staff					
Surgical admissions					
	Weapon-wound admissions		418	20	39
	(including those related to mines or explosive remnants of war)		19		1
	Non-weapon-wound admissions		1,817		
	Operations performed		3,192		
Medical (non-surgical) admissions			826	201	368
Gynaecological/obstetric admissions			1,192	1,185	7
Consultations			36,880		
Patients whose hospital treatment was paid for by the ICRC			4		
First aid					
First-aid training					
	Sessions		25		
	Participants (aggregated monthly data)		614		
Water and habitat					
Water and habitat activities	Beds (capacity)		324		
Physical rehabilitation					
Projects supported			7		
	<i>of which physical rehabilitation projects supported regularly</i>		4		
People benefiting from ICRC-supported projects	Aggregated monthly data		11,517	2,827	5,541
	<i>of whom victims of mines or explosive remnants of war</i>		28		
Referrals to social integration projects			4		
Prostheses delivered	Units		368		
Orthoses delivered	Units		466		
Physiotherapy sessions			20,498		
Walking aids delivered	Units		593		
Wheelchairs or postural support devices delivered	Units		14		

MAURITANIA

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM



KEY RESULTS/CONSTRAINTS IN 2019

- Detainees in five prisons had more food, better access to health care, and more sanitary living conditions after the ICRC trained and supplied prison staff. Malnourished inmates were given therapeutic food.
- In the rural south-east, ICRC aid helped refugees and residents to keep their herds healthy and to improve their access to clean water. The ICRC focused on upgrading rural water systems and postponed its planned work to urban ones.
- Detainees whose families lived far away or in other countries, and some Malian refugees, contacted their relatives through family-links services offered by the ICRC and the Mauritanian Red Crescent, respectively.
- At ICRC briefings, cadets at schools for military and security forces, and at the G5 Sahel Defence College, and troops deployed in south-eastern Mauritania learnt more about IHL and other norms applicable to their duties.

EXPENDITURE IN KCHF

Protection	901
Assistance	2,605
Prevention	454
Cooperation with National Societies	212
General	94
Total	4,267
<i>Of which: Overheads</i>	<i>260</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

Mobile staff	7
Resident staff (daily workers not included)	42

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	15
RCMs distributed	39
Phone calls facilitated between family members	126
Tracing cases closed positively (subject located or fate established)	3
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	8
Detainees in places of detention visited	2,138
<i>of whom visited and monitored individually</i>	25
Visits carried out	27
Restoring family links	
RCMs collected	2
RCMs distributed	2

ASSISTANCE	2019 Targets (up to)	Achieved	
CIVILIANS			
Economic security			
Income support	Beneficiaries	60,000	61,458
Capacity-building	Beneficiaries	10	10
Water and habitat			
Water and habitat activities	Beneficiaries	21,000	2,860
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries	1,600	300
Water and habitat			
Water and habitat activities	Beneficiaries	1,600	950

CONTEXT

Because of the situation in Mali (see *Mali*), tens of thousands of Malian refugees remained in south-eastern Mauritania; most of them had been there for years. UN agencies continued to aid those living in the UNHCR camp in M'bera. The resources available in Bassikounou – particularly the water supply – were overstretched; this led to tensions between refugees and host communities. In rural areas around Bassikounou, refugee and resident herders struggled to find adequate amounts of water and grazing land for their livestock, their main source of food and income.

Military and security forces conducted operations against armed elements near the border with Mali. Mauritania remained a member of the G5 Sahel Joint Force and hosted the G5 Sahel Defence College in Nouakchott. It also contributed troops to UN peacekeeping operations.

The deteriorating economy and widespread food insecurity – brought on partly by floods and droughts – inflamed social and political tensions. Presidential elections in June were met with protests and, reportedly, some violence as well.

Migrants arrived in Mauritania seeking maritime passage to Europe; boats carrying some of them capsized off the Mauritanian coast.

ICRC ACTION AND RESULTS

Members of families separated by armed conflict, detention or migration used the Movement's family-links services to regain or maintain contact. The ICRC and the Mauritanian Red Crescent provided these services for detainees whose families lived far away or in other countries, and for some Malian refugees as well. The ICRC continued to analyse DNA samples and other data that it had collected in 2018 from the families of missing migrants and from dead migrants; the remains of two migrants were identified.

The ICRC helped refugees living outside the UNHCR camp, and the communities hosting them, to protect their livelihoods and water sources. The ICRC's longstanding support for water authorities remained in place: nine staff members were given training and equipment for maintaining water infrastructure. The ICRC also submitted to the authorities a study it had conducted – on water-related needs in urban Bassikounou – to help them ensure a sustainable supply of water. The ICRC had planned to upgrade the town's water infrastructure but put this off until 2020, because of administrative constraints, to give the authorities time to review its study and to focus on upgrading water infrastructure in rural areas outside Bassikounou. The National Society briefed beneficiaries on preventing water-borne illness and diseases and gave them soap and/or other hygiene items. Fodder from the ICRC, and vaccination and deworming services provided with the ICRC's support, helped refugee and resident herders to maintain the health and productivity of their livestock; through an ICRC destocking programme, herders culled their sick animals and sold them to the ICRC at full price.

The ICRC visited detainees in eight places of detention, in accordance with its standard procedures; it paid particular attention to security detainees, minors and women. Findings and recommendations were communicated confidentially to the penitentiary authorities and others concerned, to help them improve detainees' treatment and living conditions. The ICRC gave them advice for using their limited resources efficiently and for standardizing managerial procedures. Penitentiary officials attended ICRC workshops on prison management, prison infrastructure and budgetary planning. The authorities began to transfer hundreds of detainees from overpopulated prisons to a new facility, with a view to easing overcrowding.

The ICRC, acting directly, improved detainees' living conditions and access to food and health care in some prisons. Prison health staff were given training and medical supplies, and prison clinics upgraded. Medical screening of new arrivals was made mandatory at two prisons. The ICRC urged staff to systematically collect information on detainees' health: for instance, checking detainees' body-mass index to identify malnourished detainees and treat them. Prison staff were given expert guidance and tools for managing food stocks, calculating the cost and nutritional value of meals, and preparing menus. Detainees were given hygiene and cleaning items to make their living conditions more sanitary. Two foreign detainees who had been resettled in Mauritania received some aid.

The ICRC and the National Society broadened awareness of IHL and of the Movement among weapon bearers, authorities, and civil society, particularly academic and religious circles; this helped to facilitate all the activities mentioned above. Schools for military and security forces, and the G5 Sahel Defence College, improved their teaching of IHL and other applicable norms with the ICRC's technical support. The ICRC also conducted information sessions for cadets at these training institutions and for troops deployed in south-eastern Mauritania.

The National Society worked with the ICRC to implement the activities mentioned above. It strove to expand its operational capacities with the support of the ICRC and other Movement actors.

CIVILIANS

Refugees use family-links services to contact their relatives

The ICRC continued to monitor the situation of vulnerable people across the country, through close contact with refugees living outside the UNHCR camp, members of host communities, migrants, weapon bearers and others (see *Actors of influence*). Issues of concern were relayed to the authorities.

Demand for family-links services among Malian refugees remained low, because most of them already had the means to contact their relatives. ICRC-trained Mauritanian Red Crescent volunteers at the UNHCR camp provided phone or RCM services for those few who required them.

The ICRC continued to analyse DNA samples and other data that it had collected in 2018 from the families of missing migrants and from dead migrants; the remains of two migrants were identified. It began working with foreign ministries concerned to inform the families of the two identified persons.

Refugee and resident herders in rural areas gain better access to clean water

The ICRC's longstanding support for water authorities – to improve supply and distribution networks for refugees living outside the UNHCR camp – remained in place: nine staff members were given training and equipment for maintaining water infrastructure. The ICRC completed a study of water needs in urban Bassikounou and submitted it to the local water authorities in late 2019, to help them ensure a sustainable supply of water for the growing population. The ICRC had planned to upgrade the town's water infrastructure but put this off until 2020, because of administrative constraints, to give the authorities time to review its study and to focus on improving access to water in rural areas.

At three villages outside Bassikounou, the ICRC upgraded or constructed water storage stations and equipped them with solar-powered pumps, and installed water points in public areas, making water more readily available to refugees and residents, including herders; this benefited 2,860 people and their livestock. Complementing these efforts, the National Society, with ICRC support, briefed people on preventing water-borne illness and diseases and gave soap and/or other hygiene items to some of them.

Refugee and resident herders safeguard the health of their livestock

ICRC support enabled refugee and resident herding households around Bassikounou to maintain the health and productivity of their livestock. The ICRC first assessed needs among some of these households, which enabled it to provide effective assistance. It explained its activities to refugee and resident herders and other actors, through meetings and other means.

The pertinent authorities, together with ten ICRC-trained animal-health workers, vaccinated and/or dewormed – free of charge – some 560,000 heads of livestock belonging to about 9,000 households (54,000 people); the effectiveness of the vaccines was confirmed by blood tests conducted on a few hundred animals. Afterwards, National Society volunteers – equipped by the ICRC with tablets with which to record information – and the ICRC met some of the herders; most of them expressed their satisfaction, and their livestock were found to be generally healthy. The ICRC also provided the authorities with a solar-powered refrigeration unit for storing vaccines and renovated/constructed two vaccination pens. The ICRC also ran a destocking programme through which herders sold it some of their sick animals at full price. Herders were thus able to get rid of weaker animals, tend to healthier ones and earn money at the same time.

The ICRC provided 1,250 vulnerable households (some 7,500 people) with fodder before the lean season. It also installed watering troughs along herding routes and at gathering places frequented by herders.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC monitors the situation of security detainees and other vulnerable people

The ICRC visited detainees at eight places of detention, in accordance with its standard procedures. It paid particular attention to security detainees, minors at a juvenile detention facility, and women held in a women's prison that the ICRC had helped open in 2017. Discussions with the authorities, about accessing people held in police stations, continued.

Findings and recommendations from prison visits were communicated confidentially to the penitentiary authorities, the ministries concerned, and the National Guard – whose personnel also serve as prison guards – to help them improve detainees' treatment and living conditions. The ICRC discussed various matters with these parties: mitigating the effects of overpopulation in prisons; reinforcing the understanding of penitentiary officials and national guardsmen of the international norms applicable to their work (see *Actors of influence*); and making certain that minors were not detained with adults and that female detainees had female guards. The authorities began to transfer hundreds of detainees from overpopulated prisons to a new facility, with a view to easing overcrowding.

A few detainees used the ICRC's family-links services to send messages and/or make phone calls to relatives living far away or in other countries. At their request, some foreign detainees were put in touch with their consular representatives. Two people formerly held at the US detention facility at the Guantanamo Bay Naval Station in Cuba, and resettled in Mauritania, were given financial and other assistance to obtain medical services and cover their living expenses. The ICRC urged the authorities to grant these people a formal legal status in the country.

Pending the completion of the transfer of detainees from overpopulated prisons, some ICRC activities to improve detainees' nutrition and living conditions were put on hold.

Detainees at five prisons have better nutrition and health care

The penitentiary authorities drew on the ICRC's expertise to improve prison services: they concentrated on using their limited resources efficiently and standardizing managerial procedures throughout the penitentiary system. Penitentiary officials attended ICRC workshops on prison management, prison infrastructure (see *Tunis*), and budgetary planning. The justice and health ministries were urged to coordinate their efforts – to provide health care for detainees – more closely. Late in the year, the authorities appointed new focal points for training, maintenance, and health care, to consolidate improvements in all these areas.

The ICRC, in coordination with the officials mentioned above, provided direct support for prison staff at four prisons – the central prison and a women’s prison, both in Nouakchott; one prison in Dar Naïm; and another in Aleg – to improve detainees’ living conditions and their access to sufficient food and adequate health care.

The ICRC helped prison health staff to improve and standardize health care. They were given training – in nutrition and in treating and preventing TB and HIV/AIDS – consultation checklists in printed form, and medical supplies. They were also advised in systematically collecting information on detainees’ health and in managing it properly. Medical screening of new arrivals was made mandatory at two prisons. In another prison, health staff, aided by the ICRC, checked detainees’ body-mass index; about 140 severely malnourished detainees were registered in an ICRC-supported therapeutic feeding programme, which helped them regain some lost weight.

Prison staff were given new kitchen equipment, and software and various other tools for managing food stocks and calculating the cost and nutritional value of meals. A standardized menu, drafted in 2018 with the ICRC’s aid, remained under review by the authorities; however, the menu at one prison was revised, with the ICRC’s assistance. These efforts helped staff to monitor losses in the food supply chain and improve detainees’ diet. Some 300 malnourished detainees varied their diet with ICRC-supplied food supplements.

Some 950 detainees benefitted from ICRC-supported infrastructural upgrades and efforts to make conditions more sanitary. Detainees were given cleaning and hygiene materials to support cleaning campaigns; one clinic was fumigated, and another equipped with air-conditioners, to prolong the shelf-life of medicines. The ICRC evaluated the fire-safety system at one prison and communicated its findings to the authorities. However, some cleaning and fumigation campaigns, led by detainees, did not take place; at year’s end, the authorities and the ICRC were discussing the possibility of entrusting these campaigns to volunteers from the Mauritanian Red Crescent.

ACTORS OF INFLUENCE

Training institutions provide more effective instruction in IHL and other applicable norms

The ICRC continued its longstanding support for the provision of pertinent legal instruction at Mauritanian training institutions for military and security forces personnel.

The ICRC evaluated the curricula at two military schools and three schools for security forces personnel – namely national guardsmen, *gendarmes*, and highway patrolmen. Findings and suggestions for incorporating IHL and international human rights law more fully in these curricula will be communicated to those in charge. Training manuals on IHL and international human rights law – prepared over the course of several years, with the ICRC’s expert assistance – were still under review by the authorities. The G5 Sahel Defence College was given advice for including elements of IHL in drills for its cadets.

About 200 cadets learnt about IHL and international human rights law through ICRC briefings at the institutions mentioned above. The ICRC conducted information sessions on these subjects for 265 military and security forces personnel deployed in the field, including those stationed in south-eastern Mauritania.

Progress in the national implementation of IHL was limited by the elections and other factors, such as changes in government personnel.

Academics and religious scholars learn more about supporting IHL and humanitarian action

The ICRC and the Mauritanian Red Crescent broadened awareness and support for the Movement among members of civil society in Bassikounou and in Nouakchott, and other areas where the ICRC had no presence.

The ICRC had a couple of priorities: stimulating discussions in religious circles on the common ground between IHL and Islamic jurisprudence; and explaining – to religious scholars and academics – the Fundamental Principles of neutrality, independence and impartiality. Workshops were held for some 40 religious leaders from the M’bera camp and from Fassala, a town on the Mali–Mauritania border. A number of Islamic jurists endorsed a *fatwa* – a religious edict – in support of humanitarian workers. The ICRC enabled two university teachers to go abroad for advanced IHL courses (see *Lebanon*), and explained the basic principles of IHL to students from two schools.

The ICRC also strove to gather support among the authorities and among associations of young people and women, the international community, and humanitarian organizations. It held various events – including meetings and workshops on IHL and humanitarian action – towards that end. Partly as a result, the ICRC was invited regularly to events organized by other actors and consulted in matters relating to IHL and IHL instruction.

The ICRC used radio, television and social media to reach the wider public. It kept journalists abreast of the Movement’s activities in Mauritania and the Sahel region. For example, herders in Bassikounou learnt of the ICRC’s livestock support activities from the radio. The National Society was given support for its public communication.

RED CROSS AND RED CRESCENT MOVEMENT

The Mauritanian Red Crescent improved its emergency response with the support of the Movement. Volunteers drew on their ICRC training in first aid and the Safer Access Framework, and on financial and logistical support from the ICRC and the French Red Cross, to care for people injured in election-related violence. These volunteers also made contributions to the drafting of contingency plans and improved the safety measures drafted by the National Society with the ICRC’s help. Volunteers also acquired new skills while assisting refugees and host communities (see *Civilians*).

The National Society took steps to improve its management of human and financial resources. With the ICRC's help, it identified and recruited about 50 volunteers in Bassikounou. It hired new financial management personnel in the second half of 2019; an ICRC assessment of the National Society's financial capacities was postponed, while these new staff members settled into their roles.

The ICRC organized meetings for Movement components in the region to coordinate their activities in the Sahel region and their activities for migrants. Officials bound for the International Conference and the Council of Delegates – from the foreign ministry and the National Society – were given funding and/or advice by the ICRC.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	15	1		
RCMs distributed	39	3		
Phone calls facilitated between family members	126			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	18	2	1	1
<i>including people for whom tracing requests were registered by another delegation</i>	8			
Tracing cases closed positively (subject located or fate established)	3			
Tracing cases still being handled at the end of the reporting period (people)	115	9	3	13
<i>including people for whom tracing requests were registered by another delegation</i>	36			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1	1		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	8			
Detainees in places of detention visited	2,138	36	70	
Visits carried out	27			
		Women	Girls	Boys
Detainees visited and monitored individually	25			1
<i>of whom newly registered</i>	13			1
RCMs and other means of family contact				
RCMs collected	2			
RCMs distributed	2			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	Beneficiaries	61,458	17,822	27,042
Capacity-building	Beneficiaries	10		
Water and habitat				
Water and habitat activities	Beneficiaries	2,860	1,460	1,087
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	300		
Water and habitat				
Water and habitat activities	Beneficiaries	950	19	76
Health				
Places of detention visited by health staff	Structures	5		
Health facilities supported in places of detention visited by health staff	Structures	3		

MOROCCO

The ICRC's work in Morocco dates back to 1975, during the Western Sahara conflict. Opened in 2015, the delegation in Morocco promotes IHL and the ICRC's work among the authorities and civil society. It also seeks to support the Moroccan Red Crescent in building its operational capacities, particularly in family-links services and mine-risk education.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

LOW

KEY RESULTS/CONSTRAINTS IN 2019

- Authorities and other influential parties learnt more about IHL and the ICRC's work at various events, such as workshops for magistrates and, for the first time, predeployment briefings for peacekeepers bound for central Africa.
- As discussions with the authorities on access to detainees did not yield the desired results, the ICRC shifted its focus to strengthening the dialogue on detention and seeking collaboration with other organizations working in this area.
- Thousands of people in areas strewn with mines and explosive remnants of war learnt how to protect themselves through information sessions and other similar activities conducted by the Moroccan Red Crescent and the ICRC.
- Some migrants were able to call their relatives via the National Society and the ICRC. Agencies involved in managing human remains were given support, to increase the chances of identifying the dead and informing their families.

EXPENDITURE IN KCHF

Protection	991
Assistance	209
Prevention	627
Cooperation with National Societies	171
General	71
Total	2,069
<i>Of which: Overheads</i>	126

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	5
Resident staff (daily workers not included)	14



ICRC delegation

PROTECTION

CIVILIANS

Restoring family links

	Total
RCMs collected	56
RCMs distributed	105
Phone calls facilitated between family members	139
Tracing cases closed positively (subject located or fate established)	3

CONTEXT

The situation in Morocco was mostly calm, but protests occasionally took place, mainly in connection with economic and social issues. The security forces continued their operations against individuals or groups being pursued under anti-terrorism legislation. These operations, and others conducted by the police, led to arrests. In July, to mark the anniversary of his 20 years on the throne, the king pardoned thousands of detainees, some of whom had been arrested in connection with past protests.

Thousands of migrants bound for Europe, including asylum seekers and refugees, continued to arrive in or pass through Morocco. Some irregular migrants had little or no access to basic services and were at risk of arrest and/or deportation. The families of migrants who had died along migration routes, particularly maritime routes, did not always know what had become of their loved ones.

Morocco continued to revise its migration policies and to lead or contribute to various international forums on migration. Preparations began for the establishment of the African Migration Observatory – an African Union body for collecting and consolidating information on migration – in Rabat.

The status of Western Sahara remained a point of contention between Morocco and the Polisario Front. The mandate of the UN Mission for the Referendum in Western Sahara (MINURSO) was extended once again, to October 2020. Families living in certain areas of Western Sahara under Moroccan control continued to be at risk of injury or death from mines and explosive remnants of war (ERW) dating from the 1975–1991 Western Sahara conflict; hundreds of these families were still waiting for news of relatives who went missing during or after the conflict.

ACTION AND RESULTS

The ICRC's delegation in Morocco continued to focus on advancing understanding of IHL and consolidating relations with actors capable of influencing humanitarian action in Morocco, with a view to securing their support for its activities.

The ICRC briefed authorities, academics and pertinent organizations on IHL and on its work. At various events, it expressed its views on humanitarian concerns connected to detention, migration and other regional issues. The national IHL committee and the ICRC strove to broaden awareness of humanitarian issues and IHL among influential parties; for the first time, they were able to organize IHL training with the army, in the form of predeployment briefings for peacekeepers bound for central Africa. Government officials and university lecturers attended IHL-related training and events held abroad, with the ICRC's assistance.

As discussions with the authorities on access to detainees did not yield the desired results, the ICRC shifted its approach: it sought to strengthen its dialogue with them on detention and related humanitarian questions, and pursued collaboration with other organizations working in this area. As part of the

national human rights council's task force on hunger strikes, it formulated recommendations that the task force discussed at its meetings.

The ICRC continued to help the Moroccan Red Crescent improve its activities for vulnerable people. It assisted the National Society in providing family-links training for volunteers and maintaining phone stations for migrants. The ICRC continued to monitor humanitarian needs among migrants, for instance, through meetings with migrants' associations and other organizations assisting them. Arrangements were made with these organizations for referring migrants to the National Society or the ICRC – if they needed family-links services, for instance – and to other pertinent organizations when necessary. At information sessions conducted by the National Society with the ICRC's support, people in weapon-contaminated areas of the Moroccan-administered parts of Western Sahara learnt how to protect themselves against mines/ERW.

The ICRC strove to develop local capacities in forensics to increase the likelihood of dead migrants being identified and their families informed. At an ICRC round table, agencies involved in managing human remains discussed how to work more closely together. The ICRC provided training in the management of human remains for personnel from the navy, police, *gendarmerie*, National Society, and various ministries. It continued to follow developments in missing-persons cases related to the 1975–1991 Western Sahara conflict and remained ready to support work on the issue.

CIVILIANS

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

The families of detainees held abroad – for instance in Iraq or the Syrian Arab Republic, or at the US detention facility at the Guantanamo Bay Naval Station in Cuba – restored or maintained contact with their relatives through video calls, RCMs or brief oral messages relayed by ICRC delegates. Some families turned to Movement services to locate missing relatives, including migrants.

With the ICRC's support, the Moroccan Red Crescent continued to offer phone services at four stations situated at key points on migration routes. In this way, a few migrants were able to contact their families: 139 phone calls were made at the stations. These services were promoted through various means, such as briefings for pertinent private organizations and government departments; National Society volunteers were urged, during training sessions, to raise awareness of these services among local and migrant communities.

The National Society continued to reinforce its family-links services with the help of the ICRC, for instance, for developing a new training programme and organizing training sessions for 90 volunteers. The National Society and the ICRC also organized three workshops for migrants, in order to hear their views on a number of subjects: preventing family separation; improving access to family-links services; and involving them in designing and delivering services.

The ICRC continued to follow developments in missing-persons cases related to the 1975–1991 Western Sahara conflict and remained ready to support work on the issue.

Forensic agencies discuss how to improve the management of human remains

The ICRC continued to help strengthen local forensic capacities, in order to increase the likelihood of dead migrants being identified and their families informed. Personnel involved in managing human remains – from the interior ministry, *gendarmérie*, navy, police, and National Society – were given training, and a teacher of forensic science was sponsored to attend a course abroad (see *Tunis*). ICRC experts contributed to a conference organized by a local society of forensic experts.

To help foster coordination among various stakeholders (security forces, the health ministry, and the national council for human rights) the ICRC organized a round table, at which they discussed, among others, the clarification of roles and responsibilities and the standardization of procedures and of forms for recording ante- and post-mortem data.

Migrants' associations and the ICRC make arrangements for addressing migrants' needs

The ICRC continued to monitor the humanitarian needs of migrants – especially unaccompanied minors, women and victims of human trafficking – through contacts among various stakeholders, such as migrants' associations and humanitarian actors assisting migrants, and by following news reports. It referred migrants with certain needs to the appropriate government agencies and NGOs, and these parties referred migrants needing family-links services to the National Society and the ICRC. The ICRC also met with other humanitarian actors to expand this network of mutual reference. Nineteen migrants finished a one-year nursing assistant course; they were nominated for this by migrants' associations, and the ICRC covered the fees.

Children at risk from mines/ERW learn safer practices

More than 33,000 children and adults in weapon-contaminated areas of the Moroccan-administered parts of Western Sahara learnt safer practices around mines/ERW through risk-education campaigns – which included information sessions and distribution of informational materials – carried out by the National Society with training and other support from the ICRC. The National Society and the ICRC also continued to advocate medical and financial assistance for mine victims. They met with victims to gain a better understanding of their situation, relayed the findings to local officials, and urged these officials to do more.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC continued to discuss its detention-related activities with the authorities, in the hope that it would be permitted to visit prisons and monitor, for strictly humanitarian purposes, detainees' treatment and living conditions. As these discussions did not yield the desired results, the ICRC shifted its approach: it sought to strengthen the dialogue with the

authorities on detention and related humanitarian concerns and began to seek closer collaboration with the authorities and Moroccan organizations working in this area, particularly the national human rights council.

With a view to ensuring detainees' well-being, the ICRC offered its expertise to others working on detention-related matters of common concern. As part of the national human rights council's task force for handling hunger strikes, the ICRC drew up recommendations, which were discussed at the task force's meetings. An architect and an engineer who worked for the penitentiary authorities were sponsored to attend a workshop abroad on infrastructure in prisons.

ACTORS OF INFLUENCE

The ICRC continued to endeavour – through meetings and other means – to make its mandate and work known and understood more fully among actors capable of influencing humanitarian action in Morocco; it also strove to cultivate its relationships with them, in order to gain their support for its activities. During discussions, the ICRC explained its views on migration and other regional issues of humanitarian concern.

The national IHL committee and the ICRC jointly organized activities and events to raise awareness of humanitarian issues and IHL among influential parties. Magistrates, lawyers, diplomats, parliamentarians and journalists attended training seminars arranged by the committee and the ICRC; students participated in a contest on humanitarian journalism. For the first time, predeployment briefings on IHL were arranged for troops bound for peacekeeping missions in central Africa; workshops were also held for other members of the Moroccan armed forces.

Government officials and academics attended ICRC conferences and courses abroad (see *Egypt*, *Lebanon* and *Tunis*), where they discussed IHL, its compatibility with Islamic law, and domestic implementation of IHL in other countries; the ICRC also sponsored a high-ranking army official to attend a workshop for senior officers on international rules governing military operations (see *International law and policy*). In March, roughly 60 representatives from countries in the region – government officials and members of national IHL committees, Islamic organizations, academic institutions, and civil society – attended an advanced course in IHL, organized by the League of Arab States and the ICRC in Rabat.

The Moroccan Red Crescent's focal point for IHL, who was also a member of the national IHL committee, attended the annual meeting of National Society legal advisers. Plans to help the National Society improve its public communication were still on hold, as its communication department remained unstaffed.

RED CROSS AND RED CRESCENT MOVEMENT

The Moroccan Red Crescent continued to receive support for strengthening its operational capacities (see also *Civilians*). For instance, the ICRC donated tabards, armbands and other items to enable National Society response teams to identify themselves during emergencies. It also organized training for volunteers providing family-links services, helped recruit a new coordinator for these services, and conducted workshops on financial and security management in connection with

mine-risk education. With the ICRC's support, the first-aid department held its annual planning meeting. A module on IHL was included in the curriculum of a National Society-run training centre for health-care professionals; the instructors were sponsored to attend advanced IHL workshops abroad.

Regular meetings with other Movement components helped to ensure the coordination of activities.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	56			
RCMs distributed	105			
Phone calls facilitated between family members	139			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	37	3	3	9
Tracing cases closed positively (subject located or fate established)	3			
Tracing cases still being handled at the end of the reporting period (people)	158	13	11	13
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	2	1		

NAIROBI (regional)

COVERING: Djibouti, Kenya, United Republic of Tanzania

The ICRC’s regional delegation in Nairobi was set up in 1974. It has a dual purpose: first, to promote IHL and carry out operations in the countries covered, namely restoring contact between refugees and their families, protecting and assisting people injured, displaced or otherwise affected by armed conflicts or other situations of violence, visiting detainees falling within its mandate, and supporting the development of the National Societies; and second, to provide relief supplies and other support services for ICRC operations in central and eastern Africa, and further afield.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2019

- Migrants from Burundi, the Democratic Republic of the Congo, Eritrea, Ethiopia, Somalia, South Sudan, Sudan, and Yemen contacted or located their relatives through the Movement’s family-links services.
- Violence-affected people in Kenya learnt how to reduce risks to their safety, obtained food and water, and pursued livelihood activities, with the assistance of the Kenya Red Cross Society and the ICRC.
- The ICRC visited detainees in Djibouti and the United Republic of Tanzania, including 19 former POWs from Eritrea, and monitored their treatment and living conditions. The former POWs were resettled in a third country in July.
- Military officers, including those bound for deployment in the wider region, were sponsored to attend IHL training. Police officers were trained in international norms and standards applicable to their work.
- Government officials and representatives from regional bodies took part in IHL-related events. The ICRC supported efforts to set up national IHL committees in Djibouti and the United Republic of Tanzania.
- National Societies expanded their operational capacities and pursued organizational development, with financial, material and technical support from the ICRC.

EXPENDITURE IN KCHF

Protection	3,797
Assistance	3,414
Prevention	3,679
Cooperation with National Societies	1,251
General	689
Total	12,829
<i>Of which: Overheads</i>	<i>783</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	100%
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PERSONNEL

Mobile staff	62
Resident staff (daily workers not included)	400



ICRC regional delegation ICRC mission ICRC office ICRC regional logistics centre
*Map shows structures supporting ICRC operations in Yemen

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

PROTECTION CIVILIANS

	Total
Restoring family links	
RCMs collected	14,314
RCMs distributed	14,599
Phone calls facilitated between family members	177,760
Tracing cases closed positively (subject located or fate established)	142
People reunited with their families	151
<i>of whom unaccompanied minors/separated children</i>	<i>91</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits	
Places of detention visited	5
Detainees in places of detention visited	1,100
<i>of whom visited and monitored individually</i>	<i>29</i>
Visits carried out	7
Restoring family links	
RCMs collected	525
RCMs distributed	80
Phone calls made to families to inform them of the whereabouts of a detained relative	525

ASSISTANCE CIVILIANS

		2019 Targets (up to)	Achieved
Economic security			
Food consumption	Beneficiaries	3,072	3,384
Food production	Beneficiaries	3,072	3,312
Income support	Beneficiaries	7,200	10,449
Capacity-building	Beneficiaries	24,972	16,422
Water and habitat			
Water and habitat activities	Beneficiaries	30,380	30,536

PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security	
Living conditions	Beneficiaries
	1,169

CONTEXT

Djibouti, Kenya and the United Republic of Tanzania (hereafter Tanzania) continued to host migrants from the wider region, including refugees and asylum seekers. They included people who had fled Ethiopia, Somalia (see *Somalia*) or South Sudan for Kenya; Burundi or the Democratic Republic of the Congo for Tanzania; and Eritrea, Ethiopia, Somalia or Yemen for Djibouti. Many migrants lost touch with their families.

In Kenya, military and security forces continued to conduct operations along the coast and in areas along the north-eastern border with Somalia, in response to attacks by groups reportedly affiliated with the Harakat al-Shabaab al-Mujahideen (better known as al-Shabaab). They also dealt with communal violence in various parts of the country and made a number of arrests in connection with this.

The security situation in coastal and north-eastern Kenya, particularly in the counties of Lamu and Garissa, caused casualties and displacement, and disrupted livelihoods. Many people were unable to provide for themselves, and remained dependent on humanitarian assistance.

In January, an armed attack on a hotel complex in Nairobi killed 21 civilians; al-Shabaab claimed responsibility.

ICRC ACTION AND RESULTS

The regional delegation in Nairobi continued to serve as a hub for the ICRC's response to the consequences of armed conflict and other situations of violence in central and eastern Africa, particularly in countries neighbouring Djibouti, Kenya and Tanzania. The ICRC continued to focus on addressing the needs of migrants, including refugees and asylum seekers, and of people living in areas of Kenya where security operations were being carried out. As in past years, it provided comprehensive assistance to the National Societies in Kenya, Djibouti and Tanzania – its main partners in the field – for strengthening their services.

The ICRC discussed migrants' humanitarian concerns with the pertinent authorities. Together with the pertinent National Societies, it helped migrants contact or locate their relatives, or reunite with them.

The Kenya Red Cross Society and the ICRC monitored the protection-related concerns of people affected by armed attacks and security operations in Kenya, particularly in Lamu and Garissa. Community members were given help to devise more effective methods of self-protection. They were also assisted to obtain or grow food; earn more money; or develop their capacities in farming, managing their money or their businesses, or preventing malnutrition. The Kenyan Red Cross, aided by the ICRC, built water infrastructure in the two counties.

The ICRC continued to help develop local forensic capacities. People handling the remains of migrants in Djibouti, and police officers and National Society volunteers in Kenya, were trained to manage human remains properly. Forensic specialists from

the countries covered were sponsored to attend regional events. The Djiboutian and Kenyan authorities were assisted to draft national contingency plans for mass-casualty incidents.

The ICRC visited several places of detention in Djibouti and Tanzania, including a facility in Arusha, Tanzania, where people were being held under the jurisdiction of the International Residual Mechanism for Criminal Tribunals (IRMCT). It monitored detainees' treatment and living conditions, and discussed its findings and recommendations confidentially with the authorities concerned. It also provided detainees with family-links services. It remained without access to detainees in Kenya and mainland Tanzania.

Among the detainees the ICRC visited in Djibouti were 19 former POWs from Eritrea. In July, the IOM – with support from the UNHCR and the ICRC – resettled the former POWs in Canada.

The ICRC continued to help strengthen the continuum of care in the countries covered. It provided first-aid training to members of religious circles in Djibouti, Kenya and Tanzania, and trained doctors in Kenya and Tanzania in war surgery and trauma management.

The National Societies and the ICRC endeavoured to broaden awareness of issues of humanitarian concern, and to foster support for IHL and for the Movement's work; they did this through various forums and events for key parties and the general public, and through social media.

The ICRC continued to encourage armed forces in the region to integrate IHL and other applicable norms into their decision-making. It conducted or sponsored IHL training for military officers, including those bound for deployment in the wider region. Police officers were trained in international norms and standards applicable to their work.

The ICRC sought to persuade the authorities in the countries covered to incorporate key IHL provisions in domestic law. Government officials were sponsored to attend regional IHL events. The ICRC continued to support efforts to establish national IHL committees in Djibouti and Tanzania. The Kenyan national IHL committee did not meet in 2019.

As in past years, ICRC delegations in central and eastern Africa obtained supplies through the logistics centre in Nairobi, and assistance from the regional delegation's training unit and other support services; staff at the Djibouti mission provided administrative and logistical support for the ICRC's operations in Yemen.

CIVILIANS

Migrants reconnect with their families

The ICRC discussed the protection-related concerns of migrants, including refugees and asylum seekers, with national and local authorities in the countries covered. The pertinent authorities were reminded of the fundamental rights of refugees and other migrants, and the importance of respecting the principle of *non-refoulement*.

Migrants and other foreigners contacted or located their relatives, or reunited with them, with help from the Djiboutian, Kenyan and Tanzanian National Societies, who were working in partnership with the ICRC. The ICRC provided the National Societies with training, funds and guidance for enhancing their family-links services. The National Societies and the ICRC coordinated their activities with those of other organizations assisting migrants, such as the IOM and UNHCR, and took part in regional meetings on migration-related issues.

People in the countries covered sent and received 14,314 and 14,599 RCMs, and made 177,760 phone calls. The National Societies and/or the ICRC helped families locate or learn the fate of 142 people. The use of photographs – for example, in photo RCMs – facilitated efforts to find people’s missing relatives. Somali and South Sudanese refugees allowed their photographs to be circulated in places where their relatives might have found refuge. Families uploaded photographs of their missing relatives to a Movement webpage. In addition,

the names of people being sought by their families were read out on an ICRC-sponsored radio programme on the BBC Somali Service (see *Somalia*).

The ICRC helped the Red Crescent Society of Djibouti to set up a kiosk that offered free phone calls in Dikhil, a town in western Djibouti that was one of the main points of entry for migrants. The Djiboutian Red Crescent and the ICRC continued to work on a leaflet that listed key safety tips for migrants: a draft version of the leaflet was prepared and distributed among a number of people in Dikhil, whose opinions were then surveyed; the leaflet was subsequently revised to incorporate the survey’s findings.

A total of 151 Burundian refugees in Tanzania were reunited with their families in Burundi or in refugee camps in Tanzania. Among them were 91 unaccompanied minors; the Tanzania Red Cross Society and the ICRC helped them rejoin their families, in line with Movement guidelines.

CIVILIANS				
RCMs and other means of family contact		Djibouti	Kenya	Tanzania
RCMs collected		3	4,053	10,258
	<i>including from unaccompanied minors (UAMs)/separated children (SC)</i>			335
RCMs distributed		10	4,627	9,962
	<i>including from UAMs/SC</i>			141
Phone calls facilitated between family members		43,482	98,640	35,638
Reunifications, transfers and repatriations				
People reunited with their families				151
People transferred or repatriated				4
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		5	207	112
	<i>of whom women</i>	1	45	25
	<i>of whom minors at the time of disappearance - girls</i>	1	55	27
	<i>of whom minors at the time of disappearance - boys</i>	3	40	1
	<i>including people for whom tracing requests were registered by another delegation</i>		100	
Tracing cases closed positively (subject located or fate established)		1	51	90
	<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)		36	1,119	185
	<i>of whom women</i>	6	234	26
	<i>of whom minors at the time of disappearance – girls</i>	5	301	64
	<i>of whom minors at the time of disappearance - boys</i>	4	125	24
	<i>including people for whom tracing requests were registered by another delegation</i>		343	
UAMs/SC, including demobilized child soldiers				
UAMs/SC newly registered by the ICRC/National Society				186
	<i>of whom girls</i>			77
UAMs/SC reunited with their families by the ICRC/National Society				91
	<i>of whom girls</i>			30
UAM/SC cases still being handled at the end of the reporting period			41	450
	<i>of whom girls</i>		14	181

Vulnerable communities build their resilience to the effects of violence

Communities in coastal and north-eastern Kenya, particularly in Lamu and Garissa, continued to feel the effects of the security situation; the ICRC monitored the protection-related concerns of the people affected. The ICRC made presentations to weapon bearers – including military officers in Nairobi and the coastal city of Mombasa, and police officers in Lamu – about its neutral, impartial and independent approach to humanitarian action, in order to secure their support for its work.

Community members and Kenya Red Cross Society personnel took part in an ICRC workshop aimed at helping them devise more effective methods of self-protection. With the ICRC's support, the Kenyan Red Cross came up with measures to allow communities to protect themselves better, and discussed these measures with the authorities.

The ICRC's economic-assistance projects helped people meet their basic needs or pursue their livelihoods, and reduced their need to travel through unsafe areas. The Kenyan Red Cross and the ICRC distributed food rations to 3,384 people in remote communities. Seed, plant cuttings, and pesticides were given to some 550 households (3,312 people), enabling them to grow food. Cash grants, vocational training, and donations of fishing supplies and equipment – including outboard engines for boats, so that fishing sites could be reached more quickly, and coolers that allowed households to store their catch for longer periods – helped some 1,700 households (10,422 people) earn more money.

The Kenyan Red Cross and the ICRC helped people build their resilience to the effects of violence. Nearly 620 households (3,708 people) were given training in basic business skills. Expert guidance provided to savings and loan associations in Lamu benefited some 720 households (4,338 people). Forty farmers (supporting 300 people in all) received training in farming practices. Roughly 1,300 households (8,076 people) learnt good practices in nutrition and hygiene through ICRC information sessions, which were supplemented by leaflets and posters in local languages; sessions could be held only for households that were also given other forms of economic assistance, and consequently reached fewer people than planned.

The Kenyan Red Cross, assisted by the ICRC, built water infrastructure in Lamu and Garissa, benefiting some 29,600 people. Using ICRC funds, it bought materials to repair homes damaged by a windstorm in Garissa, for about 150 households (930 people).

As in past years, the ICRC provided Kenyan Red Cross personnel with training and mentoring to develop their ability to carry out economic-assistance activities and to build, operate, maintain and repair water infrastructure.

The Tanzanian Red Cross and the ICRC donated various essentials to 27 Burundian refugees who were reunited with their families (see above), helping them preserve their income.

Local forensic specialists enhance their capacities

During their meetings (see *Actors of influence*), Islamic leaders in Djibouti and the ICRC discussed how to manage the remains of migrants who died during their journey; people handling migrants' remains were given training and equipped with body bags. In Kenya, police officers and National Society volunteers from Lamu attended a workshop on the management of human remains, which was organized by the health ministry and the ICRC. Plans to conduct a similar workshop in Garissa fell through because of security and logistical constraints.

With the ICRC's help, the Tanzanian authorities organized the annual conference of the African Society of Forensic Medicine in Dar es Salaam; the ICRC sponsored forensic specialists from the countries covered to attend. The ICRC sponsored a Tanzanian official to attend the week-long Disaster Scene and Mortuary Management Course in South Africa (see *Pretoria*).

Djiboutian officials in charge of emergency response were given expert assistance to draft national contingency plans for mass-casualty incidents. In Kenya, the ICRC discussed the drafting of such plans at meetings with the health ministry and the British High Commission. It encouraged the Tanzanian authorities to prepare similar plans.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees reconnect with their families

The ICRC visited detainees at five facilities: in Djibouti, at the central prison in Gabode and at a facility where 19 former POWs from Eritrea were being held; and in Tanzania, at two prisons in Zanzibar and at a facility in Arusha where people sentenced by the International Criminal Tribunal for Rwanda, under the jurisdiction of the IRMCT, were detained. The ICRC monitored detainees' treatment and living conditions, and discussed its findings and recommendations confidentially with the authorities concerned. It remained without access to people detained in Kenya and in mainland Tanzania.

Detainees in Djibouti, including foreigners, got in touch with their families through short oral messages relayed by ICRC delegates. People at places of detention in mainland Tanzania, whom the ICRC could not visit, nevertheless benefited from the ICRC's family-links services. Among them were 35 detainees affiliated with an opposition group in Zanzibar; the ICRC sponsored monthly family visits for them.

The ICRC donated hygiene items and other essentials to the Gabode prison; 1,150 detainees benefited. The 19 former POWs from Eritrea were given similar assistance, and medicines; in July, the IOM – with support from the UNHCR and the ICRC – resettled the former POWs in Canada.

PEOPLE DEPRIVED OF THEIR FREEDOM	Djibouti	IRMCT	Kenya	Tanzania
ICRC visits				
Places of detention visited	2	1		2
Detainees in places of detention visited	606			494
	<i>of whom women</i>			8
	<i>of whom minors</i>			16
Visits carried out	2	1		4
Detainees visited and monitored individually	23	6		
Detainees newly registered		5		
RCMs and other means of family contact				
RCMs collected				525
RCMs distributed				80
Phone calls made to families to inform them of the whereabouts of a detained relative	114		366	45
Detainees visited by their relatives with ICRC/National Society support				35

WOUNDED AND SICK

Doctors in Kenya and Tanzania reinforce their skills

The ICRC – in coordination with Islamic leaders in the three countries – provided first-aid training for religious scholars in Djibouti and for people in Kenya and Tanzania who served as pilgrimage guides; in Kenya, such training was provided in cooperation with the National Society. The ICRC trained 34 Kenyan doctors in war surgery, and 20 Tanzanian doctors in trauma management.

At an ICRC workshop, representatives from three hospitals and one health centre in Kenya, and from one hospital in Tanzania, made plans for setting up programmes to train health staff in emergency care, and for drawing up procedures for mass-casualty management.

ACTORS OF INFLUENCE

Influential parties learn more about the Movement and its work

National authorities, regional bodies, members of civil society, and the general public learnt more about issues of humanitarian concern and the Movement's role and activities, through various forums and events organized by the ICRC – together with the National Societies, whenever possible. The National Societies and the ICRC also used social media to reach out to the public and broaden awareness of their work.

Representatives of regional bodies and international organizations present in East Africa – including the African Union Mission in Somalia (AMISOM), the Intergovernmental Authority on Development (IGAD), and various UN agencies – attended an IHL course, organized by the ICRC and held annually in Nairobi, for humanitarian professionals and policy-makers. The ICRC, together with the IGAD's Conflict Early Warning and Response Mechanism, conducted a seminar on armed conflict, the protection of civilians and IHL for officials from IGAD Member States.

Meetings with Islamic leaders in the region focused on the points of correspondence between Islamic law and IHL; religious leaders from Djibouti and Tanzania were sponsored to attend a course on the subject (see *Tunis*).

In all three countries covered, the National Societies and the ICRC organized information sessions for local journalists, and encouraged them to cover the Movement's work and report on issues of humanitarian concern. The National Societies continued to receive training and other assistance from the ICRC for strengthening their capacities in public communication.

Weapon bearers add to their knowledge of IHL

The ICRC continued to provide or sponsor IHL training for military officers in the region, including officials from the Eastern Africa Standby Force, and to encourage them to integrate IHL and other applicable norms into their doctrine, training and operations. Senior officers from Djibouti, Kenya and Tanzania took part in an annual workshop on the rules governing military operations (see *International law and policy*). Kenyan and Tanzanian officers at the Ethiopian Peace Support Training Centre participated in an ICRC training session on the protection of civilians (see *Ethiopia*). Djiboutian and Kenyan officers bound for AMISOM attended ICRC briefings. The ICRC provided the Tanzanian military with reference materials on IHL.

The ICRC conducted training in international human rights law and international law enforcement standards for police officers in all three countries covered and for maritime security officers in Kenya, and a train-the-trainer workshop for police officers in Tanzania. It provided the Djiboutian police with copies of a manual on human rights law.

Regional authorities discuss IHL implementation

The ICRC continued to encourage the authorities in the countries covered to incorporate key IHL provisions in domestic legislation. It held an IHL seminar in Nairobi, at which subjects of regional concern – such as the African Union Convention on IDPs and the Arms Trade Treaty – were discussed; seven East African countries, including Djibouti, Kenya and Tanzania, took part. Government officials from Kenya and Tanzania were sponsored to attend an international conference of Commonwealth National Societies (see *Rwanda*).

The Kenyan national IHL committee did not meet in 2019. The ICRC continued to engage with the Kenyan authorities, and helped them to prepare for and participate in the 33rd International Conference. It maintained its support for efforts to set up national IHL committees in Djibouti and Tanzania.

The ICRC sought to stimulate interest and develop expertise in IHL among academics in the wider region. It organized an IHL seminar in Nairobi for university lecturers from East Africa, and a moot court competition in Arusha for university students from anglophone African countries. Academics and students from Kenya and Tanzania were sponsored to take part in both events; they also participated in various other events organized by the ICRC. The ICRC sought a similar degree of engagement with academics in Djibouti.

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies in the countries covered expanded their operational capacities and pursued organizational development with comprehensive support from the ICRC. The ICRC continued to cover some of their running costs, including the salaries of key personnel. It gave the National Societies guidance, and new reporting tools, to improve the quality of their financial reporting.

The ICRC gave the Kenyan Red Cross expert advice for reviewing its working procedures and revising them to incorporate the Safer Access Framework more fully. Plans to provide similar assistance to the Tanzanian Red Cross were delayed, as the National Society was preparing to elect new officers.

The ICRC provided a final round of financial support for the Kenyan Red Cross's recycling project at the Dadaab refugee camp. Guidance for the project was given through weekly meetings with the National Society. At year's end, the Kenyan Red Cross, aided by the ICRC, was in the process of finding a new financial partner for the project.

The National Societies coordinated their activities with those of the ICRC, and other Movement partners in the region, through regularly held meetings.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		14,314	335		
RCMs distributed		14,599	141		
Phone calls facilitated between family members		177,760			
Names published on the ICRC family-links website		15			
Reunifications, transfers and repatriations					
People reunited with their families		151			
People transferred or repatriated		4			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		324	71	83	44
<i>including people for whom tracing requests were registered by another delegation</i>		100			
Tracing cases closed positively (subject located or fate established)		142			
<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)		1,340	266	370	153
<i>including people for whom tracing requests were registered by another delegation</i>		343			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		186	77		
UAMs/SC reunited with their families by the ICRC/National Society		91	30		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		491	195		
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		5			
Detainees in places of detention visited		1,100	34	29	
Visits carried out		7			
Detainees visited and monitored individually			Women	Girls	Boys
		29			
<i>of whom newly registered</i>		5			
RCMs and other means of family contact					
RCMs collected		525			
RCMs distributed		80			
Phone calls made to families to inform them of the whereabouts of a detained relative		525			
Detainees visited by their relatives with ICRC/National Society support		35			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	3,384	1,607	62
Food production	Beneficiaries	3,312	1,626	
Income support	Beneficiaries	10,449	3,298	135
Capacity building	Beneficiaries	16,422	4,740	1,551
Water and habitat				
Water and habitat activities	Beneficiaries	30,536	9,156	10,697
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	1,169		

NIGER

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2019

- Displaced people in Diffa and Tillabery, as well as the wounded and the disabled, received treatment at ICRC-supported facilities, despite the security constraints that limited humanitarian and medical activities.
- The ICRC and the Red Cross Society of Niger provided displaced people in Diffa and Tillabery with food and/or e-vouchers, water and household essentials, which helped them cope with displacement.
- Vulnerable people – including farmers, herders and displaced people – were given livelihood support, which fortified them against the deteriorating security situation.
- Thousands of detainees had better living conditions after the detaining authorities and the ICRC renovated water systems and living quarters, and improved the provision of health care and food.
- Members of families separated by conflict, or for other reasons, reconnected using Movement family-links services. Some minors rejoined their families, and some missing-persons cases were resolved.
- Weapon bearers were briefed on IHL and other pertinent norms. The ICRC broadened awareness of the Movement among influential actors, partly to secure safe access for itself, and for the National Society, to violence-prone areas.

EXPENDITURE IN KCHF

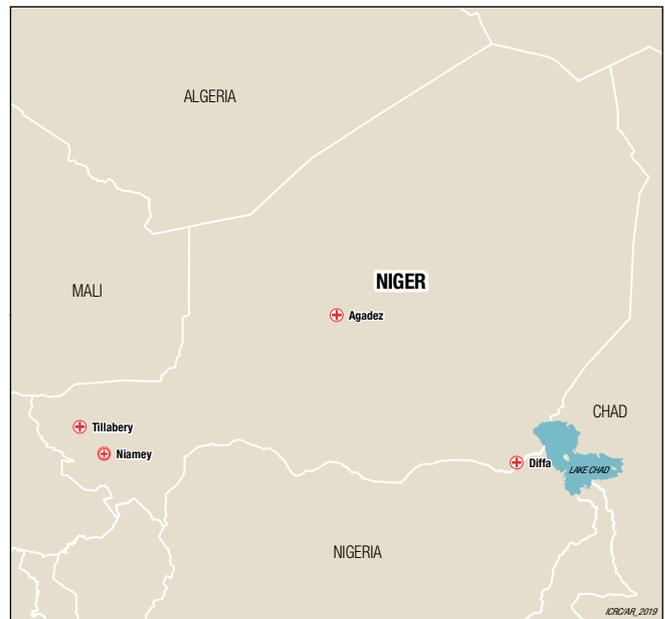
Protection	4,190
Assistance	28,505
Prevention	2,620
Cooperation with National Societies	1,252
General	240
Total	36,807
<i>Of which: Overheads</i>	<i>2,246</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	38
Resident staff (daily workers not included)	212



⊕ ICRC delegation ⊕ ICRC sub-delegation

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	174
RCMs distributed	151
Phone calls facilitated between family members	13,240
Tracing cases closed positively (subject located or fate established)	52
People reunited with their families	7
<i>of whom unaccompanied minors/separated children</i>	<i>7</i>
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	11
Detainees in places of detention visited	4,027
<i>of whom visited and monitored individually</i>	<i>1,026</i>
Visits carried out	57
Restoring family links	
RCMs collected	148
RCMs distributed	110
Phone calls made to families to inform them of the whereabouts of a detained relative	184

ASSISTANCE	2019 Targets (up to)	Achieved	
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	172,200	221,237
Food production	Beneficiaries	294,700	460,919
Income support	Beneficiaries	3,850	1,086
Living conditions	Beneficiaries	21,000	21,007
Capacity-building	Beneficiaries	870	1,115
Water and habitat			
Water and habitat activities	Beneficiaries	221,225	198,651
Health			
Health centres supported	Structures	11	9
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries	1,500	2,975
Living conditions	Beneficiaries	2,850	3,281
Water and habitat			
Water and habitat activities	Beneficiaries	3,293	3,595
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	4	5
Physical rehabilitation			
Projects supported	Projects	2	2
Water and habitat			
Water and habitat activities	Beds (capacity)	286	369

CONTEXT

Niger continued to feel the effects of the armed conflict between State forces in the Lake Chad region (see also *Chad*, *Nigeria* and *Yaoundé*) and the armed groups known as “the Islamic State’s West Africa Province” and Jama’atu Ahlis Sunna Lidda’awati wal-Jihad, and between these forces and armed groups in the Sahel region (see *Mali* and *Burkina Faso*). Nigerien forces undertook operations against these groups, which led to arrests being made. Armed groups reportedly carried out attacks in Tillabery region, leading the authorities to maintain the state of emergency in affected localities.

The clashes between armed groups and Nigerien troops, and the sharply deteriorating security situation, had the greatest impact on people in Diffa and Tillabery: kidnapping and other criminal acts, and attacks on humanitarian and health workers, were reported; in some areas, people were at risk from improvised explosive devices (IEDs). The prevailing situation endangered lives, livelihoods and property, and drove many people from their homes. Tens of thousands of displaced people remained in informal camps and host communities in Diffa and in Tillabery.

Migrants traveling towards northern Africa and Europe, or deported from Algeria, passed through the Agadez region of Niger.

ICRC ACTION AND RESULTS

As in the past, the ICRC endeavoured – through dialogue and other means – to build support for IHL and other international norms among authorities, weapon bearers and members of civil society. It provided expert assistance to the authorities for implementing IHL, and to the military and security forces for strengthening respect among their personnel for IHL and other pertinent norms. The ICRC strove to secure safe access for itself, and for the Red Cross Society of Niger, to people in violence-prone areas – particularly those areas where humanitarian and medical activities had been restricted by security constraints. Partly to that end, it worked to broaden awareness of the Movement and its activities.

It documented allegations of abuse, including sexual violence and obstruction of health-care delivery, and submitted them to the parties concerned, to help them prevent or end such abuse. The ICRC, in tandem with the National Society, assisted people to recover from and build their resilience to the effects of conflict. To this end, it opened a sub-delegation in Tillabery, where humanitarian needs were particularly urgent. Displaced people in Diffa and Tillabery were given food and/or e-vouchers, water and household essentials. Farmers and herders benefited from infrastructural upgrades, the provision of supplies, and free livestock services. The ICRC gave female heads of households, disabled people and others money and training to start or resume livelihoods or set up small businesses. ICRC-supported upgrades to rural water points and urban water-supply systems made clean water available to tens of thousands of people. Information sessions on good hygiene practices helped people protect themselves against water-borne illnesses.

Displaced people in Diffa and Tillabery, and other vulnerable people, obtained health care at facilities that received support – medical supplies and infrastructural upgrades – from the ICRC; however, because of the security situation, less support was given than planned. Casualties of violence along Niger’s borders with Mali and Nigeria were treated at three hospitals that received supplies and infrastructural upgrades; the Diffa hospital was also given staffing support until May. Disabled people obtained free physical rehabilitation services and/or assistive devices at two ICRC-supported centres and a mobile clinic in Tillabery. The ICRC maintained its training initiatives, which aimed to enlarge Niger’s limited pool of qualified professionals. It also strove to advance the social inclusion of disabled people.

Members of families separated by conflict or other violence, detention or migration reconnected, using Movement family-links services. Some minors were reunited with their families, and a few missing-persons cases resolved. Financial and technical support was given to people involved in managing human remains or assisting missing people’s families.

The ICRC visited detainees in accordance with its standard procedures. It paid particularly close attention to security detainees; people held by the military forces and counter-terrorism services; and vulnerable detainees (minors and people held far from their families, including foreigners). Afterwards, it communicated its findings and recommendations confidentially to the detaining authorities, to help them improve detainees’ living conditions and treatment. Aided by the ICRC, the authorities took steps to improve penitentiary services. At several places of detention, the ICRC provided assistance directly: for instance, it helped upgrade water systems, cells and kitchens, and conducted cleaning and fumigation campaigns. It also gave prison health services support: supplies, upgrades to clinics, and expert advice for the systematic medical screening of detainees. Therapeutic feeding, made possible by the ICRC, enabled malnourished detainees to regain some lost weight.

The National Society was given support to expand its operational and institutional capacities, ensure the safety of volunteers, and coordinate its activities with other Movement components.

CIVILIANS

The ICRC documented allegations of abuse, including sexual violence and hindrances to health care, and shared these with the parties concerned, to help prevent their recurrence. The ICRC discussed the conduct of their operations – for example, in Diffa and Tillabery – with Nigerien military and security forces (see *Actors of influence*). The ICRC discussed with members of migrant and other vulnerable communities ways to reduce their exposure to safety risks, IEDs for example.

Minors reunite their families

Families separated by conflict or other situations of violence, detention or migration reconnected, using family-links services provided by the ICRC with the Red Cross Society of Niger: seven minors, including five demobilized children, were

reunited with their families, and two vulnerable adults were repatriated. The ICRC resolved a few missing-persons cases and evaluated families' methods of coping with a relative's disappearance. It arranged public events, with the National Society, to raise awareness of the plight of missing people and their families.

Members of an interministerial working group – afterwards, a national committee – discussed how to improve the management of human remains, at ICRC-convened meetings. Sponsored by the ICRC, Niger's only specialist in legal medicine attended a forensics conference abroad (see *Nairobi*). First responders in Diffa were briefed on basic forensics. The ICRC helped the military manage the remains of soldiers killed in clashes in Tillabery.

Vulnerable people obtain primary care

Displaced people and others in violence-affected and/or remote areas obtained preventive and curative care, and some psychosocial support, at seven primary-health-care centres: five in Tillabery and two in Diffa. Children were vaccinated against contagious diseases and pregnant women – some referred by ICRC-trained midwives – received ante/post-natal care. A few victims/survivors of sexual violence received appropriate care. The ICRC provided these centres with medical supplies and upgraded their water and waste-disposal systems.

Some casualties of clashes in Tillabery were treated at these centres and/or evacuated to hospitals by the ICRC (see *Wounded and sick*). Because of the security situation in Diffa and Tillabery, health centres were not supported as regularly as planned, and two facilities could not be supported at all.

Two mobile clinics run by the National Society, funded by the French Red Cross and the ICRC, provided basic health care, including psychosocial support, phone services and hygiene items for migrants in Agadez and Arlit.

Displaced people and vulnerable residents have access to clean water

The ICRC trucked in water, for a month, to newly displaced people in the Tillabery region. In Diffa and Tillabery, the ICRC installed toilets, showers and water storage units where displaced people gathered. It also constructed water points in the town of Tillabery, which hosted displaced people; this spared women from walking far for water, at risk to their safety. About 22,700 people had improved access to water.

In Agadez, Diffa, Tahua and Tillabery, some 80,750 people in rural areas – displaced people, farmers, herders, and others – had readier access to water and agro-pastoral services after the ICRC repaired or constructed infrastructure and installed pumps, including solar-powered ones. In urban Diffa, the ICRC renovated water-collection systems, which increased the water supply for about 70,500 people. The ICRC assessed the state of infrastructure and shared its findings with the local water authorities, which helped them plan upgrades and gain funding from an international donor.

Besides the activities mentioned above, the National Society and the ICRC conducted information sessions on good hygiene practices, to help some 24,700 people protect themselves against water-borne illnesses. Among these people were teachers and students at ten Koranic schools in Maradi and Zinder, who also received hygiene kits, and, for teachers, training in promoting good gynecological health practices.

Displaced people and vulnerable residents are given food and livelihood support

Over 133,000 people (some 19,100 households) – mostly newly displaced people in Diffa and Tillabery – were given a month's ration of food. Those in Diffa received these rations seven times over the year; about 1,000 households were given e-vouchers, enabling them to define and purchase their necessities for themselves. Some 3,000 households (21,000 people), displaced by violence or floods, were given food and household essentials.

In Agadez, Diffa and Tillabery, the ICRC assisted farmers and herders to recover from and build their resilience to the effects of conflict and to the deteriorating security situation. It gave seed and tools to around 3,600 farming households (some 25,000 people) and installed irrigation systems for vegetable gardens cultivated by women and others. It constructed vaccination pens and provided supplies and training for animal-health workers, who vaccinated and/or dewormed – free of charge – about 2,850,000 million heads of livestock for about 54,500 herding households (381,600 people). Seed and fodder banks supported by the ICRC with supplies and infrastructural upgrades sold food/seed and fodder, at competitive prices, to some 12,500 households (87,600 people) and 7,900 herding households (54,500 people) respectively. Female heads of households and disabled people, 155 breadwinners (supporting 1,100 people), supplemented their income with money earned from small businesses set up with funding and training from the ICRC. Some 1,100 people acquired marketable skills through training provided by the ICRC alongside the activities mentioned above.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees, in accordance with its standard procedures, at 11 places of detention. It paid particularly close attention to security detainees; people held by the military forces and counter-terrorism services; and vulnerable detainees (minors and people held far from their families, including foreigners). The ICRC's access to detainees was renewed by the authorities on a quarterly basis: discussions between the ICRC and the authorities on further formalizing this access were on hold.

The ICRC communicated findings and recommendations from its prison visits confidentially to the detaining authorities, to help them improve detainees' living conditions and treatment. It discussed with the authorities: reinforcing respect for judicial guarantees; improving detainees' access to health care; and ensuring that minors are not detained with adults and that detainees can contact their families.

The ICRC arranged for some detainees to be visited by their families; others sent RCMs, made calls, and/or contacted their consular representatives or the UNHCR. Plans to install telephones at one prison were postponed, following an attack by armed elements. Nearly 500 detainees going home after their release were given money and clothes.

Detainees' living conditions improve

The authorities undertook to improve penitentiary services, with the ICRC's technical support. They created a position to oversee efforts to bring prison infrastructure up to national standards, in line with a decree passed in 2018 that had been drafted with the ICRC's assistance. The ICRC organized workshops for 90 prison officials on managing prisons, maintaining infrastructure and responding to crises.

Some 3,600 detainees at five places of detention – in Agadez, Diffa, Kollo, Koutakalé and Niamey – had better living spaces and access to water owing to initiatives by the detaining authorities and the ICRC. Water systems were overhauled – in Koutakalé, replacing the water main took priority – and, at three prisons, latrines were built or expanded. The ICRC repainted and waterproofed the living quarters of minors and other detainees. Detainees were better protected from hygiene-related illnesses after the ICRC carried out cleaning and fumigation campaigns, and distributed hygiene and other items, at these prisons and at several places of detention run by the police, *gendarmerie* and counter-terrorism services.

The ICRC provided support for eight prisons: supplies; upgrades to clinics; and training for health staff in medical ethics and management of contagious diseases. Prison health staff were given expert advice for the systematic medical screening of detainees. About 3,000 detainees were found to be malnourished, and were given food supplements to help them regain some lost weight; 1,100 severely malnourished detainees were enrolled in ICRC-supported therapeutic feeding programmes. The ICRC trained cooks to standardize meals, and administrative staff to manage food stocks and, at two prisons, provided kitchens with cooking equipment.

WOUNDED AND SICK

The ICRC and the Red Cross Society of Niger briefed patients on their rights, and health workers and weapon bearers, on their rights and duties regarding health care; security constraints prevented more of these briefings from taking place.

Wounded people are given free surgical care

Casualties of violence along Niger's borders with Mali and Nigeria obtained free surgical treatment with the ICRC's support: 612 operations were performed on 296 admissions at two hospitals in Niamey and one each in Diffa and Tillabery. The ICRC provided these hospitals with supplies; it also upgraded electrical, waste-disposal and water systems; operating rooms at the Tillabery hospital; and temporary accommodations at the Diffa hospital. ICRC medical staff had been present at the Diffa hospital since 2015; this ended in May 2019, as planned.

One hospital in Agadez was given supplies for treating people wounded by a mine explosion.

Disabled people regain some mobility

Some 640 physically disabled people¹ obtained free rehabilitation services and/or assistive devices at the National Hospital in Niamey and at the Zinder hospital. The ICRC provided supplies and training for these facilities. The ICRC began a study of the obstacles to accessing physical rehabilitation services in Niger: meanwhile, it transported patients between Zinder and the above-mentioned centres, and, for a limited time, ran a mobile clinic for disabled people in Tillabery.

Four physical rehabilitation professionals continued their ICRC-sponsored training abroad, and 50 others attended ICRC workshops on amputee care and on wheelchair assembly. These efforts helped enlarge Niger's limited pool of qualified professionals.

Financial and other support from the ICRC enabled one disabled people's association to construct visitors' accommodations, and other organizations working for disabled people to pursue fundraising initiatives. The Paralympic committee was given financial and other support to train disabled people in sports and organize events promoting their social inclusion.

ACTORS OF INFLUENCE

Members of civil society learn about the Movement

The ICRC prioritized securing safe access for itself, and for the National Society, to people in violence-prone areas: particularly Tillabery – where the security situation restricted humanitarian and medical activities – and other areas where the ICRC had no dialogue with armed groups.

The ICRC and the National Society sought to gather support for humanitarian action among the authorities and influential members of civil society – by organizing various events for them and through other means. The ICRC explained the Fundamental Principles whenever it had an opportunity to do so: at *iftar* dinners for local authorities and religious leaders; during first-aid training sessions for Koranic teachers and students; and on other occasions. It organized workshops on the common ground between Islamic law and IHL for about 300 religious leaders and scholars, some of whom it sponsored to attend events abroad (see *Lebanon* and *Tunis*). Students learnt about IHL at various conferences and at a moot court competition held by the ICRC. The ICRC arranged field trips for journalists and kept them up to date on humanitarian affairs in the country; this resulted in broader coverage of the ICRC's family-links and assistance activities.

The National Society developed its own communication initiatives; the ICRC covered the salaries of National Society communication staff and provided financial and technical support to develop digital platforms. With the National Society, the ICRC produced content that reached the public via both social and traditional media.

1. Based on aggregated monthly data, which include repeat beneficiaries.

The ICRC met with representatives of vulnerable communities in Agadez, Diffa, Tahua and Tillabery; it assessed their needs and learnt what they thought of the ICRC's activities for them.

Weapon bearers learn about IHL

The ICRC gave the military and security forces expert advice for integrating IHL and international human rights law into their training, doctrine and operations. The officers commanding these forces, and officials from pertinent ministries, were urged to set up military units devoted solely to advancing integration; the ICRC and military officials discussed the appointment of legal advisers to counsel operational commanders. A few senior military officers were sponsored to attend advanced training abroad, including a workshop on international rules governing military operations (see *International law and policy*), courses in Switzerland, San Remo and elsewhere (see *Chad* and *Mauritania*). The ICRC organized a number of train-the-trainer sessions; instructors trained at these sessions later helped to brief military personnel – cadets, field officers, and some G5 Sahel personnel based in Niger – on IHL.

Security forces personnel – national guardsmen, *gendarmes* and police officers – and cadets were briefed on international policing standards.

Niger adopts a law protecting IDPs

The authorities, advised by the ICRC and the national IHL committee, took steps to advance the implementation of IHL-related laws. A few officials were sponsored to attend regional events (see *Chad* and *Nigeria*) on IHL implementation. The ICRC briefed magistrates-in-training on IHL and war crimes.

The authorities drafted laws implementing the Arms Trade Treaty, and revised the penal code, the penal procedure code, and the military justice code; they also amended laws pertaining to the provision of health care during conflict or other violence. Niger adopted a law implementing the African Union Convention on IDPs. At the 33rd International Conference in Geneva, Switzerland, a Nigerien official presented the region's progress in implementing IHL.

RED CROSS AND RED CRESCENT MOVEMENT

National Society volunteers train to operate safely in violence-prone areas

The Red Cross Society of Niger worked closely with the ICRC to assist people affected by armed conflict or other violence (see *Civilians*). The ICRC trained National Society volunteers during these joint activities.

The safety of volunteers remained paramount: the ICRC provided financial and technical support for training them in the Safer Access Framework, and for covering insurance costs for about 1,000 volunteers. The ICRC also kept the National Society and other Movement components up to date on the security situation. Another priority was ensuring that wounded people could receive medical aid: volunteers, along with some schoolteachers, learnt basic first aid from ICRC-trained National Society instructors and the ICRC; and trained volunteers were assigned to election-related and other public events and to religious festivals.

The National Society expanded its managerial capacities with the help of Movement components. The ICRC gave it funding and technical support to implement tools for managing its finances and human resources, and for hiring administrative staff and a focal point for migration issues. It also renovated some National Society facilities.

The ICRC organized meetings for the National Society and other Movement components in the region to coordinate their activities, particularly in connection with migrants and people in conflict-affected areas. ICRC support enabled the National Society to send representatives to the International Conference, the Council of Delegates, and a meeting of National Society legal advisers.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	174	24		
RCMs distributed	151	19		
Phone calls facilitated between family members	13,240			
Reunifications, transfers and repatriations				
People reunited with their families	7			
<i>including people registered by another delegation</i>	3			
People transferred or repatriated	2			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	113	3	11	19
<i>including people for whom tracing requests were registered by another delegation</i>	7			
Tracing cases closed positively (subject located or fate established)	52			
<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)	295	21	45	77
<i>including people for whom tracing requests were registered by another delegation</i>	75			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	28	5		4
UAMs/SC reunited with their families by the ICRC/National Society	7			5
<i>including UAMs/SC registered by another delegation</i>	3			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	53	16		8
Documents				
People to whom official documents were delivered across borders/front lines	3			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	11			
Detainees in places of detention visited	4,027	132	263	
Visits carried out	57			
		Women	Girls	Boys
Detainees visited and monitored individually	1,026	18	1	56
<i>of whom newly registered</i>	459	10	1	48
RCMs and other means of family contact				
RCMs collected	148			
RCMs distributed	110			
Phone calls made to families to inform them of the whereabouts of a detained relative	184			
Detainees visited by their relatives with ICRC/National Society support	37			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS			Total	Women	Children
Economic security					
Food consumption	Beneficiaries		221,237	55,329	110,358
	<i>of whom IDPs</i>		103,229	25,813	51,603
Food production	Beneficiaries		460,919	121,111	224,592
	<i>of whom IDPs</i>		13,181	3,296	6,589
Income support	Beneficiaries		1,086	698	104
	<i>of whom IDPs</i>		413	182	
Living conditions	Beneficiaries		21,007	4,889	9,759
	<i>of whom IDPs</i>		777	195	387
Capacity-building	Beneficiaries		1,115	115	50
	<i>of whom IDPs</i>		20	10	
Water and habitat					
Water and habitat activities	Beneficiaries		198,651	99,316	59,637
	<i>of whom IDPs</i>		53,697	26,849	16,109
Health					
Health centres supported	Structures		9		
Average catchment population			178,912		
Consultations			91,841		
	<i>of which curative</i>		70,960	13,611	47,766
	<i>of which antenatal</i>		20,881		
Immunizations	Doses		330,495		
	<i>of which polio vaccines for children aged 5 or under</i>		101,569		
Referrals to a second level of care	Patients		1,122		
	<i>of whom gynaecological/obstetric cases</i>		326		
PEOPLE DEPRIVED OF THEIR FREEDOM					
Economic security					
Food consumption	Beneficiaries		2,975	17	66
Living conditions	Beneficiaries		3,281	27	20
Capacity-building	Beneficiaries		90	4	
Water and habitat					
Water and habitat activities	Beneficiaries		3,595	108	72
Health					
Places of detention visited by health staff	Structures		9		
Health facilities supported in places of detention visited by health staff	Structures		8		
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures		5		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>		3		
Services at hospitals reinforced with or monitored by ICRC staff					
Surgical admissions					
	Weapon-wound admissions		296	15	15
	(including those related to mines or explosive remnants of war)		7	2	
	Non-weapon-wound admissions		514		
	Operations performed		612		
Medical (non-surgical) admissions			1	1	
Consultations			2,069		
Services at hospitals not monitored directly by ICRC staff					
Surgical admissions (weapon-wound and non-weapon-wound admissions)			35		
Weapon-wound admissions (surgical and non-surgical admissions)			35		
Weapon-wound surgeries performed			27		
Patients whose hospital treatment was paid for by the ICRC			700		
Water and habitat					
Water and habitat activities	Beds (capacity)		369		
Physical rehabilitation					
Projects supported			2		
	<i>of which physical rehabilitation projects supported regularly</i>		2		
People benefiting from ICRC-supported projects	Aggregated monthly data		639	135	242
	<i>of whom victims of mines or explosive remnants of war</i>		16		
Prostheses delivered	Units		135		
Orthoses delivered	Units		351		
Walking aids delivered	Units		128		
Wheelchairs or postural support devices delivered	Units		96		

NIGERIA

Active in Nigeria during the Biafran war (1966–1970), the ICRC established a delegation in the country in 1988. It seeks to respond to the needs of people affected by armed conflict and other violence throughout the country, particularly the conflict in the north-east; it also visits detainees. It works closely with the Nigerian Red Cross Society and supports its capacity-building efforts. Working with the authorities, the armed forces and police, civil society and the Economic Community of West African States, the ICRC promotes awareness of IHL and its implementation at national level.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2019

- While ongoing hostilities still limited its access to some areas of the north-east, the ICRC expanded its efforts to build acceptance for its work among weapon bearers and used a helicopter to deliver services where roads were impassable.
- People affected by attacks that caused large-scale displacement in the north-east early in the year met their urgent needs for food, water and shelter with relief assistance from the ICRC and the Nigerian Red Cross Society.
- Returnees, residents and refugees grew food, raised livestock or pursued livelihoods with the ICRC's support; ongoing hostilities in the north-east and difficulties in importing supplies hampered implementation of some of these activities.
- In rural areas, clean water was more readily available to people after the ICRC repaired or built supply systems. Some projects to restore water-treatment plants in urban areas were still ongoing at year's end.
- Pregnant women, malnourished children and victims/survivors of sexual violence obtained treatment at ICRC-supported primary-health-care centres; support was given to more facilities following large influxes of patients.
- Volunteers from missing people's families were trained to provide psychological and psychosocial support to others with missing relatives as part of an ICRC project to address the various needs of missing people's families.

EXPENDITURE IN KCHF

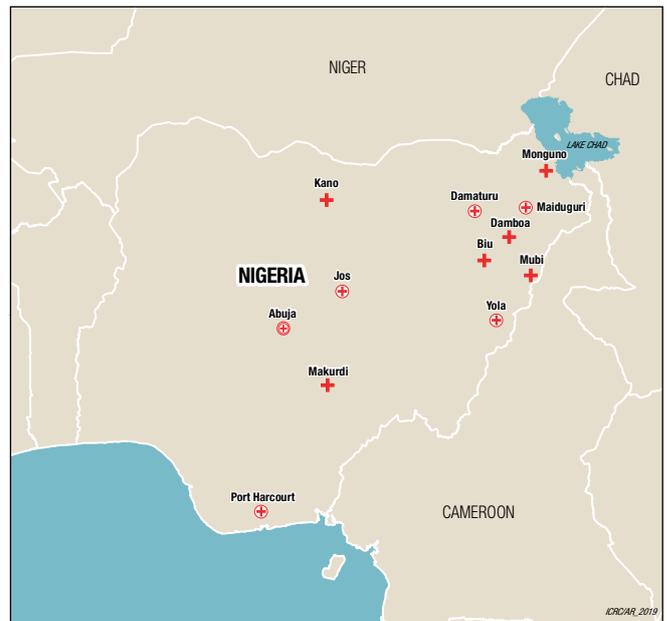
Protection	11,950
Assistance	63,786
Prevention	9,106
Cooperation with National Societies	3,961
General	592
Total	89,396
<i>Of which: Overheads</i>	<i>5,456</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	85%
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PERSONNEL

Mobile staff	152
Resident staff (daily workers not included)	611



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

PROTECTION

	Total
CIVILIANS	
Restoring family links	
RCMs collected	721
RCMs distributed	1,380
Phone calls facilitated between family members	756
Tracing cases closed positively (subject located or fate established)	977
People reunited with their families	20
<i>of whom unaccompanied minors/separated children</i>	11

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits	
Places of detention visited	26
Detainees in places of detention visited	23,285
<i>of whom visited and monitored individually</i>	7,490
Visits carried out	102
Restoring family links	
RCMs collected	2,988
RCMs distributed	659
Phone calls made to families to inform them of the whereabouts of a detained relative	28

ASSISTANCE

		2019 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	322,000	600,381
Food production	Beneficiaries	674,400	555,074
Income support	Beneficiaries	42,180	17,781
Living conditions	Beneficiaries	108,000	145,963
Capacity-building	Beneficiaries	1,620	1,978
Water and habitat			
Water and habitat activities	Beneficiaries	1,498,000	594,065

Health			
Health centres supported	Structures	15	29

PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security			
Food consumption	Beneficiaries	6,800	7,602
Living conditions	Beneficiaries	31,500	14,098
Water and habitat			
Water and habitat activities	Beneficiaries	18,000	20,319

WOUNDED AND SICK

Medical care			
Hospitals supported	Structures	15	9
Physical rehabilitation			
Projects supported	Projects	1	1
Water and habitat			
Water and habitat activities	Beds (capacity)	1,923	1,022

CONTEXT

Clashes related to the conflict between State forces and the armed groups known as “the Islamic State’s West Africa Province” and Jama’atu Ahlis Sunna Lidda’awati wal-Jihad took place in the north-eastern states of Adamawa, Borno and Yobe; conflict also continued in the wider Lake Chad region (see *Chad, Niger and Yaoundé*). Attacks attributed to the armed groups frequently occurred in rural areas.

Civilians and medical facilities were not spared. A series of attacks – beginning in December 2018 and continuing into January 2019 – forced tens of thousands of people to flee to urban areas or neighbouring countries. Resources in places hosting IDPs became increasingly overstretched, worsening living conditions and narrowing access to essential services. The authorities opened a new camp in Maiduguri to deal with the influx of IDPs. Ongoing hostilities and flooding made it difficult to reach some areas, particularly in the north-east, which hampered the delivery of humanitarian aid and prevented people from growing crops or earning a living.

Communal violence in the Middle Belt remained a concern. In the south, violence linked to crime and disputes over crude oil resources continued; this resulted in arrests, as did protests linked to Biafran secessionism. Refugees from Cameroon continued to arrive in southern Nigeria, where most of them lived in host communities.

The Economic Community of West African States (ECOWAS) worked to address regional issues from its headquarters in Abuja, Nigeria.

ICRC ACTION AND RESULTS

The ICRC stepped up its emergency assistance in areas of the north-east where it had access, while also responding to the needs of violence-affected people elsewhere in the country; these activities were carried out with the Nigerian Red Cross Society and local actors. It expanded its engagement with the authorities, weapon bearers and communities to foster acceptance for its neutral, impartial and independent humanitarian action, and to broaden its access to people in need. In the north-east, where roads were closed or impassable owing to ongoing hostilities or flooding, it used a helicopter to travel to remote areas and to resume its work in some places that were comparatively inaccessible in 2018.

Dialogue with the parties to the conflict was strengthened, to discuss protection-related concerns and remind them of their obligations under IHL and other relevant norms.

Following large-scale displacement in the north-east, the ICRC launched a multidisciplinary response: it built water points, latrines and temporary shelters in areas receiving influxes of IDPs and distributed food and essential items with the National Society so that IDPs and the communities hosting them could meet their urgent needs. IDPs in the Middle Belt received similar support, and Cameroonian refugees and those hosting them received cash assistance to cover basic expenses.

In areas that were relatively calmer, the ICRC and the National Society helped returnees, residents, refugees and IDPs enduring protracted displacement to grow crops, raise livestock or pursue income-generating activities. These people also benefited from ICRC projects to construct water points in rural areas and urban centres, or help them rebuild their houses. The provision of livelihood support and certain capacity-building initiatives were hindered sometimes by security constraints, difficulties in importing the needed supplies, or administrative impediments; some urban water projects were still in progress at year’s end.

The ICRC gave health facilities support – supplies, equipment, infrastructural improvements and/or staff training and incentives – for providing services to people affected by conflict or other situations of violence. ICRC assistance was extended to more primary-health-care centres than planned to help them maintain their services for pregnant women, malnourished children, victims/survivors of sexual violence and others following large influxes of patients. In the north-east, wounded people were treated by an ICRC mobile surgical team at the State Specialist Hospital in Maiduguri (SSH-M) and disabled people received physical rehabilitation at the ICRC-supported National Orthopaedic Hospital in Kano. The ICRC or ICRC-trained volunteers gave conflict-affected people, including victims/survivors of sexual violence, and National Society volunteers mental-health and psychosocial support.

Members of families separated by conflict or other violence reconnected through the Movement’s family-links services. The authorities worked to ascertain the fate or whereabouts of missing people in Nigeria and enhance domestic capacities in managing human remains with ICRC technical support. The ICRC trained “accompaniers” to provide psychological and psychosocial support for missing people’s families, as part of its project to address these families’ needs.

The ICRC visited detainees, in accordance with its standard procedures, and monitored their well-being, paying particular attention to people held in connection with the conflict. It provided the authorities with material, technical and infrastructural support for improving detainees’ living conditions, particularly in terms of addressing malnutrition.

The ICRC continued to promote the national implementation of IHL and/or IHL-related treaties among Nigerian lawmakers and ECOWAS Member States.

The National Society was given comprehensive support to develop its operational and organizational capacities. Movement components in Nigeria continued to meet to coordinate activities.

CIVILIANS

To foster acceptance for its neutral, impartial and independent humanitarian work and broaden its access to people in need, the ICRC expanded its engagement with the authorities, weapon bearers and communities. Where roads were closed or impassable owing to the volatile situation or flooding, it used a helicopter to reach communities and provide relief aid, livelihood support and family-links services; and implement

water, shelter and sanitation projects. This also enabled the ICRC to resume activities in certain areas that were comparatively inaccessible in 2018.

Vulnerable people discuss their concerns with the ICRC

The ICRC documented the protection-related concerns of people affected by conflict and other violence, and made confidential representations to the parties concerned, urging them to stop or prevent unlawful conduct.

The ICRC strengthened its dialogue with weapon bearers and the authorities on their obligations under IHL or international human rights law – particularly in connection with the conduct of hostilities, the use of force in law enforcement operations and the prevention of sexual violence – and on the necessity of safeguarding women, children, IDPs and medical personnel and facilities. These topics were also discussed during training sessions held for armed forces personnel and civilian self-defence groups.

People discussed their needs, and sought information or gave feedback on ICRC activities, during community meetings or through an ICRC hotline set up under its community contact centre. ICRC projects developed with vulnerable communities – displaced female breadwinners, including victims/survivors of sexual violence, in the north-east and violence-affected people in the south – helped them mitigate risks to their safety (see below).

People affected by fighting meet their basic needs and boost their self-sufficiency

The ICRC, with the Nigerian Red Cross Society, stepped up its emergency response in accessible areas of the north-east. They also attended to the needs of IDPs, refugees and host communities elsewhere in the country. Some 100,100 households (600,400 people) were given food and/or cash for buying food or covering other expenses (e.g. medicines, school fees). Around 24,300 households (146,000 people) received sleeping mats, soap and other essentials to help improve their living conditions.

Returnees, residents or refugees worked to produce their own food with support from the ICRC and the National Society. Around 89,200 households (537,000 people) received seed and tools or cash to buy them; some were also given food assistance to get them through the lean season. An ICRC livestock deworming project helped some 3,000 households (18,000 people) to protect their herds against parasites.

Around 4,500 vulnerable breadwinners (supporting 17,600 people) – IDPs enduring protracted displacement, women, victims/survivors of sexual violence and physically disabled people – received cash grants and/or training for starting or resuming income-generating activities (e.g. making handicrafts, fishing), or took part in cash-for-work projects to improve sanitation in their communities. A Lagos-based organization and the ICRC gave 153 young entrepreneurs seed money and training so they could realize business ideas to benefit their communities.

ICRC training sessions helped around 2,000 people build their capacities: animal-health workers and government staff strengthened their skills to support herders, and some of

them were given veterinary kits; IDPs in one camp learnt good nutritional practices; and female breadwinners refreshed their skills in poultry farming.

Some plans to implement vaccination campaigns, and to support local cooperatives and vulnerable breadwinners, were hampered by security constraints or by difficulties in importing supplies. Capacity-building initiatives for some government personnel were cancelled, owing to administrative impediments.

ICRC projects help improve displaced people's access to water, shelter and sanitation facilities

The ICRC repaired or built water points, latrines and/or showers for some 417,700 IDPs, refugees, host communities and others in rural areas; some water pumps were upgraded to run on solar power. IDPs in camps learnt good hygiene practices from ICRC-trained National Society volunteers.

Around 90,000 residents and IDPs in Maiduguri collected water from ICRC-built tap stands connected to a water-treatment plant previously upgraded by the ICRC and the Borno water ministry, which strove to implement projects more efficiently with ICRC guidance. The renovation of other water-treatment plants was still in progress at year's end.

The ICRC built temporary shelters for IDPs, and helped returnees rebuild their homes using stabilized-soil bricks or provided materials for them to do so themselves, to the benefit of about 63,700 people; more people than planned received assistance, as support was stepped up in areas receiving influxes of IDPs.

Some 22,700 people benefited from the construction or repair of solar-powered street lights and pedestrian passageways in violence-affected communities in the south, and of structures housing family-links services and mental-health and psychosocial support services in IDP camps in the north-east.

Primary-health-care centres damaged by conflict, and those serving refugees and their host communities, were repaired or upgraded by the ICRC.

Victims of violence benefit from ICRC support for health care

Ante/post-natal care, paediatric care, treatment for victims/survivors of sexual violence and malnourished people, and other services were available at ICRC-supported primary-health-care facilities, which were given supplies, equipment, infrastructural upgrades, and/or staff training and incentives; treatment costs were also covered for patients referred for further care. Nineteen facilities received this support regularly, while 11 facilities, including one of those previously mentioned, were given support following large influxes of patients.

The ICRC continued – together with local health authorities and a Swiss institute – to provide technical and material assistance for the use of the ALMANACH (Algorithm for the Management of Acute Childhood Illnesses) application in Adamawa; this helped health personnel to provide necessary care to children.

ICRC training and guidance helped local committees to manage primary-health-care centres, National Society volunteers to conduct disease-prevention campaigns during outbreaks of lassa fever and cholera, and community-based groups to instruct parents in the proper feeding of infants and young children.

The ICRC – or ICRC-trained National Society volunteers, health staff or community members – provided mental-health, psychological and/or psychosocial support to victims/survivors of sexual violence, missing people’s families, and other conflict-affected people through individual or group sessions conducted in communities and primary-health-care centres. People learnt about the psychological and psychosocial consequences of conflict, and about the services available to them, through ICRC information sessions. National Society volunteers working in the north-east were also given support by the ICRC to help them cope with the psychological toll of their work.

The ICRC documented attacks against health workers or facilities and brought them to the attention of the pertinent parties. It also conducted information sessions on self-protection for health workers and community leaders.

Members of dispersed families reconnect

The National Society, with ICRC support, provided family-links services for members of dispersed families, including refugees, in coordination with other ICRC delegations in the Lake Chad region, where necessary; 20 people were reunited with their families. People learnt about these services through dissemination sessions, informational materials – which included tips for preventing loss of family contact – or the ICRC’s community contact centre. The use of radio spots to facilitate tracing was delayed, as discussions with radio networks were still ongoing at year’s end.

The national authorities sought to set up a mechanism to clarify the fate of the large number of missing people in Nigeria with ICRC support, but little progress was made, as the authorities had other priorities. Members of a government committee in charge of creating the mechanism were given training to help them create a national database of missing people. Two officials were sponsored to attend ICRC workshops abroad to exchange best practices with their peers.

The ICRC finalized a report on the needs of missing people’s families and began a project to address these needs, focusing on providing psychological and psychosocial support to the families by training volunteers, called “accompaniers”, from among them. It planned to share the report with the authorities in 2020, to help them develop other programmes for missing people’s families.

To prevent people’s remains from becoming unaccounted for or remaining unidentified, the ICRC trained first responders, government officials and other forensic actors in managing human remains and provided expert assistance to a working group for revising laws related to forensic work. It also advised an interministerial committee established by the health

authorities which aimed to develop standards for managing human remains during emergencies. The ICRC cancelled other planned forensic projects to prioritize these activities after re-assessing the needs and available capacities in the country.

PEOPLE DEPRIVED OF THEIR FREEDOM

Vulnerable detainees are visited by the ICRC

The ICRC visited, in accordance with its standard procedures, detainees held by the military, the police and the Nigerian Correctional Service (NCS) – previously known as the Nigerian Prisons Service; 7,490 vulnerable detainees – including people detained in connection with conflict, women and minors – were monitored individually. The ICRC also pursued dialogue with the security forces and the authorities – during training sessions, for instance – on broadening its access to detainees.

Findings and recommendations from ICRC visits were communicated confidentially to the authorities, who were given technical and material support to improve detainees’ treatment and living conditions. ICRC training sessions enabled NCS staff to learn more about prison management. At ICRC workshops, judicial officials and military legal advisers discussed how to strengthen respect for judicial guarantees. Detaining authorities, with technical support from the ICRC, developed a nationwide system for storing detainees’ information.

Detainees at some places of detention got in touch with their relatives through family-links services provided by the ICRC; at the same time, the ICRC urged detaining authorities to make such services available to all detainees.

The authorities improve detainees’ living conditions with ICRC support

ICRC infrastructure projects helped the authorities improve prison facilities for some 20,300 detainees. The ICRC renovated or constructed water-supply systems, living quarters and/or kitchens; cleaned septic tanks; conducted hygiene-promotion sessions; and donated cleaning materials. Prison staff and detainees learnt how to maintain the facilities at ICRC training sessions. Plans for training detainees in producing soap and other hygiene items were not yet realized because the authorities had other priorities.

Around 7,600 detainees benefited from ICRC support to prison staff for implementing a menu that met detainees’ nutritional requirements: the ICRC donated food and kitchen supplies, and provided on-the-job training in food-chain management.

Some 14,100 detainees were given clothes, bedding, hygiene kits and other items to help improve their living conditions.

Supplies and technical support from the ICRC helped six prison clinics treat detainees with chronic or communicable diseases. When rates of scabies and malnutrition rose, the authorities were given additional medicines to help them deal with these emergencies. At an ICRC round table, the NCS, the health ministry and the Nigeria Centre for Disease Control discussed possibilities for cooperating to improve health care in prisons.

WOUNDED AND SICK

Trauma victims receive timely surgical care

The ICRC maintained its support (e.g. donations of supplies and equipment on a regular basis, and on-the-job coaching and incentives for staff) for the SSH-M, which received many injured people in the north-east. An ICRC mobile surgical team there operated on patients free of charge. Wounded people were referred, when necessary, for specialized care, physical rehabilitation (see below), and/or mental-health and psychosocial support provided by ICRC-trained volunteers.

ICRC material and technical support was also given to eight other hospitals to help them treat the injured, particularly following mass-casualty incidents. Medical professionals were trained in weapon-wound surgery and emergency-room trauma care at ICRC sessions. Operating theatres and other facilities at the SSH-M and three other hospitals in the north-east (1,022 beds) were renovated by the ICRC.

Around 3,700 community members, weapon bearers, journalists, members of faith-based organizations, and National Society volunteers learnt first aid at ICRC-organized sessions so they could provide timely care during emergencies.

Conflict-affected disabled people obtain rehabilitative services

Some 300 physically disabled people¹ from conflict-affected areas were treated at the National Orthopaedic Hospital in Kano, which received material support from the ICRC. These disabled people, and 50 caregivers, covered their transportation, food and/or accommodation costs with ICRC financial support. Staff were trained to make assistive devices; two of them received ICRC scholarships to study prosthetics/orthotics abroad.

A total of 20 disabled people received training in business skills, and cash grants for small businesses, to help them support themselves and their families.

Construction began in August for a new physical rehabilitation centre, under the ICRC's Programme for Humanitarian Impact Investment and in partnership with the University of Maiduguri Teaching Hospital. Nine people – future employees of the new centre – continued studying prosthetics/orthotics on ICRC scholarships.

ACTORS OF INFLUENCE

National authorities and legal professionals strengthen their grasp of IHL

To strengthen weapon bearers' respect for applicable norms, the ICRC helped them integrate pertinent norms and standards in their training and regulatory frameworks. It advised the Nigerian Defence Academy in drafting an IHL curriculum, and the police in revising their standard procedures for the use of force and firearms. ICRC workshops sought to help military

legal advisers ensure compliance with IHL among troops, and officers of the ECOWAS Standby Force deepen their understanding of IHL.

At various meetings and other events, the ICRC urged Nigerian lawmakers to incorporate provisions of IHL and the African Union Convention on IDPs in domestic legislation, and to ratify the Convention on Cluster Munitions. It also held workshops and briefings on IHL for legal professionals and government officials. ECOWAS and the ICRC promoted the implementation of key IHL treaties among ECOWAS Member States during an annual meeting.

To help academics strengthen their knowledge of IHL, the ICRC organized a workshop for law professors and a national moot court competition for students; some experts doing IHL-related research were sponsored to attend events abroad. Workshops were also organized for Islamic scholars, and community and religious leaders, on the common ground between Islamic law and IHL, to help the ICRC shape its engagement with weapon bearers on the conduct of hostilities.

Public engagement helps broaden support for the ICRC's work

The ICRC held workshops and meetings with journalists, and produced content for the internet and radio, with a view to broadening public awareness both of its mandate and activities, and of humanitarian issues in Nigeria. Together with the National Society, it produced and distributed informational materials on the Fundamental Principles and the emblems protected under IHL.

RED CROSS AND RED CRESCENT MOVEMENT

The Nigerian Red Cross Society continued to build its operational capacities with ICRC support: training and on-the-job mentoring for personnel in topics such as restoring family links, implementing economic-security projects, repairing and maintaining water-supply systems and conducting public-communication campaigns; and donations of essential household items for the National Society's relief operations in flood-affected communities.

The National Society was also given support for its organizational development. The ICRC provided training in the Safer Access Framework for volunteers, and in financial management for National Society personnel; repaired or built offices in areas affected by conflict or other violence; covered rental fees for office spaces and salaries for staff; and donated vehicles. The ICRC also sponsored National Society staff to attend the Movement's statutory meetings in Geneva, Switzerland.

Movement components in Nigeria and the Lake Chad region continued to meet to coordinate activities and discuss issues of common concern.

1. Based on aggregated monthly data, which include repeat beneficiaries.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		721	9		
RCMs distributed		1,380	3		
Phone calls facilitated between family members		756			
Names published in the media		823			
Reunifications, transfers and repatriations					
People reunited with their families		20			
	<i>including people registered by another delegation</i>	13			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		2,157	286	289	413
	<i>including people for whom tracing requests were registered by another delegation</i>	123			
Tracing cases closed positively (subject located or fate established)		977			
	<i>including people for whom tracing requests were registered by another delegation</i>	11			
Tracing cases still being handled at the end of the reporting period (people)		22,919	3,229	6,065	7,210
	<i>including people for whom tracing requests were registered by another delegation</i>	238			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		122	59		3
UAMs/SC reunited with their families by the ICRC/National Society		11	4		1
	<i>including UAMs/SC registered by another delegation</i>	8			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		639	280		4
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		26			
Detainees in places of detention visited		23,285	554	290	
Visits carried out		102			
			Women	Girls	Boys
Detainees visited and monitored individually		7,490	59	22	189
	<i>of whom newly registered</i>	609	11	16	111
RCMs and other means of family contact					
RCMs collected		2,988			
RCMs distributed		659			
Phone calls made to families to inform them of the whereabouts of a detained relative		28			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	600,381	195,009	230,995
	<i>of whom IDPs</i>	314,522	96,361	147,404
Food production	Beneficiaries	555,074	187,987	191,908
	<i>of whom IDPs</i>	107,498	38,320	35,223
Income support	Beneficiaries	17,781	6,020	5,340
	<i>of whom IDPs</i>	9,239	2,627	4,260
Living conditions	Beneficiaries	145,963	44,397	69,873
	<i>of whom IDPs</i>	111,297	33,996	52,711
Capacity-building	Beneficiaries	1,978	664	722
	<i>of whom IDPs</i>	1,444	433	722
Water and habitat				
Water and habitat activities	Beneficiaries	594,065	309,084	107,027
	<i>of whom IDPs</i>	229,792	119,491	41,363
Health				
Health centres supported	Structures	29		
Average catchment population		844,543		
Consultations		668,255		
	<i>of which curative</i>	579,610	147,635	334,111
	<i>of which antenatal</i>	88,645		
Immunizations	Doses	1,312,217		
	<i>of which polio vaccines for children aged 5 or under</i>	846,975		
Referrals to a second level of care	Patients	1,699		
	<i>of whom gynaecological/obstetric cases</i>	545		

PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	7,602	106	201
Living conditions	Beneficiaries	14,098	120	214
Water and habitat				
Water and habitat activities	Beneficiaries	20,319	406	203
Health				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	6		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	9		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	3		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	460	65	77
	(including those related to mines or explosive remnants of war)	5	1	
	Non-weapon-wound admissions	175		
	Operations performed	2,571		
Gynaecological/obstetric admissions		2,217	2,217	
Consultations		2,848		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		657		
Weapon-wound admissions (surgical and non-surgical admissions)		251	47	4
Weapon-wound surgeries performed		189		
Patients whose hospital treatment was paid for by the ICRC		1,043		
First aid				
First-aid training				
	Sessions	158		
	Participants (aggregated monthly data)	3,686		
Water and habitat				
Water and habitat activities	Beds (capacity)	1,022		
Physical rehabilitation				
Projects supported		1		
	<i>of which physical rehabilitation projects supported regularly</i>	1		
People benefiting from ICRC-supported projects	Aggregated monthly data	314	61	55
	<i>of whom victims of mines or explosive remnants of war</i>	3		
Referrals to social integration projects		361		
Prostheses delivered	Units	247		
Orthoses delivered	Units	16		
Physiotherapy sessions		272		
Walking aids delivered	Units	188		

PRETORIA (regional)

COVERING: Angola, Botswana, eSwatini (formerly Swaziland), Lesotho, Malawi, Mozambique, Namibia, South Africa, Zambia, Zimbabwe

The ICRC opened a regional delegation in Pretoria in 1978, but has been present in parts of the region since the Second World War. It seeks to assist people in violence-prone areas, particularly in Mozambique. It visits migrants at an immigration detention centre in South Africa, and other detainees within its purview in the countries covered. It helps vulnerable migrants restore contact with relatives, and facilitates efforts to clarify the fate of missing migrants. It promotes IHL and supports the incorporation of the law into military training and university curricula. It supports the region's National Societies in building their capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2019

- Violence-affected communities hit by the cyclones in Mozambique received relief aid and livelihood support. They restored or broadened their access to clean water and health care through ICRC projects.
- Classes resumed in Mozambican schools after the ICRC made emergency repairs and donated equipment; fewer students benefited than planned as donations of school kits were postponed to 2020.
- Members of dispersed families in refugee camps and transit centres reconnected through the Movement's family-links services. Children in Angola, Zambia and Zimbabwe rejoined their families in the Democratic Republic of the Congo.
- Malnourished detainees in northern Mozambique met their nutritional needs with vitamin supplements and food supplies from the ICRC.
- Authorities in the region discussed the implementation of IHL and related treaties at ICRC events. With the ICRC's technical advice, Angola ratified Additional Protocol II.
- National Societies in the region prepared for emergencies – related to elections, for example – by drafting contingency plans and training volunteers in first aid; the ICRC gave them technical and logistical support.

EXPENDITURE IN KCHF

Protection	4,703
Assistance	8,503
Prevention	3,412
Cooperation with National Societies	2,345
General	102
Total	19,066
<i>Of which: Overheads</i>	<i>1,164</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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PERSONNEL

Mobile staff	36
Resident staff (daily workers not included)	128



⊕ ICRC regional delegation ⊕ ICRC sub-delegation ⊕ ICRC mission

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	233
RCMs distributed	183
Phone calls facilitated between family members	18,728
Tracing cases closed positively (subject located or fate established)	64
People reunited with their families	21
<i>of whom unaccompanied minors/separated children</i>	21
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	10
Detainees in places of detention visited	4,717
<i>of whom visited and monitored individually</i>	88
Visits carried out	18
Restoring family links	
RCMs collected	5
Phone calls made to families to inform them of the whereabouts of a detained relative	86

ASSISTANCE	2019 Targets (up to)	Achieved	
CIVILIANS			
Economic security			
Food production	Beneficiaries	113,750	180,460
Income support	Beneficiaries	4,875	1,455
Living conditions	Beneficiaries	65,000	117,630
Capacity-building	Beneficiaries	17,980	7,745
Water and habitat			
Water and habitat activities	Beneficiaries	21,000	25,699
Health			
Health centres supported	Structures	12	24
PEOPLE DEPRIVED OF THEIR FREEDOM			
Water and habitat			
Water and habitat activities	Beneficiaries	2,110	2,110

CONTEXT

The government of Mozambique and the Mozambican National Resistance (RENAMO) signed a peace agreement in August 2019. Security conditions remained poor in the central provinces. In the province of Cabo Delgado in northern Mozambique, clashes between security forces and an armed group occurred; civilians were reportedly attacked or killed.

Two cyclones hit central and northern Mozambique in 2019, flooding villages and destroying essential infrastructure. One of the cyclones also caused damage in Malawi and Zimbabwe.

People affected by armed conflict or other situations of violence in neighbouring countries – such as the Democratic Republic of the Congo (hereafter DRC) – fled to or remained in the countries covered by the ICRC's regional delegation based in Pretoria, South Africa. Migrants often lost contact with their families and were at risk of crime-related violence. Migrants from the DRC were deported from Angola, or returned voluntarily, under an operation by Angolan authorities that began in late 2018.

South Africa participated in diplomatic initiatives regularly and contributed troops to peace-support operations abroad. It continued to host the Pan-African Parliament and other regional organizations, as well as an extensive diplomatic community, UN regional offices, humanitarian agencies, think-tanks and major media organizations.

Election-related protests – in Malawi, for example – occasionally turned violent.

ICRC ACTION AND RESULTS

In 2019, the ICRC scaled up some of its activities for violence-affected communities in Mozambique, given the increased humanitarian needs brought about by the cyclones that hit the country. It launched a budget extension appeal¹ in May. The ICRC provided support for the Movement's response, which was led by the Mozambique Red Cross Society and the International Federation. It expanded the scope of its activities in Cabo Delgado through its sub-delegation in Pemba – the capital of Cabo Delgado – which opened in late 2018. It maintained a presence near Angola's border with the DRC, to pursue dialogue with the Angolan authorities regarding migrants in the area.

Violence-affected communities in Mozambique, hit by the cyclones, received household items from the ICRC to help ease their living conditions. Repairs and other ICRC activities provided access to health care and clean water, and restored family links. Because the ICRC focused on addressing urgent needs in Mozambique, more people than planned received relief aid and livelihood support.

To assist Mozambican communities' long-term recovery, the ICRC gave farmers seed and tools, or livestock, to help them produce more food. Households restored or supplemented

their income through the ICRC's cash grants, livelihood inputs or cash-for-work projects. Some of them were trained in managing crops or livestock, and government staff were trained to use drones to monitor farms. Classes resumed in Mozambican schools after the ICRC made emergency repairs and donated equipment; however, fewer students benefited than planned as donations of school kits were postponed to 2020.

Members of families dispersed by violence, migration and detention – particularly those in refugee camps and transit centres – reconnected through the Movement's family-links services. Children in Angola, Zambia and Zimbabwe were reunited with their families in the DRC. People searching for missing relatives were offered a tracing service, allowing them to post their photos on the ICRC's family-links website (familylinks.icrc.org). In South Africa and Zimbabwe, this was offered as part of an ICRC project with the South African and Zimbabwean authorities to ascertain the fate of missing migrants.

Forensic professionals from Mozambique and South Africa sharpened their skills at workshops and other events organized or supported by the ICRC. In South Africa, the ICRC contributed to the review of standard procedures and data-management practices used by forensic professionals in identifying human remains.

The ICRC visited the largest immigration holding facility in South Africa, and places of detention it had access to in Lesotho and Mozambique. Foreigners, women and people detained in relation to armed violence in Cabo Delgado were monitored individually. Findings were discussed with the pertinent authorities. Detainees in Mozambique had better access to clean water through ICRC projects; malnourished detainees received vitamin supplements and food supplies.

The ICRC made its expertise available to governments and national IHL committees; Angola ratified Additional Protocol II, with the ICRC's advice. The ICRC enabled government officials to attend various events on promoting the implementation of IHL and related treaties. National Societies and the ICRC worked to broaden support for humanitarian principles and the Movement throughout the region, among multilateral organizations, academics, think-tanks, the media, and the general public.

Dissemination sessions and other ICRC events enabled military and security forces personnel, including those bound for peace-support operations, to learn more about IHL, international human rights law, and other pertinent norms.

National Societies in the region were given comprehensive support for strengthening their financial management and other organizational development. They prepared for emergencies – election-related violence, for example – by drafting contingency plans and training volunteers, with ICRC logistical and technical support.

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/FB9C775ED16692C5C125840100166B83/\\$File/2019_BEA_REM_267_Mozambique_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/FB9C775ED16692C5C125840100166B83/$File/2019_BEA_REM_267_Mozambique_Final.pdf)

CIVILIANS

Throughout southern Africa, but especially in Angola, Mozambique and South Africa, the ICRC intensified its dialogue with authorities, military and police personnel and, where appropriate, armed groups, as it sought to strengthen their understanding of its neutral, impartial and independent approach to humanitarian action. It reminded all these actors of their responsibility under applicable norms to protect people against unlawful conduct, including sexual violence, and to ensure unimpeded access to essential goods and services, including education and health care. It conveyed to the pertinent authorities and influential actors – in South Africa and elsewhere – its humanitarian concerns over the safety of migrants and reminded them of the necessity of respecting the principle of *non-refoulement* (see also *Actors of influence*).

Sustained dialogue with local authorities facilitated the ICRC's access to violence-affected communities in central and northern Mozambique. This enabled the ICRC to provide relief aid promptly after the cyclones, and assist the communities' long-term recovery. The ICRC's activities were coordinated with Movement partners.

About 6,500 people in Mozambique learnt about the services available to them through information sessions that took place during ICRC aid distributions. People in Cabo Delgado shared their concerns and the risks they faced, which helped the ICRC identify how it can assist them more effectively in the future.

Vulnerable people in central and northern Mozambique meet their immediate needs

Relief aid – such as blankets and kitchen items – from the ICRC, helped ease living conditions for 117,630 people (23,526 households). With a view to assisting their long-term recovery, the ICRC gave nearly 36,100 households (180,460 people) support for producing more food: seed and tools for 35,500 households (177,460 people) to resume farming; and livestock, channelled through farmers' associations, for the other 600 households (3,000 people).

People started or sustained small agricultural businesses with ICRC cash grants. Fishermen's associations were given fishing tools, which enabled their members – including female breadwinners – to resume their livelihoods. Heads of households supplemented their income by participating in ICRC cash-for-work projects to renovate school buildings (see below). The ICRC's efforts helped 291 breadwinners (supporting 1,455 people) to restore or augment their household income; security constraints in central Mozambique prevented the ICRC from carrying out other income-support projects.

Around 6,500 people (1,300 households) strengthened their livelihoods; they included some of the people mentioned above, who received training together with cash or material aid. Farmers' associations learnt – from the ICRC or ICRC-trained instructors – best practices in managing and selling crops or livestock; government staff were trained to use drones to monitor farms.

In the central provinces, facilities in three schools were renovated through the ICRC's cash-for-work projects. They were furnished

with blackboards, desks and chairs, which enabled 1,199 children and teachers to pursue or provide education. Fewer people were reached than expected, as the provision of other support – such as school kits for students – was postponed to 2020.

The ICRC, in coordination with the health authorities, repaired and/or provided medical supplies for 24 health facilities in central Mozambique. As a result, facilities damaged by the cyclone were able to resume providing preventive and curative care, including ante/post-natal care. Motorcycles from the ICRC enabled some facilities to undertake outreach activities. Children in one district received immunizations as part of an ICRC-supported campaign by the health ministry. Because it took until the end of the year to finish repairing the facilities, the ICRC did not conduct any information sessions on the services available to victims of violence. Health personnel and patients were briefed on key points of the Health Care in Danger initiative, and on the rights and duties of health-care providers.

Clean water and essential services were more readily available to some 25,700 people in central and northern Mozambique after the ICRC repaired hand pumps, water-supply systems and community infrastructure, such as health centres and schools. Local water committees were trained to maintain water facilities that had been repaired.

Staff and volunteers from the Mozambique Red Cross Society were trained to plan and implement projects – to distribute relief aid and repair hand pumps, for instance. They also learnt to conduct information sessions on water-borne and other diseases, and to promote immunization services.

People in southern Africa use the Movement's family-links services to reconnect with relatives

Members of families dispersed by conflict or other violence, migration, detention and natural disasters reconnected through the Movement's family-links services, such as free phone calls and internet access. National Societies in the region offered these services regularly, with the ICRC's logistical and technical support, in refugee camps and transit centres. Twenty-one children in Angola, Zambia and Zimbabwe were reunited with their families in the DRC. The ICRC issued travel documents for 42 migrants in South Africa who were bound for resettlement in Canada and the United States of America.

Some National Societies received comprehensive ICRC support for restoring family links during emergencies. A page was added to the ICRC's family-links website, where people could register and search for relatives who disappeared during the cyclones that hit Mozambique, Zimbabwe and Malawi. Migrants affected by crime-related violence in South Africa contacted their relatives with the help of the South African Red Cross Society and the ICRC.

The ICRC followed up cases with people who lodged tracing requests, as more information was needed to continue the search for their missing relatives. Experts from the region addressing the issue of missing persons attended ICRC workshops on the needs of missing people's families, including some held abroad (see, for example, *Balkans*).

People in Malawi and Zambia learnt more about a tracing service that enabled people searching for their relatives to post photos of themselves on the ICRC's family-links website. In South Africa and Zimbabwe, this service was made available to families of missing migrants as part of a project – implemented by the ICRC in cooperation with South African and Zimbabwean authorities – to ascertain the fate and whereabouts of Zimbabwean migrants who had gone missing in South Africa. The ICRC sought to encourage the two countries' authorities to set up a formal mechanism to coordinate their activities in connection with the project; to that end, it presented them with past results of the project. Discussions were ongoing at year's end on expanding the project to include tracing requests from a reception centre near the South Africa–Zimbabwe border.

Forensic professionals in Mozambique and South Africa expand their capacities

In South Africa, students took part in a design competition organized by the ICRC to promote proper management of human remains: they created posters and videos that explained the basic principles involved.

With ICRC sponsorship, forensic professionals from Mozambique and South Africa attended local and regional events that expanded their capacities – such as the Disaster Scene and Mortuary Management Course in Pretoria, which the ICRC organized with the South African government and other institutions. At an ICRC workshop, mortuary staff and students learnt more about how to manage human remains properly to facilitate future identification.

The South African government's Forensic Pathology Services reviewed – with the ICRC's technical input – their standard procedures and data-management practices, which included the way they shared data with the police for identifying human remains. The ICRC arranged for these agencies to meet each other and their Zimbabwean counterparts as well, to encourage coordination among them (see above).

In Mozambique, the ICRC's forensic specialists explained – to authorities, community leaders, Movement partners and other organizations, and medical and police personnel – the importance of managing and identifying human remains properly, and their roles and responsibilities in this regard. Forensic authorities and first responders were given body bags, and supplies and equipment for collecting post-mortem data and marking gravesites.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC maintained dialogue with detaining authorities in the countries covered. It explained its activities for people deprived of their freedom to the Mozambican police. It visited, in accordance with its standard procedures, the largest immigration holding facility in South Africa and places of detention in Lesotho and Mozambique to which it had access. Detainees with specific vulnerabilities – foreigners, women, and people detained in connection with armed violence in Cabo Delgado – were monitored individually.

Findings and recommendations from the ICRC's visits were communicated to the authorities concerned. The ICRC discussed various matters with these authorities: the necessity of notifying families of their relatives' detention; respecting procedural safeguards and judicial guarantees; and facilitating detainees' access to health care.

Detainees contacted their relatives through the Movement's family-links services. With the ICRC's help, foreigners notified their embassies of their detention. Roughly 70 released detainees received financial assistance to return home. Seven female detainees were reunited with their children after their release.

Malnourished detainees in Mozambique receive food and vitamin supplements

Around 2,100 detainees in central and northern Mozambique benefited from the ICRC's renovations to prison facilities such as kitchens, yards, and water and sanitation systems. Some of them also received jerrycans and hygiene items, which helped prevent water contamination and the spread of water-borne diseases.

Health staff at two prisons in Cabo Delgado conducted medical screenings with the ICRC's material and technical support. As numerous detainees were diagnosed with a vitamin-deficiency illness or malnutrition, the ICRC provided vitamin supplements and food supplies, over the course of three months, for detainees at these prisons. Some detainees received life-saving medical assistance from the ICRC. The Mozambican health ministry used medicines and other supplies from the ICRC to provide primary health care for other detainees.

ACTORS OF INFLUENCE

Military and security forces personnel learn more about IHL and other norms

The ICRC continued to expand its contact with military and security forces in the region, with a view to advancing their understanding of IHL, international human rights law and other norms applicable to their duties. Mozambican security forces in the field strengthened their grasp of international human rights law through ICRC training. At information sessions and regional training exercises, the ICRC explained the application of IHL and other pertinent norms to military personnel from throughout the region, including Malawian troops bound for peace-support operations; it also briefed some of them on the Movement and its activities. It helped senior military officers from some of these countries to attend advanced IHL courses abroad. As per a memorandum of understanding it signed with the Mozambican defence ministry, the ICRC worked with military academies to review and implement their IHL training programmes.

During meetings, the South African Development Community (SADC) learnt more about the ICRC's legal and policy concerns with regard to migration, and about its efforts to ascertain the fate of missing migrants. Senior officials and other personnel at the SADC's Regional Peacekeeping Training Centre were briefed on the necessity of protecting civilians and respecting detainees' rights. SADC officials went abroad, with ICRC financial support, to attend round tables and seminars on IHL.

Angola, Botswana and South Africa ratify IHL and IHL-related treaties

The ICRC and authorities throughout the region continued to discuss issues of common concern, such as displacement caused by regional conflict and other violence. During meetings with the authorities and the national IHL committees, the ICRC gave advice on incorporating IHL in domestic law and ratifying relevant treaties. After hearing presentations setting out the ICRC's position on migration and displacement in Africa, the committees of the Pan-African Parliament adopted a resolution promoting ratification of the African Union Convention on IDPs. Throughout 2019, numerous States ratified or signed IHL and IHL-related treaties with the ICRC's technical support; for instance, Angola ratified Additional Protocol II, and Botswana and South Africa ratified key weapons treaties (see *International law and policy*).

With the ICRC's help, government officials attended various events, in the region and elsewhere, at which they learnt more about the necessity of ratifying and implementing key IHL and IHL-related treaties, and about their role in the process. For instance, at the 19th Annual Regional Seminar on IHL, held in Pretoria in October, government officials from 13 countries made recommendations for strengthening IHL implementation in the region. The event was organized by the ICRC and the South African government's Department of International Relations and Cooperation.

Students strengthen their grasp of IHL

National Societies in the region and the ICRC strove to gather support for humanitarian principles and the Movement. They maintained contact with members of civil society and others capable of influencing government policies: think-tanks, academics, and multilateral organizations such as the SADC (see above). The ICRC kept media organizations up to date on humanitarian issues and Movement activities, enabling them to cover these matters more accurately. The National Societies in Mozambique, Zambia and Zimbabwe promoted their services, and the Movement's work, with the ICRC's technical support. The ICRC produced radio spots and online materials to broaden awareness of the Zimbabwe Red Cross Society's activities, particularly to restore family links.

The ICRC endeavoured to stimulate academic interest in IHL by organizing IHL-related events and through other means. The 16th All Africa Course on IHL, hosted by the University of South Africa and the ICRC, was one such event. It enabled over 20 participants from nine countries – students, academics, government officials and humanitarian workers – to learn more about IHL and various matters of humanitarian interest, such as the Health Care in Danger initiative. ICRC presentations at four universities in Zimbabwe introduced students to IHL. Zimbabwean students tested their grasp of IHL at ICRC moot court competitions, in Zimbabwe and elsewhere (see *Nairobi*). The ICRC helped academics in South Africa to compile reference materials on IHL for a university textbook.

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies in the countries covered strove to improve their operational and organizational capacities, particularly in financial management and public communication, with advice, training, and administrative and financial support from the ICRC. They responded to people's needs, reconnected families and broadened awareness of the Movement (see *Civilians and Actors of influence*). National Societies in Mozambique, Malawi and Zimbabwe received comprehensive ICRC support for responding to the cyclones and other emergencies.

National Societies in Botswana, Malawi, Namibia, South Africa and Zambia drafted contingency plans for election-related and other violence, with the ICRC's input. The ICRC helped train volunteers from these National Societies in first aid and briefed them on the Safer Access Framework. The Malawi Red Cross Society received logistical and technical support from the ICRC for responding to post-election violence.

National Societies in the region worked to reinforce their legal bases and/or their statutes; for instance, the Angola Red Cross received ICRC's technical support in the revision of its statutes.

Movement partners and other humanitarian actors continued to coordinate their activities – especially during emergencies, as in Mozambique – and discuss issues of common concern. The ICRC sponsored National Society representatives to attend the Movement's statutory meetings.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		233	21		
RCMs distributed		183	12		
Phone calls facilitated between family members		18,728			
Names published on the ICRC family-links website		1,058			
Reunifications, transfers and repatriations					
People reunited with their families		21			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		170	43	47	40
	<i>including people for whom tracing requests were registered by another delegation</i>	5			
Tracing cases closed positively (subject located or fate established)		64			
	<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)		581	122	130	118
	<i>including people for whom tracing requests were registered by another delegation</i>	40			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		26	8		
UAMs/SC reunited with their families by the ICRC/National Society		21	6		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		200	75		
Documents					
People to whom travel documents were issued		42			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		10			
Detainees in places of detention visited		4,717	144	3	
Visits carried out		18			
			Women	Girls	Boys
Detainees visited and monitored individually		88	14		1
	<i>of whom newly registered</i>	2			
RCMs and other means of family contact					
RCMs collected		5			
Phone calls made to families to inform them of the whereabouts of a detained relative		86			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	Beneficiaries	180,460	65,961	38,321
Income support	Beneficiaries	1,455	291	129
Living conditions	Beneficiaries	117,630	47,596	25,524
Capacity-building	Beneficiaries	7,745	2,073	3,815
Water and habitat				
Water and habitat activities	Beneficiaries	25,699	6,425	12,850
Health				
Health centres supported	Structures	24		
Average catchment population		714,322		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	Beneficiaries	2,110	63	
Health				
Places of detention visited by health staff	Structures	2		

RWANDA

Having worked in the country since 1960, the ICRC opened a delegation in Rwanda in 1990. It visits detainees held in central prisons and places of temporary detention, while supporting the authorities in improving detainees' living conditions. It helps reunite children and other people with relatives separated from them as a result of the genocide and its aftermath, or of violence in neighbouring countries, such as Burundi or the Democratic Republic of the Congo. The ICRC works with the authorities to incorporate IHL into domestic legislation. It supports the development of the Rwandan Red Cross.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2019

- Members of families separated by events in Burundi, the Democratic Republic of the Congo and Libya remained in contact, through the Movement's family-links services. Minors rejoined their families in Rwanda and elsewhere.
- Detainees in overcrowded prisons benefited from infrastructural upgrades by the penitentiary authorities and the ICRC, particularly the renovation of cells, and of water and sanitation systems.
- Military instructors who also trained peacekeeping troops were briefed by the ICRC on pertinent IHL provisions. The police consented to the ICRC supporting their training in international policing standards.
- The ICRC visited detainees held by two government ministries. It discussed, with the justice and defence ministries, the renewal of an agreement that permitted the ICRC to visit other detainees as well.

EXPENDITURE IN KCHF

Protection	2,792
Assistance	921
Prevention	768
Cooperation with National Societies	327
General	145
Total	4,954
<i>Of which: Overheads</i>	302

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	14
Resident staff (daily workers not included)	70



⊕ ICRC delegation + ICRC office/presence

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	2,410
RCMs distributed	2,030
Phone calls facilitated between family members	3,461
Tracing cases closed positively (subject located or fate established)	299
People reunited with their families	35
<i>of whom unaccompanied minors/separated children</i>	32
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	14
Detainees in places of detention visited	72,238
<i>of whom visited and monitored individually</i>	255
Visits carried out	42
Restoring family links	
RCMs collected	1,403
RCMs distributed	1,147
Phone calls made to families to inform them of the whereabouts of a detained relative	165

ASSISTANCE	2019 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Living conditions	Beneficiaries	23
PEOPLE DEPRIVED OF THEIR FREEDOM		
Living conditions	Beneficiaries	2
Water and habitat		
Water and habitat activities	Beneficiaries	20,500
		18,250

CONTEXT

Rwanda continued to receive and host people who had fled neighbouring countries. Many of these displaced people were in transit centres and refugee camps; some were living in urban areas. About 73,000 people reportedly fled Burundi for Rwanda after election-related violence in their country in 2015. About 76,000 refugees from the Democratic Republic of the Congo (hereafter DRC) were also said to be in Rwanda. The DRC continued to repatriate former weapon bearers of Rwandan origin and their families – in some cases, as part of an ongoing process of demobilization. Rwanda agreed to take in some of the people fleeing Libya.

Some of the people mentioned above had difficulty in restoring contact with their families. Minors, especially those formerly associated with armed groups, were particularly vulnerable; for those who rejoined their families, resuming their place in their communities was not easy. Some Rwandans were still searching for relatives who went missing during the period of armed conflict and genocide.

Inadequate infrastructure and health care – at detention facilities – remained issues of pressing concern.

Rwanda contributed troops to UN peacekeeping missions.

Outbreaks of Ebola were reported in areas of the DRC bordering Rwanda. In response to this and to the threat of natural disasters, the Rwandan authorities took steps to update and improve the country's contingency plans and measures.

ICRC ACTION AND RESULTS

As in past years, the ICRC, together with the Rwandan Red Cross, helped to reconnect members of families separated by events in Burundi and the DRC, by migration, or for other reasons. Minors were reunited with their families in Rwanda and elsewhere, and people in refugee camps and transit centres were enabled to phone and/or send messages to their relatives. The ICRC assisted the authorities in becoming more prepared for emergencies: it helped them to expand their forensic capacities and update their procedures for managing human remains.

The ICRC visited, in accordance with its standard procedures, people held in prisons and camps run by the justice ministry and demobilization centres run by the ministry of disaster and refugee affairs. It discussed, with the justice and defence ministries, the renewal of an agreement that permitted the ICRC to visit other detainees within their jurisdiction.

After visiting detention facilities, the ICRC communicated its findings and recommendations confidentially to the authorities, to help them improve detainees' treatment and living conditions. As planned, the ICRC reduced its material support for detaining authorities. It shifted its focus to technical assistance: guiding the authorities in ensuring that prison guards and staff had a strong grasp of internationally recognized standards for detention; helping them to revise the criminal justice policy; and assisting them in improving prison maintenance. Detainees in overcrowded prisons benefited

from infrastructural upgrades by the penitentiary authorities and the ICRC, particularly the renovation of cells, and of water and sanitation systems.

The ICRC continued to support the efforts of military forces to integrate IHL and other international norms more fully into their doctrine, training and operations. It briefed military instructors and troops bound for overseas missions, and some security agents as well, on African Union guidelines for arrest and detention. The authorities, aided by ICRC expertise, assessed Rwanda's implementation of IHL-related treaties that it had ratified. Rwandan universities and the ICRC held various events on IHL for students, with a view to ensuring that future officers, lawyers and decision makers were familiar with IHL and the Movement. The ICRC and the National Society continued to advance understanding of the Movement's activities and build support for them among influential actors – through such means as events on IHL and the Movement, and public-communication initiatives. The ICRC also continued to engage with communities through its hotline for beneficiaries.

Aided by ICRC training, the National Society developed its ability to provide family-links services and ensure the safety of its volunteers. It drew on the ICRC's expertise to draft a law protecting the red cross emblem. Efforts to help the National Society improve its financial management continued, with little progress.

CIVILIANS

Children rejoin their families

Members of families separated by events in Burundi and the DRC, or by migration, or for other reasons, stayed in touch through the Movement's family links services. For example, 32 unaccompanied minors and 3 adults were reunited with their families in Rwanda, Burundi or elsewhere; some received household essentials or other support to ease their return to family life. Rwandan Red Cross volunteers and the ICRC regularly monitored the situation of the reunited minors, particularly demobilized children, and their needs, for example, with regard to education and health care. The ICRC, in coordination with UNHCR and others, helped some of these children to obtain medical insurance.

People in refugee camps and transit centres contacted their relatives, with the Movement's support: for example, they talked to their relatives through ICRC-facilitated calls or used wireless internet and phone chargers available at some facilities to make contact themselves, using their own communication devices. The National Society provided more of these services than in past years. Some refugees preferred to send RCMs; in some areas, the ICRC introduced the use of electronic RCMs, which sped up their processing and delivery. A total of 299 tracing cases were resolved this year, which gave some families news of their missing relatives.

Continued ICRC support – financial and technical – enabled the National Society to improve its family-links services, particularly its ability to monitor vulnerable minors and to use the Movement's digital tools, including the ICRC's family-links website (familylinks.icrc.org). It drafted contingency plans in coordination with the ICRC and others.

Forensic teams draft new working procedures

The ICRC helped to revise national procedures for managing human remains, in line with applicable international standards. It held training sessions for two forensic teams, one working out of a forensic laboratory, and the other, out of a hospital; sponsored by the ICRC, the director of the laboratory attended a conference held abroad (see *Nairobi*). Both teams, aided by the ICRC, began to draft new procedures for their work.

The disaster and refugee affairs ministry requested and received the ICRC's assistance for incorporating human-remains management in national contingency planning.

PEOPLE DEPRIVED OF THEIR FREEDOM

Prison guards learn about international norms applicable to their work

The ICRC visited, in accordance with its standard procedures, people held at 14 places of detention, including prisons and camps run by the justice ministry and demobilization centres run by the disaster and refugee affairs ministry. It discussed, with the justice and defence ministries, the renewal of an agreement that permitted the ICRC to visit these detainees and others within their jurisdiction.

The ICRC visited, among others, people convicted by the Special Court for Sierra Leone and serving their sentences in Rwanda; people detained in connection with the genocide and held in camps; and people formerly associated with the M23 armed group. Particular attention was given to vulnerable detainees: foreigners, the elderly, and children.

After these visits, the ICRC communicated its findings and recommendations confidentially to the authorities, to help them improve detainees' treatment and living conditions. It discussed a number of subjects with them: the importance of notifying families of a relative's arrest; the effects of overcrowding; the availability of legal counsel; and reinforcing respect for judicial guarantees.

The ICRC briefed prison guards – including new recruits and police officers – on its detention-related activities and on internationally recognized standards for detention. The prison guards' training institution requested and received the ICRC's suggestions for its curriculum. The authorities drew on the ICRC's expertise to revise their criminal justice policy: the ICRC also chaired the meetings of the working group in charge of this policy revision. The ICRC also guided the Rwandan Investigative Bureau in selecting software for prison management.

The ICRC relayed RCMs and short oral messages from detainees to their relatives. At the request of foreign detainees, the ICRC notified their embassies or UNHCR of their situation. Two released detainees received some cash to cover their travel expenses going home.

Detainees have better access to clean water

The ICRC continued to help authorities to improve penitentiary services; as planned, it reduced its material support for them and shifted its focus to technical assistance. It recommended that authorities improve maintenance at existing prisons; as a

result, they allocated more resources for prison maintenance in their 2020 budget. At the ICRC's urging, the health ministry made a commitment to provide more material support and training for health staff in prisons; together with the ministry, the ICRC organized a workshop on medical ethics for prison health staff. Prisons and detainees were included in national contingency planning for disasters.

Some 18,250 detainees at five prisons benefited from infra-structural upgrades by the penitentiary authorities and the ICRC. At one prison (holding 11,500 detainees), the ICRC helped upgrade the water-supply system; and at a few others, it ensured that water-purification facilities were in good order. The ICRC also helped to build more cells at one prison and to install latrines at another. At two prisons, food preparation became more efficient and sanitary after the ICRC renovated their kitchens.

ACTORS OF INFLUENCE

Weapon bearers and authorities strengthen their grasp of IHL

The ICRC continued to support the efforts of military forces to integrate IHL and other international norms more fully into their doctrine, training and operations. Personnel instructing military forces – including troops from east Africa and the United States of America, who were on training-support missions – were given guidance for teaching IHL and briefed on specific aspects of that body of law. Rwanda sent representatives to an international workshop on applying IHL during military operations (see *International law and policy*). The ICRC conducted information sessions on pertinent IHL provisions for Rwandan troops bound for UN missions abroad. The police consented to the ICRC supporting their training in international policing standards. At an ICRC information session, agents of the Rwandan Investigative Bureau learnt about African Union guidelines for arrests and detention.

The ICRC continued to counsel the authorities on advancing the implementation of IHL-related treaties. Aided by ICRC expertise, the authorities studied domestic legislation and IHL-related treaties already ratified by Rwanda, to see if there were any gaps between them. At ICRC workshops, including one abroad (see *Nairobi*), judges and other officials learnt about IHL and their role in its implementation. The authorities had yet to establish a national IHL committee.

Rwandan universities – from which the army, police, and correctional service drew most of their officers – and the ICRC held various IHL-related events for academics. The ICRC organized moot court competitions and sponsored the winning team to the regional competition (see *Nairobi*). It also held briefings for post-graduate students and sponsored a lecturer to attend an advanced IHL course abroad (see *Nairobi*). All these helped ensure that future military and security forces officers, lawyers, and decision makers were familiar with IHL and the Movement.

Civil and political society learn more about the Movement

The ICRC and the Rwandan Red Cross continued to advance understanding of the Movement's activities and build support for them among influential actors. It used various means. For example, it held events on IHL and on themes specifically of

concern to it, such as migration, displacement, mental health, and women in armed conflict; these events were attended by senior government officials and members of civil society. Rwanda hosted an international conference of Commonwealth National Societies, at which the ICRC and the Rwandan Red Cross made presentations about their activities.

The National Society and the ICRC produced content that reached the public through social media and other digital platforms or – with the help of journalists – through traditional media. The ICRC kept the media up to date on its activities; the Rwandan public was particularly interested in the situation of Rwandans abroad and of refugees in Rwanda, and in the ICRC’s family-links activities for them.

The ICRC continued to meet with communities, and also to engage with them through its hotline for beneficiaries. People used the hotline to ask for information about the ICRC and the Movement, and to give their views on the ICRC’s activities, particularly its family-links services.

RED CROSS AND RED CRESCENT MOVEMENT

The Rwandan Red Cross remained the main humanitarian actor in the country, assisting people affected by disasters and conflict (see *Civilians*). It stood ready to respond to emergencies. An ICRC workshop on the Safer Access Framework helped ensure that National Society volunteers were better prepared to work safely during outbreaks of violence. The National Society and the ICRC signed a new partnership agreement: helping the National Society improve its emergency response was made a priority.

Aided by the ICRC, the National Society continued to work on a draft law protecting the red cross emblem; this was one aspect of its efforts to advance understanding of the Movement’s activities (see *Actors of influence*). The ICRC counselled the National Society on strengthening its staff and volunteers’ grasp of the Movement’s identity and its Fundamental Principles. Efforts to help the National Society improve its financial management continued, with little progress.

The National Society and the ICRC met every month to coordinate their activities; and with the International Federation they discussed coordination during and after disasters.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		2,410	307		
RCMs distributed		2,030	298		
Phone calls facilitated between family members		3,461			
Reunifications, transfers and repatriations					
People reunited with their families		35			
	<i>including people registered by another delegation</i>	9			
People transferred or repatriated		7			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		262	55	56	61
	<i>including people for whom tracing requests were registered by another delegation</i>	53			
Tracing cases closed positively (subject located or fate established)		299			
	<i>including people for whom tracing requests were registered by another delegation</i>	38			
Tracing cases still being handled at the end of the reporting period (people)		300	45	79	97
	<i>including people for whom tracing requests were registered by another delegation</i>	97			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		52	12		
UAMs/SC reunited with their families by the ICRC/National Society		32	10		
	<i>including UAMs/SC registered by another delegation</i>	9			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		712	167		17
Documents					
People to whom official documents were delivered across borders/front lines		8			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		14			
Detainees in places of detention visited		72,238	5,500	526	
Visits carried out		42			
			Women	Girls	Boys
Detainees visited and monitored individually		255	9	1	1
	<i>of whom newly registered</i>	145	3	1	1
RCMs and other means of family contact					
RCMs collected		1,403			
RCMs distributed		1,147			
Phone calls made to families to inform them of the whereabouts of a detained relative		165			
People to whom a detention attestation was issued		176			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Living conditions	Beneficiaries	23		23
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	2		
Water and habitat				
Water and habitat activities	Beneficiaries	18,250	730	
Health				
Health facilities supported in places of detention visited by health staff	Structures	7		

SOMALIA

The ICRC has maintained a presence in Somalia since 1982, basing its delegation in Nairobi, Kenya, since 1994. Working with the Somali Red Crescent Society to implement many of its activities, it provides emergency aid to people affected by armed conflict, runs an extensive first-aid, medical and basic health care programme and supports projects to help restore or improve livelihoods in communities weakened by crises. It endeavours to promote respect for IHL, particularly the protection of civilians and medical staff and infrastructure. It supports the National Society's development.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2019

- Security risks limited the ICRC's movements; even so, it was able to assist people in certain areas accessible to only a few humanitarian organizations. Detention-related activities, except ad hoc support, remained suspended.
- The ICRC provided water and guided Somali Red Crescent Society distributions of food, cash and other essentials, which helped vulnerable people to cope with the immediate effects of conflict and/or natural disasters.
- Communities affected by violence or natural disasters worked towards gaining some degree of self-sufficiency; the ICRC provided support for such productive activities as farming, fishing, beekeeping and starting small businesses.
- The ICRC offered to act as a neutral intermediary in facilitating the return of people formerly held in connection with the armed conflict between Puntland and Somaliland; it helped these detainees return home after they were released.
- Malnourished people, including children, were enrolled in therapeutic nutrition programmes at ICRC-supported centres. Pregnant women obtained ante/post-natal care, and children were immunized, at National Society-run clinics.
- Authorities and weapon bearers learnt more about IHL and the ICRC's work. They were reminded of their duty – under IHL and other applicable law – to protect civilians and ensure their access to humanitarian aid.

EXPENDITURE IN KCHF

Protection	4,217
Assistance	49,176
Prevention	6,268
Cooperation with National Societies	3,623
General	367
Total	63,651
<i>Of which: Overheads</i>	<i>3,882</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	42
Resident staff (daily workers not included)	223



⊕ ICRC Somalia delegation is in Nairobi, Kenya ⊕ ICRC sub-delegation ⊕ ICRC office/presence

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	52,568
RCMs distributed	41,278
Phone calls facilitated between family members	94,639
Tracing cases closed positively (subject located or fate established)	292
People reunited with their families	1
<i>of whom unaccompanied minors/separated children</i>	1
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	3
Detainees in places of detention visited	1,418
<i>of whom visited and monitored individually</i>	18
Visits carried out	6

ASSISTANCE	2019 Targets (up to)	Achieved	
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	174,000	373,496
Food production	Beneficiaries	18,900	20,178
Income support	Beneficiaries	28,140	12,042
Living conditions	Beneficiaries	48,000	76,548
Capacity-building	Beneficiaries	1,700	8,702
Water and habitat			
Water and habitat activities	Beneficiaries	370,000	672,706
Health			
Health centres supported	Structures	30	32
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries	900	
Living conditions	Beneficiaries	900	
Water and habitat			
Water and habitat activities	Beds	1,850	
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	9	4
Water and habitat			
Water and habitat activities	Beds (capacity)	580	560

CONTEXT

Somali forces – supported by the African Union Mission in Somalia (AMISOM) and foreign forces – continued to clash with armed groups, particularly the Harakat al-Shabaab al-Mujahideen (better known as al-Shabaab). Fighting among clans in southern and central Somalia often led to deadly armed violence. In northern Somalia, fighting between al-Shabaab and the Islamic State group intensified. The armed conflict between the semi-autonomous region of Puntland and the self-declared Republic of Somaliland continued; military confrontations have decreased but tensions in the disputed areas remained high. Al-Shabaab claimed responsibility for a bombing in Mogadishu, the capital, in December.

Lack of rain resulted in renewed drought in large areas of Somalia, affecting communities still struggling to recover from a two-year drought that ended in 2017. Elsewhere, heavy storms caused flash floods and damaged water infrastructure, and displaced thousands of people. Crop failure increased food insecurity. Access to basic services, especially health care, remained precarious. Water shortages affected livelihoods and led to outbreaks of disease.

Over two million people have been displaced in Somalia by armed conflict and other situations of violence, insecurity and climatic shocks; a few thousand Somali refugees returned from Yemen and Kenya. People fleeing violence in Ethiopia continued to pass through Somalia.

Widespread insecurity and the blurring of front lines continued to complicate the delivery of humanitarian aid, particularly in areas controlled by armed groups. An ICRC staff member was abducted in 2018: that case remained unresolved.

ICRC ACTION AND RESULTS

Security considerations forced the ICRC, in July 2018, to reduce some of its activities in Somalia. In 2019, it continued to pursue a limited scope of activities. Nevertheless, it sustained its cooperation with the Somali Red Crescent Society in responding to emergencies, addressing health needs, restoring family links and, whenever possible, building people's resilience to the effects of armed conflict and other violence, which were often compounded by climatic emergencies.

The ICRC provided – mainly through the National Society – food, cash, and essential household items to hundreds of thousands of people, enabling them to meet their immediate needs. Emergency supplies of water were trucked in for thousands of people displaced by floods.

Communities were assisted by the ICRC to work towards self-sufficiency. Vulnerable households benefited from initiatives to increase food production; improve water supply; strengthen agricultural services; and fund small businesses, particularly those run by female heads of households.

Primary-health-care clinics run by the National Society, and facilities offering specialized treatment for malnutrition, continued to receive ICRC support: for instance, three clinics were renovated. At these clinics, pregnant women obtained ante/post-natal care; children were immunized against

polio and other diseases; and victims/survivors of sexual violence received suitable care from ICRC-trained health staff. Malnourished people recovered their health through therapeutic nutrition programmes.

The ICRC continued to provide regular support to four hospitals for upgrading infrastructure, developing staff capacities, and responding to emergencies. Hygiene-promotion sessions conducted by the National Society helped curb disease outbreaks in areas without clean water.

The ICRC offered to act as a neutral intermediary in facilitating the return of people formerly held in connection with the armed conflict between the semi-autonomous region of Puntland and the self-declared Republic of Somaliland; the detainees – all members of the armed forces of both parties – returned home with the ICRC's help. Prison medical staff received ICRC support for responding to an outbreak of chicken pox and treating the detainees affected. Donations of mattresses and blankets helped detainees ease their living conditions.

Families separated by violence, detention or natural disasters benefited from the Movement's family-links services. The National Society developed the capacities necessary to enlighten the public about the Movement's work in Somalia. Through the community contact centre, people let the ICRC know what they thought of the assistance that they had received. A broad range of people learnt about IHL and the ICRC at information sessions and briefings, and through Web-based and other media.

The National Society received comprehensive support for strengthening its capacity to assist vulnerable communities; it signed a partnership framework agreement with the ICRC for the period 2019–2021. The ICRC continued to facilitate the coordination of Movement activities in Somalia.

CIVILIANS

Relevant parties strengthen their grasp of IHL and protection of civilians

The ICRC made oral and/or written representations to the highest authorities, military forces, weapon bearers and community leaders, reminding them of their obligation to protect civilians, show medical services due regard, and facilitate access to humanitarian aid; these representations were based on documented allegations of IHL violations.

Local authorities lifted restrictions on the movement of vehicles carrying humanitarian aid, after the ICRC explained how this affected vulnerable people. The ICRC completed infrastructural upgrades at ICRC-supported hospitals to safeguard against any disruptions to health-care delivery (see *Wounded and sick*).

The ICRC documented the protection-related concerns of people in areas controlled by armed groups or under their influence. Some of these people were given cash, whenever necessary, to help them cope with their situation. For example, the families of children at risk of recruitment by weapon bearers received financial assistance for covering the costs of school supplies and tuition fees for a year.

People affected by violence or disasters meet their immediate needs and work towards self-sufficiency

Some 373,000 people were able to buy food with cash or vouchers from the ICRC and/or were given supplementary food rations. Among them were displaced people, households affected by drought, and the families of malnourished children and pregnant and/or lactating women who were in therapeutic feeding programmes.

Around 12,000 people in poverty-stricken communities became more capable of recovering their livelihoods and supplementing their income, owing to ICRC support: fishing households were given fishing kits, boats and boat engines; and beekeeping households received training and equipment. Cash grants and skills training enabled urban households, including those headed by women, to start small businesses.

In drought-affected communities, around 3,362 farming and herding households (around 20,000 people) were provided by the ICRC with cash in the form of grants or through cash-for-work projects, to help them resume their food-production activities. A total of 12,359 households (76,548 people) – IDPs, returnees, and residents – were given hygiene kits and household essentials.

Some 1,477 households (8,702 people) – members of agricultural cooperatives – were given ICRC support to produce more good-quality corn and sorghum that can be sold in local markets; they received training, farming equipment (fertilizer tanks, tractors, etc.), and supplies (seed, fertilizer, etc.).

Communities have improved access to water

Despite the drought, civilians had better access to water for household use or for crops and livestock, after the ICRC repaired boreholes, rainwater catchments and wells, and provided donations for the replacement of equipment for water-supply systems. People living in areas where the risk of cholera and diarrhoea was high received soap, chlorine tablets and jerrycans from the ICRC and learnt about good hygiene practices at information sessions conducted by the National Society. Thousands of these people who had been displaced by floods used water trucked in to them by the ICRC for eight weeks. In Puntland, the ICRC provided tools and training for 22 borehole operators, to reinforce their capacity to maintain water sources. A total of 672,706 people benefited from the above-mentioned initiatives.

Vulnerable people receive life-saving care

People obtained preventive and curative health care at 32 National Society-run clinics that received comprehensive support from the ICRC regularly: supplies, equipment and financial assistance. In some areas, the ICRC directed its efforts to improve health infrastructure; among the above-mentioned clinics, it renovated three in Belet Weyne, Madhawa and Xabaasha Waale. Pregnant women benefited from ante/post-natal care; some women giving birth at their homes were assisted by an ICRC-trained midwife, who was available outside the clinics' operating hours. Some 59,240 children were vaccinated against polio, and many others against measles and other common infectious diseases, at these clinics. Seven

victims/survivors of sexual violence obtained medical services, including post-exposure prophylaxis within 72 hours of the incident.

As malnutrition remained a concern, the ICRC continued to support the malnutrition treatment centres in Baidoa and Kismayo: pregnant or lactating women and malnourished children (3,871 people) were able to recover their health through therapeutic nutrition programmes. The ICRC trained National Society staff in community-based management of acute malnutrition.

A National Society-run clinic in Fafahdun was destroyed by aerial bombardment in September.

Members of dispersed families reconnect

Family members separated by conflict, other situations of violence, detention or natural disasters – including minors who fled for fear of recruitment by armed groups – established contact with their relatives in Somalia and elsewhere, through the Movement's family-links services. An ICRC-managed website (tracetheface.org) collected tracing requests from all over the country. Phone services (94,639 phone calls were facilitated) and RCMs were used by IDPs in settlement camps, migrants and returnees at ports, and people in Somaliland. A detainee in the US detention facility at the Guantanamo Bay Naval Station in Cuba was able to reconnect with his family in Somalia through video calls.

Families had the names of their missing relatives (6,343 names) broadcast through an ICRC-sponsored radio programme on the BBC's Somali service. The ICRC ascertained the whereabouts of 292 people and informed their families.

The National Society was provided training and equipment (e.g. computers, printers and cameras) by the ICRC to strengthen its capacities in tracing. The ICRC helped cover the transport costs of National Society volunteers working in rural areas.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees return home after their release

The Puntland and Somaliland authorities accepted the ICRC's offer to act as a neutral intermediary in facilitating the return of people formerly held by these two parties in connection with the armed conflict between them. In June, 14 Puntland and 3 Somaliland soldiers were released after a year of detention; they returned home with the help of the ICRC. Security constraints continued to limit the ICRC's detention-related activities, including prison visits. However, prior to the release of the 17 detainees mentioned above, the ICRC was able to visit them in places where they were held, to check on their situation.

AMISOM authorities and the ICRC discussed the principle of *non-refoulement* and internationally recognized standards for detention.

Detainees benefit from the ICRC's emergency response

At a prison in Baidoa, the ICRC, in coordination with the health department, helped medical staff to respond to an outbreak of chicken pox and provide appropriate treatment to the detainees

affected. Malaria-related cases rose significantly, and sanitary conditions worsened in the prison, as a result of the heavy floods that affected certain parts of the country. Mosquito nets from the ICRC helped detainees protect themselves against malaria.

Detainees at a prison in Bossasso were also provided with mattresses, mats, mosquito nets and blankets by the ICRC to help alleviate their living conditions.

WOUNDED AND SICK

Wounded people and others obtain medical care

Thousands of people obtained medical and surgical treatment at four hospitals regularly supported and monitored by the ICRC – in Baidoa and Kismayo (including the malnutrition treatment centres there), and in Keysaney and Medina. Together with the Norwegian Red Cross, the ICRC continued to provide logistical and administrative support, as well as monitoring, for a fistula treatment programme at the Keysaney hospital. In addition, management at the four hospitals were given expert advice for handling human and financial resources.

After a mass casualty incident in Mogadishu (see *Context*), the National Society's emergency response teams provided first aid and medical evacuation for 100 wounded people, and transported 42 dead bodies. Wound-dressing kits from the ICRC helped the Medina hospital to treat 72 people with blast injuries.

ICRC-supported infrastructural repairs and improvements helped enhance services at two hospitals. These included rehabilitating a perimeter wall, installing gates and constructing rooms at the Keysaney hospital (110 beds); and upgrading the mortuary and main gate at the Kismayo hospital (450 beds). Key health-related messages were drawn on the wall of the Kismayo hospital, to disseminate information more broadly and help mitigate risks to public health. Owing to administrative obstacles and security concerns, the ICRC was not able to make repairs to the sanitation facilities at the Medina hospital.

The ICRC provided technical and financial assistance for the National Society to ensure that its first-aid capacities were adequate for dealing with mass casualties and other emergencies; government staff members in Puntland, people from violence-prone areas, and volunteers from 17 National Society branches were all trained in first aid.

ACTORS OF INFLUENCE

Various groups of people familiarize themselves with IHL and the Movement

The ICRC sought dialogue with authorities, armed groups, and members of civil society to foster acceptance for its mission and work in Somalia throughout all levels of society. At dissemination sessions, over 3,700 of these people – including 500 members of the Somali national army and other weapon bearers – learnt more about IHL, the National Society, and the ICRC's work. The ICRC raised awareness among certain parties to the conflict of the lawful conduct of hostilities, counter-terrorism measures, and international standards for law enforcement, especially in connection with detention.

The National Society continued, with ICRC support, to develop its capacities in public communication, in order to help advance the general public's understanding of the Movement's activities in Somalia. A broad range of people, including weapon bearers and Somalis living abroad, had access to ICRC-produced materials via traditional or Web-based channels (including social media), and could therefore learn more about IHL, the humanitarian situation in Somalia and the Movement's work. Journalists, students, National Society volunteers and staff learnt about these matters at dissemination sessions conducted by the National Society and the ICRC.

People affected by conflict or disasters used the community contact centre to make enquiries and to let the ICRC know what they thought of the assistance that they had received. The ICRC provided them with relevant information and raised their awareness regarding the help available to them.

Somalia ratifies key treaties

The ICRC and the Somali authorities continued to discuss issues of common concern, such as the displacement caused by conflict and other violence. In August, Somalia ratified the UN Convention on the Rights of Persons with Disabilities, and in November, acceded to the African Union Convention on IDPs; the ICRC provided technical support.

RED CROSS AND RED CRESCENT MOVEMENT

The Somali Red Crescent Society remained the ICRC's main partner in the country. It continued to operate throughout Somalia, often in very testing conditions. With the ICRC's support, it played a vital role in delivering emergency aid, providing health care and family-links services to vulnerable people – in line with the Safer Access Framework – and promoting the Movement's work.

The National Society and the ICRC signed a partnership framework agreement for the period 2019–2021, with a view to addressing the immediate and chronic needs of people affected by conflict and other violence, natural disasters and other emergencies. The agreement aimed to strengthen the Movement's collective humanitarian response. Two other cooperation agreements – one concerning economic assistance and the other, health-care provision – were also signed by the National Society and the ICRC.

The ICRC organized training for National Society staff and volunteers, particularly in the areas of health and livelihood assistance. The ICRC gave the National Society material and technical support for expanding its capacities in logistics and project management, completed construction of a National Society branch office in Baardhere and bought seven vehicles for National Society branches.

The National Society and the ICRC continued to meet or coordinate with other Movement partners, with a view to ensuring a coherent response to emergencies and developing operational partnerships. Food insecurity in Somalia was a major subject of discussion at these meetings. The ICRC signed a cooperation agreement with the British Red Cross and continued to provide logistical and security support for the Norwegian Red Cross's programmes in Somalia.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	52,568			
RCMs distributed	41,278			
Phone calls facilitated between family members	94,639			
Names published in the media	6,343			
Names published on the ICRC family-links website	45			
Reunifications, transfers and repatriations				
People reunited with their families	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	505	118	131	103
<i>including people for whom tracing requests were registered by another delegation</i>	83			
Tracing cases closed positively (subject located or fate established)	292			
<i>including people for whom tracing requests were registered by another delegation</i>	73			
Tracing cases still being handled at the end of the reporting period (people)	2,675	541	821	632
<i>including people for whom tracing requests were registered by another delegation</i>	429			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC reunited with their families by the ICRC/National Society	1	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1	1		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	3			
Detainees in places of detention visited	1,418			
Visits carried out	6			
		Women	Girls	Boys
Detainees visited and monitored individually	18			
<i>of whom newly registered</i>	13			
RCMs and other means of family contact				
Detainees released and transferred/repatriated by/via the ICRC	17			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	373,496	82,078	233,621
	<i>of whom IDPs</i>	102,913	17,494	67,925
Food production	Beneficiaries	20,178	3,413	13,256
Income support	Beneficiaries	12,042	2,967	6,968
	<i>of whom IDPs</i>	30	24	
Living conditions	Beneficiaries	76,548	13,013	50,522
	<i>of whom IDPs</i>	53,148	9,035	35,078
Capacity-building	Beneficiaries	8,702	1,473	5,844
Water and habitat				
Water and habitat activities	Beneficiaries	672,706	181,631	309,445
	<i>of whom IDPs</i>	322,899	87,183	148,534
Health				
Health centres supported	Structures	32		
Average catchment population		1,237,729		
Consultations		627,303		
	<i>of which curative</i>	540,401		
	<i>of which antenatal</i>	86,902		
Immunizations	Doses	216,236		
	<i>of which polio vaccines for children aged 5 or under</i>	59,240		
Referrals to a second level of care	Patients	3,118		
	<i>of whom gynaecological/obstetric cases</i>	662		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	4		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	4		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	2,533	408	265
	(including those related to mines or explosive remnants of war)	133	11	8
	Non-weapon-wound admissions	3,611		
	Operations performed	12,003		
Consultations		33,844		
First aid				
First-aid training				
	Sessions	332		
	Participants (aggregated monthly data)	8,138		
Water and habitat				
Water and habitat activities	Beds (capacity)	560		

SOUTH SUDAN

Present in Juba since 1980, the ICRC opened a delegation in South Sudan in mid-2011. It works to ensure that people affected by armed conflicts and other situations of violence are protected in accordance with IHL and other applicable norms, have access to medical care, physical rehabilitation and safe water, receive emergency relief and livelihood support, and can restore contact with relatives. It visits detainees and seeks to increase knowledge of IHL among the authorities and weapon bearers. It works with and supports the South Sudan Red Cross.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2019

- Farming, fishing and herding households worked to regain their self-sufficiency: they grew more food and/or pursued livelihoods, with material and technical support from the ICRC.
- IDPs, residents and returnees received curative and preventive care at ICRC-supported primary-health-care centres. ICRC water and sanitation projects gave them access to clean water and helped to protect them against disease.
- First responders trained by the South Sudan Red Cross and the ICRC tended to wounded people. Gunshot victims were airlifted to hospitals run and supported by the ICRC and treated by ICRC surgical teams.
- Victims of violence, including sexual violence, received mental-health and psychosocial support from ICRC-trained counsellors. Rape victims were given prophylactic treatment at ICRC-supported health facilities.
- At the request of the parties concerned, the ICRC served as a neutral intermediary in the release and return home of 40 people, including 11 children, formerly held by armed groups.
- Authorities, weapon bearers, and entire communities learnt more about humanitarian principles; the ICRC also reiterated to them that attacking medical personnel, facilities or vehicles, or committing sexual violence, was unlawful.

EXPENDITURE IN KCHF

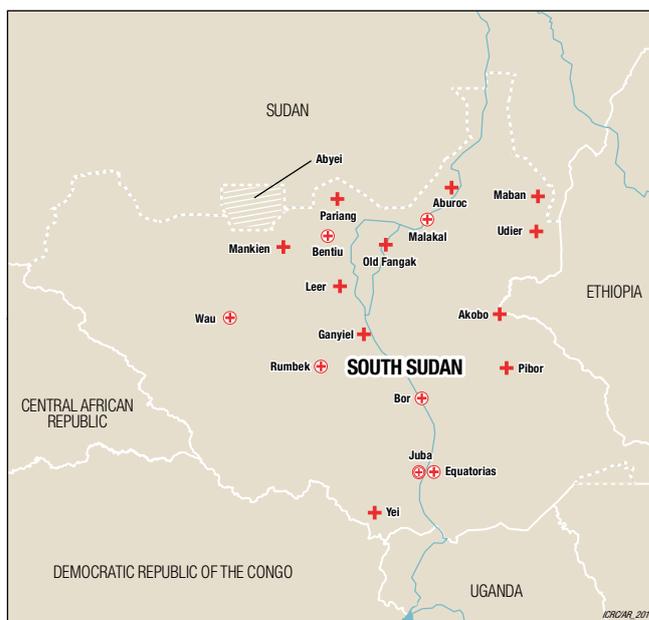
Protection	16,495
Assistance	101,273
Prevention	8,246
Cooperation with National Societies	5,682
General	963
Total	132,659
<i>Of which: Overheads</i>	<i>8,085</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	96%
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PERSONNEL

Mobile staff	196
Resident staff (daily workers not included)	855



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

PROTECTION		Total	
CIVILIANS			
Restoring family links			
RCMs collected			1,757
RCMs distributed			1,438
Phone calls facilitated between family members			19,332
Tracing cases closed positively (subject located or fate established)			397
People reunited with their families			58
<i>of whom unaccompanied minors/separated children</i>			28
PEOPLE DEPRIVED OF THEIR FREEDOM			
ICRC visits			
Places of detention visited			54
Detainees in places of detention visited			5,817
<i>of whom visited and monitored individually</i>			371
Visits carried out			159
Restoring family links			
RCMs collected			133
RCMs distributed			43
Phone calls made to families to inform them of the whereabouts of a detained relative			79
ASSISTANCE		2019 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	516,000	267,814
Food production	Beneficiaries	816,000	927,342
Income support	Beneficiaries		5
Living conditions	Beneficiaries	279,450	180,761
Capacity-building	Beneficiaries	330	213
Water and habitat			
Water and habitat activities	Beneficiaries	275,300	343,304
Health			
Health centres supported	Structures	34	23
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries	2,500	7,285
Living conditions	Beneficiaries	5,000	4,481
Water and habitat			
Water and habitat activities	Beneficiaries	3,250	2,066
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	5	3
Physical rehabilitation			
Projects supported	Projects	4	5
Water and habitat			
Water and habitat activities	Beds (capacity)	330	562

CONTEXT

The South Sudanese government and the opposition maintained their efforts to form a transitional government, as per their 2018 peace agreement. Armed confrontations between government and opposition forces were less frequent in 2019 than in past years. In the south, government forces clashed with an armed group that had not signed the peace agreement.

Communal violence arising from ethnic tensions and competition over water, farmlands and pasturage persisted across the country, particularly in the Equatoria and Greater Upper Nile regions, and caused injuries and deaths, destruction of property, and displacement.

Millions remained displaced by protracted armed conflict and other situations of violence. According to UN estimates, there were around 2.2 million South Sudanese refugees in neighbouring countries and around 1.5 million IDPs in South Sudan; some 200,000 IDPs were at “protection-of-civilians” sites run by the UN Mission in South Sudan (UNMISS). Many members of dispersed families had lost contact with their relatives.

Most water and health facilities had fallen into disrepair or been destroyed in the violence. There were reports of unlawful conduct by weapon bearers: indiscriminate attacks; destruction of hospitals and schools; sexual violence; and recruitment of minors into fighting forces.

Heavy floods in November and December displaced nearly half a million people, destroyed cultivated land, and crippled transportation.

ICRC ACTION AND RESULTS

The ICRC maintained its access to areas affected by armed conflict and other violence. It documented protection-related concerns in the communities affected and brought them up with the pertinent parties. Authorities and weapon bearers on all sides were urged, through confidential dialogue, to fulfil their obligations under IHL and other applicable norms. This dialogue, and its interaction with communities, helped broaden acceptance and support for the ICRC, enabling it to assist people in violence-affected and/or remote areas.

Together with the South Sudan Red Cross, the ICRC strove to boost people’s self-sufficiency. It reduced distributions of relief items and increased material, technical and other support for farming, fishing and herding households, to enable them to produce more food and protect or expand livelihoods. People in food-insecure areas not covered by other organizations were given supplementary food, as were farming households, so that they would not have to consume seed meant for planting or barter farm implements for food. Household essentials were distributed to IDPs, including flood victims.

The ICRC also worked to increase the availability of clean water, sanitation facilities, and health care and other essential services. It repaired or constructed water-supply systems and latrines: people thus had clean water and protection against disease. First responders trained by the National Society and

the ICRC tended to wounded people. In partnership with health authorities, the South Sudan Red Cross and other National Societies working in the country, the ICRC gave primary-health-care centres and hospitals comprehensive support to provide sick and wounded people with suitable care. Wounded people received life-saving care at three medical facilities, which received on-site support from ICRC surgical teams. Because of the poor state of the roads in the country, people wounded in communal violence were flown to these facilities by the ICRC. Disabled people received assistive devices, and physiotherapy and other services, from physical rehabilitation centres supported by the ICRC. ICRC-backed health facilities provided mental-health and psychosocial support for victims of violence, including sexual violence. Communities where children’s schooling had been disrupted by violence also received various forms of support. At ICRC-supported health centres, hospitals and physical rehabilitation centres, patients and health workers had safer and more sanitary surroundings after the ICRC repaired water-supply, electrical and waste-management systems.

The ICRC visited places of detention to which it had been granted access. It provided the detaining authorities with recommendations for ensuring that detainees’ treatment and living conditions were in compliance with IHL and/or met internationally recognized standards. With the consent of all concerned, the ICRC helped some detainees return home after their release. It donated food and other essentials to some prisons and renovated their water and sanitation facilities. Sick and malnourished detainees were treated at ICRC-supported prison clinics.

Members of families separated by violence, detention or other circumstances reconnected through the Movement’s family-links services. The ICRC strove to ensure that the authorities fully understood their obligation to clarify the fate of missing people and to prevent disappearances. It organized training in managing human remains for various parties. At the request of all concerned, it helped to collect and bury the remains of dozens of people killed in 2017.

The ICRC used radio, social media, posters, information sessions and other means to lengthen the reach of its public communication on humanitarian principles and the Movement’s work. Weapon bearers, parliamentarians and academics learnt more about IHL at events organized by the ICRC.

The National Society, as the ICRC’s main partner, received comprehensive support for strengthening its operational capacities.

CIVILIANS

The ICRC engaged authorities and weapon bearers in dialogue on their obligations under IHL and other applicable norms, and submitted written representations that drew their attention to: the protection due to people who were not or were no longer participating in hostilities; allegations of abductions, forced recruitment, sexual violence, and other unlawful conduct; the issue of missing people; and the necessity of ensuring safe access to essential services, including health care and education.

Weapon bearers learnt more about international norms through events organized by the ICRC (see *Actors of influence*).

Communities work to regain self-sufficiency

The ICRC, in cooperation with the South Sudan Red Cross, helped people build their resilience to the effects of violence. It reduced emergency food distributions, and focused these on food-insecure areas not covered by other organizations. Farming households were given food supplies during the lean period, so that they would not have to consume seed meant for planting or barter farm implements for food. It delivered food and other supplies to isolated communities by land and river whenever possible, and used aircraft to reach areas cut off by floods or insecurity: 42,813 households (267,814 people) received food, and 29,990 displaced and flood-affected households (180,761 people) received soap, jerrycans, mosquito nets and other essentials. Students and teachers at one school, who were among the beneficiaries mentioned above, were given fortified cereal (for 385 students), and recreational materials, and textbooks and other school supplies (for 415 students and teachers); the school also received tarpaulins for weather-proofing learning spaces.

The ICRC helped 154,441 households (927,342 people) to produce more food and/or pursue livelihoods. Nearly 29,000 households (around 173,000 people) received fishing kits that they could easily carry with them if they had to flee; 318 of these households were also given plastic canoes for river fishing. Campaigns to vaccinate and treat livestock, organized by the livestock and fisheries ministry and the ICRC, benefited around 50,100 farming and herding households (some 300,000 people). Seed (e.g. okra, pumpkin, maize and sorghum) and tools from the ICRC enabled some 70,000 households (420,000 people) to cultivate crops and grow vegetables.

Around 8,000 households, including some of those mentioned above, received material, technical or financial support for community-based livelihood projects such as vegetable gardening, beekeeping, and repairing agricultural dykes.

Victims of violence, including rape survivors, received cash and other forms of assistance.

Trained and equipped by the ICRC, 132 community-based animal-health workers participated in livestock-vaccination campaigns. The ICRC organized workshops for 81 primary school teachers – nine also attended a train-the-trainer course – with a view to promoting educational activities at IDP camps, and at places where schooling had been disrupted.

Violence-affected communities receive health-care services

The ICRC, in cooperation with health authorities, the South Sudanese, Canadian and Swiss National Societies, and other partners (see *Washington*), worked to make basic health services available for violence-affected communities. With ICRC support, 23 primary-health-care centres (total number of consultations conducted: 435,695) provided communities with treatment for common illnesses such as malaria, diarrhoea, TB, malnutrition, and sexually transmitted infections. Vaccinations

(116,398 doses for polio, measles, tetanus and others) and nearly 41,000 antenatal consultations helped reduce illnesses, injuries and deaths among infants, children and pregnant women. ICRC-trained staff provided mental-health and psychosocial support for victims of violence, including sexual violence; 76 victims/survivors of rape received prophylactic treatment within 72 hours of the incident.

The health centres received medical supplies and equipment, and the staff, comprehensive training and financial incentives, from the ICRC.

The ICRC trained local counsellors in providing mental-health and psychosocial support and, with the National Society, conducted information sessions for communities on mental health; sexual violence and the services available to victims; good health and hygiene practices; and the regard due to medical personnel and facilities. It met regularly with community health committees to hear their feedback on its health-related activities and answer questions about them.

Displaced and underserved communities have clean water

More than 343,000 people benefited from ICRC projects to repair or construct critical infrastructure.

Clean water was more readily available to nearly 202,000 people in rural areas, and around 65,000 in urban areas, after the ICRC drilled boreholes and wells, installed pumps, constructed water yards (most of them solar-powered), and upgraded a water-treatment plant. In rural areas, the ICRC took the needs of women and children – accessibility and safety – into account, and built or installed water and sanitation facilities closer to their communities or settlements. More people were assisted than planned because the ICRC also implemented water and sanitation projects for newly displaced people, returnees and flood-affected communities (75,600 people).

Consultations at ICRC-supported health centres took place in safer and more sanitary surroundings following repairs to water, electrical, waste-management and other facilities.

The ICRC built learning spaces and other essential facilities (14 classrooms, 2 staffrooms, and latrines – for around 800 students and teachers) in two communities heavily affected by past fighting. An ICRC-built court enabled disabled people (30 people) to play wheelchair basketball.

People benefit from the Movement's family-links services

The National Society and the ICRC tracked population movements; interviewed IDPs, returnees and people in remote areas to understand their needs more fully; and coordinated with ICRC delegations in countries hosting South Sudanese refugees. The ICRC's intercession resulted in the education ministry issuing 261 certificates recognizing the credentials of South Sudanese refugee students in Uganda.

People restored contact with relatives through the Movement's family-links services. Tracing services clarified the fate of 397 people. Under the ICRC's auspices, 58 people (including 28 children) were reunited with their families.

At round tables and during discussions in other settings, the ICRC strove to ensure that the authorities fully understood their obligation, under international law, to clarify the fate of missing people and prevent disappearances. Through workshops for various parties, it advocated the creation of a mechanism to clarify the fate of missing people, and used radio spots to broaden awareness of the plight of the families concerned.

The authorities were given technical and other support to develop their ability to manage human remains, particularly in mass-casualty situations. In May, at the authorities' request, it assisted one community to collect and bury the remains of 25 people killed in 2017. Police personnel, National Society staff and others learnt how to manage human remains through workshops and information sessions, and seminars held abroad.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC discussed its mandate and working procedures with authorities and weapon bearers, and requested information about people allegedly detained or captured, with a view to gaining access to everyone held in connection with armed conflict. It visited detainees in civilian and military prisons and people held by armed groups and UNMISS, and monitored the situation of 371 people individually. Findings and recommendations were communicated confidentially to the pertinent authorities, to help ensure that detainees' treatment and living conditions complied with IHL and/or met internationally recognized standards.

Detainees, particularly those not receiving family visits or held in areas without phone coverage, maintained contact with relatives through the ICRC's family-links services. At the request of the parties concerned, it served as a neutral intermediary in the release and return home of 40 people, including 11 children, formerly held by armed groups; it also gave them medical examinations and other assistance.

The ICRC conducted workshops on judicial guarantees for 117 people: civilian and military judges, prison administrators, and police, military and UNMISS personnel.

Detainees receive health-care services

Detainees in Juba Central Prison (JCP) received curative and preventive care at the prison clinic, which became fully functional after the ICRC made renovations, trained health staff, and donated medicines and equipment. The ICRC continued to promote coordination between the National Prisons Service (NPS) and the health ministry. Health staff and prison administrators at six other NPS-run prisons received technical and material support to implement programmes in nutrition monitoring and food-supply management. A nutrition-management unit was established at NPS headquarters, for which the ICRC provided training. The JCP received water pumps, pipes, and fuel for a vegetable farm; 1,231 detainees were trained in vegetable gardening.

With ICRC support, the NPS trained its staff to manage detainees' case files efficiently. The ICRC made recommendations to the NPS and the education ministry for addressing the needs of detained minors and mentally ill people. With the ICRC's financial support, 12 inmates, including 2 minors, took the national secondary school exams. The JCP's juvenile centre was given bunk beds and tents for learning spaces.

Civilian and military prisons (holding around 7,300 people) were given food rations to avert malnutrition. Stock rotation resulted in more food supplies being distributed than planned. The ICRC provided mosquito nets, sleeping mats, soap and other items for 4,481 detainees. It conducted information sessions on good health and hygiene practices, constructed latrines, and repaired kitchens and water-supply systems for more than 2,000 detainees; a number of water and sanitation projects were in progress at year's end.

WOUNDED AND SICK

The ICRC reminded weapon bearers that attacking patients, medical personnel and health facilities was against the law. Information sessions, radio dramas and other activities carried out by the South Sudan Red Cross and the ICRC helped communities learn about the goals of the Health Care in Danger initiative, their role in eliminating gender bias and preventing sexual violence, and the services available to victims of violence, including sexual violence.

Wounded and sick people receive suitable care

First responders trained by the National Society and the ICRC treated wounded civilians and fighters. Around 6,600 weapon bearers, National Society staff, and community-based volunteers were trained in first aid.

Sick and wounded people received second-level care (gynaecological, paediatric, and surgical) at the ICRC-run Akobo County Hospital. Gunshot victims and people with complex injuries received surgical and post-operative care, including physiotherapy, at Ganyiel Field Hospital and Juba Military Hospital; the ICRC airlifted 367 people to these hospitals. ICRC surgical teams, working alongside South Sudanese doctors and nurses, performed a total of 3,308 surgical operations at these three facilities. ICRC-trained counsellors provided psychosocial support for wounded people and victims/survivors of sexual violence.

The ICRC gave the hospitals mentioned above comprehensive support. All hospital staff were trained to manage medical waste and to control and prevent infections; hospital administrators were trained to manage human and financial resources.

Upgrades to water, electrical and waste-management systems, the construction of additional wards, and renovations at a morgue and at facilities in ICRC-supported physical rehabilitation centres (see below), resulted in better and more sanitary facilities (total: 562 beds); patients and medical workers benefited. The water project at Wau Teaching Hospital (200 beds), started in 2018, was completed.

Physically disabled people receive rehabilitative care

Nearly 3,400 disabled people¹ received services at ICRC-supported physical rehabilitation centres in Juba, Rumbek and Wau: the ICRC covered transportation costs for 518 of them, and food and accommodation costs for 848. ICRC aircraft transported 319 disabled people and their carers to the centres. Teams from the centres made 31 trips to remote communities to deliver wheelchairs, provide consultations, and promote the centres' services.

The three centres sustained their operations with training, and technical, financial and material support, from the ICRC. Sponsored by the ICRC, four staff members attended conferences abroad and exchanged best practices with their peers. A physiotherapy student on an ICRC scholarship graduated. Physiotherapy students from a South Sudanese university attended training sessions at the centre in Juba. The ICRC and the authorities continued to discuss the creation of an oversight board, and the development of national professional standards, for the physical rehabilitation sector.

The ICRC promoted social inclusion for disabled people through sports, education and livelihood activities. Financial and/or material support from the ICRC enabled five disabled children to return to school, and 63 male and 19 female players to receive training in wheelchair basketball from a local NGO that also organized two national tournaments. Sixteen disabled people were given training and cash for starting small businesses.

ACTORS OF INFLUENCE

Influential actors support principled humanitarian action

The ICRC's dialogue with national and local authorities and weapon bearers from all sides, and interaction with community leaders, enabled the South Sudan Red Cross and the ICRC to assist vulnerable people, including those accessible to only a few other organizations. ICRC delegates answered questions from community members during information sessions that reached some 20,000 people; beneficiaries' views on the assistance given to them were collected and passed on to the ICRC teams concerned. Public communication, through radio spots, social media posts, street plays and news releases, enabled the ICRC to reach more people with certain key messages: to respect humanitarian principles and to refrain from attacking health facilities, committing sexual violence or recruiting minors into fighting forces. Members of the media cited news releases from the National Society and the ICRC.

The ICRC gave the National Society material, technical and financial support for its public communication.

Weapon bearers, parliamentarians and academics learn more about international norms

ICRC training sessions expanded knowledge of IHL and of international policing standards and international human rights law among 3,422 military and security forces personnel and 1,050 police officers, respectively. Some 100 military IHL instructors attended train-the-trainer courses. UN peace-keeping personnel were briefed on norms applicable to their duties.

In June, South Sudan acceded to the African Union Convention on IDPs. The ICRC provided technical support to the legislators concerned. The Bureau of Small Arms received similar support for broadening awareness, among legislators and in civil society, of the importance of acceding to the Arms Trade Treaty. Lawyers, parliamentarians, and justice ministry officials attended a workshop on IHL implementation.

With ICRC sponsorship, three lecturers attended IHL seminars abroad. Students tested their grasp of IHL at moot court competitions organized by the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

The South Sudan Red Cross met periodically with the ICRC, the International Federation and other Movement partners to coordinate activities and security measures and to fine-tune contingency plans for emergencies, such as outbreaks of Ebola. It received financial and technical support from the ICRC and the International Federation for developing its organizational capacities.

Financial, technical and material support from the ICRC enabled the National Society to strengthen its capacities in restoring family links, managing human remains, implementing economic security projects, disseminating IHL, and assisting victims/survivors of sexual violence. The ICRC also guided the National Society on how to implement the Safer Access Framework. The ICRC gave the National Society 5,500 sets of household essentials for distribution to flood-affected communities.

1. Based on aggregated monthly data, which include repeat beneficiaries.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		1,757	52		
RCMs distributed		1,438	5		
Phone calls facilitated between family members		19,332			
Names published in the media		197			
Reunifications, transfers and repatriations					
People reunited with their families		58			
	<i>including people registered by another delegation</i>	2			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		1,624	342	342	95
	<i>including people for whom tracing requests were registered by another delegation</i>	597			
Tracing cases closed positively (subject located or fate established)		397			
	<i>including people for whom tracing requests were registered by another delegation</i>	168			
Tracing cases still being handled at the end of the reporting period (people)		5,162	1,875	300	776
	<i>including people for whom tracing requests were registered by another delegation</i>	2,718			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		79	31		19
UAMs/SC reunited with their families by the ICRC/National Society		28	12		4
	<i>including UAMs/SC registered by another delegation</i>	2			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		121	54		15
Documents					
People to whom official documents were delivered across borders/front lines		2			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		54			
Detainees in places of detention visited		5,817	367	359	
Visits carried out		159			
			Women	Girls	Boys
Detainees visited and monitored individually		371	14	8	25
	<i>of whom newly registered</i>	327	13	7	25
RCMs and other means of family contact					
RCMs collected		133			
RCMs distributed		43			
Phone calls made to families to inform them of the whereabouts of a detained relative		79			
Detainees released and transferred/repatriated by/via the ICRC		40			
People to whom a detention attestation was issued		1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	267,814	91,267	132,212
	<i>of whom IDPs</i>	229,604	76,742	116,453
Food production	Beneficiaries	927,342	273,992	341,295
	<i>of whom IDPs</i>	758,165	217,139	284,525
Income support	Beneficiaries	5		5
Living conditions	Beneficiaries	180,761	62,663	92,833
	<i>of whom IDPs</i>	160,848	55,255	83,099
Capacity-building	Beneficiaries	213	9	
	<i>of whom IDPs</i>	186	6	
Water and habitat				
Water and habitat activities	Beneficiaries	343,304	102,991	137,322
	<i>of whom IDPs</i>	171,927	51,578	68,771
Health				
Health centres supported	Structures	23		
Average catchment population		450,656		
Consultations		435,695		
	<i>of which curative</i>	395,012	120,395	182,670
	<i>of which antenatal</i>	40,683		
Immunizations	Doses	116,398		
	<i>of which polio vaccines for children aged 5 or under</i>	58,688		
Referrals to a second level of care	Patients	7,505		
	<i>of whom gynaecological/obstetric cases</i>	1,004		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	7,285	792	431
Living conditions	Beneficiaries	4,481	517	422
Capacity-building	Beneficiaries	1,231	246	62
Water and habitat				
Water and habitat activities	Beneficiaries	2,066		
Health				
Places of detention visited by health staff	Structures	12		
Health facilities supported in places of detention visited by health staff	Structures	7		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	3		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	3		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	807	61	53
	<i>(including those related to mines or explosive remnants of war)</i>	2		
	Non-weapon-wound admissions	385		
	Operations performed	3,308		
Medical (non-surgical) admissions		660	369	70
Gynaecological/obstetric admissions		737	737	
Consultations		42,988		
Patients whose hospital treatment was paid for by the ICRC		327		
First aid				
First-aid training				
	Sessions	330		
	Participants (aggregated monthly data)	6,566		
Water and habitat				
Water and habitat activities	Beds (capacity)	562		
Physical rehabilitation				
Projects supported	Projects	5		
	<i>of which physical rehabilitation projects supported regularly</i>	3		
People benefiting from ICRC-supported projects	Aggregated monthly data	3,390	794	344
	<i>of whom victims of mines or explosive remnants of war</i>	15		
Referrals to social integration projects		157		
Prostheses delivered	Units	532		
Orthoses delivered	Units	287		
Physiotherapy sessions		42		
Walking aids delivered	Units	1,784		
Wheelchairs or postural support devices delivered	Units	308		

SUDAN

The ICRC has been present in Sudan since 1978 to address the consequences of non-international and international armed conflicts. While pursuing dialogue with the authorities on increasing its direct access to conflict-affected people, it focuses on activities aiming to: promote respect for IHL; help people with physical disabilities obtain rehabilitative services; re-establish links between separated family members; and seek information on the fate of persons allegedly detained in relation to the conflicts. The ICRC works with and supports the Sudanese Red Crescent.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2019

- Vulnerable people in Darfur, Blue Nile and South Kordofan benefited from ICRC assistance: seed and tools to grow food; cash grants for starting small businesses; and household essentials to improve their living conditions.
- Key government ministries and the ICRC signed framework agreements to facilitate the latter's humanitarian work. The political and security situation, however, hampered the implementation of some of the ICRC's planned activities.
- IDPs and residents in Darfur, Blue Nile and South Kordofan had broader access to clean water – and were less at risk of disease – after the ICRC repaired, installed or built hand pumps, water yards and other water-supply facilities.
- Physically disabled people received good-quality assistive devices and physiotherapy at physical rehabilitation centres that received financial and technical support and training from the ICRC.
- Authorities, weapon bearers and others gained a fuller understanding of the ICRC, its mandate and working methods, and of IHL. Permission was granted by the authorities for the ICRC to open two new sub-delegations in 2020.

EXPENDITURE IN KCHF

Protection	1,726
Assistance	12,185
Prevention	1,904
Cooperation with National Societies	2,241
General	177
Total	18,233
<i>Of which: Overheads</i>	<i>1,113</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Mobile staff	22
Resident staff (daily workers not included)	232



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

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	481
RCMs distributed	160
Phone calls facilitated between family members	10,853
Tracing cases closed positively (subject located or fate established)	185
People reunited with their families	3
<i>of whom unaccompanied minors/separated children</i>	3

ASSISTANCE	2019 Targets (up to)	Achieved	
CIVILIANS			
Economic security			
Food production	Beneficiaries	234,000	180,411
Income support	Beneficiaries	31,800	7,314
Living conditions	Beneficiaries	9,000	19,596
Capacity-building	Beneficiaries	100	
Water and habitat			
Water and habitat activities	Beneficiaries	298,348	444,306
Health			
Health centres supported	Structures	7	
WOUNDED AND SICK			
Physical rehabilitation			
Projects supported	Projects	9	8

CONTEXT

Sporadic clashes took place between Sudanese government forces and armed groups in the Darfur region, and among armed groups in the states of Blue Nile and South Kordofan. Peace talks – mediated by the African Union – between the Sudanese government and armed groups in Darfur continued. Communal violence over natural resources persisted in Darfur and elsewhere. Daily life remained difficult: food prices continued to rise, clean water and health services were not readily available, and public infrastructure was inadequate or in disrepair; people were further burdened by outbreaks of cholera in the second half of the year.

Protests over economic and political issues began in December 2018 and intensified throughout the country in 2019. A transitional military government took power from April to August. During this period, protests were widespread and, occasionally, violent; civilians were reportedly injured or killed – for instance, during clashes between protesters and security forces in Khartoum in June. As a result of the political and security situation, Sudan was briefly suspended from the African Union. In September, the transitional government was replaced by a Sovereign Council – composed of civilian and military officials – to oversee Sudan's transition to democratic rule.

Relations between South Sudan and Sudan, while still somewhat tense in connection with the contested area of Abyei, gradually eased following Sudan's political transition. Sudan continued to host refugees from South Sudan and other neighbouring countries.

All international organizations were required to sign an agreement with the Humanitarian Aid Commission (HAC) before they could undertake humanitarian activities, as per directives issued by the Sudanese government in 2015 (and revised in 2016).

ICRC ACTION AND RESULTS

The ICRC continued to seek acceptance for its humanitarian activities for people affected by armed conflict and other situations of violence, as well as its neutral, impartial and independent approach. Discussions between the authorities and the ICRC led to framework agreements with various government ministries, enabling the ICRC to provide livelihood assistance and support for the provision of primary health care and water, particularly in Darfur, Blue Nile and South Kordofan. Where possible, the ICRC worked with the Sudanese Red Crescent to deliver much-needed aid. It gave the National Society technical advice and training, in line with a partnership framework agreement signed in 2018; project agreements signed in 2019 expanded the scope of the partnership to include the newly approved assistance activities.

Partly because of developments in the political and security situation, and despite the framework agreements in place, some of the ICRC's planned assistance and protection activities were not implemented.

In response to surges in violence, floods or other emergencies, the ICRC gave IDPs and residents household essentials to help

ease their living conditions, ensured the availability of potable water and provided support for hospitals.

In Darfur, ICRC support – seed and tools, and food rations to see them through the lean season – enabled people to cultivate crops. The ICRC also provided income support for vulnerable households: for instance, cash grants to start small businesses or school kits for children, to ease the financial burden on their families. Clean water was more readily available to hundreds of thousands of residents in Darfur, Blue Nile and South Kordofan after the ICRC carried out various infrastructural projects, such as repairing, building or installing wells and hand pumps.

The National Authority for Prosthetics and Orthotics (NAPO) and the Khartoum Cheshire Home (KCH) received supplies, training, expert advice and other forms of assistance; this enabled them to provide physically disabled people with physiotherapy and other rehabilitative care, and assistive devices. Both organizations drew on the ICRC's support to ensure the quality and sustainability of physical rehabilitation services in Sudan. The ICRC strove to advance the socio-economic integration of physically disabled people, by giving them cash to start small businesses and supporting wheelchair basketball programmes.

The ICRC continued to engage the authorities, weapon bearers and communities in dialogue to gather support for its humanitarian work and promote respect for IHL, with a view to gaining more access to people affected by armed conflict and other violence; towards the end of the year, the authorities granted the ICRC permission to open two sub-delegations in Blue Nile and South Kordofan. The ICRC also continued to seek access to people deprived of their freedom.

Members of dispersed families, including those with relatives detained abroad, reconnected through the Movement's family-links services; the ICRC also helped separated children to reunite with their families.

CIVILIANS

The ICRC maintained its efforts to build acceptance for its neutral, impartial and independent humanitarian action in Sudan. To that end, it discussed IHL and humanitarian issues with influential actors and explained the nature of its work to them; it also helped communities in Darfur learn more about the services available to them (see *Actors of influence*). The ICRC monitored the situation of people affected by violence, including protest-related violence, but was unable to engage in dialogue in this regard with the authorities, owing to administrative constraints (see below).

In January, the ICRC signed framework agreements with key government ministries, allowing it to undertake more assistance activities in violence-affected communities, particularly livelihood assistance for farming and herding households, and support for the provision of health services and water.

However, various administrative, logistical and security constraints, which were linked partly to developments in the political situation, hindered implementation of some of the

ICRC's planned health, economic-security and family-links activities; these were either put on hold or did not take place as planned.

Vulnerable communities address their immediate needs and bolster their livelihoods

A total of 19,596 displaced people and vulnerable residents (3,266 households) eased their living conditions with the help of ICRC-donated household essentials: kitchen sets, blankets, sleeping mats, mosquito nets and tarpaulins. Floods had displaced most of these people; others had been displaced by fighting.

Material support from the ICRC helped vulnerable households in Darfur produce more food: 23,552 farming households (141,312 people) received seed and tools for growing crops, and food rations to see them through the lean season. Post-distribution monitoring found that most beneficiaries were satisfied with the distributions: at least 66% reported a good crop yield; the area of cultivated farmland increased by 52%; and the food rations allowed farmers to spend more time in their fields. The animal resources ministry and the ICRC carried out a joint campaign to vaccinate livestock: 6,519 pastoralist households (39,099 people) benefited.

ICRC support enabled over 3,200 vulnerable households (around 7,300 people) to cover their living expenses and increase their household income; some households benefited from more than one form of assistance. Cash-for-work projects – for instance, to repair or install hand pumps (see below) – enabled roughly 70 breadwinners (supporting around 400 people) to earn money while helping to improve community facilities. The ICRC provided more than 100 households (around 700 people, some of whom were physically disabled) with cash to help them launch small businesses; it also helped these households to receive training in business skills. Children from more than 3,000 households were given school kits to help them with their studies, and so that their families (around 7,000 people in all) could use their money to cover other expenses; the ICRC also provided 17 schools in Darfur and South Kordofan with furniture and teaching supplies.

Potable water is more readily available to IDPs and others

Some 424,000 IDPs and residents in Darfur, Blue Nile and South Kordofan – more people than planned for – had better access to clean water thanks to projects carried out by the National Society and the ICRC. The two organizations repaired, installed or built wells, hand pumps and other water facilities – some of them through cash-for-work projects (see above) – in communities with a collective population of roughly 164,000. The ICRC also built a chain-link fence around a dam in North Darfur State that served around 260,000 people, to prevent water contamination due to unrestricted human activity. The ICRC backed the National Society's efforts to improve people's access to water and sanitation facilities: for instance, it trained 94 volunteers to repair hand pumps and paid for the salaries of some engineers developing water-supply projects.

The ICRC supported the National Society's response to a cholera outbreak in Blue Nile by providing clean water and liquid chlorine, which benefited around 20,000 people.

Planned repairs to the electrical and water facilities of primary-health-care centres were postponed to 2020, as were the hygiene-promotion sessions for IDPs and vulnerable residents, owing to administrative and other constraints.

Wounded and ill people receive timely care during emergencies

With support from the ICRC – medicines and other supplies, and surgical equipment – nine hospitals, mainly in Khartoum and Darfur, provided timely care during and after protest-related violence, disease outbreaks and other emergencies. The ICRC covered treatment costs for eight wounded South Sudanese refugees and referred them for higher-level care.

Members of dispersed families reconnect

People dispersed by conflict and other violence, including South Sudanese refugees, restored or maintained contact with their families through the Movement's family-links services, such as RCMs and phone calls: the ICRC facilitated 10,853 such calls in 2019. Others stayed in touch with relatives detained abroad through RCMs and oral messages relayed by ICRC delegates. Information about the fate or whereabouts of 185 people was relayed to their relatives. Two minors formerly associated with armed groups were repatriated and reunited with their families; another boy was repatriated from South Sudan and reunited with his family in Sudan.

The National Society continued to bolster its ability to deliver family-links services with the aid of ICRC training and on-site mentoring.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC engaged Sudanese authorities and armed groups in dialogue aimed at securing access to detainees within its purview. However, these discussions were limited in scope, particularly after the change in government brought about by protests throughout the country. The ICRC was also unable to submit any requests for information about people alleged to have been captured or detained in connection with the protests.

In its discussions with the authorities and members of armed groups, the ICRC emphasized its readiness to serve as a neutral intermediary in the handover of people in their custody. The ICRC's offer was not taken up, but it was invited to attend a ceremony marking the release of some 200 people detained by the Sudanese authorities in connection with conflict. The newly released detainees received material and financial assistance, and were medically screened, by the ICRC.

WOUNDED AND SICK

Physically disabled people receive rehabilitative care

A total of 9,328 physically disabled people¹ obtained rehabilitative care at eight ICRC-backed facilities: a referral centre in Khartoum and six physical rehabilitation centres in Damazin, Dongola, El-Obeid, Gadaref, Kadugli and Nyala that were run by NAPO; and the KCH. They received materials, equipment and/or technical support from the ICRC to enable them to

1. Based on aggregated monthly data, which include repeat beneficiaries.

deliver services to those in need. Some 160 destitute people from Darfur and West Kordofan accessed services at the NAPO-run centre in Nyala after the ICRC covered their food, accommodation and/or transportation costs. A NAPO-run mobile workshop fitted around 130 people in Sinnar State with prostheses. At the KCH, roughly 3,716 children with clubfoot or other physical disabilities obtained suitable treatment; the KCH bolstered its capacity to treat cases of clubfoot after it renovated a clinic, with ICRC financial support.

The KCH's activities were suspended, and its management replaced, after the new government took office (see *Context*). As a result, no refresher courses for KCH staff were held in the second half of the year.

To advance the social integration of physically disabled people, the KCH and the Disability Challengers Organization organized wheelchair basketball training – benefiting 24 people – and other events, with ICRC financial and technical support. The ICRC also referred around 120 physically disabled people for livelihood assistance (see *Civilians*).

Physical rehabilitation professionals bolster their ability to provide good-quality services

NAPO staff were given financial and technical support by the ICRC to bolster their ability to provide good-quality physical rehabilitation services and thus ensure the quality and sustainability of NAPO's services. Sponsored by the ICRC, two NAPO staff members took courses in prosthetics and/or orthotics being offered by a university in Thailand, and one staff member from the NAPO-run centre in Dongola pursued a diploma course in physiotherapy. A NAPO technician returned to work after refining his skills at an 18-month course in orthotics in Viet Nam; the ICRC had sponsored his studies. The ICRC covered tuition and training-related expenses for 14 students who completed their studies in prosthetics and orthotics at a local university and underwent clinical training at the NAPO-run centre in Khartoum; however, the political situation (see *Context*) delayed their employment at NAPO or at NAPO-run centres in the country. Around 30 staff members attended an ICRC workshop on standardizing the provision of prosthetic/orthotic services. The ICRC carried out a technical assessment at the Khartoum centre and surveyed patients' feedback on the services provided to them; the findings helped NAPO and the ICRC to draft an action plan for improving services.

KCH staff also benefited from ICRC training: six physiotherapists and doctors improved their ability to treat advanced cases of clubfoot, and four technicians became more adept at producing orthotic devices.

ACTORS OF INFLUENCE

The ICRC continued to build acceptance for its neutral, impartial and independent approach to humanitarian action. Agreements signed with various government ministries in January permitted it to expand some activities in the country (see *Civilians*), although the political and security situation hampered the implementation of some activities. Through discussions with the ICRC, authorities – officials from the

foreign ministry, the national IHL committee and the HAC – and weapon bearers gained a fuller understanding of IHL and of the ICRC, its humanitarian mandate and working methods. Towards the end of the year, the ICRC was granted permission by the authorities to open two new sub-delegations in Blue Nile and South Kordofan.

ICRC training helped influential actors – for instance, justice ministry officials and members of civil society – to familiarize themselves with IHL, and with the ICRC and its humanitarian activities. Through ICRC workshops, journalists learnt more about providing more accurate coverage of humanitarian affairs. Aided by the ICRC, National Society officials and staff developed their ability to raise the public's awareness of the Movement's neutral, impartial and independent humanitarian approach.

Vulnerable community members in Darfur attended ICRC information sessions, where they learnt about the organization's activities in Sudan. They also gave the ICRC their views on the assistance they received, together with suggestions on how their needs might be better addressed in the future.

Authorities take steps to advance domestic implementation of IHL

The ICRC sought to foster respect for IHL and other pertinent norms among the authorities and weapon bearers, through bilateral talks and through dissemination sessions and other IHL-related events. ICRC training broadened awareness of IHL, and of humanitarian principles and the Movement, among justice ministry officials, members of the national IHL committee, judges, public prosecutors, and military and police lawyers. Sponsored by the ICRC, government officials, judges and university lecturers attended IHL courses abroad (see, for example, *Kuwait, Morocco and Tunis*).

The national IHL committee and the justice ministry, with guidance from the ICRC, organized a round table in Khartoum on the African Union Convention on IDPs, with a view to working towards Sudan's accession to the treaty. Aided by the ICRC, the national IHL committee carried out a study on the compatibility of domestic laws with IHL-related treaties. The ICRC sponsored three students to participate in a moot court competition abroad (see *Lebanon*).

Discussions on renewing the memorandum of understanding between the armed forces and the ICRC, which expired in 2018, continued throughout the year.

RED CROSS AND RED CRESCENT MOVEMENT

The Sudanese Red Crescent continued to provide assistance for vulnerable people – for instance, it provided first aid during protests and other emergencies, such as cholera outbreaks; the ICRC backed its efforts with technical, financial and logistical assistance, and training. At ICRC workshops, National Society personnel strengthened their emergency response capacities and learnt how to conduct their activities in line with the Safer Access Framework. ICRC-supported construction of new offices for the National Society, which began in 2018, was completed; this expanded the National Society's logistical capacities.

As per a partnership framework agreement signed in 2018, and in line with project agreements signed in 2019 that expanded their partnership to cover newly approved assistance activities, the National Society and the ICRC worked together to deliver family-links services and implement water and habitat activities for people affected by armed conflict and other violence; however, some joint activities were not carried out, owing to administrative constraints (see *Civilians*).

Movement components in the country met regularly to coordinate their activities, particularly during the widespread protests that took place during the year. They gave the National Society technical support for drafting contingency plans. All parties involved continued to discuss the drafting of a Movement coordination agreement.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact				
RCMs collected	481	UAMs/SC		
RCMs distributed	160			
Phone calls facilitated between family members	10,853			
Reunifications, transfers and repatriations				
People reunited with their families	3			
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered	571	Women	Girls	Boys
<i>including people for whom tracing requests were registered by another delegation</i>	228			
Tracing cases closed positively (subject located or fate established)	185			
<i>including people for whom tracing requests were registered by another delegation</i>	68			
Tracing cases still being handled at the end of the reporting period (people)	889	160	143	89
<i>including people for whom tracing requests were registered by another delegation</i>	196			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers				
UAMs/SC newly registered by the ICRC/National Society	27	Girls		Demobilized children
UAMs/SC reunited with their families by the ICRC/National Society	3	1		2
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	85	45		
PEOPLE DEPRIVED OF THEIR FREEDOM				
RCMs and other means of family contact				
People to whom a detention attestation was issued	2			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	Beneficiaries	180,411	38,129	108,242
	<i>of whom IDPs</i>	69,156	14,574	41,493
Income support	Beneficiaries	7,314	294	6,345
	<i>of whom IDPs</i>	2,752	131	2,382
Living conditions	Beneficiaries	19,596	4,114	11,760
	<i>of whom IDPs</i>	5,779	1,213	3,469
Water and habitat				
Water and habitat activities	Beneficiaries	444,306	177,732	133,322
	<i>of whom IDPs</i>	177,762	71,104	53,329
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported		8		
	<i>of which physical rehabilitation projects supported regularly</i>	8		
People benefiting from ICRC-supported projects	Aggregated monthly data	9,328	1,493	4,304
	<i>of whom victims of mines or explosive remnants of war</i>	74		
Referrals to social integration projects		137		
Prostheses delivered	Units	1,414		
Orthoses delivered	Units	1,723		
Physiotherapy sessions		8,013		
Walking aids delivered	Units	918		
Wheelchairs or postural support devices delivered	Units	9		

TUNIS (regional)

COVERING: Tunisia, Western Sahara

The ICRC's regional delegation based in Tunis has been operating since 1987. It visits people deprived of their freedom in Tunisia, monitoring their treatment and living conditions, and promotes awareness of IHL among the authorities, armed forces and armed groups, as well as implementation of that law. The ICRC supports the Tunisian Red Crescent in building its capacities, particularly in restoring family links, and works with the Polisario Front and Sahrawi organizations to address issues of humanitarian concern arising from the aftermath of the Western Sahara conflict. It helps Sahrawi refugees with disabilities obtain physical rehabilitation services.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2019

- Living conditions for detainees in overcrowded prisons improved and were more sanitary after the ICRC renovated infrastructure, provided infirmaries with supplies and equipment, and donated beds and hygiene items.
- The authorities, aided by the ICRC, created a complaints mechanism for detainees – some complaints were already resolved – and opened new probation offices that offered alternatives to detention in prison.
- Tunisian families sent and/or received RCMs to/from relatives in conflict-affected countries, and migrants phoned their families. The ICRC enabled a few families to learn the fate of relatives, which brought them some relief.
- In Tunisia, doctors in border areas expanded their capacities through courses organized by the ICRC and the defence ministry. Tunisian Red Crescent and “Sahrawi Red Crescent” volunteers were trained in first aid.
- The ICRC's efforts to strengthen the Tunisian Red Crescent's operational and institutional capacities were hampered by administrative and other obstacles.

EXPENDITURE IN KCHF

Protection	2,412
Assistance	2,261
Prevention	699
Cooperation with National Societies	125
General	113
Total	5,611
<i>Of which: Overheads</i>	<i>342</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	87%
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PERSONNEL

Mobile staff	24
Resident staff (daily workers not included)	40



ICRC regional delegation ICRC presence

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	144
RCMs distributed	188
Phone calls facilitated between family members	2,003
Tracing cases closed positively (subject located or fate established)	85
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	27
Detainees in places of detention visited	21,760
<i>of whom visited and monitored individually</i>	436
Visits carried out	70
Restoring family links	
RCMs collected	224
RCMs distributed	22

ASSISTANCE	2019 Targets (up to)	Achieved
PEOPLE DEPRIVED OF THEIR FREEDOM		
Water and habitat		
Water and habitat activities	Beneficiaries	2,500
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported	Projects	1
		4

CONTEXT

Armed groups remained active in Tunisia, particularly along its borders (see *Algeria* and *Libya*), and occasionally in urban centres: Tunis was the site of two bomb attacks. Government forces conducted operations against armed groups, which led to arrests specifically under anti-terrorism legislation. The state of emergency in the country continued. Thousands of migrants entered Tunisia to travel onwards to Europe via perilous sea routes or to settle in the country. Some of them were in flight from armed conflict and/or regional instability.

A number of Tunisians, including women and children, were detained in conflict-affected countries or returned to Tunisia from these countries (see *Iraq* or *Libya*). Some of them were accused of having been involved in fighting, and arrested on arrival.

Demonstrations took place, linked to the state of the economy and political tensions; sometimes, this led to violent clashes between participants and security forces personnel. Elections were held after the president's death in July, and a new president took office in October.

The status of Western Sahara remained a point of contention between Morocco and the Polisario Front. The mandate of the UN Mission for the Referendum in Western Sahara (MINURSO) was extended to 31 October 2020. Tens of thousands of Sahrawis were living in refugee camps near Tindouf, Algeria.

ICRC ACTION AND RESULTS

The ICRC visited detainees in Tunisia, in accordance with its standard procedures. Certain groups of detainees received particular attention: security detainees; people in solitary confinement and/or in temporary detention; people who had returned to Tunisia from other countries; hunger strikers; women; and children. Findings and recommendations were communicated confidentially to the authorities, to help them improve detainees' living conditions and treatment. The authorities were given expert advice for establishing a complaints mechanism for detainees, updating their standard procedures for dealing with security detainees, and drafting measures to reduce overcrowding. Penitentiary authorities drew on the ICRC's technical expertise to improve prison services. The ICRC conducted workshops on prison infrastructure and on medical ethics – for prison officials from Tunisia and elsewhere, and Tunisian prison health staff, respectively. Living conditions for detainees at 13 overcrowded prisons improved and became more sanitary after the ICRC renovated infrastructure, provided supplies and equipment for infirmaries, and donated beds, hygiene items and recreational materials.

Members of families separated by armed conflict, detention, migration or other circumstances restored contact through the Movement's family-links services. Tunisian sent and/or received RCMs to/from relatives in conflict-affected countries, and migrants phoned their families. A few cases of Tunisians who went missing in Lebanon were resolved; the ICRC informed the families concerned. The authorities drew on the ICRC's expertise to update their procedures for managing the

remains of dead migrants and to develop local capacities in forensics. The ICRC provided equipment, training and infrastructural upgrades for medico-legal services and other first responders working in coastal areas and southern cities frequented by migrants.

Sahrawi refugees, including mine victims, regained some mobility through physical rehabilitation and/or assistive devices obtained free of charge at an ICRC-supported centre near Tindouf. Sahrawi health authorities took over management of the centre from the ICRC and conducted an advanced course for physical rehabilitation professionals; these initiatives, carried out with the ICRC's support, helped ensure the sustainability of services at the centre. Material and other support from the ICRC helped the Sahrawi authorities organize sporting events to advance the social inclusion of physically disabled people.

The ICRC helped to strengthen the capacities of medical staff in Tunisia and Western Sahara. In Tunisia, civilian doctors in border areas expanded their capacities through courses – on emergency-room trauma care – conducted by the ICRC and the defence ministry. The ICRC provided first-aid training for Tunisian Red Crescent and "Sahrawi Red Crescent" volunteers. However, the ICRC's efforts to strengthen the Tunisian Red Crescent's operational and institutional capacities were impeded by administrative and other obstacles.

The ICRC collaborated with the Tunisian military and security forces to integrate IHL and other pertinent norms more fully into their decision-making, doctrine and training. At the ICRC's urging, the defence ministry created operational units consisting of legal advisers providing counsel and oversight. The ICRC briefed military officers, doctors and cadets on IHL, and security forces personnel and prison guards on international standards applicable to arrest and detention. Guided by the ICRC, the Tunisian authorities incorporated elements of IHL in their revised penal code. Tunisian academics learnt more about IHL at events organized by the ICRC. One law school asked for and was given expert assistance for incorporating IHL more fully in its curriculum. The ICRC continued to broaden awareness of its work – through meetings and other events for and with influential figures in Tunisia and Western Sahara, and through public communication.

Administrative obstacles caused the cancellation of an IHL-related event for Polisario Front officials and training for Sahrawi mine-action personnel.

CIVILIANS

Members of families separated by armed conflict or migration reconnect

The ICRC monitored the situation of vulnerable people in Tunisia and in Western Sahara; ICRC delegates spoke directly with some migrants and Tunisians returning from conflict-affected countries and, through second-hand sources, followed the plight of those affected by violence in Tunisia's border areas. It responded to their protection-related needs and/or informed the authorities of their situation.

Members of families separated by armed conflict, migration or other circumstances restored contact through the Movement's family links services. Families sent and/or received RCMs to/from relatives in conflict-affected countries, such as Iraq, Libya and the Syrian Arab Republic (hereafter Syria). Migrants phoned their families back home; more calls were made in 2019 than in past years, partly because the ICRC had opened two phone sites in two coastal cities. A Tunisian family visited a relative who had been resettled in a third country after his release from the US detention facility at the Guantanamo Bay Naval Station in Cuba (see *Paris*). The ICRC followed the situation of unaccompanied foreign minors in Tunisia and counselled the authorities on their treatment. Family-links training was provided for Tunisian Red Crescent volunteers in three cities, in preparation for any sudden influxes of migrants, including people fleeing regional instability.

The ICRC continued to help families ascertain the fate of missing relatives. In Tunisia, the ICRC discussed a number of issues with embassy officials and others concerned: Tunisians missing at sea; Tunisians abroad who had gone missing; and foreigners in Tunisia who had gone missing. Ivorian authorities consented to the ICRC's proposal to submit the remains of Ivorian migrants to DNA tests. A few missing-persons cases involving Tunisians in Lebanon were resolved; the ICRC informed the families concerned, which brought them some relief. Sponsored by the ICRC, two Tunisian experts attended a meeting in Portugal (see *Paris*), at which they learnt about best practices in resolving missing-persons cases.

The ICRC continued to monitor developments in missing-persons cases related to the 1975–1991 Western Sahara conflict. The ICRC's president and Polisario Front officials discussed the matter, but there was no progress in this regard in 2019 (see also *Morocco*).

Local forensic capacities are expanded

The authorities, aided by the ICRC, strove to develop national capacities in managing human remains. A working group made some progress in standardizing procedures for managing migrants' remains: it produced a standardized data form and working guidelines and defined the roles of all ministries concerned. An update of the legal framework applicable to the management of migrants' remains got under way. The ICRC, together with an Islamic university, began a study of Islamic practices concerning the management of human remains.

Around 50 forensic experts from Tunisia and 10 from other African countries attended a workshop and other training events – on managing human remains – organized by the ICRC with Argentine, French, Italian and Tunisian experts. Sponsored by the ICRC, a few Tunisian forensic professionals attended training events abroad.

The ICRC provided equipment – body bags and protective gear – for medico-legal services and other Tunisian first responders working in coastal areas and southern cities frequented by migrants. In Gabès, a coastal city receiving many migrants, medico-legal staff had better working conditions

after the ICRC made improvements to their premises. At the ICRC's urging, local authorities made public land available for a cemetery for migrants.

Sahrawi mine-action office drafts guidelines for mine action

Administrative obstacles caused the cancellation of training for staff of the Sahrawi Mine Action Coordination Office. The ICRC was able, however, to give the office expert advice for drafting standards and guidelines for mine action.

PEOPLE DEPRIVED OF THEIR FREEDOM

Authorities establish a complaints mechanism for detainees

The ICRC visited, in accordance with its standard procedures, detainees held by the interior and justice ministries at 27 places of detention. Certain groups of detainees received particular attention: security detainees; people in solitary confinement and/or in temporary detention; people who had returned to Tunisia from other countries; hunger strikers; women; and children. Findings and recommendations were communicated confidentially to the authorities, to help them improve detainees' living conditions and treatment, including respect for judicial guarantees. The ICRC raised a number of issues with authorities: availability of legal counsel; family visits for detainees; health care; and the effects of overcrowding.

Prison staff and security forces personnel (see *Actors of influence*) were briefed on international standards for arrest and detention, by both ICRC-trained personnel in their ranks and ICRC delegates. The authorities drew on ICRC expertise to establish a complaints mechanism for detainees – some complaints were already resolved, and sanctions were implemented – and to revise their standard procedures for dealing with security detainees.

The ICRC continued to monitor overcrowding and suggest measures to alleviate it. The authorities opened six more probation offices, which offer alternatives to detention in prison; the first office of this kind opened in 2013. They also continued to work on laws to formalize alternatives to detention in prison and expedite judicial proceedings; and made preparations to open new prisons and transfer detainees from overcrowded prisons to them.

The ICRC enabled detainees, notably foreigners and returnees, to phone or send RCMs to their families. Some security detainees were visited by their children. The authorities installed phones at one prison for detainees to contact their families; rules for their use were under review.

Detainees' living conditions improve

The ICRC continued to assist the penitentiary authorities' efforts to make system-wide improvements to prison services. For example, it conducted a regional workshop that enabled prison officials from Tunisia and other countries to discuss how to maintain and improve prison infrastructure with the limited resources available to them. Briefings and a workshop helped prison health staff strengthen their grasp of medical ethics.

The ICRC worked directly to improve living conditions, and make them more sanitary, for detainees and prison staff (about 5,470 people). At seven prisons, the ICRC and prison staff upgraded infrastructure: at one, cells were renovated and ventilation improved; a generator was installed at another, and the wastewater-treatment system upgraded; at a third prison, water heaters were installed, enabling hot-water showers during cold weather. The ICRC installed washing machines at four prisons; however, some of these machines, and of those it had installed in the past, had broken down. The ICRC thus focused on repairing broken machines and postponed installation of more machines. The ICRC stocked the infirmaries at nine prisons with supplies and equipment; at three prisons, it built storage cabinets. It also installed about 2,250 beds and provided some hygiene and recreational items for detainees. In a training institution for prison staff, the ICRC helped upgrade heating and water systems.

WOUNDED AND SICK

Civilian doctors in Tunisia are given training in emergency care for wounded people

The defence ministry and the ICRC strove together to improve emergency care in violence-prone border areas. The ICRC, aided by 14 military doctors, conducted courses in emergency-room trauma care – such as treating multiple wounds and critical injuries – for 49 civilian doctors working in border areas. The military medical school organized a course on IHL and medical ethics during armed conflict for 40 military doctors and for military officers and legal advisers from throughout the region.

The ICRC supported first-aid services as well, to ensure timely – in some cases, life-saving – care for wounded people. Three courses were organized in Western Sahara for the “Saharawi Red Crescent”: 25 volunteers learnt about first aid and about the Safer Access Framework; among them were eight trainers who sharpened their teaching skills. Tunisian Red Crescent volunteers received similar training (see *Red Cross and Red Crescent Movement*).

Sahrawi mine victims and other physically disabled people regain some mobility

Nearly 600 Sahrawi refugees¹, including mine victims, obtained free physical rehabilitation services and/or assistive devices, at an ICRC-supported centre in the Rabouni hospital near Tindouf. The ICRC covered travel costs for destitute patients; it also provided some basic care to refugees living in camps. Patients were surveyed about the quality of the services: most expressed appreciation.

Sahrawi health authorities and the ICRC worked to ensure the sustainability of these services; the health authorities took over the management of the centre from the ICRC, a process aided by ICRC training for the new managers. The health authorities, with funding from the ICRC and technical support from two Spanish universities, organized an advanced course that was attended by 16 physical therapists, technicians and other physical rehabilitation professionals.

Material and other support from the ICRC helped the Sahrawi authorities organize sporting events to advance the social inclusion of disabled people. The ICRC donated wheelchairs, uniforms and basketballs to Sahrawi wheelchair basketball teams; it also helped organize a wheelchair basketball tournament – to mark the International Day of Persons with Disabilities – and various sporting events in schools. Sponsored by the ICRC, two Sahrawi officials went abroad to learn how to train disabled athletes and referee wheelchair basketball games.

ACTORS OF INFLUENCE

Tunisian military and security forces personnel and academics learn more about IHL

The ICRC continued to support the Tunisian military and security forces' efforts to integrate IHL and other pertinent more fully into their decision-making, doctrine and training.

In 2018, the ICRC began discussions with the Tunisian defence ministry's IHL unit on the possibility of having legal advisers counsel troops and commanders during military operations. In 2019, the ministry created operational units consisting of legal advisers providing counsel and oversight and began to recruit personnel: sponsored by the ICRC, two prospective candidates attended an IHL course in Tunisia, and two senior officers went to San Remo for a course on the application of IHL in military operations (see *International law and policy*). The ICRC conducted information sessions – for police officers, *gendarmes* and national guards – on international standards for arrest and detention. It also provided support for various training institutions, briefing cadets at Tunisia's War College and Staff College on IHL, and national guard cadets on international human rights law.

Students and teachers learnt more about IHL at ICRC-organized events. One law school asked for and was given expert assistance for incorporating IHL more fully in its curriculum. The ICRC also conducted information sessions for the school's students on such matters as international crimes and the Rome Statute, and provided technical support and reference material for IHL-related research. Sponsored by the ICRC, two teachers from an Islamic university went abroad for an advanced course on teaching IHL (see *Lebanon*).

Tunisian authorities continue to revise their penal code

The ICRC remained in touch with the Tunisian authorities throughout the electoral period: it met with various government officials to explain its work in connection with detention, migration, management of human remains and restoration of family links. It continued to provide the Tunisian authorities with expert advice for implementing IHL. The commission in charge of revising the penal code was given technical support, specifically with regard to sanctions for war crimes. Activities with judges and prosecutors were postponed, pending the completion of the revision of the penal code.

A conference in Tunis, organized by the ICRC and the League of Arab States, served as a platform for discussion on IHL for judicial officials, academics and other actors of influence from the region.

1. Based on aggregated monthly data, which include repeat beneficiaries.

Administrative obstacles caused the cancellation of an IHL-related event for Polisario Front officials.

The Tunisian public and Sahrawi refugees learn more about the Movement

The ICRC strove to explain and broaden support for its neutral, impartial and independent humanitarian action. It kept journalists up to date on its activities in Tunisia and elsewhere; the ICRC was a source of reference for information on the humanitarian situation in Syria. In Western Sahara, the ICRC continued to participate regularly in meetings of humanitarian actors; it was often consulted in matters pertaining to disabled people and mine victims and was in frequent contact with social affairs and health authorities. It also met with refugees – to spread knowledge of its work and to gather reactions and opinions – during its 14 visits to camps.

RED CROSS AND RED CRESCENT MOVEMENT

The Tunisian Red Crescent remained active in the country, responding to emergencies such as disasters and shipwrecks; some of its emergency response teams received first-aid training from the ICRC. The ICRC trained National Society volunteers in the south to assess family-links needs among migrants – including those who had fled violence – and missing people's families; it also made them aware of the Movement family-links tools that were available (see *Civilians*). Progress in strengthening the National Society's operational and institutional capacities was limited, partly because of administrative constraints and because the National Society had other priorities.

Coordination meetings were held, involving the National Society, the International Federation, the ICRC, and other Movement components. National Society representatives were briefed by the ICRC before attending the International Conference.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		144			
RCMs distributed		188			
Phone calls facilitated between family members		2,003			
Names published on the ICRC family-links website		3			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		181	27	22	15
<i>including people for whom tracing requests were registered by another delegation</i>		50			
Tracing cases closed positively (subject located or fate established)		85			
<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)		351	38	33	37
<i>including people for whom tracing requests were registered by another delegation</i>		87			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		11	3		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		12	3		
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		27			
Detainees in places of detention visited		21,760	657	251	
Visits carried out		70			
			Women	Girls	Boys
Detainees visited and monitored individually		436	30		
<i>of whom newly registered</i>		205	9		
RCMs and other means of family contact					
RCMs collected		224			
RCMs distributed		22			
People to whom a detention attestation was issued		1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM		Total	Women	Children
Water and habitat				
Water and habitat activities	Beneficiaries	5,470		109
Health				
Places of detention visited by health staff	Structures	13		
WOUNDED AND SICK				
First aid				
First-aid training				
	Sessions	1		
	Participants (aggregated monthly data)	25		
Physical rehabilitation				
Projects supported		4		
<i>of which physical rehabilitation projects supported regularly</i>		1		
People benefiting from ICRC-supported projects	Aggregated monthly data	592	214	125
<i>of whom victims of mines or explosive remnants of war</i>		9		
Referrals to social integration projects		68		
Prostheses delivered	Units	25		
Orthoses delivered	Units	116		
Physiotherapy sessions		415		
Walking aids delivered	Units	274		
Wheelchairs or postural support devices delivered	Units	130		

UGANDA

The ICRC has been present in Uganda since 1979. It helps reunite children and their families who were separated in relation to the non-international armed conflict in northern Uganda (1986–2006), or to violence in neighbouring countries, such as South Sudan or the Democratic Republic of the Congo. The ICRC monitors the treatment of detainees and strives to raise awareness of IHL and humanitarian principles among government forces. Whenever possible, the ICRC supports the Uganda Red Cross Society in its efforts to improve its capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2019

- Refugees, including unaccompanied minors, restored contact with relatives through the Movement's family-links services. Aided by the Uganda Red Cross Society and the ICRC, some of them reunited with their families.
- The ICRC's programme for missing people's families ended in 2019, as planned; continuation of similar support by the authorities and/or other organizations was stalled, owing to other more urgent priorities from the authorities.
- Personnel from the Uganda People's Defence Force (UPDF) and the Uganda Police Force (UPF) learnt about IHL and international human rights law at ICRC training sessions. Dialogue with senior UPF officials remained stalled.
- The Ugandan Red Cross, with ICRC support, strengthened its ability to deliver family-links services and emergency response, in accordance with the Fundamental Principles and the Safer Access Framework.

EXPENDITURE IN KCHF

Protection	3,787
Assistance	-
Prevention	573
Cooperation with National Societies	626
General	82
Total	5,069
<i>Of which: Overheads</i>	<i>309</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	103%
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PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	48



⊕ ICRC delegation ⊕ ICRC sub-delegation

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	3,640
RCMs distributed	2,046
Phone calls facilitated between family members	115,837
Tracing cases closed positively (subject located or fate established)	297
People reunited with their families	83
<i>of whom unaccompanied minors/separated children</i>	59
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	18
Detainees in places of detention visited	15,488
<i>of whom visited and monitored individually</i>	93
Visits carried out	41
Restoring family links	
RCMs collected	598
RCMs distributed	598
Phone calls made to families to inform them of the whereabouts of a detained relative	517

ASSISTANCE	2019 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Income support	Beneficiaries	21
PEOPLE DEPRIVED OF THEIR FREEDOM		
Economic security		
Living conditions	Beneficiaries	14,829

CONTEXT

Uganda continued to host people fleeing armed conflict or other situations of violence in South Sudan and other neighbouring countries, such as Burundi and the Democratic Republic of the Congo (hereafter DRC). As in the past, people from South Sudan entered Uganda from the north-west, specifically, the West Nile region; renewed violence in the DRC drove more people into Uganda.

Conditions in overcrowded refugee settlements were worsened by this uninterrupted influx of people. Violence – arising, allegedly, from communal tensions over limited resources – was one consequence. Security was not the only issue of concern. People faced several other challenges: for instance, many of them were not able to get in touch with their relatives.

Attacks by armed groups based in neighbouring countries, episodic violence arising from political tensions, land disputes in western and northern Uganda, and natural disasters such as flash floods and landslides: all these continued to take place, causing casualties and displacement, and damaging public property. Security operations were expanded, and arrests made.

Detainees were held in overcrowded places of detention, where the congestion was exacerbated by delays in judicial processes.

The Uganda People's Defence Force (UPDF) contributed troops to the African Union Mission in Somalia.

ICRC ACTION AND RESULTS

The ICRC monitored the situation of vulnerable people in Uganda – particularly refugees and detainees – and responded to some of their needs. It also documented their protection-related concerns.

As refugees continued to enter Uganda, the ICRC – together with the Uganda Red Cross Society – strengthened family-links services in the country. It put up or reinforced tents, which the National Society used to provide these services. The ICRC also helped the National Society to recruit, train and equip additional personnel. These joint efforts enabled thousands of refugees to restore or maintain contact with their families through phone calls and RCMs. The ICRC paid particular attention to unaccompanied minors, including those previously associated with armed groups or who had fled violence in Uganda or elsewhere; a number of them were reunited with their families. The ICRC also helped refugee children to obtain the documents necessary for them to enrol in school.

The ICRC ended its support for families of people missing in connection with the 1986–2006 non-international armed conflict in northern Uganda, owing to a lack of resources to support the programme and other more urgent priorities on the authorities' side. However, it continued to broaden awareness of the issue of missing people and to remind the authorities of their duty to address the needs of the families concerned.

ICRC delegates visited places of detention, in accordance with standard ICRC procedures, to assess the treatment and living conditions of detainees. Afterwards, they communicated their findings and, where necessary, their recommendations confidentially to the authorities. Some detainees used the ICRC's family-links services to keep in touch with their relatives; a number of them received family visits facilitated by the ICRC. Detainees were given hygiene and recreational items; at several prisons, they also benefited from improvements to water and sanitation facilities.

The ICRC maintained its efforts to advance understanding of IHL, and strengthen support for the Movement, among government officials, military personnel and academics. UPDF and UPF officers were briefed on IHL and human rights law. Several modules on IHL, designed with the ICRC's expert assistance, remained on the curricula of UPDF training centres. University lecturers and students added to their knowledge of IHL at workshops and other events organized by the ICRC.

Together with other Movement partners, the ICRC helped the National Society strengthen its ability to provide family-links services, first aid and emergency response, in line with the Fundamental Principles and the Safer Access Framework.

CIVILIANS

The ICRC monitored the situation of violence-affected people in Uganda, including those who had fled armed conflict and other violence in neighbouring countries. It documented and followed up their protection-related concerns, with a view to promoting respect and protection for them. Whenever possible, the ICRC reminded authorities and weapon bearers of the necessity of complying with IHL and other relevant norms.

Members of separated families reconnect

The National Society and the ICRC worked together to provide family-links services to people in refugee settlements. Financial, material and technical support from the ICRC enabled the National Society to carry out family-links activities more effectively and tackle staffing issues. Additional personnel were hired for tracing activities; they were given bicycles, motorcycles, cameras, laptops, and other necessary equipment. National Society staff and volunteers received training for restoring family links and addressing the protection concerns of unaccompanied minors. The ICRC also upgraded tents used by the National Society for providing family-links services and began constructing two more of these.

ICRC assistance – phone calls (115,837), RCMs (3,640 collected; 2,046 distributed), and tracing – enabled people who had fled armed conflict and other violence in South Sudan (see *South Sudan*) and other countries to get back in touch with their relatives. National Society volunteers, supported by the ICRC, facilitated family reunifications: 83 people reunited with their relatives in the same settlement.

The ICRC assessed conditions in refugee settlements, paying close attention to unaccompanied minors, some of whom had been associated with armed groups or had fled violence in Uganda or elsewhere. It evaluated their access to education and their protection-related concerns; coordination with the UNHCR and other child-protection actors was also carried out. Some 59 minors rejoined their families with the help of the National Society and the ICRC. Refugee children also obtained, with the ICRC's help, the documents necessary for enrolling in Ugandan schools.

The ICRC strives to raise awareness of the plight of missing people's families

Many families still had no news of relatives missing in connection with the 1986–2006 non-international armed conflict in northern Uganda. They struggled to cope with this and with the financial difficulties created by their relatives' disappearance. The ICRC continued to remind authorities of their duty to address the needs of missing people's families. Authorities had not yet responded to past ICRC efforts to help them establish mechanisms to clarify the fate of missing people.

After completing initiatives that were started in 2018, to provide psychosocial support and address some of the socio-economic needs of missing people's families, the ICRC then concluded its support to these families. The continuation of this support by the authorities and/or other organizations was stalled because the authorities had other more urgent priorities. The office in Kitgum was closed in March, as planned. However, the ICRC kept up its search for organizations to take its place in assisting these families.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited 18 places of detention in accordance with its standard procedures. These facilities held 15,488 people, including some minors, and women and their children. Findings from these visits on detainees' treatment and living conditions were submitted confidentially to the authorities.

Discussions with the authorities, including the Chieftaincy of Military Intelligence, the UPDF, and the Uganda Prisons Service (UPS) continued; the ICRC also made oral and/or written representations to them on various matters. The subjects of discussions included respect for judicial guarantees, the principle of *non-refoulement*, the availability of health care and sanitation for detainees, and the necessity of ensuring that minors are separated from adults in prison.

The ICRC continued to seek access to all detainees within its purview. It also continued to seek – unsuccessfully – to talk to the authorities about further prison visits and to follow up past recommendations.

Detainees receive visits from their relatives

Some detainees exchanged RCMs with their families or sent brief oral messages to their relatives through the ICRC's family-links services. The ICRC facilitated family visits for detainees; it reimbursed the transportation cost of 19 family members. Two ex-detainees also received financial support from the ICRC. The situation of four children who had been arrested in 2018 was followed up; with the ICRC's help, the children were reunited with their families after their release.

The ICRC also helped foreign detainees to notify the UNHCR or their embassies of their situation.

Detention authorities take steps to improve detainees' living conditions

Over 14,000 detainees, including women and children, at nine places of detention were provided with hygiene supplies, wheelchairs, and recreational items by the ICRC. Authorities used spare parts from the ICRC to repair the water and sewage systems at one prison and at a prison hospital. The ICRC made a written representation to the UPS to enable more detainees to benefit from water and sanitation projects, such as a chlorine production unit installed by the ICRC in 2018.

ACTORS OF INFLUENCE

UPDF and UPF personnel learn more about IHL

At ICRC presentations and training sessions, UPDF personnel strengthened their grasp of IHL and human rights law, and learnt about the Movement's activities for violence-affected people. Several IHL modules, designed with the ICRC's assistance, were included in courses at UPDF training centres.

The ICRC continued, at the UPF's request, to conduct training sessions at their training schools. This enabled 37 senior UPF officers from all over the country to expand their knowledge of IHL and international policing standards. Dialogue with senior UPF officials, however, remained stalled.

The ICRC pursued efforts to engage with the national IHL committee. It also continued to offer the authorities technical support to advance ratification or implementation of IHL and IHL-related treaties.

Members of the judiciary attended an IHL seminar conducted by the ICRC.

Students and teachers enrich their understanding of IHL

ICRC support enabled several university students to participate in the All-Africa IHL Moot Court Competition in Arusha, Tanzania. University lecturers took part in a round table organized by the ICRC. The ICRC continued to organize IHL-related events for academics, including scholars at the Islamic University in Uganda, to support IHL instruction at their institutions.

With ICRC support, the National Society continued to develop its ability to broaden awareness of IHL and humanitarian issues of concern in Uganda and the wider region, and the Movement's efforts to address these issues – for example, the National Society's response during climatic emergencies (see *Context*).

RED CROSS AND RED CRESCENT MOVEMENT

The Uganda Red Cross Society and the ICRC worked together to address the needs of people affected by violence or by natural disasters and other emergencies.

The ICRC strengthened the National Society's capacity to deliver family-links services, disseminate information, and respond to emergencies. It gave the National Society financial support to cover staff salaries and other expenses, such as those incurred in helping people displaced by flash floods and landslides in the latter part of the year. The ICRC also donated non-food items in support of the National Society's operations.

Aided by the ICRC, the National Society trained its staff and volunteers in applying the Safer Access Framework. Structural and financial reforms at the National Society continued, with expert guidance from the ICRC.

The National Society continued to coordinate its activities with Movement components and others.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	3,640	170		
RCMs distributed	2,046	4		
Phone calls facilitated between family members	115,837			
Reunifications, transfers and repatriations				
People reunited with their families	83			
People transferred or repatriated	9			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	767	204	187	103
<i>including people for whom tracing requests were registered by another delegation</i>	58			
Tracing cases closed positively (subject located or fate established)	297			
<i>including people for whom tracing requests were registered by another delegation</i>	15			
Tracing cases still being handled at the end of the reporting period (people)	1,142	299	259	148
<i>including people for whom tracing requests were registered by another delegation</i>	98			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	236	92		
UAMs/SC reunited with their families by the ICRC/National Society	59	24		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	484	177		
Documents				
People to whom travel documents were issued	1			
People to whom official documents were delivered across borders/front lines	162			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	18			
Detainees in places of detention visited	15,488	984	97	
Visits carried out	41			
Detainees visited and monitored individually		Women	Girls	Boys
	93	7		
<i>of whom newly registered</i>	54	1		
RCMs and other means of family contact				
RCMs collected	598			
RCMs distributed	598			
Phone calls made to families to inform them of the whereabouts of a detained relative	517			
Detainees visited by their relatives with ICRC/National Society support	35			
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS	Total	Women	Children
Economic security			
Income support	Beneficiaries	21	2
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	Beneficiaries	14,829	2,016

YAOUNDÉ (regional)

COVERING: Cameroon, Equatorial Guinea, Gabon, São Tomé and Príncipe

The ICRC set up its Yaoundé regional delegation in 1992 but has been working in the region since 1972. It monitors the domestic situation in the countries covered, visits security detainees, helps restore contact between separated family members, including migrants, and responds to the emergency needs of refugees, IDPs and other violence-affected people in Cameroon. It pursues longstanding programmes to spread knowledge of IHL among the region's authorities, armed forces and civil society, and supports the development of the National Societies.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2019

- In northern Cameroon, farmers and herders benefited from seed, tools and livestock vaccination campaigns. Plans to give people cash grants to start income-generating activities were not realized owing to various constraints.
- Communities in northern Cameroon obtained good-quality services at ICRC-supported health facilities. Many ICRC water projects were delayed; thus fewer people than planned benefited from them.
- Members of families separated by armed conflict or other situations of violence, or detention, reconnected through the Movement's family-links services; some separated children were reunited with their families.
- The authorities and other key actors in Cameroon learnt more about the ICRC's work in detention facilities. In some prisons, detainees received material support from the ICRC and benefited from repairs to prison facilities.
- Authorities and military and security forces, especially in Cameroon, were reminded to protect civilians, ensure access to health care, and facilitate the delivery of humanitarian aid.
- In Cameroon, the ICRC opened a new office in Douala. It also established two sub-delegations in the anglophone regions (in Bamenda and Buea), but various constraints limited its activities in that part of the country.

EXPENDITURE IN KCHF¹

Protection	4,543
Assistance	10,573
Prevention	2,421
Cooperation with National Societies	1,593
General	393
Total	19,523
<i>Of which: Overheads</i>	<i>1,192</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	78%
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PERSONNEL¹

Mobile staff	38
Resident staff (daily workers not included)	181

1. Includes Congo-Brazzaville. See report under Congo, Democratic Republic of the.



📍 ICRC regional delegation 📍 ICRC sub-delegation 📍 ICRC office

PROTECTION		Total	
CIVILIANS			
Restoring family links			
RCMs collected		200	
RCMs distributed		107	
Phone calls facilitated between family members		5	
Tracing cases closed positively (subject located or fate established)		193	
People reunited with their families		18	
<i>of whom unaccompanied minors/separated children</i>		18	
PEOPLE DEPRIVED OF THEIR FREEDOM			
ICRC visits			
Places of detention visited		12	
Detainees in places of detention visited		16,026	
<i>of whom visited and monitored individually</i>		677	
Visits carried out		20	
Restoring family links			
RCMs collected		64	
RCMs distributed		27	
Phone calls made to families to inform them of the whereabouts of a detained relative		52	
ASSISTANCE			
CIVILIANS		2019 Targets (up to)	Achieved
Economic security			
Food consumption	Beneficiaries	84,000	67,824
Food production	Beneficiaries	360,000	246,594
Income support	Beneficiaries	21,000	34
Living conditions	Beneficiaries	12,000	14,610
Water and habitat			
Water and habitat activities	Beneficiaries	115,000	41,190
Health			
Health centres supported	Structures	7	5
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries	1,600	7,412
Living conditions	Beneficiaries		1,500
Water and habitat			
Water and habitat activities	Beneficiaries	2,074	4,800
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures		1
Water and habitat			
Water and habitat activities	Beds (capacity)		190

CONTEXT

In northern Cameroon, fighting continued between government forces and factions of the armed groups known as “the Islamic State’s West Africa Province” and Jama’atu Ahlis Sunna Lidda’awati wal-Jihad. Cameroon – along with Chad, Niger and Nigeria – contributed troops to the Multinational Joint Task Force. Many civilians were displaced or attacked. Arrests in connection with the conflict were made.

Few health facilities remained functioning. Security, logistical and financial constraints still prevented humanitarian actors from reaching some communities, especially near the Cameroon–Nigeria border and along the shores of Lake Chad. A cholera outbreak that spread from central Cameroon to the conflict-affected north in late 2018 had not yet been contained.

Clashes continued between State authorities and the armed opposition in the north-western and south-western – anglophone – regions of Cameroon. People continued to be displaced, some of them to Nigeria; others previously displaced were unable to return home; tens of thousands of people were affected. Numerous arrests were made.

The situation in their country prevented refugees from the Central African Republic (hereafter CAR), in eastern Cameroon, from returning home (see *Central African Republic*).

Socio-economic frustrations and political concerns persisted in the countries covered by the regional delegation and throughout the wider region.

ICRC ACTION AND RESULTS

In mid-2019, the ICRC’s mission in Congo–Brazzaville began reporting to the delegation in Kinshasa (see *Congo, Democratic Republic of the*).

The ICRC’s regional delegation in Yaoundé opened an office with warehousing capacity in the port city of Douala, Cameroon. It set up two sub-delegations – one more than planned – in Bamenda and Buea, in the anglophone regions of Cameroon, in the second half of the year. The aim was to enable the ICRC to respond more promptly and effectively to the needs of people affected by armed conflict and other situations of violence. However, various constraints prevented the ICRC from expanding the scope of its activities in anglophone Cameroon.

Security concerns and logistical challenges notwithstanding, the Cameroon Red Cross Society and the ICRC continued to assist people affected by conflict and other violence. IDPs, residents of host communities and others received food and/or household essentials, or cash to buy them. In northern Cameroon, distributions of seed and farming tools, and livestock vaccination campaigns, expanded capacities in food production. The ICRC’s plans to give people cash grants for starting income-generating activities were not realized owing to logistical constraints and limited access to people in need. Human-resource constraints delayed the implementation of most of the ICRC’s water projects; as a result, potable

water was made available to fewer people than planned. Nevertheless, hand pumps and water-supply systems were repaired, installed or constructed, and local technicians trained to ensure their long-term functioning, making clean water more readily available to some people. In northern Cameroon, the ICRC continued to provide support for five primary-health-care centres and one hospital; plans to support a primary-health-care centre in anglophone Cameroon stalled.

Members of families separated by armed conflict or other violence, or detention, restored and maintained contact through the Movement’s family-links services. People lodged requests to trace missing relatives. Some minors were reunited with their relatives in Cameroon and elsewhere. The ICRC provided detainees with financial assistance to return home after their release.

In Cameroon, events were organized for the authorities, weapon bearers and other influential actors, to help them reach a fuller understanding of the ICRC’s work in places of detention. The ICRC visited places of detention in accordance with its standard procedures. It monitored the treatment and living conditions of detainees, and communicated its findings and recommendations confidentially to the authorities concerned. At four priority prisons, it upgraded infrastructure, enabled malnourished detainees to meet their nutritional requirements, and ensured detainees’ access to suitable health-care services. In late July – and in agreement with the relevant authorities – it stopped providing regular assistance to three of these prisons.

In all its interaction with the authorities, weapon bearers and members of civil society, the ICRC strove to expand understanding and acceptance of the ICRC and the Movement; neutral, impartial and independent humanitarian action; and IHL and other relevant norms. One of the ICRC’s main aims in doing so was to facilitate the delivery of aid to vulnerable people and to contribute to their protection. Military and security forces personnel and cadets attended various ICRC events aimed at strengthening their grasp of the norms applicable to their duties (or future duties); they were urged to take measures against unlawful conduct, including sexual violence.

The ICRC gave the National Societies in the region, particularly the Cameroonian National Society, various forms of support to strengthen their operational and administrative capacities. The political and/or economic situations in their countries, however, sometimes hampered discussions and limited activities with the National Societies. Movement components, especially those working in the Lake Chad region, met regularly to coordinate their activities.

CIVILIANS

IDPs and refugees in Cameroon reconnect with their relatives

The ICRC maintained its dialogue with the authorities and various weapon bearers in Cameroon – especially in relation to the conflict in the north and the violence in the anglophone regions – on the protection due to civilians under IHL, international human rights law and/or other applicable norms (see also *Actors of influence*). It reminded them to protect people

from unlawful conduct, including sexual violence, and to ensure access to basic services such as health care (in line with the Health Care in Danger initiative) and education. It also urged the authorities concerned to ensure respect for the principle of *non-refoulement*.

The ICRC gave the National Societies in the region, particularly the Cameroon Red Cross Society, training and other support for improving their family-links services. In Cameroon, people separated from their families by conflict or other violence, or detention, reconnected with them through RCMs and other family-links services (see also *People deprived of their freedom*). People sought the ICRC's help to ascertain the fate and whereabouts of missing relatives. They lodged tracing requests with the ICRC; 193 tracing cases were resolved. The National Society and the ICRC helped reunite 18 minors with their families – eight of them in Cameroon, and the rest in the CAR, Chad and Nigeria; 13 of them were given household essentials, to help ease their return home.

The Cameroonian National Society and the ICRC met with members of conflict-affected communities in northern Cameroon to learn more about their needs and vulnerabilities. Together, they raised awareness of the services available and, when necessary, referred people to them (see below). The ICRC aimed to do the same for violence-affected communities in the anglophone regions. It reiterated to weapon bearers, authorities and others in Cameroon the necessity of clarifying the fate of missing persons and assisting their families.

Violence-affected people receive help to meet their needs

The ICRC continued to give aid to people in need in northern and anglophone Cameroon. Some 11,200 vulnerable households (roughly 67,800 people) were given food, or cash or vouchers to buy it; some 1,400 of these households (8,500 people) had malnourished children under the age of five and were given supplemental beans, rice, and fortified flour. Some 2,400 households (around 14,600 people) – including people who had lost their homes to floods and arson in northern Cameroon – were given essential household items and hygiene kits.

The ICRC continued to help people in northern Cameroon to produce food. Some 8,500 resident and returnee farming households (51,000 people) were given seed, fertilizer and tools, which were provided either directly by the ICRC or through farming associations. The National Society and the ICRC helped vaccinate and deworm hundreds of thousands of heads of livestock. Personnel from the livestock ministry were given syringes, vitamins and other supplies, and training, to provide vaccination and other services independently. Some herding households were given sheep and goats, and the supplies necessary for tending them; some of them were also able to make use of ICRC-built vaccination parks and pastoral wells (see below). In all, about 32,600 herding households (195,600 people) benefited.

The ICRC followed up the recipients of its 2018 microeconomic programme in northern Cameroon. It had planned to extend this microeconomic programme to more people in 2019, but it was unable to do so owing to various constraints, including limited access to people in need. Vulnerable individuals were

given income support (see above; see also *People deprived of their freedom*).

People have access to potable water

Logistical constraints delayed the implementation of most of the ICRC's water projects in northern Cameroon. Potable water became more readily available to some 32,300 people – fewer than expected – after the ICRC repaired, installed or constructed hand pumps and water-supply systems. The construction of vaccination parks and pastoral wells benefited farming and herding households, about 4,500 people in all. The ICRC provided local technicians, and some National Society volunteers, with material support and training to ensure the long-term functioning of water-supply systems, including those repaired or constructed by the ICRC.

The ICRC built wells, latrines and/or shower areas to help some 4,300 newly displaced people meet their water and sanitation needs.

Improvements were made to the infrastructure at three of the health facilities the ICRC supported (total: 190 beds). In particular, water and sanitation facilities at the hospital in Mada were renovated, and solar panels were installed in the maternity wards of two primary-health-care centres, to ensure a reliable supply of electrical power.

Communities in northern Cameroon obtain suitable health care

Because of poor security conditions, only a few health facilities were functioning in northern Cameroon. The precarious security situation and a government-imposed curfew limited access to health services. The ICRC provided support – supplies, training, technical advice, funds and/or infrastructural repairs (see above) – to five primary-health-care centres; for security reasons, one of these centres was inaccessible to the ICRC, and the ICRC had to monitor its activities remotely. Malnourished people, victims/survivors of sexual violence, and others obtained good-quality curative, preventive and ante/post-natal care at these centres; some 183,400 vaccinations were carried out, mostly for children; and 604 patients were referred to hospitals for further care.

The hospital in Mada – the only facility in the Logone-et-Chari department where surgical operations were performed – continued to receive comprehensive support from the ICRC: drugs; surgical instruments; wound-dressing kits; guidance in handling post-operative emergencies; and training for medical personnel to ensure the cleanliness and sterility of surgical equipment. Some 330 patients had their treatment costs covered by the ICRC. Sponsored by the ICRC, the director of the hospital attended a seminar on war surgery.

Plans to support a primary-health-care centre in anglophone Cameroon stalled.

The ICRC remained prepared for emergencies. It provided two primary-health-care centres in northern Cameroon with wound-dressing kits and other material support for dealing with mass influxes of wounded people.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees receive visits from the ICRC

The ICRC strove to secure and/or broaden its access to all detainees within its purview in Cameroon (see also *Actors of influence*). It visited 12 detention facilities, in the northern and anglophone regions, as well as in Yaoundé and Douala; it carried out these visits in accordance with its standard procedures, with a view to ensuring that detainees' treatment and living conditions met internationally recognized standards. It paid particular attention to people with specific needs, including security detainees, women, minors and foreigners; 677 detainees were monitored individually. Findings and recommendations were communicated confidentially to the relevant authorities.

Some detainees in Cameroon contacted their relatives through the Movement's family-links services. The ICRC made 52 phone calls to inform families of the whereabouts of a detained relative. Twenty-two detainees received visits from their relatives, with the ICRC's help. The ICRC enabled 82 foreigners to notify their consular representatives or the UNHCR of their detention. It provided financial assistance for 21 former detainees to return home after their release.

Detainees in Cameroon have access to health services and are able to meet their needs

The ICRC continued to provide comprehensive medical, nutritional and other assistance, especially to four priority prisons in northern Cameroon (see below). In late July, it stopped providing regular assistance to three of these prisons, in agreement with the relevant authorities.

The ICRC gave cleaning materials and tools to the maintenance committees at the four prisons mentioned above, and trained them to carry out hygiene-promotion sessions; this benefited 4,800 detainees and prison staff. The water-supply and plumbing systems at one prison, in Maroua, were upgraded, to the benefit of 1,700 detainees. Plans to upgrade infrastructure at two prisons in anglophone Cameroon were not realized.

Some 1,500 vulnerable detainees received ICRC-donated soap and detergent, to help them keep clean. Detaining authorities received technical support to manage the food supply. Malnourished detainees received therapeutic food, and others (such as pregnant women and people with TB) were given supplementary rations to help them meet their nutritional requirements; some 7,400 people benefited.

ICRC health staff visited eight places of detention and checked on detainees' well-being. Detaining authorities were urged to medically screen new arrivals. The ICRC provided drugs and other medical supplies, and technical support, to five prison clinics – more than planned. Hygiene committees were established at four prisons; with the ICRC's help, they promoted good hygiene practices among detainees. When necessary, detainees were referred to hospitals for higher-level care, and the ICRC covered their medical expenses. Efforts to bring the health and justice ministries to work more closely together, to ensure health care for detainees, stalled.

Contingency plans for cholera or scabies outbreaks – drafted with the ICRC's help – were put into effect at the four priority prisons.

ACTORS OF INFLUENCE

Military and security forces strengthen their grasp of IHL and other norms

In Cameroon, military personnel attended various events organized by the ICRC – such as dissemination sessions and workshops – where they reinforced their understanding of IHL, international human rights law, and other norms applicable to their duties. Police and other security forces were given training in international policing standards, especially in connection with arrest procedures and the use of force during law enforcement operations. The Cameroonian armed forces – whose troops often joined police forces in maintaining public order – were also trained in these standards, to help them determine the legal framework applicable to a given situation.

The ICRC organized dissemination sessions, on IHL and international human rights law, for military and *gendarmier* cadets. At the request of the Cameroonian military's Rapid Intervention Battalion, the ICRC trained new recruits – before their deployment to anglophone Cameroon – in these norms.

Senior military officers were urged to integrate IHL and other applicable norms in their doctrine, training and operations. Senior officials from the Cameroonian military and security forces attended advanced seminars and workshops on IHL, with ICRC financial support.

In the north-western and south-western regions of Cameroon, the ICRC reached out to some members of separatist groups, to raise awareness among them of international human rights law, IHL and other applicable principles.

The ICRC conducted an IHL training session at a military school in Libreville, Gabon; 46 cadets took part. The military school and the ICRC signed an agreement to incorporate IHL more fully in the school's curriculum. The ICRC sought to engage in dialog with weapon bearers in Gabon, including the police, the *gendarmier*, and members of the Economic Community of Central African States' peacekeeping force.

The authorities and members of civil society learn more about the ICRC and the Movement's work

With the ICRC's help, the Cameroon Red Cross Society and the São Tomé and Príncipe Red Cross broadcast radio spots to draw attention to humanitarian issues and to make humanitarian principles and the Movement more widely known. These radio spots and other public-communication initiatives – such as dissemination sessions and distribution of informational materials – made people in Cameroon aware of the services available to them.

Briefings, press releases and reference materials from the ICRC gave members of the local and the international media a fuller picture of humanitarian work during armed conflict and other violence, and enabled them to cover the ICRC and other Movement components' activities more accurately. About

160 religious leaders and scholars from Cameroon attended ICRC-organized round tables and workshops, where they discussed the points of correspondence between Islamic law and IHL. With ICRC support, Cameroonian academics attended workshops and other events – in the country and elsewhere (see, for example, *Abidjan*) – where they were able to share and expand their knowledge on IHL.

In Cameroon, the ICRC strove – through various means, including dissemination sessions and training – to help weapon bearers, detaining and judicial authorities, and members of civil society to reach a fuller understanding of its detention-related activities. The ICRC helped organize a workshop on prison management at the national school of public administration; its aim was to enable detaining authorities to respond more effectively to detainees' needs.

Whenever it had the opportunity, the ICRC encouraged legislators to ratify IHL and IHL-related treaties and adopt related legislative measures.

RED CROSS AND RED CRESCENT MOVEMENT

The political and/or economic situations in their countries sometimes hampered discussions and limited activities with some of the National Societies in the region. The ICRC and other Movement components gave them various forms of support to strengthen their operational and administrative capacities.

The Cameroon Red Cross Society, in particular, responded to people's needs and broadened awareness of humanitarian principles and the Movement (see *Civilians and Actors of influence*). The ICRC trained its volunteers in the Safer Access Framework. It provided insurance coverage for some 3,550 Cameroonian National Society volunteers working in high-risk areas.

Gabonese Red Cross Society volunteers were trained in first aid and equipped with first-aid kits. Volunteers from the São Tomé and Príncipe Red Cross received similar training; the ICRC helped cover the cost of internet services for the National Society.

The ICRC sponsored National Society representatives to attend regional Movement meetings. Movement components, especially those working in the Lake Chad region, coordinated their activities to maximize impact and avoid duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		200	46		
RCMs distributed		107	11		
Phone calls facilitated between family members		5			
Reunifications, transfers and repatriations					
People reunited with their families		18			
	<i>including people registered by another delegation</i>	6			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		376	41	58	96
	<i>including people for whom tracing requests were registered by another delegation</i>	91			
Tracing cases closed positively (subject located or fate established)		193			
	<i>including people for whom tracing requests were registered by another delegation</i>	57			
Tracing cases still being handled at the end of the reporting period (people)		1,359	67	130	243
	<i>including people for whom tracing requests were registered by another delegation</i>	136			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		47	19		3
UAMs/SC reunited with their families by the ICRC/National Society		18	7		
	<i>including UAMs/SC registered by another delegation</i>	6			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		125	41		4
Documents					
People to whom travel documents were issued		1			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		12			
Detainees in places of detention visited		16,026	404	442	
Visits carried out		20			
			Women	Girls	Boys
Detainees visited and monitored individually		677	35	1	16
	<i>of whom newly registered</i>	283	16	1	12
RCMs and other means of family contact					
RCMs collected		64			
RCMs distributed		27			
Phone calls made to families to inform them of the whereabouts of a detained relative		52			
Detainees visited by their relatives with ICRC/National Society support		22			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	67,824	15,559	38,557
	<i>of whom IDPs</i>	21,692	4,617	12,512
Food production	Beneficiaries	246,594	34,844	26,511
	<i>of whom IDPs</i>	68,460	8,665	5,524
Income support	Beneficiaries	34	1	12
Living conditions	Beneficiaries	14,610	5,427	6,028
	<i>of whom IDPs</i>	6,570	3,226	1,950
Water and habitat				
Water and habitat activities	Beneficiaries	41,190	12,357	16,485
Health				
Health centres supported	Structures	5		
Average catchment population		93,379		
Consultations		93,025		
	<i>of which curative</i>	81,355	19,443	49,575
	<i>of which antenatal</i>	11,670		
Immunizations	Doses	183,436		
	<i>of which polio vaccines for children aged 5 or under</i>	131,774		
Referrals to a second level of care	Patients	604		
	<i>of whom gynaecological/obstetric cases</i>	104		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	7,412	165	405
Living conditions	Beneficiaries	1,500	28	42
Water and habitat				
Water and habitat activities	Beneficiaries	4,800	1,440	240
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		871		
Weapon-wound admissions (surgical and non-surgical admissions)		23		
Weapon-wound surgeries performed		23		
Patients whose hospital treatment was paid for by the ICRC		329		
Water and habitat				
Water and habitat activities	Beds (capacity)	190		